



# Development Services Department

## Planning Division

135 North D Street, Perris, CA 92570 • (951) 943-5003 ext. 369

OFFICE USE ONLY	
Application Submittal Date	
Accepted By	
Total Application Fee	\$

## CANNABIS OPERATION REGULATORY PERMIT APPLICATION

**\*\*Please note that one application shall be submitted per Entity.**

### Select type of application(s) applying for:

- NEW CANNABIS USE - \$16,008.45 Fee
- ANNUAL RENEWAL - \$16,008.45 Fee

- CHANGE OF OWNERSHIP - \$3,508.45 Fee
- CHANGE OF ENTITY NAME - \$3,508.45 Fee
- MODIFICATION TO PREMISE - \$3,508.45 Fee

### Select Cannabis Use(s) applying for:

	Use Square Footage	Original Permit No. (If Applicable)	OFFICE USE ONLY
			Permit Number
<input type="checkbox"/> Retail/Dispensary	-	-	
<input type="checkbox"/> Adult-Use Retail	sqft		
<input type="checkbox"/> Medicinal Retail	sqft		
<input type="checkbox"/> Lounge	sqft		

	Use Square Footage	Original Permit No. (If Applicable)	OFFICE USE ONLY
			Permit Number
<input type="checkbox"/> Cultivation	sqft		
<input type="checkbox"/> Distribution	sqft		
<input type="checkbox"/> Manufacturing	sqft		
<input type="checkbox"/> Testing	sqft		

### Site Information:

Proposed/Current Local Address:	City:	State:	Zip:
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Total Building Square Feet: \_\_\_\_\_ Zone: \_\_\_\_\_ APN(s): \_\_\_\_\_

Existing Land Use: \_\_\_\_\_ Year of Building's Construction: \_\_\_\_\_

Surrounding Uses: North- \_\_\_\_\_ South- \_\_\_\_\_ East- \_\_\_\_\_ West- \_\_\_\_\_

Check here, if within a sensitive area. Is the site and/or property located within 600 feet of a school, park, place of worship, youth-oriented facility, youth facility, day care center (as defined in the PMC Section 5.58.030), or residential zone, with the distance measured as the horizontal straight-line distance from the property line of one site to the property line of the other site? If yes, then check box.

### Business/Entity Information (Applicant):

Business/Entity Legal Name:		DBA:	
Entity Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other (describe):			
Entity Address (if different than local address):		City:	State: Zip:
Primary Contact Person Name/Title:		Phone Number:	Email:
Entity Owner(s) name(s) (if Corporation or LLC provide CEO/President names and titles):		Legal Representative Name:	
1.		Legal Representative Phone Number:	

Planning Division Use Only:	
Determination:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied- Reason:
Case Planner:	Title: Date:



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2.	Legal Representative Email:	
3.	State of California Cannabis License No:	Expiration Date:
4.	Business License No:	Expiration Date:

## Property Owner(s) Information:

Property Owner(s) Name:			
Property Owner Mailing Address <i>(if different than local address):</i>	City:	State:	Zip:
Email:	Phone Number:		
<p><b><i>If applicant is not the legal owner of the subject property</i></b>            I have provided a notarized "<a href="#">PROPERTY OWNER'S STATEMENT OF CONSENT</a>" form as <a href="#">Attachment 2- Property Owner's Statement of Consent</a>; and</p> <p>I have provided a copy of the most updated lease document covering the year of permit application as <a href="#">Attachment 2-A - Proof of Ownership</a>. _____ (initial)</p>			
<p><b><i>If either the applicant or the business owner is the legal owner of the subject property</i></b>            I have provided a copy of evidence showing legal ownership satisfactory to the Director as <a href="#">Attachment 2-A - Proof of Ownership</a>. _____ (initial)</p>			

## Business/Entity Operations:

<b><i>Personnel/ Employee Information</i></b>	
<i>Contact information of management responsible for on-site facilities and activities:</i>	
Name:	Position:
Email:	Phone Number:
<i>Contact information of Community Outreach Manager- person responsible for outreach and communication with the surrounding community, including the neighborhood and nearby businesses (if different than above):</i>	
Name:	Position:
Email:	Phone Number:
<i>Read the Following Statements and initial understood</i>	
1.	I have provided an " <a href="#">Employee Roster</a> " form of all employees as <a href="#">Attachment 3 - Employee List</a> . If more than one use at location, I have indicated which use employees are assigned to. _____ (initial)
2.	I have provided a copy of an identification form for all employees and owners as <a href="#">Attachment 3-A - Employee IDs</a> in the order of the employee roster. _____ (initial)
3.	<a href="#">Attachment 3-B - Criminal Background/Live Scan Investigation</a>
i.	I have provided an Intelifi Waiver "Pre-Employment Background Check Disclosure & Authorization Form" per Owner; and _____ (initial)



