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Website: Culver City Cannabis

Cannabis Business Permit Storefront Retail Application Attachment Instructions – Page 1 of 9

Please prepare the list of documents below and email the completed documents to cannabis.permit@culvercity.org.

- Unless otherwise specified, all documents must be in PDF file format.
- Upload only one document per requirement indicated by each check box ("☐"). This may require you to combine multiple documents into one single PDF document.
- Use the file naming conventions specified.

☐ **A. Fictitious Business Name Statement**

File Name: "A_PrimaryApplicantName_FBNS"

Certified copy of the Primary Applicant's [Fictitious Business Name Statement](#).

☐ **B. Articles of Incorporation**

File Name: "B_PrimaryApplicantName_AOI"

Certified Copy of Articles of incorporation/organization. (If you are a Sole Ownership, Partnership, or LLP, this document is not required. Please upload a document stating that this is the reason why you do not have Articles of Incorporation.)

☐ **C. Statement of Information**

File Name: "C_PrimaryApplicantName_SOI"

Certified Copy of Statement of Information. (If you are a Sole Ownership, Partnership, or LLP, this document is not required. Please upload a document stating that this is the reason why you do not have a Statement of Information.)

☐ **D. Equity Ownership Information Description Document**

File Name: "D_PrimaryApplicantName_EQUITY"

Describe the equity ownership of the Primary Applicant back to the individual level, for all individuals/entities owning 10% or greater equity. Use the below example as a model. Equity for each entity must add to 100%. Individuals/entities owning <10% equity may be grouped together as "Other Equity Holders". You must trace back ownership of all entities listed until owners of each entity are shown as either individuals or "other equity holders".

Example:

Applicant	
% Ownership	Name
35	Person A
25	Person B
25	LLC A
15	Other Equity Holders
LLC A	
% Ownership	Name
70	Person C
17	Corporation A
13	Other Equity Holders
Corporation A	
% Ownership	Name
88	Other Equity Holders
12	Person D

☐ **E. Zoning and Parking Form**

File Name: "E_PrimaryApplicantName_ZONEPARK"

[Zoning & Parking Form](#), including all required attachments specified on the form. This form is not reviewed or signed by City Staff before it is submitted. It will be reviewed along with the other application materials after submission during Step 1.

☐ **F. Property Owner Consent Form**

File Name: "F_PrimaryApplicantName_OWNERCONSENT"

[Property Owner Consent Form](#), signed and notarized by the owner of the property. This document is only required if the Primary Applicant leases or options the proposed business location. It is not required if the Primary Applicant owns the proposed business location. If the Primary Applicant owns the proposed location, please upload a document stating that this is the reason why you do not have a Property Owner Consent Form.

☐ **G. Lease/Option/Title/Deed**

File Name: "G_PrimaryApplicantName_LEASEOPTDEED"

If the Primary Applicant leases or options the proposed location, include a copy of the lease or option to lease/purchase with related lease or sale agreement. If the Primary Applicant owns the proposed location, include a copy of the title or deed as proof of ownership.

□ H. Indemnification Agreement

File Name: "H_PrimaryApplicantName_INDEMN"

"[Cannabis Business Permit Indemnification Agreement](#)", signed and completed by the Primary Applicant Representative.

□ I. Insurance Requirements

File Name: "I_PrimaryApplicantName_INSUR"

Duly executed certificate(s) of insurance that meets the [Culver City Cannabis Business Insurance Requirements](#). If you do not currently have such insurance, provide evidence that you will be able to meet the requirements, such as a quote for the required insurance, or a letter from an insurance agency. If you are selected to proceed in the permitting process, you will be required to submit certificates of insurance demonstrating that you meet the City's requirements before you will be issued your final permit and allowed to operate.

□ J. Location & Neighborhood Compatibility Plan

File Name: "J_PrimaryApplicantName_LOCNEIGHPLAN"

One searchable PDF document containing responses to each of the below requirements. Please label each Location & Neighborhood Compatibility Plan section with a title indicating which of the below requirements that section is responding to:

1. Accurate, dimensioned and to-scale (minimum scale of ¼") plans, prepared by a licensed California architect or engineer, marked with his or her stamp, including a site plan showing the location of the business (if occupying only a portion of the building), approximate square footage, parking areas (indicate and number all parking spaces), loading/delivery areas, and exterior lighting; and, a floor plan showing existing conditions and changes that are part of the proposed project.
2. Photos of the existing site and building.
3. Renderings of what each side of the building's exterior and each interior space will look like after build-out.
4. A signage plan.
5. The name, title, phone, and email address of a 24/7 contact for neighborhood complaints, questions, and concerns.
6. Please answer the following questions:
 - a) How will your business fit within the context of the surrounding neighborhood?
 - b) How will you meet the parking requirements of 1 space for every 350 square feet?
 - c) What synergies will it create?

d) How might it detract from neighborhood and how will you prevent or mitigate those impacts?

e) How do you intend to provide the local community with community benefits? Provide a detailed description of your plans to participate in community service within the City of Culver City. These plans may include, but are not limited to, involvement with non-profit associations, neighborhood associations, and community groups.

f) How will you revitalize the building/site, provide neighborhood improvements, and be a beneficial/positive neighbor to the neighborhood?

