



# COUNTY OF INYO

COUNTY COMMERCIAL CANNABIS PERMITTING OFFICE

207 WEST SOUTH STREET  
BISHOP, CA 93514  
760.873.7860

## COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION SCORING SHEET

Application Version:	
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Revised Application
Business Name:	Date Received:

### Section 1 – License Type and Status

Complete       Incomplete

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 2 – Contact Information

Complete       Incomplete

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section 3 – Location Information and Zoning Conformity

Complete       Incomplete

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Sections 4 – 9 Scoring

	Section 4	Section 5	Section 6	Section 7	Section 8	Section 9	Total Application Score
<b>Review Panel Scoring</b>							
<b>Weight Assigned to Section</b>							<b>Grand Total Application Score</b>
<b>Score After Section Weighting</b>							

\*The weight of each section may be determined by Board of Supervisors in open session, independent and without knowledge of the scoring criteria assigned to each application.

**COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION SCORING SHEET (CONTINUED)**

The following sections will be scored on merit and when applicable, relative to other applicants for the same license type(s) in the same zones. Each question will have a point value range listed, with higher scores assigned to better responses.

SECTION 4 – SECURITY PLAN

**Application questions include the following:**

Attach your security plan to this application as “Attachment 4”. Provide, at a minimum, information that will answer the following:

1. Describe any video surveillance system(s) that will be used on site and specify the manufacturer and model of each. Also include what areas will be under this surveillance and length of time that recordings will be archived and available, and any other pertinent information.
2. Describe any alarm systems that you intend to use including manufacturer, model, and service provider if applicable.
3. Describe how cash on premises will be secured.
4. Describe any security fencing or other perimeter security methods that will be used on site including dimensions and materials used.
5. If any security personnel are to be used, explain how personnel are to be used and include number of personnel and how personnel will be trained/certified. If security is provided by a contractor, include name and contact information for the company.
6. Describe facility lighting and explain how it will help provide security, taking into account maintaining consistency with Inyo County General Plan requirements for lighting.
7. Describe any other security measures not covered by the previous sections.

<b>Section 4 – Security Plan</b>	<b>Point Value</b>	<b>Points Assigned</b>
1. Surveillance system adequacy (Sheriff)	0-25	
2. Alarm system adequacy (Sheriff)	0-25	
3. Cash security (Sheriff)	0-25	
4. Perimeter/security fencing adequacy (Sheriff)	0-25	
5. Security personnel use and training (Sheriff)	0-25	
6. Security lighting adequacy (Sheriff)	0-25	
7. Additional security measures (Sheriff)	0-25	
<b>TOTAL</b>	<b>0-175</b>	

Notes:

SECTION 5 – OPERATIONS PLAN

**Application questions include the following:**

Attach your operations plan to this application as “Attachment 5”. Provide, at a minimum, information that will answer the following:

1. Description of products and/or services to be provided.
2. If any improvements other construction are proposed, describe this activity and identify the type of permits needed.
3. Describe the measures/equipment/software your business will use to ensure California Track and Trace System compliance.
4. Provide a detailed list of any toxic or flammable materials, pesticides, fertilizers or other materials that may be used by the business. Also describe how these materials will be stored to maintain security or safety. Attach any applicable permits.
5. Provide a detailed description of how cannabis waste will be disposed of including but not limited to organic waste produced by cultivation and harvesting activities, manufacturing waste, or waste produced by retail establishments that contain, or have contained, cannabis and/or cannabis products.
6. List equipment that will be used to measure or weight cannabis products for sale. If weighmaster laws apply to your business, indicate how you will conform to state laws and regulations.
7. Will cannabis food products be produced on site? If so, explain how this will occur and with what equipment.
8. Provide a three year pro-forma statement.

Section 5 – Operations Plan	Point Value	Points Assigned
1. Adequacy of improvements and permit status	0-40	
2. Track and Trace compliance system adequacy	0-40	
3. Hazardous materials (EH and Ag)	0-40	
4. Storage safety and security (EH and Ag)	0-40	
5. Waste disposal plan adequacy (EH and Ag)	0-40	
6. Adequacy of weights & measures equipment and practices	0-40	
7. Adequacy of equipment to proposed activity	0-40	
<input type="checkbox"/> Pro Forma Included <span style="float: right;">TOTAL</span>	0-280	

Notes:

SECTION 6 - CULTIVATION PLAN

**Application questions include the following:**

Attach your cultivation plan to this application as "Attachment 6". Provide, at a minimum, information that will answer the following:

1. Provide a detailed description of the existing land use and surrounding land uses (e.g. residential, commercial, agriculture crop production, vacant land, rangeland, etc.).
2. Describe how pest management will be conducted including if pesticides will be used and if employees will be using pesticides.
3. Describe how crops will be fertilized and the products to be used for this process.
4. Describe any processing that will occur on site, including but not limited to, trimming, drying, curing or grading.

