



**Completed applications must be submitted to
Development Services Department at:**
135 N 'D' Street Perris, CA 92570
Telephone (951) 943-5003

OFFICE USE ONLY	
Case No.	
Application Submittal Date	
Permit Fee	\$13,008.45
Background Application Fee	\$300.00/person
Accepted By	

MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT APPLICATION

Pursuant to City of Perris Ordinance Nos. 1330 and 1339

Upon receipt of a completed application and payment of the application and fee, the Director of Development Services shall investigate the information contained in the application to determine whether the applicant shall be issued the requested permit. The purpose of the review is to ensure that the medical marijuana dispensary will be conducted in a secure, safe and business-like manner consistent with all applicable local and state laws, rules and regulations governing medical marijuana dispensaries, including without limitation the Compassionate Use Act as set forth in California Health & Safety Code Section 11362.5, the Medical Marijuana Regulation and Safety Act of 2015, and the Medical Marijuana Program Act as set forth in the California Health and Safety Code Sections 11362.7 et seq.

Check one only:

- Check here if **NEW** Medical Marijuana Dispensary
 Check here if **RENEWAL** of a Medical Marijuana Dispensary

PROJECT LOCATION: _____

ASSESSORS' PARCEL NO.: (<http://www.cityofperris.org/city-hall/zoning.html>): _____

EXISTING LAND USE OF PROPERTY: _____

ZONING: Permitted medical marijuana dispensaries may locate and/or operate in either the Commercial Neighborhood (CN) Zone (Section 19.36 of the Perris Municipal Code), the Commercial Community (CC) Zone (Section 19.38 of the Perris Municipal Code), or the Industrial Zone (Section 19.44 of the Perris Municipal Code), as defined more fully in Title 19 (Zoning) of the Perris Municipal Code.

EXISTING ZONING OF PROPERTY: _____

LOCATION

Is the site and/or property located within 1,000 hundred feet of a school, park, place of worship, youth-oriented facility or community center, as defined in PMC Section 5.54.030?

YES NO

Is the site and/or property located within 600-feet of a residential zone, as defined in PMC Section 5.54.030?

YES NO

STAFF USE ONLY:

	Signature	Complies	Notes
Zoning Verified			
Location Verified			

A. APPLICANT INFORMATION (to be completed by applicant):

APPLICANT: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

OWNER (IF DIFFERENT FROM APPLICANT): _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

LEGAL REPRESENTATIVE: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

(Attach additional sheets as necessary)

B. PROPERTY OWNER CONSENT:

In the event that neither the applicant or owner are the legal owners of the subject property contemplated by this application, the application must be accompanied with a "MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT APPLICATION PROPERTY OWNER'S STATEMENT OF CONSENT" stating and acknowledging that a medical marijuana dispensary will be operated on the subject property contemplated by this application and containing the notarized signature from the legal owner of the property.

If either applicant or owner are the legal owners of the subject property contemplated by this application, then evidence of such legal ownership shall be submitted in a form that is satisfactory to the Director.

PROPERTY OWNER: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

(Attach additional sheets as necessary)

C. BUSINESS OPERATIONS:

Estimated Number of Qualified Patients and Primary Caregivers (as defined in PMC Section 5.54.030): _____

Days/Hours of Operation: _____

Delivery Service to be provided: ____ Yes ____ No

Hours of Delivery Service: _____

Name of all owners, employees, and managers, as defined in PMC Section 5.54.030 (**attach additional sheets if necessary**):

1. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

2. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

3. NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

D. APPLICANT AUTHORIZATION

I hereby authorize and consent to the City Manager and the Director of Development Services of the City of Perris, including their designees, to seek verification of the information contained in this application and any attachments.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF OWNER: _____ DATE: _____

E. TERMS AND CONDITIONS

I hereby certify that I have reviewed the contents of Chapter 5.54 of the Perris Municipal Code and acknowledge, understand, and agree to be bound by its terms and conditions.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF OWNER: _____ DATE: _____

F. FURTHER INFORMATION AND INSPECTIONS

I agree to submit any additional and further information as deemed necessary by the City Manager or the Director of Development Services, including their designees, in order to process this application.