7. In one page or less, explain if and how you meet the below standards. (These are the mandatory findings for approval that area required to be met during the Conditional Use Permit process.):

a) The proposed use is allowed within the subject zoning district with the approval of an Administrative Use Permit or Conditional Use Permit, and complies with all other applicable provisions of this Title and the CCMC.

b) The proposed use is consistent with the General Plan and any applicable Specific Plan.

c) The design, location, size, and operating characteristics of the proposed use are compatible with the existing and future land uses in the vicinity of the subject site.

d) The subject site is physically suitable for the type and intensity of use being proposed, including access, compatibility with adjoining land uses, shape, size, provision of utilities, and the absence of physical constraints.

e) The establishment, maintenance or operation of the proposed use will not be detrimental to the public interest, health, safety, or general welfare, or injurious to persons, property, or improvements in the vicinity and zoning district in which the property is located.

□ K. Business Plan

File Name: "K_PrimaryApplicantName_BIZPLAN"

One searchable PDF document containing responses to each of the below requirements. Please label each Business Plan section with a header indicating which of the below requirements that section is responding to.

1. Introduce us to your brand. How would your storefront retail business standout from its competitors for potential customers? What are the types of products that you plan to sell? Describe your target customers. How does your proposed location in Culver City fit into your business plan?

2. Describe the day-to-day operations and how they meet industry best practices and state law for the specific type of permit.

3. Proposed days and hours of operation

4. Attach a current balance sheet, prepared and signed by a Certified Public Accountant, showing all company assets and liabilities.

- a) Must demonstrate sufficient capital in place to pay startup costs and at least three months of operating costs, using the pro forma required in (4), below.
 - b) Attached proof of capitalization, in the form of documentation of cash or other liquid assets on hand, letters of credit or other equivalent assets. Describe the source of all funds.
5. Attach a three year pro forma of revenue and expenses, including:
 - a) Expenses for construction, operations, maintenance, employee compensation, equipment, and utilities.
6. Describe the electronic record keeping system to be used, including how the business will maintain accurate records of revenues, expenses, assets, and liabilities. Describe how cash will be tracked and monitored.
7. Are you a cash-only business? If not, please describe forms of payment accepted.
8. Describe your annual audit plan.
9. Describe your inventory control and reporting system, including how tracking and monitoring will occur to prevent diversion.
10. Describe your pay and benefits standards and practices, and any training and education opportunities provided to employees.
11. For Each Responsible Person, please provide:
 - a) Description of his or her qualifications and experience to operate the proposed business.
 - b) Resume, including the complete business and employment history for the previous ten (10) years. List each job with the following listed for each job: Employer Name, Job Title, Job Responsibilities and Achievements, Start Date, End Date, Business Address, Business Phone Number, Supervisor Name, Supervisor Title, Supervisor Phone Number, Supervisor Email
 - c) Copies of any special business or professional qualifications (such as diplomas, licenses, etc.)
 - d) Home address for the previous ten (10) years, including residence start date and end date.
12. For all other business locations operated by applicant business, list:
 - a) Description of facility
 - b) Address and phone number of facility
 - c) Name, title, phone number, and email address of local government contact with knowledge about the facility.
13. Please provide the name, title, organization, email address, and phone number, for five (5) references of city or county officials from cities or counties in which your organization currently or previously operated a cannabis storefront-retail business. Indicate if you do not currently operate or have not operated a cannabis storefront-retail business in the past.

14. If Primary Applicant is Minority-Owned or Women-Owned or Veteran-Owned, please provide evidence of qualification(s).

□ L. Safety Plan

File Name: "L_PrimaryApplicantName_SAFEPLAN"

One searchable PDF document containing responses to each of the below requirements. Please label each Safety Plan section with a header indicating which of the below requirements that section is responding to.

1. Basic building data

- a) California Building Code Occupancy Classification of both prior/existing and proposed use.
- b) Building square footage.
- c) 8.5" x 11" floor plan showing location of visible address numbers, fire extinguishers, and knock box.

