Development Services Department

11600 Air Expressway
Adelanto, CA 92301
760-246-2300

MEDICAL CANNABIS APPLICATION

ALL DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE

Required Deposits:

Medical Cannabis Cultivation	____	$ 7,000	
Medical Cannabis Manufacturing	____	$ 7,000	Volatile: _____
Medical Cannabis Distribution/Transportation	____	$ 7,000	
Medical Cannabis Testing	____	$ 7,000	
Medical Cannabis Nursery	____	$ 7,000	

Case Number _____ Date _____
To be filled out by City — To be filled out by City

Please Print the Following Information:

Conditional Use, Temporary Use, or Minor Conditional Use Permit Application Number:

_____

Other Related Permits (previous cannabis application, Location Development Plan, etc.:

_____

I.

Application Information

Name of Business:_____

Applicant entity Structure: ☐ Corporation

☐ Unincorporated Association

☐ Other (describe):_____

COMPREHENSIVE MEDICAL CANNABIS PERMIT APPLICATION

II.

Applicant (Entity Name) _____

Applicant Representative & Title: _____ _____

(This is the person who will be listed on the permit when it is issued, and whom the planning department will contact regarding this application)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: ( ) _____ E-mail: _____

Mobile: ( ) _____

III.

Location/ Property Information

Facility Address (Issued by City of Adelanto. If there are multiple addresses, list them all):

_____

Assessor's Parcel Number (Issued by San Bernardino County Assessor): _____

Zip Code:_____

Total Square-Feet of each Structure on Site:_____

IV.

Property Owner Information

Recorded Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (___)_____ Mobile: (____)_____

V.

Criminal Convictions

Please list any Felony Criminal Conviction or Misdemeanor Conviction Involving Moral Turpitude, or the Illegal Use, Possession, Transportation, Distribution or Similar Activities Related to Controlled Substances, with the Exception of Cannabis Related Offenses for which the Conviction Occurred Prior to the Passage of the Compassionate Use Act. Please list Offense, Date of Offense & Conviction, and City in which Conviction Occurred.

1. _____
2. _____
3. _____
4. _____

VI.

Unfair Business Practices

For Any Applicant or Managing Member, Please List Any and All Unlawful, Fraudulent, Unfair, or Deceptive Business Acts or Practices.

1. _____
2. _____
3. _____
4. _____
5. _____

COMPREHENSIVE MEDICAL CANNABIS PERMIT APPLICATION

Business Entity Information

Check Appropriate Box: ☐ Nonprofit ☐ Not-For-Profit ☐ For-Profit

Name of Corporation or LLC _____

Cal. Sec. of State Corp. Identification No.: _____

Federal Tax Identification No.: _____

Date of Incorporation: _____

Place of Incorporation: _____

Location of Corporate Headquarters: _____

Is this a Mutual Benefit Corporation? ☐Yes ☐No

Are all members of the corporation Qualified Patients and Designated Primary Caregivers of the Qualified Patient members? ☐Yes ☐No

Corporate Officers:

Please provide the first name, last name, title, and phone number for each Medical Cannabis Permit applicant corporate officer. Attach additional pages to the application if necessary. Those listed will be authorized to discuss matters of this application with the Planning Department. The Applicant Representative must be a corporate officer, and at least one corporate officer must be recorded by the California Secretary of State. (Consider listing your engineer, architect, business partners, CEO, administrative assistant, consultant, etc.) **All corporate officers shall submit a Live Scan, failure to do so may result in delayed processing of this application**.

Name	Title	Phone

ADELANTO PROPERTY OWNER/LANDLORD USE DISCLOSURE & AUTHORIZATION FOR A MEDICAL CANNABIS FACILITY

If the applicant is the owner of the property on which this activity is located, the applicant shall provide a copy of the title or deed to the property. If the applicant is not the owner of the property, this form shall be filled out and a copy of the contractual agreement between applicant and owner included.

I _____, am the legal owner / landlord / lessor of real
(Name of Property Owner/Landlord) (Circle Appropriate Term)

property located at _____, in Adelanto, California.
(Address of Property)

I hereby authorize the Medical Cannabis Applicant entitled

_____, to use this property as a Medical
(Name of the Corporation, Individual or Business)

Cannabis Facility, as that term is defined in state law and by the City of Adelanto Municipal Code, for the specific use of a Medical Cannabis Facility.

