



City of Carson

701 E. Carson St., Carson, CA 90745
 Telephone: (310) 830-7600; ci.carson.ca.us

OFFICE USE ONLY	
Case No.	
Application Submittal Date	
Fee	
Accepted By	

MAIN APPLICATION FOR COMMERCIAL CANNABIS OPERATION PERMIT (CANNABIS CENTER)

Pursuant to Chapter 15 of Article VI of the City of Carson Municipal Code

DIRECTIONS

Complete the below application in its entirety for a commercial cannabis operation permit (cannabis center). **Attach additional documents, sheets and applications as required or necessary.** When this application is complete, turn in completed application with all supplemental documentation and applications to the City of Carson Community Development Director. Subject to applicable law (including state and local law), a commercial cannabis operation (cannabis center) may engage in the activities of indoor cultivation, mixed-light cultivation, manufacturer, testing and/or distributor. Inquiries and questions about this application and the procedures involved should be directed to City of Carson Planning Manager Saied Naaseh who can be contacted at Carson City Hall by telephone at (310) 952-1770 or by email to snaaseh@carson.ca.us.

A proposed cannabis center may consist of multiple adjacent parcels (to be indicated in this application). A cannabis center may contain multiple commercial cannabis operations on one or more such parcels. This application shall indicate all commercial cannabis operations to occur at the commercial cannabis center. Each such operation at the center will require submission of a separate supplemental application simultaneously with this main application, or subsequently upon a determination an operation seeks to commence activities at the cannabis center.

Upon submission of future subsequent supplemental applications for specific operations at the center, this commercial cannabis operation permit (cannabis center) application must be thoroughly updated to account for the subsequent specific operation, and that updated main application shall be simultaneously submitted with the specific commercial cannabis operation supplemental application. Supplemental applications for such subsequent operations shall be subject to both a commercial cannabis operation permit (cannabis center) issued pursuant to this main application, as well as a corresponding approved development agreement.

PLEASE BE ADVISED

- STATE LICENSE - Commercial cannabis operations require a City issued permit and a state issued license.
- DEPOSIT - A minimum \$25,000 deposit shall accompany a completed application turned into the City to cover City actual costs to review and process the application.

- OTHER PERMITS/LICENSES - A permit issued pursuant to this application is not a substitute for any other applicable or required permit or license. Applicant is required to secure all other required permits or licenses, including but not limited to for new construction or for tenant improvements.
- OBLIGATION TO UPDATE - A commercial cannabis operation permittee (cannabis center) has a continuing obligation to update the City of Carson Community Development Director within seven (7) days upon the change in status of any information submitted herein, including for supplemental applications. (CMC § 15.120(Q)(1).)
- PUBLIC RECORDS ACT - This application and any associated documents submitted to the City are subject to public disclosure as may be required by the California Public Records Act.
- ADDITIONAL INFORMATION - Further information and documentation at the sole discretion of the City of Carson Community Development Director may be requested by the City for completion of application.

PROCEDURE

1. Application submitted and ninety day staff review (written notice from City may extend timeline).
2. If deemed compliant with requirements of Chapter 15 of Article VI of Carson Municipal Code (CMC), then:
 - a. Cannabis Permit Committee (CPC) reviews applications in accordance with Merit List criteria
 - b. CPC makes recommendations to City Council based on Merit List criteria
 - c. City Council reviews CPC's recommendations at a public meeting
 - d. City Council makes decision on whether a Commercial Cannabis Operation Permit (Cannabis Center) is or is not issued based on Merit List criteria
 - e. Development Agreement is negotiated and acted upon by Planning Commission and City Council
 - f. Initially **two** Commercial Cannabis Operation Permits (Cannabis Center) issued, then two more to be issued later in time
3. If deemed non-compliant with requirements of Chapter 15 of Article VI of the CMC, then within 60 days a notice provided to applicant (written notice from City may extend time), and:
 - a. Applicant has 30 days to resubmit
 - i. If deemed compliant with requirements of chapter, then go to No. 2 above.
 - ii. If deemed non-compliant with requirements of chapter, then:
 1. Application is deemed abandoned
 2. Applicant may submit a new application

Check one only:

- Check here if **NEW** Commercial Cannabis Operation Permit (Cannabis Center)
- Check here if **RENEWAL** of a Commercial Cannabis Operation Permit (Cannabis Center)

