



Commercial Cannabis Permit Preliminary Application

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STAFF USE ONLY

Application No.: _____	Date Filed: _____
Application Type: _____	Deposit Amount: _____
Receipt No.: _____	Received By: _____

Please complete and include all the required information as outlined below. Preliminary Applications will be reviewed for completeness within 30 days of receipt. NOTE.

Only businesses who plan to apply a permit for Type 6 (Manufacturing), Type 7 (Manufacturing), Type 8 (Testing Laboratories), and/or Type 11 (Distributors) should apply.

Other, commercial cannabis businesses including but not limited to, cultivation, dispensaries, and retail deliveries of cannabis in the City of Pittsburg remain **prohibited** and those applications will be **rejected**.

1. GENERAL INFORMATION

Legal name, and any other names under which the commercial medical cannabis business will operate:

Proposed Business Address, City, Zip:

On-site Telephone Number:

Assessor's Parcel Number(s):

2. INCLUDE A DETAILED PROJECT DESCRIPTION

3. REQUIRED PLANS

a. **DRAFT OPERATING PLAN** – This plan is to include (at a minimum) the following:

- i. A list of the names, addresses, telephone numbers, and responsibilities of each applicant, manager and employee of the medical cannabis manufacturing business.
- ii. Planned hours and days of operations of the medical cannabis manufacturing business.
- iii. If applicant is a commercial medical cannabis manufacturing business, procedures to be utilized at the facility, including, as applicable, a description of which chemicals will be used, quantities to be handled/stored on site, any additional details on how chemicals will be stored, handled, and used; extraction and infusion methods; the transportation process; inventory procedures; cannabis track and trace procedures; inventory procedures; quality control procedures; and testing procedures.
- iv. If applicant is a commercial medical cannabis manufacturing business, a detailed description of the product(s) to be manufactured at the business, including a description of the product's intended final use by consumers.

Pursuant to applicable law, private information will be exempt from disclosure to the public, in order to protect an applicant's privacy interest and safety.



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- v. Transportation plan detailing how and when medical cannabis will be delivered to and from the commercial medical cannabis business.
- vi. Procedures for identifying, managing, and disposing of contaminated, adulterated, deteriorated, or excess medical cannabis and medical cannabis products.
- vii. Procedures for inventory control to prevent diversion of medical cannabis or medical cannabis products to nonmedical use; employee screening; storage of medical cannabis; personnel policies; and recordkeeping.
- viii. Odor management plan detailing the reasonable steps that will be taken by the business to ensure that the odor of medical cannabis and other physical impacts on neighboring properties will be minimized.

b. SITE AND FLOOR PLAN

c. FENCING PLAN (if application)

d. HAZARDOUS MATERIALS MITIGATION PLAN (if applicable)

4. TYPE AND NUMBER OF PERMITS REQUESTED

Permit Type	YES	NO	# of Requested Permits
Type 6 (Manufacturing),			
Type 7 (Manufacturing)			
Type 8 (Testing Laboratories)			
Type 11 (Distributors)			

5. OWNER AND MANAGER INFORMATION *(Please attach additional sheets as necessary)*

NAME:					
ALIAS(ES):					
ADDRESS:				PHONE NUMBER:	
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY NUMBER	
List of criminal convictions, other than infractions for traffic violations. Please include jurisdiction of the convictions, and circumstances thereof.					



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NAME:					
ALIAS(ES):					
ADDRESS:				PHONE NUMBER:	
DATE OF BIRTH:		PLACE OF BIRTH:		SOCIAL SECURITY NUMBER	
List of criminal convictions, other than infractions for traffic violations. Please include jurisdiction of the convictions, and circumstances thereof.					

6. INVESTOR/PARTNER/FINANCER INFORMATION *(Attach additional sheets as necessary)*

NAME: Individual/Firm/LLC/etc.)			
MANAGER NAME: (If applicable)			
ADDRESS:		PHONE NUMBER:	
Provide a brief description of ownership/financial stake in the proposed business:			

NAME: Individual/Firm/LLC/etc.)			
MANAGER NAME: (If applicable)			
ADDRESS:		PHONE NUMBER:	
Provide a brief description of ownership/financial stake in the proposed business:			



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7. AFFIDAVIT(S) AND ACKNOWLEDGEMENTS

Upon approval of a Commercial Cannabis Permit by the City Council of the City of Pittsburg, applicant hereby agrees to give preference to residents of the City of Pittsburg for employee hiring to the fullest extent allowed by law.

Applicant Initials: _____

Applicant agrees to indemnify, defend, and hold harmless City, its officials, officers, employees, agents and Consultants from any and all administrative, legal or equitable actions or other proceedings instituted by any person not a party to any future agreement challenging the validity of that agreement or any action arising out of or stemming from any future agreement. Applicant may select its own legal counsel to represent applicant's interests at applicant's sole cost and expense. The Applicant and City shall cooperate in defending such action or proceeding. Applicant shall pay for City's costs of defense, whether directly or by timely reimbursement on a monthly basis. Such costs shall include, but not be limited to, all court costs and attorney's fees expended by City in defense of any such action or other proceeding, plus staff and attorney time spent in regard to defense of the action or proceeding. The applicant and City shall use best efforts to select mutually agreeable defense counsel but, if the parties cannot reach agreement, City may select its own legal counsel and Applicant agrees to pay directly or timely reimburse on a monthly basis City for all such court costs, attorney's fees and time Referenced herein.

Applicant Initials: _____

Applicant and property owner hereby agree to abide by and conform to the conditions of the Commercial Cannabis Permit, should it be approved, and all provisions of the Pittsburg Municipal Code (PMC) pertaining to the establishment and operation of the medical and/or nonmedical cannabis manufacturing business, including, but not limited to, the provisions of PMC Titles 5 and 18. This affidavit acknowledges that the approval of the Permit shall, in no way, allow any activity contrary to the PMC, or any activity which is in violation of applicable laws.

Applicant Initials: _____

Property Owner/Agent Initials: _____

8. AUTHORIZATION

APPLICANT INFORMATION	
NAME	
TITLE	
EMAIL	
PHONE	
FAX	
MAILING ADDRESS	
CITY/STATE/ZIP	
SIGNATURE	

PROPERTY OWNER /MANAGER INFORMATION	
By signing this application, the property owner and/or landlord is hereby providing written authorization to operate a commercial medical cannabis business on the site.	
NAME	
TITLE	
EMAIL	
PHONE	
FAX	
MAILING ADDRESS	
CITY/STATE/ZIP	
SIGNATURE	
<i>Please attach notary</i>	

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