



City of Marysville

COMMUNITY DEVELOPMENT & SERVICES DEPARTMENT | 526 C STREET MARYSVILLE, CA. 95901

MEDICAL MARIJUANA DISPENSARY LICENSE APPLICATION GUIDELINES

Applications for Medical Marijuana Dispensary License may be submitted in person at:

**Community Development & Services Department
526 C Street
Marysville, Ca. 95901**

All applications for Medical Marijuana Dispensary Licenses require a Conditional Use Permit (CUP) application number and Zoning Verification Letter. Medical Marijuana Dispensary License(s) will not be issued until after the final approval of the CUP.

SUBMISSIONS CHECKLIST

For the purposes of these guidelines, an application is considered **COMPLETE**, if it contains **ALL** items in the following checklist:

- Completed application packet, which includes:
 - Medical Marijuana Dispensary License Application
 - Criminal History/Background Check Forms to be completed by **ALL** interested parties (forms are available and to be completed in person at Police Department)
 - Review MMC 5.10.060 for background check requirements
- Conditional Use Permit Application Number
- (2) Passport Quality Photos of each Principal / Co-Principal
- Photocopy of Social Security Card of each Principal
- Photocopy of Driver's License of each Principal
- Medical Marijuana Dispensary Performance Agreement
 - Detailed time-line /Benchmarks / Performance Measures
- Neighborhood Responsibility Plan
- Proof of Non-Profit Status

- Business Operations Plan
 - Business Plan
 - Community Relations / Benefits Plan
 - Insurance
 - Tax Compliance
 - Budget
 - Price List

- Floor Plan

- Site Plan

- Security Plan

- Water Efficiency Plan (if Cultivation is on site)

- Lighting Plan (if Cultivation is on site)

- Odor Control Plan (if Cultivation is on site)

- Energy Efficiency Plan

- Owner's Statement of Consent

- **Non-refundable** Application Fees

If an application is incomplete, it will be returned to the applicant. Resubmitted applications will be processed according to the date it was resubmitted, and not on the original date of submission.

Applicants are encouraged to review information regarding the Medical Marijuana Dispensary Application process in the packets provided.

- Local regulations governing Marysville Medical Marijuana Dispensaries: Chapter 5.10 of Marysville Municipal Code and Marysville Ordinance No. 1404
- City of Marysville Zoning Ordinance Chapter 18.67.030 MMC

LICENSE TERM

A Medical Marijuana Dispensary License is valid for one (1) year from the date that the license is issued, unless suspended or revoked sooner. The guidelines specified above also apply to applications for license renewals.

DEADLINE FOR SUBMISSION & APPLICATION FEE

The application process for a license to operate a Medical Marijuana Dispensary in Marysville will open on **Wednesday June 20, 2018** and will be available at the Community Development and Services Department beginning at 9:00 a.m. All final applications **MUST** be submitted by 4:00 p.m. on **Monday August 20, 2018** at the Community Development and Services Department located at 526 C Street, Marysville Ca. 95901. Non-Refundable Application fees of **\$10,000** are due at the time applications are submitted. All payments must be made by certified check, cashier's check or money order made payable to the City of Marysville. No personal checks will be accepted.

ZONING REQUIREMENTS

Applicants will be required to obtain a "Zoning Verification Letter" from the Community Development and Services Department in order to ensure that the location for a dispensary the applicant proposes meets locational requirements per MMC 18.67.030 as part of the application process. A request for a "Zoning Verification Letter" requires a written request to the Community Development and Services Department and may not be completed over the counter since it may require additional research and a field site visit of the proposed location. The review process typically takes seven (7) working days. Please note that an issuance of a Zoning Verification Letter does not mean the written evidence of permission given by the City of Marysville or any of its officials to operate a Medical Marijuana Dispensary, nor does it mean "permit" within the meaning of the Permit Streamlining Act, nor does it constitute an entitlement under the Zoning or Building Code or Chapter 18.67.030. A regulatory permit for the purpose of regulating a Medical Marijuana Dispensary does not constitute a permit that runs with the land on which the Medical Marijuana Dispensary is situated unless a Conditional Use Permit has also been authorized by the City for this specific purpose.

APPLICATION REVIEW PROCESS

Once the application process is closed, the Cannabis Review Committee will review and evaluate each of the applications submitted. Applicants will be evaluated by the accuracy and depth of information submitted in the application. The Cannabis Review Committee may schedule an interview with applicants to seek additional information.

The Cannabis Review Committee will award the available license to the top applicant. The top applicant selected by the Cannabis Review Committee should be prepared to attend a City Council meeting in Marysville in order to provide a public presentation before the Mayor and City Council introducing their team and providing an overview of their proposal.

All applicants submitting an application for a Medical Marijuana Dispensary License understand that **only (1) one Medical Marijuana Dispensary License is available.**



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MEDICAL MARIJUANA DISPENSARY LICENSE APPLICATION

New Application Renewal Transfer of Location

Dispensary Only Dispensary W/Cultivation on Site

All interested parties must also pay a non-refundable fingerprinting fee of \$83.00 per person and a Conditional Use Permit fee of \$550. As approved in the Marysville Fee Schedule (06-14-2018).

