



**CITY OF BANNING**  
**Community Development Department**  
99 East Ramsey Street  
Banning, CA 92220  
Tele: (951)922-3125  
Fax: (951) 922-3128

Date Stamp

## CANNABIS REGULATORY PERMIT APPLICATION

**Type of Cannabis Regulatory Permit Requested** (Please Check Applicable Box)

- Commercial Cultivation \$4,700       Manufacturing \$4,700  
 Testing \$4,700       Retail Sales/Delivery \$5,000

### CONTACT INFORMATION

(Please type or print clearly using ink)

Business Name:	Phone Number:
Business Street Address:	Business Fax Number:
Business City, State, Zip:	Federal EIN:
Business Web Site Address:	Business ID Number:
Business Email Address:	
Type of Business (Circle one):	Sole Proprietor, General Partnership, LLP, LLC, CORP
Applicant's Legal Name:	Applicant's Phone Number:
Applicant's Street Address:	
Applicant's City, State, Zip:	
Applicant's Email Address:	
Does the Applicant have an ownership interest in the business (Circle one)	Yes      No
<b>If the property where the business will be conducted is not owned by the applicant, this section must be filled out:</b>	
Property Owner's Name	Phone Number:
Property Owner's Street Address:	
Property Owner's City, State, Zip:	Property Owner's Email Address:

**PROPOSED BUSINESS DESCRIPTION** (Provide the following information regarding the proposed cannabis business and the proposed location for the cannabis business)

Proposed Street Address:		
City, State, Zip:		
Proposed Location Assessor's Parcel Number:	Building Size (Square Feet of Floor Area):	
Telephone Number (if any):		
Description of Cannabis Activity to be conducted on the premises: (may be attached)		
Number of Parking Spaces Required	Number of Parking Spaces Provided	Number of Accessible Spaces:
Number of Employees:		Hours of Operation:
Name of, 24 Hour On-Call Manager:		On-Call Manager Work Phone Number:
On-Call Manager Email Address:		On-Call Manager Cell Phone Number:

**APPLICANT'S CERTIFICATION**

I hereby certify, under penalty of perjury, that the information contained within and submitted with the application is complete, true and accurate. I understand that a misrepresentation of fact, whether intentional or not, is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

Date:	Signature:			
Print Name and Title:				
Date Received	Time Received	Fees Received \$	Receipt No.	Received By



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**ADDITIONAL  
APPLICATION  
REQUIREMENTS**

**The application shall include the following information and unless otherwise stated below, must be attached to the application as a separate document. All applicants must provide information/documents responsive to 1 through 24. Applicants for cultivation, manufacturing or testing laboratory facilities must also provide information/documents responsive to 25-29.**

Any reference below to a "State licensing authority" means the Bureau of Cannabis Control, Department of Food and Agriculture, or the Department of Public Health.

<b>Description</b>	<b>Included in the Application?</b>	
1. <i>Payment of the Cannabis Regulatory Permit Application Fee.</i>	Yes	No
2. <i>Identify the type of cannabis business the applicant seeks to operate in the City, a description of the commercial cannabis activity that will be conducted on the premises, and a general description of the products that will be sold, manufactured, cultivated, or tested on the premises.</i>	Yes	No
3. <i>A description of the statutory entity or business form that will serve as the legal structure for the cannabis business; a copy of its formation and organizing documents, including, but not limited to, articles of association, bylaws, partnership agreement, operating agreement, and fictitious business name statement; and the name and address of its agent for purposes of service of process.</i>	Yes	No
4. <i>A list of every fictitious business name the cannabis business is operating under.</i>	Yes	No
5. <i>The legal name of the applicant. (Included in application form, separate attachment is not required)</i>	Yes	No
6. <i>The current name and primary and secondary telephone numbers and email addresses of at least one twenty-four (24) hour on-call manager to address and resolve complaints and to respond to operating problems or concerns associated with the cannabis business. (Included in application form, separate attachment is not required).</i>	Yes	No
7. <i>If applicable, the business trade name ("DBA") of the cannabis business.</i>	Yes	No
8. <i>A list of the license types and the license numbers issued by any State licensing authority to the applicant, or to any other owner of the cannabis business, including the date the license was issued, the date the license will terminate, and the licensing authority that issued the license.</i>	Yes	No
9. <i>Identify if the applicant, or any owners of the cannabis business, has been denied a license or had a license suspended or revoked by any State licensing authority. The applicant shall identify the type of license applied for, the name of the licensing authority that denied the application, and the date of denial, suspension or revocation.</i>	Yes	No



