



**Cannabis Business Application
(Annual Renewal 2024-2025)**

CITY OF MERCED PLANNING & PERMITTING
 678 West 18th Street
 Merced, CA 95340
 Phone: (209) 385-6858

RECEIPT NO:	DATE:	APP. NO:
TOTAL FEE:	CHECK NO:	RECEIVED BY:

This form is a part of the application to request authorization of a facility as described in the City of Merced Municipal Code 20-44.170. The facilities in this questionnaire are for cannabis related facilities only.

Permit fees include a non-refundable application fee and an annual regulatory fee per Resolution No. 2017-67 & #2021-43, as updated annually.

Section 1- Annual Renewal

Please indicate CCBP Permit Number(s) to be Renewed: _____

Please indicate the APN of the parcel the CCBP is on: _____

Please select one of the choices below.

- A.** There have been no changes that require documentation since the approval of the above listed Commercial Cannabis Business Permits (CCBP).
- B.** Changes have been made since the approval of the above listed CCBP through a Modification Process that was approved by the Director of Development Services. No additional changes require documentation.
- C.** An authorized agent has submitted a request for modifications to the above listed CCBP to the Director of Development Services. That process has not been concluded. No additional changes to the above listed CCBP are proposed beyond the scope of submitted modification requests.
- D.** Changes that have not been submitted for or approved for a modification to the above listed CCBP need to be documented through this renewal process.

If you selected A, B, or C above:

- If your CCBP is for retail sales, you must complete only Page 7 and Page 8.
- If your CCBP is for anything other than retail sales, you must complete only Page 7.

If you selected D above:

- If your CCBP is for retail sales, you must complete Pages 2 through 8.
- If your CCBP is for anything other than retail sales, you must complete Pages 2 through 7.

All applicants for renewal must pay the annual renewal fee of **\$2,744 per permit renewed.** This is not the same as the annual regulatory fee, which is paid annually on your business' establishment date, and is handled through the Finance Department.

- Please indicate here if you have applied for any building permits, and when: _____
- Please indicate here if you have been issued any building permits, and when: _____

Your application packet must include one hardcopy of everything required plus any attachments necessary. You must also provide documents in PDF format to <http://merced.seamlessdocs.com/f/planningweb>

For the following sections, please note any modifications to the site plan or business operations from what was originally approved by the City or with any previous annual renewals. Attach a separate sheet with modifications, marked with Question #.

Section 2 - Site Plan/Floor Plan

- NO CHANGE
- CHANGES (Submit a copy of the modified site plan or floor plan with the changes clearly marked.)

Section 3 – Business Operations and Security Plan

For any questions marked for changes, please submit on separate sheet and attach:

General Description

- NO GENERAL DESCRIPTION CHANGES
- A) Change of the operating hours of the facility.
- B) Change of the hours/days of the week the facility is open to the public. **[RETAIL SALES ONLY]**
- C) Change in the estimated number of employees (at start-up and at full build-out).

Records and Inventory

- NO RECORDS AND INVENTORY CHANGES
- D) Changes to how and where inventory will be kept, including the specific manner of securing the inventory, and how records will be maintained.
- E) Changes to how any transaction information including patient records, reports, manifests and any other documents will be stored. **[RETAIL SALES ONLY]**
- G) Changes to the Track and Trace system the applicant will employ.
- H) Changes to applicant's practices for ensuring all cannabis goods are properly packaged and labeled prior to retail sale.
- I) Changes to applicant's practices for ensuring all cannabis products are tested by a licensed testing facility prior to retail sales. **[RETAIL SALES ONLY]**
- J) Changes to applicant's practices for preventing deterioration of any cannabis goods held by applicant, including any practices for responding to product recalls.
- K) Changes to applicant's practices for transfer/transport of cannabis products to/from premises.
- L) Changes to method(s) that will be used to dispose of unused cannabis.
- M) Changes to any environmentally friendly ("green") business practices relating to energy and climate, water conservation, and materials/waste storage. **[RETAIL SALES ONLY]**
- N) Changes to applicant's air treatment system.
- O) Changes to how applicant will maintain the premises and ensure that it remains free from trash and graffiti.

Security

- NO CHANGES TO SECURITY
- P) Changes to security practices including but not limited to any panic buttons, dyes, bulletproof windows, or other.
- Q) Changes to applicant's video surveillance system including camera placement and practices for maintenance of video surveillance equipment.
- R) Changes to how applicant will ensure that all access points to the premises will be secured including the use of security personnel if applicable.
- S) Changes to applicant's security alarm system.
- T) Changes to applicant's practices for allowing individuals access to the licensed premises.
- U) Changes to employee training programs, including safety programs.

**THE FOLLOWING QUESTIONS ONLY APPLY TO THE SPECIFIED
CANNABIS BUSINESS TYPE:**

For any modifications to the following, please submit on separate sheet and attach:

Neighborhood/Community/Employee Relations [RETAIL SALES ONLY]

- NO CHANGES TO N/C/E RELATIONS.
- V) Changes to public relations and neighborhood outreach/feedback programs.
- W) Changes to policy designating a neighborhood liaison for the business.
- X) Changes to any community benefits- SEE PAGE 8
- Y) Changes to policies regarding provision of health benefits to all employees.
- Z) Changes to hiring practices, including incentives/preferences for City/County of Merced residents to be employed by the business.

Business Plan/Qualifications of Principals [RETAIL SALES ONLY]

- NO CHANGES TO BUSINESS PLAN/QUALIFICATIONS
- AA) Changes to the Business Plan, operating budget, sources of capital, or pro forma.
- BB) Changes to any documented agreements with distributors to supply cannabis products

Delivery Services [RETAIL SALES ONLY]

- NO CHANGES TO DELIVERY SERVICES
- FF) Changes to whether delivery services are being provided.
- GG) Changes to applicant's process to ensure driver and patient safety.
- HH) Changes to applicant's process to verify delivery is to a qualified purchaser/location.
- II) Changes to applicant's process to track/maintain communication with the delivery personnel.
- JJ) Changes to applicant's process to verify deliveries and provide accurate manifests for audit purposes.

CULTIVATION ONLY

- NO CHANGES
- KK) Changes to the cannabis cultivation process, operating hours of the facility, or the cultivation area.

DISTRIBUTION ONLY

- NO CHANGES
- LL) Changes to the cannabis distribution business, operating hours, or maximum area of storage.
- MM) Changes to ownership or lease for all commercial vehicles used to transport cannabis goods.
- NN) Changes to the year, make, model, license plate number, or numerical vehicle identification number for any commercial vehicles that will be used to transport cannabis goods.
- OO) Changes to the insurance for any commercial vehicles being used to transport cannabis goods.

MANUFACTURING ONLY

- NO CHANGES
- PP) Changes to the type of activity conducted (extraction, infusion, packaging, labeling) or the extraction or infusion methods.
- QQ) Changes to the types of products that will be manufactured, packaged, or labeled.

MANUFACTURING & TESTING ONLY

- NO CHANGES
- RR) Changes to equipment certification and maintenance processes, methods, or procedures.
- SS) Changes to any Material Safety Data Sheets (formatted to include routine inspections).

TESTING ONLY

- NO CHANGES
- TT) Changes to the process to notify authorities of a product failure to pass any test.

Section 4 – Owner and Contact Information

Please complete the following information if it has changed since the original application:

Proposed Name of Business: _____

1. Applicant Entity Structure: (**attach proof of status** such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports status and designates who is authorized to sign on behalf of the entity).

- Corporation
- Unincorporated Association (i.e. LLC, LP, etc.)
- Other (describe): _____

Proposed Cannabis Facility Address: _____

Assessor's Parcel Number: _____

Business Applicant (Print Name): _____

Business Applicant Address: _____

Telephone: _____

*Email: _____

*Mobile: _____

Business Applicant: _____
Name (Please Print)

Title: _____

Signature: _____
(Original "Wet" Signature Required)

Date: _____

Primary Contact (Print Name): _____

Primary Contact Address: _____

Telephone: _____

*Email: _____

*Mobile: _____

IF CHANGED SINCE ORIGINAL APPLICATION, PLEASE MARK HERE AND CLEARLY INDICATE WHAT INFORMATION HAS CHANGED.

