

DATE SUBMITTED 1/31/2018
 SUBMITTED BY COMMUNITY DEVELOPMENT DIRECTOR
 DATE ACTION REQUIRED 2/7/2018

COUNCIL ACTION
 PUBLIC HEARING REQUIRED ()
 RESOLUTION
 ORDINANCE 1ST READING ()
 ORDINANCE 2ND READING ()
 CITY CLERK'S INITIALS

**IMPERIAL CITY COUNCIL
 AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION: POLICIES AND PROCEDURES FOR MEDICAL CANNABIS USES 1. Approval of Resolution Adopting Application Process and Policies and Procedures regarding Medical Cannabis Uses outlined in Ordinance 795	
DEPARTMENT INVOLVED: COMMUNITY DEVELOPMENT	
BACKGROUND/SUMMARY: The City of Imperial City Council recently approved Ordinance 795. Per Ordinance 795 section "15-85.17 Application for permit (b)": <i>All applicants shall submit written information to the City Manager that shall include, as applicable, plans for security, odor mitigation, waste disposal, pest management, product testing, worker safety and compensation, local hiring, non-diversion of product, facility location, capitalization, business plans, applicant complaint history, criminal background checks, plan for minimizing environmental impacts, compliance with City building and fire codes, and any additional information deemed necessary by the City Manager. The City Manager may design application forms specific to each permitted category and require inspections of proposed facilities before issuing a permit under this Chapter."</i> Staff has formulated application forms and sets of policies and procedures in order to processes the uses outlined in Ordinance 795. Staff believes the adoption of these policies and procedures will assist potential applicants, staff and council with the high frequency of questions and concerns regarding this land use. Please see attachments.	
FISCAL IMPACT: NO FISCAL IMPACT	ADMIN <u>Finance</u> SERVICES SIGN INITIALS <u> </u>
STAFF RECOMMENDATION: Staff recommends approval of the resolution adopting policies, procedures and application process for uses outlined in Ordinance 796.	DEPT. INITIALS <u>OM</u>
MANAGER'S RECOMMENDATION:	CITY MANAGER'S INITIALS <u> </u> <u>office</u>
MOTION: SECONDED: APPROVED () REJECTED () AYES: DISAPPROVED () DEFERRED () NAYES: ABSENT: REFERRED TO:	

“EXHIBIT A”

**CITY OF IMPERIAL
RESOLUTION 2018-**

**ESTABLISHMENT OF POLICIES, PROCEDURES AND APPLICATION PROCESSES
FOR MEDICAL CANNABIS USES OUTLINED IN ORDINANCE 795.**



**APPLICATION PROCEDURE TO OPERATE A MEDICAL
CANNABIS FACILITY IN IMPERIAL**

The application process for a license to operate a Medical Cannabis Facility/Operation or Delivery/Transportation Service in Imperial will open on March 5, 2018. The application period will run for sixty (60) days. The closing date will be May 4, 2018.

Applications will be available at the Community Development Department located at City Hall. For questions regarding the application process please review the FAQ's, at the City of Imperials webpage: www.cityofimperial.org.

This document outlines the application process, required materials, and other information necessary to operate a MCD or Delivery/Transportation service in Imperial.

To be considered, final applications must be submitted by 4:00 PM (PST) on May 4, 2018 at the Community Development Department located at 339 420 S Imperial Avenue, CA 92251.

This application process is adopted pursuant to Imperial Municipal Code section 15-85.4.Regulations.

BEFORE YOU APPLY:

- Review the information to learn about the application process and which documents you will need.
- Review the application in its entirety to ensure that it is complete and accurate.

(1) Application Process: Evaluation and Ranking: The selection process shall consist of the following Stages (1-4):

- Stage 1: Preliminary Determination of Eligibility (\$1,235.00)
- Stage 2: Ranking of applications (\$1,235.00)
- Stage 3: Public Meeting and City Council Final Selection of applicant. (\$1,235.00)
Total Application Fees: (Stages 1, 2, 3): \$3705.00
- Stage 4: Conditional Use Permit Application (\$1,673.00)

*****These fees do not include the Conditional Use Permit Application nor any Building Permit Application Fees (if applicable)*****

For more information, see Evaluation and Selection Process below.

(2) Criminal History Check:

As part of Stage 1 of the Application Process, each individual applying to be a principal of any “medical cannabis use” must apply for a Live Scan criminal history check. This process must be conducted by the Imperial County Sheriff’s Office. Please contact Lisa Tylenda by phone at (760)355-3326 or by email at ltylenda@cityofimperial.org for details.

Due to limited staff resources you are encouraged to contact City Staff for details and to schedule your appointment as early as possible with the Imperial County Sheriff’s Department in order to complete your Live Scan requirement before the due date of the application. The City is not responsible for applicants who are unable to schedule an appointment prior to the application deadline. Please be advised that there will be a Live Scan processing fee per person, which must be paid at the time of the Live Scan. The Live Scan process involves submitting fingerprints to the DOJ, which will review for criminal offender record information (CORI). CORI reports will be provided to the City of Imperial for the sole purpose of determining eligibility for operating a “MCD” or related uses outlined in City of Imperial “Ordinance 795”.

