



City of Tracy

Development Services Department

333 Civic Center Plaza, Tracy, CA 95376

Commercial Cannabis Business Permit Application

COMMERCIAL CANNABIS BUSINESS PERMIT TYPE

Select one or more of the following categories by checking the appropriate box(es). NOTE: Applicants applying for more than one business type that are anticipated to be located at the same location may consolidate their application submittal package; however, the application materials must demonstrate that all businesses/permit types would be operated at the same facility.

- Storefront Retailer
- Testing Laboratory
- Microbusiness
- Distribution
- Non-Storefront Retailer (Delivery Only)
- Cultivation
- Manufacturing

APPLICANT (BUSINESS) INFORMATION

APPLICANT (BUSINESS) LEGAL NAME: _____

DBA: _____

Proposed Address/Location:* _____

Assessor's Parcel Number (APN):* _____

PRIMARY CONTACT: _____

Title: _____

Address: _____

Phone: _____ Email: _____

24-Hour Contact Information: _____

PROPERTY OWNER NAME:* _____

Address: * _____

Phone: * _____ Email: * _____

* Information marked by an asterik (*) is not required at the time of application, but will be required at Phase 3 or later of the application review process (refer to the [Cannabis Business Permit Application Procedures and Guidelines](#) for additional information).

For details about Cannabis Business Permits in the City of Tracy , information required as part of the application process, and how to submit your application, please visit the City's web page titled "[Regulations on Commercial Cannabis Activities in the City of Tracy](#)", located under the Open Gov tab of the City's website, www.cityoftracy.org. For questions, contact Peggy Beeuwsaert, Planning Technician, at (209) 831-6433 or Peggy.Beeuwsaert@CityofTracy.org.

OFFICE USE ONLY:

Application No. CBP20-_____ Date Submitted: _____ Received By: _____

Fees Paid:

- Cannabis Business Permit Application Fee: \$10,800.00

OWNER INFORMATION

Must be completed by all owners. Owners are any of the following: (1) A person with an aggregate ownership interest of five percent or more in the person applying for a permit or a permittee, unless the interest is solely a security, lien, or encumbrance; (2) The chief executive officer and the members of the board of directors of the entity engaging in the cannabis business; (3) an individual who will be participating in the direction, control, or management of the person applying for a City cannabis business permit.

I certify under penalty of perjury under the laws of the State of California, that I am fully authorized to submit this form on behalf of the cannabis business, that I have personal knowledge of the information contained in this form, and that the information contained herein is true and correct.

Name _____ **Title** _____

Title: _____

Home Address: _____ Phone No. _____

Signature: _____ Date: _____

I certify under penalty of perjury under the laws of the State of California, that I am fully authorized to submit this form on behalf of the cannabis business, that I have personal knowledge of the information contained in this form, and that the information contained herein is true and correct.

Name _____ **Title** _____

Title: _____

Home Address: _____ Phone No. _____

Signature: _____ Date: _____

I certify under penalty of perjury under the laws of the State of California, that I am fully authorized to submit this form on behalf of the cannabis business, that I have personal knowledge of the information contained in this form, and that the information contained herein is true and correct.

Name _____ **Title** _____

Title: _____

Home Address: _____ Phone No. _____

Signature: _____ Date: _____

I certify under penalty of perjury under the laws of the State of California, that I am fully authorized to submit this form on behalf of the cannabis business, that I have personal knowledge of the information contained in this form, and that the information contained herein is true and correct

Name _____ **Title** _____

Title: _____

Home Address: _____ Phone No. _____

Signature: _____ Date: _____

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners

PREVIOUS AND/OR CURRENT PERMITS

The applicant and/or owner(s) has been associated with a commercial cannabis permit(s) in the past 10 years. Yes No

If yes, please provide the following information. Attach additional sheets if necessary.

1. Name _____ Business Name _____

Business Address: _____

Start Date: _____ End Date: _____ Business Type: _____

2. Name _____ Business Name _____

Business Address: _____

Start Date: _____ End Date: _____ Business Type: _____

3. Name _____ Business Name _____

Business Address: _____

Start Date: _____ End Date: _____ Business Type: _____

4. Name _____ Business Name _____

Business Address: _____

Start Date: _____ End Date: _____ Business Type: _____

PERMIT REVOCATIONS

The applicant and/or owner(s) has been associated with a business(es) that has had a commercial cannabis business permit(s) revoked.