I further agree to permit the City Manager, Director of Development Services, the Perris Police Department, and their respective designees to conduct reasonable inspections, for the purpose of ensuring compliance with local and State laws, of the proposed medical marijuana dispensary at the discretion of the City, including inspection of:

- Security recordings made by security cameras required by Chapter 5.54 of the Perris Municipal Code,
- Security records and files,
- Inventory records and files, and
- Other written records and files pertaining to the proposed medical marijuana dispensary.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF OWNER: _____ DATE: _____

G. INDEMNIFICATION AND RELEASE

I release the City of Perris, its agents, officers, elected officials, and employees from any and all claims, injuries, damages, or liabilities of any kind arising from (a) any repeal or amendment of Chapter 5.54 of the Perris Municipal Code or any provision of the Planning and Development Code relating to medical marijuana dispensaries and/or deliveries, and (b) any arrest or prosecution of me, my managers, employees, or members for violation of State or federal laws; and I will defend, indemnify, and hold harmless the City of Perris and its agents, officers, elected officials, and employees from and against any and all claims or actions: (a) brought by adjacent or nearby property owners or any other parties for any damages, injuries, or other liabilities of any kind arising from operations at the subject property contemplated by this application, and (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of marijuana produced at the subject property contemplated by this application.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF OWNER: _____ DATE: _____

H. APPLICANT CERTIFICATION

I certify under penalty of perjury, under the laws of the State of California, that I have personal knowledge of the information contained in this application and its attachments, if any, and that the information contained herein is true and correct.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF OWNER: _____ **DATE:** _____

SUBMITTAL REQUIREMENTS

(Must be submitted at time of application submittal)

INCOMPLETE APPLICATION SUBMITTALS WILL NOT BE ACCEPTED

TWO (2) SETS OF THE FOLLOWING ITEMS ARE REQUIRED

SUBMITTED			
YES	NO		
1.	_____	_____	<u>Fee</u> : Payment for the application fee.
2.	_____	_____	<u>Property Owner's Statement of Consent</u> : A statement and acknowledgement from the legal owner of the subject property contemplated by this application consenting to the proposed operation of a medical marijuana dispensary at his/her property as contemplated by this application shall be submitted. If either applicant or owner are the legal owners of the subject property contemplated by this application, then evidence of such legal ownership shall be submitted in a form that is satisfactory to the Director. (PMC 5.54.050(B)(8))
3.	_____	_____	<u>Background Investigation</u> : Results of City of Perris background investigation for all owners, current or prospective employees, and current or prospective managers, as defined in PMC Section 5.54.030 and in compliance with State law requirements. Application for each personnel must be submitted concurrently with the MMD permit application at the time of filing. Fee for each background investigation application is \$300.00 payable to the City of Perris.
4.	_____	_____	<u>Identification</u> : For each applicant/owner, current or prospective employee, and current or prospective manager (as those terms are defined in PMC Section 5.54.030), a color photocopy of a valid government-issued photo identification, such as a valid California Driver's License, as approved by the Director. (PMC 5.54.050(B)(2))
5.	_____	_____	<u>Compliance with State Law</u> : Evidence satisfactory to the Director of Development Services with all state law requirements governing medical marijuana dispensaries. (PMC 5.54.050(B)(3))
6.	_____	_____	<u>Insurance</u> : Evidence satisfactory to the Director showing compliance with all insurance requirements, minimum \$1,000,000 General Liability policy. (PMC 5.54.050(B)(4))
7.	_____	_____	<u>Interior Site/Floor Plan</u> : Drawn to scale and fully dimensioned, showing the proposed use of areas on the premises, including storage, exterior lighting, restrooms, and signage. (PMC 5.54.050(B)(5))
8.	_____	_____	<u>Site Plan</u> : A site plan and floor plan of the premises denoting all the use of areas on the premises of the medical marijuana dispensary, including storage, exterior lighting, restrooms, air treatment system and signage. (PMC 5.54.050(B)(5)) See <i>attached page 9 for site plan information requirements</i> .
9.	_____	_____	<u>Business Plan</u> : Management staff with experience and skills relevant to this project; primary applicants experience and ability to manage operations of proposed facility, scheduling of work, cost estimating and budget management plan; a 3-year performance plan, a point of sale and management inventory system of all products; and a track and trace system per State requirements.
10.	_____	_____	<u>Odor Control Plan</u> : A medical marijuana dispensary shall have an air treatment system that ensures off-site odors shall not result from its operations. This requirement at a minimum means that the medical marijuana dispensary shall be designed to provide sufficient odor absorbing ventilation and exhaust systems so that any odor generated inside the location of the medical marijuana dispensary is

not detected outside the building, on adjacent properties or public rights-of-way, or within any other unit located within the same building as the medical marijuana dispensary, if the use only occupies a portion of a building. (Continued on Next Page)

