



**CITY OF ARVIN**  
**200 Campus Drive**  
Arvin Ca 93203  
Phone 661-854-3134758-7200  
FAX 661-854-0817  
**CANNABIS APPLICATION PACKET**

**COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION PACKET**

- ESTIMATED FLOW AND PROCESSING REVIEW AFTER CUP APPROVAL
  - COMMERCIAL CANNABIS PERMIT APPLICATION
- OWNER/PERMIT HOLDER BACKGROUND CHECK APPLICATION
- EMPLOYEE WORK PERMITS – BACKGROUND CHECK APPLICATION

**COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION PACKET**

PROJECT NAME: ESTIMATE TIME FOR CM ACTION AFTER  
 VERIFICATION OF  
 COMPLETNESS

City Manager Review and Action			Prior to Issuance of Commercial Cannabis Permit – Estimated Time 20 days	
YES	NO	N/A		NOTE - COMMENT
			1. Right to Occupy Property – Section 17.64.100;	
			2. Verification of: approval of Environmental Clearance; 3. Planning Commission Issuance of Conditional Use Permit – Sections 17.64.210 and Chapter 17.56;	
			3. City Council Approval of Development Agreement and Environmental Clearance (Optional);	
			4. Verification of State of California Licenses – Division 10 of B&P Code;	
			5. Work Permits -Review and clearance for each employee;	
			6. Criminal History - Owners of the CCA business;	
			7. City Business Licenses;	
			8. Mandatory Inspection of facility – Section 17.64.060 (c-5);	
			9. Payment of all fees – plus advance payment of Annual Commercial Cannabis Permit \$6,534.00;	
			10. Security Measures and Program – Section 17.64.080	
			11. Alcohol and Tobacco Restrictions – Sign and posted verification and compliance – Section 17.64.120;	
			12. Records and Reporting System, Section 17.64.220;	
			13. Prohibition on Transfer of Commercial Cannabis Permits – without City Clearance – Section 17.64.230;	
			14. Review and approval of General Operation Requirements for Commercial Cannabis Permit – Section 17.64.240;	
			15. Greenhouse design and specifications – must comply with Section 17.64.240, if applicable;	
			16. Review of Operation Requirements of Cultivation Businesses and Nurseries, if applicable – Section 17.64.250;	
			17. Review of Cannabis Manufacturing Business Operating Requirements, if applicable – Section 17.64.260;	
			18. Review of Cannabis Testing Laboratory Operational Requirements – Section 17.64.270;	
			19. Review of Cannabis Retail/Delivery Business Operating requirements, if applicable – Section 17.64.280;	
			20. Review and approval of Community Relations – Section 17.64.320;	



**City of Arvin**

200 Campus Drive, P.O. Box 548  
 Arvin, CA 93203  
 Telephone: (661) 854-3134; www.arvin.org

OFFICE USE ONLY	
Case No.	
Application Submittal Date	
Fee	\$3,245.00
Accepted By	

**COMMERCIAL CANNABIS PERMIT APPLICATION**  
 Pursuant to Chapter 17.64 of the City of Arvin Municipal Code

**DIRECTIONS:** Complete the below application in its entirety, attaching additional documents and sheets as required or necessary. When application is complete, submit completed application with all supplemental documentation to the City of Arvin City Manager or his or her designee.

Check one only:

- Check here if **NEW** Commercial Cannabis Permit
- Check here if **RENEWAL** of a Commercial Cannabis Permit

**STREET ADDRESS OF PROPERTY SUBJECT TO COMMERCIAL CANNABIS BUSINESS:** \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY (INCLUDING A.P.N.):** \_\_\_\_\_

**APPLICATION FEE**

Attach a check or other acceptable form of payment for the full amount of the application filing fee established by resolution of the Arvin City Council pursuant to Arvin Municipal Code **Section 17.64.160 Fees and Charges, and Resolution No. 2018-46 dated June 19, 2018.**

