



Stanislaus County
1010 10th Street, Modesto, CA 95354

FEE PAID \$ _____

APPLICATION NO. _____

Email: cannabis@stancounty.com

COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION FORM

Business Name: _____

Business Primary Contact and Title: _____

Contact's Mailing Address: _____

Phone #: _____ Email: _____

Business Property Location: _____

Type(s) of Permit Being Requested: *Please select from one or more of the following categories for which you are applying for a Commercial Cannabis Business Permit. Each box counts as one permit request.*

Cultivation

- Mixed Light**
- Indoor**

Total Canopy Square Footage _____

Total Canopy Square Footage _____

Distribution

Manufacturing

- Volatile**
- Non-volatile**

Nursery

- Mixed Light**
- Indoor**

Total Canopy Square Footage _____

Total Canopy Square Footage _____

Testing laboratory

For details about the information required as part of the application process refer to the webpage at www.stancounty.com/cannabis. Questions may be e-mailed to Cannabis@stancounty.com

Section A: Owner Background Information (Must be signed 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 certain confidential information such as driver's license and social security number which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Business Owner Name & Title: _____

Contact Phone: _____

Home Address: _____

Signature: _____ **Date:** _____

Attachments (if applicable):

_____ Verification of completed Live Scan

_____ Picture of applicant (two passport quality photographs 2X2)

_____ Copy of Social Security Card

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

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

Business Owner Name & Title: _____

Contact Phone: _____

Home Address: _____

Signature: _____ **Date:** _____

Attachments (if applicable):

_____ Verification of completed Live Scan

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Business Owner Name & Title: _____

Contact Phone: _____

Home Address: _____

Signature: _____ **Date:** _____

Attachments (if applicable):

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

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Property Owner Name: _____

Contact Phone: _____

Home Address: _____

Signature: _____ **Date:** _____

Attachments (if applicable):

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____ Copy of Social Security Card

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

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

Property Owner Name: _____

Contact Phone: _____

Home Address: _____

Signature: _____ **Date:** _____

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Property Owner Name: _____

Contact Phone: _____

Home Address: _____

Signature: _____ **Date:** _____

Attachments (if applicable):

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____ Copy of Social Security Card

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

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

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

- 1. 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, please list the type, current status, issuing/denying for each license/permit. (Please attach a separate document explanation if necessary)

Section B: Business Organization Status

- 1. Describe the Commercial Cannabis Business organizational status:

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

Section C: Commercial Cannabis Business Description and Location

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

- 2. Proposed Location and APN # of Business: _____
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3. Name and address of property owner: _____

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

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

6. Description of neighborhood around the proposed location (surrounding uses, nearby sensitive uses (such as schools, youth center, churches, parks, daycares, or libraries), number of adjacent dwellings under separate ownership within a quarter mile of the project site, transit access to site, etc. A separate sheet may be attached.

7. Identify any setbacks per County Ordinance Chapter 6.78 to the proposed property location:

- a. School required setback is 600 feet
 - Project site meets requirement
 - Setback waiver requested
- b. Youth Center, including Parks, required setback is 600 feet
 - Project site meets requirement
 - Setback waiver requested
- c. Residential required setback is 200 feet
 - Project site meets requirement
 - Setback waiver requested
- d. Agriculture Buffer required setback is 150 feet
 - Project site meets requirement
 - Setback waiver requested

8. Site plan must be dimensioned and show the entire parcel including parking consistent with County standards and additional structures. In addition, please show elevations and photos of proposed location (attach to application). If any exterior alterations are proposed for the existing building, also attach proposed site plans (accurate, dimensioned and to-scale [minimum scale of 1/4"] should be included for each potential location and elevations).

9. Floor Plans (attach to application accurate, dimensioned and to-scale [minimum scale of 1/4"] should be included for each potential location). If any interior alterations are proposed for the existing building, also

attach proposed floor plans.

10. Signage Plan. Include all signage for compliance with State-law and any proposed onsite advertisement, if applicable
11. Vicinity Map to scale, legible, showing specific land uses (crops, houses, building, parcel lines and parcel sizes, etc.) within a quarter mile if located in or abutting a A-2 zoning district or 600 feet if within any other permitted zoning district. In addition, identify and illustrate setbacks from any adjacent dwelling, park, school, library or youth center in feet.
12. Photos of the site and building(s).

Section D: Required Supplemental Information

This information is required for this application to be considered complete. Attach the following reports to the application. For explanation about the information required, see the Evaluation Criteria Descriptions document.

- Memo that describes business operation, proposed activities, capital investment and sources, projected annual revenue, number of jobs created, job salaries, and other relevant business plan detail.

Section E: Final Location Information

Attach proof of ownership of the site, signed Lease Agreement, OR signed and notarized statement from the owner.