Applicants/Principles who do not meet criminal history eligibility requirements will be disqualified.

(3) Application: Applicants must hand deliver a complete and signed copies of the City of Imperial Medical Cannabis Uses Application Form, and all attachments along with a flash drive which contains one comprehensive and signed copy of the application in a pdf format, and corresponding application payment starting on March 5, 2018 for Medical Cannabis Operations. The deadline for Medical Cannabis Operations Application will be 4:00 PM on May 4, 2018.

(4) Payment:

- Payment must be made at the time of submission.
- Application Fees are non-refundable.

(5)Recap:

A complete application will consist of the following information:

- a. The Imperial Medical Cannabis Operations Application Form;
- b. Proof of Live Scan payment for each of the Principals;
- c. Indemnification Agreement (attached); and
- d. All of the information outlined to be evaluated in Stages 1 - 3 which are described in the Application and Evaluation Process section below in this procedure.
- e. Any change in location will require a new Application submission.

LATE AND/OR ANY INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

(6) Amendments to the Application:

Applicants will not be allowed to make amendments to their application or to supplement their application, except as otherwise specifically permitted in these procedures or authorized in writing by the City. During Stage 1, applicants will be notified if any of the Principals are ineligible and/or if their application is incomplete and will not move forward in the application process.

EVALUATION AND SELECTION PROCESS:

The City Manager or Designee (along with relevant City Staff) will review and evaluate all applications. The evaluation and selection process shall consist of the following four phases:

Stage 1: Determination of Eligibility and Application:

- Each Principal must undergo a criminal history background check.
- Applications must be complete to be considered. Applications will be considered complete only if they include all information required for Stages 1 and 2.
- Proposed location of business with proof of ownership or a signed and notarized statement from the Property Owner.

Stage 2: Ranking:

(1325 Total Points Possible for Medical Cannabis Facilities/Operation)

Applications will be evaluated based on the following criteria:

- Qualifications of Principals (150 Points)
- Business Plan including delivery protocols (100 Points)
- Community Benefits Plan (50 Points)
- Site and Floor Plans (maps for dispensaries/transportation operations vehicle storages) – (100 Points)
- Security Plan (200 Points)
- Proof of “Living Wage” – (25 Points)
- Employee Handbook – (100 Points)
- Standard Operating Procedures (100 Points)
- Disposal Procedures (50 Points)
- Inventory Control (150 Points)
- Odor Management Plan (150 Points)
- Signage Plan (25 Points)
- Preference to participate in Clinical or Academic Research (25 Points)
- Cash Management (100 Points)

After all the applicants from Stage 2 scores have been tabulated those applicants for cultivation, manufacturing, distribution, testing, dispensing which amount to 1150 or greater if applicable, will move onto Stage 3 selection process.

Ranking Definitions:

- *Qualifications of Principals (150 points):* Verifiable experience dealing with Medical Cannabis Uses.
- *Business Plan (100 points):* A document setting out the business's future objectives and strategies for achieving them.
- *Community Benefits Plan (50 points):* A document setting out the business's meaning and intent (if applicable) that will benefit the citizens of the City.
- *Site and Floor Plans (100 points):* A drawing to scale, showing a view from above, of the relationships between rooms, spaces and other physical features at one level of a structure.
- *Proof of living wage (25 points):* a wage that is high enough to maintain a normal standard of living.
- *Employee Handbook (100 points):* Book given to employees by employer. The employee handbook usually contains several key sections and includes information about company culture, policies, and procedures.
- *Standard Operating Procedures (100 points):* Document outlining procedures specific to your operation that describe the activities necessary to complete tasks in accordance with industry regulations and provincial laws.
- *Disposal Procedures (50 points):* Document describing how all waste and hazardous waste will be properly and safely managed from its generation through handling, storage, and preparation for transportation.
- *Inventory Control (150 points):* Document that describes the process of ensuring that all stock is accounted for at any given time.
- *Odor Management Plan (150 points):* Document that determines the source of potential odors, identifies control practices and establishes a monitoring strategy to help manage the smells associated with the operation.
- *Signage Plan (25 points):* Plan depicting the height, size, style, type and location of signs for proposed project.
- *Preference to participate in Clinical or Academic Research (25 points):* Business or operation must provide verifiable proof of participation that they intend or are enrolled in a clinical or academic research program at the time of submission.
- *Cash Management Plan (100 points):* Document describing the process in which payment transaction will be conducted, how deposits will be made, the cash flow monitoring controls, account organization and the intended house bank for the operation.

Stage 3: Selection Committees Final Evaluation and City Council's Final Selection

Stage 3 Steps to be followed:

1. City Manager or designee (and relevant City staff) final review and evaluation.
2. City Manager presents final rankings and recommendation report to City Council.
3. City Council makes final selection.