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**A. APPLICANT AND OWNER INFORMATION:**

**APPLICANT:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**LEGAL REPRESENTATIVE (IF APPLICABLE):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PROPERTY OWNER (IF DIFFERENT FROM APPLICANT):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PROPERTY SUB-LESSOR (IF APPLICABLE):** \_\_\_\_\_

\_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**(Attach additional sheets as necessary)**

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**B. PROPERTY OWNER CONSENT:**

**In the event that the applicant is not the legal owner of the subject property contemplated by this application, the application must be accompanied by a signed and notarized statement from the owner of the property to demonstrate that the property owner has acknowledged and has consented to the operation of a commercial cannabis business on the property.**

**If applicant is the legal owner 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 City Manager.**

**(Attach notarized acknowledgment form or other evidence of legal ownership, as applicable)**

**C. OFFICER AND EMPLOYEE INFORMATION**

1. Provide the printed full name, signature, date of birth, social security number, present address, and telephone number of all persons and entities responsible for the operation of the commercial cannabis business, including managers, corporate officers, investors, any individual with an ownership interest, any member of a board of directors, any general or limited partner, and/or any member of a decision-making body for the commercial cannabis business:

NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Signature: \_\_\_\_\_

NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Signature: \_\_\_\_\_

NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Signature: \_\_\_\_\_

(Attach additional sheets as necessary)

2. List the full names and telephone numbers of all persons to be regularly engaged in the operation of the commercial cannabis business, whether as an employee, volunteer or contractor, including those with management or supervisory responsibilities, to the extent such persons are not named above:

NAME: \_\_\_\_\_ Phone No: \_\_\_\_\_

NAME: \_\_\_\_\_ Phone No.: \_\_\_\_\_

(Attach additional sheets as necessary)

3. List the full name, e-mail address, and phone number of a liaison who shall be reasonably available to meet and discuss compliance with the requirements of the Arvin Municipal Code, state law and/or any other regulations relating to the commercial cannabis activity.

NAME: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

4. List the full name and phone number (mobile phone preferred, if available) of an on-site employee or owner to serve as an emergency contact for the City.

NAME: \_\_\_\_\_

Phone No.: \_\_\_\_\_

5. List the name, telephone number and email address of a community relations contact to whom notice of problems associated with the commercial cannabis business can be provided.

NAME: \_\_\_\_\_

Phone No.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

6. All employees and independent contractors of the commercial cannabis permit holder must apply for and obtain an employee work permit pursuant to Arvin Municipal Code Section 17.64.090 prior to performing any services for or on behalf of the permit holder. Provide completed and signed employee work permit application forms to the City Manager for all individuals who will be employees or independent contractors of the proposed commercial cannabis business upon commencement of business activities, if and when a commercial cannabis business permit is granted.

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#### D. APPLICANT BACKGROUND INFORMATION

1. List the names and addresses of all businesses operated by, and the employment of, the undersigned applicant, currently and for the five (5) years immediately preceding the date of this application:

BUSINESS NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ Unit #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ Unit #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ Unit #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ Unit #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

(Attach additional sheets as necessary)

2. Disclose any litigation in which the applicant has been involved within the five (5) years immediately preceding the date of this application.

ADJUDICATING COURT(S): \_\_\_\_\_

CASE TITLE: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

TYPE/DESCRIPTION OF LAWSUIT: \_\_\_\_\_

ADJUDICATING COURT(S): \_\_\_\_\_

CASE TITLE: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

TYPE/DESCRIPTION OF LAWSUIT: \_\_\_\_\_

ADJUDICATING COURT(S): \_\_\_\_\_

CASE TITLE: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

TYPE/DESCRIPTION OF LAWSUIT: \_\_\_\_\_

(Attach additional sheets as necessary)

3. Has any business currently operated by the applicant or operated by the applicant within the five (5) years immediately preceding the date of this application been investigated by any government agency for suspected unlawful activity?

