

CANNABIS PERMIT APPLICATION

1a. Address of Proposed Cannabis Operation:

1b. Are you within 300' of a residential zone?¹ Yes No

1c. Did work/live or residential use exist on March 6, 2018 in the portion of the property where applicant proposes to conduct commercial cannabis activity? * Yes No

**On March 20, 2018 the Oakland City Council amended the City's cannabis ordinances, OMC 5.80 and 5.81, to prohibit the issuance of a cannabis permit or local authorization to a cannabis applicant at premises where either work/live or residential use existed as of March 6, 2018.*

1d. Did work/live or residential use exist as of June 1, 2023 on the property where applicant proposes to conduct cultivation activity? ** Yes No

***On June 24, 2023, the Oakland City Council amended the City's cannabis ordinance OMC 5.81.150 to prohibit any approvals for permits for cultivation on the same parcel of land as a work/live or residential use.*

Not yet secured a location

Applicants who have not yet secured a location may submit an application and be conditionally approved, however, in order to obtain a permit, Applicants will eventually have to identify their business location so that it can be reviewed and inspected.

2. Right to Occupy Proposed Cannabis Location:

Owner Tenant Intend to Lease/Purchase Not yet secured a location

Please provide a copy of the supporting documents:

Deed Lease Agreement Letter of intent to lease/purchase property

If applicant is not the owner, please provide the following information for the property owner:

Last Name:	First Name:	Middle Initial:
Phone:	Email:	
Residential Address:		
City:	State:	Zip:

¹ On October 2, 2018, the City Council passed amendments to the City's cannabis permit ordinance. These amendments include a public notice and community meeting requirement for all applications submitted after October 2nd that identify an address that is within 300 feet of a residential zone. The intent behind the requirement is to provide an opportunity for operators to present their proposed use to nearby residents and hear what concerns or suggestions neighbors have regarding the business at a community meeting.

3. Applicant Information:

a. Name: _____

b. Type of Corporate Structure:

Corporation Limited Liability Company Partnership Individual

Collective Other: _____

c. Doing Business As: _____

d. Please Attach a Copy of State registration

e. Partner/Owner/Manager Information:

Please list all persons directly or indirectly interested in the permit sought, including all officers, directors, general partners, managing members, stockholders, and partners. Please attach additional pages if necessary (additional pages should be on 8½ x 11” paper; single sided *and include a Header with the applicant’s name on the top right corner of each page*).

Last Name:		First Name:		Middle Initial:	
Alias(es):					
Title:					
Date of Birth:		Phone:		Email:	
Residential Address:					
City:		State:		Zip:	
Business Address:					
City:		State:		Zip:	

Last Name:		First Name:		Middle Initial:	
Alias(es):					
Title:					
Date of Birth:		Phone:		Email:	
Residential Address:					
City:		State:		Zip:	
Business Address:					
City:		State:		Zip:	

Last Name:		First Name:		Middle Initial:	
Alias(es):					
Title:					
Date of Birth:		Phone:		Email:	
Residential Address:					
City:		State:		Zip:	
Business Address:					
City:		State:		Zip:	

Last Name:		First Name:		Middle Initial:
Alias(es):				
Title				
Date of Birth:		Phone:		Email:
Residential Address:				
City:		State:		Zip:
Business Address:				
City:		State:		Zip:

Last Name:		First Name:		Middle Initial:
Alias(es):				
Title				
Date of Birth:		Phone:		Email:
Residential Address:				
City:		State:		Zip:
Business Address:				
City:		State:		Zip:

Last Name:		First Name:		Middle Initial:
Alias(es):				
Title				
Date of Birth:		Phone:		Email:
Residential Address:				
City:		State:		Zip:
Business Address:				
City:		State:		Zip:

Last Name:		First Name:		Middle Initial:
Alias(es):				
Title				
Date of Birth:		Phone:		Email:
Residential Address:				
City:		State:		Zip:
Business Address:				
City:		State:		Zip:

4. Permit Revocations

Have any of the persons directly or indirectly interested in the permit sought ever had a permit revoked? Yes No

If yes, please describe below the circumstances of such revocation.

5. Equity

The Equity Permit Program described under OMC 5.80.045 and OMC 5.81.060 defines an “Equity Applicant” as an Applicant whose ownership/owner²:

1. Is an Oakland resident; and
2. Has an annual income at or less than 80 percent of Oakland Average Medium Income (AMI) adjusted for household size ([click here for 80 percent Oakland AMI thresholds](#)); and
3. Either
 - (i) has lived in any combination of Oakland police beats 2X, 2Y, 6X, 7X, 19X, 21X, 21Y, 23X, 26Y, 27X, 27Y, 29X, 30X, 30Y, 31Y, 32X, 33X, 34X, 5X, 8X and 35X for at least ten of the last twenty years
OR
 - (ii) was arrested after November 5, 1996 and convicted of a cannabis crime committed in Oakland.