The City reserves the right to request and obtain additional information from any candidate who submitted a proposal. The City Manager will present to the City Council the final ranking in which the City Council may award at its discretion one (1) applicant the ability to apply for a Conditional Use Permit for the following operations regarding Medical Cannabis: dispensary, cultivation, manufacturing, distribution and testing pursuant to Ordinance 795 Section 15-85.2(b).

The City Council reserves the right to award a lesser number of permits, or to award no permits at all. Only those applicants on the final list will be eligible to be issued a permit from the initial permit process. The top Applicants which are being recommended by the City Manager for consideration to the City Council should be prepared to attend a City Council meeting in the City of Imperial in order to provide a public presentation before the Mayor and City Council introducing their team and providing an overview of their proposal if requested by the City Manager.

- Please note that being awarded a permit does not constitute a land use entitlement and does not waive or remove the requirements of applying for and receiving permits for any and all construction including electrical, plumbing, fire, planning permits or reviews, and any other permits, licenses, or reviews as may be necessary by the relevant departments or governmental entities in charge of said permits. Nor does it guarantee that the plans submitted via the Medical Cannabis Operations application process meet the standards or requirements in City of Imperial Municipal Ordinance 795 or any other permit requirement from other city departments or agencies. All permit awardees will still be required to apply and receive a Conditional Use Permit (CUP) with the City of Imperial, Business License and if applicable Building Permits for the proposed construction, improvements, or occupation of their facility.

➤

DESCRIPTION OF EVALUATION CRITERIA:

- Proposed Location. Your application must include the address and a detailed description of the proposed location. This section should also describe all sensitive uses (outlined in Ordinance 795) within (600) foot radius and should certify that the proposed location is

not within six hundred (600) foot radius of a school whether it be public or private, residential zones, churches/places of assembly, and other sensitive uses as described in Ordinance 795. The Medical Cannabis Operation must be located in the appropriate

zoning (C-2 Commercial General) meet all of the locational requirements as in described in City of Imperial Municipal Code Chapter 15/Ordinance 795.

- Business Plan. With as much detail as possible, the Business Plan should describe:
 - Description of day-to-day operations.
 - How the business/facility will conform too local and state law.
 - Odor control plan with detailed ventilation options for mitigating noxious odors.
 - The application should describe any proposed “green” business practices relating to energy and climate, water conservation, and materials and waste management.
 - Signage.
 - A schedule for beginning operation, including a narrative outlining any proposed Construction/improvements and a timeline for completion.

- The Business Plan should include:
 - A budget for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operation costs. The budget must demonstrate sufficient capital in place to pay startup costs and at least three months of operating costs, as well as a description of the sources and uses of funds.
 - Proof of capitalization, in the form of documentation of cash or other liquid assets on hand, Letters of Credit or other equivalent assets.
 - A pro forma for at least three years of operation.
 - Safety and Security Plan. For each proposed location, your application should include:
 - A detailed safety plan. This plan should identify a Security Manager and describe the fire prevention, suppression, HVAC and alarm systems the facility will have in place. It should include an assessment of the facility’s fire safety by a qualified fire prevention and suppression consultant. An appropriate plan will have considered all possible fire, hazardous material, and inhalation issues/threats and will have both written and physical mechanisms in place to deal with each spccific situation.
 - A detailed security plan. This plan should include a description and detailed schematic of the overall facility security. It should have details on both facility and operational security, including but not limited to general security policies for the facility, employee specific policies, training, sample written policies, transactional security, visitor procedures, 3rd party vendor security, and delivery security. In particular, applications should address ingress and egress access, perimeter security, product security (at all hours), internal security measures for access (area specific), types of security systems (alarms and cameras), and

security personnel to be employed. The security plan shall also include an assessment of site security by a qualified security consultant(s). For all security

consultants their name, contact information and business license number shall be provided. Security plans will not be made public.

- A floor plan and site plan showing existing conditions. If changes are proposed as part of the project, then a proposed floor plan should also be submitted. The floor plan(s) should be accurate, dimensioned and to scale (minimum scale of 1/4”).
- Photographs accurately depicting the entire interior and exterior and exterior of the proposed site(s), including entrance(s), including entrance(s), street frontage(s), parking, front, rear and sides of the proposed site.

Community Benefits. The application should appoint a Community Liaison and describe benefits that the Medical Cannabis Operation would provide to the local community, such as employment for local residents of the City, community contributions, or economic incentives to the City.

Enhanced Product Safety and Labeling. The application should state how the facility/operation will ensure enhanced consumer safety beyond that required by Ordinance 795.

Inventory Control Plan. The application should describe the POS software the business will be using to track inventory and/or sales of medical cannabis. The applicant should provide evidence of ability to secure Worker’s Comp and General liability insurance with an aggregate limit of not less than \$1,000,000.00.

Local Enterprise. The application should state the extent to which the facility/business will be a locally managed enterprise whose Principals reside within Imperial and/or the County of Imperial.

