

# COUNTY OF SAN BENITO CANNABIS BUSINESS PERMIT APPLICATION



**PACKET**

COUNTY STAFF USE ONLY				
DATE / TIME	\$ FEE AMOUNT PAID	RECEIPT #	COUNTY STAFF'S NAME	COUNTY DEPARTMENT



# COUNTY OF SAN BENITO

## CANNABIS BUSINESS PERMIT APPLICATION

### PROCEDURES

The initial application period to submit a Cannabis Business Permit application, as designated by the County Agricultural Commissioner, shall open at **9:00 a.m. on April 1, 2019**. (SBCC §7.02.051, subd. (C)(1).) Cannabis Business Permit application forms will be available at the Agricultural Commissioner's Office located at 3224 Southside Road, Hollister, CA 95023 or online at <http://cosb.us/county-departments/cannabis-regulatory-program/>. To be considered, completed applications **must be** submitted by **4:00 p.m. on May 31, 2019**, at the Agricultural Commissioner Office at 3224 Southside Road, Hollister, CA 95023.

The following procedures outline the Cannabis Business Permit application procedures, required materials, and other information necessary to apply for a Cannabis Business Permit and enter into the selection process to operate a cannabis business in **the unincorporated area of San Benito County**. **PLEASE READ CAREFULLY BEFORE COMPLETING THE APPLICATION. FAILURE TO TIMELY SUBMIT A COMPLETE APPLICATION COULD RESULT IN DISQUALIFICATION.**

Information regarding the cannabis business permit application process can be found on the County's website: <http://cosb.us/county-departments/cannabis-regulatory-program/> and may include the following:

- San Benito County Cannabis Business Permit Application Form and Procedures
- San Benito County Cannabis Permit Owner/Employee Background/LiveScan Forms
- San Benito County Code Article V of Ch. 5.03 (Cannabis Business Activities Tax), Ch. 7.02 (Cannabis Businesses), Ch. 19.43 (Cannabis Business Land Use Regulations), and Title 25 (Zoning)
- Medicinal and Adult Use Cannabis Regulation and Safety Act ("MAUCRSA")
- Frequently Asked Questions

#### COUNTY'S RESERVATION OF RIGHTS

The County reserves the right to reject any and/or all applications, with or without cause or reason. The County may also modify, postpone, or cancel the term of any application period without liability, obligation, or commitment to any party, firm, or organization. In addition, the County reserves the right to request and obtain additional information from any applicant. An application **MAY BE REJECTED** for the following reasons:

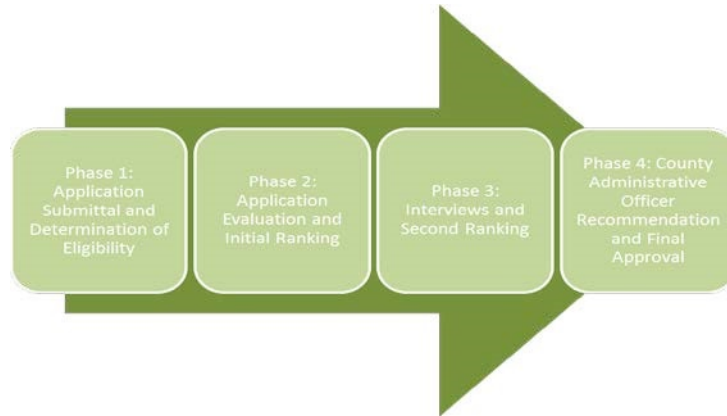
1. It is late, incomplete, or considered not fully responsive.
2. It contains excess or extraneous material not requested.

#### AMENDMENTS TO THE APPLICATION

Applicants may not be allowed to make amendments to their application or to supplement their application, except as otherwise specifically provided for in SBCC Ch. 7.02, as permitted in these procedures, or as otherwise authorized in writing by the Agricultural Commissioner.

#### CANNABIS BUSINESS PERMIT APPLICATION FEE

All applicants will be required to pay a \$10,650.00 fee, against which County staff time is charged for reviewing applications, concurrently with submission of a Cannabis Business Permit Application. Applicants are advised that they may be required to pay additional amounts as required for the sole purpose of the County's completion of the application review process.



**DESCRIPTION OF CANNABIS BUSINESS PERMIT APPLICATION SUBMISSION, EVALUATION, & SELECTION:**

**Phase 1: Application Submittal and Determination of Eligibility**

During Phase 1, applicants will be notified if any of the Owners are ineligible and/or if their application is incomplete and may not move forward in the application process. Applications will only be considered complete if they include all required information.

Applicants must submit two (2) copies of the complete application, each in a three-ring binder; one (1) copy of the complete application in PDF format on a flash drive. The application is due to the County by the close of the application period. The initial application period deadline is **4:00 p.m. on May 31, 2019**. Payment must be made by certified check, cashier’s check, or money order made payable to “San Benito County.” The County will not accept cash. ***A complete application shall consist of the following required information:***



***Please see Appendix A for a description of the required information for Phase 1.***

**Phase 2: Application Evaluation and Initial Ranking (1,500 Points)**

Those applicants that score 80% or higher in this phase will move on to Phase 3. **Applications will be evaluated and ranked based on the below criteria:**