YES  NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets as necessary)

4. Has the permit or license authorizing the operation of any business operated by the applicant been revoked or suspended within the five (5) years immediately preceding the date of this application?

YES  NO

If yes, explain: \_\_\_\_\_

(Attach additional sheets as necessary)

**E. BUSINESS INFORMATION: Type of commercial cannabis business (check one):**

CULTIVATION - Type \_\_\_\_\_,  TESTING,  WHOLESALE DISTRIBUTION - Type \_\_\_\_\_;  
 MANUFACTURING - Type \_\_\_\_\_;  RETAIL - DELIVERY ONLY,  MICRO-BUSINESS - TYPE 12

1. Proposed days and Hours of Operation: \_\_\_\_\_

2. Legal Form of Business Entity/Ownership structure as filed with California Secretary of State, including state of organization: \_\_\_\_\_

3. Is the applicant qualified to do business in the State of California according to the California Secretary of State?

YES  NO

4. Will the applicant be engaging in any other type of commercial cannabis activity at the subject property other than the type indicated above?

YES  NO

If yes, explain: \_\_\_\_\_

Note: Pursuant to Arvin Municipal Code Section 17.64.060(c)(6), a separate City issued permit is required for each type of commercial cannabis activity. Identify all City-issued commercial cannabis permits pursuant to "Required Submissions" Item 2, below.

5. Does the applicant possess a valid and current City of Arvin business license?

YES  NO

(If yes, identify the City-issued business license pursuant to "Required Submissions" Item 2, below.)

6. Does the applicant possess a valid and current State of California cannabis license?

YES  NO

(If yes, identify the State-issued cannabis license pursuant to "Required Submissions" Item 2, below.)

## REQUIRED SUBMISSIONS

*Please attach the following documents to your application.*

1. **STANDARD OPERATING PROCEDURES.** Provide the standard operating procedures for proposed commercial cannabis business detailing how operations will comply with state and local regulations, how safety and quality of products will be ensured, and product recall procedures, in accordance with the requirements of Arvin Municipal Code Section 17.64.190(c).
2. **OTHER LICENSES OR PERMITS.** Identify all other licenses or permits for commercial cannabis businesses (including non-profit organizations), whether for the City of Arvin or for any other licensing or permitting authority: (a) held currently by the applicant; (b) pending approval for the applicant; or (c) denied to, revoked from or suspended for the applicant. If a license or permit has been denied, revoked, or suspended, provide a detailed explanation of the circumstances.
3. **SIGNAGE.** Provide a description of the size, height, colors and design of any signage to be used at the site of the proposed commercial cannabis business, in accordance with applicable state and local laws, including but not limited to Arvin Municipal Code Section 17.64.240(g) [Note: a City of Arvin sign permit issued pursuant to the Arvin Municipal Code is required for signage].
4. **SECURITY PLAN.** Provide a security plan detailing the security measures to be taken, sufficient to comply with all applicable security-related requirements under state and local law, including but not limited to the requirements of Sections 17.64.080 and 17.64.240(x) of the Arvin Municipal Code.
5. **SUPPLY SOURCES.** Provide an overview of the supply sources for all cannabis or cannabis products of the proposed commercial cannabis business. Include the full product supply chain, including the site(s) where cultivation, processing, manufacturing, testing, transportation, packaging and labelling occur.
6. **ODOR CONTROL PLAN.** Provide an odor control plan detailing the odor control devices and techniques to be utilized by the proposed commercial cannabis business to prevent cannabis odors from being detectable off-site, in accordance with the requirements of the Arvin Municipal Code.
7. **RECYCLING AND WASTE DISPOSAL PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for recycling and waste disposal, including procedures for identifying, managing and disposing of contaminated, adulterated, deteriorated or excess medical cannabis product, in accordance with the requirements of the Arvin Municipal Code.
8. **INVENTORY CONTROL PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for inventory control to prevent diversion of cannabis and cannabis product, in accordance with the requirements of the Arvin Municipal Code.
9. **STORAGE PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for storage of cannabis and cannabis product, in accordance with the requirements of the Arvin Municipal Code.
10. **EMPLOYEE SCREENING PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for employee screening to ensure compliance with applicable state and city laws and regulations, in accordance with the requirements of the Arvin Municipal Code.
11. **PERSONNEL POLICIES.** Provide the personnel policies to be used by the proposed commercial cannabis business, in accordance with the requirements of the Arvin Municipal Code.
12. **RECORDKEEPING PROCEDURES.** Provide the recordkeeping procedures to be used by the proposed commercial cannabis business, including procedures for financing, testing and adverse event recording, in accordance with the requirements of the Arvin Municipal Code.
13. **CHEMICAL AND FERTILIZER HANDLING PROCEDURES.** Provide the procedures to be used by the proposed

