

RESOLUTION NO. 17-43-R

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF HANFORD
ADOPTING COMMERCIAL MEDICAL CANNABIS BUSINESS APPLICATION
FEES, APPLICATIONS AND PROCEDURES FOR COMMERCIAL MEDICAL
CANNABIS BUSINESS PERMITS AND ESTABLISHING A PERMIT NUMBER
IN ACCORDANCE WITH SECTION 5.56.080 AND 5.56.090 OF THE HANFORD
MUNICIPAL CODE.**

At regular meeting of the City Council of the City of Hanford duly called and held on July 18, 2017, it was moved by Council Member Screenen , and seconded by Council Member Devine , and carried that the following resolution be adopted:

WHEREAS, the following schedule of fees has been determined to be necessary to provide sufficient funding for the processing of applications associated with Commercial Medical Cannabis Business Permits.

WHEREAS, the City Council has determined that pursuant to Section 15273(a)(1) of the California Environmental Quality Act (CEQA) Guidelines, the adoption of fees for the purpose of meeting operating expenses is statutorily exempt from the requirements of the California Environmental Quality Act.

WHEREAS, the City Council has previously determined that the adoption Ordinance 1708, Commercial Medical Cannabis Ordinance, is exempt from CEQA under the General Rule, Section 15061 (b)(1) and in accordance with Business and Professions Code 26055(h) and the adoption of the procedures, applications and number of permit implement Ordinance 17-08.

WHEREAS, the City Council has determined that it is in the best interest to fully recover costs associated with the processing of Commercial Medical Cannabis Business permits and to establish rules and procedures for processing said permits.

WHEREAS, the City Council has determined that limiting the number of Commercial Medical Cannabis Business Permits is in the best interest of the City of Hanford to allow the City to address potential impacts to health, safety and welfare and to adequately address issues or impacts that may result from the regulation of the Cannabis industry.

NOW, THEREFORE, BE IT RESOLVED that the following charges for Commercial Medical Cannabis Businesses are hereby established and shall become effective as identified below. The Charges shall become effective August 5, 2017 and shall remain in effect until changed by resolution of the City Council:

CANNABIS APPLICATION AND PROCESSING FEES	
Live Scan Fee	\$135
Background Report Fee	\$300
Preliminary Determination of Eligibility	\$4,254
Initial Ranking	\$1,689
Second Ranking	\$2,241

City Managers Final Recommendation to City Council	\$1,102
Environmental Review	Actual Cost plus 10%
Zoning Verification Letter	\$135

NOW, THEREFORE, BE IT FURTHER RESOLVED that the Commercial Medical Cannabis Business procedures and applications attached as Exhibit A are hereby established and in accordance with Section 5.56.090 allow the Community Development Director or his/her designee to prepare any additional forms and procedures to process applications for presentation to the City Council. The procedures shall remain in effect until changed by resolution of the City Council:

NOW, THEREFORE, BE IT FURTHER RESOLVED that the City Council finds that limiting the number of Commercial Medical Cannabis Business Permits is in the best interest of the City of Hanford and, in accordance with 5.56.080, establishes the following limits for the number of permits to be issued. The limitation on the number of permits shall remain in effect until changed by resolution of the City Council:

FREESTANDING FACILITIES

- CULTIVATION - maximum of two (2)
- MANUFACTURING - maximum of two (2)
- TESTING - maximum of two (2)
- DISTRIBUTION - maximum of two (2)
- CANNABIS CAMPUS – maximum of two (2) – Cannabis Campuses are limited to the following limitations:

1. Eight (8) permits in Year One; Five (5) permits in Year Two; (10) permits in Year 3 and each subsequent year.
2. The on-going issuance of permits may be affected by the failure of a future tax initiative.

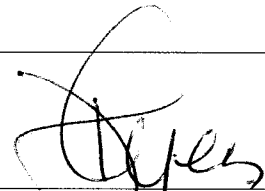
Passed and Adopted at a regular meeting of the City Council of the City of Hanford held on July 18, 2017, by the following vote:

AYES: Sue Sorenson, Martin Deuna, Justin Mendes, Francisco Ramirez, David Ayers

NOES: _____

ABSTAIN: _____

ABSENT: _____



 DAVID G. AYERS
 MAYOR of the City of Hanford

Attest:


JENNIFER GOMEZ
CITY CLERK

STATE OF CALIFORNIA)
COUNTY OF KINGS) ss
CITY OF HANFORD)

I, Jennifer Gomez, City Clerk of the City of Hanford, do hereby certify the foregoing Resolution was duly passed and adopted at a regular meeting of the City Council of the City of Hanford held on the 18th day of July, 2017.

