



County of San Diego

PLANNING & DEVELOPMENT SERVICES
5510 OVERLAND AVENUE, SUITE 210, SAN DIEGO, CA 92123
Cannabis.Licensing@sdcounty.ca.gov

CANNABIS FACILITY LICENSE APPLICATION PHASE III

INTAKE DATE: _____

RECORD ID: _____

BUSINESS OWNER INFORMATION

Full Name:

DBA/Corporation/LLC/Limited Partnership (if applicable):

Mailing Address:

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Social Equity Applicant? ☐ Yes ☐ No

CANNABIS BUSINESS INFORMATION

Facility Name:

Facility Address:

Assessor Parcel Number:

Emergency Contact Name: _____ Emergency Contact Phone: _____
(Emergency Contact must be reachable on a 24/7 basis and can provide access to the premises in the event of an emergency).

Check all that apply:

Microbusiness: ☐ Yes ☐ No

☐ Cultivation
☐ Indoor ☐ Outdoor ☐ Mixed-light

☐ Distribution

☐ Manufacturing

☐ Testing Laboratory

☐ Storefront Retailer
☐ Consumption Lounge
☐ Type A ☐ Type B

☐ Non-Storefront Retail

Hours of Operation - Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Seller's Permit Number:

☐ Yes ☐ No ☐ N/A

Medical Cultivation Only - A comprehensive crop security plan detailing measures to safeguard against unauthorized access during all stages from cultivation to delivery has been submitted. (mark n/a if not medical cultivation)

☐ Yes ☐ No ☐ N/A

For Medical and Recreational Cultivation - An inspection and tracking system to ensure that all cannabis is accurately assessed, weighed, identified, priced, and packaged by a Cannabis Regulated Business has been implemented. (mark n/a if not cultivation)

☐ Yes ☐ No ☐ N/A

For Medical and Recreational Cultivation - Cannabis ready for dispensing is stored behind a counter and is not directly accessible to members between dispensing. (mark n/a if not cultivation)

☐ Yes ☐ No ☐ N/A

For Medical and Recreational Cultivation - The following permit information has been included with Cannabis application. Report of Waste Discharge (WDID), A copy of Stormwater Permit, A copy of National



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	Pollutant Discharge Elimination System (NPDES) Permit.
☐ Yes ☐ No ☐ N/A	Do you plan to conduct a delivery service or transportation of cannabis? If yes, list full names of delivery drivers: 1. _____ 2. _____ 3. _____
SUPPLEMENTAL DOCUMENTS All of the documents listed below must be submitted with this application.	
☐	Proof of Seller's Permit
☐	Proof of Department of Cannabis Control (DCC) License
☐	Proof of valid Cannabis Tax Certificate
☐	Cannabis Facility Employee List
☐	CA Secretary of State Corporations, Limited Liability Companies Record
ACKNOWLEDGEMENTS Initial next to the statements below.	
	Medical Cultivation Only- Cultivation is limited to quantities needed for the active patient base and does not exceed the limits outlined in 11362.77 H&S.
	If planning to conduct extraction or manufacturing of any cannabis product at the Cannabis Regulated Business location must comply with California Code of Regulations, Title 4, Division 19, Chapters 8-11, as applicable.
	Cannabis packaging & labeling will require scale certification from Dept. of Agriculture, Weights & Measures and will be required before approval to manufacture is granted.
	I acknowledge that only individual patients with a medical recommendation may provide cannabis or cannabis concentrates to a licensed Medical Cannabis Collective Facility, limited to their personal medical use in quantities as per Attorney General Guidelines: 6 mature or 12 immature plants, or 8 ounces of dried cannabis. CO2 or water extraction methods are acceptable and must be used for safety, and solvent use may only be used in accordance with Title 4, Division 19, article 3 and may not occur without prior written authorization from PDS Licensing and The Department of Cannabis Control.
	I agree to comply with all conditions of the Adult Recreational and Medical Cannabis Business Certificate and relevant San Diego County Code (SDCC) regulations. I am aware that state law violations will not be tolerated and that federal law, under the Controlled Substances Act, overrides California law, making the sale or distribution of cannabis a federal offense, irrespective of state law compliance.
	I acknowledge that this Operations Certificate does not make the Cannabis Regulated Business exempt from federal cannabis laws. I affirm, under penalty of perjury, that this application and its attachments are truthful and accurate and understand that falsehoods could lead to denial or administrative actions against the certificate, including revocation, suspension, or legal prosecution.
	I consent to receive all official communications by email or mail and understand the non-refundable nature of the application fee.
	Issuance of the certificate is contingent upon the right of reasonable inspection by the Department of Planning & Development Services. If granted, the certificate does not exempt me from compliance with other regulations, including building and safety codes. By applying for a Medical Cannabis Regulated Business Facility Certificate, both the



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property owner and I agree to protect the County against any liabilities, claims, or costs, including attorney's fees, related to property damage, injury, or death stemming from this application and resulting from our negligence.

I acknowledge that I have completed the Security Alarm Application in accordance with §21.2526 (c)(1) and have included the security alarm permit number issued by the Sheriff according to SEC 36.5030(c). Additionally, I have provided the term and expiration date of the contract with the Security Company contracted by the Cannabis Regulated Business, which is required under SEC 21.256(d) and in accordance with the BSIS Regulations for the PPO License.

The application for an Operating Certificate shall designate and identify one or more persons as responsible persons. The designated responsible person(s) shall include the applicant(s). Operating Certificates may be transferred to others by the procedure in accordance with San Diego County Code of Regulatory Ordinances.

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the Department of Cannabis Control (DCC), and all applicable County Ordinances. I understand that if the application and its components are incomplete due to a lack of any of the required information, the application will be rejected and upon resubmission, a fee will be charged. I am aware that fees are not fully refundable and any changes to the released documents will be submitted and filed with the County of San Diego, Planning and Development Services.

County shall not be liable for, and the owner, shall defend and indemnify County and the employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs (hereinafter collectively referred to as "Claims"), related to this Agreement or the license issued by this Agreement and arising either directly or indirectly from any act, error, omission or negligence of the owner or employees, including, without limitation, Claims caused by the sole passive negligent act or the concurrent negligent act, error or omission, whether active or passive, of County Parties. The owner shall have no obligation, however, to defend or indemnify County Parties from a Claim if it is determined by a court of competent jurisdiction that such Claim was caused by the sole negligence or willful misconduct of County Parties. Without limiting the foregoing, owner's defense and indemnity obligations under this section shall specifically apply to any claim, suit, proceeding, demand, liability, loss, damage, or expense (including but not limited to attorneys' fees) arising from or relating to a claim that any work performed pursuant to this Agreement infringes a patent, copyright, moral right, trademark, trade secret, or other intellectual property right of a third party.

Signature: _____

Date: _____

Print Name: _____

-For Office Use Only-

Reviewed By: _____

Date: _____

Title: _____

Applicant ready for License Issuance? ☐ Yes ☐ No

Comments: _____