



124 N. Cloverdale Blvd., Cloverdale, CA 95425

**COMMERCIAL CANNABIS PERMIT APPLICATION GUIDELINES**  
**FOR MANUFACTURING, TESTING, DISTRIBUTION, DELIVERY (NON-STOREFRONT), AND MICROBUSINESSES (WITHOUT DISPENSARY)**

Applications for Commercial Cannabis Permits must be submitted in person at:

**City Hall**  
**Finance Department**  
**124 N. Cloverdale Blvd. Cloverdale, CA 95425**  
**Office Hours: Monday - Thursday 8:00 am - 5:00 pm**

An application is considered **COMPLETE**, if it contains **ALL** items in the following this checklist (see section 18.15.030(D) of the Cloverdale Municipal Code):

- Completed application packet, which includes:
  - Commercial Cannabis Permit Application
  - Criminal History/Background Check Forms to be completed by **ALL** interested operator permit holders
    - State of California Department of Justice Request for Live Scan Service Form (BCII 8016)
  - Proof of Property Ownership or Property Owner Consent Form (if required)
  - Air Quality Calculations
  - Greenhouse Gas Emissions Calculations
  - Hazardous Materials Plan (if applicable)
  - Water Supply Plan
  - Wastewater Discharge Plan (if applicable)
  - Hours of Operation
  - Odor Control and Ventilation Information
  - Site Security Plan
  - Fire Prevention Plan
  - Waste Management Plan
  - Non-refundable Permit Fees

If an application is incomplete, it will be returned to the applicant. All applications will be reviewed for a completeness determination within thirty (30) calendar days of receipt of application.

A commercial cannabis permit is valid for a period not to exceed one (1) year from the date of permit approval unless suspended or revoked sooner and shall be subject to annual permit renewals. The operator must apply for permit renewal prior to the expiration of the limited term permit. The guidelines specified above also apply to applications for permit renewals.

**OPERATING DURING THE APPLICATION PROCESS**

Please be advised that operating a commercial cannabis business is prohibited without a valid City permit and the required State license. Commercial operations may not begin on the property until the permit has been approved – even if your application has been submitted and is being processed.

**SCHEDULE OF FEES\*\*:**

Permit Type	Application Deposit	Annual Fee
<b>Other Commercial Cannabis Permit Types</b>		
Commercial Delivery Service Permit	TBD	TBD
Commercial Distribution Permit (Inside City Limits)	\$2,300.00	\$12,518.00
Commercial Manufacturing Permit	\$2,300.00	\$12,518.00
Commercial Testing Permit	\$2,300.00	\$10,226.00
Microbusiness *	\$2,300.00	\$12,518.00
<b>Background Check Fee per Operator/Employee (Required for all Permit Types)</b>		\$241.00
*without a dispensary		

\*\*If the outside auditing firm discovers any irregular findings during their financial and/or regulatory compliance reviews additional fees may be charged.

**ADDITIONAL INFORMATION (NOT REQUIRED FOR APPLICATION SUBMITTAL, BUT COMPLIANCE IS REQUIRED WITH THE FOLLOWING FOR FINAL PERMIT ISSUANCE, UNDER CLOVERDALE MUNICIPAL CODE CHAPTER 18.15):**

**BUILDING REQUIREMENTS**

All structures used in commercial cannabis uses require a building permit and shall comply with all applicable sections of the Cloverdale Municipal Code. Commercial cannabis uses that provide access to the public including, but not limited to, employees, vendors, contractors, business partners, members, customers or patients shall meet Cloverdale Municipal Code requirements for accessibility including accessible parking, accessible path of travel, restrooms, and washing facilities.

**EMISSIONS CONTROL**

All commercial cannabis uses shall utilize appropriate measures in construction and, where applicable, operations to prevent the emissions of dust, smoke, noxious gases, or other substances that have the potential to impact local or regional air quality.