commercial cannabis business for how chemicals and fertilizers will be stored, handled, used and disposed of, in accordance with the requirements of the Arvin Municipal Code.

14. **SITE PLAN AND FLOOR PLAN.** Provide a site plan and floor plan of the commercial cannabis business denoting the property lines and the layout of all areas of the commercial cannabis business including storage, cultivation, manufacturing, testing, distributing, reception or waiting area, and all ancillary support spaces, and the relationship of the facility to adjacent properties and land uses, in accordance with the requirements of the Arvin Municipal Code.
15. **YOUTH ACCESS RESTRICTION PROCEDURES.** Provide the procedures to be used by the proposed commercial cannabis business for restricting youth access to the site in accordance with applicable state and local laws and regulations, in accordance with the requirements of the Arvin Municipal Code.
16. **ENERGY AND WATER USAGE PLAN.** Provide a detailed description of the energy and water usage plan for the proposed commercial cannabis business, enumerating best practices and leading industry practices in efficient utilization of energy and water, in accordance with the requirements of the Arvin Municipal Code.
17. **INSURANCE AND BONDING.** Provide evidence of compliance with all applicable insurance and bonding requirements as required by the Arvin Municipal Code, other applicable local law, and applicable state law.
18. **CULTIVATION OR NURSERY OPERATIONS - REQUIRED INFORMATION.** If the proposed commercial cannabis business is a cultivation or nursery business, provide the following information, in accordance with the Arvin Municipal Code:
  - (1) the total square footage of proposed canopy space.
  - (2) an operations plan that meets or exceeds minimum legal standards for water usage, conservation and use; drainage, runoff, and erosion control; watershed and habitat protection; and proper storage of fertilizers, pesticides, and other regulated products to be used on the parcel;
  - (3) a description of the cultivation or nursery business' activities and a schedule of activities during each month of growing and harvesting, or an explanation of the growth cycles and anticipated harvesting schedules for all-season harvesting;
  - (4) a description of a legal water source, irrigation plan, and projected water use for the proposed operation;
  - (5) identification of the source of electrical power for the proposed operation;
  - (6) a compliance plan for the proposed operation with respect applicable building codes and related codes; and
  - (7) a plan for addressing odor and other public nuisances which may arise from the proposed operation.

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**F. AUTHORIZATION FOR CITY VERIFICATION OF INFORMATION**

**I hereby authorize and consent to the Chief of Police of the City of Arvin, including his or her designee(s), seeking verification of the information contained in this application and any attachments.**

**NAME OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT):** \_\_\_\_\_

**SIGNATURE OF BUSINESS OWNER(S):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**G. TERMS AND CONDITIONS**

I hereby affirm and certify that I have reviewed the contents of Chapter 17.64 of the Arvin Municipal Code, and I acknowledge, understand, and agree to be bound by its terms and conditions. I further affirm and certify that I will adhere to all approved plans, procedures and specifications as provided for by Section (D) above.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF BUSINESS OWNER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

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**H. FURTHER INFORMATION**

I agree to submit any additional and further information as deemed necessary by the City Manager, including his or her designee(s), in order to process this application.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF BUSINESS OWNER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

