



# CITY OF MODESTO

Community and Economic Development Department/Planning Division  
 1010 Tenth Street, Suite 3300, P.O. Box 642  
 Modesto, CA 95353  
 (209) 577-5267 (209) 491-5798 FAX

## Commercial Cannabis Permit Application (Phase 1 - Non-Retail)

### A. Business Information

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

Property Address (include applicable suite number): \_\_\_\_\_

Assessor Parcel Number: \_\_\_\_\_ Zoning Designation: \_\_\_\_\_

*(City staff may request basic site plan showing building location on parcel to confirm compliance with buffer requirements from sensitive uses.)*

### B. Business Type (Check Box)

<input type="checkbox"/> Cultivation 1A - Specialty Indoor Small (5,000 Sq. Ft. Max)	<input type="checkbox"/> Cultivation 1B – Specialty Mixed-light Small (5,000 Sq. Ft. Max)	<input type="checkbox"/> Cultivation 1C – Specialty Cottage Small (2,500 Sq. Ft. Max- mixed light, or 500 Sq. Ft. Max indoor)
<input type="checkbox"/> Cultivation 2A – Indoor Small (10,000 Sq. Ft. Max)	<input type="checkbox"/> Cultivation 2B – Mixed -light Small (10,000 Sq. Ft. Max)	<input type="checkbox"/> Cultivation 3A – Indoor Medium (22,000 Sq. Ft. Max):
<input type="checkbox"/> Cultivation 3B – Mixed light Medium (22,000 Sq. Ft. Max)	<input type="checkbox"/> Cultivation Nursery 4	<input type="checkbox"/> Cultivation 5A – Indoor Large (more than 22,000 Sq. Ft.)
<input type="checkbox"/> Cultivation 5B – Mixed-light Large (more than 22,000 Sq. Ft.)	<input type="checkbox"/> Manufacturer 1 -6 (nonvolatile)	<input type="checkbox"/> Manufacturer 2 – 7 (volatile)
<input type="checkbox"/> Testing Laboratory 8	<input type="checkbox"/> Distributor 11	<input type="checkbox"/> Microbusiness 12 – (permitted if all uses under license permitted in zone and no retail; for microbusiness with a storefront retail component, apply through City’s Request for Proposal process)

*Note: No delivery operations or non-storefront retail operations (State License Type 9) are permitted in the City of Modesto.*

### C. Applicant Information

Name of Primary Person Completing the Application: \_\_\_\_\_

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security No or Tax I.D. No\*\*: \_\_\_\_\_

*If applicant is a not for profit, corporation, partnership or other business entity, please identify:*

Name of Business Entity: \_\_\_\_\_

Type of Ownership: \_\_\_\_\_

Federal Tax Id: \_\_\_\_\_ Start Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Alt. Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact (check one)  Mail  Phone  Email

**D. Interested Parties Information\***

Name:

Title:

DOB:

Social Security No or Tax I.D.\*\*:

Mailing Address:

Primary Phone No:

Alt. Phone No:

Email Address:

Preferred method of contact (check one)

Mail

Phone

Email

Name:

Title:

DOB:

Social Security No or Tax I.D.\*\*:

Mailing Address:

Primary Phone No:

Alt. Phone No:

Email Address:

Preferred method of contact (check one)

Mail

Phone

Email

Name:

Title:

DOB:

Social Security No or Tax I.D.\*\*:

Mailing Address:

Primary Phone No:

Alt. Phone No:

Email Address:

Preferred method of contact (check one)

Mail

Phone

Email

*Please attach additional sheets if there are more than 3 applicants or interested parties.*

*\*Interested parties, are all persons with at least 10% interest in the cannabis business, which includes partners, officers, directors, and stockholders of every corporation, limited liability company, or general limited partnership that owns at least 10% of the stock, capital, profits, voting rights, or membership interest of the commercial cannabis business or that is one of the partners in the commercial cannabis business; the managers of the commercial cannabis business. Interested parties include any party that holds a lien on the cannabis business in excess of \$10,000.*

*\*\*Private information such as social security and tax I.D. numbers will not be disclosed to the public.*

## E. Information on Property Owner or Landlord

Name:

Mailing Address:

Primary Phone No:

Alt. Phone No:

Email Address:

Preferred method of contact (check one)  Mail  Phone  Email

*If the applicant is not the legal owner of the property, the application must be accompanied by a notarized Owner's Statement of Consent Form to operate a commercial cannabis business on the property.*

## F. Related License Information

The applicant and/or interested parties has been associated with a commercial cannabis permit in the past 10 years.