Date: 07-24-17


City Clerk

EXHIBIT A

Procedures and Application Forms



APPLICATION PROCEDURE TO OPERATE A COMMERCIAL MEDICAL CANNABIS BUSINESS IN THE CITY OF HANFORD

The application process to operate a Commercial Medical Cannabis Business (“CMCB”) in Hanford will open on Wednesday, **August 2, 2017**. Applications will be available at the Community Development Department located at City Hall. For questions regarding the application process please review the FAQ’s, at the City of Hanford’s webpage: www.cityofhanfordca.com. This outlines the application process, required materials, and other information necessary to operate a CMCB in Hanford. To be considered, final applications **must be** submitted by **4:00 PM on Monday October 2, 2017** at the Community Development Department at 317 North Douty Street, Hanford, CA, 93230. This application process is adopted pursuant to Hanford Municipal Code Chapter 17 and Chapter 5.56.090.

BEFORE YOU APPLY:

- Review the information to learn about the application process and which documents you will need.
- Review the application in its entirety to ensure that it is complete and accurate.
- Review the information regarding the Commercial Medical Cannabis Business permit application on the webpage: www.cityofhanfordca.com which includes the following information:
 - Local regulations governing Hanford CMCB’s: Hanford Municipal Code (“HMC”) Chapters 17 and Chapter 5.56
 - Background authorization form and/or Live Scan
 - Additional application information: Ordinance No. 17-08.
 - State laws governing CMCB’s: The California Department of Justice Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use and Senate Bill 420 (Medical Marijuana Program Act).
 - Medical Cannabis Safety Act (MCRSA)
 - Adult Use Marijuana Act (AUMA)
 - Frequently Asked Questions

- (1) **Application Process: Evaluation and Ranking:** The selection process shall consist of the following Four Phases:

Phase 1: Preliminary determination of eligibility. \$4,254

Phase 2: Initial ranking. \$1,689

Phase 3: Second ranking. \$2,241

Phase 4: City Managers Final Recommendation to City Council. \$1,102

For more information, see Evaluation and Selection Process below.

- (2) **Criminal History Check:** As part of Phase 1 of the Application Process each principal/owner must undergo a criminal background check demonstrating that they do not provide “good cause” for denial per HMC Section 5.56.070, and HMC Section 5.56.290 (m) the Live Scan Fee shall be **\$135.55** and the background review shall be **\$300**. The application for the Live Scan and the background form will be available on the City website or at the Community Development Department in City Hall. Please provide proof of completing your background form and/or Live Scan form by providing proof of a

receipt with your application on or before October 2, 2017. This process will be required to meet the minimum threshold qualifications pursuant to HMC Section 5.56.290. (m). Principals who do not meet criminal history eligibility requirements will be disqualified.

- (3) Applicants will be required to obtain a **“Zoning Verification Letter”** from the Community Development Department in City Hall, located at 317 N. Douty Street to ensure that the location proposal the applicant is applying for meets locational requirements prior to submitting their CMCB application. The review process typically takes approximately ten (10) working days and will cost **\$135**. The **“Zoning Verification Letter”** will need to be included with the application package. Please note the issuance of a **“Zoning Verification Letter”** does not mean the written evidence of permission given by the City of Hanford or any of its officials to operate a CMCB, nor does it not mean **“permit”** within the meaning of the Permit Streamlining Act, nor does it constitute an entitlement under the Zoning or Building Code. A regulatory permit for regulating a CMCB does not constitute a permit that runs with the land on which the CMCB is established. Request for Zoning Verification Letters require a written request from the Community Development Department and will not be completed over the counter since it may require additional research and review.
- (4) **Application:** Applicants must hand deliver two (2) complete comprehensive and signed copies of the Hanford Commercial Medical Cannabis Business Form, and all attachments, if any, along with a flash drive which contains one comprehensive and signed copy of the application in a pdf format, and payment of **\$4,254** for the initial application fee by **4:00 PM on Monday October 2, 2017**. Payment must be made by a certified check, cashier’s check or money order made payable to the City of Hanford. Please note the City will not accept cash and Application Fees are non-refundable. A complete application will consist of the following information:
- a. The Hanford Commercial Medical Cannabis Business Form;
 - b. Background Authorization Form and/or Proof of Live Scan payment for each of the Principals;
 - c. Zoning Verification Letter; and
 - d. All the information about the CMCB to be evaluated in Phase 1, Phase 2 and Phase 3 which is described in the Application and Evaluation Process section below in this procedure. The only information that can be submitted after the initial application is proof of property ownership or lease agreement. However, any change in location will require a new **“Zoning Verification Letter”** and must be submitted with the application package prior to your interview in Phase 3 of the selection process. Please note that should you choose to submit a different location prior to Phase 3 you can only do so if your initial proposed site was approved as part of your original application package on or before October 2, 2017.