**PROPERTY SETBACKS (DISTANCE CHECKS WILL BE CONDUCTED BY THE CITY)**

No commercial cannabis facility under Section 18.15.070 shall be located within six hundred feet (600') of any school or childcare center, or within two hundred feet (200') of any park, library, or youth center, or within one hundred feet (100') of a residential zoning district unless state law or regulation allows otherwise.

**CITY BUSINESS LICENSE TAX CERTIFICATE**

A Business License Tax and Certificate is an annual tax paid each year for doing business within the incorporated area of the City of Cloverdale. Cloverdale's municipal code requires that a license is obtained prior to conducting any business activity within the City.

**CITY CANNABIS BUSINESS TAX**

The Cannabis Business Tax is set at 4.5% of all gross receipts per Resolution 076-2017 and pursuant to section 3.46.070(A) of the Cloverdale Municipal Code.

**HOURS OF OPERATION**

Deliveries of cannabis can only be conducted between the hours of 8:00 a.m. to 8:00 p.m.

**COMPLIANCE WITH COUNTY HEALTH OFFICIALS**

Cannabis manufacturers and delivery operations shall be subject to permit requirements and regulations, including inspections, established by the Sonoma County Department of Health Services under the direction of the County Health Officer, or any other individual designated by the Director to act on his or her behalf. All such permit requirements and regulations shall be interpreted to implement the purpose and intent of this Chapter 18.15, and shall not prohibit or unreasonably restrict any commercial cannabis use allowed under this Chapter 18. The City Manager may eliminate this requirement after the California Department of Public Health, or other applicable state agency establishes regulations related to cannabis product safety.

### **ODOR CONTROL AND VENTILATION**

Commercial cannabis uses shall comply with all current and future state laws and regulations related to odor control and ventilation. No commercial cannabis use may operate in a manner whereby cannabis odors are detectable from adjacent and nearby properties. All commercial cannabis uses must install a ventilation system that adequately controls for odor, humidity, and mold.



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## COMMERCIAL CANNABIS PERMIT APPLICATION

New Application  Renewal

All application forms must be submitted with a State of California Department of Justice Request for Live Scan Service Form (BCII 8016) to be completed by ALL interested parties\* (forms are available and to be completed at the Police Department). All interested parties must also pay a non-refundable fingerprinting fee of \$54.00 per person.

\_\_\_\_\_  
BUSINESS NAME

### A. Information on Site

\_\_\_\_\_  
SITE ADDRESS                      STREET                      CITY                      STATE                      ZIP

\_\_\_\_\_  
ASSESSOR PARCEL NUMBER                      ZONING DESIGNATION

\_\_\_\_\_  
CHARACTERISTICS OF THE NEIGHBORHOOD OR SURROUNDING AREA

Commercial Cannabis Permit Type:

- Manufacturing  
 Testing  
 Distribution  
 Delivery  
 Microbusiness (without a dispensary)

State License Type: \_\_\_\_\_ (example: Type 6, Adult Use)

Status of State License Application: \_\_\_\_\_

### B. Information on Applicant

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE INITIAL

\_\_\_\_\_  
TITLE                      DATE OF BIRTH (MM/DD/YYYY)

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
TYPE OF OWNERSHIP (EX: Sole Proprietorship, Partnership, Corporation, etc.)

\_\_\_\_\_  
MAILING ADDRESS                      STREET                      CITY                      STATE                      ZIP

\_\_\_\_\_  
HOME PHONE                      CELL PHONE                      WORK PHONE

\_\_\_\_\_  
EMAIL ADDRESS                      Home/Personal                      Work/Business

Preferred method of contact (*check one*):       Mail       Phone       Email

### C. Information on Co-Applicant(s)

Please attach additional sheets if there are more than 2 applicants

LAST NAME		FIRST NAME	MIDDLE INITIAL
TITLE		DATE OF BIRTH (MM/DD/YYYY)	
BUSINESS NAME			
TYPE OF OWNERSHIP (EX: Sole Proprietorship, Partnership, Corporation, etc.)			
MAILING ADDRESS	STREET	CITY	STATE ZIP
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS		Home/Personal	Work/Business

