



City of Marina

City Manager's Office – City Hall
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Marina, CA 93933
P: 831.384.3715
www.ci.marina.ca.us

DISPENSARY & NON-DISPENSARY PERMIT APPLICATION

APPLICANT (BUSINESS) LEGAL NAME: _____

DBA: _____

Proposed Address/Location: _____

Assessor's Parcel Number (APN): _____

PRIMARY CONTACT: _____

Title: _____

Address: _____

Phone: _____ Email: _____

24-Hour Contact Information: _____

PROPERTY OWNER NAME: _____

Address: _____

Phone: _____ Email: _____

Commercial Cannabis Business Permit Type: Select from one or more of the following categories. For each category, indicate whether you are applying for Adult-Use ("A") or Medicinal ("M"), and, when applicable, which type of license you are applying for per the State's license types.

- Retailer (A/M) – Type: _____
- Manufacturing (A/M) – Type: _____
- Cultivation (A/M)
- Testing Lab (A/M)
- Distribution (A/M)

For details about the information required as part of the application process, see the **Application Procedure Guidelines, Marina Municipal Code Chapter 19** and any additional requirements to complete the application process. All documents can be found online at: <https://www.cityofmarina.org/>.

OFFICE USE ONLY	Fees Paid	Date Paid
Date submitted: _____	Phase 1: _____	_____
Application #: _____	Phase 2: _____	_____
Submitted to: _____	Phase 3: _____	_____
	Phase 4: _____	_____

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.

Name: _____

Title: _____

Home Address: _____

Phone: _____

Signature: _____ Date: _____

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.

Name: _____

Title: _____

Home Address: _____

Phone: _____

Signature: _____ Date: _____

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.

Name: _____

Title: _____

Home Address: _____

Phone: _____

Signature: _____ Date: _____

Add more pages as necessary to accommodate all Commercial 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.

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.

Describe the Commercial Cannabis Business' organizational status:

Name and address of school closest to proposed location:

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

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.):

APPLICATION SUBMITTAL CHECKLIST

A complete application will consist of the following items:

- Commercial Cannabis Business Application
- Property Owner Consent (page 5 of the CCB Application)
- Application filing fee(s)
- Limitations on City's Liability waiver
- Commercial Cannabis Business Application Financial Responsibility, Indemnity and Consent to Inspection
- Proof of comprehensive general liability insurance (minimum \$1M per occurrence)
- Approved Zoning Verification Letter
- Live Scan/Background Check information for each Owner/Principal, including:
 - Proof of submittal of Live Scan application and payment of fee to Oxnard Police Department
 - Cannabis Permit Employee/Owner Background Application
 - Copy of Social Security card
 - Copy of Driver's License or other valid government-issued photo identification
- Supplemental information to be evaluated in Phases 2 and 3 (*see Appendix A of the Application Procedure Guidelines*)

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 City of Marina permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, Board, and City Council Members, 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 City'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 Marina Municipal Code and State law.

Name

Signature

Title

Date

PROPERTY OWNER CONSENT

If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to Chapter 19 of the Marina Municipal Code. Original signatures only.

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 City 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.

Name

Signature

Title

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.

Subscribed and sworn to before me this _____ day of _____, 20____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.