_____ _____
(Signature of legal owner/landlord/lessor) (Printed Name & Title)

_____ _____ _____
(Phone Number) (Address) (Date)

(Copy and attach additional pages of this form if necessary to include multiple owners)

All signatures must be originals, no electronic signatures or copies will be accepted.

I, _____, declare under penalty of perjury that the foregoing
(Applicant)

Information is true and correct. Executed this_____ day of _____ 20___.

ACKNOWLEDGEMENT OF MEDICAL CANNABIS OPERATING STANDARDS AS SET FORTH IN ADELANTO'S MOST RECENT CANNABIS ORDINANCE.

The undersigned Management Members, on behalf of the herein Medical Cannabis Operation

I, permit applicant,_____, declare under penalty of perjury that I have read and understand the provisions of Adelanto's most recent cannabis Ordinance, and shall, collectively and individually, ensure that the Medical Cannabis Applicant, its members and Management Members shall not engage in activity that violates the Operating Conditions set forth in Adelanto's most recent cannabis Ordinance, which states in relevant part that the Medical Cannabis Applicant shall:

(A) Only operate at a location zoned by the City of Adelanto.

(B) Operate only on a property within the Manufacturing/Industrial (M1) zoning designation in the Industrial Park and not within a 2,500 foot radius of a school, public playground or park, child care or day care facility, youth center, or church. This distance requirement will be reduced to 600 feet as of June 23, 2018.

(C) Fully Enclosed and Secure Facility. The Medical Cannabis Facility shall be fully enclosed and secure structure. All Cannabis shall be kept in a secured manner during business and non-business hours. Entrance to the facility shall be locked at all times, and under control of staff of the facility.

(D) Alarm. The facility shall be secured with an alarm system and monitored by a recognized security company.

(E) No Distribution to the Public. The medical cannabis facility shall not distribute, sell, dispense, or administer cannabis out of its facility to the public. The medical cannabis facility shall not be operated as a dispensary.

(F) No Visible Evidence. No evidence of Medical Cannabis at the Property shall be visible with the naked eye from any public or other private property, nor shall Medical Cannabis be visible from the building exterior. No operation shall occur at the Property unless the area devoted to the operation is secured from public access by means of a locked gate and any other security measures necessary to prevent unauthorized entry.

(G) No Adverse Effects. The Medical Cannabis facility shall not adversely affect the health or safety of the nearby residents by creating dust, glare, heat, noise, smoke, traffic, vibration, or other impacts, and shall not be hazardous due to use or storage of materials, processes, products or wastes.

(H) Legal Compliance with State and City Laws. The Medical Cannabis Facility shall comply fully with all of the applicable restrictions and mandates set forth in state law, including without limitation the Attorney General Guidelines the medical cannabis facility shall comply with all size requirements for such facilities imposed by state law. The facility shall not engage in any activities not allowed at facilities pursuant to State law. The facility shall comply with all horticulture, labeling, processing, and other standards required by State law. The building in which the facility is located shall fully comply with all applicable rules, regulations, and laws

of the City and State.

(I) Legal Structure. The medical cannabis facility shall operate within a legal structure compliant with all laws of the State of California.

(J) No Onsite Consumption. On site smoking, ingestion, or consumption of cannabis or alcohol shall be prohibited on the premises of the medical cannabis facility. Moreover, the building entrance to the medial cannabis facility shall be clearly and legibly posted with a notice indicating that smoking, ingesting, or consuming cannabis on the premises or in the vicinity is prohibited.

(K) Signage. Signage for the medical cannabis facility shall be limited to the name of the business only and shall be in compliance with the city's sign code, and no advertising or companies, brands, products, goods and/or services shall be permitted. Signage shall not include any drug-related symbols.

(L) No Alcohol. No alcohol shall be sold, stored, distributed or consumed on the premises.

(M) Physician Services. Physician services shall not be provided on the premises of the facility.

(N) Storage of cannabis. No dried medical cannabis shall be stored at the property in structures that are not completely enclosed, in an unlocked vault or safe, in any other unsecured storage structure, or in a safe or vault that is not bolted to the floor of the Property.

(O) Insurance. The medical cannabis facility agrees to carry insurance in an amount acceptable to the City. The facility also agrees to name the City of Adelanto as an additionally insured.

(P) Operate with sufficient odor absorbing ventilation and exhaust systems;

(Q) Operate with a quality closed circuit security camera with at least 120 concurrent hours of digitally recorded documentation in a format approved by the City Manager or the City Manager's designee; and

(R) Operate with a quality closed circuit security camera in use 24 hours per day, 7 days per week.

We, _____ and _____
(Printed Name of Property Owner) (Printed Name of Operator)

collectively acknowledge that we have been provided a copy of the medical cannabis facility operating standards listed in the City of Adelanto's most recent cannabis Ordinance. We further acknowledge that we have read, understand, and shall ensure compliance with the aforementioned operating standards and all applicable provisions of the City of Adelanto's most recent cannabis Ordinance at the medical cannabis facility entitled

_____.
(Name of facility listed on the application)

We certify under penalty of perjury that the foregoing information is true and correct.

Executed this _____ day of _____, 20___ in Adelanto, California.
(Day) (Month)

_____ _____
Signature of Property Owner Printed Name and Title

_____ _____
Signature of Operator Printed Name and Title

INFORMATION AND RELEASE FORM

The undersigned, on behalf of _____, hereby authorize the City
(Name of Corporation)
of Adelanto, by and through its appropriate officers, agents and employees to verify and confirm the information contained in this application, and to conduct such other investigations as may be reasonably required by the City of Adelanto, its officers, agents and employees for the purpose of determining the capability, fitness and capacity of the above named Corporation to obtain the Medical Cannabis Permit.

The applicant by signing this Information Release Form consents to service of any notice required or provided for by the laws, rules, regulations, or ordinances of the City of Adelanto upon the person(s) at the address listed for applicant, will constitute sufficient and legal notice, unless said applicant listed an attorney of record and/or agent for service of process, with sufficient contact information.

The applicant consents and agrees that full compliance will be made with all applicable State laws and City ordinances governing the conduct of the particular type of activity for which the Medical Cannabis Permit is requested. The applicant by signing this Information Release Form understands that any incomplete or false information may constitute grounds for denial.
This form MUST be signed by each applicant Management Member.

_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)
_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)
_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)

This release may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. All signatures must be originals, no electronic signatures or copies will be accepted.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____, 20___, at Adelanto California.

ADELANTO MEDICAL CANNABIS FACILITY
ON-SITE MEMBER CONTACT STATEMENT

The undersigned, on behalf of _____Corporation,
(Name of Corporation)

hereby designates _____ as the on-site
(Name of On-Site Manager)

Community Relation's representative to whom the public or City can provide notice to if there are operating problems or issues relating to the Adelanto Medical Cannabis Facility. The Medical Cannabis Facility shall make every good faith effort to encourage residents to call this person to try to solve operating problems, if any, before any calls or complaints are made to the police or planning departments.

_____ _____
Signature of On-Site Manager Printed Name & Title

_____ (____)_____
Address Phone Number

(_____)_____ _____
Facsimile Number Email Address

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____ 20___, at Adelanto California.

STATEMENT OF AUTHORIZATION TO INDEMNIFY CITY

Indemnity:
The undersigned, on behalf of _____
(Name of Corporation (Applicant))
hereby authorizes and agrees to indemnify the City of Adelanto (the "City"), its agents, officers, and employees, to the maximum extent permitted by law, as such may be amended from time to time, and to defend at its sole expense, any and all action against the City, its agents, officers, and employees because of any and all issues relating to the approval of said medical cannabis facility and related Ordinance(s) in the City.

Reimbursements:
The undersigned, on behalf of _____
(Name of Corporation (Applicant))
also agrees to reimburse the City for any court costs and attorney fees that the City may incur as payment for such action. The City may select any attorney it deems appropriate, in the City's exclusive discretion. Reimbursement of costs and fees, as set forth herein, shall be made payable to the "City of Adelanto," within thirty (30) days of written request for same. Failure of Applicant to make payment of reimbursement, as set forth herein, shall be grounds for revocation of permit to operate a medical cannabis facility in the City.

Counterparts:
This indemnity may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Only original signatures will be accepted. No electronic signatures or copies will be accepted.

Declaration of Authorized Agents:
This form MUST be signed by each owner/shareholder or managing member of the applicant.
I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that we/I am duly authorized to enter into this Indemnity on behalf of Applicant.

_____ _____ _____
(Signature) (Printed Name & Title) (Date)

_____ _____ _____
(Signature) (Printed Name & Title) (Date)

_____ _____ _____
(Signature) (Printed Name & Title) (Date)

The undersigned, on behalf of _____,
(Name of Corporation (Applicant))

hereby agrees to carry insurance for the medical cannabis facility in an amount acceptable to the City of Adelanto.

The undersigned, on behalf of _____,
(Name of Corporation (Applicant))

also agrees to name the City of Adelanto as an additionally insured on said policy.

This form MUST be signed by each applicant Management Member.

_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)
_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)
_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)

This release may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Signatures must be originals, no copies or electronic signatures shall be accepted.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____ 20___, at Adelanto California.

STATEMENT OF AUTHORIZATION TO

REIMBURSE THE CITY OF ADELANTO

The undersigned, on behalf of _____,
(Name of Corporation (Applicant))

hereby agrees to fully reimburse the City of Adelanto for any and all costs the City of Adelanto may incur as a result of the existence of medical cannabis facilities in the City of Adelanto and the implementation of the City of Adelanto's most recent cannabis Ordinance.

The undersigned, on behalf of _____,
(Name of Corporation (Applicant))

also agrees to provide the City with revenue to offset the potential deleterious effects of the location of the Medical Cannabis facility.

This form MUST be signed by each applicant Management Member.

_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)
_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)
_____	_____	_____
(Signature of Management Member)	(Printed Name & Title)	(Date)

This release may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. All signatures must be originals, no copies or electronic signatures shall be accepted.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____ 20___, at Adelanto California.

FOR BUSINESS TAX AND BUSINESS LICENSE FEES

Applicant, _____, hereby understands that the City of Adelanto (the "City") is experiencing financial hardship;

Applicant hereby covenants to support the City in its efforts to become financially solvent.

Applicant hereby covenants to support, and not oppose, any initiative that the City or the voters of the City initiate to raise business taxes and business license fees.

The City hereby assures Applicant that any business tax or business license fee imposed on the Applicant will be reasonable and in compliance with all federal, state and local laws.

Applicant hereby covenants to assist the City with a reasonable monetary contribution for actual costs associated with any Special Election or General Election initiated by the City to raise business tax or business license fees. Applicant shall be responsible for a pro-rata share of any costs associated with any General or Special Election initiated by the City to raise business taxes and business license fees.

Date: _____ _____

(Signature of Applicant)

MEDICAL CANNABIS APPLICATION CHECKLIST

COMPREHENSIVE MEDICAL CANNABIS PERMIT APPLICATION

1. Complete Application
    a. General Information, items I – VI _____
    b. Applying as a corporation _____
    c. Property owner/landlord disclosure _____
        - Lease, Deed, Title, or other contractual form included _____
    d. Operating standards acknowledgement _____
    e. Information release form _____
    f. On-site member contact statement _____
    g. Indemnity statement _____
    h. Insurance statement _____
    i. Statement to reimburse _____
    j. Covenant to support city efforts _____

2. 3 sets of full size, to scale plans (24 by 36 inches) _____
    - Include site plan, floor plan, and elevations
    - Show phasing, if any
    - Include reductions
    - See "Site Plan" check list in comprehensive application
    - for additional information

3. Security Plan (both written and included on plans) _____
4. Live Scans (submitted to DOJ) for Applicants, Officers, Operators _____

5. Operations Plan in accordance with the most recent cannabis Ordinance
    a. Statement of experience _____
    b. Cost to complete estimate _____
    c. Proof of financial adequacy (Bank statement, letter from CA Certified Public Accountant, or letter from CA licensed attorney) _____
    d. Statement of employment (Intent to hire Adelanto residents) _____
    e. Statement of public benefit _____

6. Submit the following supplemental information:
    a. An explanation of each use that will take place on the site, including square-footage of each. Relate description to floor plan. (For example, explain what product you are manufacturing, or the number and type of vehicles you will use for transportation.) _____

    b. If applicable, attach signed approval letters from the City with the Conditions of Approval for all related applications. _____