



City of Oceanside
North Coast Highway, Oceanside, CA 92054
Tel: 760.435.3544

Email: Cannabis@oceansideca.org

MEDICAL CANNABIS FACILITY APPLICATION FORM

ANNUAL APPLICATION PERIOD CLOSES ON THE FIRST BUSINESS DAY OF OCTOBER EACH YEAR

Please submit a minimum of **two (2) originals (wet-ink) of the complete application and all support documentation as outlined in the Procedures Guide and Oceanside City Code**; each in a three-ring binder, tabbed with a table of contents; and **one (1) copy of the complete application in PDF format** on a new, clean flash drive.

Business Name: _____

Business DBA: _____

Primary Contact: _____ Title: _____

Contact Mailing Address: _____

Phone Number: _____ Email: _____

24-Hour Contact Information: _____

License type(s) you are applying for (select all that apply):

- Distribution
- Manufacturing- Medicinal (Non-Volatile)
- Testing Lab

For details about the information required as part of the application process, please see the Application Procedures to Operate a Medical Cannabis Facility in the City of Oceanside, Ordinance No. 18-OR0199-1, Oceanside City Code Chapter 7, Article XIII and additional requirements to complete the application process. All documents can be found on the Oceanside website: https://www.ci.oceanside.ca.us/gov/dev/cannabis_facilities/default.asp.

STAFF USE ONLY:		
Fees	Date Paid	Staff Initials
Phase 1: \$3,471	_____	_____
Phase 2: \$2,448	_____	_____
Phase 3: \$1,797	_____	_____
Phase 4: \$736	_____	_____

PHASE II

Section A: Owner Background Information (Must be signed 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 in Section C 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.

Owner Name: _____

Owner Title: _____

Owner Home or Cell Phone: _____

Owner Home Address: _____

Owner Signature: _____ **Date:** _____

Attachments:

- _____ Receipt from background check (Live Scan)
 - _____ Picture of applicant (two passport quality photographs 2x2 inch)
 - _____ Copy of Social Security card
 - _____ Copy of Driver's License or DMV-issued ID card or Passport
 - _____ Proof of address (DMV-issued ID/Driver's License and/or recent utility bill under Owner's name)
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(Add more pages as necessary to accommodate signatures of all Cannabis Business Owners.)

Owner History:

1. 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.

2. 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 commercial cannabis operator, applicant, owner or employee. A conviction within the meaning of this section means a plea or verdict of guilty, or a conviction follow a plea of non contendre. Please attach a separate document with an explanation, if necessary.

Section B: Business Organizational Status

Describe the Cannabis Business organizational status:

Attach proof of status such as articles of incorporation, bylaws, partnership agreements and other documentation as may be appropriate or required by the City.

Section C: Cannabis Business Description and Location

1. Statement of Purpose of the Cannabis Business (a separate sheet may be attached):

2. Proposed Location and APN # of Business: _____

3. Name and address of property owner: _____

4. Name and address of school (K-12 Private or Public) closest to Proposed Location: _____

5. Name and address of existing alcohol-related establishment closest to Proposed Location:

6. Have you received a Zoning Verification Letter? (Please check the appropriate response)

- Yes (include documentation with this section of the application)
- No

7. Description of neighborhood around the proposed location (surrounding uses; nearby sensitive uses such as schools, youth centers, churches, parks, daycare centers, or libraries; transit access to site; etc.). A separate sheet may be attached.

8. Site plan for each proposed location showing the entire parcel, including parking and additional structures. In addition, please attach elevations and photos of the location(s). If any exterior alterations are proposed for the existing building(s), attach proposed site plans. Site plans must be accurate, dimensioned and to scale (minimum scale of ¼”).
9. Floor plan for each potential location (attach to application). If any interior alterations are proposed for the existing building, also attach proposed floor plans. Floor plans must be accurate, dimensioned and to scale (minimum scale of ¼”).
10. Signage plan.
11. Vicinity map.
12. Photos of the site and building(s).

Section D: Required Supplemental Information

This information is required for the application to be considered complete. Attach the following plans to the application. For an explanation about the information required, see the Application Procedures.

- Business Plan
- Neighborhood Compatibility Plan
- Safety Plan
- Security Plan

PHASE III

Section E: Final Location Information

Attach proof of ownership of the site OR a signed and notarized statement from the property owner.

Section F: Essential Supplemental Information

This information is required, and you must submit it as part of meeting the requirements for a completed application. Check the box evidencing that you have read the Description of Evaluation Criteria related to these specific categories in the Application Procedures and attach the relative plan(s) to the application.

- Community Benefits
- Enhanced Product Safety
- Environmental Benefits
- Labor & Employment
- Local Enterprise
- Qualifications of Owners
- Air Quality Plan

Staff use only:

PHASE I

Date of initial application: _____

Number assigned to application: _____

PHASE II

Date fee received for Phase II: _____

Date application reviewed for Phase II: _____

Points awarded in Phase II: _____

Continued to Phase III

Denied

PHASE III

Date fee received for Phase III: _____

Date proof of ownership was verified or a signed and notarized statement from the property owner was received for Phase III: _____

Date application reviewed for Phase III: _____

Approved

Denied

PHASE IV

Date fee received for Phase IV: _____

Date application reviewed for Phase IV: _____

Approved

Denied