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- ii. I have provided a copy of the digital receipt as proof of payment for background fee(s) per employee. Online background application link: [https://hdicompanies.formstack.com/forms/bc\\_perris](https://hdicompanies.formstack.com/forms/bc_perris). Fees **\$300.00 per individual**; and \_\_\_\_\_(initial)
- iii. •If applying for Retail/Dispensary Uses, I have provided the results of the employees live scans dated within 90 days of this application. \_\_\_\_\_(initial)  
 •If applying to other cannabis related uses, an [“EMPLOYEE’S STATEMENT OF CONSENT TO CRIMINAL BACKGROUND INVESTIGATION FORM”](#) has been provided per employee including owners. \_\_\_\_\_(initial)

### Business Activities

Proposed Days of Operation: \_\_\_\_\_ Proposed Hours of Operation: \_\_\_\_\_

I have provided [Attachment 4 - Activities](#). A general description of the proposed operation, including how the proposed operation will operate in compliance with the Perris Municipal Code and state law, plans for handling cash and transporting marijuana and marijuana products to and from the premises, and the proposed use of all areas on the premises, including but not limited to specific activities, storage, lighting and signage. \_\_\_\_\_(initial)

#### For Cultivation Use Only:

Total Square Footage of Cultivation Area (as defined in PMC 5.58.030(K)): \_\_\_\_\_

Total Square Footage of Canopy (as defined in Cal. Code of Regulations, Title 3, §8000(f)): \_\_\_\_\_

Stacking type: \_\_\_\_\_

Hours of Transportation: \_\_\_\_\_

### General Attachment Statements:

#### [Attachment 5- Business related permits and other Licenses](#)

I have provided the Sellers Permit and any other licenses information as requested per the Director of Development Services. \_\_\_\_\_(initial)

#### [Attachment 6- State Law Compliance](#)

I have provided written description satisfactory evidence to the Director of Development Services of how the entity will comply with all state law requirements governing cannabis uses.  
Find Link to [Department of Cannabis Control Regulations](#) for state regulations. \_\_\_\_\_(initial)

#### [Attachment 7- Insurance Information](#)

I have provided the most updated insurance information covering the duration of the application year. \_\_\_\_\_(initial)

#### [Attachment 8 - Security Plans and Diagram](#)

I have provided a written security plan demonstrating safety procedures in accordance with Chapter 5.54 and Chapter 5.58 of the Perris Municipal Code (PMC) for the Cannabis Use(s) I am applying for. If more than one use, I have separated the security procedures per use. \_\_\_\_\_(initial)

I have provided a diagram showing the location of security camaras in the building. \_\_\_\_\_(initial)

#### **If applying for Retail/Dispensary Uses,**

I have provided a “Safe Consumption” plan in compliance with Chapter 5.54 and Chapter 5.58 of the Perris Municipal Code (PMC) and Sate Law. \_\_\_\_\_(initial)

#### [Attachment 9 - Odor Control Plan](#)

I have provided an “Odor Control Plan” in compliance with Chapter 5.54 and Chapter 5.58 of the Perris Municipal Code (PMC) and Sate Law. \_\_\_\_\_(initial)



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## Attachment 10 – Architectural Plans

Will there be any modifications to the premises?  No  Yes

If Yes,

1. I have provided a detailed description of the proposed modifications. A licensee must submit an application prior to performing any material changes to the premises. Material changes include but are not limited to: any increase or decrease in physical size, changes to ingress and egress from limited-access areas, the addition of sales counters or display cases, and the installation or replacement of electric fixtures or equipment for purposes of increasing production. Licensees may not modify their licensed premises until approved by state and local authorities.
2. I have provided the [EXISTING MARIJUANA LICENSE SITE MODIFICATION APPLICATION PROPERTY OWNER'S STATEMENT OF CONSENT](#) Form. \_\_\_\_\_ (initial)

I have included the most updated architectural plans for the location. Plans Must be prepared by a licensed Civil Engineer or architect and shall include the location of tables, couches, chairs- entrances, windows, storage, exterior Lighting, restrooms, parking, trash areas, and signage shall be shown. \_\_\_\_\_ (initial)

