



Salinas Community Development Department

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Salinas Community Development Department
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Tel: 831-758-7206 Fax: 831-758-7215
Email: cannabis_inquiries@ci.salinas.ca.us

DATE STAMP HERE

“ROUND 3” COMMERCIAL CANNABIS BUSINESS APPLICATION FORM

Section A: Basic Information

Business Name: _____

Doing Business As (if applicable): _____

Business Contact (Principal): _____

Contact Title: _____

Contact's Mailing Address: _____

Phone #: _____ E-mail: _____

Type of Permit Applied for: _____

Accessory Use of Permit (if any): _____

The City is **only** accepting **Cultivation** applications during this “Round 3” of permitting. Please select the **Cultivation** Commercial Cannabis Application for which you are applying. A separate application is not required for an accessory use. However, accessory uses are only allowed as described in the Salinas Municipal Code Chapter 5, Article VII. Please identify if you intend to have a **Distribution** accessory use, as provided by Chapter 5, Article VII.

- Cultivation Facility
- Distribution Facility
- Please check this box to indicate whether there are other related applications

For details about the information required as part of the application, please see the Application Guidelines to Establish and Operate a Commercial Cannabis Business (CCB) in Salinas and the requirements for operating a CCB in Salinas listed in the Salinas Municipal Code Chapter 5 Article VII. These documents can be found on the City’s cannabis permitting webpage: <https://www.cityofsalinas.org/our-city-services/community-development/commercial-cannabis-businesses>.

Section B: Principal Background Information (to be signed by all Principals)

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan in Section C, is public information and subject to disclosure upon request.

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ Date: _____

Attachments:

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check

Principal Name: _____

Principal Title: _____

Principal Home or Cell Phone: _____

Principal Home Address: _____

Principal Signature: _____ Date: _____

Attachments:

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check

Principal Name: _____

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Principal Home or Cell Phone: _____

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Principal Signature: _____ Date: _____

Attachments:

____ Receipt from Live Scan check

____ Picture of applicant (two passport quality photographs)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check

Add more pages as necessary to accommodate signatures of all Commercial Cannabis Business Principals.

Section C: Commercial Cannabis Business Organization Status

1. Describe the Commercial Cannabis Business current or planned organizational status.

Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

Section D: Commercial Cannabis Business Description and Location

1. Statement of Purpose of Commercial Cannabis Business (a separate sheet may be attached):

2. Proposed Location of Business: _____

3. Name and address of property owner: _____

4. Name and address of school closest to Proposed Location: _____

5. Name and address of existing alcohol related establishment closest to Proposed Location:

6. Description of neighborhood around the proposed location (surrounding uses, nearby sensitive uses (such as schools, churches, parks, daycares, or libraries), transit access to site, etc. A separate sheet may be attached.

7. Site plan must be dimensioned and show the entire parcel including parking and additional structures. In addition, please, show elevations and photos of proposed location (attach to application). If any exterior alterations are proposed, also attach proposed site plans and building elevations.

8. Floor Plans, existing (attach to application). If any interior alterations are proposed for the existing building, also attach proposed floor plans.

9. Signa Plan.

10. Vicinity Map.

11. Photos of the site and building(s).

Section E: Required supplemental information

This information is required for this application to be considered complete. Check the box evidencing that you have read the Description of Evaluation Criteria related to these specific categories in the Application Guidelines and attach the relative report(s) to the application.

- Proposed Location Information (Zoning Information Letter)
- Business Plan
- Neighborhood Compatibility Plan
- Safety and Security Plan
- Enhanced Product Safety
- Environmental Benefits
- Community Benefits
- Labor and Employment
- Local Enterprise
- Qualifications of Principals

Section F: Final Location Information

Only one site per application can be considered during Phase III. Attach proof of ownership of the site OR signed and notarized statement from the owner. This documentation is not required with initial application submittal, but is required prior to start of Phase III.

Staff use only:

Date of initial application: _____

Number assigned to application: _____

Continued to Phase II Denied

Date application reviewed for Phase II: _____

Points Awarded in Phase II: _____

Continued to Phase III Denied

Date Proof of ownership was verified or a signed and notarized statement from the property owner was received for Phase III: _____

Date application reviewed for Phase III: _____

Points Awarded in Phase III: _____

Continued to Phase IV Denied