

CITY OF HOLLISTER MEDICAL CANNABIS FACILITY APPLICATION

APPLICATION FOR MEDICAL CANNABIS FACILITY LICENSE

(Please Print All Information – Incomplete Applications Will Not Be Accepted)

- (1) Applicant's Name (Legal Ownership Structure): _____
- (2) Business Name (DBA): _____ Business Phone: (_____) _____
- (3) Applicant/ Business Email: _____
- (4) Business Site Address: _____
- (5) Date Business Proposes to Open: _____
- (6) Days & Times Premises Are Open For Inspection: _____
- (7) Proposed Use (Select One Only):
Note: You must submit a separate application for each marijuana business. Applicants are limited to two license categories per MCRSA regulations.
 - Marijuana Dispensary Laboratory Testing Other (explain) _____
 - Cultivation Facility Marijuana Delivery
 - Distribution Facility Manufacturing Facility
- (8) Community Relations Liaison Name: _____
 Community Relations Liaison Phone Number: _____
 Community Relations Liaison Email: _____
- (9) Type of Organizational Structure:
 Corporation Partnership Individual Unincorporated Association or Club
 Trust LLC Other, explain: _____

| OFFICE USE ONLY | | | | | | | |
|--|--|--------------------------|-------------|--------------------------|--|--------------------------------------|-----------------------------|
| <input type="checkbox"/> | Building | <input type="checkbox"/> | Fire | <input type="checkbox"/> | Health | (Check Inspecting Department) | Date Received: _____ |
| <input type="checkbox"/> | Building/Location meets Department Requirements for the proposed use. | | | | | | |
| <input type="checkbox"/> | Building/Location meets Department Requirements for the proposed use subject to the following conditions: _____ _____ | | | | | | |
| <input type="checkbox"/> | Building/Location does not meet Department requirements for the proposed use. Inspection Completed On (date): _____ By: _____ | | | | | | |
| POLICE DEPARTMENT | | | | | | | |
| <input type="checkbox"/> | Police Department finds no basis for denial | | | <input type="checkbox"/> | Police Department finds basis for denial | | |
| <input type="checkbox"/> | Police Department finds no basis for denial with conditions | | | | | | |
| Conditions or Basis for Denial: _____ _____ | | | | | | | |
| By: _____ | Title: _____ | | | Date: _____ | | | |

Note: This is NOT a Medical Cannabis Facility Permit. Do not operate until a valid permit is issued.

GENERAL INFORMATION (All Applicants)

- (10) If the applicant is incorporated, attach to this application copies, certified by the Secretary of State, of the Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information, By Laws, Restated Articles of Incorporation, and the most recent Annual Report of Officers and Directors.
- (11) If the applicant is an unincorporated association and filed a Statement By Unincorporated Association with the Secretary of State, attach copies, certified by the Secretary of State, of each Statement by Unincorporated Association, Registration of Unincorporated Nonprofit Association, and original & amended Articles of Association to this application.
- (12) If the applicant is an informal unincorporated association, provide copies of the fully executed Articles of Association (AKA Charter or Constitution).
- (13) Fictitious business names or dba's used: _____
- (14) Place and date of filing of fictitious business name statement: _____
- (15) Names and address of all agents and employees authorized to negotiate or otherwise represent individual in connection with any transaction with the City of Hollister:

- (16) Name and address of person (agent) authorized to accept service of process in California:

- (17) State whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city in which it is held, and expiration date thereof:

- (18) Has the Medical Cannabis Facility applicant previously operated in this City or any other county, city, or state under a similar license or permit?
- a. If "Yes," provide the license/permit issuing city, county, state, and the license and/or permit identification number(s):

- b. Please confirm whether any of these previously issued licenses or permits were revoked or suspended, and the reason(s) why:

- (19) Has any owner or business manager ever been convicted of a felony? Yes No
- (20) For each Management Employee convicted of a crime or currently on probation or parole as set forth in Item No. (19) above, attach with this application the first and last name of the Management Employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.
- (21) If the applicant owns the property listed in Item No. (4) of the application, enter date of purchase: _____
- (22) If the applicant rents, leases, or is in the process of leasing and/or purchasing the property listed in Item No. (4), check the boxes below to verify that the applicant has notified the owner(s) and landlord or leasing agent of the proposed Medical Marijuana Business property use.
- Attached is a copy of proof of ownership, lease, and/or letter of landlord's commitment to lease upon issuance of a license to the proposed business location
- Attached is an original fully executed Letter of Authorization, for each owner, landlord, and leasing agent of the property listed in Item No. (4) of the application.