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**I. AUTHORIZATION FOR CITY INSPECTIONS**

I agree to permit the City Manager and his or her designee to conduct reasonable inspections of the location of the commercial cannabis business, at the discretion of the City, for the purpose of ensuring compliance with local and state cannabis laws and regulations, including but not limited to inspection of security, inventory, and written records and files pertaining to the commercial cannabis business. Further, I hereby agree to pay all reasonable costs, as established within Chapter 17.64 of the Arvin Municipal Code, incurred by the City to obtain judicial authority to enter the commercial cannabis business to conduct an inspection of its operations.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF BUSINESS OWNER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

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**J. 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 its attachments, if any, and that the information contained herein is true and correct.

NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF BUSINESS OWNER(S) (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF BUSINESS OWNER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

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**CHECKLIST OF SUBMITTAL REQUIREMENTS**

**(Must be submitted at time of application submittal)**

**INCOMPLETE APPLICATION SUBMITTALS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION IN ACCORDANCE WITH ARVIN MUNICIPAL CODE SECTION 17.62.170(b)**

<b>SUBMITTED</b>		
<b>YES</b>	<b>NO</b>	
1.	___	___ <u>Application Fee</u>
2.	___	___ <u>Statement of New vs. Renewed Permit</u>
3.	___	___ <u>Street Address of Property</u>
4.	___	___ <u>Legal Description of Property</u>
5.	___	___ <u>Name and Contact Information of Applicant</u>
6.	___	___ <u>Name and Contact Information of Business Owner(s), if applicable</u>
7.	___	___ <u>Name and Contact Information of Property Owner(s), if applicable</u>
8.	___	___ <u>Name and Contact Information of Property Lessor, if applicable</u>
9.	___	___ <u>Property Owner's Statement of Consent, if applicable</u>
10.	___	___ <u>Required Information of Managers and Responsible Persons</u>
11.	___	___ <u>Required Information of Employees</u>
12.	___	___ <u>Required Information of Designated Liaison</u>
13.	___	___ <u>Required Information of Emergency Contact</u>
14.	___	___ <u>Required Information of Community Relations Contact</u>
15.	___	___ <u>Employee Work Permit Applications for All Initial Employees/Independent Contractors</u>
16.	___	___ <u>Applicant Employment and Business History Information</u>
17.	___	___ <u>Applicant Litigation Information</u>
18.	___	___ <u>Applicant Business Investigation Information</u>
19.	___	___ <u>Applicant Permit/License Revocation/Suspension Information</u>
20.	___	___ <u>Statement of Type of Commercial Cannabis Business</u>
21.	___	___ <u>Days and Hours of Operation</u>
22.	___	___ <u>Statement of Form of Business Entity</u>
23.	___	___ <u>Statement of Qualification to do Business in California</u>
24.	___	___ <u>Statement of Other Types of Commercial Cannabis Activity to be Engaged in</u>
25.	___	___ <u>City Business License Information</u>
26.	___	___ <u>State Cannabis License Information</u>
27.	___	___ <u>Standard Operating Procedures</u>
28.	___	___ <u>Identification of Other Licenses or Permits</u>
29.	___	___ <u>Description of Signage</u>
30.	___	___ <u>Security Plan</u>

31. \_\_\_\_\_ Overview of Supply Sources
32. \_\_\_\_\_ Odor Control Plan
33. \_\_\_\_\_ Recycling and Waste Disposal Procedures
34. \_\_\_\_\_ Inventory Control Procedures
35. \_\_\_\_\_ Storage Procedures
36. \_\_\_\_\_ Employee Screening Procedures
37. \_\_\_\_\_ Personnel Policies
38. \_\_\_\_\_ Recordkeeping Procedures
39. \_\_\_\_\_ Chemical and Fertilizer Handling Procedures
40. \_\_\_\_\_ Floor Plan
41. \_\_\_\_\_ Site Plan
42. \_\_\_\_\_ Youth Access Restriction Procedures
43. \_\_\_\_\_ Energy and Water Usage Plan
44. \_\_\_\_\_ Insurance and Bonding
45. \_\_\_\_\_ Required Information for Cultivation and Nursery Operations (if applicable)
46. \_\_\_\_\_ Applicant Consent to Verification of Information
47. \_\_\_\_\_ Applicant Certification to Review of Municipal Code Terms and Conditions
48. \_\_\_\_\_ Applicant Consent to Further Information
49. \_\_\_\_\_ Applicant Consent to Inspections
50. \_\_\_\_\_ Applicant Indemnification
51. \_\_\_\_\_ Applicant Certification