11. _____ Security Plan: A security plan which includes the following measures:
- a. Security cameras shall be installed and maintained in good condition, with at least 30 days of digitally recorded documentation in a format approved by the Police Department. The cameras shall be in use 24 hours per day, 7 days per week. The areas to be covered by the security cameras include storage areas, all doors and windows, and such other areas required by the Police Department.
 - b. The lease/business space site shall be alarmed with a centrally-monitored fire and burglar alarm system, and monitored by an alarm company properly licensed by the State of California Department of Consumer Affairs Bureau of Security and Investigative Services in accordance with Business & Professions Code section 7590 et seq. and whose agents are properly licensed and registered under applicable law.
 - c. Entrance to the dispensing area and any storage areas shall be locked at all times, and under the control of employees.
 - d. Interior Lighting. The premises within which the medical marijuana dispensary is operated shall be equipped with and, at all times during which is open to the public, shall remain illuminated with overhead lighting fixtures of sufficient intensity to illuminate every place to which members of the public or portions thereof are permitted access with an illumination of not less than two foot-candles as measured at the floor level.
 - e. Exterior Lighting. The exterior of the premises upon which the medical marijuana dispensary is operated shall be equipped with and, at all times between sunset and sunrise, shall remain illuminated with fixtures of sufficient intensity and number to illuminate every portion of the property with an illumination level of not less than one foot-candle as measured at the ground level, including, but not limited to, landscaped areas, parking lots, driveways, walkways, entry areas, and refuse storage areas.
 - f. All windows on the building that houses the dispensary shall be secured against entry from the outside.
 - g. All marijuana present or kept at the premises shall be securely stored against both unauthorized access as well as theft. (PMC 5.54.050(B)(6))

**MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT APPLICATION
PROPERTY OWNER'S STATEMENT OF CONSENT**

If the applicant/owner is not the property owner of record of the subject site, the following Statement of Consent must be completed by the property owner of record or the property owner's authorized representative, granting the applicant permission to apply for a medical marijuana dispensary regulatory permit. This form must be notarized.

To: City of Perris
 Planning Division
 135 N 'D' Street
 Perris, CA 92570

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: _____ **Phone:** _____

Mailing Address: _____

to operate a medical marijuana dispensary on the property described below

The subject property is located at: _____

Assessor's Parcel Number: _____

Printed Name of Owner of Record: _____

Address of Owner of Record: _____

Phone: _____ **Email address:** _____

Signature of Owner of Record: _____ **Date:** _____

INFORMATION REQUIRED ON SITE PLAN

Additional information may be required on site plan if deemed appropriate by the Director of Community Development

Site Plan Requirements

- Assessor's parcel no.
- Acreage
- Building eaves, canopies
- Building foot prints and gross building area by use
- Drainage plan to control both on and off site drainage (if new development)
- Driveways, parking backup (dimensioned)
- Easements
- Employee amenity areas
- Fences, walls (location & design)
- Fire - Location of fire hydrants
- Land - Existing land uses adjacent to the site
- Landscape - Area calculation of landscaped areas, common open space
- Landscape percentage of parking area, excluding setbacks and parking overhang (max 2' into landscaped area)
- Loading area/spaces (include dimensions)
- Lot - Percentage of lot coverage
- Lot Dimensions
- North arrow & Scale (no. of feet per inch)
- Open space areas
- Applicant name and address
- Parking spaces (include dimensions) parking overhang maximum 2 feet
- Paved areas delineated
- Patios, Balconies (show square footage)
- Pedestrian walkways and paseos
- Power poles
- Recreational amenities
- School District(s)
- Scale of plans
- Setback dimensions
- Signature & license number of architect, landscape architect, civil engineer or land surveyor (where required)
- Street lights (existing if any)
- Street status (adjacent)
- Streets, names, locations and widths of rights-of-way of proposed streets, street cross sections, alleys and easements,
- Trash - Location of trash enclosures
- Utility lines, sewer access
- Utility Purveyors
- Zoning