***Please see Appendix A for a description of the evaluation of the Phase 2 criteria.***

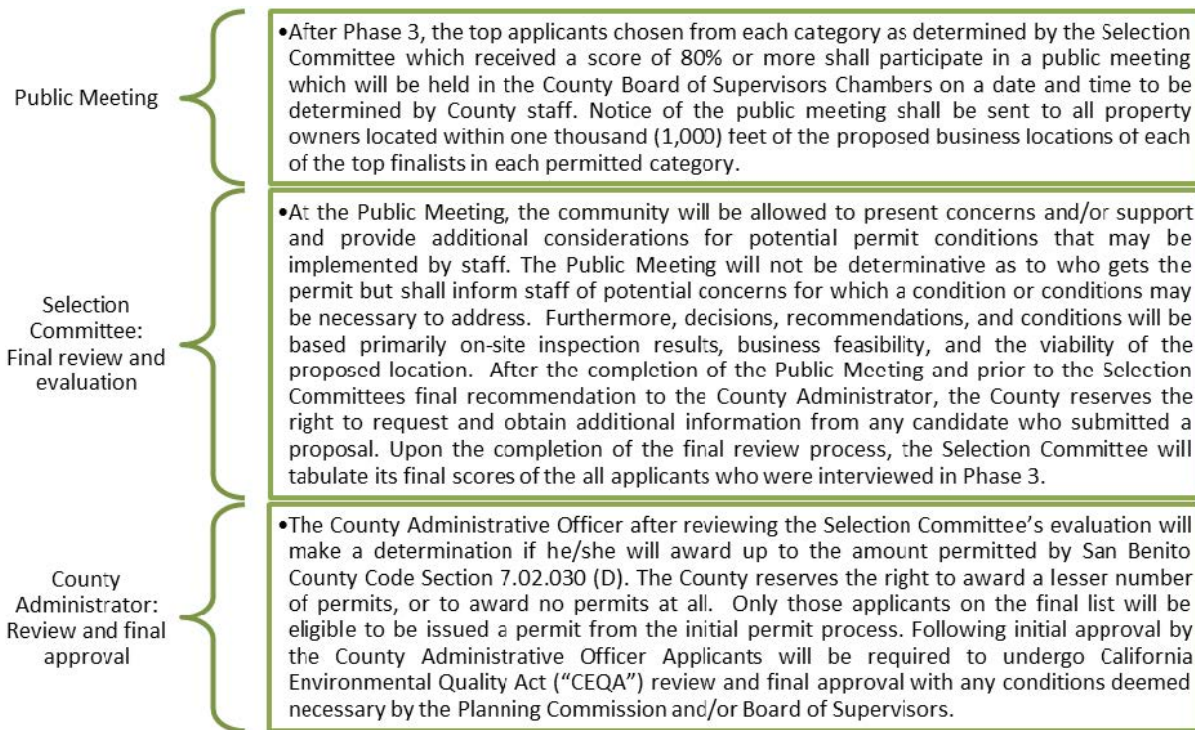
**Phase 3: Interviews and Second Ranking (2,500 Points)**

The top applicants will be interviewed and evaluated by the County’s Selection Committee. Prior to the scheduling of interviews, each of the applications may be required to have their proposed site inspected by the assigned County designee, if there is an existing building structure, to ascertain current conditions of the facility. **Applicants will be interviewed and evaluated based on the below criteria.**



***Please see Appendix A for a description of the evaluation of the Phase 3 criteria.***

**Phase 4: County Administrative Officer Recommendation and Final Approval**



**Note: Being awarded a CBP does not constitute a land use entitlement and does not waive or remove the requirements of applying for and receiving permits for all construction including: electrical, plumbing, fire, planning permits or reviews, and any other permits, licenses, or reviews as may be necessary by the relevant departments or governmental entities in charge of said permits. Nor does it guarantee that the plans submitted via the CBP application process meet the standards or requirements of those permitting departments. All permit awardees will still be required to complete all the permitting processes for the proposed construction or occupation of their facility.**

**CONTACT: If you have any questions during the application process or would like an update on the status of your application, please contact Karen Overstreet at (831) 637-5344, or by email at [cannabis@cosb.us](mailto:cannabis@cosb.us).**

## APPENDIX A

### Phase 1: Application Submittal and Determination of Eligibility



1

#### **Complete, signed copies of the following forms:**

- Business Permit Application Form.
- Background/LiveScan disclosure and authorization form for each Owner. If an Owner is an international applicant, a Social Security Number, State Driver's License, State Identification Card, ITIN, and/or A-Number, as applicable.
- Zoning Verification Letter.
- Proof of property ownership or lease agreement.
- Supplemental information to be evaluated in Phases 2 and 3, as described in Appendix A.



2

#### **Pay CBP Application Fee of \$10,650.00**

- In the event of a delay in completing the background check and/or LiveScan, the County may, continue to process the application only if the applicant so indicates and the applicant signs an acknowledgement in which they understand and agree to the risk that they may be disqualified as a result of a background check and/or LiveScan results and will not be eligible for a refund of any fees charged resulting from continuing to process the application while the Background/LiveScan results were pending.



3

#### **Execute Indemnification Agreement with the County**

- Applicant executes an agreement indemnifying the County from liability.



4

#### **Background Check/LiveScan**

- Each individual applying as an owner of the cannabis business must undergo a Live Scan criminal history check demonstrating compliance with the eligibility requirements of Section 7.02.310(m) for background checks. The Live Scan process involves submitting fingerprints to the DOJ/FBI to review for criminal offender record information (CORI). CORI reports will be provided to the San Benito County Sheriff for the sole purpose of determining eligibility for operating a CB. Owners who do not meet criminal history eligibility requirements will be disqualified.
- The Live Scan must be conducted by the County Sheriff's Department unless otherwise stated on the County's website.



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#### **Zoning Verification**

- The proposed site of the cannabis business must comply with the Zoning Code and setback requirements.
- Zoning verification may not be completed over the counter and may require additional review; the process takes approximately ten (10) business days.
- If the proposed site appears to appropriate, a Zoning Verification Letter may be issued by the RMA and will become part of the application package.
- Issuance of a Zoning Verification Letter shall not imply evidence of permission to engage in commercial cannabis activity within the County, nor shall it mean "permit" within the meaning of the Permit Streamlining Act, nor does it constitute any entitlement.
- Should Applicant's proposed site change during the review process, a new Zoning Verification Letter shall be required to be submitted prior to Phase 3 of the selection process. Applicants may only submit a site amendment if the initial proposed site was otherwise appropriate.

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**Location (300 Points)**

- Physical address and detailed description of the proposed/final location.
- Proof of ownership, or a notarized letter of the owner’s willingness to lease. (This information will be given consideration in Phase 3 only.)
- Zoning Verification Letter
- Description of all known nearby sensitive use areas. Note that a proposed/final location shall not be closer than 1,000 feet from any parcel containing a school, daycare facility, youth center, and other uses as dictated by the County ordinance. The cannabis business must be located in the appropriate zoning and meet all of the locational requirements as in described in San Benito County Code Section 7.02.250.

