Submittal Checklist

Submittals are only accepted in digital format on a USB flash drive or CD. Paper submittals are not accepted. Please submit two (2) USB flash drives or CDs of the application in person to the Planning Division public counter located at 20 Civic Center Plaza (1st Floor, Ross Annex). All documents must be formatted to letter size (8.5 by 11-inch) sheets on the USB flash drive or CD.

The following are the submittal items necessary for a Commercial Cannabis Business Phase 2/Regulatory Safety Permit (RSP) Application. In order for your application to be deemed complete and entered into the permit database, all items referenced below must be submitted. Please e-mail the City at cannabis@santa-ana.org should you have any questions regarding the submittal requirements or need additional information.

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Regulatory Safety Permit Application.</strong> The Regulatory Safety Permit (RSP) Application is included in this packet. <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Preliminary Site and Floor Plans.</strong> Plans should be prepared by an architect, engineer, or draftsperson and should show a basic site and floor plan with the proposed layout of the business. (Note: Detailed structural, electrical, mechanical, plumbing, and disabled access compliance pursuant to Title 24 of the State of California Code of Regulations and the Americans with Disabilities Act will be required for Building plan check.) <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Site and Building Photographs.</strong> Please submit digital color photographs of the property’s exterior and interior, including entrances, exits, street frontages, parking, all sides of the property, and interior areas. <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Site Control Documentation.</strong> If the property is being rented or is owned by the commercial cannabis business applicant(s)/owner(s), documentation indicated lease or title must be submitted. <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Business Structure.</strong> If the Business is a corporation, submit a certified copy of the Business’ Secretary of State Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information and a copy of the Collective’s Bylaws. If the Commercial Cannabis Business is an unincorporated association, submit a copy of the Articles of Association. <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued.
Planning and Building Agency
Planning Division
20 Civic Center Plaza
P.O. Box 1988 (M-20)
Santa Ana, CA 92702
(714) 647-5804
www.santa-ana.org

Commercial Cannabis Phase 2/
Regulatory Safety Permit (RSP)
Application

This application is a public record.

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial Cannabis Operating Standards Acknowledgement Form.</strong> A copy of the Commercial Cannabis Business Operating Standards Acknowledgement Form with a signed statement by the responsible party on-site stating under penalty of perjury, that they read, understand and shall ensure compliance with the aforementioned operating standards. A copy of the form is included in this packet. <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Submittal Fee.</strong> The submittal fee is payable in cashier's check, money order, or cash only. <strong>Credit cards and/or personal checks will not be accepted. Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Items Required After Submittal of the Above-Listed Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Construction Drawings for Plan Check.</strong> Detailed structural, electrical, mechanical, plumbing, and disabled access compliance pursuant to Title 24 of the State of California Code of Regulations and the Americans with Disabilities Act will be required for Building plan check. <strong>An RSP will not be issued until all required plan check, buildout, and inspections are complete. Not required for renewal or change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Odor Control and Ventilation.</strong> Submit documentation to the Code Enforcement Division of all odor control and ventilation equipment, mechanisms, devices, etc. for review by the Planning and Building Agency. <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Business License, Seller's Permit, and County of Orange “Doing Business As” (DBA).</strong> All commercial cannabis businesses must obtain any required business license(s) prior to opening. Business License forms and applications are available at City Hall. <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Operating Agreement.</strong> All commercial cannabis businesses are required to execute an operating agreement committing to community benefits and/or sustainable building and business practices, local hiring and local sourcing, and full compliance with terms of the City’s commercial cannabis ordinances. The operating agreement preparation fee is $2,500. <strong>Also required for change of ownership applications.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Individual Information List.</strong> Submit a list in Microsoft Excel of all owners, managers, employees, security personnel, and/or volunteers affiliated with the business. <strong>Required for new, renewal, or change of ownership applications.</strong></td>
<td></td>
</tr>
</tbody>
</table>

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued.

Page 2 of 9
Individual Information. For each business owner, manager, employee, security personnel, and/or volunteer, submit: 1. Two digital color photographs formatted to passport (2-inch by 2-inch) size and a fully legible color copy of one valid government-issued form of photo identification, 2. Live scan request form(s), 3. A completed employee application (see below). Please use the Request for Live Scan Service form included in this packet, and also available online at www.santa-ana.org/commercialcannabis. Please note, live scan results are typically valid for 90 days. If live scan requests are submitted too early, new live scans may need to be ordered. Note: all owners, managers, employees, and volunteers must meet the Santa Ana Municipal Code (SAMC) requirements for background checks listed in Chapters 18 and 40 [SAMC Sec. 18-613 (n) and Sec. 40-8 (3) (x)], as well as any other applicable sections of the SAMC. Required for new, renewal, or change of ownership applications.

Labor Peace Agreement. For any commercial cannabis business with two (2) or more employees, the business owner shall attest that he/she has entered into a labor peace agreement and provide a copy of the agreement to the City. Not required for renewal applications.

Printed Binder of Application Components. Prior to scheduling the required final Planning and Code Enforcement Division inspections, all applications and materials must be assembled into a binder of documents. Additional information is available at the end of this packet, in the Commercial Cannabis Business Binder Requirements table. Please also include a USB flash drive or CD containing the final version of all documents, plans, finished site photos, and any other items that have been updated. Required for new, renewal, or change of ownership applications.

For office use only:

CCAN No. ____________________
RSP No. ____________________  Accepted by: _____________________________

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued.
Regulatory Safety Permit Application

I. Type (new, renewal, or change of ownership): ____________________________

II. Business Information
   a. Commercial Cannabis Business Name: ____________________________
   b. Commercial Cannabis Business DBA: ____________________________
   c. Entity name used on Phase 1 Application: ____________________________
   d. Type of business entity: ____________________________
   e. Business Address: ____________________________
   f. Type(s) of commercial cannabis business activities proposed (as indicated on the Phase 1/Registration Application): ____________________________

III. Mailing Information
   a. If same as above, please indicate here: ____________________________
   b. Mailing Address Line 1: ____________________________
   c. Mailing Address Line 2: ____________________________
   d. Mailing City, State, Zip: ____________________________

IV. Contact Information
   a. Name: ____________________________
   b. Email Address: ____________________________
   c. Phone Number: ____________________________
   d. Website: ____________________________
   e. Fax Number: ____________________________

V. Employee Information
   a. Number of Employees, Managers, Volunteers, etc.: ____________________________

VI. Current Agent for Service Process
   a. Name: ____________________________
   b. Email Address: ____________________________
   c. Phone Number: ____________________________
   d. Agent Address Line 1: ____________________________
   e. Agent Address Line 2: ____________________________
   f. Agent City, State, Zip: ____________________________

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued.
This application is a public record.

Regulatory Safety Permit Application

VII. Ownership Information

All individuals identified as controlling members of the Commercial Cannabis Business must complete the “Owner Information” section. Use additional copies of this form for additional controlling members, if necessary.

a. Full Name: ________________________________
b. Email Address: ________________________________
c. Phone Number: ________________________________
d. Agent’s Address: ________________________________
e. Date of Birth: ________________________________
f. Driver’s License Number and State: ________________________________
g. Social Security Number: ________________________________

VIII. Other Information

a. Have you been denied or had revoked a regulatory safety permit or similar in the last five (5) years in the City of Santa Ana or any other city located in or out of California? ________________________________
b. Have you ever been convicted of, or plead guilty/no-contest to a felony or misdemeanor drug charge within the past four (4) years? ________________________________
c. Is the property at which you propose to operate associated with or controlled by an association or regulatory CC&R’s? If the answer is ‘yes’, you are required to submit a letter from the association acknowledging your proposed use of the property as a Commercial Cannabis Business is authorized and consistent with the applicable CC&R’s. ________________________________

Note: If answering ‘yes’ to any of the above questions, describe on a separate piece of paper the circumstances, date, city, or county, and nature of incidents or charges applicable. Use extra pages if necessary.
This application is a public record.

**Regulatory Safety Permit Application**

I represent and warrant that by my signature below, I have, or will have, the power, authority, and right to bind and represent the applicant, business, non-profit or not for profit entity listed in this application and I certify under penalty of perjury that the foregoing information is true and correct. I understand that if any information in this application is deemed to be false or misleading, it will result in automatic rejection of the application without a refund of the application fee.

Signature:______________________________________________________________

Printed Name and Title:_________________________________ Date:________________

Executed on (date):________________________________________ in (write location):______________________________________.
Commercial Cannabis Operating Standards Acknowledgement Form

We, the property owner and commercial cannabis business operator listed below, collectively acknowledge that we have read, understand, and agree to abide by all applicable commercial cannabis business operating standards listed the Santa Ana Municipal Code, as well as any other Code sections applicable to the construction and operation of a commercial cannabis business in the State of California, in the County of Orange, and in the City of Santa Ana.

Commercial Cannabis Business Name: ________________________________
Commercial Cannabis Business DBA: ________________________________
Entity name used on Phase 1 Application: ______________________________
Business Address Line 1: ________________________________
Business Address Line 2: ________________________________
Type(s) of commercial cannabis business activities proposed (as indicated on the Phase 1/Registration Application): ________________________________

Property Owner Signature: ________________________________
Printed Name and Title: ________________________________ Date: __________________

Commercial Cannabis Business Owner Signature: ________________________________
Printed Name and Title: ________________________________ Date: __________________

Executed on (date): ________________________________ in (write location): ________________________________

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued.
This application is a public record.

Cannabis Individual Application – Page 1 of 2

A complete application must be submitted for every employee, manager, volunteer, security personnel, or owner of the commercial cannabis business. If new individuals are hired, or if existing individuals leave the business, records may be updated by contacting the Planning Division at cannabisbadges@santa-ana.org or (714) 647-5804.

In addition to this two-page application, each manager/employee/volunteer/owner must submit a copy of a valid form of government-issued identification and two (2) color passport-size photos.

All information (application, copy of ID, and photos) must be saved to a CD or USB flash drive and submitted to the City of Santa Ana to produce the badges required for each employee, manager, volunteer, or owner of the commercial cannabis business.

I. Applicant Information
   a. Full Name: ________________________________________________________________
   b. Alternative Name(s)/AKA’s: ________________________________________________
   c. Mailing Address: __________________________________________________________
   d. City, State, and ZIP: _______________________________________________________
   e. Phone Number(s): _________________________________________________________
   f. Email Address: ____________________________________________________________
   g. Date of Birth: ___________ Social Security Number: _______________________
   h. Driver’s License State and Number: _________________________________________
   i. Have you ever been convicted of, or plead guilty/no-contest, to a felony or misdemeanor drug charge within the past four years?: _______________________
      i. If yes, describe any relevant information, including circumstances, date, city or county (jurisdiction), and nature of the charge: _______________________
         _____________________________________________________________________
         _____________________________________________________________________

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued.

Page 8 of 9
II. Business Information
   a. Commercial Cannabis Business Name: ________________________________
   b. Commercial Cannabis Business DBA: ________________________________
   c. Address: ________________________________________________________
   d. Business Phone Number: _________________________________________

III. Employment Information
   a. Job Title: _________________________________________________________
   b. Responsibilities: _________________________________________________
      ________________________________________________________________
   c. Supervisor’s Name: ______________________________________________

I certify under penalty of perjury that the foregoing information is true and correct. I also acknowledge that a criminal history, live scan and background check will be conducted on me for the purposes of determining my legal ability to work at commercial cannabis business. I understand that if any information in this application is deemed to be false or misleading, it will result in automatic rejection of this application form.

Applicant’s Signature: ________________________________________________
Printed Name and Title: ___________________________________________ Date: __________________

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued.

Page 9 of 9
# REQUEST FOR LIVE SCAN SERVICE

**Applicant Submission**

<table>
<thead>
<tr>
<th>CA0301900</th>
<th>License Cert. or Permit</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORI (Code assigned by DOJ)</td>
<td>Authorized Applicant Type</td>
</tr>
</tbody>
</table>

**REGISTRATION APP. FOR RSP**

| Type of License/Certification/Permit or Working Title (Max. 250 characters - if assigned by DOJ, use exact form assigned) |

**Contributing Agency Information:**

<table>
<thead>
<tr>
<th>SANTA ANA POLICE DEPARTMENT</th>
<th>A09680</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Authorized to Receive Criminal Record Information</td>
<td>Mail Code (five-digit code assigned by DOJ)</td>
</tr>
<tr>
<td>60 CIVIC CENTER PLAZA</td>
<td>Y. Portugal</td>
</tr>
<tr>
<td>Street Address or P.O. Box</td>
<td>Contact Name (mandatory for all school submissions)</td>
</tr>
<tr>
<td>SANTA ANA</td>
<td>(714) 667-2701</td>
</tr>
<tr>
<td>City</td>
<td>Contact Telephone Number</td>
</tr>
<tr>
<td>CA</td>
<td>92702</td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

**Applicant Information:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Name (A&amp;A or Alias)</td>
<td>Middle Initial</td>
</tr>
<tr>
<td>Sex</td>
<td>Suffix</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Driver's License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>Billing Number</td>
</tr>
<tr>
<td>Weight</td>
<td>(Agency Billing Number)</td>
</tr>
<tr>
<td>Eye Color</td>
<td>Misc. Number</td>
</tr>
<tr>
<td>Hair Color</td>
<td>(Other Identification Number)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Place of Birth (State or Country)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>Street Address or P.O. Box</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

**Your Number:**

<table>
<thead>
<tr>
<th>OCA Number (Agency Identifying Number)</th>
<th>Level of Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ DOI ☐ FBI</td>
</tr>
</tbody>
</table>

If re-submission, list original ATI number:

(Must provide proof of rejection)

**Employer (Additional response for agencies specified by statute):**

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Mail Code (five digit code assigned by DOJ)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address or P.O. Box</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>ZIP Code</td>
<td></td>
</tr>
<tr>
<td>Telephone Number (optional)</td>
<td></td>
</tr>
</tbody>
</table>

**Live Scan Transaction Completed By:**

<table>
<thead>
<tr>
<th>Name of Operator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmitting Agency</td>
<td>LSD</td>
</tr>
<tr>
<td>ATI Number</td>
<td>Amount Collected/Billed</td>
</tr>
</tbody>
</table>
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 or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170
<table>
<thead>
<tr>
<th>Business Name: ___________________________</th>
<th>Business Address: ______________________</th>
</tr>
</thead>
</table>

**Binder Section 1**
- Regulatory Safety Permit (RSP)*
- Approval Letter*
- Copy of State License(s) – for renewal applications only

**Binder Section 2**
- RSP Application Checklist
- RSP Application
- Fictitious Business Name (DBA), if applicable.
- Issued Certificate of Occupancy (COO) Copy*

**Binder Section 3**
- Site and Floor Plans
- Exterior and Interior Photos

**Binder Section 4**
- Site Control Documentation (Lease or Title)
- Property Owner/Landlord Use Disclosure Affidavit (from Phase 1/Registration Application)
- Commercial Cannabis Operating Standards Acknowledgement Form

**Binder Section 5**
- Articles of Incorporation or Organization
- Bylaws
- California Statement of Information
- California Board of Equalization Seller’s Permit
- Santa Ana Operating Agreement (Executed Copy)*

**Binder Section 6**
- Initial/New Employee Application Packets (Complete)**
- Current Employee List
- Security Guard Agreement and Current Business License Copy for Security Services, if applicable
- Current Alarm Company
- Labor Peace Agreement (LPA) Copy
- Filtration Schedule

*Provided by the City
**For new businesses, or for any new employees at an existing business, a complete new employee application packet (application, proof of live scan, passport-size photos, and copy of government-issued ID) is required for every employee.

Note: This is not a Regulatory Safety Permit (RSP) to legally operate a Commercial Cannabis Business. DO NOT OPERATE unless a valid Permit is issued. All application materials are public record.