**COMMERCIAL CANNABIS PERMIT 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 a commercial cannabis permit. This form must be notarized.

To: City of Arvin  
City Manager  
200 Campus Drive, P.O. Box 548  
Arvin, CA 93203

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

**APPLICANT:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

to operate a commercial cannabis 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:** \_\_\_\_\_



**CITY OF ARVIN**  
**Commercial Cannabis Permit:**  
**Owner/Permit Holder Background Check**  
**Application**

Application Fee: \$324.00  
 Page 1 of 3

200 Campus Drive,  
 P.O. Box 548  
 Arvin, CA 93203  
 (661) 854-3134  
 www.arvin.org

**APPLICANT INFORMATION**

LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION	BUSINESS NAME ON APPLICATION
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**IDENTIFICATION INFORMATION**

Social Security Number or Other Documentation Authorizing You to Work In the State of California <input type="text"/>  Driver's License or California Identification Card Number <input type="text"/>	LAST NAME	FIRST NAME	MIDDLE NAME
	LAST NAME	FIRST NAME	MIDDLE NAME

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES
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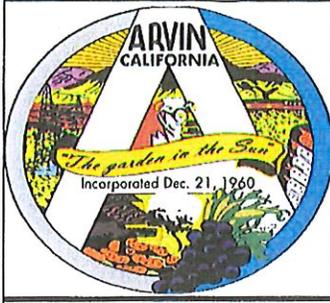
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE ( <b><u>NO P.O. BOXES ALLOWED</u></b> )	PHONE #
--	---------

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
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**CRIMINAL HISTORY**

**List all arrests or convictions other than infractions for traffic violations.**  
 IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION.

1	ARREST/CONVICTION DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2	ARREST/CONVICTION DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3	ARREST/CONVICTION DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
4	ARREST/CONVICTION DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		



**CITY OF ARVIN**  
**Commercial Cannabis Permit:**  
**Owner/Permit Holder Background**  
**Check Application**

200 Campus Drive,  
 P.O. Box 548  
 Arvin, CA 93203  
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 www.arvin.org

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**LIST ALL CANNABIS BUSINESSES OWNED (Including partial ownership) OR OPERATED BY YOU**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**STATEMENT UNDER PENALTY OF PERJURY**

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF ARVIN, THAT THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE

**CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE**

I, the undersigned, hereby authorize any and all law enforcement agencies to release, to the City of Arvin, including but not limited to, the City Manager, Chief of Police and any reasonably necessary agents, designees and/or third party consultants ("Authorized Officials"), of any criminal history records or information, which may exist, for the purpose of conducting a background check to determine whether I meet the qualifications required to obtain an employee work permit as required by Chapter 17.64 of the Arvin Municipal Code. Further, I understand that the release of records or information authorized above may disclose arrests which have not resulted in a criminal conviction and that these records and/or information may be considered by the City of Arvin in determining my eligibility to receive an employee work permit.

I also hereby authorize the disclosure to and use by the Authorized Officials of my photographs, fingerprints, and the information contained in this application, for the purpose of completing the background check.