NOTE: If the property is owned, rented, or leased by more than one person, a separate authorization form must be submitted for each owner, landlord, and leasing agent or equivalent.

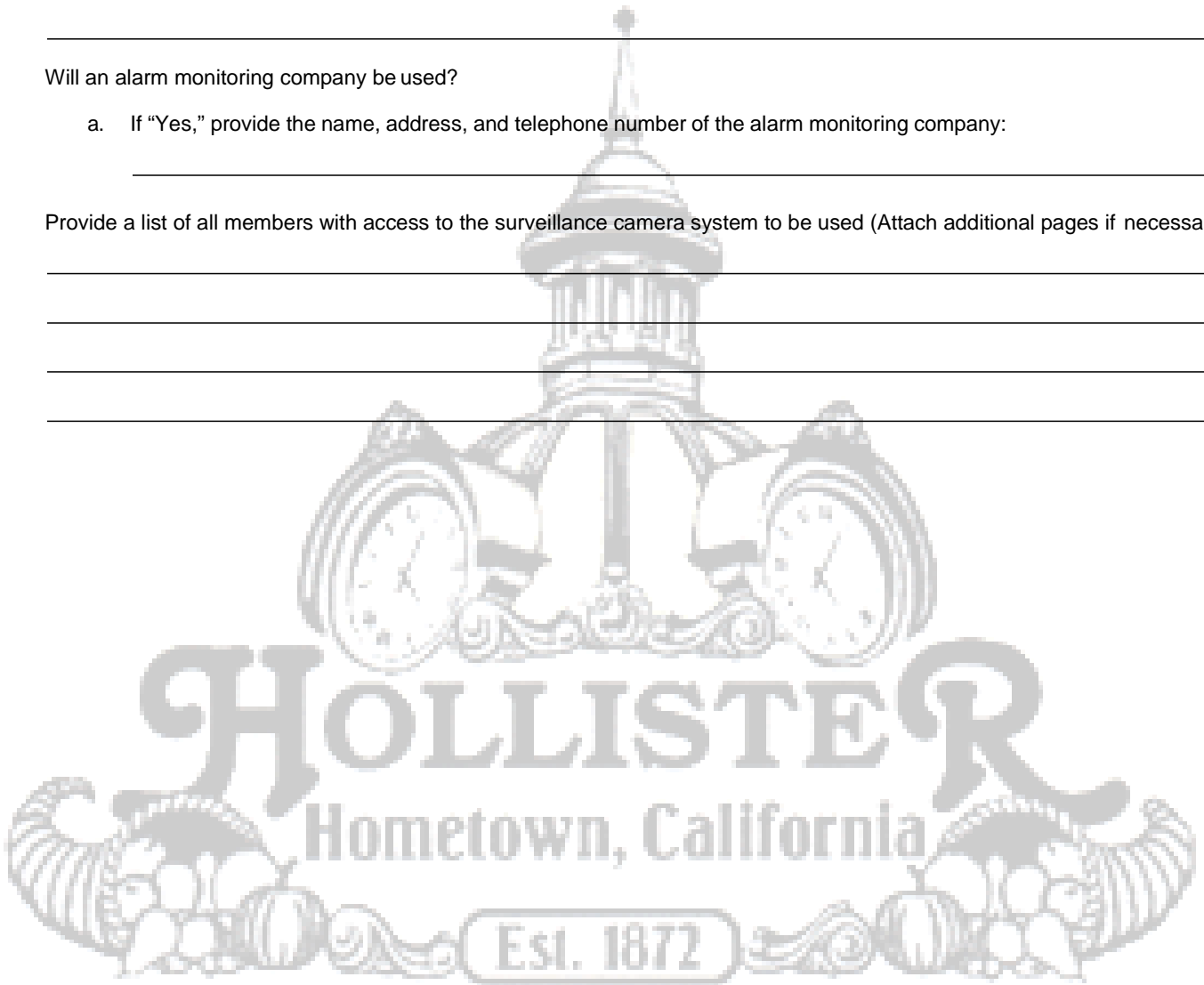
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GENERAL INFORMATION (All Applicants)

- (23) Does the applicant have a CA Seller's Permit issued by the California State Board of Equalization for the location identified in Item No. (4) of this application? Yes No
- a. If "Yes," enter the CA Seller's Permit identification number, and attach a legible copy of the CA Seller's Permit to this application: _____
- (24) Attach photographs accurately depicting the entire interior and exterior of the proposed site(s), including entrance(s), street frontage(s), parking, front, rear and sides of the proposed site.
- (25) _____ Provide the name, address, telephone number, business license account number, and PPO number of the security company that will be used. **NOTE:** A copy of the security guards' CA state license must be maintained on file at the business at all times.