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**Neighborhood Compatibility Plan (400 Points)**

- How the CB, including its exterior areas and surrounding public areas, will be managed so as to avoid becoming a nuisance or having impacts on its neighbors and the surrounding community.
- A site plan for each potential location. The site plan must be accurate, dimensioned and to-scale (minimum scale of 1/4”).

3

**Business Plan (400 Points)**

- Description of day-to-day operations. See San Benito County Code Sections 7.02.310 and 7.02.320.
- How the applicant will conform to local and state law. See San Benito County Code Section 7.02.040, and SB 94 Medicinal and Adult Use Cannabis Regulation and Safety Act (MAUCRSA).
- How cannabis inventory will be tracked and monitored to prevent diversion.
- A schedule for beginning operation, including a narrative outlining any proposed construction and improvements and a timeline for completion.
- A budget for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operation costs. The budget must demonstrate sufficient capital in place to pay startup costs and at least three months of operating costs, as well as a description of the sources and uses of funds.
- Proof of capitalization, in the form of documentation of cash or other liquid assets on hand, Letters of Credit or other equivalent assets.
- A pro forma for at least three years of operation.

4

**Safety Plan (200 Points)**

- A detailed safety plan. This plan should describe the fire prevention, suppression, HVAC and alarm systems the facility will have in place. **It should include an assessment of the facility’s fire safety by a qualified fire prevention and suppression consultant.** An appropriate plan will have considered all possible fire, hazardous material, and inhalation issues/threats and will have both written and physical mechanisms in place to deal with each specific situation.

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**Security Plan (200 Points)**

- A detailed security plan. This plan should include a description and detailed schematic of the overall facility security. It should have details on operational security, including but not limited to general security policies for the facility, employee specific policies, training, sample written policies, transactional security, visitor security, 3rd party contractor security, and delivery security. In particular, applications should address ingress and egress access, perimeter security, product security (at all hours), internal security measures for access (area specific), types and locations of security systems (alarms and cameras), and security personnel to be employed. **The security plan shall also include an assessment of site security by a qualified security consultant.** Security plans will not be made public.
- A floor plan showing existing building conditions. If changes are proposed as part of the project, then a proposed floor plan should also be submitted. The floor plan(s) should be accurate, dimensioned and to-scale (minimum scale of 1/4”).

1

**Qualifications of Owners:**

- The application should include information concerning any special business or professional qualifications or licenses of owners that would add to the number or quality of services that the cannabis business would provide, especially in areas related to medical cannabis, such as scientific or health care fields.

2

**Environmental Impact Mitigation:**

- The application should describe any proposed “green” business practices relating to energy and climate, water conservation, and materials and waste management.

3

**Labor & Employment/Local Enterprise:**

The application should describe to what extent the cannabis business will adhere to heightened pay and benefits standards and practices, including recognition of the collective bargaining rights of employees. Specific practices that are subject to consideration include the following:

- Providing compensation to and opportunities for continuing education and training of employees/staff (applications should provide proof of the cannabis business policy and regulations to employees);
- Providing a “living wage” to facility staff and employees. Wage scale should be provided in writing for all levels of employment at the facility. “Living Wage” shall mean 150% of the minimum wage mandated by California or Federal law, whichever is greater.

4

**Community Benefits:**

- The application should describe benefits that the cannabis business would provide to the local community, such as employment for local residents of the County, community contributions, or economic incentives to the County.







# COUNTY OF SAN BENITO

## CANNABIS BUSINESS PERMIT APPLICATION

### INITIAL APPLICATION

For details about the information required as part of the application process, see the Application Procedure Guidelines, San Benito County Ordinances, and any additional requirements to complete the application process. All documents can be found online at: <https://www.cosb.us/county-departments/cannabis-regulatory-program/>.

CANNABIS BUSINESS INFORMATION		
APPLICANT (CANNABIS BUSINESS) LEGAL NAME:		
DBA:		
PROPOSED ADDRESS/LOCATION:		
ASSESSOR'S PARCEL NUMBER(S) (APNs):		
PRIMARY CONTACT INFORMATION		
NAME:		
TITLE:		
ADDRESS:		
PHONE:		EMAIL:
24-HOUR CONTACT INFORMATION:		
PROPERTY OWNER INFORMATION		
NAME:		
ADDRESS:		
PHONE:		
COMMERCIAL CANNABIS BUSINESS ACTIVITY TYPE		
<i>(Select from one or more of the following categories of commercial cannabis business activities in which the Cannabis Business will engage. For each category, indicate when applicable, which type of State license type you are applying for)</i>		
<input type="checkbox"/> Cultivation-Type:	<input type="checkbox"/> Distribution	<input type="checkbox"/> Microbusiness (Non-Retail)
<input type="checkbox"/> Delivery (Out-of-County)	<input type="checkbox"/> Manufacturing-Type:	<input type="checkbox"/> Testing Lab

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**CANNABIS BUSINESS OWNER BACKGROUND INFORMATION**  
(Must be completed by all Owners)

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 and certain confidential information such as Driver’s License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>1</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

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 and certain confidential information such as Driver’s License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>2</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

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	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

**ADD MORE PAGES AS NECESSARY TO ACCOMMODATE ALL CANNABIS BUSINESS OWNERS.**

**ADDITIONAL INFORMATION**

List whether the applicant(s) has other licenses and/or permits issued to and/or revoked from the applicant in the three years prior to the year of the permit application, such other licenses and/or permits relating to similar business activities as in the permit application. If yes, list the type, current status, and issuing/denying agency for each license/permit. Please attach a separate document with an explanation, if necessary.

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List any and all Owners who have been convicted of a felony or have engaged in misconduct that is substantially related to the qualifications, functions or duties of a cannabis operator, applicant, owner or employee. A conviction within this section means a plea or verdict of guilty, or a conviction following a plea of no contest. Attach a separate document with an explanation, if necessary.