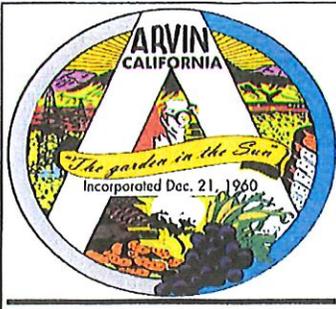
In addition, I hereby authorize the Authorized Officials to obtain and review my consumer credit report and/or any other credit-related information for the purposes of conducting the background check. I understand that these records and/or information may be considered by the City of Arvin in determining my eligibility to receive an employee work permit.

The Authorized Officials may investigate any of the above-referenced records or information as they deem necessary. I agree to cooperate fully and to provide further information as may reasonably be deemed necessary by the Authorized Officials to complete the background check.

I hereby knowingly and voluntarily agree to hold harmless and release from liability the City of Arvin, its officers, employees, agents and representatives from any claims, action(s) or damages whatsoever arising from the use by or disclosure to the Authorized Officials of the above-referenced information for the purposes of completing the background check and determining my eligibility to obtain an employee work permit as required pursuant to Arvin Municipal Code Chapter 17.64.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application, the Arvin Municipal Code and State of California rule, regulation or requirement governing recreational or medicinal cannabis. I also acknowledge and understand that providing false or misleading information and/or omitting any information on this application may be grounds for denial this application for an employee work permit and/or the revocation of an already issued employee work permit.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE



**CITY OF ARVIN**  
**Commercial Cannabis Permit:**  
**Owner/Permit Holder Background**  
**Check Application**

**200 Campus Drive,  
P.O. Box 548  
Arvin, CA 93203  
(661) 854-3134  
www.arvin.org**

Page 3 of 3

**ADDITIONAL RELEASES, AUTHORIZATIONS & CERTIFICATIONS**

**1. AUTHORIZATION FOR CITY VERIFICATION OF INFORMATION**

I hereby authorize and consent to the City of Arvin, including its designee(s), seeking verification of the information contained in this application and any attachments.

**2. REVIEW OF ARVIN MUNICIPAL CODE TERMS AND CONDITIONS**

I hereby affirm and certify that I have reviewed the contents of Chapter 17.64 of the Arvin Municipal Code, and I acknowledge, understand, and agree to be bound by its terms and conditions.

**3. FURTHER INFORMATION**

I agree to submit any additional and further information as deemed necessary by the City Manager, including his or her designee(s), in order to process this application.

**4. PAYMENT OF FEES**

Payment of fee(s) as adopted shall be submitted with the application. If recheck is required, an additional fee shall be charged. The City will not process the application until all fee(s) are paid.

**5. 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 its attachments, if any, and that the information contained herein is true and correct.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE



**CITY OF ARVIN**  
**Cannabis Employee Work Permit:**  
**Background Check Application**  
 Application Fee: \$327.00

200 Campus Drive,  
 P.O. Box 548  
 Arvin, CA 93203  
 (661) 854-3134  
 www.arvin.org

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 August 7, 2018

**COMMERCIAL CANNABIS EMPLOYEE WORK PERMIT APPLICANT INFORMATION**

LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION	BUSINESS NAME ON APPLICATION
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**IDENTIFICATION INFORMATION**

Social Security Number or Other Documentation Authorizing You to Work in the State of California <input style="width:100%; height: 20px;" type="text"/>	LAST NAME	FIRST NAME	MIDDLE NAME
Driver's License or California Identification Card Number <input style="width:100%; height: 20px;" type="text"/>	LAST NAME	FIRST NAME	MIDDLE NAME

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH		HEIGHT	WEIGHT	HAIR	EYES
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LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) PHONE NO.

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
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**CRIMINAL HISTORY**

**List all arrests or convictions other than infractions for traffic violations.**  
 IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION.

<b>1</b>	ARREST/CONVICTION DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
<b>2</b>	ARREST/CONVICTION DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
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DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
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**CITY OF ARVIN**  
**Cannabis Employee Work Permit:**  
**Background Check Application**

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August 7, 2018

**LIST ALL LICENSED OR PERMITTED COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**STATEMENT UNDER PENALTY OF PERJURY**

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August 7, 2018

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