- (26) Will an alarm monitoring company be used?
- a. If "Yes," provide the name, address, and telephone number of the alarm monitoring company:

- (27) Provide a list of all members with access to the surveillance camera system to be used (Attach additional pages if necessary):



GENERAL INFORMATION (Cont.)

CERTIFICATION OF EMPLOYMENT PRACTICES

I, _____, certify that the business will not employ any person with
(Name of Business/Owner listed in Item No. (1) of the application)
any type of violent or serious felony conviction as specified in Section 667.5 and 1192.7 of the Penal Code or any
felony conviction involving fraud, deceit, or embezzlement. The business will also not employ as managers or
employees any person with any narcotic drug related misdemeanor conviction. The following shall become a
condition of maintaining the license.

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

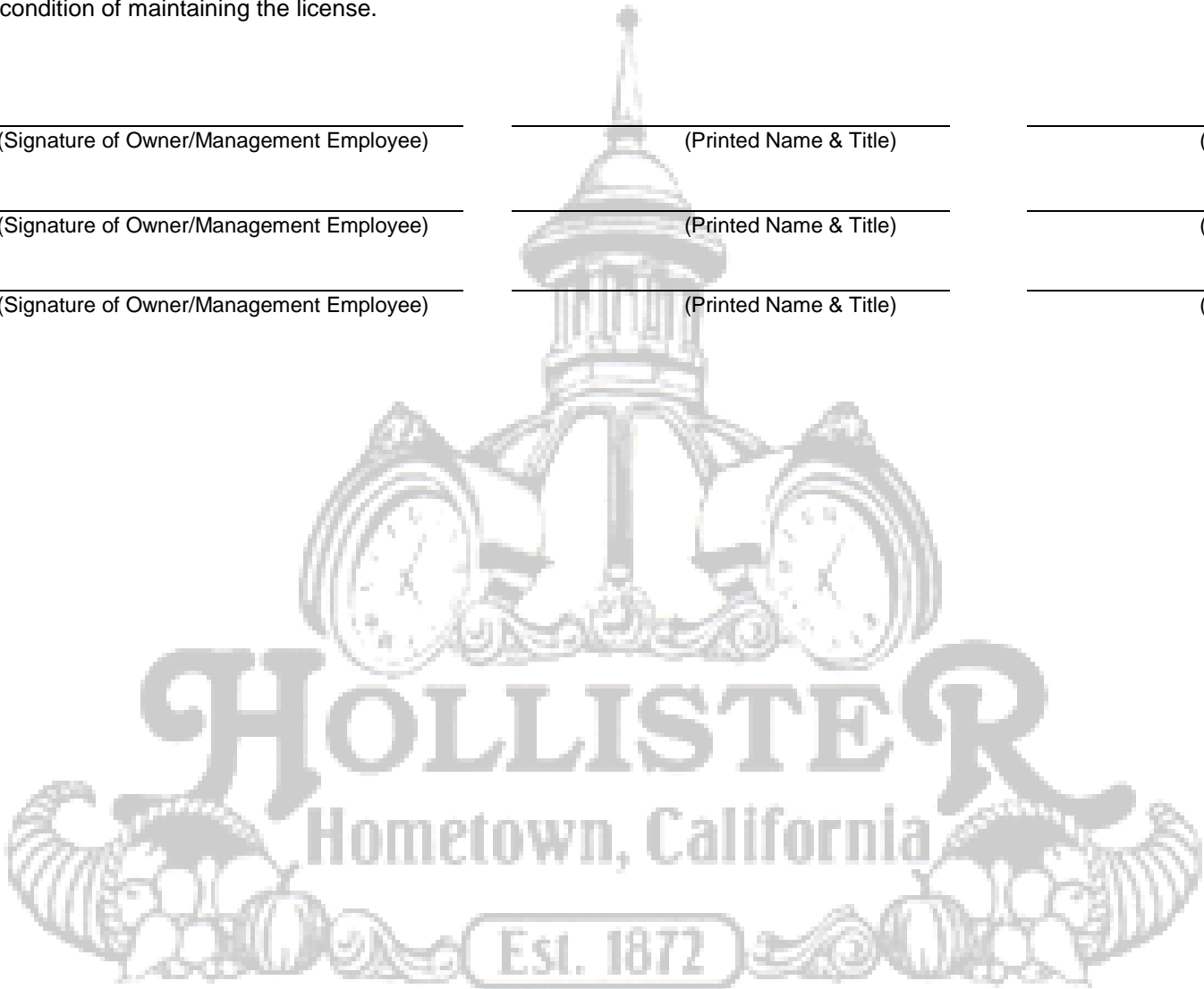
(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)