Yes, I fulfill the equity criteria

No, I do not fulfill the equity criteria³

If yes, please provide supporting documentation as described below.

For proof of ownership please provide entity formation documents or documents filed with the California Secretary of State (e.g. articles of incorporation, stock issuance records, operating agreements, partnership agreements).

For proof of income please provide federal tax returns and at least one of the following documents: two months of pay stubs, current Profit and Loss Statement, Balance Sheet or proof of current eligibility for General Assistance, Food Stamps, Medical/CALWORKs or Supplemental Security Income or Social Security Disability (SSI/SSDI).

For proof of residency a minimum of two of the documents listed below, evidencing 10 years of residency shall be considered acceptable proof of residency. All residency documents must list the applicant’s first and last name, and the Oakland residence address in applicable police beats. ***Documents provided in current calendar year will not be considered for proof a year of residency, it can be used for proof of current residency only.***

- California driver's record; or
- California identification card record; or
- Property tax billing and payments; or

² “Ownership” shall mean the individual or individuals who:

- i. With respect to for-profit entities, including without limitation corporations partnerships, limited liability companies, has or have an aggregate ownership interest (other than a security interest, lien, or encumbrance) of 50% or more of the entity.
- ii. With respect to not for-profit entities, including without limitation a non-profit corporation or similar entity, constitutes or constitute a majority of the board of directors.
- iii. With respect to collective has or have a controlling interest in the collective’s governing body.

³ Applicants who do not satisfy the Equity criteria will be reviewed as General Applicants and their applications will be processed subject to the restrictions of OMC 5.80.045 and 5.80.060.

- Verified copies of state or federal income tax returns where an Oakland address is listed as a primary address; or
- School records; or
- Medical records; or
- Banking records; or
- Oakland Housing Authority records; or
- Utility, cable or internet company billing and payment covering any month in each of the ten years.

Proof of Conviction should be demonstrated through Court documents, Probation documents, Department of Corrections or Federal Bureau of Prisons documentation.

6. Equity Incubator

General applicants that serve as incubators for equity applicants by providing free rent or real estate are entitled to permitting priority.

In order to receive this permitting priority, the General Applicant must comply with the following conditions:

- The free real estate or rent shall be for a minimum of three years.
- The Equity Applicant shall have access to a minimum of 1,000 square feet to conduct its business operations.
- The General Applicant must provide any City required security measures, including camera systems, safes, and alarm systems for the space utilized by the Equity Applicant.
- The General Applicant is otherwise compliant with all other requirements of OMC Chapter 5.80 or 5.81.

Yes, I will be incubating the following equity applicant:

How did you meet your incubator/incubatee? _____

If yes, please submit supporting documents, including a copy of the lease and/or contractual agreements between General and Equity Applicants.

- I am interested in being part of the Equity Incubator Program but have not yet connected with a matching Equity/General Applicant.⁴
- I am a general applicant and not interested in incubating.

⁴ Applicants interested in meeting potential partners can visit www.cannaequity.org

I am an equity applicant and I am not interested in being incubated

I am an equity applicant and I am being incubated by: _____

7. Type of License: Medical Adult Use Medical and Adult Use

Delivery Only-Dispensary Indoor Cultivator Outdoor Cultivator

Distributor Transporter Testing Laboratory
 Packaging

Manufacturing with volatile solvents

Extraction

Infusion

Packaging

Manufacturing with non-volatile solvents

Shared Kitchen:

Principle Licensee

Shared Manufacturing Licensee

Extraction

Infusion

Packaging

8. Projected Annual Gross Receipts:

Cannabis sales <\$500,000

Cannabis sales between <\$500,001 - \$999,999

Cannabis sales >\$999,999

9. Security

a. Please submit a floor plan, drawn to scale on 8 1/2 x 11" paper that includes:

- i. layout of the establishment, including parking lots;
- ii. principal uses of each section;
- iii. limited access areas;
- iv. safes;
- v. alarms;
- vi. security cameras.

b. Describe (in no more than two pages) what measures Applicant will take

- i. to prevent a burglary or armed robbery; and
- ii. to minimize the loss of product in the case of a burglary or armed robbery.

c. If utilizing a private security service, please provide

- i. Company name; and
- ii. State license number.

d. Please confirm Applicant will utilize real time IP cameras⁵ by providing the name(s) and contact info for the representative(s) available 24 hours on behalf of Applicant to provide the Oakland Police Department with access to this camera footage in case of an emergency:

⁵ Cameras that can send and receive data via a computer network and the Internet.

