



City of Greenfield

Community Development Department – Planning Division
599 El Camino Real, Greenfield, CA 93927
Tel: (831) 304-0333 | Fax: (831) 674-3149
www.ci.greenfield.ca.us

OFFICE USE ONLY	
Application No:	

APPLICATION for COMMERCIAL CANNABIS REGULATORY PERMIT

PERMIT TYPE: Adult-Use Medicinal Only

CANNABIS TYPE: Please select from the categories for which you are applying for **Cannabis Facilities Regulatory Permit Applications**. A separate application must be completed for each category type in which you are submitting for consideration along with a separate fee.

- Cultivation <10,001 s.f. Cultivation >10,001 s.f. Distribution – Independent Distribution – Affiliated with Another Permittee(s)
- Manufacturing Retail / Dispensary Testing

SECTION I: BUSINESS / LOCATION INFORMATION:			
Proposed Business Address:			
Assessor's Parcel No.		Zoning Code Designation:	
Business Name:			
Business DBA:			
Seller's Permit No.:			
Use Permit Approval Date:		Dev. Agreement Approval Date:	
Onsite Community Relations Name:		Phone Number (Onsite Relations):	
School Name: (Closest School to Proposed Location)			
Mailing Address:			
	City:	State:	Postal Code:

SECTION II: APPLICANT INFORMATION			
Primary Business Owner Name:			
Title:			
Mailing Address:			
	City:	State:	Postal Code:
Phone Number:		Email:	
Operational Manager Name:			
Mailing Address:			
	City:	State:	Postal Code:
Phone Number:		Email:	

SEC III: APPLICANT DECLARATIONS

I/We declare that I/we have read the complete application and know the contents herein.

I/We agree to reimburse the City of Greenfield for all costs and expenses incurred by the City in processing this application, issuing a permit or permits, and implementing and administering the medical cannabis regulatory permit program authorized under chapter 5.28 of the City of Greenfield municipal code.

I/We agree, to the extent allowed by law, give preference in employee hiring to residents of the City of Greenfield.

[For medical cannabis testing facility regulatory permit applications only]: I/We will not hold a regulatory permit for any other medical cannabis facility, will not own or have an ownership interest in any such facility or operation, and will not employ any individual who is also employed by any other medical cannabis facility or operation that does not hold a medical cannabis testing facility regulatory permit.

I/We understand that the information provided in this application, except the security plan, business plan, and certain confidential information such as driver's license and social security numbers, home addresses, and personal and business financial information, which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

I/We authorize the City Manager or designee to seek verification of the information contained within this application, including, but not limited to, a criminal history investigation with the California Department of Justice and any other law enforcement agencies.

I/We declare under penalty of perjury that the information contained in this application is true and correct to the best of my/our knowledge.

Dated: _____ at _____, California.

Owner's Name (Print or Type)	Owner's Signature
Applicant's Name (Print or Type)	Applicant's Signature

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Cannabis Facility in Greenfield, Ordinance No. 515 and additional requirements in order to complete the application process. All these documents can be found on the City of Greenfield website: www.ci.greenfield.ca.us.