COMMERCIAL CANNABIS BUSINESS PERMIT (CCBP) – PHASE ONE

An appointment is required to submit an application for any Commercial Cannabis Business. Please contact the Planning Division at (650) 802-4263 or planning@cityofsancarlos.org to schedule an appointment.

FEES: $3,500 Deposit (additional fees may apply)

ADDRESS OR DESCRIPTION: ____________________________________________

ASSESSORS PARCEL NUMBER: __________________________________________

PROPERTY OWNER NAME: ___________________________ APPLICANT NAME: ___________________________

Address: ___________________________________________ Address: __________________________________

Phone (H): ___________________________ Phone: __________________________________

Phone (W): ___________________________ Phone: __________________________________

E-Mail: ______________________________ E-Mail: __________________________________

Signature: ____________________________ Signature: ____________________________

Date ____________________________ Date ____________________________

LAND USE INFORMATION:

Zoning District: ____________

Land Use Classification: ____________

(Identify one or more land use types as described on separate Land Use Classifications (SCMC 18.40) handout.)

PROPOSED LICENSE TYPE:

Please mark all that apply.

☐ Cultivation (Nurseries) ☐ Distributor

☐ Manufacturer (Type 1 or Type 2) ☐ Microbusiness

☐ Testing ☐ Retailer

PROCESS AND TIMELINE

1. Within 30 days from submitting your application, you will be notified of the status of your application.
2. If the Phase One application is deemed complete, proceed to Commercial Cannabis Business Permit (CCBP) Phase Two (separate application).
3. Turning in a complete application for a CCBP Phase One does not constitute approval of a CCBP.

**Information on this document is deemed public information; any file maintained for this project is subject to public review**

2017-18 (Revised 12-12-17)
CCBP PHASE ONE – APPLICATION CHECKLIST

All materials outlined in the Application Checklist (below) shall be submitted with the application and payment of fees.

1. **FEES AND COMPLETED APPLICATION FORM**

2. **ZONING CLEARANCE APPROVAL LETTER or MINOR USE PERMIT (MUP) LETTER OF COMPLETENESS**

3. **SECTION 1 – LIVE SCAN/BACKGROUND CHECK AUTHORIZATION FORM**
   This form shall be completely filled out. Otherwise, the application will not be accepted. No exceptions.

4. **SECTION 2 – APPLICANT CERTIFICATION, SIGNED AND DATED**

5. **ADDITIONAL MATERIALS AS REQUIRED BY THE PLANNING DIVISION**

PLEASE NOTE: Detailed plans will be required as part of a CCBP Phase Two Application.

For information on Cannabis Regulations, please visit the San Carlos Municipal Code Chapters 5.04, 8.09 and 18.23. The Municipal Code can be found at the following website: [http://www.codepublishing.com/CA/SanCarlos/](http://www.codepublishing.com/CA/SanCarlos/).

QUESTIONS?

Planning Division (650) 802-4263 or [Planning@cityofsancarlos.org](mailto:Planning@cityofsancarlos.org)
Section 1: Live Scan/Background Check Authorization Form

CONFIDENTIAL

COMMERCIAL CANNABIS BUSINESS PERMIT LIVESCAN/BACKGROUND CHECK AUTHORIZATION FORM

Print Name: __________________________________________

(First)      (Middle)   (Last)

Former Name(s): ___________________________ Date(s) Used: ________________

Social Security Number: ______________________ Date of Birth: ________________

Telephone Number: __________________________

Driver’s License Number: _____________________ Issuing State: ________________

Addresses for the last seven (7) years (attached additional sheets if necessary):

Current Address: ________________________________________________

(Beginning Mo/Yr) (Street) (City) (ZIP/State)

Previous Address: ________________________________________________

(Beginning Mo/Yr) (Street) (City) (ZIP/State)

Previous Address: ________________________________________________

(Beginning Mo/Yr) (Street) (City) (ZIP/State)

The information contained in this application is correct to the best of my knowledge. I hereby authorize the City of San Carlos Commercial Cannabis Business Permit Program and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for background check, employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions; driving records; birth records; and any other public records.
I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources. It's designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant’s personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

By signing below, I hereby authorize without reservation any party or agency contacted by the City of San Carlos to furnish the above-mentioned information. I further authorize ongoing procurement of the above-mentioned reports at any time during my permitting period. I also agree that a fax or photocopy of this authorization with my signature will be accepted with the same authority as the original.

The City and its respective elected and appointed boards, officials, officers, agents, employees and volunteers (individually and collectively, “Indemnitees”) shall have no liability to any applicant or any other person, and my signature below shall indemnify, defend, protect and hold harmless Indemnitees from and against, any and all liabilities, claims, actions, causes of action, proceedings, suits, damages, judgment, liens, levies, costs and expenses of whatever nature, including reasonable attorneys’ fees and disbursements (collectively “Claims”), which Indemnitees may suffer or incur or to which Indemnitees may become subject by reason of or arising out of any injury to or death of any person(s), damage to property, loss of use of property, economic loss or other loss occurring as a result of my application for a San Carlos Commercial Cannabis Business Permit and/or request for a LiveScan/Background Check, or by the negligent or willful acts or omissions of me or my agents, officers, directors, subcontractors, subconsultants or employees.

Signature: ________________________________ Date: ____________

Receipt of Copy Notice:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

☐ I wish to receive a copy of any Background Report on me that is requested.

Please refer to the Fair Credit Reporting Act and the California Investigative Consumer Reporting Agencies Act for your specific rights.
Section 2 – Applicant Certification

CONFIDENTIAL

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 permit, or revocation of a permit 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 utilized for the processing of this application are non-refundable.

Signature of Applicant

____________________________________________________________________

Date ______________________

Signature of Applicant

____________________________________________________________________

Date ______________________