LATE AND INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

(5) Amendments to the Application: Applicants will not be allowed to make amendments to their application or to supplement their application, except as otherwise specifically permitted in these procedures or authorized in writing by the City. During Phase 1, applicants will be notified if any of the Principals are ineligible and/or if their application is incomplete and will not move forward in the application process. However, in some cases the City may move forward in the application process to other phases should it anticipate that the Live Scan or background check may be delayed to expedite the application process in a timely manner. In this case Applicants wishing to move forward in the process acknowledge by signing the application that they agree to these terms and should they be disqualified because of a background or a Live Scan disqualification they will not be eligible for a refund of any fees collected resulting from the modification of this procedure.

(6) Payment of Application Fees: The individual designated as the CMCB contact on the application will be notified by e-mail as to whether the application is advancing to Phase 2 and, subsequently, to Phase 3. A payment of **\$1,689** will be due before Phase 2 and a payment of **\$2,241** will be due before Phase 3. As part of Phase 4 all eligible Applicants as determined by the Ordinance or by resolution will be presented to City Council and must pay a fee of **\$1,102** to move forward for final consideration.

Deadlines for these payments will be included in the e-mail notification to the primary contact person.

EVALUATION AND SELECTION PROCESS:

The evaluation and selection process shall consist of the following four phases:

- **Phase 1: Determination of Eligibility and Application**
 - Each Principal must undergo a criminal history check demonstrating compliance with the eligibility requirements of HMC Section 5.56.290 (m) and 5.56.070.
 - Applications must be complete to be considered. Applications will be considered complete only if they include all information required for Phases 1, 2 and 3.
 - Proposed location of business.
 - Execute an agreement indemnifying the City from liability.

- **Phase 2: Initial Ranking (1,500 Points)**
 - Applications will be evaluated based on the following criteria:
 - Proposed Location of business (200 Points)
 - Business Plan (500 Points)
 - Neighborhood Compatibility Plan (300 Points)
 - Safety and Security Plan (300 Points)
 - Air Quality Plan (100 Points)
 - Labor and Employment Plan (100 Points)
 - Those applicants who scored a minimum of 80% in Phase 2 will move on to Phase 3.

- **Phase 3: Second Ranking (2,500 Points)**
 - All applications who score at least 80% in Phase 2, will be interviewed and evaluated by the Selection Committee based on the criteria listed below.
 - Prior to the scheduling of the interviews in Phase 3 each of the applicants will be required to have their proposed site inspected by the assigned City designee to ascertain current conditions of the facility.
 - The second ranking will be scored based on the following criteria:
 - Final Location (proof of ownership or a signed and notarized statement from the Property Owner (200 Points)
 - Business Plan (300 Points)
 - Community Benefits (750 Points)
 - Enhanced Product Safety (100 Points)
 - Environmental Benefits (100 Points)
 - Labor & Employment (100 Points)
 - Local Enterprise (100 Points)
 - Neighborhood Compatibility Plan (200 Points)
 - Qualifications of Principals (300)
 - Safety and Security Plan (250 Points)
 - Air Quality Plan (100 Points)

 - After all the applicants from Phase 3 scores have been tabulated they will be combined with Phase 2 to establish a new ranking of the top applicants. The top applicants as determined by how many permits will be issued by the City Council will move onto Phase 4 of the selection process.

➤ **Phase 4: City Manager's Recommendations and City Council's Final Approval**

Phase 4 Steps to be followed:

1. Selection Committee's final review and evaluation.
2. City Manager presents final rankings and recommendation report to City Council.
3. City Council Approves Final recommendations.