2. Storefront Retail With Delivery Only: Accurate, dimensioned and to-scale (minimum scale of ¼") floor plan, prepared by a licensed California architect or engineer, and including his or her stamp showing designated product storage area and actual square footage proposed for storage.

- a) Indicate how product will be stored (ie. racks, pallets, storage shelves, etc.).
- b) Indicate maximum storage height.
- c) Provide a description of product packaging.

3. M. Security Plan

File Name: "M_PrimaryApplicantName_SECURPLAN"

One searchable PDF document containing responses to each of the below requirements. Please label each Security Plan section with a header indicating which of the below requirements that section is responding to.

1. Designated security representative/liaison. CCMC 11.17.240(B): "Each Permittee shall identify a designated security representative/liaison to the City, who shall be reasonably available to meet with the Chief of Police regarding any security related measures or any operational issues."

- a) First and Last Name
- b) Title
- c) Mobile Phone Number

d) Landline Phone Number

e) Email address

2 Describe your security policies for the facility, including:

a) Employee specific policies, including employee security training

b) Transactional security

c) Visitor security

d) Third party contractor security

e) Storage security (24/7) (including product and currency)

f) Delivery security (including product and currency)

g) **Storefront retail with delivery only:** Vehicle security and the protection of Employees and product during loading and transit

h) Ingress and egress access

i) Perimeter security

j) Internal security measures for access (area specific),

k) Types of security alarms

l) Types of security cameras. *Must be of HD quality.*

m) Number, hours, and training/qualifications of security personnel to be employed. *Security personnel may not be armed.*

3. Accurate, dimensioned and to-scale (minimum scale of ¼") floor plan, prepared by a licensed California architect or engineer, and including his or her stamp, showing the security alarm system, panic button(s), and security camera placement showing coverage of ingress, egress, register, areas where cannabis is handled, and parking areas.

4. A list of all Responsible Persons (those subject to Live Scan background checks during this Cannabis Permit Application process).

☐ **N. Odor Management Plan**

File Name: "N_PrimaryApplicantName_ODOR"

Upload as one searchable PDF document the Odor Management Plan described in the Los Angeles County Code 11.37.070 "Odor Management Plan".

□ O. Waste Management Plan

File Name: "O_PrimaryApplicantName_WASTE"

Upload as one searchable PDF document the Waste Management Plan described in the Los Angeles County Code 11.37.080 "Waste Management Plan". Under no circumstances is the cannabis waste to be commingled with any refuse, recycling or organics material collected by the City. The applicant must contract for cannabis hauling services with a private hauler. Please review the additional "[Cannabis Waste Plan](#)" information provided by the City's Environmental Programs and Operations Division. The "Cannabis Waste Collection" form is not required to be submitted at this time.

□ P. Signed Statement

File Name: "P_PrimaryApplicantName_SIGNATURE"

[Signed Statement Form](#) completed and signed by the Primary Applicant Representative.

Required Documents for Each Responsible Person

The following documents are required to be uploaded by each Responsible Person (including entities that qualify as a Responsible Person) during his or her individual registration through the online portal:

□ RP1. Signed Statement

File Name: "RP1_PrimaryApplicantName_RPLastName_SIGNATURE"

[Responsible Person Information Form](#), signed and completed. If the Responsible Person answers "yes" to "Background Questions" 2(a) or 2(b) or 2(c) on the "Responsible Person Information Form", attach to the form documentation listing each offense and further explanation, including evidence of rehabilitation/mitigating circumstances. Please see the document, "[Culver City Cannabis Business Permit Criminal Background Check Guidelines](#)" for more information on what information to include.

□ RP2. Driver's License (copy)

File Name: "RP2_PrimaryApplicantName_RPLastName_DL"

Photocopy of California driver's license, California identification card, passport or military ID card.

□ RP3. Social Security Card (copy)

File Name: "RP3_PrimaryApplicantName_RPLastName_SS"

Photocopy of Social Security card. If you do not have a social security card, please provide a written explanation.

☐ **RP4. Request for Live Scan Service Form Submitted to Live Scan Provider (copy)**

File Name: "RP4_PrimaryApplicantName_RPLastName_LIVESCANFORM"

Photocopy of the completed "[Request for Live Scan Service](#)" form which was submitted to the Live Scan provider.

☐ **RP5. Receipt from Live Scan Provider (copy)**

File Name: "RP5_PrimaryApplicantName_RPLastName_LIVESCANRCT"

A receipt for the submitted Live Scan from the Live Scan provider. If the receipt was not provided please upload a written explanation.