This application is a public record.

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 on **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 applications only.</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.
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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercial Cannabis Operating Standards Acknowledgement Form.</strong></td>
<td></td>
</tr>
<tr>
<td>A copy of the Commercial Cannabis Business Operating Standards</td>
<td></td>
</tr>
<tr>
<td>Acknowledgement Form with a signed statement by the responsible</td>
<td></td>
</tr>
<tr>
<td>party on-site stating under penalty of perjury, that they read,</td>
<td></td>
</tr>
<tr>
<td>understand and shall ensure compliance with the aforementioned</td>
<td></td>
</tr>
<tr>
<td>operating standards. A copy of the form is included in this packet.</td>
<td></td>
</tr>
<tr>
<td>Required for new, renewal, or change of ownership applications.</td>
<td></td>
</tr>
</tbody>
</table>

| **Submittal Fee.** The submittal fee is payable in cashier’s check, |                |
| money order, or cash only. **Credit cards and/or personal checks** |                |
| will not be accepted. **Required for new, renewal, or change of     |                |
| ownership applications.**                                           |                |

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

Printed Binder of Application Components*. During final stages of construction and inspections, applicants are required to print a binder containing application materials and supportive documentation for Code Enforcement Division recordkeeping. Each section must be divided, labeled, and contain the components described below:

1. Divider 1: Application Checklist, RSP Application, County of Orange "Doing Business As" (DBA), and California Seller’s Permit.
2. Divider 2: Articles of Incorporation, Statement of Information, and Bylaws.
3. Divider 3: Property Lease or Title, and Property Owner/Landlord Use Disclosure.
5. Divider 5: Current Employee List, and Executed Labor Peace Agreement (LPA), and Security Guard Agreement.

*Please note that a new binder is required for annual renewals and changes of ownership.

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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: ___________________________________________

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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.

Page 7 of 9
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.
Cannabis Individual Application – Page 2 of 2

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: ______________

Employee badges are portable and are not specific to a single business. The following sections (II and III, below) are optional.

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: ______________________________________________

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

CA0301900
ORI (Code assigned by DOJ)

REGISTRATION APP. FOR RSP
Type of License/Certification/Permit OR Working Title (Max. 100 characters; if assigned by DOJ, use exact title assigned)

Contributing Agency Information:
SANTA ANA POLICE DEPARTMENT
Agency Authorized to Receive Criminal Record Information
60 CIVIC CENTER PLAZA
Street Address or P.O. Box
SANTA ANA CA 92702
City State ZIP Code
A09680
Mail Code (five-digit code assigned by DOJ)

A. PEZESHKPOUR
Contact Name (mandatory for all school submissions)
(714) 667-2700
Contact Telephone Number

Applicant Information:
Last Name
Other Name (AKA or Alias) Last
First Name Middle Initial Suffix
First Suffix
Date of Birth Sex ☐ Male ☐ Female
Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security 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
Street Address or P.O. Box
City State ZIP Code
Mail Code (five digit code assigned by DOJ)
Telephone Number (optional)

Live Scan Transaction Completed By:
Name of Operator
Transmitting Agency LSID
ATI Number Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency
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