Qualifications of Principals. The application should include information concerning any special business or professional qualifications or licenses of principals that would add to the number or quality of services that the operation would provide, especially in areas related to medical cannabis, such as scientific or health care fields.

The City’s Reservation of Right’s

The City reserves the right to reject any and/or all proposals, with or without any cause or reason. The City may also, modify, postpone, or cancel the request for permit applications without liability, obligation, or commitment to any party, firm, or organization. In addition, the City reserves the right to request and obtain additional information from any candidate submitting a proposal.

Late Medical Cannabis Dispensary Applications and/or generally incomplete Applications WILL BE REJECTED.

Furthermore, a proposal RISKS BEING REJECTED for any of the following reasons:

1. Proposal considered not fully responsive to this request for a permit application.
2. Proposal contains excess or extraneous material not called for in the request for permit application.

City of Imperial Medical Cannabis Facility **Application Attachments**

1. Complete interior floor plan on paper no larger than 11" x 17" (multiple sheets allowed) to include the following information:
 - a. Dimensions of interior floor plan.
 - b. Indicate location of all exit doors, widths of doors and panic hardware.
 - c. Principal uses of the floor area including where non-patients will be permitted, private consulting areas, storage areas, retail areas, areas for cash handling and storage, and restricted areas
 - d. Show the separation of the areas that are open to persons who are not patients from those areas open to patients

NOTE: All areas of proposed business site must be disabled access compliant pursuant to Title 24 of the State of California Code of Regulations and the Americans with Disabilities Act.

2. Proof of Worker's Compensation Insurance including the limits of each policy, policy numbers, name of the insurer, effective date, and expiration date of each policy.
3. Proof of Liability Insurance including the limits of each policy, policy numbers, name of the insurer, effective date, and expiration date of each policy.
4. Copy of CA Seller' Permit (for retail businesses only)
5. Copy of your Fictitious Name Filing, if applicable.
6. Corporation, Limited Liability Companies, Limited Liability Partnerships:
 - a. Copy of your Articles of Incorporation
 - b. Copy of your Statement of Information
7. Standard Operating Plan Procedures to include the following information (as outlined in the Regulations):
 - a. General Operating Procedures
 - b. Security
 - c. Operational Security
 - d. Facility Security
 - e. Community Service
 - f. Fire Plan
 - g. Labor Relations/Employee Handbook
 - h. Business Plan / Financials
8. Proof of Ownership, lease, and/or letter of landlord's commitment to lease upon issuance of a license to the proposed business location.
9. Copy of one (1) valid government issued form of identification for each owner and managing member.
10. Copy of Live Scan receipt/completion for each owner and business manager.

11. Completed City of Imperial Conditional Use Permit Application.

12. All fees must be paid upon submission or the applications will not be considered complete.

CITY OF IMPERIAL MEDICAL CANNABIS FACILITY APPLICATION

APPLICATION FOR MEDICAL CANNABIS FACILITY LICENSE

- (1) Applicant's Name (Legal Ownership Structure): _____
- (2) Business Name (DBA): _____ Business Phone: (____) _____
- (3) Applicant/ Business Email: _____
- (4) Business Site Address: _____
- (5) Date Business Proposes to Open: _____
- (6) Days & Times Premises Are Open For Inspection: _____
- (7) Proposed Use (Select One Only):
Note: You must submit a separate application for each marijuana business. Applicants are limited to two license categories per MCRSA regulations.
 - Marijuana Dispensary
 - Laboratory Testing
 - Other (explain) _____
 - Cultivation Facility
 - Marijuana Delivery
 - Distribution Facility
 - Manufacturing Facility
- (8) Community Relations Liaison Name: _____
 Community Relations Liaison Phone Number: _____
 Community Relations Liaison Email: _____
- (9) Type of Organizational Structure:
 Corporation Partnership Individual Unincorporated Association or Club
 Trust LLC Other, explain: _____

OFFICE USE ONLY

Building Fire Health (Check Inspecting Department) Date Received: _____

Building/Location meets Department Requirements for the proposed use.

Building/Location meets Department Requirements for the proposed use subject to the following conditions:

Building/Location does not meet Department requirements for the proposed use.
 Inspection Completed On (date): _____ By: _____

POLICE DEPARTMENT

Police Department finds no basis for denial Police Department finds basis for denial

Police Department finds no basis for denial with conditions

Conditions or Basis for Denial: _____

By: _____ Title: _____ Date: _____

Note: This is NOT a Medical Cannabis Facility Permit. Do not operate until a valid permit is issued.

