



**Commercial Cannabis Activity Regulatory Permit Application for
All Business Types**

(Coachella Municipal Code Chapter 5.68 & 5.69)

CRP Number: _____ Date : _____
(To be filled out by City)

Application Information

Name of Business: _____ (DBA)

Name of Company: _____ (Corporate Name)

Applicant Entity Structure: Corporation
 Unincorporated Association
 Other (describe): _____

(Please submit copies of formation and organization documents, including articles of incorporation, certificate of amendment, statement of information, articles of association, bylaws, partnership agreements and fictitious business name statement.)

License Type: Cultivation
 Manufacturing
 Distribution
 Retail
 Microbusiness
 Non Storefront Retail
 Other (describe): _____

List all licenses or permits (including license/permit numbers) held by applicant that involve commercial cannabis activity, date issued, and jurisdiction or issuing authority:

Physical Address/Property Information

Facility Address: _____

Assessor's Parcel Number (APN): _____

Zip Code: _____

CUP Number: _____

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Diagram of the premises: (This includes a complete and detailed diagram of the premises showing the boundaries of the property and the proposed premises to be permitted, showing all boundaries, dimensions, entrances and exits, interior partitions, walls, rooms, windows, doorways, and common or shared entryways, storage areas and exterior lighting. The diagram must show the areas in which all commercial cannabis activity will take place, including but not limited to, limited-access areas.) PLEASE ATTACH

Security Plan: Please attach a detailed security plan that meets all the guidelines articulated in Coachella Code of Ordinances Sec 5.68.040(N).

Odor Control Plan: Please attach an odor control plan that describes the air treatment system or other methods that will be implemented to prevent odors generated by the commercial cannabis activity from being detected outside the building(s) on the premises.

Business Operations Plan: Please attach a comprehensive business operations plan that meets all the guidelines articulated in Coachella Code of Ordinances Sec 5.68.040(P).

State License Application and Active License: Please attach a full and complete copy of applicants most current application and/or active state license for the operation.

Primary Contact

Contact Person (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Mobile: _____

Email: _____

Please attach a photocopy of ID (copy of driver's license, passport, or permanent resident card)

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Applicant Disclosure

Interested Parties:

(defined in 5.68.150 as persons with at least 10 percent interest in the commercial cannabis activity, Partners, Officers, Directors, Stockholders, of every corp., LLC or general or limited partnership that owns at least 10 percent of the stock, capital, profits, voting rights or membership interest, managers, and staff)

Interested Party (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Mobile: _____

Email: _____

Interested Party (please print): _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Mobile: _____

Email: _____

Interested Party (please print): _____

Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Mobile: _____

Email: _____

(please attach as many as necessary to be in compliance)

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COACHELLA PROPERTY OWNER/LANDLORD USE DISCLOSURE & AUTHORIZATION FOR A COMMERCIAL CANNABIS FACILITY

I, _____, am the legal owner / landlord / lessor of real property
(Name of Property Owner/Landlord) (Circle Appropriate Term)

located at _____, in Coachella, California.
(Address of the Property, including Suite Number if applicable)

I hereby authorize the Commercial Cannabis Cultivation Facility Applicant entitled
_____, to use this property as a Commercial Cannabis
(Name of Corporation, Individual, or Business)

Cultivation Facility, as that term is defined under Coachella Municipal Code Chapter 5.68.

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____ 20____, Coachella, California.

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE)

On _____, _____ before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____ (seal)

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STATEMENT OF AUTHORIZATION TO INDEMNIFY CITY

Indemnity:

The undersigned, on behalf of _____
(Name of Corporation ("Applicant"))

hereby authorizes and agrees to indemnify the City of Coachella (the "City"), its agents, officers, and employees, to the maximum extent permitted by law, as such may be amended from time to time, and to defend at its sole expense, any and all action against the City, its agents, officers, and employees because of any and all issues relating to the approval of said commercial cannabis facility and related Ordinance(s) in the City.

