



COUNTY OF INYO

COUNTY COMMERCIAL CANNABIS PERMITTING OFFICE

207 WEST SOUTH STREET
 BISHOP, CA 93514
 760.873.7860

COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION

SECTION 1 – LICENSE TYPE AND STATUS

Indicate License Version:			
<input type="checkbox"/> Initial Application		<input type="checkbox"/> Revised Application	
Have you applied for an Inyo County conditional use permit for your business property?		Have you applied for a California commercial cannabis license?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business license type (check one, unless microbusiness is checked):			
<input type="checkbox"/> Cultivation (5,000 ft ² or less)	<input type="checkbox"/> Non-Storefront Retailer		
<input type="checkbox"/> Cultivation (greater than 5,000 ft ²)	<input type="checkbox"/> Testing Laboratory		
<input type="checkbox"/> Manufacturing Level 1 (non-volatile extraction/infusion, etc.)	<input type="checkbox"/> Retailer (If checked, do you plan to make deliveries? <input type="checkbox"/> Yes / <input type="checkbox"/> No)		
<input type="checkbox"/> Manufacturing Level 2 (volatile extraction)	<input type="checkbox"/> Distributor		
	<input type="checkbox"/> Microbusiness (check all activities that apply)		
License category(ies)			
<input type="checkbox"/> Medical		<input type="checkbox"/> Adult-use	
Indicate county licensing zone where proposed business will be located:			
<input type="checkbox"/> 1	<input type="checkbox"/> 5A	<input type="checkbox"/> 5E	
<input type="checkbox"/> 2		<input type="checkbox"/> 5F	
	<input type="checkbox"/> 5C	<input type="checkbox"/> 5G	
<input type="checkbox"/> 4	<input type="checkbox"/> 5D		

Business Entity Information			
Business Name(D.B.A.)			
Physical Address	City	State	Zip Code
Mailing Address (if different than physical address)	City	State	Zip Code
Emergency Contact Person (available 24 hours)			
Primary Phone Number	Secondary Phone Number	Email Address	
Community Liaison			
Primary Phone Number	Secondary Phone Number	Email Address	

To complete Section 1, attach completed Commercial Cannabis Business Owner/Employee Background Application form(s) to this section as "Attachment 1" and complete live scan background check.

SECTION 2 – CONTACT INFORMATION

Applicant Information

Primary Owner/Applicant Name			Percent Ownership %
Physical Address	City	State	Zip Code
Mailing Address (if different than physical address)	City	State	Zip Code
Primary Phone Number	Secondary Phone Number	Email Address	
List assessor parcel numbers of any real estate owned in Inyo County		Are you delinquent on any property taxes in Inyo County? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Other Owner Information

Name			Percent Ownership %
Mailing Address	City	State	Zip Code
List assessor parcel numbers of any real estate owned in Inyo County		Are you delinquent on any property taxes in Inyo County? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name			Percent Ownership %
Mailing Address	City	State	Zip Code
List assessor parcel numbers of any real estate owned in Inyo County		Are you delinquent on any property taxes in Inyo County? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name			Percent Ownership %
Mailing Address	City	State	Zip Code
List assessor parcel numbers of any real estate owned in Inyo County		Are you delinquent on any property taxes in Inyo County? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name			Percent Ownership %
Mailing Address	City	State	Zip Code
List assessor parcel numbers of any real estate owned in Inyo County		Are you delinquent on any property taxes in Inyo County? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name			Percent Ownership %
Mailing Address	City	State	Zip Code
List assessor parcel numbers of any real estate owned in Inyo County		Are you delinquent on any property taxes in Inyo County? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name			Percent Ownership %
Mailing Address	City	State	Zip Code
List assessor parcel numbers of any real estate owned in Inyo County		Are you delinquent on any property taxes in Inyo County? <input type="checkbox"/> YES <input type="checkbox"/> NO	

If additional owners exist, provide the above information for each additional owner as Attachment 2.

SECTION 3 – LOCATION INFORMATION

Location Information				
Physical Address of Cultivation or Business		City	State	Zip Code
Assessor's Parcel Number	Route or Territory Description (delivery businesses only, attach additional information if needed)			
Name of Property Owner				
Mailing Address of Property Owner		City	State	Zip Code
Name of Lessor (if different than owner)				
Mailing Address of Lessor		City	State	Zip Code
Name of Lessee				
Mailing Address of Lessee		City	State	Zip Code

Property Owner Authorization: The undersigned states that they are the property owner(s) identified in Section 3 above, and herein give authorization for the submission of this commercial cannabis business permit application.

Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date
Signature	Print Name	Date

Attach map, site plan, floorplans of business location and any buildings to application as Attachment 3. The following information MUST be indicated at a minimum, if applicable:

- Outline of parcel to be used for proposed business
- Roads
- Buildings
- Any easements on the property
- Cultivation canopy perimeter and setback measurements
- Hazardous materials storage by type and location
- Areas to be used for cannabis storage, sorting, trimming, cutting, grading, drying and any other processing
- Areas to be used for cannabis waste
- Lighting locations
- Locations pertinent to security such a camera locations, entry points, areas to be patrolled by security and fencing
- Well and septic locations
- Water storage locations
- Stream diversion locations
- Water sources for cannabis cultivation or manufacturing.
- Access points for emergency personnel such as law enforcement and fire
- Natural waterways, wetlands, springs or ponds
- Composting area

SECTION 4 – SECURITY PLAN

(This section will not be made public to the extent legally permissible)

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.

SECTION 5 – OPERATIONS PLAN

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.

Check boxes next to days this business will be open to the public if retail and indicate proposed business operating hours and hours open to the public:						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<hr/> Operating hours	<hr/> Operating hours	<hr/> Operating hours	<hr/> Operating hours	<hr/> Operating hours	<hr/> Operating hours	<hr/> Operating hours
<hr/> Hours open to the public	<hr/> Hours open to the public	<hr/> Hours open to the public	<hr/> Hours open to the public	<hr/> Hours open to the public	<hr/> Hours open to the public	<hr/> Hours open to the public

SECTION 6 – CULTIVATION PLAN

This section to be completed only if applying for cultivation license type. For all other license types, skip to section 7.

Canopy area in square feet of proposed cultivation:	Estimated annual water requirements:
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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.

SECTION 7- COMMUNITY IMPACT MITIGATION MEASURES

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.

SECTION 8 – ENVIRONMENTAL CONSIDERATIONS

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.

SECTION 9 - COMMUNITY BENEFIT PLAN

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.

NOTE: Documentation will be required to demonstrate adherence to the below information upon license renewal.

Job classification/title:	Number of positions anticipated:	Wage (hourly):
Description of expected job duties:		
Job classification/title:	Number of positions anticipated:	Wage (hourly):
Description of expected job duties:		
Job classification/title:	Number of positions anticipated:	Wage (hourly):
Description of expected job duties:		
Job classification/title:	Number of positions anticipated:	Wage (hourly):
Description of expected job duties:		
Job classification/title:	Number of positions anticipated:	Wage (hourly):
Description of expected job duties:		
Job classification/title:	Number of positions anticipated:	Wage (hourly):
Description of expected job duties:		