After the completion of the application interviews in Phase 3 and prior to the Selection Committees final review and evaluation, the City reserves the right to request and obtain additional information from any candidate who submitted a proposal. Upon the completion of the final review process, the Selection Committee will tabulate its final scores of the all applicants who were interviewed in Phase 3. The City Manager will present to the City Council the final ranking along with his/her recommendation in which the City Council may award up to the amount permitted by the Ordinance or Council Resolution pursuant to HMC Section 5.56.080. The City Council reserves the right to award a lesser number of permits, or to award no permits at all. Only those applicants on the final list will be eligible to be issued a permit from the initial permit process. The top Applicants which are being recommended by the City Manager for consideration to the City Council should be prepared to attend a City Council meeting in Hanford to provide a public presentation before the Mayor and City Council introducing their team and providing an overview of their proposal if requested by the City Manager.

- Please note that being awarded a CMCB does not constitute a land use entitlement and does not waive or remove the requirements of applying for and receiving permits for all construction including electrical, plumbing, fire, planning permits or reviews, and any other permits, licenses, or reviews as may be necessary by the relevant departments or governmental entities in charge of said permits. Nor does it guarantee that the plans submitted via the CMCB application process meet the standards or requirements in Chapter 17 or any other permit requirement from other city departments or agencies.

DESCRIPTION OF EVALUATION CRITERIA:

- **Proposed Location.** Your application must include the address and a detailed description of the proposed location. (Note that proof of ownership, or a notarized letter of the owner's willingness to lease will not be given any additional consideration until Phase 3). This section should also describe all sensitive uses described in within six hundred (600) feet of the proposed location from the property line of a K-12 school, daycare center and youth center. The CMCB must be in the appropriate zoning and meet all the locational requirements as described in HMC Chapter 17 and HMC 5.56.290 (o).
- **Business Plan.** With as much detail as possible, the Business Plan should describe:
- Description of day-to-day operations which meet industry best practices for the specific type of permit in which they will be applying for in the City.
 - How the CCB will conform to local and state law. See HMC Sections 5.56.290, and HMC Sections 5.56.310, 5.56.340, Ordinance 17-08, and the Attorney General's Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use.
 - Mechanisms for ensuring that the CMCB will operate on a Not-for-Profit basis until the Medical Cannabis Regulation and Safety Act is fully in effect or until the implementation of the Adult Use Marijuana Act (AUMA) or those requirements stipulated by Chapter 5.56.
 - How medical and retail cannabis will be tracked and monitored to prevent diversion.
 - A schedule for beginning operation, including a narrative outlining any proposed construction and improvements and a timeline for completion.

The Business Plan should include:

- A **budget** for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operation costs. The budget must demonstrate sufficient capital in place to pay startup costs and at least three months of operating costs, as well as a description of the sources and uses of funds.
Proof of capitalization, in the form of documentation of cash or other liquid assets on hand, Letters of Credit or other equivalent assets.
- A **pro forma** for at least three years of operation.
- **Neighborhood Compatibility Plan.** For the proposed location, your application should address how the CMCB, including its exterior areas and surrounding public areas, will be managed, to avoid becoming a nuisance or having impacts on its neighbors and the surrounding community. Furthermore, a site plan (accurate, dimensioned and to-scale [minimum scale of 1/4"]) should be included for each potential location.
- **Safety and Security Plan.** For each proposed location, your application should include:
 - A detailed **safety plan.** This plan should describe the fire prevention, suppression, HVAC and alarm systems the facility will have in place. **It should include an assessment of the facility's fire safety by a qualified fire prevention and suppression consultant.** An appropriate plan will have considered all possible fire, hazardous material, and inhalation issues/threats and will have both written and physical mechanisms in place to deal with each specific situation.
 - A detailed **security plan.** This plan should include a description and detailed schematic of the overall facility security. It should have details on operational security, including but not limited to general security policies for the facility, employee specific policies, training, sample written policies, transactional security, visitor security, 3rd party contractor security, and delivery security. In particular, applications should address ingress and egress access, perimeter security, product security (at all hours), internal security measures for access (area specific), types of security systems (alarms and cameras), and security personnel to be employed. **The security plan shall also include an assessment of site security by a qualified security consultant.** Security plans will not be made public.
 - A **floor plan** showing existing conditions. If changes are proposed as part of the project, then a proposed floor plan should also be submitted. The floor plan(s) should be accurate, dimensioned and to-scale (minimum scale of 1/4").
- **Community Benefits.** The application should describe benefits that the CMCB would provide to the local community, such as employment for residents of the City, community contributions, or economic incentives to the City.
- **Enhanced Product Safety.** The application should state how the CMCB will ensure enhanced consumer safety as required by State or local law.
- **Environmental Benefits.** The application should describe any proposed "green" business practices relating to energy and climate, water conservation, odor control, and waste management.
- **Labor & Employment.** The application should describe to what extent the CCB will adhere to heightened pay and benefits standards and practices, including recognition of the collective bargaining rights of employees. Specific practices that are subject to consideration include the following:
 - Providing compensation to and opportunities for continuing education and training of employees/staff (applications should provide proof of the CMCB policy and regulations to employees);
 - Providing a "living wage" to facility staff and employees. Wage scale should be provided in writing for all levels of employment at the facility. "Living Wage" shall mean 150% of the minimum wage mandated by California or Federal law, whichever is greater.
- **Local Enterprise.** The application should state the extent to which the CMCB will be a locally managed enterprise whose Principals reside within Hanford and/or Kings County.
- **Qualifications of Principals.** The application should include information concerning any special business or professional qualifications or licenses of principals that would add to the number or quality of services that the CMCB would provide, especially in areas related to medical cannabis, such as scientific or health care fields.