Attach photocopy of [ONLY IF MODIFIED FROM PREVIOUS APPLICATION]:

- Copy of Seller's Permit issued by appropriate State of California Agency (if available).
- Proof of Bond (\$5,000) for destruction of product (if available, will be required prior to permit issuance).
- Proof of General Liability Policy (if available, will be required prior to permit issuance).
- A list of types and numbers of licenses already received (or applied for) by the applicant from the California Bureau of Cannabis Regulation including the date the license was obtained and the licensing authority that issues the license.
- A copy of all documents filed with the California Secretary of State including but not limited to business formation documents. If applicant is a foreign corporation, a certificate of qualification issued by the California Secretary of State pursuant to Section 2105 of the Corporations Code.

Please attach additional sheets if necessary to list all owners and applicants.

Section 5 – Property Owner Affidavit

If the property owner has changed since the original application:

A Recent and Original “Wet” Signature Is Required (No Electronic Signatures) to Ensure that the Property Owner Consents to the Cannabis Business at this Location.

I, _____, authorize the Commercial Cannabis activity entitled _____, to use this property at the following address: _____ as a Commercial Cannabis facility, as those terms are defined in the City of Merced Municipal Code, should this facility obtain the appropriate Permit. I further understand that I am responsible for, and subject to, enforcement actions regarding any violations and/or nuisance activity that may occur at this property.

Legal Property Owner: _____

Date: _____

Name (Please print)

Title

Legal Property Owner: _____

Date: _____

Name (Please print)

Title

- IF CHANGED SINCE ORIGINAL APPLICATION, PLEASE MARK HERE AND CLEARLY INDICATE WHAT INFORMATION HAS CHANGED.
- IF NO CHANGES SINCE ORIGINAL APPLICATION, CHECK HERE

Attach [ONLY IF MODIFIED FROM PREVIOUS APPLICATION]:

- Proof of possession of the premises and approval of use (deed, lease, lease assignment)
- If the property is owned by an entity, please attach documentation that shows that the person signing on behalf of the entity above is authorized to sign on its behalf.

Please attach additional sheets if necessary to list all owners and applicants.

Section 7 - Applicant Certification

NOTE: Your application is public record and information regarding your application is available at the Development Services Department at the Merced Civic Center. All references to names, addresses, telephone numbers, email addresses and project information are part of this public record, and subject to disclosure pursuant to the Public Records Act. However, home addresses, home telephone numbers, cell phone numbers, and tax ID information will be redacted (such items are noted with an “*”). All applications must be filed under the property owner's name and address of the property that is the subject of the application; however, you may use an alternate contact address and telephone number.

The Federal Controlled Substances Act (codified as 21 U.S.C. sections 801 et seq.) is a regulatory system designed to combat recreational drug abuse by making it unlawful to manufacture, distribute, dispense, or possess any controlled substance. The Act lists marijuana as a controlled substance, classifying it as a Schedule I Drug, which is defined as a drug or other substance that has a high potential for abuse, that has no currently accepted medical use in treatment in the United States, and that has not been accepted as safe for use under medical supervision. The Federal Controlled Substances Act makes it unlawful, under federal law, for any person to cultivate, manufacture, distribute or dispense, or possess with intent to manufacture, distribute or dispense, marijuana. By signing below, applicant acknowledges the foregoing and participates in cannabis related activities pursuant to state and local law at its own risk.

Under penalty of perjury, I hereby declare that the information contained within and attached to this application is complete true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the license or revocation of a license issued. By submitting this application, I certify that I have read and understand the requirements of the application process and that I may be disqualified for failure to meet the requirements of state law or City ordinance, or for incomplete, late or inaccurate applications/attachments, and that all fees paid in connection with this application are non-refundable.

I, _____, acknowledge that I have read and understood the above paragraphs.

Signature of Applicant: _____
(Original “Wet” Signature Required)

Date: _____

Section 8 - Community Benefits Self-Certification (RETAIL SALES ONLY)

All applications for Retail Sales CCBP included a section on Community Benefits (Section 8 of the Merit-Based Selection Criteria). Your organization is hereby required to provide sufficient evidence that the community benefits listed in your application are being provided, or in the event that those specific benefits are for some reason unable to be provided, that commensurate alternatives are being provided instead.

You may use the space below to provide a written response, and you should attach whatever documentation is necessary in order for City staff to confirm. Merced Municipal Code 20.44.170 authorizes staff to review and inspect any element of an application that provided a successful applicant with points on the merit-based scoring system.

Determination by City Staff Member (Name, Date, & Initials) _____

Staff Use Only: Application Complete

Staff Use Only: Application Incomplete