STREET ADDRESSES OF PROPERTIES SUBJECT TO COMMERCIAL CANNABIS OPERATION PERMIT (CANNABIS CENTER):

LEGAL DESCRIPTION OF PROPERTIES (INCLUDING A.P.N.):

ZONING: Commercial cannabis operations may locate and/or operate only in industrial or commercial zones of the City of Carson, as defined in Article IX, Chapter 1 (Zoning) of the Carson Municipal Code (“CMC”). **EXISTING ZONING OF ALL PROPERTIES SUBJECT TO COMMERCIAL CANNABIS CENTER (IDENTIFY PROPERTIES WITH APPLICABLE ZONING):**

SENSITIVE USES: Is the commercial cannabis center located within seven hundred fifty (750) feet - with distance measured as the shortest horizontal distance measured in a straight line from the property line of one site to the property line of another site - of a school, day care center, youth center, park, library, hotel or regional shopping mall (as these uses are defined in CMC Section 15.030)? **YES** **NO**

APPLICATION FEE: Attach a check or other acceptable form of payment for the full amount of the application filing fee established by resolution of the Carson City Council pursuant to Carson Municipal Code section 15.070(A).

A. APPLICANT AND OWNER INFORMATION

APPLICANT: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

LEGAL REPRESENTATIVE: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER, IF DIFFERENT FROM APPLICANT (Note: any person or entity meeting the definition of "owner" as understood by Section 26001(a) of the Business and Professions Code is considered a business owner and must be listed on this application):

Name: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

Name: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

Name: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

Name: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

PROPERTY OWNER(S) (IF DIFFERENT FROM APPLICANT): _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

PROPERTY SUB-LESSOR(S) (IF APPLICABLE): _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

B. PROPERTY OWNERS CONSENT

In the event that the applicant is not the legal owner of the subject properties contemplated by this application, the application must be accompanied with a "COMMERCIAL CANNABIS OPERATION PERMIT APPLICATION PROPERTY OWNER'S STATEMENT OF CONSENT" acknowledging that a commercial cannabis operation will be operated on the subject properties contemplated by this application and containing the notarized signature

from the legal owner of the properties. If applicant is the legal owner of the subject properties contemplated by this application, then evidence of such legal ownership shall be submitted in a form that is satisfactory to the City's Community Development Director. (Attach notarized acknowledgment form or other evidence of legal ownership, as applicable)

C. BUSINESS INFORMATION

Types of commercial cannabis operations to use the commercial cannabis center (check as many as applicable), and also complete for each specific instance of a type of operation a supplemental application on a City-issued form (either now or prospectively, but in any event before a specific operation intends to commence activity at the cannabis center).

- INDOOR CULTIVATION TESTING WHOLESALE DISTRIBUTION MANUFACTURING
 MIXED LIGHT CULTIVATION

1. **Operations.** List the names, types, locations and business owners of all known proposed commercial cannabis operations to be conducted at the cannabis center (supplemental applications must also be provided as explained in directions at top of this application).

2. **Days/Hours of Operation.** List for business operations involving activity moving to and from the site, including but not limited to transport of items. Maximum hours are from 9 am through 6 pm. If different for different operations, then provide information for each operation.

3. **Legal Form of Business Entity/Ownership structure of the commercial cannabis center, and each specific commercial cannabis operation, as filed with California Secretary of State, including state of organization:**

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4. Are the applicant and all proposed commercial cannabis operations qualified to do business in the State of California according to the California Secretary of State?
 YES NO

REQUIRED SUBMISSIONS

Please attach the following documents to your application, both for the commercial cannabis center as well as for all commercial cannabis operations presently seeking use of the center. Documentation for commercial cannabis operations, subsequently (to the time of this application) seeking use of the center, shall be timely submitted before any such operations commence at the center.