## Attachment 11 – Affidavit with Changes in Ownership and/or Name

### **Change in Ownership**

I have provided a notarized Affidavit indicating the existing valid permit has changed ownership with all previous owner(s) names and signatures and the new owner(s) names and signatures. \_\_\_\_\_ (initial)

### **Change in Name**

I have provided updated entity description showing the new name, and all documentation required with the new entity name. Ei. insurance, lease ect. \_\_\_\_\_ (initial)

## **Applicant Authorization:**

I hereby authorize and consent to the City Manager and/or the Director of Development Services, including their designees of the City of Perris, to seek verification of the information contained in this application and any attachments.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Owner (If Different From Applicant): \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## **Indemnification and Release:**

I release the City of Perris, its agents, officers, elected officials, and employees from any and all claims, injuries, damages, or liabilities of any kind arising from (a) any repeal or amendment of Chapter 5.54 and Chapter 5.58 of the Perris Municipal Code or any provision of the Planning and Development Code relating to cannabis uses, and (b) any arrest or prosecution of me, my managers, employees, or members for violation of State or federal laws; and I will defend, indemnify, and hold harmless the City of Perris and its agents, officers, elected officials,



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and employees from and against any and all claims or actions: (a) brought by adjacent or nearby property owners or any other parties for any damages, injuries, or other liabilities of any kind arising from operations at the subject property contemplated by this application, and (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the of cannabis production, handling, or consumption at the subject property contemplated by this application.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Owner (*If Different From Applicant*): \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## **Further Information and Inspections:**

I agree to submit any additional and further information as deemed necessary by the City Manager or the Director of Development Services of the City of Perris, including designees, to process this application.

I am in compliance with City Tax payments, Financial Audits, and Compliance Audits.

I further agree to permit the Perris City Manager, Director of Development Services, Police Department, and their respective designees, to conduct reasonable inspections, at their discretion, of all areas of the proposed cannabis related operations for the purpose of ensuring compliance with local and State laws, including but not limited to inspection of:

- Security recordings made by security cameras required by Chapter 5.54 and Chapter 5.58 of the Perris Municipal Code;
- Security records and files;
- Inventory records and files; and
- Other written records and files pertaining to the proposed commercial marijuana cultivation operation.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Owner (*If Different From Applicant*): \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_



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## Applicant Certification and Statement of Understanding:

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. Additionally, the [Statement of Understanding](#) form for the proposed Cannabis use(s) is signed and notarized as [Attachment 1](#).

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Owner (If Different From Applicant): \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

## Check List

**Submit the requirements for the type of application. Provide one hard copy and a digital copy. *Applications will not be accepted without a Complete Application.* For new applications see information as it applies to specific use applicant is applying for.**

Submittal Requirements	New Application	Annual Renewal	Change of		Modification to Premises
			Ownership	Name	
<a href="#">Cannabis Operation Regulatory Permit Application</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Application Fee	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Attachment 1- Statement of Understanding</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Attachment 2- Property Owner's Statement of Consent</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Attachment 2-A - Proof of Ownership.</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Attachment 3 - Employee List</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Attachment 3-A - Employee IDs</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Attachment 3-B - Criminal Background/Live Scan</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 3-B.i - Intelifi Waiver "Pre-Employment Background Check Disclosure & Authorization Form"	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 3-B.ii. – HdL Background Check	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment 3-B.iii. – Background Check	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Attachment 4- Activities</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">Attachment 5- Business related permits and other Licenses</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<a href="#">Attachment 6- State Law Compliance Information</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Attachment 7 - Insurance Information</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<a href="#">Attachment 8 - Security Plans and Diagram</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Attachment 9 – Odor Control Plan</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Attachment 10 – Architectural Plans</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Attachment 11 – Affidavit with Changes in Ownership and/or Name</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

Planning Division • 135 North D Street, Perris, CA 92570 • (951) 943-5003 ext. 369

## Attachment 1

### Statement of Understanding

Business Name:

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Permit Type(s):

- NEW CANNABIS USE  ANNUAL RENEWAL  CHANGE OF OWNERSHIP  
 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
 MANUFACTURING  TESTING



# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## THE CITY OF PERRIS – STATEMENT OF UNDERSTANDING

I understand I am responsible for knowing and complying with all Local laws and regulations governing cannabis operations in the City of Perris pursuant to Chapters 5.54 and 5.58 (Medical Marijuana Dispensary Regulatory Program and Commercial Marijuana Regulatory Program). I understand I am being made aware of the following laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my business Cannabis Operation Regulatory Permit. \_\_\_\_\_(initial)

