



Completed applications must be submitted to:
 Development Services Department
 135 N. 'D' Street, Perris, CA 92570
 Telephone (951) 943-5003
DSPlanning@cityofperris.org

OFFICE USE ONLY	
Case No.	
Application Submittal Date	
Application Fee	\$15,008.45
Background Application Fee	
Accepted By	

CANNABIS PERMIT RENEWAL, MODIFICATION, AND RELOCATION APPLICATION

Legal name of business requesting changes	DBA	Prior City of Perris cannabis permit number	
Physical address	City	State	Zip
Type of cannabis establishment		State of California cannabis license number	Business License issuance date
<input type="checkbox"/> Cultivation <input type="checkbox"/> Distribution <input type="checkbox"/> Adult-Use Retail <input type="checkbox"/> Testing <input type="checkbox"/> Manufacturing <input type="checkbox"/> Medicinal Retail			

Applying for: <i>(choose one)</i>	Annual License Renewal <input type="checkbox"/>	Modification of Premises <small>(material change to the licensed premises)</small> <input type="checkbox"/>	Relocation <input type="checkbox"/>
--	---	--	---

Review the following submittal requirements and submit those that are required for your type of application. Applications will not be approved without them. For descriptions and pricing of the submittal requirements, see page 2 of this form.

Submittal Requirements	Annual License Renewal	Modification of Premises	Relocation
Cannabis Renewal, Modification, Renewal Application	Yes	Yes	Yes
Copy of Previous Cannabis Permit	Yes	Yes	Yes
Statement of Understanding	Yes	Yes	Yes
Application fee (as per application type)	Yes	Yes	Yes
Online Background Application + Fee	Yes	No*	Yes
Property Owner Statement of Consent	Yes	Yes	Yes
Lease	Yes	Yes	Yes
Intelifi waiver (each owner)	Yes	No*	No*
Employee List	Yes	No*	No*
Insurance	Yes	Yes	Yes
Current floor plan	Yes	Yes	Yes
Proposed floor plan	No	Yes	Yes
Security camera diagram	Yes	Yes	Yes
Security alarm contract	Yes	Yes	Yes

**Yes, if new owner or employees are added*

Modification or Relocation of Premises: 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.

Change of Ownership: Follow the requirements provide under "Modification of Premises".

Proposed changes to premises:

If the modification is temporary, period when the proposed change will occur:	Start (MM/DD/YY)	
	End (MM/DD/YY)	

Cultivation Renewal ONLY	Canopy area (sq ft) of operation:	
---------------------------------	-----------------------------------	--

Description of Submittal Requirements	
<i>Only submit those items required for the type of change for which you are applying. For a list, see page 1.</i>	
Cannabis Renewal, Modification, and Relocation Application	Completed and signed Cannabis Renewal, Modification, and Relocation Application (<i>this form</i>).
Copy of Previous Cannabis Permit	Copy of previous (current/expired) cannabis permit for the operation in question.
Statement of Understanding	Initialed, signed and notarized City of Perris Statement of Understanding.
Application fee	Proof of payment of the application fee. Adult-use/Medicinal Dispensary: \$15,008.45 Cultivation/Testing/Manufacturing/Distribution: \$15,008.45 Modification / Change of Ownership / Relocation: \$3,508.45
Background application fee (paid online)	Proof of payment of the background fee(s), as applicable. https://hdlcompanies.formstack.com/forms/bc_perris \$300 - Manager or Owner \$100 - New Employee ONLY Copy of receipt required for all backgrounds submitted online.
Property Owner Statement of Consent	A notarized statement and acknowledgement from the legal owner of the subject property contemplated by this application consenting to the proposed marijuana operation at his/her property as contemplated by this application shall be submitted. If either applicant or owner are the legal owners of the subject property contemplated by this application, then evidence of such legal ownership shall be submitted in a form that is satisfactory to the Director.
Lease	<i>Annual License Renewal application:</i> An existing lease showing the property is secured for the duration of the renewal period. <i>Modification of Premises application:</i> A lease that has been revised due to the modification. <i>Relocation application:</i> A lease for the new location
Intelifi waiver (each owner)	Completed and signed Intelifi waiver for each owner as defined in the PMC and in compliance with State law requirements.
Employee List	A list with names of current employees and each employee's hire date.
Insurance	Evidence satisfactory to the Director showing compliance with all insurance requirements, including a minimum \$1,000,000 general liability policy for all license types and a minimum \$1,000,000 aggregate auto insurance liability policy covering all vehicles used for wholesale commercial cannabis distribution activities (<i>distribution license application only</i>).
Current floor plan	Drawn to scale and fully dimensioned, a diagram of the current layout of the licensed premises.
Proposed floor plan	Drawn to scale and fully dimensioned, a diagram of the proposed layout of the licensed premises showing the proposed use of all areas on the premises, including storage, restrooms and security equipment locations.
Security camera diagram	A diagram showing the locations of all security cameras on the premises.
Security alarm contract	Valid security alarm contract for the duration of the license period.

Oath of Applicant		
I declare under penalty of perjury in the second degree that I have read the following application and all attachments thereto, and that all information therein is true, correct, and completed to the best of my knowledge.		
Signature	Title	Date

City of Perris Use Only:		
The City of Perris has examined the following application and supporting documentation thereto, and that all information therein is true, correct, and complete to the best of my knowledge.		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
	Reason: ___ Application not complete ___ Requires additional information	
Approved by (Print Name)		Date Request Filed
Signature	Title	Date

THE CITY OF PERRIS – STATEMENT OF UNDERSTANDING (RENEWAL)

I understand I am responsible for knowing and complying with all Local laws and regulations governing marijuana operations in the City of Perris pursuant to Chapters 5.54 (Medical Marijuana and Adult-Use Dispensaries Regulatory Program) and 5.58 (Commercial Marijuana Operations Regulatory Program for Cultivation, Testing, Distribution and Manufacturing). 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 permit. _____ (initial)

I understand that no person or entity shall locate or operate a marijuana 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 marijuana 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 marijuana 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 marijuana 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, cultivation, testing, distribution and manufacturing areas and any storage areas shall be locked at all times, and under the control by employees (Ord. 1330 and 1355). _____ (initial)

I understand that all marijuana and marijuana 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 MARIJUANA 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 MEDICAL MARIJUANA 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)

UPDATED APPLICANT INFORMATION FOR RENEWAL/MODIFICATION

(TO BE COMPLETED BY APPLICANT):

APPLICANT: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____

E-Mail: _____

BUSINESS OWNER (IF DIFFERENT FROM APPLICANT):

Mailing Address: _____ Phone No. _____

City, State, Zip: _____

E-Mail: _____

LEGAL REPRESENTATIVE: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____

E-Mail: _____

PROPERTY OWNER: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____

E-Mail: _____