GENERAL INFORMATION (All Applicants)

- (10) If the applicant is incorporated, attach to this application copies, certified by the Secretary of State, of the Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information, By Laws, Restated Articles of Incorporation, and the most recent Annual Report of Officers and Directors.
- (11) If the applicant is an unincorporated association and filed a Statement By Unincorporated Association with the Secretary of State, attach copies, certified by the Secretary of State, of each Statement by Unincorporated Association, Registration of Unincorporated Nonprofit Association, and original & amended Articles of Association to this application.
- (12) If the applicant is an informal unincorporated association, provide copies of the fully executed Articles of Association (AKA Charter or Constitution).
- (13) Fictitious business names or dba's used: _____
- (14) Place and date of filing of fictitious business name statement: _____
- (15) Names and address of all agents and employees authorized to negotiate or otherwise represent individual in connection with any transaction with the City of Imperial:

- (16) Name and address of person (agent) authorized to accept service of process in California:

- (17) State whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city in which it is held, and expiration date thereof:

- (18) Has the Medical Cannabis Facility applicant previously operated in this City or any other county, city, or state under a similar license or permit?
- a. If "Yes," provide the license/permit issuing city, county, state, and the license and/or permit identification number(s):

- b. Please confirm whether any of these previously issued licenses or permits were revoked or suspended, and the reason(s) why:

- (19) Has any owner or business manager ever been convicted of a felony? Yes No
- (20) For each Management Employee convicted of a crime or currently on probation or parole as set forth in Item No. (19) above, attach with this application the first and last name of the Management Employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.
- (21) If the applicant owns the property listed in Item No. (4) of the application, enter date of purchase: _____
- (22) If the applicant rents, leases, or is in the process of leasing and/or purchasing the property listed in Item No. (4), check the boxes below to verify that the applicant has notified the owner(s) and landlord or leasing agent of the proposed Medical Marijuana Business property use.
- Attached is a copy of proof of ownership, lease, and/or letter of landlord's commitment to lease upon issuance of a license to the proposed business location
- Attached is an original fully executed Letter of Authorization, for each owner, landlord, and leasing agent of the property listed in Item No. (4) of the application.

NOTE: If the property is owned, rented, or leased by more than one person, a separate authorization form must be submitted for each owner, landlord, and leasing agent or equivalent.

Note: This is NOT a Medical Cannabis Facility Permit. Do not operate until a valid permit is issued.
Medical Cannabis Facility Application

GENERAL INFORMATION (All Applicants)

- (23) Does the applicant have a CA Seller's Permit issued by the California State Board of Equalization for the location identified in Item No. (4) of this application? Yes No
- a. If "Yes," enter the CA Seller's Permit identification number, and attach a legible copy of the CA Seller's Permit to this application: _____
- (24) Attach photographs accurately depicting the entire interior and exterior of the proposed site(s), including entrance(s), street frontage(s), parking, front, rear and sides of the proposed site.
- (25) _____ Provide the name, address, telephone number, business license account number, and PPO number of the security company that will be used. **NOTE:** A copy of the security guards' CA state license must be maintained on file at the business at all times.
- _____
- _____
- (26) Will an alarm monitoring company be used?
- a. If "Yes," provide the name, address, and telephone number of the alarm monitoring company:
- _____
- (27) Provide a list of all members with access to the surveillance camera system to be used (Attach additional pages if necessary):
- _____
- _____
- _____
- _____

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Medical Cannabis Facility Application

GENERAL INFORMATION (Cont.)

CERTIFICATION OF EMPLOYMENT PRACTICES

I, _____, certify that the business will not employ any person with
(Name of Business/Owner listed in Item No. (1) of the application)
any type of violent or serious felony conviction as specified in Section 667.5 and 1192.7 of the Penal Code or any
felony conviction involving fraud, deceit, or embezzlement. The business will also not employ as managers or
employees any person with any narcotic drug related misdemeanor conviction. The following shall become a
condition of maintaining the license.

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

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Medical Cannabis Facility Application

IF APPLYING AS AN INDIVIDUAL

Last Name: _____

First Name: _____

Middle: _____

Title(s) or AKA(s):

Residence address:

Home/Business Telephone: _____

Cell Phone: _____

Email Address: _____

Race: _____ **Sex:** _____ **Hair:** _____ **Eyes:** _____ **Height:** _____ **Weight:** _____

Date of Birth (mm/dd/yyyy): _____ **Place of Birth:** _____

Social Security Number: _____

Driver's License or Identification Card Number: _____

State of Issue: _____

Federal Tax ID Number (if applicable): _____

Seller's Permit Number (if applicable): _____

IF APPLYING AS A PARTNERSHIP

Check One Box:

General Partnership

Limited Partnership/ LLP

Limited Liability Corporation/ LLC

Name of Partnership: _____

Federal Tax ID Number (if applicable): _____

Seller's Permit Number (if applicable): _____

Percentage of Partnership

Name and residence addresses of **General Partners**:

Interest:

_____ %

_____ %

_____ %

_____ %

Names and residence addresses of **Limited Partners**:

Interest:

_____ %

_____ %

_____ %

_____ %

Place and date of filing Articles or Certificate of Partnership or Limited Partnership:

Please Note:

Attach certified copies of *Articles of Partnership or Limited Partnership*, or other written evidence of partnership status and all amendments thereto this application.