IF APPLYING AS AN INDIVIDUAL

Last Name: _____

First Name: _____

Middle: _____

Title(s) or AKA(s): _____

Residence address: _____

Home/Business Telephone: _____

Cell Phone: _____

Email Address: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

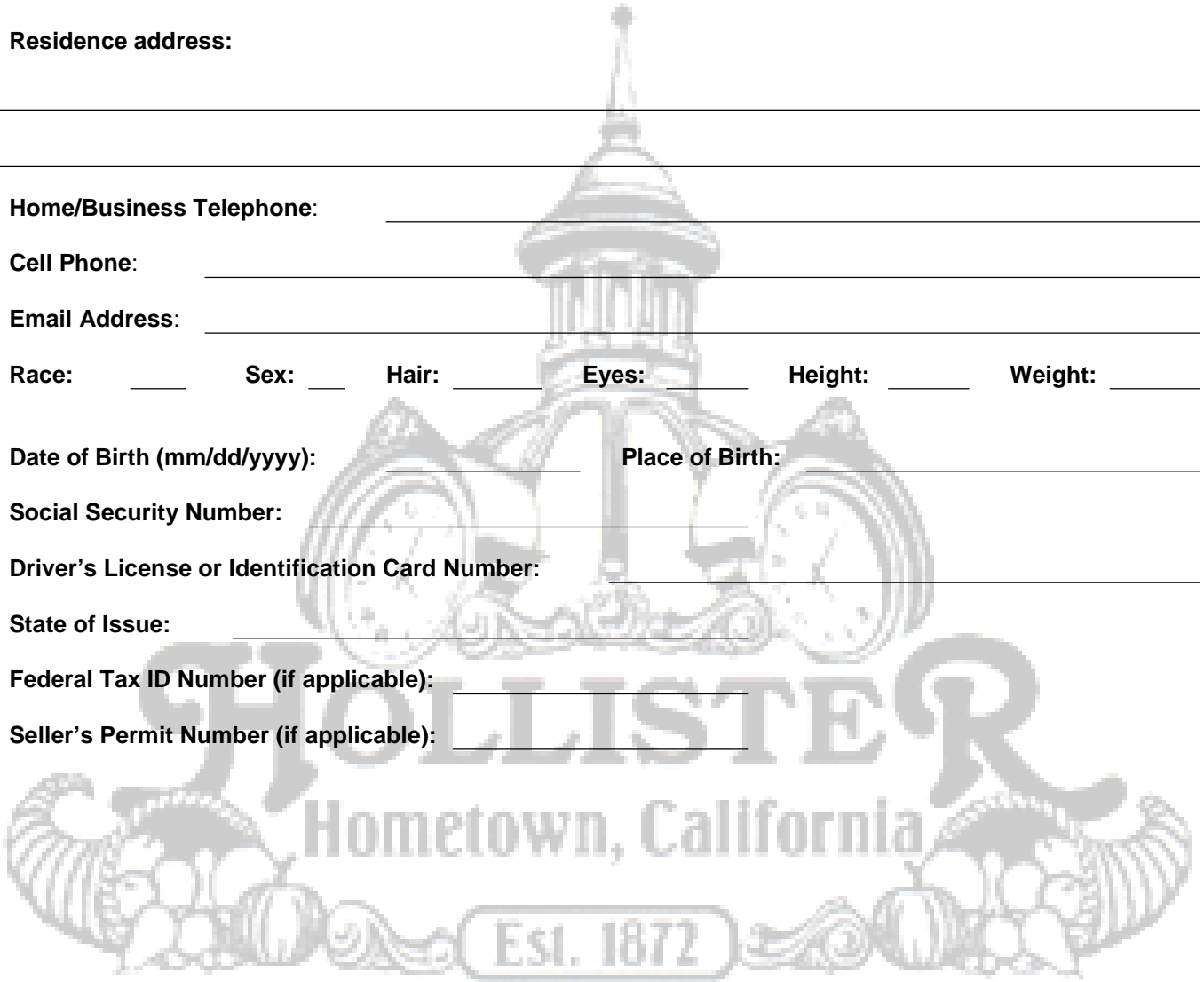
Social Security Number: _____

Driver's License or Identification Card Number: _____

State of Issue: _____

Federal Tax ID Number (if applicable): _____

Seller's Permit Number (if applicable): _____



IF APPLYING AS A PARTNERSHIP

Check One Box:

General Partnership

Limited Partnership/ LLP

Limited Liability Corporation/ LLC

Name of Partnership: _____

Federal Tax ID Number (if applicable): _____

Seller's Permit Number (if applicable): _____

Percentage of Partnership

Name and residence addresses of **General Partners:** _____ Interest: _____ %

_____ Interest: _____ %

_____ Interest: _____ %

_____ Interest: _____ %

Names and residence addresses of **Limited Partners:** _____ Interest: _____ %

_____ Interest: _____ %

_____ Interest: _____ %

_____ Interest: _____ %

_____ Interest: _____ %

Place and date of filing Articles or Certificate of Partnership or Limited Partnership: _____

Please Note:

Attach certified copies of *Articles of Partnership or Limited Partnership*, or other written evidence of partnership status and all amendments thereto this application.

IF APPLYING AS A PARTNERSHIP (cont.)

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

PRINCIPAL PARTNER I

Name: _____ Title: _____
Residence Address: _____ Phone: ____
Business Address: _____ Phone: ____
Email Address: _____
Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____
Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER II

Name: _____ Title: _____
Residence Address: _____ Phone: ____
Business Address: _____ Phone: ____
Email Address: _____
Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____
Driver's License Number: _____ Issuing State: _____

PRINCIPAL PARTNER III

Name: _____ Title: _____
Residence Address: _____ Phone: ____
Business Address: _____ Phone: ____
Email Address: _____
Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____
Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____
Driver's License Number: _____ Issuing State: _____

IF APPLYING AS A CORPORATION

PLEASE ONLY PROVIDE INFORMATION FOR ALL OFFICERS, DIRECTORS, OR SHAREHOLDERS WHO OWN MORE THAN 10% OF THE ISSUED AND OUTSTANDING STOCK

Check One Box: For-Profit Corporation Non-Profit Corporation

Name of Corporation: _____

Corporation Number: _____

Date and Place of Incorporation: _____

Location Headquarters: _____

Federal Tax ID Number: _____

Seller's Permit Number: _____

Please attach certified copies of *Articles of Incorporation and By-Laws*, and all amendments to this application.

Name and Residence Address of Corporation Officers (members of the executive board):

| Name | Title & Ownership % | Address | Telephone |
|-------|---------------------|---------|-----------|
| _____ | _____ | _____ | () _____ |
| _____ | _____ | _____ | () _____ |
| _____ | _____ | _____ | () _____ |
| _____ | _____ | _____ | () _____ |

Numbers of shares issued by Corporation: _____

Number of share retained by Corporation: _____

Name and addresses of shareholders, if ten (10) or less state also the number and type of shares:

Name, address, telephone number, and email address of agent for service of process designated by Corporation with the Secretary of State of California:

IF APPLYING AS A CORPORATION (Cont.)

INFORMATION IS REQUESTED FOR POLICE DEPARTMENT IDENTIFICATION AND INVESTIGATION

CORPORATE OFFICER I

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER II

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER III

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CORPORATE OFFICER IV

Name: _____ Title: _____

Residence Address: _____ Phone: _____

Email Address: _____ Phone: _____

Race: _____ Sex: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____

Driver's License Number: _____ Issuing State: _____

CITY OF HOLLISTER

PROPERTY OWNER/ LANDLORD AUTHORIZATION FOR INSPECTION AND RIGHT TO OPERATE A MEDICAL CANNABIS FACILITY

I, _____, am the legal owner / landlord / lessor of real property located at
(Name of Property Owner/ Landlord) (Circle One)

_____, Hollister, California. I authorize the Medical
(Address listed in Item No. (4) of the application)

Cannabis Business entitled _____ to operate a medical
(Name of Business/Owner listed in Item No. (1) of the application)

marijuana business at the property, as that term is defined in state law and the Hollister Municipal Code, for the specific use(s) of _____
(Land uses(s) set forth in the Medical Marijuana Facility application – e.g. cultivation, manufacturing, etc.)

set forth in the Medical Cannabis Facility License Application submitted to the City of Hollister by

_____ and allow the City of Hollister to enter the property for
(Name of Business/Owner listed in Item No. (1) of the application)

inspection of the property. I further understand that I am responsible for any violation and nuisance activity, which may occur at this property. I declare under penalty of perjury that the foregoing information is true and correct. Executed this _____ day of _____ 2017, at Hollister, California.