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Describe the Cannabis Business' organizational status:

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Name and address of school closest to proposed location:

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Name and address of existing alcohol-related establishment closest to proposed location:

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Have you received a Zoning Verification Letter? (Please check the appropriate response)

- Yes (include the letter in your application)       No

Describe the neighborhood around the proposed location (i.e., surrounding uses; nearby sensitive uses such as schools, youth centers, churches, parks, daycare centers, or libraries; transit access to site; etc.):

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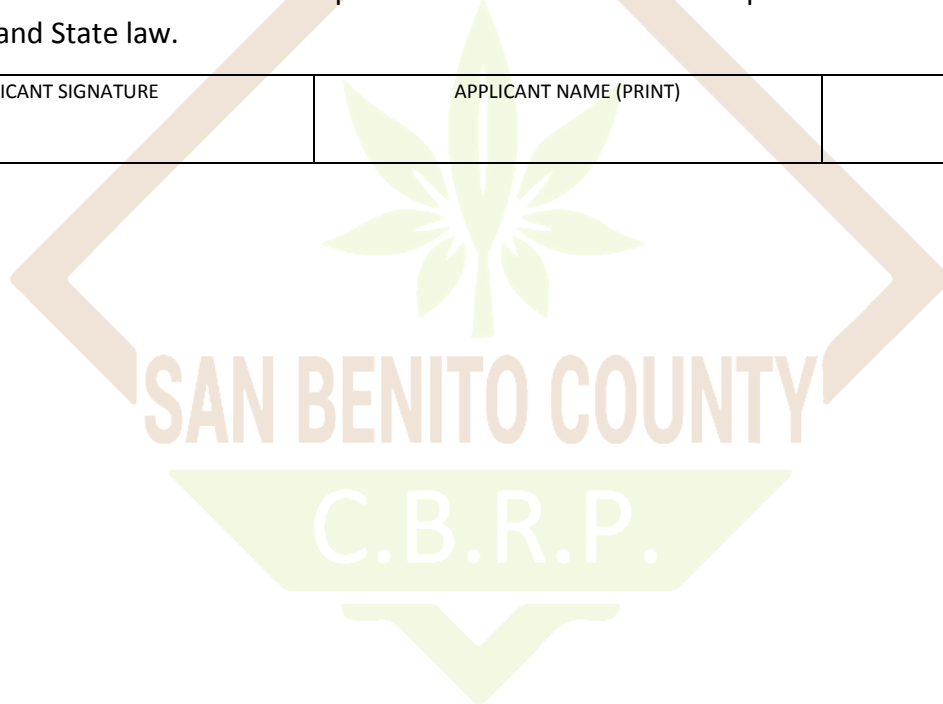
**APPLICANT CERTIFICATION**

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the San Benito County permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, Board, and other Agencies in order to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the County’s consideration of this application.

Furthermore, by submitting this application I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the San Benito County Code and State law.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
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PROPERTY OWNER CONSENT		
<p>If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to San Benito County Ordinances. Original signatures only.</p> <p>I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes described herein. We further consent and hereby authorize County representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.</p>		
PROPERTY OWNER SIGNATURE	PROPERTY OWNER NAME (PRINT)	DATE

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Benito

On \_\_\_\_\_, before me, \_\_\_\_\_, the undersigned, a Notary Public  
(Date) (Name of Notary)

in and for the State of California, personally appeared \_\_\_\_\_  
(Name of Individual Signing Release)

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to be within instrument and acknowledged to me that (s)he executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)

\_\_\_\_\_  
 Notary Public in and for the State of California

### APPLICATION SUBMITTAL REQUIREMENTS

The following items must be submitted with all applications (2 physical copies and 1 electronic copy). If an item is not submitted, the application will be considered incomplete and **will not be accepted**.

- Commercial Cannabis Business Application
- Application filing fee(s)
- Limitations on County's Liability waiver
- Approved Zoning Verification Letter
- Live Scan/Background Check information for each Owner/Principal (*see below for requirements*)
- Organizational structure (*e.g., Articles of Incorporation, bylaws, partnership agreements, etc.*)
- Organizational chart
- Photographs of existing site and buildings
- Vicinity map
- Site plan for each proposed location (*see below for requirements*)
- Floor plan for each proposed location (*see below for requirements*)
- Signage plan
- Supplemental evaluation criteria (*see below for requirements*)

### LIVE SCAN/BACKGROUND CHECK INFORMATION

*(To be provided for each owner, principal and manager of the proposed business.)*

- Proof of submittal of Live Scan application and payment of fee to San Benito County Sheriff Department
- Cannabis Permit Employee/Owner Background Application
- Intelifi waiver form
- Two passport-quality photographs (2"x2")
- Copy of Social Security card or ITIN
- Color copy of Driver's License or other valid government-issued photo identification
- Proof of current address

### FLOOR PLAN ( $\frac{1}{4}'' = 1'$ minimum scale)

*(Shall contain the following information at a minimum)*

- North arrow, drawing scale, date of preparation and name of plan preparer
- Location and dimensions for means of ingress and egress
- Square footage of all interior spaces
- Proposed uses of all interior spaces

**All sets of plans must be collated and folded to a minimum size of 8.5" x 11" and a maximum size of 8.5" x 14".**

**SITE PLAN** ( $\frac{1}{4}'' = 1'$  minimum scale)*(Shall contain the following information at a minimum)*

- North arrow, drawing scale, date of preparation and name of plan preparer
- Dimensions of subject property – including square footage
- Dimensions and names of all adjacent streets and public rights-of way
- Location and dimensions of all buildings and structures – including square footage
- Location and dimensions of landscaped areas
- Location of all parking areas and driveways and means of ingress and egress
- Location and dimensions of all handicap parking spaces, ramps, curb ramps and signs
- Location and dimensions of handicap-accessible Path of Travel to building entrance, sidewalks and interior walks
- Uses for all buildings and structures indicated on the site plan
- If any exterior alterations are proposed for the existing building(s), attach proposed site plans

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**SUPPLEMENTAL EVALUATION CRITERIA***( as required in Appendix A of the Application Procedure Guidelines)*

- Proposed Location
- Neighborhood Compatibility Plan
- Qualifications of Owners
- Business Plan
- Safety Plan
- Security Plan
- Labor & Employment
- Local Enterprise
- Environmental Impact Mitigation
- Air Quality Plan
- Enhanced Product Safety
- Community Benefits



## APPENDIX A

### Phase 1: Application Submittal and Determination of Eligibility

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The application should describe to what extent the cannabis business will adhere to heightened pay and benefits standards and practices, including recognition of the collective bargaining rights of employees. Specific practices that are subject to consideration include the following:

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- Providing a “living wage” to facility staff and employees. Wage scale should be provided in writing for all levels of employment at the facility. “Living Wage” shall mean 150% of the minimum wage mandated by California or Federal law, whichever is greater.