IF APPLYING AS A PARTNERSHIP (cont.)

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

PRINCIPAL PARTNER I

Name: _____ Title: _____
Residence Address: _____ Phone: _____
Business Address: _____ Phone: _____
Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
_____ : _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER II

Name: _____ Title: _____
Residence Address: _____ Phone: _____
Business Address: _____ Phone: _____
Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
_____ : _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER III

Name: _____ Title: _____
Residence Address: _____ Phone: _____
Business Address: _____ Phone: _____
Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
_____ : _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

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Medical Cannabis Facility Application

IF APPLYING AS A CORPORATION

PLEASE ONLY PROVIDE INFORMATION FOR ALL OFFICERS, DIRECTORS, OR SHAREHOLDERS WHO OWN MORE THAN 10% OF THE ISSUED AND OUTSTANDING STOCK

Check One Box: For-Profit Corporation Non-Profit Corporation

Name of Corporation: _____

Corporation Number: _____

Date and Place of Incorporation: _____

Location Headquarters: _____

Federal Tax ID Number: _____

Seller's Permit Number: _____

Please attach certified copies of *Articles of Incorporation and By-Laws*, and all amendments to this application.

Name and Residence Address of Corporation Officers (members of the executive board):

Name	Title & Ownership %	Address	Telephone
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

Numbers of shares issued by Corporation: _____

Number of share retained by Corporation: _____

Name and addresses of shareholders, if ten (10) or less state also the number and type of shares:

Name, address, telephone number, and email address of agent for service of process designated by Corporation with the Secretary of State of California:

IF APPLYING AS A CORPORATION (Cont.)

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

CORPORATE OFFICER I

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER II

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER III

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER IV

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

Note: This is NOT a Medical Cannabis Permit. Do not operate until a valid permit is issued.
Medical Cannabis Facility Application

CITY OF IMPERIAL

PROPERTY OWNER/ LANDLORD AUTHORIZATION FOR INSPECTION AND RIGHT TO OPERATE A MEDICAL CANNABIS FACILITY

I, _____, am the legal owner / landlord / lessor of real property located at
(Name of Property Owner/ Landlord) (Circle One)

_____, Imperial, California. I authorize the Medical
(Address listed in Item No. (4) of the application)

Cannabis Business entitled _____ to operate a medical
(Name of Business/Owner listed in Item No. (1) of the application)

marijuana business at the property, as that term is defined in state law and the Imperial Municipal Code, for the
specific use(s) of _____

(Land uses(s) set forth in the Medical Marijuana Facility application – e.g. cultivation, manufacturing, etc.)

set forth in the Medical Cannabis Facility License Application submitted to the City of Imperial by

_____ and allow the City of Imperial to enter the property for
(Name of Business/Owner listed in Item No. (1) of the application)

inspection of the property. I further understand that I am responsible for any violation and nuisance activity, which may
occur at this property. I declare under penalty of perjury that the foregoing information is true and correct. Executed this

_____ day of _____ 2018, at Imperial, California.

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

Note: This is NOT a Medical Cannabis Permit. Do not operate until a valid permit is issued.
Medical Cannabis Facility Application

CITY OF IMPERIAL
NOTARY ACKNOWLEDGEMENT FORM

The notarized signature of the majority representative owner or owners, as established by deed or contract, of the subject property or properties is required for the filing of this application. A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of the document.
(Additional sheets may be attached if needed.)

On _____ before me, _____ the undersigned,
DATE (WRITE NAME OF NOTARY)

a Notary Public in and for said County, duly commissioned,

personally appeared _____
NAME(S) OF SIGNER(S)

NAME(S) OF SIGNER(S)

personally known to me - OR -

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

PLACE NOTARY SEAL ABOVE

Notary Public in and for the County of
Imperial, State of California

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title of type of Document: PROPERTY OWNER/ LANDLORD AUTHORIZATION FORM

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity (ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Title(s): _____ Title(s): _____

Note: This is NOT a Medical Cannabis Permit. Do not operate until a valid permit is issued.
Medical Cannabis Facility Application



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Custodian of Records

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: (Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

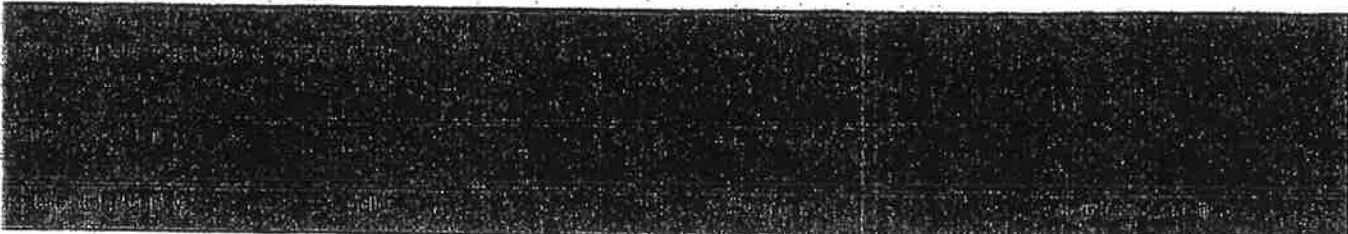
Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)