5. **FORMATION AND ORGANIZING DOCUMENTS.** Provide a copy of each business entity's formation and organizing documents, including, but not limited to, articles of incorporation, certificates of amendment, statements of information, articles of association, bylaws, partnership agreements, operating agreements, and fictitious business name statements.
6. **FOREIGN CORPORATION.** If any business entity is a foreign corporation, provide a certificate of qualification issued by the California Secretary of State.
7. **BUSINESS OPERATION.** Provide a general description of each proposed business operation, including but not limited to: (a) how the proposed operation will operate in compliance with the Carson Municipal Code and state law; (b) the proposed use of all areas on the premises, including but not limited to all specific proposed commercial cannabis uses, storage, lighting and signage.
8. **CASH HANDLING PROCEDURE.** Provide a detailed description, for each proposed business operation, on the plans for handling cash, and the plans for transporting cash to and from the premises
9. **CANNABIS HANDLING PROCEDURE.** Provide a detailed description, for each proposed business operation, on the plans for handling cannabis and cannabis products, and the plans for transporting cannabis and cannabis products to and from the premises.
10. **SELLER'S PERMIT NUMBER.** Proof of issuance of a Seller's Permit Number by the California Board of Equalization and identification of the Seller's Permit Number for the applicant and each specific commercial cannabis operation (if distinct from applicant). If no Seller's Permit Number has been obtained, either provide evidence that the applicant has applied for a Seller's Permit Number from the Board of Equalization, or provide confirmation from the California Department of Taxes and Fee Administration (CDTFA) that the applicant is not required to have a Seller's Permit.
11. **OTHER LICENSES OR PERMITS.** Identify all other licenses or permits for commercial cannabis operations (including non-profit cannabis operations), whether for the City of Carson or for any other licensing or permitting authority: a) held currently by the applicant and any proposed specific commercial cannabis operation; b) pending approval for the applicant and any proposed commercial cannabis operation; or, c) denied to, revoked from or suspended for the applicant and any proposed commercial cannabis operation. If a license or permit has been denied, revoked, or suspended, provide a detailed explanation of the circumstances.
12. **PHYSICAL DESCRIPTION.** Provide a general physical description of the proposed commercial cannabis center and all proposed commercial cannabis operations, including the characteristics of the site and surrounding area and the total square footage of the site.

13. **SECURITY PLAN.** Provide a security plan detailing the security measures to be taken, sufficient to comply with all applicable security-related requirements under state and local law, including but not limited to Carson Municipal Code Section 15.120(B).
14. **ODOR CONTROL PLAN.** Provide an odor control plan detailing the odor control measures to be taken, in accordance with the requirements of Carson Municipal Code Section 15.120(C).
15. **FLOOR PLAN.** Provide a scaled floor plan, professionally prepared by a licensed civil engineer or architect, for each level of each building that is part of the business site, including the entrances, exits, walls, and operating areas.
16. **SITE PLAN.** Provide a scaled site plan of the business site, professionally prepared by a licensed civil engineer or architect, including, at minimum, all buildings, structures, walls, driveways, parking lots, landscape areas, and boundaries.
17. **INSURANCE.** Provide evidence of compliance with all applicable insurance requirements as provided for by Chapter 15 of Article VI of the Carson Municipal Code, other applicable local law, and state law.

D. MANAGERS, EMPLOYEES AND COMMUNITY OUTREACH MANAGERS INFORMATION

1. **MANAGERS.** List the name, address, e-mail and phone number of any person who is or will be managing or responsible for the commercial cannabis center, and any and all of the specific commercial cannabis operations at the proposed commercial cannabis center, including business name (whether the actual commercial cannabis center or a commercial cannabis operation at the center); applicant has a continuing duty to update City with subsequently determined individuals and information (Carson Municipal Code § 15.120(Q)(2)(a)):

NAME: _____

BUSINESS: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

NAME: _____

BUSINESS: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

NAME: _____

BUSINESS: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

NAME: _____

BUSINESS: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

NAME: _____

BUSINESS: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

NAME: _____

BUSINESS: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

(Attach additional sheets as necessary)

- 2. **EMPLOYEES.** List the full names of all current and prospective employees of the commercial cannabis center, and of the specific commercial cannabis operations at the proposed commercial cannabis center, and state the name of the business associated with the individual; applicant has a continuing duty to update City with subsequently determined individuals and business names (Carson Municipal Code § 15.120(Q)(2)(a).):

NAME: _____

BUSINESS: _____

NAME: _____

BUSINESS: _____

NAME: _____

BUSINESS: _____

NAME: _____

BUSINESS: _____

NAME: _____

BUSINESS: _____

NAME: _____

BUSINESS: _____

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NAME: _____

BUSINESS: _____

NAME: _____

BUSINESS: _____

NAME: _____

BUSINESS: _____

NAME: _____

BUSINESS: _____

(Attach additional sheets as necessary)

- 3. **COMMUNITY OUTREACH MANAGERS.** List the full name, e-mail address, and phone number of an employee of the commercial cannabis center, and each specific commercial cannabis operation, to be designated as a Community Outreach Manager, who will be responsible for outreach and communication with the surrounding community, including the neighborhood and nearby businesses.