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)

(Signature of legal owner/landlord/lessor)

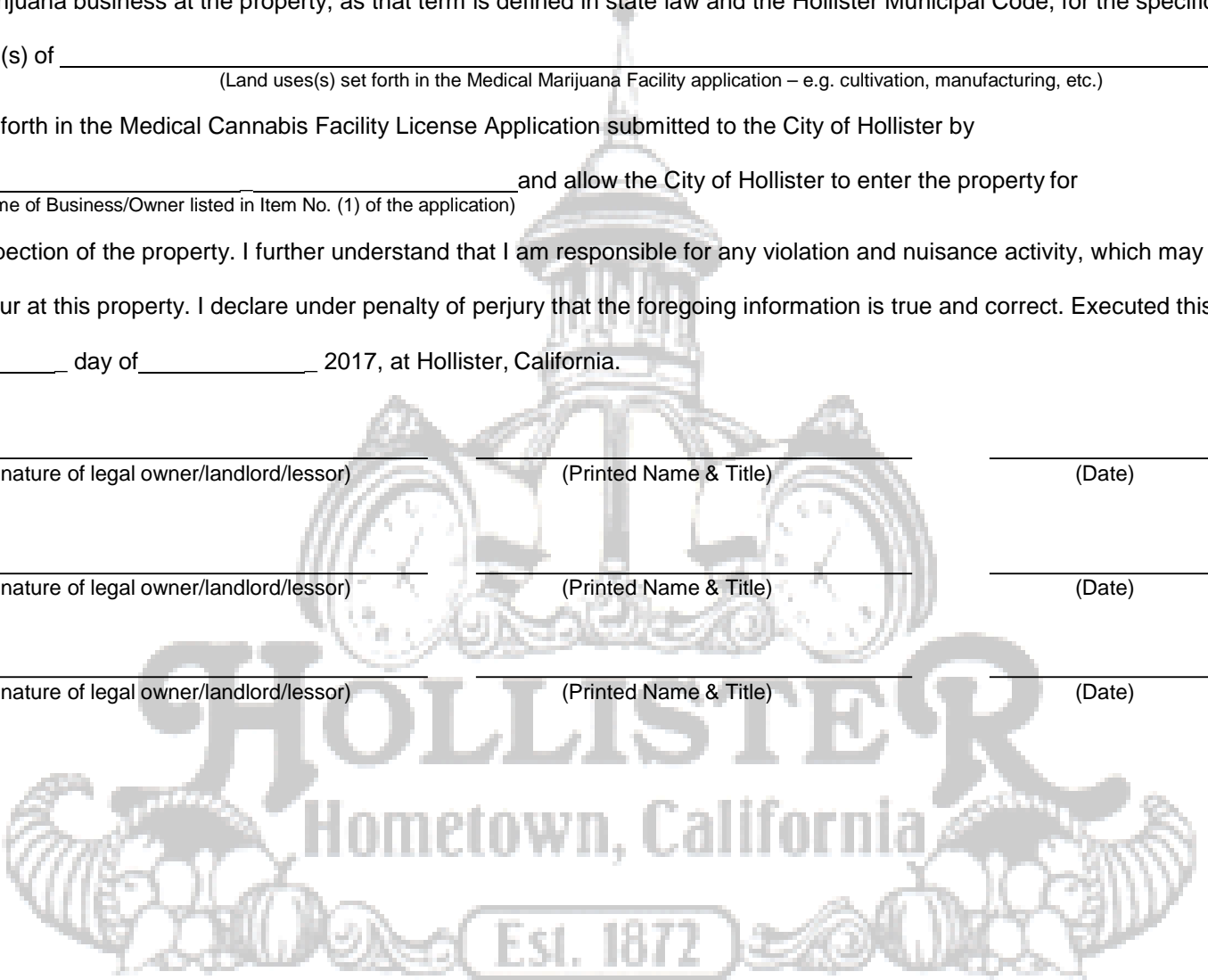
(Printed Name & Title)

(Date)

(Signature of legal owner/landlord/lessor)

(Printed Name & Title)

(Date)



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CITY OF HOLLISTER
NOTARY ACKNOWLEDGEMENT FORM

The notarized signature of the majority representative owner or owners, as established by deed or contract, of the subject property or properties is required for the filing of this application.
(Additional sheets may be attached if needed.)

On _____ before me, _____ the undersigned,
DATE (WRITE NAME OF NOTARY)

a Notary Public in and for said County, duly commissioned,

personally appeared _____
NAME(S) OF SIGNER(S)

NAME(S) OF SIGNER(S)

personally known to me - OR -

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.

WITNESS my hand and official seal

PLACE NOTARY SEAL ABOVE

Notary Public in and for the County
of San Benito, State of California

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title of type of Document: PROPERTY OWNER/ LANDLORD AUTHORIZATION FORM

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity (ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Title(s): _____ Title(s): _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

| | |
|---|---------------------------------|
| ORI (Code assigned by DOJ) | Business License Cert. / Permit |
| Medical Cannabis | Authorized Applicant Type |
| Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) | |

Contributing Agency Information:

| | | |
|--|----------------|---|
| Hollister Police Department | | Mail Code (five-digit code assigned by DOJ) |
| Agency Authorized to Receive Criminal Record Information | | Custodian of Records |
| 395 Apollo Way | | Contact Name (mandatory for all school submissions) |
| Street Address or P.O. Box | | (831) 636-4330 |
| Hollister | CA 95023 | Contact Telephone Number |
| City | State ZIP Code | |

Applicant Information:

| | | | |
|-----------------------------------|---|-------------------------|-------------------------------|
| Last Name | First Name | Middle Initial | Suffix |
| Other Name (AKA or Alias) Last | First | | Suffix |
| Date of Birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Driver's License Number | |
| Height | Weight | Eye Color | Hair Color |
| Place of Birth (State or Country) | Social Security Number | Billing Number | (Agency Billing Number) |
| Home | | Misc. Number | (Other Identification Number) |
| Street Address or P.O. Box | City | State | Address ZIP Code |

Your Number: _____ OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: _____ Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

| | |
|-----------------------------|---|
| Employer Name | Mail Code (five digit code assigned by DOJ) |
| Street Address or P.O. Box | |
| City | State ZIP Code |
| Telephone Number (optional) | |

Live Scan Transaction Completed By:

| | |
|---------------------|-------------------------|
| Name of Operator | Date |
| Transmitting Agency | LSID |
| ATI Number | Amount Collected/Billed |

MEDICAL MARIJUANA FACILITY LICENSE
APPLICATION ATTACHMENTS

In addition to the Medical Marijuana License Application, the following list of required attachments:

1. Complete interior floor plan on paper no larger than 11" x 17" (multiple sheets allowed) to include the following information:
 - a. Dimensions of interior floor plan.
 - b. Indicate location of all exit doors, widths of doors and panichardware.
 - c. Principal uses of the floor area including where non-patients will be permitted, private consulting areas, storage areas, retail areas, areas for cash handling and storage, and restricted areas
 - d. Show the separation of the areas that are open to persons who are not patients from those areas open to patients

NOTE: All areas of proposed business site must be disabled access compliant pursuant to Title 24 of the State of California Code of Regulations and the Americans with Disabilities Act

2. Proof of Worker's Compensation Insurance including the limits of each policy, policy numbers, name of the insurer, effective date, and expiration date of each policy.
- 3.
4. Proof of Liability Insurance including the limits of each policy, policy numbers, name of the insurer, effective date, and expiration date of each policy. Insurance must have aggregate policy limits in an amount not less than \$1,000,000.
5. Copy of CA Seller' Permit (for retail businesses only)
6. Copy of your Fictitious Name Filing, if applicable.
7. Corporation, Limited Liability Companies, Limited Liability Partnerships:
 - a. Copy of your Articles of Incorporation
 - b. Copy of your Statement of Information
8. Standard Operating Plan Procedures to include the following information (as outlined in the Regulations):
 - a. General Operating Procedures
 - b. Security
 - c. Operational Security
 - d. Facility Security
 - e. Community Service
 - f. Fire Plan
 - g. Labor Relations/Employee Handbook
 - h. Business Plan / Financials
9. Proof of Ownership, lease, and/or letter of landlord's commitment to lease upon issuance of a license to the proposed business location
10. Proof Entity is Registered and in Good Standing with Secretary of State and Franchise Tax Board
11. Copy of one (1) valid government issued form of identification for each owner and managing member
12. Copy of Live Scan receipt/completion for each owner and business manager

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Medical Cannabis Facility Application

