



**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	\$15,008.45
Accepted By	

MEDICAL / ADULT USE CANNABIS LOUNGE REGULATORY PERMIT APPLICATION

Pursuant to Chapter 5.58 of the City of Perris Municipal Code

Upon receipt of a completed application and payment of required fees, the Director of Planning and Economic Development 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 / adult-use marijuana lounge will be conducted in a secure, safe and business-like manner consistent with all applicable local and state laws, rules and regulations governing medical / adult-use marijuana lounges, including without limitation the Medicinal and Commercial Cannabis Regulation and Safety Act, Proposition 64 (Adult Use of Marijuana Act), and the regulations promulgated by the Bureau of Cannabis Control, the California Department of Food and Agriculture, and the California Department of Public Health.

Check which lounge type(s) you are applying for: (must have matching dispensary use application)

Check here **MEDICAL** Marijuana Lounge Check here **ADULT-USE** Marijuana Lounge

PROPERTY LOCATION (STREET ADDRESS): _____

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

NAME OF PRESENTLY PERMITTED DISPENSARY: _____

SQUARE FOOT SIZE OF PROPOSED LOUNGE (Min. 500sqft; max. 1500sqft): _____

ZONING: Permitted medical and adult-use marijuana lounges may locate and/or operate in either the Commercial Neighborhood (CN) Zone (Chapter 19.36 of the Perris Municipal Code), the Commercial Community (CC) Zone (Chapter 19.38 of the Perris Municipal Code), or the Industrial Zone (Chapter 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-feet of a school, park, place of worship, youth-oriented facility, youth center, day care center, or community center, as provided in PMC Section 5.58.127(f)(2)(a)?

YES NO

Is the site and/or property located within 600-feet of a residential zone, as provided in PMC Section 5.58.127(f)(2)(b)?

YES NO

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 / ADULT-USE CANNABIS LOUNGE REGULATORY PERMIT APPLICATION PROPERTY OWNER'S STATEMENT OF CONSENT" stating and acknowledging that a medical / adult-use marijuana lounge 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. LOUNGE BUSINESS OPERATIONS AND INFORMATION:

Days/Hours of Operation: _____

Name of all owners, employees, and managers, as defined in PMC Section 5.58.030 **(attach additional sheets if necessary):**

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

ADDRESS: _____

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

ADDRESS: _____

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

ADDRESS: _____

D. MEDICAL / ADULT-USE MARIJUANA DISPENSARY PERMIT

Does the applicant or owner currently hold and maintain a valid medical / adult-use marijuana dispensary permit issued pursuant to Chapter 5.54 of Title 5 of the Perris Municipal code? YES NO

If the answer to the above question is "yes," then please provide the location for which the medical / adult-use marijuana dispensary permit has been issued:

ADDRESS: _____ CITY, STATE, ZIP: _____

E. APPLICANT AUTHORIZATION

I hereby authorize and consent to the City Manager and/or the Director of Development Services, including their designees of the City of Perris, 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: _____

F. TERMS AND CONDITIONS

I hereby certify that I have reviewed the contents of Chapter 5.58 of the Perris Municipal Code, including any regulations promulgated thereunder, 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: _____

G. FURTHER INFORMATION AND INSPECTIONS

I agree to submit any additional and further information, as well as authorization to seek verification of the information contained within this application, as deemed necessary by City Manager and/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 / adult-use marijuana lounge at the discretion of the City, including inspection of:

- Security recordings made by security cameras required by Chapter 5.58 of the Perris Municipal Code,
- Security records and files,
- Inventory records and files, and
- Other written records and files pertaining to the proposed medical / adult-use marijuana retailer.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF OWNER: _____ DATE: _____

H. 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 5.58 of the Perris Municipal Code or any provision of the Planning and Development Code relating to medical and adult-use marijuana lounges, 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: _____

I. APPLICANT CERTIFICATION AND STATEMENT OF UNDERSTANDING

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: _____

The below Statement of Understanding must be signed by the applicant and notarized.