<b>Section 6 – Cultivation Plan (only applicable for cultivation license type)</b>	<b>Point Value</b>	<b>Points Assigned</b>
1. Surrounding land use compatibility	0-60	
2. Pest management plan adequacy	0-30	
3. Fertilizer plan adequacy	0-30	
4. Adequacy of processing equipment and facilities	0-30	
5. Overall plan adequacy	0-60	
TOTAL	0-210	

Notes:

SECTION 7 – COMMUNITY IMPACT MITIGATION MEASURES

**Application questions include the following:**

To complete this section attach your community impact mitigation plan to this application as “Attachment 7”. Provide, at a minimum, information that will answer the following:

1. Describe any measures you intend to implement that would avoid impacts to fire and law enforcement agencies and reduce callouts from these entities.
2. Explain what your business intends to do to minimize other types of impacts on surrounding communities.
3. Describe any arrangements or agreements reached with local agencies, service districts, nongovernmental groups, or other community related groups to minimize impacts to the local community. Attach copies of any agreements. If no written agreement exists, indicate what benefits you are committing to provide.

<b>Section 7 – Community Impact Mitigation Measures</b>	<b>Point Value</b>	<b>Points Assigned</b>
1. Measures to avoid impacts to fire and law enforcement	0-60	
2. Measures to reduce other impacts to surrounding communities	0-60	
3. Agency agreements or statement of commitments business would agree to	0-60	
TOTAL	0-180	

Notes:

SECTION 8 – ENVIRONMENTAL CONSIDERATIONS

**Application questions include the following:**

Attach an overview covering environmental considerations to this application as “Attachment 8”. Provide, at a minimum, information that will answer the following:

1. Provide a detailed description of where water will be sourced (e.g. well, stream diversion, public water system) and attach any application or permit required by the California State Water Resources Control Board, Groundwater Sustainability Agency, County Environmental Health Department, Community Service District, etc. Also indicate if recycled water will be used by the proposed business and how it will be used.
2. Provide a detailed description of how any wastewater produced will be disposed of, including manufacturing runoff and sewage.
3. Provide a detailed description of outdoor lighting or other lighting visible to the outside of the business property and what measures will be taken to minimize impact on the public. Also describe how these measures will meet Inyo County General Plan requirements.
4. Provide a detailed description of ventilation systems used to prevent cannabis odors or control toxic fumes both indoor and outdoor related to the business operations, if any.
5. Provide a detailed description any dust mitigation that will be implemented on the business site, if any.
6. Provide a detailed description any noise mitigation that will be implemented on the business site, if any.

<b>Section 8 – Environmental Considerations</b>	Point Value	Points Assigned
1. Water source status and feasibility (EH)	0-60	
2. Wastewater management adequacy (EH)	0-60	
3. Outdoor lighting consistency with general plan and any dark skies mitigation	0-60	
4. Odor control and ventilation systems	0-60	
5. Dust control plan adequacy	0-60	
6. Noise mitigation plan adequacy	0-60	
<b>TOTAL</b>	<b>0-360</b>	

Notes:

SECTION 9 – COMMUNITY BENEFIT PLAN

**Application questions include the following:**

Attach your Community Benefit Plan to this application as “Attachment 9”. The Plan must provide, at a minimum, information that will answer the following:

1. Provide a detailed description of any community benefit plan including but not limited to support of school-related and community-based organizations. Attach any documentation that can be used to substantiate community benefit.
2. Describe your strategies to recruit and hire local employees.
3. Provide a complete list of jobs anticipated to be created by the proposed business, including number of jobs to be created, wage to be paid for each job classification, and a short description of these positions using the following table. Attach additional copies if needed.

<b>Section 9 – Community Benefit Plan</b>	<b>Point Value</b>	<b>Points Assigned</b>
1. Strength of community benefit plan	0-230	
2. Local hiring plan/strategies	0-60	
3. Wage comparison	0-60	
4. Local applicant (based on live scan residence address, ownership percentage)	0-30	
TOTAL	0-380	

Notes: