



Planning and Building Agency  
 20 Civic Center Plaza  
 P.O. Box 1988 (M-20)  
 Santa Ana, CA 92702  
 (714) 647-5804  
 www.santa-ana.org

## Santa Ana Adult-Use Cannabis Retail Business Registration Application

THIS APPLICATION IS A PUBLIC RECORD

### Submittal Checklist

The following are the submittal items necessary for the Adult-Use Cannabis Retail Business Registration Application. In order for your application to be deemed complete and entered into the permit database, all items referenced below must be submitted to the Planning Division public counter located at 20 Civic Center Plaza (1st Floor, Ross Annex). Incomplete submittal packages will not be accepted or entered into the permit database. Please e-mail the City at Cannabis@santa-ana.org should you have any questions regarding the submittal requirements or need additional information.

- A.  Completed **General Information** form
- B.  Completed **Use Disclosure / Submittal Affidavit** form (must be notarized)
- C.  **Map / Aerial Photo** of proposed location (main entrance must be identified on map)
- D.  **Submittal Fee** (\$1,690.00, payable in cashier's check, money order or cash only. Credit cards and/or personal checks will not be accepted)
- E.  **Live Scan** for business owners/applicants referenced on the application (must be completed within the last 14 days – MAY BE SENT FROM THE LIVE SCAN SERVICE TO THE CITY, AS LONG AS IT IS RECEIVED BY CLOSE-OF-BUSINESS ON MARCH 1, 2018) – **Live Scan request form is included in this packet.**
- F.  **Location affidavit** that the proposed location of the adult-use cannabis retail business listed on the application meets the zoning, buffers, and distance criteria established in Chapters 18 and 40 of the Santa Ana Municipal Code (a survey, signed and stamped by a license surveyor, may be required – please see the affidavit form for additional details)



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# General Information

### I. Adult-Use Cannabis Retail Business Applicant Information

Name of Proposed Business: \_\_\_\_\_

Applicant entity structure:  Corporation

Unincorporated Association

Other (describe): \_\_\_\_\_

### II. Location / Property Information

II.

Proposed Site Address: \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Map Coordinates (Longitude/Latitude) of retail establishment's front door. See attachment for instructions on obtaining map coordinates: \_\_\_\_\_

### III. Adult-Use Cannabis Retail Business Primary Contact

Contact Person (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_

### IV. Property Owner Information

Recorded Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Note: This is **NOT** a Regulatory Safety Permit to legally operate an Adult-Use Cannabis Retail Business. DO NOT OPERATE until a valid Permit is issued.



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**Santa Ana Adult-Use Cannabis Retail Business  
 Registration Application**

**Use Disclosure / Submittal Affidavit**

I, \_\_\_\_\_, am the current legal owner / landlord / lessor of the property  
(Name of Property Owner / Landlord) (Circle Appropriate Term)

located at \_\_\_\_\_. I authorize the Adult-Use Cannabis Retail  
(Address listed on General Information Form)

Business entitled \_\_\_\_\_, to use this property as  
(Name of Adult-Use Cannabis Retail Business listed on General Information)

an Adult-Use Cannabis Retail Business, as those terms are defined in Chapters 18 and 40 of the Santa Ana Municipal Code, should this Adult-Use Cannabis Retail Business be selected and approved by the City of Santa Ana for a Regulatory Safety Permit. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property.

1. \_\_\_\_\_ (Signature of Legal Owner / Landlord / Lessor)      \_\_\_\_\_ (Printed Name and Title)      \_\_\_\_\_ (Date)
2. \_\_\_\_\_ (Signature of Legal Owner / Landlord / Lessor)      \_\_\_\_\_ (Printed Name and Title)      \_\_\_\_\_ (Date)
3. \_\_\_\_\_ (Signature of Legal Owner / Landlord / Lessor)      \_\_\_\_\_ (Printed Name and Title)      \_\_\_\_\_ (Date)

I certify under penalty of perjury that the foregoing information is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_ 2018, in Santa Ana, California.  
(day) (Month)

Note: This is **NOT** a Regulatory Safety Permit to legally operate an Adult-Use Cannabis Retail Business. DO NOT OPERATE until a valid Permit is issued.

# SAMPLE

2018

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



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2018

## Santa Ana Adult-Use Cannabis Retail Business Registration Application

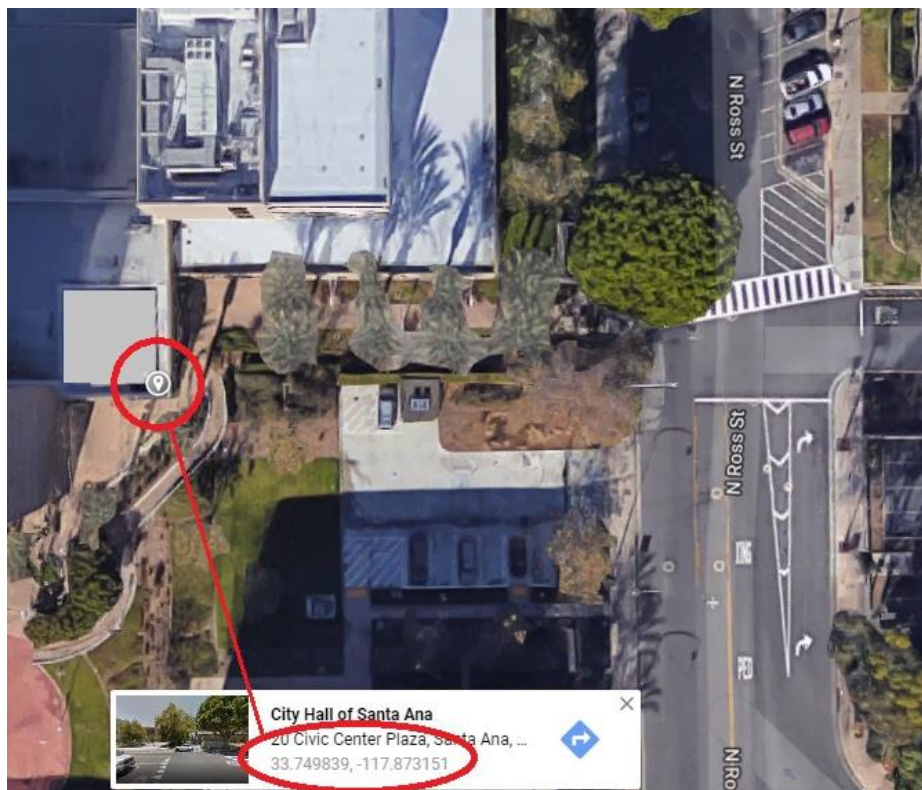
# Attachment 1 - Map Coordinates

The Santa Ana Municipal Code specifies that no adult-use cannabis retail business shall be located within 500-feet of another adult-use cannabis retail business. Longitude and latitude coordinates are required to be provided by the applicant to specify the location of the main entrance of the proposed adult-use cannabis retail business which will form the basis for the 500-foot separation requirement. Map coordinates may be obtained from Google Maps using the following steps:

**Step # 1** - Open Google from your internet browser and then enter the address for the property you are proposing.

**Step # 2** - Open the resulting map and zoom in as necessary. Left (single) click where the location of the facility's **front door** is located.

**Step # 3** - The map coordinates will then be displayed near the bottom of the screen in the following format: XX.XXXXXX , -XXX.XXXXXX. These will be the numbers entered in Section II of the General Information Form.





# City of Santa Ana



## Location Affidavit for an Adult-Use Cannabis Retail Business

**Note:** An exhibit prepared by a licensed surveyor is required if any of the following conditions are met:

1. The main entrance of the proposed commercial cannabis retail establishment is within 500 to 550 feet of the main entrance of another existing commercial cannabis retail establishment;
2. The 1,000-foot buffer line from sensitive land uses (schools, parks, and/or existing residential zoned or used property) touches or crosses the property on which the proposed commercial cannabis retail establishment is located.

If an exhibit is required, the survey must be **signed and stamped by a licensed surveyor** and must indicate that the subject site is in compliance with the separation and buffer requirements contained in the adult-use commercial cannabis retail ordinance (Ordinance NS-2929).

I, \_\_\_\_\_, am primary contact of the adult-use commercial cannabis  
(Primary contact for adult-use commercial cannabis retail business)

retail business located at \_\_\_\_\_, in Santa Ana, California. I hereby affirm that  
(Address listed on application)

the Adult-Use Cannabis Retail Business entitled \_\_\_\_\_,  
(Name of Adult-Use Cannabis Retail Business listed on the application)

at this property complies with all separation criteria and sensitive land use buffers required by Chapters 18 and 40 of the Santa Ana Municipal Code.

\_\_\_\_\_  
(Signature of legal Primary Contact)

\_\_\_\_\_  
(Printed Name and Title)

\_\_\_\_\_  
Date

I certify under penalty of perjury that the foregoing information is true and correct. Executed this

\_\_\_\_\_ day of \_\_\_\_\_ 2018, in \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (City) (State)



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

CA0301900

ORI (Code assigned by DOJ)

PERMIT

Authorized Applicant Type

REGISTRATION APP. FOR RSP

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

SANTA ANA POLICE DEPARTMENT

Agency Authorized to Receive Criminal Record Information

A06020

Mail Code (five-digit code assigned by DOJ)

60 CIVIC CENTER PLAZA

Street Address or P.O. Box

A. PEZESHKPOUR

Contact Name (mandatory for all school submissions)

SANTA ANA

City

CA 92702

State ZIP Code

(714) 667-2700

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex  Male  Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725.-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the DOJ's Keeper of Records at (916) 210-3310 or by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov) or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## **Santa Ana Adult-Use Cannabis Retail Business Registration Application (Phase I) Information**

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Registration Application Packets are available online ([www.santa-ana.org/cannabis](http://www.santa-ana.org/cannabis)) and at the Planning Division public counter located at 20 Civic Center Plaza - First Floor, Ross Annex.

### **Completing the Application**

All components of the application must be submitted at the same time. Partial applications will not be accepted.

*NOTE: Property / Building Eligibility* – If any portion of the proposed **building** is within the 1,000 separation buffer from a park, school, or existing residential zone, that entire building is ineligible for an adult-use cannabis retail business. If the proposed property contains multiple buildings (i.e. industrial park), provided that the building being requested for an adult-use cannabis retail business is not within the 1,000 foot separation buffer, that building is eligible.

Commercial cannabis retail establishments are required to maintain a 500-foot separation from each other, measured directly from main entrance to main entrance.

If the 1,000-foot buffer line crosses through or touches a property, a survey stamped and signed by a licensed surveyor is required. If the main entrance of the proposed commercial cannabis retail establishment is within 500 to 550 feet of the main entrance of another existing commercial cannabis retail establishment, a survey stamped and signed by a licensed surveyor is required.

### **Making Your Submittal**

Applications will be accepted at the Planning Counter (20 Civic Center Plaza) during regular business hours only. E-mailed, faxed or mailed applications will not be accepted.

Registration Applications will be reviewed for completeness, but not compliance at time of submittal. Incomplete applications will not be entered into the permit database. Please direct any questions about the application to staff using the information provided online or at the Planning Division public counter.

Payment for Registration Applications may be made by cashier's check, money order or cash only. Credit cards or personal checks will not be accepted.

### **Submittal and Review Procedure**

1. Submit registration application at the Planning Division public counter, located on the first floor of City Hall Ross Annex at 20 Civic Center Plaza.
2. Staff reviews the application for completeness.
3. If the application is complete, it will be entered into the permits database and the applicant will be invited to submit the required processing fee. If the application is incomplete, it will be returned to the applicant, and payment will not be accepted.
4. The 30-day Phase I (Registration Application) period concludes on March 1, 2018. All applications will be reviewed after March 1, 2018.
5. Notification to applicant of review outcome/determination.