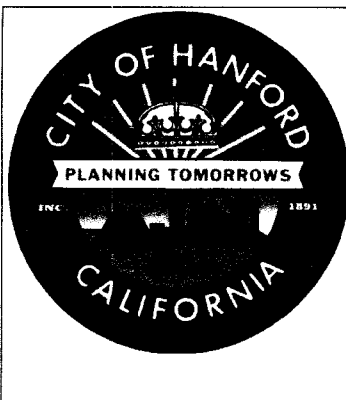
The City's Reservation of Right's

The City reserves the right to reject any and/or all proposals, with or without any cause or reason. The City may also, modify, postpone, or cancel the request for permit applications without liability, obligation, or commitment to any party, firm, or organization. In addition, the City reserves the right to request and obtain additional information from any candidate submitting a proposal. Late and incomplete proposals WILL BE REJECTED. Furthermore, a proposal RISKS BEING REJECTED for any of the following reasons:

1. Proposal considered not fully responsive to this request for a permit application.
2. Proposal contains excess or extraneous material not called for in the request for permit application.

CONTACT:

If you have any questions or would like an update on the status of your application, please contact (Darlene Mata) at 559-585-2580 or by email at DMata@cityofhanfordca.com.



**City of Hanford
Community Development Department**

FEE PAID
\$ _____

Hanford Community Development Department
317 North Douty Street, Hanford, CA 93230
Tel: 559-585-2590
Email: DMata@cityofhanfordca.com

DATE STAMP HERE

COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION

Business Name: _____

Business Primary Contact: _____

Contact Title: _____

Contact's Mailing Address: _____

Phone #: _____ **E-mail:** _____

24-Hour Contact Information: _____

Type of Permit Being Requested: _____

Please select from one of the following categories for which you are applying for a Commercial Cannabis Business Permit Application. A separate application must be completed for each category type in which you are submitting for consideration along with a separate fee (Cultivation, Distribution, Manufacturing, Testing Lab and Transportation).

- Cultivation
- Distribution
- Manufacturing
- Testing Labs
- Cannabis Business Park or Campus
- Please check this box to indicate whether there are other applications you are applying for on the same premise.

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Commercial Cannabis Business in Hanford, Ordinance No. 17-08 and additional requirements to complete the application process. All these documents can be found on the City of Hanford webpage: www.cityofhanfordca.com

Phase II

Section A: Principal Background Information (Must be signed by all Principals)

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan in Section C and certain confidential information such as driver's license and social security number which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Principal Name: _____ Princi

Principal Home or Cell Phone: _____

Principal Home Address: _____ Princ

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from background check (Live Scan)

____ Picture of applicant (two passport quality photographs 2X2)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check Signature

Principal Name: _____ Princi

Principal Home or Cell Phone: _____

Principal Home Address: _____ Princ

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from background check (Live Scan)

____ Picture of applicant (two passport quality photographs 2X2)

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Staff use only: Pass background check Signature

Principal Name: _____ Princi

Principal Home or Cell Phone: _____

Principal Home Address: _____ Princ

____ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

____ Receipt from background check (Live Scan)

____ Picture of applicant (two passport quality photographs 2X2)

____ Copy of Social Security Card

____ Copy of Driver's License, DMV issued ID Card or Passport

____ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check Signature

ADD MORE PAGES AS NECESSARY TO ACCOMMODATE SIGNATURES OF ALL MEDICAL MARIJUANA BUSINESS PRINCIPALS.