Preferred method of contact (*check one*):       Mail       Phone       Email

### D. Information on Property Owner or Landlord

LAST NAME		FIRST NAME	MIDDLE INITIAL
MAILING ADDRESS		CITY	STATE ZIP
HOME PHONE	CELL PHONE	WORK PHONE	

*If the applicant is not the legal owner of the property, the application must be accompanied by a notarized Owner's Statement of Consent to operate a commercial cannabis business on the property.*

### E. Required Submissions

Please attach the following documents to your application.

#### DESCRIPTION OF REQUIRED DOCUMENTS:

##### PROPERTY OWNER CONSENT

A notarized written consent form signed by the owner or landlord of the proposed site to operate a commercial cannabis business, specifying the street address and parcel number.

##### AIR QUALITY CALCULATIONS

Information that provides a calculation of the business's anticipated emissions of air pollutants and assurance that the business will comply with all Best Management Practices established by the Northern Sonoma County Air Pollution Control District ("NSCAPCD"). Applicants are encouraged to design their project so as to minimize or avoid air pollutant emissions.

##### GREENHOUSE GAS EMISSIONS CALCULATIONS

Calculations of the anticipated greenhouse gas emissions for the operation of the business and, where applicable, the operation of the business. The Plan shall further demonstrate compliance with any applicable state, regional, or local plan for the reduction of greenhouse gas emissions.

**HAZARDOUS MATERIALS PLAN**

To the extent that the applicant intends to use any hazardous materials in its operations, the applicant shall provide a Hazardous Materials Management Plan that complies with all federal, state, and local requirements for management of such substances. "Hazardous materials" include any hazardous substance regulated by a federal, state, or local laws or regulations intended to protect human health or the environment from exposure to such substances.

**WATER SUPPLY PLAN**

A Plan that demonstrates to the satisfaction of the City Engineer that sufficient water supply exists for the use. To the extent any proposed use intends on relying on groundwater supplies, the Plan shall demonstrate to the satisfaction of the City Engineer that the use will not result in net groundwater depletion.

**WASTEWATER DISCHARGE PLAN**

A Plan that demonstrates to the satisfaction of the City Engineer that sufficient wastewater capacity exists for the proposed use. To the extent the proposed use will result in agricultural or industrial discharges to the City's wastewater system, the applicant shall provide a Plan for meeting all federal, state, and local requirements for such discharges. A Plan shall be submitted identifying the amount of waste water, excess irrigation and domestic wastewater anticipated, pre-treatment method (when applicable), as well as disposal method.

**SECURITY PLAN (SEE CLOVERDALE MUNICIPAL CODE SECTION 18.15.030(J))**

A Site Security Plan shall be subject to review and approval by the Cloverdale Police Department and the City Manager. All Site Security Plans shall be held in a confidential file, exempt from disclosure as a public record pursuant to Government Code Section 6255(a). The Site Security Plan shall include, at a minimum, information regarding the implementation of the requirements of Section 18.15.030(J), including details on:

- Site Plan showing:
  - Security camera types, capabilities, and locations
  - Alarm system and door lock information
  - Location of panic buttons
- Narrative description of security measures for the business
- Procedures related to handling of cannabis, cannabis products, and currency
- Identity and contact information of business's liaison who will act as contact for Police

**FIRE PREVENTION PLAN**

The operator shall prepare and implement a Fire Prevention Plan for construction and ongoing operations and obtain an Operational Permit from the Fire Protection District. The Fire Prevention Plan shall include, but not be limited to: emergency vehicle access and turn-around at the facility site(s), vegetation management, and fire break maintenance around all structures.