A. Information on Proposed Location of Medical Marijuana Dispensary

Dispensary Site / Business Name: _____

Property Location: _____

Assessor Parcel Number: _____ Zoning Designation: _____

Characteristics of the neighborhood or surrounding area:

B. Principal Background Information

Principal 1 Name: _____

Title: _____ DOB: _____

Name of Business Entity: _____

Mailing Address: _____

Primary Phone No: _____ Alt. Phone No. _____

Email address: _____

Principal Signature: _____ Date: _____

Preferred method of contact (check one): Mail Phone Email _____

C. Co-Principal Background Information

Name: _____

Title: _____ DOB: _____

Mailing Address: _____

Primary Phone No: _____ Alt. PhoneNo. _____

Email address: _____

Co- Principal Signature _____ Date _____

Preferred Method of Contact (Check one) Mail ___ Phone ___ Email _____

Please attach additional sheets if there are more than 2 co-principals

D. Information on Property Owner or Landlord

Name: _____

Mailing Address: _____

Telephone Number: _____

If the applicant is not the legal owner of the property, the application must be accompanied by a notarized Owner's Statement of Consent to operate a Medical Marijuana Dispensary on the property.

E. Conditional Use Permit

Conditional Use Permit Application Number: _____

Final Notice of Decision received: Yes _____ No _____

(If Final Notice of Decision has been received, please attach a copy with application)

F. Required Submissions

Please attach the following documents to your application.

Proof of Non-Profit Status: A description of the statutory entity or business form that will serve as the legal structure for the applicant and a copy of its formation and organizing documents, including but not limited to articles of incorporation, certificate of amendment, statement of information, articles of association, bylaws, partnership agreement, operating agreement, and fictitious business name statement.

- Security Plan:** A detailed security plan outlining the measures that will be taken to ensure the safety of persons and property on the cultivation site. The security plan must be prepared by a qualified professional. Refer to 5.10.200 MMC for requirements
- Neighborhood Responsibility Plan:** Address how the Medical Marijuana Dispensary will be managed, including its exterior areas and surrounding public areas, to avoid becoming a nuisance of having adverse impacts on its neighbors and the surrounding community. Specifically, how you will contribute to the surrounding community.
- Medical Marijuana Dispensary Performance Agreement:** A detailed plan outlining a schedule for beginning operation, including a narrative outlining any proposed construction and/or improvements and a timeline for completion showing major milestones.
- Floor Plan:** A scaled floor plan for each level of each building that makes up the dispensary location, including the entrances, exits, walls and cultivation areas if applicable. The floor plan must be professionally prepared by a licensed civil engineer or architect.
- Site Plan:** A scaled site plan of the dispensary location, including all buildings, structures, driveways, parking lots, landscape areas and boundaries. The site plan must be professionally prepared by a licensed civil engineer or architect.
- Lighting Plan:** A detailed lighting plan showing existing and proposed exterior and interior lights that will provide adequate security lighting for the dispensary location.
- Water Efficiency Plan:** A detailed plan describing how the cultivation site will conform to all design guidelines, promote water conservation, and avoid or minimize any potential adverse environmental effects of operating a cultivation site. (Applies to Dispensaries with Cultivation on site only)
- Odor Control Plan:** A detailed plan describing how the applicant will prevent all odors generated from the cultivation and storage of marijuana from escaping from the buildings on the cultivation site, such that the odor cannot be detected by a reasonable person of normal sensitivity outside the buildings.
- Energy Efficiency Plan:** Documentation that the applicant has contacted PG&E for help finding the best way to provide reliable and efficient energy solutions for their business. The applicant must provide the date they contacted PG&E and the name of the PG&E representative.
- Business Operations Plan**
 - **Business Plan:** A plan describing how the medical marijuana dispensary will operate in accordance with this code, state law, and other applicable regulations.
 - **Community Relations Plan:** A plan describing who is designated as being responsible for outreach and communication with the surrounding community, including the neighborhood and businesses, and how the designee can be contacted.

- **Tax Compliance:** A current copy of the applicant's state sales tax seller's permit and the applicant's most recent year's financial statement and tax returns.
 - **Insurance:** The applicant's certificate of commercial general liability insurance and endorsements and certificates of all other insurance related to the operation of the dispensary.
 - **Budget:** A copy of the applicant's most recent annual budget for operations(if available).
 - **Price List:** A list of the most recent prices for all products and services provided by the applicant.
- Statement of Owner's Consent:** A notarized written consent form signed by the owner or the landlord of the proposed site to operate a medical marijuana dispensary specifying the street address and parcel number.
- Conditional Use Permit:** A conditional use permit application must be completed and filed with the Community Development & Services Department. Once filed, a Conditional Use Permit number will be assigned to the application. This CUP number is required for page 2 of this application. Once the deadline has closed and the top applicant has been chosen by the Cannabis Review Committee, at that time the Conditional Use Permit for that applicant will be forwarded to the Planning Commission for review. Once reviewed by the Planning Commission, it application will be presented to the City Council for final approval. (If in the event a Conditional Use Permit is already issued for a location at the time of application, applicants must submit a verified copy of the authorized CUP and provide the CUP application number.

H. 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.

I. Indemnification

- I, the applicant, release the City of Marysville, its agents, officers, elected officials, and employees from any and all claims, injuries, damages, or liabilities of any kind arising from (a) any repeal or amendment of chapter 5.10 of the Marysville Municipal Code or any provision of other codes relating to medical marijuana dispensaries and cultivation, and (b) any arrest or prosecution of the applicant or its managers, employees, or members for violation of state or federal laws; and I will defend, indemnify, and hold harmless the city and its agents, officers, elected officials, and employees from and against any and all claims or actions: (a) brought by adjacent or nearby property owners or any other parties for any damages, injuries, or other liabilities of any kind arising from operations at the dispensary location, and (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of medical marijuana produced at the location.

J. Applicant's Certification

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, with exception to the safety and security plan is subject to disclosure under the Public Records Act.



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MEDICAL MARIJUANA DISPENSARY LICENSE 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 medical marijuana dispensary license. This form must be notarized.

To: City of Marysville
Community Services & Development Department
526 C Street
Marysville, Ca. 95901

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

Applicant: _____ Phone: _____

Mailing Address: _____

to operate a medical marijuana dispensary on the property described below.

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: _____