- 1. List whether, the applicant(s) has other licenses and/or permits issued to and/or revoked from the applicant, in the three years prior to the year of the permit application, such other licenses and or permits relating to similar business activities as in the permit application. If yes, please list the type, current status, issuing/denying for each license/permit. (Please attach a separate document explanation if necessary)

- 2. List any and all partners who have been found guilty of a violent felony, a felony or misdemeanor involving fraud, deceit, embezzlement, or moral turpitude, or the illegal use, possession, transportation, distribution or similar activities related to controlled substances, as defined in the Federal Controlled Substance Act, with the exception of medical cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996. (Please attach a separate document explanation if necessary)

Section B: Business Organization Status

1. Describe the Commercial Cannabis Business organizational status:

Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

Section C: Commercial Cannabis Business Description and Location

1. Statement of Purpose of Commercial Cannabis Business (a separate sheet may be attached):

2. Proposed Location of Business:

3. Name and address of property owner: _____

4. Name and address of school closest to Proposed Location: _____

5. Name and address of existing alcohol related establishment closest to Proposed Location:

6. Have you received a Zoning Verification Letter? (Please check the appropriate response)

Yes (If yes, include documentation with this section of the application) No

7. Description of neighborhood around the proposed location (surrounding uses, nearby sensitive uses (such as schools, churches, parks, daycares, or libraries), transit access to site, etc. A separate sheet may be attached.

8. Site plan must be dimensioned and show the entire parcel including parking and additional structures. In addition, please, show elevations and photos of proposed location (Attach to application). If any exterior alterations are proposed for the existing building, also attach proposed site plans (accurate, dimensioned and to-scale [minimum scale of ¼"] should be included for each potential location and elevations.
9. Floor Plans (Attach to application accurate, dimensioned and to-scale [minimum scale of ¼"] should be included for each potential location). If any interior alterations are proposed for the existing building, also attach proposed floor plans.
10. Signage Plan.
11. Vicinity Map.
12. Photos of the site and building(s).

Section D: Required supplemental information

This information is required for this application to be considered complete. Attach the following reports to the application. For explanation about the information required, see the Implementation Procedures handout.

- Business Plan
- Neighborhood Compatibility Plan
- Safety and Security Plan

PHASE III

Section E: Final Location Information

Only one site per application can be considered at this point. Attach proof of ownership of the site OR signed and notarized statement from the owner.

Section F: Essential Supplemental Information

This information is required and you must submit this as part of meeting the requirements for a completed application. Check the box evidencing that you have read the Description of Evaluation Criteria related to these specific categories in the Implementation Procedures and attach the relative report(s) to the application.

- Enhanced Project Safety
- Environmental Benefits
- Community Benefits
- Labor and Employment
- Local Enterprise
- Qualifications of Principals

Staff use only:

Date of initial application: _____

Number assigned to application: _____

Date fee received for Phase II: _____

Date application reviewed for Phase II: _____

Points Awarded in Phase II: _____

Continued to Phase III Denied

Date fee received for Phase III: _____

Date Proof of ownership was verified or a signed and notarized statement from the property owner was received for Phase III: _____

Date application reviewed for Phase III: _____

Approved Denied

Date fee received for Phase IV: _____

Date application reviewed for Phase IV: _____

Approved Denied



CITY OF HANFORD

Commercial Cannabis Employee/Owner Background Application

317 N. Douty Street
Hanford, CA 93230
(559) 585-2580

Page 1 of 2

COMMERCIAL CANNABIS APPLICANT INFORMATION

Name as Shown On Application →	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
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APPLICANT INFORMATION

Social Security Number <input style="width: 90%;" type="text"/>	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
California Driver's License <input style="width: 90%;" type="text"/>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.

SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
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LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (<u>NO P.O. BOXES ALLOWED</u>)	CELL PHONE #
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LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
--	---------------------	------------------

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE CANNABIS PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

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

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF HANFORD, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
-----------------------	---	------

CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
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CITY OF HANFORD

Commercial Cannabis Employee/Owner Background Information

317 N. Douty Street
Hanford, CA 93230
(559) 585-2580

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ADDITIONAL ARREST INFORMATION

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

LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant/employee with a Commercial Cannabis Business in the City. I desire and request the City Manager, or Chief of Police of the City of Hanford, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operator or to be employed with such business as required by the City Municipal Code and State Law.

I agree to provide any information requested or deemed necessary to provide the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency or third party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Hanford, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record's check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit.

By signing this form I am acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Hanford City Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
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