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**COUNTY OF SAN BENITO**  
**CANNABIS BUSINESS PERMIT APPLICATION**  
**INITIAL APPLICATION**  
**CONTINUED CANNABIS BUSINESS OWNERS**

**CANNABIS BUSINESS OWNERS**  
**CONTINUED**

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 and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>4</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

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 and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>5</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

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 and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>6</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

COUNTY STAFF USE ONLY				
DATE / TIME	\$ FEE AMOUNT PAID	RECEIPT #	COUNTY STAFF'S NAME	COUNTY DEPARTMENT

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 and certain confidential information such as Driver’s License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>7</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

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 and certain confidential information such as Driver’s License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>8</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

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 and certain confidential information such as Driver’s License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>9</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>

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 and certain confidential information such as Driver’s License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

<b>10</b>	<b>NAME:</b>
	<b>TITLE:</b>
	<b>HOME ADDRESS:</b>
	<b>PHONE:</b>
	<b>SIGNATURE:</b> <span style="float: right;"><b>DATE:</b></span>





**COUNTY OF SAN BENITO**  
**CANNABIS BUSINESS PERMIT APPLICATION**  
**INDEMNIFICATION AGREEMENT**

This Agreement is entered into between the County of San Benito ("County") and the Cannabis Business Permit applicant identified below ("Applicant"), individually referred to herein as "Party," and collectively referred to herein as the "Parties," pursuant to San Benito County Code ("SBCC") §7.02.053.

**I. Applicant, Cannabis Business Owner, and Proposed Cannabis Business Information**

**APPLICANT:**

**BUSINESS OWNER (if different from Applicant):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**PROPOSED CANNABIS BUSINESS:**

Application No.: \_\_\_\_\_

Name: \_\_\_\_\_

APNs: \_\_\_\_\_

**II. Recitals**

**WHEREAS**, Applicant represents and warrants they have, in accordance with SBCC §7.02.051, deposited the sum of \$10,650.00 as an initial deposit for the review and processing of a Cannabis Business Permit ("CBP"); and

**WHEREAS**, all costs incurred by the County in processing said application, including staff time and overhead, shall constitute a personal obligation to be paid by Applicant.

**WHEREAS**, Applicant understands, acknowledges, and agrees that as work on the application proceeds, actual costs incurred will be charged against the deposit account and the County will deduct such costs from said deposit account at such time(s) and in such amount(s) as the County determines. If at any point in the processing of the application the amount on deposit becomes depleted, County staff will suspend work on the application until sufficient funds are restored;

**WHEREAS**, if it is determined that the amount on deposit will not be adequate to cover all costs associated with application processing, the County may demand, and Applicant shall make, additional deposits over the course of processing the application to cover the costs incurred by the County. "Costs incurred by the County" shall include costs for the services of contractors or consultants. If Applicant



fails to deposit such additional sums within said period, County staff will cease work on said application; and

**WHEREAS**, Applicant represents and warrants they have, in accordance with SBCC §7.02.061, submitted to a LiveScan/background check no earlier than thirty (30) days prior to submission of the CBP application; and

**WHEREAS**, Applicant understands, acknowledges, and agrees that there is no guarantee - expressed or implied - that by submitting the CBP application or making the deposit identified above that Applicant will obtain any land use entitlements or a permit to engage in commercial cannabis activities, i.e., operate a Cannabis Business; and

**WHEREAS**, Applicant understands, acknowledges, and agrees that County staff may recommend denial of the application for any reason, that staff may change its recommendation at any time, and that staff's recommendation of approval does not guarantee approval by any board or commission; and

**WHEREAS**, Applicant understands, acknowledges, and agrees that all materials submitted in connection with Applicant's CBP application are public record subject to inspection and copying by members of the public. By filing an application, Applicant agrees that the public may inspect and copy these materials and the information contained therein, and that some or all of the materials may be posted on the County's website. For any materials that may be subject to copyright protection, or which may be subject to sections 5500.1 and 5536.4 of the California Business and Professions Code, by submitting such materials to the County, Applicant represents that Applicant has the authority to grant, and hereby grant, the County permission to make the materials available to the public for inspection and copying, whether in hardcopy or electronic format.

### III. Agreement

NOW, THEREFORE, the Parties agree as follows:

A. The foregoing recitals are hereby incorporated into this Agreement.

B. **Indemnification.** As part of the application referenced in Section I of this Agreement for a CBP, renewal CBP, or other matter (hereinafter collectively "Application"), Applicant agree(s) to the fullest extent permitted by law to indemnify, defend (with counsel reasonably approved by County), and hold harmless San Benito County and its officers, officials, elected officials, employees and agents (collectively "County") as follows:

1. From and against any and all claims, demands, actions, proceedings, lawsuits, losses, damages, judgments and/or liabilities arising out of, related to, or in connection with the Application or to attack, set aside, void, or annul, in whole or in part, an approval of the Application and/or issuance of a CBP by the County; and
2. From any and all liability for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees; clients or customers of the Applicant for a violation of state or federal laws, rules or regulations relating to cannabis activities; and
3. From any and all causes whatsoever, including the acts, errors, or omissions of the Applicant and his, her, its, and their officers, employees, agents and contractors (hereinafter "Claim"); and
4. For any and all costs and expenses (including but not limited to attorneys' fees) incurred by County on account of any Claim except where such indemnification is prohibited by law; and

5. The indemnification obligation of Applicant applies to County's active as well as passive negligence, but does not apply to County's sole negligence or willful misconduct.