**WASTE MANAGEMENT PLAN**

The applicant shall demonstrate to the satisfaction of the City Engineer that sufficient wastewater capacity exists for the proposed use. To the extent the proposed use will result in agricultural or industrial discharges to the City's wastewater system, the applicant shall provide a Plan for meeting all federal, state, and local requirements for such discharges.

***The information contained on this document is subject to disclosure under the Public Records Act.***

## G. License Revocation

Has the applicant(s) had a cannabis permit revoked or are they involved in a pending permit revocation?

Yes  No (If yes, please provide the following information)

*Please attach additional sheets if necessary.*

\_\_\_\_\_  
NAME OF CITY OR COUNTY WHERE PERMIT HAS BEEN REVOKED

\_\_\_\_\_  
TYPE OF BUSINESS

## H. City Authorization

I/we, the applicant(s), provide authorization and consent for the City Manager or his/her designee to seek verification of the information contained on this application.

## I. Indemnification

- I/we, the applicant(s), release, indemnify, hold harmless and defend with counsel acceptable to the City, the City of Cloverdale, its agents, officers, elected officials, and employees from any and all claims, injuries, actions, judgments, damages, or liabilities of any kind arising from:
- any repeal or amendment of chapter 18.15 of the Cloverdale Municipal Code or any provision of the Planning and Development Code relating to commercial cannabis, and
  - any arrest or prosecution of the applicant or its managers, employees, or members for violation of state or federal laws; and I will defend, indemnify, and hold harmless the city 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 commercial cannabis site, and (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of cannabis produced at the commercial cannabis site.
  - any liability, damages, actions, claims, demands, litigation, loss (direct or indirect), causes of action, proceedings, or judgment (including legal costs, attorneys' fees, expert witness or consultant fees, City Attorney or staff time, expenses or costs, collectively called "action") against the City to attack, set aside, void or annul, any cannabis-related approvals and actions and strictly comply with the conditions under which such permit is granted, if any. The City may elect, in its sole discretion, to participate in the defense of said action and the permittee shall reimburse the City for its reasonable legal costs and attorneys' fees.
  - This indemnity provision shall apply during the application process and after any permit is issued.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
DATE (MM/DD/YYYY)



## J. Applicant's 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 that the information contained herein is true and correct. Any false information provided in this application will be grounds for revocation of the permit.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

### ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

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

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Notary Public)

personally appeared \_\_\_\_\_,

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) \_  
Signature of Notary Public

SCHEDULE OF FEES\*\*:

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**COMMERCIAL CANNABIS PERMIT APPLICATION  
OWNER'S STATEMENT OF CONSENT**

If the applicant is not the owner of record of the subject site, the following Statement of Consent must be completed by the owner or the owner's legally authorized representative, granting the applicant permission to apply for a commercial cannabis permit. This form must be notarized.

**To:** City of Cloverdale  
City Hall  
124 N. Cloverdale Blvd.  
Cloverdale, CA 95425

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

**Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
FIRST NAME MIDDLE INITIAL LAST NAME HOME PHONE

**Mailing Address:** \_\_\_\_\_  
STREET CITY STATE ZIP

to operate a commercial cannabis business on the property described below.

The subject property is located at: \_\_\_\_\_  
STREET CITY STATE ZIP

**Assessor's Parcel Number:** \_\_\_\_\_

**Printed Name of Owner of Record:** \_\_\_\_\_  
FIRST NAME LAST NAME

**Address of Owner of Record:** \_\_\_\_\_  
STREET CITY STATE ZIP

**Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_  
HOME PHONE

**Signature of Owner of Record:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YYYY)



CITY OF  
CLOVERDALE

124 N. Cloverdale Blvd., Cloverdale, CA 95425

COMMERCIAL CANNABIS PERMIT APPLICATION  
OWNER'S STATEMENT OF CONSENT

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

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

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Notary Public)

personally appeared \_\_\_\_\_,

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)  
Signature of Notary Public