CITY OF IMPERIAL

ACKNOWLEDGEMENT FORM
Medical Cannabis Facility ("MCF") Application

- I/we consent to onsite inspections of our MCF by City of Imperial officials. Inspections will be conducted by City of Imperial Officials during regular business hours Monday-Friday 9:00a.m to 5:00 p.m., excluding holidays. The telephone number listed on my application is the number the City can call to provide notice, when possible.
- I/we acknowledge that by submitting the permit application we allow onsite inspections; dogs/animals will be locked up, lock gates will be assessable and no weapons will be secured and stored.
- I/we consent that all structures on parcel that are utilized for Commercial Cannabis Activities will be built in accordance with applicable City of Imperial Building Codes and permit requirements.
- I/we acknowledge that the information I/we provide with this application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
- I/we consent to defend, indemnify, and hold harmless the City of Imperial from any defense costs, including attorneys' fees or other loss connected with any legal challenge brought as a result of the City of Imperial review and/or approval of this Application. I/we agree to execute a formal agreement to this effect on a form provided by the City and available for my inspection.
- I/we will only employ individuals at least eighteen (18) years of age, require a Federal or State issued proof of identification be carried at all times on property, and will comply will all applicable state and federal requirements for payment of payroll taxes, including federal and state income taxes and/or contribution for unemployment insurance, state workers' compensation liability law.
- ./ I/we have reviewed Ordinance ~~No. 1134~~, I/we understand the requirements, will comply with the requirements, and understand the consequences of Non-Compliance.
- ./ I/we acknowledge that the application fee is non-refundable.
- ./ I will comply with Local, State and Federal regulatory agencies.

Print

Signature

Date

CITY OF IMPERIAL

ACKNOWLEDGEMENT FORM
Medical Cannabis Use Application

- I/we consent to onsite inspections of our business/facility/operation site by City of Imperial officials. Inspections will be conducted by City of Imperial Officials during regular business hours Monday-Friday 9:00a.m to 5:00 p.m., excluding holidays. The telephone number listed on my application is the number the City can call to provide notice, when possible.
- I/we acknowledge that by submitting the permit application we allow onsite inspections; dogs/animals will be locked up, lock gates will be assessable and no weapons will be secured and stored.
- I/we consent that all structures on parcel that are utilized for Commercial Cannabis Activities will be built in accordance with applicable City of Imperial Building Codes and permit requirements.
- I/we acknowledge that the information I/we provide with this application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
- I/we consent to defend, indemnify, and hold harmless the City of Imperial from any defense costs, including attorneys' fees or other loss connected with any legal challenge brought as a result of the City of Imperial's review and/or approval of this Application. I/we agree to execute a formal agreement to this effect on a form provided by the City and available for my inspection.
- I/we will only employ individuals at least eighteen (18) years of age, require a Federal or State issued proof of identification be carried at all times on property, and will comply will all applicable state and federal requirements for payment of payroll taxes, including federal and state income taxes and/or contribution for unemployment insurance, state workers' compensation liability law.
- I/we have reviewed Ordinance No. 795, I/we understand the requirements, will comply with the requirements, and understand the consequences of Non-Compliance.
- I/we acknowledge that the application fee is non-refundable.
- I will comply with Local, State and Federal regulatory agencies.

Print

Signature

Date

Indemnification Form

Commercial Cannabis Facility Application

I _____, hereby agree:

1. I have applied with the City of Imperial for permission to conduct _____ (state type of facility) commercial cannabis pursuant to City of Imperial Ordinance No. 795 (hereafter "Project").
2. Nothing in this Agreement shall be construed to limit, direct, impede or influence the City of Imperial review and consideration of the Project.
3. I shall defend, indemnify, save and hold harmless the City of Imperial, its elected and appointed officials, officers, employees, agents, contractors and volunteers from any and all claims, actions, proceedings or liability of any nature whatsoever (including, but not limited to; any approvals issued in connection with any of the above described application(s) by City; any action taken to provide related environmental clearance under the California Environmental Quality Act ("CEQA") by City's advisory agencies, boards or commissions, appeals boards, or commissions, Planning Commissions, or City Council; and attorneys' fee and costs awards) arising out of, or in connection with the City's review or approval of the project or arising out of or in connection with the acts or omissions of the Applicant, its agents, employees or contractors. With respect to review or approve, this obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the project, including any contention the project or its approval is defective because a City ordinance, resolution, policy, standard or plan is not in compliance with local, state or federal law. With respect to acts or omissions of the Applicant, its agents, employees or contractors, its obligation, hereunder shall apply regardless of whether the City of Imperial prepared, supplied or approved plans, specifications or both.
4. The obligations of the Owner and Applicant under this Indemnification shall apply regardless of whether any permits or entitlements are issued.
5. City of Imperial shall have the absolute right to approve any and all counsel employed to defend the City. To the extent the City of Imperial uses any of its resources to respond to such claim, action or proceeding, or to assist the defense, the Applicant will reimburse the City upon demand. Such resources include but are not limited, staff time, court costs, City Counsel's time at its regular rate for non-City agencies, or any other direct or indirect cost associated with responding to, or assisting in defense of, the claim, action or proceedings.
6. For any breach of this obligation the City of Imperial may rescind its approval of the Project.
7. The Applicant shall not be required to pay or perform any settlement unless the Applicant, which approval shall not be unreasonably withheld, approves the settlement in writing. The City of Imperial must approve any settlement affecting the rights and obligations of the City.
8. This agreement shall be construed and enforced in accordance with the laws of the State of California.
9. In any legal action or other proceeding brought by either party to enforce or interpret this Agreement, the appropriate venue is the County of Imperial Superior Court.
10. The Applicant shall pay all court ordered costs and attorney fees.
11. The defense and indemnification of the City of Imperial set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgments rendered in the **proceedings.**