C. **Defense.** The County will use its best efforts to promptly notify the Applicant of any such Claim that is, or may be, subject to this Agreement. Applicant shall permit County, with County's unlimited discretion, to direct and participate in the defense of any Claim, including, but not limited to, use of County Counsel to defend the Claim, but such participation shall not relieve the Applicant of any obligation imposed by this Agreement. The County shall have the absolute right to approve any and all counsel employed to defend the County. To the extent the County uses its own resources to respond and/or assist in the defense of the Claim, Applicant shall reimburse County its actual costs in accordance with Section III, subdivision (D) of this Agreement. In the alternative, County shall have the right not to participate in the defense.

In the event any Claim is filed against the County, Applicant shall deposit an additional \$5,000.00 (the "Litigation Deposit") with the County within thirty (30) days said filing in order to cover the costs and expenses involved in defense of the County. If at any point during the litigation process actual costs and/or expenses incurred reach 80% of the Litigation Deposit, the Applicant shall deposit additional funds sufficient to bring the balance up to the amount of \$5,000.00.

In the event of a disagreement between County and the Applicant over litigation issues, County shall have the authority to control the litigation and make litigation decisions, including, but not limited to, the manner in which the defense is conducted.

If County reasonably determines that having common counsel would present such counsel with a conflict of interest, or if the Applicant fails to promptly assume the defense of the Claim or to promptly employ counsel reasonably satisfactory to County, then County may employ separate counsel to represent or defend County and the Applicant shall pay the reasonable attorneys' fees and costs of such counsel.

- D. **Reimbursement.** To the extent County uses any of its resources to respond to a Claim, the Applicant shall reimburse the County upon demand. Such resources include, but are not limited to, staff time, court costs, County Counsel time, or any other direct or indirect costs associated with responding to the Claim.
- E. **Obligations.** The obligations of the Applicant under this Agreement shall survive and apply regardless of whether any County approval is invalidated, set aside, expires, or is abandoned for any reason.

This Agreement and the obligations of the Applicant set forth herein shall remain in full force and effect throughout all stages of litigation including any and all appeals of any lower court decrees, orders, or judgments, and regardless of whether the Applicant has brought any claim, action, or demand against County.

The Applicant is solely responsible for compliance with all local, state, and federal laws and for obtaining necessary authorizations, approvals, and/or permits from other local, state, and federal agencies. Any failure of the Applicant to comply with applicable laws or to obtain necessary authorizations, approvals, and/or permits shall not invalidate this Agreement or excuse the obligations of the Applicant under this Agreement except where such indemnification is prohibited by law.

- F. **Successors and Assigns.** These obligations shall be binding upon each and every successor, assign, and transferee of any interest in the license that is the subject of the Application. The Applicant shall cause all successors, assigns, and transferees to be so obligated; provided that the Applicant shall be and remain personally obligated to all of the terms of this Agreement, notwithstanding any attempt to assign, delegate, or otherwise transfer any of the obligations of this Agreement, and

notwithstanding a change in ownership or any transfer or conveyance of any interest in the license that is the subject of the Application.

G. **Stipulation, Release, or Settlement.** The Applicant shall not execute, pay, or perform pursuant to, any stipulation, release, settlement agreement, or other disposition of the matter on such Claim unless the County and the Applicant have approved the stipulation, release, or settlement agreement in writing, such approval not to be unreasonably withheld.

In no case shall the Applicant assume, admit, or assert any fault, wrongdoing, or liability on the part of the County as a condition of or as part of any stipulation, release, settlement, or otherwise. The Applicant shall not assert any defense, claim, or complaint against County on any Claim as a condition of or as part of any stipulation, release, settlement or otherwise.

H. **No Waiver.** Any failure, actual or alleged, on the part of County to monitor or enforce compliance with any of the indemnification requirements will not be deemed as a waiver of any rights on the part of County.

I. **Authority.** Each person signing this Agreement represents and warrants that he or she has the power, is duly authorized, and has the capacity to enter into this Agreement and that this Agreement is a valid and legal agreement binding on the Applicant and enforceable in accordance with its terms.

J. **California Law.** This Agreement is governed by the laws of the State of California. Any litigation regarding this Agreement or its contents must be filed in the County of San Benito, if in state court, or in the federal district court nearest to San Benito County, if in federal court.

K. **Complete Agreement.** This Agreement shall constitute the complete understanding of the parties with respect to the matters set forth herein. Neither party is relying on any other representation, oral or written. Moreover, this Agreement shall constitute a separate agreement from any permit approval, and that if the CBP, in part or in whole, is revoked, invalidated, rendered null or set aside by a court of competent jurisdiction, Applicant hereby agrees to be bound by the terms of this Agreement, which shall survive such invalidation, nullification or setting aside.

L. **Counterparts.** This Agreement may be signed in counterparts and must be signed by all Applicants.

NOW THEREFORE, this Agreement is hereby approved as follows:

**APPLICANT:**

**BUSINESS OWNER (if different from Applicant):**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**COUNTY:**

**APPROVED AS TO FORM:**

Barbara J. Thompson, County Counsel

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_





# COUNTY OF SAN BENITO

## CANNABIS BUSINESS PERMIT APPLICATION

### BACKGROUND & CREDIT CHECK

APPLICANT INSTRUCTIONS	
<b>1</b>	Complete this <b>Cannabis Business Background &amp; Credit Check Form</b> and submit the original to the County Agricultural Commissioner along with the required fee deposit. A LiveScan form will be provided at that time.
<b>2</b>	Call (831) 636-4060 to schedule an appointment to meet with staff at the San Benito County Jail located at 710 Flynn Road, Hollister, CA 95023, Hours: Monday – Friday, 8:00 am to 5:00 p.m. Attend the appointment.