Name(s):

Phone(s):

Email(s):

10. Odor Mitigation

Please submit a plan (in no more than two pages) for how cannabis odors will not be detectable outside of the proposed facility, such as utilization of carbon filters.

11. Community Beautification Plan

Please submit a community beautification plan (no more than two pages) detailing specific steps your business will take to reduce illegal dumping, littering, graffiti and blight and promote beautification of the adjacent community.

12. Minimizing Environmental Impact (only Indoor Cultivators must complete)

Prior to permit issuance, the City of Oakland will require that cultivators demonstrate that they are enrolled in the Ava Community Energy **Renewable 100 Service** to comply with carbon neutrality requirements for energy usage. This can be done by enrolling in Ava Community Energy **Renewable 100 Service** program at: <https://avaenergy.org/> and forwarding email confirmation of enrollment to cannabisapp@oaklandca.gov

13. Vehicle Insurance (only Delivery-Only Dispensaries and Transporters must complete)

Please provide the information requested below on all vehicles involved in Applicant's operation and provide proof of insurance.

Proof of insurance may include quotations from an insurance agency, a letter of intent/"will serve" letter⁶, and/or certificates of insurance. Please note, any quotation or letter of intent must be on official agency letterhead and/or documents and a letter of intent must be signed by a qualified agent of an insurance company. Please attach additional pages if necessary.

Insurance must minimally include:

- Commercial General Liability with a limit of \$1,000,000 per occurrence/aggregate
- Commercial/Business Auto Liability with a combined single limit of \$1,000,000
- Hired and Non-Owned Auto Liability coverage
- Worker's Compensation Coverage

⁶ Please note, the while a quotation or letter of intent is sufficient at the time of application, the insurance policy must ultimately be in place prior to the issuance of the actual cannabis permit.

REGISTERED OWNER:	
VEHICLE MAKE:	VEHICLE MODEL:
LICENSE NUMBER:	REGISTRATION EXPIRATION:
VIN:	
INSURANCE CARRIER & POLICY NUMBER:	

REGISTERED OWNER:	
VEHICLE MAKE:	VEHICLE MODEL:
LICENSE NUMBER:	REGISTRATION EXPIRATION:
VIN:	
INSURANCE CARRIER & POLICY NUMBER:	

14. Supporting Documents.

Please check the boxes below for each supporting document submitted with this application. Please ensure that all supporting documents include a Header with the applicant’s name on the top right corner of each page.

- Proof of property ownership/lease agreement or letter of intent to rent/lease/purchase
- Copy of State Registration for corporate structure
- Floor plan
- Security plan
- Odor Mitigation Plan
- Community Beautification Plan

For Equity Applicants Only:

- Proof of Ownership
- Proof of Income
- And either
- Proof of Residency or Proof of Conviction

For Equity Incubator Applicants Only:

- Lease or other contract providing free real estate or rent for a minimum of three years indicating square footage available to the Equity Applicant
- Proof of providing required security measures, including camera systems, safes, and alarm systems for the space utilized by the Equity Applicant.

For Indoor Cultivators only:

- Confirmation of enrollment in East Bay Community Energy’s Renewable 100 program

For Delivery-Only Dispensaries and Transporters

- Proof of Vehicle Insurance or Letter of intent/”will” serve letter

15. Oath of Application

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the City Administrator to properly evaluate the applicant’s qualifications for registration.

I, the undersigned further agree and acknowledge that I may be required to provide additional information as needed, for a complete investigation by the City Administrator.

I, the undersigned, further agree and recognize that I am responsible for obeying all Federal, State, County and local laws.

I, the undersigned, further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the City Administrator to deny this permit application and/or immediate grounds for revocation of a cannabis permit.

APPLICANT NAME:
SIGNATURE:
DATE:



**CITY OF OAKLAND
ECONOMIC AND WORKFORCE DEVELOPMENT DEPARTMENT**

SPECIAL ACTIVITY PERMITS • 1 Frank H. Ogawa Plaza, 1st Floor • Oakland, CA 94612

PRELIMINARY CHECKLIST FOR CANNABIS OPERATORS PURSUANT TO THE CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

APPLICANT NAME: _____

DBA: _____

APPLICANT CONTACT INFORMATION:

Phone No.: _____

E-mail: _____

**PROPERTY OWNER AND APPLICANT INFORMATION
(Only complete if different from Applicant)
Original signatures or clear & legible copies are required.**

Property Owner: _____

Property Owner Mailing Address: _____

City/State: _____ **Zip:** _____

Phone No.: _____ **E-mail:** _____

I authorize the applicant indicated above to submit the application on my behalf.