NAME: _____

BUSINESS: _____

Phone No.: _____

E-Mail: _____

NAME: _____

BUSINESS: _____

Phone No.: _____

E-Mail: _____

NAME: _____ **BUSINESS:** _____

Phone No.: _____ E-Mail: _____

NAME: _____ **BUSINESS:** _____

Phone No.: _____ E-Mail: _____

NAME: _____ **BUSINESS:** _____

Phone No.: _____ E-Mail: _____

4. For each manager and employee listed above, provide a color photocopy of a valid California Driver's License. If an employee does not have a California Driver's License, provide a color photocopy of an equivalent form of identification for the employee (such equivalent form of identification subject to approval by City).
5. For each manager and employee listed above, provide a completed "Cannabis Permit Employee/Owner Background Application" and a completed "Pre-Employment Background Check Disclosure & Authorization Form," accompanied by payment of the appropriate fees to cover processing costs.

E. FINANCIAL AND BUSINESS INFORMATION

Please provide through additional documentation complete responses concerning the following financial and business information, as regards both the proposed commercial cannabis center, as well as all proposed commercial cannabis operations. If prospectively a commercial cannabis operation is proposed for location at the commercial cannabis center, the following information must be provided at such subsequent time.

All information submitted must be to the satisfaction of the City of Carson Finance Director and the City of Carson Community Development Director.

1. **Construction.** Estimated budget for anticipated construction and/or tenant improvements concerning activities authorized by, or related to, the requested permit. Please also provide proof and source of funds for the estimated budget.
2. **Construction Schedule.** Provide a detailed outline of the proposed schedule for anticipated construction and/or tenant improvements concerning activities authorized by, or related to, the requested permit.
3. **Operations and Maintenance.** Estimated annual budget for anticipated operations and maintenance (including but not limited to items such as maintenance of equipment, salaries, supplies and materials, property maintenance, fuel) for activities authorized by, or related to, the requested permit. Please also provide proof and source of funds for the estimated budget.
4. **Operation Commencement.** Estimated date when operations proposed to be authorized under the requested permit will commence, and any significant caveats and/or anticipated possible delays as concerns the estimated date.
5. **Capitalization.** Sufficient capitalization to provide for both the initial commencement of operations authorized by, or related to, the requested permit, as well as the first three months of the proposed operation. Please provide proof and source of funds. Also, identify any and all additional financial support for the operation along with proof and source of funds.
6. **Financial Projections.** Provide four years of financial projections (from the date of this application)

concerning all aspect of the operations authorized by, or related to, the requested permit, including but not limited to anticipated costs, revenues and profits.

- 7. Business Plan and Pro Forma Statement.** Provide a detailed business plan and a pro forma statement which covers all aspects and details for the cannabis center and for each proposed operation.
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F. MERIT LIST CRITERIA

A Cannabis Permit Committee will review the thoroughness of applicant's adherence to specific factors as they relate to the maintenance and promotion of the health, safety and welfare of the residents and visitors of the City of Carson. The Cannabis Permit Committee is composed of the Director of Community Development, the Police Captain, the Fire Captain, the Finance Director, the City Manager, a medical cannabis specialist, a community member, and a representative from the Los Angeles County Public Health Department (or an equivalent member if no such representative is available). Refer to Chapter 15 of Article VI of the Carson Municipal Code for further details. **Please provide information (through supplemental documentation attached to this application) on each of the following factors for consideration by the Cannabis Permit Committee.** Each of the below factors has a scoring value associated with it which will assist with evaluating the significance of each factor. However, each application shall be considered in its totality with significance given to one factor over another as determined appropriate by the Cannabis Permit Committee to further the maintenance and promotion of the health, safety and welfare of the residents and visitors of the City of Carson.