THE CITY OF PERRIS – STATEMENT OF UNDERSTANDING

I understand I am responsible for knowing and complying with all Local laws and regulations governing marijuana operations in the City of Perris pursuant to Chapters 5.54 and 5.58 (Medical Marijuana and Adult-Use Dispensaries and Marijuana Lounge Regulatory Program). I understand I am being made aware of the following laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my business permit)._____ (initial)

I understand that no person or entity shall locate or operate a marijuana facility under the authority of a license or permit at any place other than the location permitted and identified under the Regulatory Permit issued by the City Perris (Ord. 1330, 1355, 1358 and 1372). (initial)

I understand that any person or entity operating a marijuana facility shall at all times remain in compliance and operate in accordance with the applicable provisions of the CUA, the MMPA, the MMRSA, Perris Municipal Code Chapters 5.54 and 5.58 (Ord. 1330, 1355, 1353 and 1372), and all other applicable State laws pertaining to marijuana facilities._____ (initial)

I understand that security cameras shall be installed and maintained in good condition and used in an on-going manner with a least 30-days of digitally recorded documentation in a format approved by the Director of Development Services and Police Chief. The cameras shall be in use 24 hours per day, seven days per week (Ord. 1330 and 1355)._____ (initial)

I understand that the areas to be covered by the security cameras shall include, but are not limited to, the public areas, storage areas, employee areas, all doors and windows, and any other areas as determined to be necessary by the Director of Development Services and Police Chief (Ord. 1330 and 1355)._____ (initial)

I understand that the marijuana facility 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 California Business & Professions Code section 7590, et seq. and whose agents are properly licensed and registered under applicable law (Ord. 1330 and 1355)._____ (initial)

I understand that all entrances to the dispensing and lounge areas and any storage areas shall be locked at all times, and under the control by employees (Ord. 1330 and 1355)._____ (initial)

I understand that all marijuana and marijuana products shall be kept in a secured manner against unauthorized access as well as theft (Ord. 1330 and 1355)._____ (initial)

I HAVE READ ALL OF THE ABOVE INFORMATION AND UNDERSTAND MY RESPONSIBILITIES AS A MARIJUANA PERMIT HOLDER. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH ANY LAW, REGULATIONS, OR THE PROVISIONS OF THIS STATEMENT, MAY RESULT IN CRIMINAL CHARGES AND/OR MAY BE GROUNDS FOR DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, THE SUSPENSION OR REVOCATION OF MY CITY MEDICAL AND/OR ADULT USE MARIJUANA PERMIT.

LICENSEE’S BUSINESS NAME AND ADDRESS: _____

PRINCIPAL’S PRINTED NAME: _____ PRINCIPAL’S SIGNATURE: _____

State of California

ACKNOWLEDGMENT

County of _____ }

On _____ (date) before me, _____ (insert name and title of the officer) personally appeared _____ (name of signer), 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)

SUBMITTAL REQUIREMENTS

(Must be submitted at time of application submittal)

INCOMPLETE APPLICATION SUBMITTALS WILL NOT BE ACCEPTED

A digital set of this application and the below is required.