Signature of Property Owner: _____

I. SITE INFORMATION

Project Address: _____

Project APN: _____

Project Overview and Description:

What is the approximate square footage for **each** cannabis activity at your proposed site?

Delivery _____

Distribution _____

Indoor Cultivation _____

Outdoor Cultivation _____

Volatile Manufacturing _____

Non-Volatile Manufacturing _____

Transporter _____

Lab Testing _____

What is the approximate square footage of the lot on which the cannabis activity will take place?

Is the project new construction or rehabilitation of an existing facility?

- New Construction Rehabilitation of an existing facility

If rehabilitation, is the number of units or square footage being changed? Yes No (Explain if yes)

What was the prior use of the property/premises?

If your application is approved, will there be multiple cannabis operators located at the property?

Yes No

If yes, how many and what is the approximate total square-footage for all cannabis operators?

Have you incorporated any measures into your project to mitigate or reduce potential environmental impacts? Yes No Unknown

If so, list them here. (Examples include enrollment in clean energy programs, tree preservation plans, creek restoration plans, and open space easements.)

Will the Project utilize a carbon dioxide generator as part of your cannabis facility? Yes No

If yes, will the carbon dioxide generator emit carbon dioxide into the air and at what levels? Please explain and provide consultant report if necessary.

II. HISTORIC RESOURCES

Is the project site located within a historic district, or contain a historic building? Yes No
(Historic information can be obtained from the Planning & Zoning Division at (510) 238-6879)

a) What is the OCHS (Oakland Cultural Heritage Survey) rating of the building?

b) If so, is the building proposed for demolition or alteration?

c) Is there a California Office of Historic Preservation DPR Form 523 with rating of 1 to 5?

Note: Any modification to a historic building will require additional CEQA analysis and may not be eligible for a CEQA exemption.

III. HAZARDOUS MATERIALS

Is the subject property located on a State List of sites containing hazardous materials compiled pursuant to Section 65962.5 of the Government Code? Yes No
(Cortese list, among others; more information can be obtained from California EPA at https://www.dtsc.ca.gov/SiteCleanup/Cortese_List.cfm)

a) If so, has the site been remediated? _____

b) Is there a "Closure Letter" from the appropriate regulatory Agency? _____

c) If not remediated, is there an approved Remedial Action Plan (RAP)? _____

d) If not, has a RAP been submitted? _____

IV. OTHER

Is the applicant aware of any other environmental conditions/impacts likely to require further CEQA or National Environmental Policy Act (NEPA) review, such as:

- i. Sensitive environments, e.g., creeks-wetlands, seismically active areas Yes No
- ii. Peculiar or unique characteristics of the site, the project, or adjacent uses Yes No
- iii. Use of propane fueled generator Yes No
- iv. Use of gas fueled generator Yes No
- v. If a generator is being used, is it the secondary source of power? Yes No N/A
- vi. If a generator is being used, is it less than 50 horsepower? Yes No N/A

Please explain:

I understand that review and approval of this preliminary CEQA checklist does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other City regulations which are not specifically the subject of this application. I understand further that I remain responsible for satisfying requirements of any private restrictions or covenants appurtenant to the property. I understand that the Applicant and/or Owner phone number listed above will be included on any public notice, if any, for the project.

I certify that I am the applicant and that the information submitted with this preliminary CEQA checklist is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of any permits as determined by the City. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission, as indicated by the owner's signature above.

I certify that statements, if any, made to me about the time it takes to review and process this application are general. I am aware that the City has attempted to request everything necessary for an accurate and complete CEQA review of my proposal; however, that after this preliminary CEQA checklist and/or application has been submitted and reviewed by the City Administrator's Office, it may be necessary for the City to request additional information and/or materials. I understand that any failure to submit the additional information and/or materials in a timely manner may render the application inactive and that periods of inactivity do not count towards statutory time limits applicable to the processing of this application.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant: _____

Date: _____

**FOR
OFFICE
USE
ONLY**

CEQA Review done by: _____ Date: _____

Findings: Exempt Needs Additional Information

Notice of Exemption completed by: _____ Date: _____