CITY OF HOLLISTER

ACKNOWLEDGEMENT FORM
Medical Cannabis Facility (“MCF”) Application

- ./ I/we consent to onsite inspections of our MCF by City of Hollister officials. Inspections will be conducted by City of Hollister Officials during regular business hours Monday-Friday 9:00a.m to 5:00 p.m., excluding holidays. The telephone number listed on my application is the number the City can call to provide notice, when possible.
- ./ I/we acknowledge that by submitting the permit application we allow onsite inspections; dogs/animals will be locked up, lock gates will be assessable and no weapons will be secured and stored.
- ./ I/we consent that all structures on parcel that are utilized for Commercial Cannabis Activities will be built in accordance with applicable City of Hollister Building Codes and permit requirements.
- ./ I/we acknowledge that the information I/we provide with this application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.
- ./ I/we consent to defend, indemnify, and hold harmless the City of Hollister from any defense costs, including attorneys' fees or other loss connected with any legal challenge brought as a result of the City of Hollister's review and/or approval of this Application. I/we agree to execute a formal agreement to this effect on a form provided by the City and available for my inspection.
- ./ I/we will only employ individuals at least eighteen (18) years of age, require a Federal or State issued proof of identification be carried at all times on property, and will comply will all applicable state and federal requirements for payment of payroll taxes, including federal and state income taxes and/or contribution for unemployment insurance, state workers' compensation liability law.
- ./ I/we have reviewed Ordinance No. 1131, I/we understand the requirements, will comply with the requirements, and understand the consequences of Non-Compliance.
- ./ I/we acknowledge that the application fee is non-refundable.
- ./ I will comply with Local, State and Federal regulatory agencies.

Print

Signature

Date

Est. 1872

Indemnification Form

Commercial Cannabis Facility Application

I _____, hereby agree:

1. I have applied with the City of Hollister for permission to conduct _____ (state type of facility) commercial cannabis pursuant to City of Hollister Ordinance No. 1131 (hereafter "Project").
2. Nothing in this Agreement shall be construed to limit, direct, impede or influence the City of Hollister's review and consideration of the Project.
3. I shall defend, indemnify, save and hold harmless the City of Hollister, its elected and appointed officials, officers, employees, agents, contractors and volunteers from any and all claims, actions, proceedings or liability of any nature whatsoever (including, but not limited to; any approvals issued in connection with any of the above described application(s) by City; any action taken to provide related environmental clearance under the California Environmental Quality Act ("CEQA") by City's advisory agencies, boards or commissions, appeals boards, or commissions, Planning Commissions, or City Council; and attorneys' fee and costs awards) arising out of, or in connection with the City's review or approval of the project or arising out of or in connection with the acts or omissions of the Applicant, its agents, employees or contractors. With respect to review or approve, this obligation shall also extend to any effort to attack, set aside, void, or annul the approval of the project, including any contention the project or its approval is defective because a City ordinance, resolution, policy, standard or plan is not in compliance with local, state or federal law. With respect to acts or omissions of the Applicant, its agents, employees or contractors, its obligation, hereunder shall apply regardless of whether the City of Hollister prepared, supplied or approved plans, specifications or both.
4. The obligations of the Owner and Applicant under this Indemnification shall apply regardless of whether any permits or entitlements are issued.
5. City of Hollister shall have the absolute right to approve any and all counsel employed to defend the City. To the extent the City of Hollister uses any of its resources to respond to such claim, action or proceeding, or to assist the defense, the Applicant will reimburse the City upon demand. Such resources include but are not limited, staff time, court costs, City Counsel's time at its regular rate for non-City agencies, or any other direct or indirect cost associated with responding to, or assisting in defense of, the claim, action or proceedings.
6. For any breach of this obligation the City of Hollister may rescind its approval of the Project.
7. The Applicant shall not be required to pay or perform any settlement unless the Applicant, which approval shall not be unreasonably withheld, approves the settlement in writing. The City of Hollister must approve any settlement affecting the rights and obligations of the City.
8. This agreement shall be construed and enforced in accordance with the laws of the State of California.
9. In any legal action or other proceeding brought by either party to enforce or interpret this Agreement, the appropriate venue is the City of Hollister Superior Court.
10. The Applicant shall pay all court ordered costs and attorney fees.
11. The defense and indemnification of the City of Hollister set forth herein shall remain in full force and effect throughout all stages of litigation including appeals of any lower court judgments rendered in the proceedings.

After review and consideration of all of the foregoing terms and conditions, Applicant, by its signature below, hereby agrees to be bound by and to fully and timely comply with all of the foregoing terms and conditions.

Print Name

Signature

Date