SUBMITTED

YES NO

- | | | | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <u>Fee</u> : Payment for the application fee. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <u>Medical / Adult-Use Marijuana Dispensary Address</u> : Address of the location where the cannabis lounge will be located. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <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 / adult-use marijuana lounge 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. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <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 5.58.070 and in compliance with State law requirements. Application for each personnel must be submitted concurrently ONLINE with the permit application at the time of filing. Proof of payment of the background fee(s) will be required as applicable. https://hdlcompanies.formstack.com/forms/bc_perris
\$300 - Manager or Owner (Renewal each year) \$100 - New Employee ONLY |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <u>Identification</u> : A list of the names of all current and prospective employees of the cannabis lounge, accompanied by:
a. Proof of payment of the background fees required at the time of application submittal.
b. For each employee, owner, and manager, a color photocopy of either a valid California Driver's License or equivalent identification approved by the director.
c. Community Relations Contact. The name and contact information (including, but not limited to, a phone number) of an on-site community relations employee to notify if there are operational problems with the cannabis lounge retailer. This on-site community relations employee shall be a manager of the cannabis lounge retailer and shall be on-site during all hours of operation. A cannabis lounge retailer may have more than one on-site community relations employee, provided that at least one on-site community relations employee is on-site during all hours of operation. |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <u>Compliance with State Law</u> : Evidence satisfactory to the director of compliance with all state law requirements governing cannabis lounges and medical / adult use cannabis dispensaries. (PMC 5.58.070(B)(3)) |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | <u>Insurance</u> : Evidence satisfactory to the Director showing compliance with all insurance requirements, minimum \$1,000,000 General Liability policy. (PMC 5.58.070(B)(3)) |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | <u>Site Plan / Floor Plan</u> : A site plan and floor plan of the premises prepared by a licensed civil engineer or architect and denoting: all the areas to be utilized for on- |

site consumption, including, but not limited to, locations of tables, couches, or chairs (as applicable), as well as entrances, windows, storage, exterior lighting, restrooms, parking, trash storage areas and signage. (PMC 5.58.070(B)(1); 5.58.127(D)(2)(a))
See attached page 9 for site plan information requirements.

9. _____ Business Plan: Evidence to the director's satisfaction that the medical / adult-use retailer has operated a dispensary in good standing for one year and paid all City taxes that are owed as of the date of submission of the application.
10. _____ Odor Control Plan: An odor control plan detailing odor control measures in accordance with section 5.58.100(c) that addresses odors relating to on-site consumption, to the satisfaction of the director.
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 sheriff department.
 - b. The lease/business space site shall be alarmed with a centrally-monitored fire and burglar alarm system that is 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. The cameras shall be in use 24 hours per day, seven days per week.
 - d. The areas to be covered by the security cameras include, but are not limited to, the storage areas, all doors and windows, and any other areas as determined by the sheriff department.
 - e. All windows on the building that houses the cannabis lounge shall be secured against entry from the outside and not visible from any public place or any area where minors are present.
 - f. All marijuana present or kept at the premises shall be securely stored against both unauthorized access as well as theft.
 - g. No less than one security guard shall be present at the on-site consumption operation during all hours of operation.
12. _____ Safe Consumption Plan: This safe consumption plan shall include, but not be limited to, the following:
- a. Posting of signs in conspicuous places that encourage the use of alternative transportation options in order to avoid impaired driving and that notify individuals that the medical / adult-use retailer can assist individuals in finding alternative transportation options;
 - b. Educating and training for employees that will assist in identifying individuals who should not be served (e.g., individuals who are not 21 years of age or older); and
 - c. Requirement that, prior to closing, the adult-use retailer shall make safety announcements relating to impaired driving, the availability of alternative transportation and the adult-use retailer's ability to assist in acquiring such alternative transportation, and that customers must limit noise in order to respect the surrounding community.

MEDICAL / ADULT-USE CANNABIS LOUNGE 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 an medical / adult use marijuana retailer 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 / adult-use marijuana lounge business 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:** _____

Development Standards Highlights

Lounge Size Restrictions	500 SF Minimum – 1,500 SF Maximum
Parking Requirements	1 parking space per 50 SF of Lounge serving area.
Renewal Period	License is valid for 1 year, at which time a renewal will be required. A City renewal application and fee will be required to be submitted.
Location of Lounge	Segregated from the rest of the building by a wall/door. Entry can be from the exterior of the building or interior of the existing dispensary.
Security	No less than 1 security guard shall be present at the on-site consumption lounge during all hours of operation.

INFORMATION REQUIRED ON SITE PLAN

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

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