



## Applicant Information (Individual)

Please fill out information in this section, if applying as an individual.

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First Name	Middle Name	Last Name	Title	Date of Birth (MM/DD/YYYY)	Place of Birth
				<input type="text"/>	
Social Security Number	Or	Individual taxpayer ID			
E-mail Address		Phone Number			
Address 1					
Address 2					
City	State	Zip code			

## Applicant Information (Business Entity)

Please fill out information in this section if applying as an entity.

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Legal Business Name	Fictitious Business Name	Type of Business	
Business Website		Office Phone Number	
Address			
Address 2			
City	State	Zip code	

## Designated Agent for Service of Process

Please identify the business entity's designated agent for service of process.

First Name	Middle Initial	Last Name	Title
Address 1			
Address 2			
City	State	Zip code	
Phone Number	E-mail		

## Operating Information

Please provide information related to the proposed cannabis business structure and operations.

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Proposed Hours of Operation	Provide the name of track and trace system that will be implemented
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### Business formation documents

I have attached the business formation documents (e.g., articles of incorporation, operating agreements, partnership agreements, fictitious business name statements)

### Documents filed with the State

I have attached the documents filed with the State (e.g., articles of organization, articles of incorporation, certificates of stock, certificates of limited partnership, statements of partnership authority)

## Property Owner

Please provide information about the owner(s) of the property where the intended cannabis activities will occur. You may use additional forms for multiple property owners.

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Is the Applicant the owner of the property?

Yes

No

If answered "**NO**" to above question, please enter property owner information

First Name                      Middle Initial                      Last Name                      Title

Legal Business Name                      Fictitious Business Name                      Type of Business

Business Website

Address 1

Address 2

City                      State                      Zip code

Phone Number                      E-mail

Is the primary contact different than the property owner?

Yes

No

If answered "**YES**" to previous question, please enter primary contact information

### Primary Contact for Property Owner

Please designate a single person as the Primary Contact for issues related to the property.

First Name                      Middle Initial                      Last Name                      Title

Address 1

Address 2

City                      State                      Zip code

Phone Number                      E-mail

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## Additional Requirements

Please verify and acknowledge that you are including all of the following attachments as part of your application:

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### Required Documents and Plans Submittal

#### Odor Control and Ventilation Measures

Submit an odor control and ventilation plan which describes the method to be used for odor control. Plans should include any necessary physical improvements to the greenhouse building and the maintenance schedule for the odor control system. Said system shall comply with the provisions of Section 5.148.130(f) of the Ordinance.

I have attached the most up-to-date plans for odor control and ventilation measures

#### Fire Prevention Plan

The fire prevention plan shall show at a minimum, a listing of all Hazardous and Flammable materials, and Knox box locations. Emergency vehicle access and turn-around areas shall be included on the required Property Improvement Plan that complies with the San Mateo County Fire Marshal's requirements.

I have attached of the most up-to-date fire prevention plan

#### Lighting Plans

The external lighting plan shall include a floor plan, manufacturer's cut sheets, and building elevations showing where external security lighting will be placed. If artificial grow lights are proposed, submit an additional separate internal lightning plan. Internal lighting plan should include number and location of fixtures (shown on a floor plan of the subject greenhouse building), power rating and manufacturer's cut sheets. Said lighting plan shall also include provisions for light blocking to prevent light from escaping the greenhouse building at night.

I have attached the most up-to-date lighting plan

#### Waste Management Plan

The submitted waste management plan must address the storing, handling, and disposing of all waste by-products of Cultivation and, at minimum, characterize the anticipated amount and types of waste generated, identify the designated holding area(s) for Cannabis waste (must be shown on required site plan and building floor plans as applicable), and describe the operational measures that are proposed to manage, track/identify, and dispose of Cannabis waste in compliance with County and State standards.

I have attached the most up-to-date waste management plan

#### Energy Plan

The energy plan shall indicate the source of electrical power, estimated power consumption, and proposed energy efficiency measures.

I have attached the most up-to-date energy plan

#### Pest Management Plan

Submit an Integrated Pest Management (IPM) plan detailing methods used for disease and pest management. At minimum, identify preventive measures to prevent introduction of pests onto the growing site, describe the exclusion and monitoring techniques anticipated, and list eradication methods that may be implemented. Include personnel training for safe handling, storage and use of pesticides, with product names and EPA numbers listed that may be used or will be stored onsite.

I have attached the most up-to-date pest management plan

#### Security Plan

Submit a security plan that includes, at minimum, a description of the Applicant's video surveillance system, including camera placement and practices for the maintenance of video surveillance equipment; a description of how the Applicant will ensure that all access points to the Premises will be secured, including the use of security personnel, if any; and a description of the Applicant's security alarm system.

I have attached the most up-to-date-security plan

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#### Property Improvement Plan

Submit a Property Improvement Plan for the existing and proposed site conditions. A checklist of the required items can be found at <http://planning.smcgov.org/commercial-cannabis-cultivation-license>

I have attached the proposed property improvement plan

#### Agricultural Production Protection Plan

If the applicant proposes to displace non-cannabis commercial agricultural production existing as of June 1, 2017, the applicant must provide a plan to relocate such existing agricultural production to another area of the property on a 1:1 ratio as required by Section 5.148.060(f) of the Ordinance.

I have attached the plan to relocate existing agricultural production

#### Proposed Signage

Plan should include diagrams of all Signage and locations. You must include all size, height, colors and general design descriptions.

I have attached the design of the proposed signage at the premises

### Employee Plans

#### Staffing Plan

This plan must include an organizational chart that outlines the position, responsibilities, and reporting or supervisory structure of each employee. Written proof (i.e., California driver's license, California identification card, or certified copy of birth certificate) that all employees are 21 years of age or older is required.

I have attached a complete and detailed staffing plan

#### Local Hiring Plan

I will attest to that I have attached a detailed description and plan for hiring local residents

#### Maximum Number of Employees

#### Labor Peace Agreement (For applicants with 20 or more employees)

I will attest to that I have entered into a labor peace agreement and have attached a copy of the labor peace agreement

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**Application Certifications**

**Indemnification Agreement**

I have attached the executed version of required indemnification agreement

**Licensed Retailer of Alcoholic Beverages or Tobacco Products Confirmation**

I attest that no Owner of the License Applicant is a licensed retailer of alcoholic beverages or tobacco products

**Insurance Declaration**

I have uploaded evidence of compliance with all State insurance requirements

**Surety Bond**

I have provided proof that I have obtained a surety bond in an amount not less than \$35,000 payable to San Mateo County Planning and Building Department

**Pre-Inspection Authorization**

I agree to pre-inspection(s) of the proposed premises by County employees or agents.

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By my signature below, I certify under penalty of perjury under the laws of the State of California that all contents of this application and any attachments are true and correct.

Signature

Date Signed (MM/DD/YYYY)