CANNABIS BUSINESS INFORMATION	
CANNABIS BUSINESS NAME	IN THE BUSINESS, YOU ARE AN: (CHOOSE ONE) <input type="checkbox"/> Owner/Principal <input type="checkbox"/> Employee

APPLICANT INFORMATION							
SOCIAL SECURITY NUMBER	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SECURITY CARD				
DRIVER'S LICENSE #/STATE	LAST NAME ON DRIVER'S LICENSE	FIRST NAME ON DRIVER'S LICENSE	MIDDLE NAME ON DRIVER'S LICENSE				
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>						CELL PHONE #	
LIST ANY OTHER NAMES YOU HAVE EVER USED (MAIDEN, MARRIED, NICKNAMES, ETC.)				BIRTH COUNTRY/STATE		LANGUAGE(S) SPOKEN	

PREVIOUS ADDRESSES			
PLEASE LIST ALL PREVIOUS HOME ADDRESS FOR THE PAST TEN (10) YEARS. IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEETS TO THIS APPLICATION.			
<b>1</b>	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
<b>2</b>	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
<b>3</b>	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
<b>4</b>	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE

PREVIOUS EMPLOYMENT (INCLUDING CANNABIS BUSINESS EMPLOYERS)					
PLEASE LIST ALL PREVIOUS EMPLOYERS FOR THE PAST TEN (10) YEARS. IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEETS TO THIS APPLICATION.					
<b>1</b>	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
<b>2</b>	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
<b>3</b>	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
<b>4</b>	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE

COUNTY STAFF USE ONLY				
DATE / TIME	\$ FEE AMOUNT PAID	RECEIPT #	COUNTY STAFF'S NAME	COUNTY DEPARTMENT

**CRIMINAL HISTORY**

**(List all arrests or convictions other than infractions for traffic violations)**

**IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEETS TO THIS APPLICATION. PLEASE READ THE APPLICATION CAREFULLY. ANY FALSE OR MISLEADING STATEMENTS, OR OMISSIONS ON THIS APPLICATION OR ON THE COMMERCIAL CANNABIS BUSINESS APPLICATION, SHALL BE GROUNDS FOR DISQUALIFICATION.**

<b>1</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>2</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>3</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>4</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

**PENALTY UNDER PERJURY**

**I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
x		

**CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE**

I am a Cannabis Business applicant/employee and hereby request the County Administrative Officer, County Sheriff, and/or their designee(s) to take my photograph and fingerprints and/or use the information in this application for the purpose of conducting a criminal background check to verify that I meet the qualifications to obtain a Cannabis Business Permit ("CBP") and/or Cannabis Business Employee Work Permit ("CBEWP").

I agree to provide any information requested or deemed necessary to the State of California Department of Justice and the Federal Bureau of Investigation, or any other law enforcement agency or third-party consultant authorized by the County.

I understand this process will serve to disclose my arrest/conviction record. I further agree to indemnify and hold harmless San Benito County, its officers, agents, or lawfully delegated representatives, from any action(s) or damages whatsoever or at all which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record check and/or obtaining access to any other documentation which pertains to meeting the qualification for a CBP or a CBEWP.

Furthermore, I hereby authorize the County Administrative Officer, the County Sheriff and/or their designee(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial, suspension, nonrenewal, or termination of a CBP or CBEWP per the San Benito County Code.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE





**COUNTY OF SAN BENITO**  
**CANNABIS BUSINESS PERMIT APPLICATION**  
**BACKGROUND & CREDIT CHECK**  
**CONTINUED PREVIOUS ADDRESSES**

PREVIOUS ADDRESSES			
CONTINUED			
5	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
6	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
7	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
8	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
9	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
10	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
11	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
12	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
13	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
14	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
15	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
16	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
17	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
18	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
19	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
20	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
21	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE
22	ADDRESS, CITY, ZIP CODE <i>(NO P.O. BOXES ALLOWED)</i>	START DATE	END DATE

COUNTY STAFF USE ONLY				
DATE / TIME	\$ FEE AMOUNT PAID	RECEIPT #	COUNTY STAFF'S NAME	COUNTY DEPARTMENT







**COUNTY OF SAN BENITO**  
**CANNABIS BUSINESS PERMIT APPLICATION**  
**BACKGROUND & CREDIT CHECK**  
**CONTINUED PREVIOUS EMPLOYERS**

PREVIOUS EMPLOYMENT (INCLUDING CANNABIS BUSINESS EMPLOYERS)					
CONTINUED					
5	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
6	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
7	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
8	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
9	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
10	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
11	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
12	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
13	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
14	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
15	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
16	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
17	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
18	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
19	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
20	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
21	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE
22	BUSINESS NAME	ADDRESS, CITY, ZIP CODE	BUSINESS PHONE	START DATE	END DATE

COUNTY STAFF USE ONLY				
DATE / TIME	\$ FEE AMOUNT PAID	RECEIPT #	COUNTY STAFF'S NAME	COUNTY DEPARTMENT





**COUNTY OF SAN BENITO**  
**CANNABIS BUSINESS PERMIT APPLICATION**  
**BACKGROUND & CREDIT CHECK**  
**CONTINUED CRIMINAL HISTORY**

**CRIMINAL HISTORY**  
*(List all arrests or convictions other than infractions for traffic violations)*  
**CONTINUED**

<b>5</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>6</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>7</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>8</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>9</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>10</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>11</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
<b>12</b>	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

**COUNTY STAFF USE ONLY**

DATE / TIME	\$ FEE AMOUNT PAID	RECEIPT #	COUNTY STAFF'S NAME	COUNTY DEPARTMENT





# COUNTY OF SAN BENITO

## CANNABIS BUSINESS PERMIT APPLICATION

### ZONING VERIFICATION

#### APPLICANT INSTRUCTIONS

- |          |  |
|----------|--|
| <b>1</b> | Complete this <b>Cannabis Business Zoning Verification Form</b> and submit the original to the County Agricultural Commissioner along with the required fee deposit.   |
| <b>2</b> | Call (831) 636-4170 to schedule an appointment to meet with planning staff at the County of San Benito Resource Management Agency (“RMA”) Offices located at 2301 Technology Parkway, Hollister, CA 95023-2513, Hours: Monday – Friday, 8:00 am to 5:00 p.m. Attend the appointment. |

#### COMMERCIAL CANNABIS BUSINESS ACTIVITY TYPE

(Select from one or more of the following categories of commercial cannabis business activities in which the Cannabis Business will engage. For each category, indicate when applicable, which type of State license type you are applying for)

<input type="checkbox"/> Cultivation-Type:	<input type="checkbox"/> Distribution	<input type="checkbox"/> Microbusiness (Non-Retail)
<input type="checkbox"/> Delivery (Out-of-County)	<input type="checkbox"/> Manufacturing-Type:	<input type="checkbox"/> Testing Lab