1. Operation plan for the business, including attention to community concerns about the impact of the business. (400)
2. Security plan for the business, including details for the non-diversion of cannabis or cannabis products to illegal uses as well as cash handling procedures. (300)
3. Health and safety plan for the business, including enhanced product and operations health and safety (e.g., use of pesticides, sanitation, disposal of waste products). (300)
4. Impact on the environment (e.g., refuse disposal, utility usage). (150)
5. Neighborhood compatibility (e.g., compatibility with surrounding uses). (200)
6. Employment opportunities for City of Carson residents. (150)
7. Economic benefits to the City of Carson. (150)
8. Community benefits to the City of Carson, including but not limited to plans for community engagement and programs. (150)
9. Experience of the operators, managers and employees, including professional backgrounds (e.g., horticulture, chemistry). (200)
10. Capitalization of the business. (100)
11. Educational plans (e.g., youth anti-drug programs). (100)
12. Promotion of equitable business ownership and employment opportunities which decrease disparities for marginalized communities, and address for marginalized communities the disproportionate impact of past criminalization of cannabis activities which are now lawful under state law. (100)

- 13. Requirements of Chapter 15 of Article VI of the Carson Municipal Code, the Carson Municipal Code, and applicable State law. (indeterminate)
- 14. Any additional criteria the applicant believes will assist the Cannabis Permit Committee in its determination of the applicant's commitment to the health, safety and welfare of the residents and visitors of the City of Carson. (indeterminate)

G. AUTHORIZATION FOR CITY VERIFICATION OF INFORMATION

I hereby authorize and consent to the Community Development Director of the City of Carson, including his or her designee(s), to seek verification of the information contained in this application and any attachments.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER (IF DIFFERENT FROM APPLICANT):

SIGNATURE OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER:

_____ **DATE:** _____

H. TERMS AND CONDITIONS

I hereby affirm and certify that I have reviewed the contents of Chapter 15 of Article VI of the Carson Municipal Code, with the assistance of legal counsel of my choice, and I acknowledge, understand, and agree to be bound by its terms and conditions; and, I further affirm and certify that I will adhere to all approved plans, procedures and specifications as provided for by Section (C) above.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER (IF DIFFERENT FROM APPLICANT):

SIGNATURE OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER:

_____ **DATE:** _____

I. FURTHER INFORMATION

I agree to submit any additional and further information as deemed necessary by the Community Development Director, including his or her designee(s), in order to process this application.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER (IF DIFFERENT FROM APPLICANT):

SIGNATURE OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER:

_____ **DATE:** _____

J. AUTHORIZATION FOR CITY INSPECTIONS

I agree to permit the City's Operations Officers, as defined in Carson Municipal Code section 15.030(RR), to conduct reasonable unannounced inspections of the location of the commercial cannabis center, at the discretion of the City, for the purpose of ensuring compliance with local and state laws, including but not limited to inspection of security, inventory, and written records and files pertaining to all commercial cannabis operations at the commercial cannabis center.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER (IF DIFFERENT FROM APPLICANT):

SIGNATURE OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER:

_____ **DATE:** _____

K. INDEMNIFICATION

Applicant and Business Owner(s) of the Commercial Cannabis Center identified by this application, being the undersigned, hereby agree to indemnify, defend and hold harmless (at Applicant's and Business Owner's sole expense (joint and several), the ability to do so demonstrated through proof of sufficient insurance coverage to the satisfaction of the City) the City of Carson, its elected officials, employees, agents, officers, and representatives, and each and all of them individually, from all liability or harm arising from or in connection with all claims, damages, attorney's fees, costs and allegations arising from or in any way related to the operation of the commercial cannabis center and all of its commercial cannabis operations; and, to reimburse the City for any costs and attorney's fees that the City may be required to pay as a result of such action. Applicant and Business Owner(s) agree that the City may, at its sole discretion, participate at its own expense in the defense of any such action.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER (IF DIFFERENT FROM APPLICANT):

SIGNATURE OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER:

_____ **DATE:** _____

L. CERTIFICATION

I certify under penalty of perjury, under the laws of the State of California, that I have personal knowledge of the information contained in this application and its attachments, if any, and that the information contained herein is true and correct.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER (IF DIFFERENT FROM APPLICANT):