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10. Premise information - provide the assessor's parcel number, physical address, telephone number and website address and email address of the cannabis business (Included in application form, separate attachment is not required)	Yes	No
<p><i>Note: If the business will be conducted on a lot that is vacant at the time that the application is submitted, the applicant shall amend the application at such time that a physical address and telephone number is issued for the business.</i></p>		
11. The cannabis business federal employer identification number. (Included in application form, separate attachment is not required)	Yes	No
12. A complete list of every owner of, or person with a financial interest in, the cannabis business. Each individual named on this list shall submit the following information:  <ul style="list-style-type: none"><li>a. Their full name.</li><li>b. Their title within the applicant entity, if applicable.</li><li>c. Their date of birth and place of birth.</li><li>d. Their social security number or individual taxpayer identification number.</li><li>e. Their mailing address.</li><li>f. Their home, business, or mobile telephone number and email address.</li><li>g. Their current employer.</li><li>h. Their percentage of ownership interest held in the applicant entity, or other financial interest held in the applicant entity.</li><li>i. Whether the individual has an ownership or a financial interest in any other cannabis business licensed by a State licensing authority.</li><li>j. A copy of the individual's government-issued identification that includes the name, date of birth, physical description and picture of the owner or person with a financial interest in the cannabis business.</li><li>k. A copy of the DOJ and NCIC fingerprint background check for each owner and person with a financial interest in the cannabis business procured through the Banning Police Department.</li><li>l. If applicable, a copy of any certificate of rehabilitation issued under Penal Code section 4852.01 or dismissal issued pursuant to Penal Code section 1203.4 or 1203.41.</li><li>m. If applicable, a detailed description of any suspension or revocation of a cannabis related license or sanctions for unlicensed or unlawful cannabis activity by a state or local governmental agency against (1) the applicant, or any of its owners or persons with a financial interest in the cannabis business, or (2) any business entity in which the applicant or any of its owners or person with a financial interest in the cannabis business was an owner or officer within the five (5) years immediately preceding the date of the application.</li><li>n. If applicable, a detailed description of any civil and/or criminal suit and/or judgement relating to unlawful cannabis activity against (1) the applicant or any of its owners or person with a financial interest in the cannabis business, or (2) a business entity in which the applicant or any of its owners or persons with a financial interest in the cannabis business was an owner or officer within the five (5) years immediately preceding the date of the application.</li></ul>	Yes	No



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**ADDITIONAL  
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13. A list of all owners, managers, and employees that are authorized to carry concealed weapons.	Yes	No
14. If the applicant is the landowner upon which the premises is located, a copy of the title or deed to the property.	Yes	No
15. If the applicant does not own the land upon which the cannabis business will be located, a written, notarized statement from the owner of the property where the cannabis business will operate evidencing unqualified consent to the applicant operating a cannabis business on the property including a description of the type of business that will be operated on the property (i.e. cultivation, manufacturing, retailer, testing laboratory) (See attached form - Page 8).	Yes	No
16. A copy of the following State licensing application to engage in commercial cannabis activity in the City:  a. For a cannabis retailer or testing laboratory, a copy of the applicant's application with the Bureau of Cannabis Control. b. For a cannabis cultivator, a copy of the applicant's application with the California Department of Food and Agriculture. c. For a cannabis manufacturer, a copy of the applicant's application with the California Department of Public Health.	Yes	No
17. Evidence that the cannabis business will be compliant with the location restrictions set forth in Business and Professions Code section 26054 (b) and the zoning restrictions set forth in Title 17 of the Banning Municipal Code.	Yes	No
18. The physical address of any other premises owned or operated by the applicant, or any other owner of the cannabis business, and a brief summary of the business operations at each premises.	Yes	No
19. A premises diagram which meets the requirements set forth in section 5006 of Title 16 of the California Code of Regulations, as the same may be amended from time to time.	Yes	No
20. The proposed hours of operation.	Yes	No
21. Signed Authorization and Consent form (See attached form - Page 9).	Yes	No
22. Signed Hold Harmless Agreement (See attached form - Page 9).	Yes	No
23. Signed Applicant's certification (See application form - Page 2).	Yes	No
24. Copy of DOJ and NCIC fingerprint background check for each owner and person with a financial interest in the cannabis business procured through the Banning Police Department	Yes	No



