



# Commercial Cannabis Permit Application

To facilitate processing, please ensure all documentation and required attachments are included. Provide an electronic copy (CD or Flash) of the full package, in addition to the hard copy.

- New Application       Medical Use       Provisional
- Renewal                       Adult Use

## BUSINESS AND OWNER INFORMATION

Name of Business \_\_\_\_\_

Name of Business Owner \_\_\_\_\_

### Business Type:

- Sole Proprietorship       Corporation       LLC                       Partnership

## Management Information

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_

## Key Employee Information

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Contact # \_\_\_\_\_

Address \_\_\_\_\_

## PERMIT INFORMATION

### Permit Type

Cultivation Permit \_\_\_\_\_

Enter cultivation permit type.

- Manufacturer 1       Manufacturer 2       Testing Laboratory       Retailer
- Distributor               Microbusiness

Has State License Been Obtained:     Yes     No (If Yes, attach license.)

### Commercial Cannabis Permit Application

**PROPERTY INFORMATION:**

Street Address \_\_\_\_\_  
APN(s) \_\_\_\_\_  
Property Owner \_\_\_\_\_ Contact # \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Owner Email \_\_\_\_\_

<b>INVENTORY TRACKING</b> – Contact Information for Systems Administrators and Users		<b>System Admin</b>	<b>User</b>
Name	_____	<input type="checkbox"/>	<input type="checkbox"/>
Address	_____		
Name	_____	<input type="checkbox"/>	<input type="checkbox"/>
Address	_____		
Name	_____	<input type="checkbox"/>	<input type="checkbox"/>
Address	_____		

**Use the Required Information Checklist to ensure all information is included with your application.**

**BUSINESS OWNER**

By signing below, I(we) expressly:

- Consent to entry and inspection of the premises by the City of Lakeport Building Official, or designee, upon reasonable notice;
- Authorize the City of Lakeport to access all information entered into the database to monitor compliance with the Commercial Cannabis Permit and City of Lakeport laws and regulations;
- Acknowledge that the contents submitted in this application as well as entered into database may be subject to public disclosure under the California Public Records Act;
- Acknowledge that a Commercial Cannabis Permit does not authorize nor provide immunity or defense to any activity prohibited under federal law, statute, rule or regulation; and
- Hereby release, indemnify and hold harmless the City of Lakeport, and its agents, officers, elected officials, employees, and contractors from losses of any kind resulting from this application, including receiving and/or acting under Commercial Cannabis Permit.

I(we) certify under penalty of perjury that the information submitted in this application, including all supporting documents and materials is, to the best of my(our) knowledge and belief, true, accurate, and complete. I(we) further certify that I(we) am(are) authorized to sign this application and thereby bind the applicant and all of applicant's owners to compliance with all permit conditions.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name and Title

## Commercial Cannabis Permit Application

### PROPERTY OWNER

By signing below, I certify that I have reviewed this application, and approve of the use of the property for the purposes stated in the application. I expressly consent to entry and inspection of the premises by the City of Lakeport Building Official, or designee, upon reasonable notice. I further certify that I am authorized to sign this application.

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Signature

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Date

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Name and Title



# Commercial Cannabis Permit Application Checklist

Use this checklist to ensure required information is included with your application. References are made to appropriate sections of Ordinance 5.34 for further information. **(You must submit the applicable fee(s) and 10 copies of the materials noted below):**

## CHECK HERE IF EITHER HAVE BEEN OBTAINED OR APPLIED FOR:

- Planning Permit (Use Permit Application)
- Premises Inspection or Building Permit
- Documentation of Business Organization
  - Sole Proprietor – Provide Fictitious Business Name Statement (if different than owner's name)
  - Corporation – Provide Articles of Incorporation and Corporate Bylaws
  - LLC – Provide Articles of Organization and Operating Agreement
  - Partnership – Provide Partnership Agreement
- Live Scans (for management, employees listed on application) being obtained from the Lakeport Police
- Property Address, APN(s), Property Owner, Owner Contact Information are listed on application.
- Copy of State License if Available (or Statement of Which License will be Obtained)
- Fees:
  - Application Submittal (Cultivation, Testing, Distribution, Retail) \$1,025.00
  - Application Submittal (Manufacturing) \$1,185.00
  - Background Check (cost per individual) \$ 354.00
  - Application Appeal \$1,030.00
  - Annual Review & Inspection \$1,100.00
- Site Plan
- Project Description/Narrative: Business activity, production, sources, hours of operation, odor control, visibility of operation, and labeling.
- Floor Plan
- Sign Plan
- General Liability (insurance coverage minimum \$1,000,000.00)
- Security Plan:
  - Identify Security Lighting
  - Identify location and number of security cameras

- Identify Alarm System (Business Alarm Permit Application)
- Identify Security Personnel
- Name and Phone Number of emergency contacts
- A register of names and contact information for all employees
- A Background Report for all owners and employees
- A proposed Water Uses Plan
- Wastewater Disposal Plan
- Solid Waste Plan
- Hazardous Waste Plan
- Odor Prevention Plan
- Business License Application

**Please review Ordinance No. 915 (Chapter 5.34 of the Lakeport Municipal Code) for specific Performance Standards for each Cannabis licensing.**

- Cultivation
- Manufacturer
- Testing
- Distribution
- Retailer
- Microbusiness