SIGNATURE OF BUSINESS OWNER(S) OF COMMERCIAL CANNABIS CENTER:

_____ **DATE:** _____

CHECKLIST OF SUBMITTAL REQUIREMENTS

(Must be submitted at time of application submittal)

**INCOMPLETE APPLICATION SUBMITTALS WILL BE HANDLED IN ACCORDANCE WITH
CARSON MUNICIPAL CODE SECTION 15.080(B)**

SUBMITTED		
YES	NO	
1.	_____	_____ <u>Application Fee</u>
2.	_____	_____ <u>Statement of New vs. Renewed Permit</u>
3.	_____	_____ <u>Street Address of Property</u>
4.	_____	_____ <u>Legal Description of Property</u>
5.	_____	_____ <u>Zoning of Property</u>
6.	_____	_____ <u>Statement of 750+ ft. Distance from Sensitive Locations</u>
7.	_____	_____ <u>Name and Contact Information of Applicant and Legal Representative</u>
8.	_____	_____ <u>Name and Contact Information of Business Owner(s), if applicable</u>
9.	_____	_____ <u>Name and Contact Information of Property Owner(s), if applicable</u>
10.	_____	_____ <u>Name and Contact Information of Property Sub-Lessor, if applicable</u>
11.	_____	_____ <u>Property Owner's Statement of Consent, if applicable</u>
12.	_____	_____ <u>Names and Contact Information of Managers and Responsible Persons</u>
13.	_____	_____ <u>List of Names of Employees</u>
14.	_____	_____ <u>Name and Contact Information of Designated Community Outreach Manager(s)</u>
15.	_____	_____ <u>Proof of Identification of Employees</u>
16.	_____	_____ <u>Consent to Criminal History Investigation of Each Employee and Fees</u>
17.	_____	_____ <u>Financial Information</u>
18.	_____	_____ <u>Merit List Criteria</u>
19.	_____	_____ <u>Types of Commercial Cannabis Operations</u>
20.	_____	_____ <u>Days and Hours of Operation</u>
21.	_____	_____ <u>Form of Business Entities</u>
22.	_____	_____ <u>Qualifications to do Business in California</u>
23.	_____	_____ <u>Business Entity Formation and Organization Documents</u>
24.	_____	_____ <u>Certificates of Qualification (Foreign Corporations)</u>
25.	_____	_____ <u>General Description of Business Operations</u>
26.	_____	_____ <u>Cash Handling Procedure</u>
27.	_____	_____ <u>Cannabis Handling Procedure</u>
28.	_____	_____ <u>Seller's Permit Numbers or Evidence of Applications therefor</u>
29.	_____	_____ <u>Identification of Other Permits and Licenses</u>
30.	_____	_____ <u>Physical Description</u>
31.	_____	_____ <u>Security Plan</u>
32.	_____	_____ <u>Odor Control Plan</u>

- 33. _____ Scaled Floor Plan
- 34. _____ Scaled Site Plan
- 35. _____ Insurance
- 36. _____ Applicant and Business Owners Consent to Verification of Information
- 37. _____ Applicant and Business Owners Certification to Review of Municipal Code Terms and Conditions
- 38. _____ Applicant and Business Owners Consent to Further Information and Inspections
- 39. _____ Applicant and Business Owners Indemnification
- 40. _____ Applicant and Business Owners Certification
- 41. _____ Completed Appropriate Supplemental Applications

**COMMERCIAL CANNABIS OPERATION PERMIT APPLICATION
PROPERTY OWNER'S STATEMENT OF CONSENT**

If the applicant/owner is not the property owner of record of the subject site, the following Statement of Consent must be completed by the property owner of record or the property owner's authorized representative, granting the applicant permission to apply for a commercial cannabis operation permit. This form must be notarized.

To: City of Carson
 Community Development Department
 701 E. Carson St.
 Carson, CA 90745

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: _____ **Phone:** _____

Mailing Address: _____

to operate a commercial cannabis operation on the property described below:

The subject property is located at: _____

Assessor's Parcel Number: _____

Printed Name of Owner of Record: _____

Address of Owner of Record: _____

Phone: _____ **Email address:** _____

Signature of Owner of Record: _____ **Date:** _____