Reimbursements:

The undersigned, on behalf of _____
(Name of Corporation ("Applicant"))

also agrees to reimburse the City for any court costs and attorney fees that the City may incur as payment for such action. The City may select any attorney it deems appropriate, in the City's exclusive discretion. Reimbursement of costs and fees, as set forth herein, shall be made payable to the "City of Coachella," within thirty (30) days of written request for same. Failure of Applicant to make payment of reimbursement, as set forth herein, shall be grounds for revocation of permit to operate a commercial cannabis facility in the City.

Counterparts:

This indemnity may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

Declaration of Authorized Agents:

This form MUST be signed by each owner/shareholder or managing member of the applicant. I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that we/I am duly authorized to enter into this Indemnity on behalf of Applicant.

(Signature of Management Member)

(Printed Name & Title)

(Date)

(Signature of Management Member)

(Printed Name & Title)

(Date)

(Signature of Management Member)

(Printed Name & Title)

(Date)

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AUTHORIZATION TO INSURE COACHELLA COMMERCIAL CANNABIS ACTIVITY FACILITY

The undersigned, on behalf of _____,
(Name of Corporation/Applicant)

hereby agrees to carry insurance for the Commercial Cannabis Facility ("Facility") in an amount acceptable to the City of Coachella.

The undersigned, on behalf of _____,
(Name of Corporation/Applicant)

also agrees to name the City of Coachella as an additionally insured on said policy.

This form MUST be signed by each applicant Management Member.

(Signature of Management Member) (Printed Name & Title) (Date)

(Signature of Management Member) (Printed Name & Title) (Date)

(Signature of Management Member) (Printed Name & Title) (Date)

This authorization may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____ 20____, at Coachella California.

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STATEMENT OF AUTHORIZATION TO REIMBURSE THE CITY OF COACHELLA

The undersigned, on behalf of _____,
(Name of Corporation/Applicant)

hereby agrees to fully reimburse the City of Coachella for any and all costs the City of Coachella may incur as a result of the existence of commercial cannabis facilities in the City of Coachella and the implementation of Coachella Municipal Code Chapter 5.68.

The undersigned, on behalf of _____,
(Name of Corporation/Applicant)

also agrees to provide the City with revenue to offset the potential deleterious effects of the location of the Commercial Cannabis Facility.

This form MUST be signed by each applicant Management Member.

(Signature of Management Member)

(Printed Name & Title)

(Date)

(Signature of Management Member)

(Printed Name & Title)

(Date)

(Signature of Management Member)

(Printed Name & Title)

(Date)

This statement may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____ 20____, at Coachella California.

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COMMERCIAL CANNABIS ACTIVITY REGULATORY PERMIT = SUBMITTAL REQUIREMENTS CHECKLIST =

- Please complete EVERY page of the application.
- Copies of Corporate Formation Documents _____
- Copies of Conditional Use Authorization and Development Agreement _____
- Diagram of the Premises _____
- Security Plan _____
- Odor Control Plan _____
- Business Operations Plan _____
- State License Applications and Active Licenses _____
- Copy of ID for Primary Contact _____
- Third Party Background check, Applicants and Operators _____
- Filing Fee - \$2,500 (Not including LiveScan fees) _____

APPLICANT / LICENSEE QUESTIONNAIRE

Completion of the below general information and demographic questionnaire is completely voluntary. The data gathered will only be used for reporting purposes as required by Provision 5(d) of the Budget Act of 2019, 1111-490 Reappropriation and Section 26244(c) of the California Cannabis Equity Act of 2018.

Note on the Demographic Questionnaire: For applicants and licensees that are business entities with multiple owners, responses to the demographic survey should include all options that represent each owner of the entity. An owner can include individuals with ownership interest such as officers, directors, managing members, or general partners.

Applicant/Licensee Name (Legal business name if a business entity)	
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GENERAL INFORMATION

For the purposes of this section, “You” and “I” apply to both individual applicants and licensees as well as applicants and licensees that are business entities.