Yes No

If yes, please provide the following information. Attach additional sheets if necessary.

1. City or County: _____ State: _____ Date Revoked: _____

2. City or County: _____ State: _____ Date Revoked: _____

OWNERSHIP STATEMENT

Please provide the percentage breakdown of ownership for each owner below (percentage should equal 100%).

| Name and Title | Percentage Amount |
|----------------|-------------------|
| | |
| | |
| | |
| | |
| | |

BACKGROUND - REQUEST FOR LIVE SCAN SERVICES

I, the applicant, understand that a completed Request for Live Scan Service, State of California Form BCIA 8016, as determined by the City of Tracy, must be submitted for processing to the Police Department by applicant and all owners listed on the application. I also understand that prior to submitting a Request for Live Scan Service, a Cannabis Business Permit Background Application must be submitted to the Tracy Police Department. All applicable fees and charges are the responsibility of the applicants and owners. A receipt establishing that the appropriate number of background checks have been submitted is required in order for this application to be processed.

Applicants or owners who do not meet criminal eligibility requirements will be disqualified and their application will be deemed disqualified.

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Tracy permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, and City Council Members, and other Agencies in order to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Tracy Municipal Code and State law.

Name

Signature

Title

Date

Indemnification Agreement

I, the applicant, agree to the fullest extent permitted by law, any actions taken by a public officer, authorized agent, or employee under the provisions of Chapter 6.36 of Title 6 of the Tracy Municipal Code, Commercial Cannabis Activity, shall not become a personal liability of any public officer, authorized agent, or employee of the City of Tracy. To the maximum extent permitted by law, the permittee under this Chapter 6.36 shall defend (with counsel acceptable to the City), indemnify and hold harmless the City of Tracy, the Tracy City Council, and its respective officials, officers, employees, representatives, agents and volunteers from any liability, damages, actions, claims, demands, litigations, loss (direct or indirect), causes of action, proceedings, or judgments (including legal costs, attorneys' fees, expert witness or consultant fees, City Attorney or staff time, expenses or costs) against the City to attach, set aside, void or annul, any cannabis-related approvals and actions and strictly comply with the conditions under which such permit is granted, if any. The City may elect, in its sole discretion, to participate in the defense of said action and the permittee shall reimburse the City for its reasonable legal costs and attorneys' fees and permittee shall continue to be subject to the obligations imposed hereunder.

Applicant Name (please print)

Applicant Signature

Date

COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION
PROPERTY OWNER'S STATEMENT OF CONSENT *

If the applicant is not the owner of record of the subject site, the following Statement of Consent must be completed by the owner or the owner's authorized representative, granting the applicant permission to apply for a cannabis business permit. **THIS FORM MUST BE NOTARIZED.**

To: City of Tracy
Development Services Department
333 Civic Center Plaza
Tracy, CA 95831

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: _____ Phone: _____

Mailing Address: _____

to operate a commercial cannabis business on the property described below.

The subject property is located at: _____

Assessor's Parcel Number: _____

Address of Owner of Record: _____

Phone: _____ Email address: _____

Upon the City issuing a cannabis business permit to applicant, I agree to abide by and conform to all provisions of the Tracy Municipal Code pertaining to the establishment and operation of the commercial cannabis activity. I acknowledge that the approval of the cannabis business permit shall, in no way, permit any activity contrary to the Tracy Municipal Code, or any activity which is in violation of any applicable law.

Signature of Owner of Record: _____ Date: _____

* NOTE: This Property Owner's Statement of Consent is not required at the time of application, but will be required at Phase 3 or later of the application review process (refer to the [Cannabis Business Permit Application Procedures and Guidelines](#) for additional information)

APPLICATION SUBMITTAL CHECKLIST

A complete application will consist of the following items:

- Commercial Cannabis Business Application
- Application filing fee
- Indemnification Agreement
- Supplemental Information, as listed on Page 6 and in Appendix A of the [Cannabis Business Permit Application Procedures and Guidelines](#)
- Proof of submittal of Cannabis Business Owner Background Application(s) and payment of fee(s) to the Tracy Police Department must be provided to the Planning Division no later than 9/30/20
- Notarized Property Owner's Statement of Consent (not required until Phase 3 or later of application review process)
- Proof of comprehensive general liability insurance - minimum \$1M per occurrence (must show evidence prior to approval of Cannabis Business Permit issuance)