



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
 SUPPLEMENTAL PERMIT APPLICATION**

[Pursuant to Chapter 5.10, Marysville Municipal Code]

Application Fees: Phase 2 = \$1,047 Phase 3 = \$2,144 Phase 4 = \$3,576

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, along with non-refundable payment of all required fees. (Select one of the two choices below).

- Dispensary Only Dispensary w/On-Site Cultivation Facility

Please Note: It is the applicant's responsibility to know and understand the requirements of state law and Marysville ordinances governing the legal conduct of medical marijuana businesses, and the established procedures for seeking a license to operate a medical marijuana dispensary within the city limits of Marysville. The City accepts no responsibility for applications which are incomplete, inaccurate or late. The City reserves the right to allow applicants to correct deficiencies in applications found and re-submitted BEFORE the application deadline. Applicants are advised that application fees are non-refundable, even if an application is disqualified as incomplete or for other deficiencies. 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 the City of Marysville webpage: www.marysville.ca.us

Phase II

Section B: Medical Marijuana Dispensary Business Organization Status

- B1. Describe the Medical Marijuana Dispensary organizational status (sole proprietorship, corporation, etc.)

- Attached proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by City ordinance and state law. (Check box to indicate that document has been attached.)

Section C: Medical Marijuana Dispensary Business Description and Location

- C1. Statement of Purpose of the Medical Marijuana Dispensary business (a separate sheet may be attached)

- C2. Precise location of proposed business: _____

- C3. Name and address of property owner. _____

- C4. Name and address of school closest to proposed location: _____

- C5. Name and address of existing alcohol related establishment closest to proposed location.

- C6. Description of neighborhood around the proposed location (surrounding uses, nearby sensitive uses such as schools, churches, parks, daycares, or libraries), transit access to site, etc. A separate sheet may be attached.

- C7. Site plan (attach to application) must be dimensioned and show the entire parcel including parking and additional structures. If any exterior alterations are proposed for the existing building, also attach proposed site plans and elevations. You must also include the Assessor's Parcel Number (APN#) of the proposed property.
- C8. Floor Plans (attach to application). If any interior alterations are proposed for an existing building, also attach proposed floor plans.
- C9. Signage Plan (attach to application).
- C10. Vicinity Map (attach to application).
- C11. Photos of the site and building(s) (attach to application).

Section D: Required Supplemental Information

The information listed below is required for this application to be considered complete. Attach the following reports to the application. For clarification about the information required, see the document "Application Procedure" and Ordinance Nos. 1380, 1381 and 1384, and Section 5.10.200 (Regulations).

- Business Plan
- Neighborhood Compatibility Plan
- Safety and Security Plan

Phase III

Section E: Final Location Information

Only one site per application can be considered at this point. Attach proof of ownership of the site OR a notarized, signed statement from the property owner.

Section F: Essential Supplemental Information

The following information is required and must be submitted as part of meeting the requirements for a completed application. Check the box indicating that you have read the Description of Evaluation Criteria related to these specific categories in the document “*Application Procedures to Operate a Medical Marijuana Dispensary in Marysville*” and attach the corresponding reports to this application.

- Enhanced Product Safety
- Environmental Benefits
- Community Benefits
- Labor and Employment
- Local Enterprise
- Qualifications of Principals

Section G: Applicant’s Certification

Under penalty of perjury, I declare that I have personal knowledge of the information stated in this application and that the information contained herein is true, correct and complete. I also understand that the information provided in connection with this application, except the Safety and Security Plan in Section D, is public information subject to disclosure upon request. By submitting this application, I certify that I have read and understand the requirements of the application process and that I may be disqualified for failure to meet the requirements of state law or City ordinance, or for incomplete, late or inaccurate applications/attachments, and that all fees paid in connection with this application are non-refundable.

Signature of Applicant _____

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

CITY USE ONLY

Date of initial application _____ Number assigned to application

Date fee received for Phase II _____

Date application reviewed for Phase II _____

Points Awarded in Phase II _____

Continued to Phase III Rejected


Date fee received for Phase III _____

Date Proof of Ownership was verified or a signed statement from the property owner was received for Phase III:

Date application reviewed for Phase III: _____

Points Awarded in Phase III _____

Continued to Phase IV Rejected


Date fee received for Phase IV _____