<p>1. Have you been issued a permit by the local jurisdiction or have a pending application for a permit to conduct commercial cannabis activity? (Please check only one)</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Yes, I have been issued a permit or applied for a permit from the local jurisdiction. <input type="checkbox"/> No, I have not been issued a permit and have not applied for a permit from the local jurisdiction. </p>						
<p>2. Please select all the commercial cannabis activities for which you have received a permit or have a pending application. (Select all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding-left: 40px;"><input type="checkbox"/> Cultivation</td> <td style="width: 50%; padding-left: 40px;"><input type="checkbox"/> Retail (Storefront and Delivery)</td> </tr> <tr> <td style="padding-left: 40px;"><input type="checkbox"/> Manufacturing</td> <td style="padding-left: 40px;"><input type="checkbox"/> Retail (Delivery Only)</td> </tr> <tr> <td style="padding-left: 40px;"><input type="checkbox"/> Distribution</td> <td style="padding-left: 40px;"><input type="checkbox"/> Testing Laboratory</td> </tr> </table>	<input type="checkbox"/> Cultivation	<input type="checkbox"/> Retail (Storefront and Delivery)	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail (Delivery Only)	<input type="checkbox"/> Distribution	<input type="checkbox"/> Testing Laboratory
<input type="checkbox"/> Cultivation	<input type="checkbox"/> Retail (Storefront and Delivery)					
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail (Delivery Only)					
<input type="checkbox"/> Distribution	<input type="checkbox"/> Testing Laboratory					
<p>3. Do you qualify as an equity applicant or equity licensee under the local jurisdiction’s cannabis equity program? (Please check only one)</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Yes, I qualify as an equity applicant or equity licensee under the local jurisdiction’s cannabis equity program <input type="checkbox"/> No, I do not qualify as an equity applicant or equity licensee under the local jurisdiction’s cannabis equity program </p>						

PLEASE CONTINUE TO THE FOLLOWING PAGE FOR DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

Note for applicants and licensees that are business entities with multiple owners: If the applicant or licensee is a business entity with more than one owner, select all demographic options that represent each owner of the entity.

1. Age

Please select the appropriate age range.

Under 21 21 - 39 40 - 69 70 and Over Decline to State

2. Race and Ethnicity

Please check all that apply.

- American Indian or Alaska Native
 Asian
 Black/African American
 Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White/Caucasian
 Not Listed (Please specify): _____
 Decline to State

3. Gender

Please check all that apply.

- Male/Man
 Female/Woman
 Transgender
 Nonbinary
 Not Listed (Please specify): _____
 Decline to State

4. Sexual Orientation

Please check all that apply:

- Bisexual
 Heterosexual/Straight
 Homosexual/Gay
 Pansexual
 Not Listed (Please specify): _____
 Decline to State

5. Disability

A person with a disability is an individual who:

- Has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working;
- Has a record or history of such impairment or medical condition; or
- Is regarded as having such an impairment or medical condition

Please select one of the following:

Yes, I have a disability / One or more owners of the business entity has a disability

No, I do not have a disability / None of the owners of the business entity has a disability

Decline to State

6. Income Level

Please select the category that contains your annual income. Applicants and licensees that are business entities, please select the average annual income for all owners:

Less than \$20,000 Annually

\$20,000 - \$39,999 Annually

\$40,000 - \$59,999 Annually

\$60,000 - \$79,999 Annually

\$80,000 - \$100,000 Annually

More than \$100,000 Annually

Decline to State

7. Prior Convictions

For the purposes of this section, “immediate family” refers to first degree family members such as parents, siblings, spouses, and children.

Have you, or any member of your immediate family, been convicted of any cannabis-related charges? For business entities with more than one owner, have one or more owners been convicted, or have immediate family members that have been convicted, of any cannabis-related charges?

Yes

No

Decline to State

Have you, or any member of your immediate family, been incarcerated for any cannabis-related charges? For business entities with more than one owner, have one or more owners been incarcerated, or have immediate family members that have been incarcerated, for any cannabis-related charges?

Yes

No

Decline to State

8. Military Service

Are you currently serving or have served in the United States military? For business entities with more than one owner, are one or more owners currently serving or have served in the United States military?

Yes, I am currently serving or have served in the military / One or more owners are currently serving or have served in the military

No, I have never served in the military / None of the owners have served in the military

Decline to State