City of Marysville

Marysville City Services Department
526 C Street, Marysville, CA 95901
Tel: (530) 749-3903 Fax: 749-3992
Email: dlamon@marysville.ca.us

FEE PAID $_____

DATE STAMP HERE

MEDICAL MARIJUANA DISPENSARY INITIAL PERMIT APPLICATION

[Pursuant to Chapter 5.10, Marysville Municipal Code]
Application Fee: $3,706 (Plus ZVL $221)

Business Name _____

Business Proposed Location _____

Business Contact (Principal) _____

Contact Title _____

Contact's Mailing Address _____

_____

Phone # _____ **Email** _____

24-Hour Contact Information _____

Type of License Sought:

Please select one of the following types of Medical Marijuana Dispensary licenses for which you are applying. To be considered further, this application *must* be complete and signed by all principals, along with payment of all required fees. (Select one of the two choices below).

☐ Dispensary Only ☐ Dispensary w/On-Site Cultivation Facility

Status of Zoning Verification Letter:

A Zoning Verification Letter (ZVL) is required for your intended dispensary location. If your ZVL has already been obtained, attach a copy. Otherwise, attach receipt showing payment for ZVL. (Select one of the two choices below).

☐ Attached ☐ In Progress (payment receipt attached)

Please Note: Three (3) signed copies of this application, together with all required attachments, must be submitted in a single, sealed envelope marked "MMD INITIAL APPLICATION". For details about the information required as part of this application, please see the informational document "Application Procedures to Operate a Medical Marijuana Dispensary in Marysville" as well as Ordinance Nos. 1380, 1381 and 1384. All of these documents can be found at www.marysville.ca.us.

Phase I

Section A: Principal Background Information (to be signed by all 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 attachments, is public information and subject to disclosure upon request. [*Attach additional sheets if necessary to accommodate all Principals*]

Principal 1 Name:_____

Principal 1 Title: _____

Principal 1 Home or Cell Phone:_____

Principal 1 Home Address:_____

Principal 1 Signature_____ Date: _____

Attachments:

_____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

_____ Receipt from Live Scan check

_____ Picture of applicant (two passport quality photographs)

_____ Copy of Social Security card (may be substituted with Social Security temporary documents which show name and Social Security number)

_____ Copy of Driver License, DMV-issued ID Card or Passport

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

Staff use only: Pass background check ☐

Principal 2 Name:_____

Principal 2 Title: _____

Principal 2 Home or Cell Phone:_____

Principal 2 Home Address:_____

Principal 2 Signature_____ Date: _____

Attachments:

_____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

_____ Receipt from Live Scan check

_____ Picture of applicant (two passport quality photographs)

_____ Copy of Social Security (may be substituted with Social Security temporary documents which shows name and Social Security number)

_____ Copy of Driver License, DMV-issued ID Card or Passport

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

Staff use only: Pass background check ☐

Principal 3 Name: _____

Principal 3 Title: _____

Principal 3 Home or Cell Phone: _____

Principal 3 Home Address: _____

Principal 3 Signature _____ Date: _____

Attachments:

_____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

_____ Receipt from Live Scan check

_____ Picture of applicant (two passport quality photographs)

_____ Copy of Social Security (may be substituted with Social Security temporary documents which shows name and Social Security number)

_____ Copy of Driver License, DMV issued ID Card or Passport

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

Staff use only: Pass background check ☐

CONTINUE

A1. Does applicant hold other licenses and/or permits for similar business activities? ☐ Yes ☐ No

If "Yes" Describe Type of License, Date of Issuance, Issuing Agency and Physical Location of business:

_____

_____

_____

A2. Has applicant had other licenses and/or permits for similar business activities revoked within the past three years? ☐ Yes ☐ No

If "Yes" describe Type of License, Date of Action, Issuing Agency and Current Status of license or permit:

_____

_____

_____

A3. Have any named Principals been found guilty of, or pleaded nolo contendere to, any offense involving moral turpitude, including gambling, narcotics, use of violence, theft, embezzlement, etc.? ☐ Yes ☐ No

If "Yes" explain:

_____

_____

_____

A4. **APPLICANT: Have you attached all of the following documents to this application? Your application is not complete without each of these:**

1. Zoning Verification Letter or payment receipt ☐
2. Proof of status (State card) ☐
3. Live Scan receipt for *each* Principal ☐ ☐ ☐ ☐ [Check box for each Principal]
4. Passport quality photos (2) of *each* Principal ☐ ☐ ☐ ☐ [Check box for each Principal]
5. Copy of Social Security card of *each* Principal ☐ ☐ ☐ ☐ [Check box for each Principal]
6. Copy of Driver License of *each* Principal ☐ ☐ ☐ ☐ [Check box for each Principal]
7. Other Attachments (list separately below)

Signature of Applicant _____

= = = = END OF APPLICATION. THANK YOU. = = = =

CITY USE ONLY

Date of initial application _____ Number assigned to application

Date fee received for Phase I _____

Date application reviewed for Phase I _____

Points Awarded in Phase I _____

☐ Continued to Phase II ☐ Rejected

INTAKE CHECKLIST

					Reviewer Initials
1. Zoning Verification Letter or Payment Receipt	☐				1.
2. Proof of status (State card)	☐				2.
3. Live Scan receipt	☐	☐	☐	☐	3.
4. Passport quality photos of applicant (2)	☐	☐	☐	☐	4.
5. Copy of Social Security card of *each* Principal	☐	☐	☐	☐	5.
6. Copy of Driver License of *each* Principal	☐	☐	☐	☐	6.
7. Other Attachments (list separately below)					7.