After review and consideration of all of the foregoing terms and conditions, Applicant, by its signature below, hereby agrees to be bound by and to fully and timely comply with all of the foregoing terms and conditions.

Print Name

Signature

Date

RESOLUTION NO. 2018-01

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF IMPERIAL,
CALIFORNIA APPROVING THE POLICIES, PROCEDURES, AND APPLICATION
PROCESSES FOR MEDICAL CANNABIS FACILITIES AND MEDICAL CANNABIS
CULTIVATION, MANUFACTURING AND OTHER FACILITY PERMITS**

WHEREAS, on January 3, 2018, City Council of the City of Imperial (the "City Council") adopted Ordinance No. 795, amending and restating Article XII and Article XIII of Chapter 15 of the Imperial Municipal Code (the "Ordinance"); and

WHEREAS, the Ordinance authorizes the City Council to issue regulatory permits to medical cannabis facilities in the City, subject to all the restrictions and operational requirements in the Ordinance; and

WHEREAS, the Ordinance outlines regulations governing the implementation of the medical cannabis facility regulatory permit process; and

WHEREAS, the City Council desires to ensure that the medical cannabis facility regulatory permit process application and selection process is consistent with the terms of the Ordinance and provides a fair process for approving the most qualified and appropriate applicants for the City; and

WHEREAS, the medical cannabis facility regulatory permit process application and selection process being proposed for approval by this Resolution will screen and evaluate applicants over a multi-stage process that culminates with a final decision by the City Council on whether an applicant is qualified and appropriate to operate a medical cannabis facility in the city; and

WHEREAS, because the Ordinance only allows the City Manager to permit one Medical cannabis dispensaries in the City per year, the medical cannabis facility regulatory permit process application and selection process being proposed for approval by this Resolution will screen, evaluate, and rank all medical cannabis dispensary permit applicants over the multi-stage screening process concurrently in a limited application window; and

WHEREAS, the Ordinance also allows the City Manager or designee to develop regulations governing the conduct of the medical cannabis facilities and the delivery of medical cannabis or medical cannabis products.

**NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF IMPERIAL
DOES RESOLVE AS FOLLOWS:**

Section 1. APPLICATION FORM.

The City Council adopts the form Application for Medical Cannabis Facility Regulatory Permit in the form as set forth in the Exhibit “A” to this Resolution, attached hereto and incorporated by this reference.

Section 2. APPLICATION PROCESS – GENERAL.

The City Manager or designee shall administer the multi-stage process for the screening and evaluation of medical cannabis facility regulatory permit application as set forth in the Exhibit “A” to this Resolution, attached hereto and incorporated by this reference.

Section 3. APPLICATION PROCESS – DISPENSARIES.

Because the City may only permit one medical cannabis dispensary per year pursuant to the Ordinance, the City Manager or designee shall administer the multi-stage process for the screening and evaluation of medical cannabis dispensary regulatory permit applications on a competitive basis. The application process for a medical cannabis dispensary regulatory permit will open on **March 5, 2018**. To be considered, final applications must be submitted by 4:00 PM on **May 4, 2018**. The permit application process is set forth in Exhibit “A” to the Resolution, attached hereto and incorporated by this reference.

Section 4. MEDICAL CANNABIS FACILITIES AND DELIVERY REGULATIONS

Medical Cannabis Facility Infrastructure and Security Regulations.

In addition to the infrastructure and security requirements contained in the Imperial Municipal Code (including but not limited to Chapter 15, Article XII and Article III) medical cannabis facilities shall comply with the Medical Cannabis Facility Application as set forth in the Exhibit “A” to this Resolution, attached hereto and incorporated by this reference.

PASSED AND ADOPTED by the City Council of the City of Imperial at a regular meeting held this 7th day of February 2018.

Geoff Dale, mayor

ATTEST:

Debra Jackson, City Clerk