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**ADDITIONAL APPLICATION**  
**REQUIREMENTS FOR CULTIVATION, MANUFACTURING, AND TESTING LABORATORY FACILITIES ONLY**

25. A detailed security plan outlining the measures that will be taken to ensure the safety of persons and property on the premises of the cannabis business. The security plan must be prepared by a licensed security company or individual licensed by the state. The license number shall be on the face of the security	Yes	No
26. A detailed plan describing the air treatment system, or other methods which will be implemented to completely prevent odors generated from cannabis from being detected outside the buildings on the cannabis business site.	Yes	No
27. For cannabis cultivation facilities, a site plan and floor plan prepared by a registered civil engineer clearly identifying that the proposed canopy space is a minimum of 10,001 square feet in size, and a maximum of 22,000 square feet in size, and that the cultivation activities will occur indoors only.	Yes	No
28. For cannabis manufacturing facilities, a detailed description of the manufacturing activity that will be conducted on the premises including the type of activity that will be conducted (extraction, infusion, packaging, labeling), a description of the extraction and/or infusion methods, and the types of products that will be manufactured, packaged and labeled. The description must include a statement that volatile solvents will not be used by the manufacturing facility.	Yes	No
29. For cannabis laboratory testing facilities, proof of ISO/IEC 17025 accreditation by an accrediting body that is independent from all other persons involved in commercial cannabis activity in the State.	Yes	No

# Property Owner Letter of Authorization

## APPLICATION FOR CANNABIS REGULATORY PERMIT

**TO:** *Community Development Department  
City of Banning  
P.O. Box 998  
Banning, CA 92220*

**RE:**

**Property Address:**

**Assessor's Parcel Number(s):**

I/We, the owner(s) of the above described real property, authorize \_\_\_\_\_  
\_\_\_\_\_, located at \_\_\_\_\_  
\_\_\_\_\_, to operate a cannabis business that will include  
\_\_\_\_\_ on the property identified above. Further, I/We,  
the owner(s) agree(s) to notify the City of Banning immediately should this authorization be revoked for any  
reason.

The undersigned hereby certifies to being the fee owner(s) of the property described herein; that to  
the best of my/our knowledge the information contained within this authorization is true and correct.

Date \_\_\_\_\_

(Signature)

Address \_\_\_\_\_

(Print name)

\_\_\_\_\_  
(Phone Number)

State of \_\_\_\_\_ )

\_\_\_\_\_

(email address)

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared  
(Name and title of officer)

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  
this 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 \_\_\_\_\_

(Notary seal)

# Authorization and Consent Form

## APPLICATION FOR CANNABIS REGULATORY PERMIT

**TO:** *Community Development Department  
City of Banning  
P.O. Box 998  
Banning, CA 92220*

**RE:**

<b>Applicant:</b>
<b>Property Address:</b>
<b>Assessor's Parcel Number(s):</b>

I/We, the applicant(s)/owner(s) of the attached Cannabis Regulatory Permit Application, authorize City of Banning Staff and Police Department to seek verification of the information contained within the application for a Cannabis Regulatory Permit.

Date \_\_\_\_\_

(Signature)

(Print name)

State of \_\_\_\_\_ )  
ss.

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared  
(Name and title of officer)

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 this 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 \_\_\_\_\_

(Notary seal)

# Hold Harmless Agreement

## APPLICATION FOR CANNABIS REGULATORY PERMIT

**TO:** *Community Development Department  
City of Banning  
P.O. Box 998  
Banning, CA 92220*

**RE:**

**Applicant:**

**Property Address:**

**Assessor's Parcel Number(s):**

I hereby release the City of Banning, its agents, officers, elected officials, employees and attorneys, from any and all claims, injuries, damages or liabilities of any kind arising from any repeal or amendment of Chapter 5.33 or Chapter 5.35 of the Banning Municipal Code or any other provision of the Banning Municipal Code, and any arrest or prosecution of the applicant or its managers, agents, employees, members or volunteers for violation of state or federal laws. I hereby agree to defend, indemnify and hold harmless the City of Banning, and its agents' officers, elected officials, employees, and attorneys from and against any and all claims or actions brought by adjacent or nearby property owners or any other parties for any damages, injuries or other liability of any kind arising from operations at the cannabis business.

Date \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Print name)

State of \_\_\_\_\_ )  
ss.

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared  
(Name and title of officer)

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 this 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 \_\_\_\_\_

(Notary seal)