I understand that no person or entity shall locate or operate a cannabis facility under the authority of a license or permit at any place other than the location permitted and identified under the Regulatory Permit issued by the City Perris (Ord. 1330, 1355, 1358 and 1372). \_\_\_\_\_(initial)

I understand that any person or entity operating a cannabis facility shall at all times remain in compliance and operate in accordance with the applicable provisions of the CUA, the MMPA, the MMRSA, Perris Municipal Code Chapters 5.54 and 5.58 (Ord. 1330, 1355, 1353 and 1372), and all other applicable State laws pertaining to cannabis facilities. \_\_\_\_\_(initial)

I understand that security cameras shall be installed and maintained in good condition and used in an on-going manner with a least 30-days of digitally recorded documentation in a format approved by the Director of Development Services and Police Chief. The cameras shall be in use 24 hours per day, seven days per week (Ord. 1330 and 1355). \_\_\_\_\_(initial)

I understand that the areas to be covered by the security cameras shall include, but are not limited to, the public areas, storage areas, employee areas, all doors and windows, and any other areas as determined to be necessary by the Director of Development Services and Police Chief (Ord. 1330 and 1355). \_\_\_\_\_(initial)

I understand that the cannabis facility shall be alarmed with a centrally-monitored fire and burglar alarm system, and monitored by an alarm company properly licensed by the State of California Department of Consumer Affairs Bureau of Security and Investigative Services in accordance with California Business & Professions Code section 7590, et seq. and whose agents are properly licensed and registered under applicable law (Ord. 1330 and 1355). \_\_\_\_\_(initial)

I understand that all entrances to the dispensing and lounge areas and any cannabis storage areas shall be locked at all times, and under control by employees (Ord. 1330 and 1355). \_\_\_\_\_(initial)

I understand that all cannabis and cannabis products shall be kept in a secured manner against unauthorized access as well as theft (Ord. 1330 and 1355). \_\_\_\_\_(initial)

I HAVE READ ALL OF THE ABOVE INFORMATION AND UNDERSTAND MY RESPONSIBILITIES AS A CANNABIS PERMIT HOLDER. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH ANY LAW, REGULATIONS, OR THE PROVISIONS OF THIS STATEMENT, MAY RESULT IN CRIMINAL CHARGES AND/OR MAY BE GROUNDS FOR DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, THE SUSPENSION OR REVOCATION OF MY CITY CANNABIS REGULATORY PERMIT.

LICENSEE’S BUSINESS NAME AND ADDRESS: \_\_\_\_\_

PRINCIPAL’S PRINTED NAME: \_\_\_\_\_ PRINCIPAL’S SIGNATURE: \_\_\_\_\_

## ACKNOWLEDGMENT

State of California

County of \_\_\_\_\_ }

On \_\_\_\_\_(date) before me, \_\_\_\_\_(insert name and title of the officer) personally appeared \_\_\_\_\_(name of signer), who proved to me on the

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

Signature \_\_\_\_\_(Seal)



# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## Attachment 2

### Property Owner's Statement of Consent

Business Name:

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Permit Type(s):

- NEW CANNABIS USE  ANNUAL RENEWAL  CHANGE OF OWNERSHIP  
 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
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## PROPERTY OWNER'S STATEMENT OF CONSENT

If the applicant/entity 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 Cannabis Operation Regulatory Permit. This form must be notarized.

To: City of Perris  
Planning Division  
135 N 'D' Street  
Perris, CA 92570

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

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

to operate a Cannabis  Retail/Dispensary,  Cultivation,  Distribution,  Manufacturing, and/or  Testing use business on the property described below:

**The subject property is located at:** \_\_\_\_\_

**Assessor's Parcel Number(s):** \_\_\_\_\_

**Printed Name of Owner of Record:** \_\_\_\_\_

**Address of Owner of Record:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Signature of Owner of Record:** \_\_\_\_\_



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## Attachment 2-A

### Proof of Ownership

Business Name:

---

Permit Type(s):

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 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

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## Attachment 3

Employee List

Business Name:

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Permit Type(s):

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 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
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## Attachment 3-A

Employee IDs

Business Name:

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Permit Type(s):

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 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
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## Attachment 3-B

### Criminal Background/Live Scan Investigation

Business Name:

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Permit Type(s):

- NEW CANNABIS USE  ANNUAL RENEWAL  CHANGE OF OWNERSHIP  
 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
 MANUFACTURING  TESTING