#### CANNABIS BUSINESS INFORMATION

<b>APPLICANT (CANNABIS BUSINESS) LEGAL NAME:</b>
<b>DBA:</b>
<b>PROPOSED ADDRESS/LOCATION:</b>
<b>ASSESSOR’S PARCEL NUMBER(S) (APNs):</b>

#### APPLICANT (MUST BE A RESPONSIBLE PERSON) CONTACT INFORMATION

<b>NAME:</b>	
<b>TITLE:</b>	
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>EMAIL:</b>
<b>24-HOUR CONTACT INFORMATION:</b>	

#### ADJACENT LAND USES

<b>NORTH:</b>	<b>EAST:</b>
<b>SOUTH:</b>	<b>WEST:</b>

#### STATEMENT OF ACKNOWLEDGEMENT

I understand that this form is not a cannabis business permit and does not allow the applicant to operate a cannabis business at the proposed location, nor does it constitute an entitlement under the Cannabis Business Chapter 7.02. I declare under Penalty of Perjury that the information provided on this form is true and correct.

APPLICANT SIGNATURE	APPLICANT NAME, TITLE (PRINT)	DATE
X		

#### COUNTY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	RECEIPT #	COUNTY STAFF’S NAME	COUNTY DEPARTMENT

ZONING VERIFICATION REVIEW	
APPLICANT (CANNABIS BUSINESS) LEGAL NAME:	
APPLICANT NAME:	
PROPOSED ADDRESS/LOCATION:	
ASSESSOR'S PARCEL NUMBER(S) (APNs):	

COUNTY STAFF USE ONLY

PROPOSED COMMERCIAL CANNABIS BUSINESS ACTIVITY	PROPOSAL IN COMPATIBLE ZONE	SETBACKS (SBCC §§19.43.070, subd. (A)(2) AND 19.43.071)			
		100 FT. FROM PARCEL LINES	1,000 FT. FROM SENSITIVE USE	300 FT. FROM RESIDENTIAL ZONED PARCELS	300 FT. FROM OFF-PARCEL PERMITTED RESIDENCE
<input type="checkbox"/> Cultivation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Delivery (Out-of-County)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Distribution	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Microbusiness (Non-Retail)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Testing Lab	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ZONING VERIFICATION ACKNOWLEDGEMENT**  
*This zoning verification letter does not constitute a land use entitlement and is not equivalent to, a substitute for, or issued in lieu of a required conditional use permit.*

PROJECT PLANNER SIGNATURE	PROJECT PLANNER NAME, TITLE (PRINT)	DATE
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<b>COUNTY FILE NO.:</b>		<b>DATE SUBMITTED TO RMA:</b>
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THE ORIGINAL VERIFICATION LETTER MUST BE SUBMITTED WITH THE CANNABIS BUSINESS PERMIT APPLICATION







**COUNTY OF SAN BENITO**  
**CANNABIS BUSINESS PERMIT APPLICATION**  
**TAX RATES**

Cannabis Business Activities Tax Rates	
<b>Cannabis Business Activity Type: Cultivation</b>	<b>Per Square Foot</b>
Nursery	\$5.00
Indoor (specialty cottage)	\$5.00
Indoor (specialty)	\$5.00
Indoor (small)	\$5.00
Indoor (medium)	\$5.00
Indoor (large)	\$5.00
Mixed-Light (specialty cottage)	\$5.00
Mixed-Light (specialty)	\$5.00
Mixed-Light (small)	\$5.00
Mixed Light (medium)	\$5.00
Mixed-Light (large)	\$5.00
<b>Cannabis Business Activity Type: Distribution</b>	<b>% Gross Receipts</b>
Distributor	4%
Distributor (Transportation-Only)	4%
<b>Cannabis Business Activity Type: Manufacturing</b>	<b>% Gross Receipts</b>
Manufacturing (Level 1)	4%
Manufacturing (Level 2)	4%
<b>Cannabis Business Activity Type: Microbusiness</b>	<b>% Gross Receipts</b>
Microbusiness (Non-Retailer)	3.5%
<b>Cannabis Business Activity Type: Retailer</b>	<b>% Gross Receipts</b>
Out-of-County Delivery-Only	3%
<b>Cannabis Business Activity Type: Testing Laboratory</b>	<b>% Gross Receipts</b>
Testing Laboratory	1.25%





## COUNTY OF SAN BENITO CANNABIS BUSINESS PERMIT APPLICATION FEE SCHEDULE

The following fees are based on actual cost (minimum charge/deposit), which means each applicant will be charged actual staff time (to be charged against the deposit). For example, an applicant will be charged actual staff time spent processing a cannabis business application (4 phases of review), as well as, actual costs of consultants and/or any applicable DOJ/FBI costs; Applicants will be refunded any excess funds.

Cannabis Business Regulatory Program Fee Schedule	
<b>Á La Carte Services Fee Deposit</b>	<b>Per Application</b>
Zoning Verification (7.02.051, subd. (B); 7.02.090, subd. (C))	\$279.16
Background/LiveScan (7.02.051, subd. (B); 7.02.090, subd. (C)); 7.02.110, subd. (L))	\$354.49
Appeal (7.02.080, subd. (A))	\$3,453.99
<b>Cannabis Business Permit Application Fee Deposit</b>	<b>Per Application</b>
Initial Application: Phases 1-4 (7.02.051, subd. (B); 7.02.090, subd. (C))	\$10,650.00
Renewal Application (7.02.054, subd. (C))	TBD
Amended Application (7.02.055)	TBD
<b>Cannabis Business Employee Work Permit Application Fee Deposit</b>	<b>Per Application</b>
Initial Application (7.02.061, subd. (E))	TBD
Renewal Application (7.02.064; See, 7.02.054, subd. (C))	TBD
<b>Annual Permit</b>	<b>Per Permit</b>
Cannabis Business Permit (7.02.053, subd. (C); 7.02.090, subd. (D))	TBD
Cannabis Business Employee Work Permit (7.02.063; See, 7.02.061)	TBD

