

## **SUPPLEMENTAL APPLICATION QUESTIONNAIRE AND PROCEDURE**

(for Authorized Medical Cannabis Business Applicants  
to Convert to an Authorized Adult Use Cannabis Applicant)

**PROCEDURE:** Any applicant who has already been through a full application process and has been previously authorized by the City for a medical cannabis business may complete this questionnaire. The questionnaire is intended to inform staff in determining the potential impacts of a conversion of the authorization to “adult-use” and if the change warrants further review by the appropriate hearing body (City Council for a dispensary business or Planning Commission for all other cannabis business categories). Staff will review responses and determine whether it is prudent to include on an upcoming agenda for Council/Planning Commission discussion. Notice of the received responses will also be sent to property owners within 300-feet of the business, as well as agencies that have applicable Conditions of Approval, who may request that the item be placed on the next agenda. Requests must be made in writing within 7-days of mailing.

**Please provide a response to the following questions (please use a separate sheet to provide responses. Cite comparisons of your approved medical application using the unique page identifier provided by the City):**

1. *Do you anticipate additional employees will be needed (full time and/or part-time) in order to serve the business as compared to that authorized in your approved medical application?*

*Searls Group anticipates that we won't need additional employees to serve the adult use market, as compared to serving only the medical market. Without the adult use designation, given the evolving market, we would not be able to reach our original jobs goal.*

- a. *If so, how will you address parking for the additional employees?*

*We expect to have enough parking in our allocated spaces at 569 Searls Ave. Additional spaces are available at the adjacent lot owned by our building's landlord, 569 Acquisitions, who also purchased the adjacent former South Yuba Club*

2. *Do you anticipate additional vendor or distributor trips to accommodate a higher rate of equipment maintenance, additional product deliveries, waste disposal travel, etc?*

*No, we anticipate vendor, distributor, and supplier relationships will stay in line with our original anticipated business volume.*

a. *If so, how will you accommodate parking for additional vendor/distributor vehicles?*

*We anticipate we will have enough parking to accommodate the vendor/distributor vehicles, without the need for additional parking in the facility lot.*

b. *If so, how will you ensure the additional traffic volume will not disrupt the business's compatibility with the neighborhood?*

*We anticipate no increase in traffic volume compared to the original medical business plan.*

3. *Provide any additional information regarding how a change to an "adult-use" business will impact the parking plan submitted for your approved medical business application?*

*No additional changes at this time. As a non-retail business, operations should be similar to what we outlined in the original business plan.*

4. *Provide any additional information regarding how a change to an "adult-use" business will impact the traffic volume submitted for your approved medical business application?*

*We don't anticipate an increase in traffic volume compared to the original application.*

5. *Do you anticipate a change in operational hours (please consider both passive and active hours of operation) as compared to those indicated in your approved medical business application?*

*No, we don't anticipate a change in operational hours compared to the medical business application.*

6. **For dispensary applicants**, *do you anticipate a higher rate of customer volume than was anticipated under the approved medical business application?*

*N/A*

7. Please carefully review your approved medical cannabis application and your authorization letter and provide any additional information for how a change to an “adult-use” authorization might change the following evaluation criteria previously provided in your medical business application:

- a. *Business Plan: No significant changes, other than the businesses that we are allowed to transact with. No major changes to financial projections or operations plans.*
- b. *Neighborhood Compatibility Plan: No changes anticipated.*
- c. *Safety and Security Plan: No changes anticipated.*
- d. *Community Benefits: No changes anticipated.*
- e. *Enhanced Product Safety: No changes anticipated.*
- f. *Labor and Employment: No changes anticipated.*