



# City of Nevada City

Planning Department  
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Staff Use

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

## **CANNABIS BUSINESS PERMIT APPLICATION FORM** **(dispensary applicants, use other specific application form)**

Please submit a minimum of **two (2) bound hard copies** and **one (1) digital copy** (usb drive, CD or email) of all application material.

Check business type being proposed. If multiple types are proposed, each type will need to be distinctly addressed in the supplemental documentation and on this form. A separate form may be submitted if it will help provide clarity.

\_\_\_\_ Manufacturing

\_\_\_\_ Distribution

\_\_\_\_ Cultivation

\_\_\_\_ N/A Dispensary (use separate

\_\_\_\_ Testing Laboratory

form)

*\* See attached definitions of the above categories to ensure appropriate selection*

Business Name: \_\_\_\_\_

Business Primary Contact: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

24-Hour Contact Information: \_\_\_\_\_

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Cannabis Business in Nevada City, Ordinance No. 2017-06 and additional requirements in order to complete the application process. All these documents can be found on the Nevada City webpage: [www.NevadaCityCA.gov](http://www.NevadaCityCA.gov)

**Section A: Principal Background Information (Must be signed by all Principals)**

(Add more pages as necessary to accommodate signatures of all Cannabis Business Principals.)

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, which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

**Principal Name:** \_\_\_\_\_

**Principal Title:** \_\_\_\_\_

**Principal Home or Cell Phone:** \_\_\_\_\_

**Principal Home Address:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attachments:**

\_\_\_ If business will operate as a collective/cooperative provide proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

\_\_\_ Receipt from Live Scan check

\_\_\_ Copy of Social Security Card

\_\_\_ Copy of Driver's License, OMV issued ID Card or Passport (must be a color copy)

\_\_\_ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check \_\_\_\_\_

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**Principal Name:** \_\_\_\_\_

**Principal Title:** \_\_\_\_\_

**Principal Home or Cell Phone:** \_\_\_\_\_

**Principal Home Address:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attachments:**

\_\_\_ If business will operate as a collective/cooperative provide proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

\_\_\_ Receipt from Live Scan check

\_\_\_ Copy of Social Security Card

\_\_\_ Copy of Driver's License, OMV issued ID Card or Passport

\_\_\_ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check \_\_\_\_\_

**Principal/Partner 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, please list the type, current status, issuing/denying for each license/permit. (Please attach a separate document explanation if necessary)

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2. List any and all partners who have been found guilty of a violent felony, a felony or misdemeanor involving fraud, deceit, embezzlement, or moral turpitude, or the illegal use, possession, transportation, distribution or similar activities related to controlled substances, as defined in the Federal Controlled Substance Act, with the exception of cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996. (Please attach a separate document explanation if necessary)

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**Section B: Business Organization Status**

1. Describe the Cannabis Business organizational status:

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Attach proof of status, such as articles of incorporation, by-laws, 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 Cannabis Business (a separate sheet may be attached, labeled Section C.1):

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2. Proposed Location of Business: \_\_\_\_\_  
\_\_\_\_\_

3. Name and address of property owner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name and address of school(s) and/or public park(s) closest to Proposed Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you received a Zoning Verification Letter? (Please check the appropriate response)  
Yes \_\_\_\_\_ (If yes, include documentation with this section of the application) No \_\_\_\_\_

6. Description of neighborhood around the proposed location surrounding uses, nearby sensitive uses (such as schools, churches, parks, daycares, or residents), transit access to site, etc. A separate sheet may be attached and labeled Section C.6.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Site plan must be dimensioned and show the entire parcel including parking and additional structures [recommended scale of **1"= 20'**]. In addition, please attach elevations and photos of proposed location. If any exterior alterations are proposed for the existing building, also attach a proposed site plan that is accurate, dimensioned and to-scale for each potential location and include elevation details. The scale should accommodate an accurate site plan on a sheet of paper no larger than 11X17.

8. Floor Plans shall be attached and shall be accurate, dimensioned and to-scale [recommended scale of **1/4"= 1'**] for each potential location. If any interior alterations are proposed for the existing building, also attach proposed floor plans. The scale should accommodate an accurate floor plan on a sheet of paper no larger than 11X17.

9. Signage Plan.

10. Vicinity Map.

11. Photos of the site and building(s).

## **Section D: Required supplemental information**

This information is required for this application to be considered complete. Attach the following reports to the application.

- Business and Parking Plan**
- Neighborhood Compatibility Plan**
- Safety and Security Plan**
- Environmental Benefits (Water/Energy Efficiency Measures)**
- Community Benefits**
- Labor and Employment**
- Local Enterprise**
- Qualifications of Principals**

**STAFF USE ONLY:**

Date of initial application: \_\_\_\_\_

File Number assigned to application:

\_\_\_\_\_

Date fee received \_\_\_\_\_

Date application reviewed for completeness:

\_\_\_\_\_

Complete

Incomplete

Date Proof of ownership was verified or a signed and  
notarized statement from the property owner was received

\_\_\_\_\_

Date application reviewed by Planning Commission: \_\_\_\_\_

Approved

Denied

## **Pertinent Cannabis Definitions pursuant to the Nevada City Municipal Code**

"Cultivation" means any activity, whether occurring indoors or outdoors, involving the propagation, planting, growing, harvesting, drying, curing, grading, and/or trimming of cannabis plants or any part thereof for any purpose, including medical marijuana.

"Dispensary" means a cannabis business facility where cannabis, cannabis products, or devices for the use of cannabis or cannabis products are offered, either individually or in any combination, for retail sale, including an establishment (whether fixed or mobile) that delivers, pursuant to express authorization, cannabis and cannabis products as part of a retail sale.

"Distribution" means the procurement, sale, and transport, of cannabis or cannabis products between entities licensed pursuant to the MCRSA and any subsequent State of California legislation regarding the same.

"Manufacturer" means a person that conducts the production, preparation, propagation, or compounding of manufactured cannabis, as defined in this section, or cannabis products either directly or indirectly or by extraction methods, or independently by means of chemical synthesis at a fixed location that packages or repackages cannabis or cannabis products or labels or relabels its container.

"Testing laboratory" means a facility, entity, or site that offers or performs tests of cannabis or cannabis products and that is both of the following:

- (1) Accredited by an accrediting body that is independent from all other persons involved in the cannabis industry in the state.
- (2) Registered with the State Department of Public Health.