Yes  No (If yes, please provide the following information)

Name:

Address:

Start Date:

End Date:

Business Name:

Business Type:

### Status of state cannabis license:

Not applied  Applied for temporary license  Applied for permanent license  Received temporary license (attach)  
 Received permanent license (attach)

*Please attach additional sheets if necessary.*

## G. City Authorization

I, the applicant, provide authorization and consent for the City Manager or his/her designee to seek verification of the information contained on this application.

## H. Indemnification

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 3 of Title 10, Article 7, Commercial Cannabis Uses, shall not become a personal liability of any public officer, authorized agent, or employee of the City. To the maximum extent permitted by law, the permittee under this Article 7 shall defend (with counsel acceptable to the City), indemnify and hold harmless the City of Modesto, the Modesto 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, in 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.

## I. Nonrefundable Filing Fee

I, the applicant, understand and accept that the nonrefundable filing fee of \$4,750.00 must be submitted with the completed Commercial Cannabis Business Application and will be retained by the city regardless of the outcome of the application review.

A second filing fee will be due upon submission of Phase 2 of the application, as follows: \$10,000 (for facilities 10,000 square feet or less) or \$20,000 (for facilities over 10,000 square feet)

**J. 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 Modesto, must be submitted for processing to a duly authorized business or the Police Department by **applicant and all interested parties listed on the application**. I also understand that prior to submitting a Request for Live Scan Service, a Cannabis Permit Background Application must be submitted to the Modesto Police Department. All applicable fees and charges are the responsibility of the applicants and interested parties. A receipt establishing that the appropriate number of background checks have been submitted is required in order for this Phase 1 application to be processed.

***Applicants or interested parties who do not clear the background check may not proceed to Phase 2 of the application process. Please see the General Information sheet for details on disqualifying criminal convictions.***

**K. Applicant’s Certification**

I agree to abide by and conform to the conditions of the permit and all provisions of the Modesto Municipal Code pertaining to the establishment and operation of the commercial cannabis use. I acknowledge that the approval of the Commercial Cannabis Permit shall, in no way, permit any activity contrary to the Modesto Municipal Code, or any activity which is in violation of any applicable law. I also understand and agree that no commercial cannabis operations or activity for which a state license is required may commence until I have received both a City Commercial Cannabis Permit and a state cannabis license.

I certify under penalty of perjury under the laws of the State of California, that I have personal knowledge of the information contained in this application, and that the information contained herein is true and correct.

Signature:

Date:

***The information contained on this document is subject to disclosure under the Public Records Act, with the exception of qualifying private information such as social security and tax I.D. numbers.***

<b>(Staff Use Only)</b>
<b>File No.:</b>
<b>Tidemark</b>
<b>Case No.:</b>
<b>Date:</b>
<b>Rec'd by:</b>

**COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION**

**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 commercial cannabis permit. **This form must be notarized.**

To: City of Modesto  
Community and Economic Development Department/Planning Division  
1010 Tenth Street, Suite 3300, P.O. Box 642  
Modesto, Ca 95353

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. I agree to abide by and conform to the conditions of the permit and all provisions of the Modesto Municipal Code pertaining to the establishment and operation of the commercial cannabis use. I acknowledge that the approval of the Commercial Cannabis Permit shall, in no way, permit any activity contrary to the Modesto Municipal Code, or any activity which is in violation of any applicable law.

The subject property is located at: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Printed Name of Owner of Record: \_\_\_\_\_

Address of Owner of Record: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature of Owner of Record: \_\_\_\_\_ Date: \_\_\_\_\_