- i. "Pre-Employment Background Check Disclosure & Authorization Form"
- ii. Background fee(s) Receipts
- iii. \_\_\_ For Retail Uses- Live scans  
\_\_\_ For Other Cannabis Uses- "EMPLOYEE'S STATEMENT OF CONSENT TO CRIMINAL BACKGROUND INVESTIGATION FORM"



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## EMPLOYEE'S STATEMENT OF CONSENT TO CRIMINAL BACKGROUND INVESTIGATION FORM

*For Cultivation, Distribution, Manufacturing, Testing Cannabis Uses*

This form must be provided to all employees. A signed copy per employee, accompanied by payment for performing the background check must be submitted to the City as part of the Cannabis Operation Regulatory Permit Application.

### Employee Consent:

I, the undersigned, hereby authorize the release of any criminal history record information that may exist pertaining to me from any agency, organization, institution or entity having such information on file. I authorize any investigator, agent, or duly authorized representative of the City of Perris to receive and investigate such information as it may deem necessary. I consent to my fingerprints being taken and used to check my criminal history record information. I agree to provide all information as may be deemed necessary by the processor in order to process and complete my criminal history record information check.

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

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

Signature: \_\_\_\_\_



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## Attachment 4

### Activities

Business Name:

---

Permit Type(s):

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 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

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 MANUFACTURING  TESTING



# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## Attachment 5

### Business related permits and other Licenses

Business Name:

---

Permit Type(s):

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 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

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# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## Attachment 6

### State Law Compliance

Business Name:

---

Permit Type(s):

- NEW CANNABIS USE  ANNUAL RENEWAL  CHANGE OF OWNERSHIP  
 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
 MANUFACTURING  TESTING



## CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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### EXAMPLE COMPLIANCE WITH STATE LAW-Cultivation

\_\_\_\_\_ [BUSINESS NAME] \_\_\_\_\_ is in compliance with state law as shown by the submittals of this application.

Immediately following the issuance of a Cannabis Cultivation Regulatory Permit from the City of Perris, \_\_\_\_\_ [BUSINESS NAME] \_\_\_\_\_ will then submit its application to the California Department of Food and Agriculture for a temporary cannabis cultivation license.

\_\_\_\_\_ is and will be in compliance with the specific requirements of the CDFA as follows:

1. \_\_\_\_\_ has a proposed cultivation plan;
2. \_\_\_\_\_ will use water supplied by the EMWD; and
3. \_\_\_\_\_ has registered with the State Water Resources Control Board for water quality protection programs.

Upon issuance of a CDFA license the entity will educate all employees with the California Track and Trace system.



# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## Attachment 7

### Insurance Information

Business Name:

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Permit Type(s):

- NEW CANNABIS USE  ANNUAL RENEWAL  CHANGE OF OWNERSHIP  
 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
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# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## Attachment 8

### Security Plans and Diagram

Business Name:

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Permit Type(s):

- NEW CANNABIS USE  ANNUAL RENEWAL  CHANGE OF OWNERSHIP  
 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

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# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## Attachment 9

### Odor Control Plan

Business Name:

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Permit Type(s):

- NEW CANNABIS USE  ANNUAL RENEWAL  CHANGE OF OWNERSHIP  
 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
 MANUFACTURING  TESTING



# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## Attachment 10

### Architectural Plans

Business Name:

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Permit Type(s):

- NEW CANNABIS USE  ANNUAL RENEWAL  CHANGE OF OWNERSHIP  
 CHANGE OF ENTITY NAME  MODIFICATION TO PREMISE

Cannabis Use(s):

- RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
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# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

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## EXISTING MARIJUANA LICENSE SITE MODIFICATION 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 site modification permit for the existing marijuana use/license. This form must be notarized.

To: City of Perris  
Planning Division  
135 N 'D' Street  
Perris, CA 92570

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

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

to allow site modifications to an existing Cannabis Operation Regulatory Permit 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:** \_\_\_\_\_



# CANNABIS OPERATION REGULATORY PERMIT APPLICATION

Planning Division • 135 North D Street, Perris, CA 92570 • (951) 943-5003 ext. 369

## Attachment 11

# Affidavit with Changes in Ownership or Name

Business Name:

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Permit Type(s):

CHANGE OF OWNERSHIP  CHANGE OF ENTITY NAME

Cannabis Use(s):

RETAIL/DISPENSARY  CULTIVATION  DISTRIBUTION  
 MANUFACTURING  TESTING