

Development Services Department
Community Development Division 531 "K" Street, Eureka, CA 95501 (707) 441-4160

Please complete the information below and attach supplemental information as required. The applicable application fee(s), required plans, project worksheet and supplemental application form, if any, must accompany all applications.

www.ci.eureka.ca.gov

planning@ci.eureka.ca.gov

OWNER/APPLICANT/AGENT

Property Owner's Name: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

If there is more than one property owner, please provide the contact information for each property owner on an attached sheet

Applicant's Name (if different than Owner): _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

Agent's Name (if different than Applicant): _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

Questions/correspondence will be directed to the Agent if one is designated

PROJECT LOCATION

(1) Location Address: _____ Assessor's Parcel Number(s): _____

(2) Location Address: _____ Assessor's Parcel Number(s): _____

(3) Location Address: _____ Assessor's Parcel Number(s): _____

PROJECT DESCRIPTION

(Please provide a project description, attach additional sheets as necessary):

Blank lines for project description

Will the use or business for which this application is being submitted involve the use, cultivation, processing, testing, distribution, transporting, and/or dispensing of marijuana or medical cannabis in any way? YES [] NO []

OWNER'S AUTHORIZATION

I hereby authorize the City of Eureka to process this application, and I authorize the City of Eureka and the Department of Fish and Wildlife to enter upon the property described herein as reasonably necessary to evaluate the project.

(1) Property Owner's Signature: _____ Date: _____

If more than one property is involved, please include owner's authorization for all additional properties

(2) Property Owner's Signature: _____ Date: _____

STAFF USE

Assigned Case Numbers: _____

Received by: _____ Date: _____ Assigned Planner: _____

Supplemental Application Form

The Eureka Municipal Code requires all Medical Cannabis Facilities (MCFs) to obtain a license to operate as specified in the Medical Cannabis Regulation and Safety Act (Act). This application is for local licensure; the issuance of a local license does not guarantee the issuance of a State MCF license under the Act. To allow us to determine if your proposed MCF complies with the requirements set forth in the Eureka Municipal Code, please complete this checklist and provide the requested information.

Applicant's Name:		
Site Address:		
Site APN:		
Application Type:	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
If renewal, please attach:	<input type="checkbox"/> State License; or <input type="checkbox"/> Copy of State License Application and all related correspondence	
I am applying for, or renewing the following Medical Cannabis Facility License(s) (check all that apply):		
Cultivation, mixed light, not more than 10,000 square feet of cultivation area	<input type="checkbox"/>	
Cultivation, indoor, not more than 10,000 square feet of cultivation area	<input type="checkbox"/>	
Cultivation, indoor, not more than 5,000 square feet of cultivation area	<input type="checkbox"/>	
Dispensing	<input type="checkbox"/>	
Distribution	<input type="checkbox"/>	
Manufacturing, non-volatile, more than 5,000 square feet of floor area	<input type="checkbox"/>	
Manufacturing, non-volatile, 5,000 square feet or less of floor area	<input type="checkbox"/>	
Manufacturing, volatile, more than 1,500 square feet of floor area	<input type="checkbox"/>	
Manufacturing, volatile, 1,500 square feet or less of floor area	<input type="checkbox"/>	
Testing, where no cultivation, processing, or distribution of medical cannabis occurs	<input type="checkbox"/>	
Transporter, co-located with a distribution facility	<input type="checkbox"/>	
Transporter, located separate from a distribution facility	<input type="checkbox"/>	

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Staff Use:

Assigned Case Numbers: _____

Received by: _____ Date: _____ Assigned Planner: _____

Medical Cannabis Facility License Application, cont.

Type and quantity of all effluent discharged into the City's wastewater and/or stormwater system.		
The staff screening process including appropriate background checks and a copy of the LiveScan documentation for all employees and management (NOTE: LiveScan results will be kept confidential)		
The process for tracking medical cannabis quantities and inventory controls		
A description of the screening, registration and validation process for qualified patients (dispensary only)		
A description of qualified patient records acquisition and retention procedures(dispensary only)		
Procedures for the storage of pesticides and fertilizers, if applicable		
The equipment and methods employed in the cultivation or processing of the medical cannabis, if applicable		
Waste management plan, including waste stream reduction, disposal of waste cannabis constituents (e.g., incorporation with sawdust to discourage diversion or composting), reuse/recycling of vegetative materials, soils, and growing mediums.		
Measures taken to minimize or offset energy use		
<input type="checkbox"/> Cannabis Safety Program, including the following: Proprietary Information? Yes <input type="checkbox"/> No <input type="checkbox"/>		
The process employed by your business for documenting the chain of custody of all medical cannabis and medical cannabis products from plant to patient		
The procedure and documentation process for assuring the safety and quality of all medical cannabis and medical cannabis products		
The procedure and documentation process for determining patient dosage including testing for the major active agents in the medical cannabis (e.g., cannabinoids THC, CBD and CBN)		
<input type="checkbox"/> Background Investigation Has/Is the applicant, or any of the officers, directors or owners:		
A licensed physician making patient recommendations for medical cannabis pursuant to Section 11362.7 of the Health and Safety Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been sanctioned by a licensing authority or a city, county, or city and county for unlicensed commercial medical cannabis activities or had a license revoked under MCRSA in the three years immediately preceding the date this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been convicted of a violent felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been convicted of a felony involving fraud, deceit, or embezzlement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been convicted of a serious felony, as specified in subdivision (c) of Section 1192.7 of the Penal Code.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Been subject to fines or penalties for cultivation or production of a controlled substance on public or private lands pursuant to Section 12025 or 12025.1 of the Fish and Game Code	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Medical Cannabis Track and Trace Enrollment Verification		
Please complete the following by checking yes or no:		
Cultivation Applicants:		
I/We am/are an 'agricultural employer' as defined in the Alatorre-Zenovich-Dunlap-Berman Agricultural Labor Relations Act of 1975 (Part 3.5 commencing with Section 1140) of Division 2 of the Labor Code),	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All applicants: Please check yes or no:		
Will the operation of the medical cannabis facility adversely affect the health or safety of the facility occupants or employees, or nearby properties through creation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Medical Cannabis Facility License Application, cont.

of mold, mildew, dust, glare, heat, noise, noxious gasses, odor, smoke, traffic, vibration, surface runoff, or other impacts, or be hazardous because of the use or storage of materials, processes, products or wastes?		
Will each entrance to the MCF be clearly and legibly posted with a notice indicating that persons under the age of 21 are precluded from entering the premises, except for qualified patients, unless accompanied by a parent or legal guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We consist of a business form that satisfies state law.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a medical cannabis facility operator, I/we shall refrain from the improper storage or use of any fuels, fertilizer, pesticide, fungicide, rodenticide, or herbicide. I/we further understand and agree that hazardous materials and wastes from agricultural businesses are regulated by the Humboldt County Environmental Health Division that administers the Hazardous Materials program as one of the Certified Unified Program Agencies (CUPA). This includes the application, inspection, enforcement, and reporting under the program requirements and standards set by the California Environmental Protection Agency (CalEPA). Any uses of pesticide products shall be in compliance with State pesticide laws and regulations enforced by the County Agricultural Commissioner’s Office and the California Department of Pesticide Regulation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We understand and agree that inspectors with the Development Services, Police, Public Works, Building Department and Humboldt Bay Fire shall be granted access to all parts of the facility to ensure compliance with the terms of the medical cannabis license at any time during normal operating hours as specified in the license application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We understand and agree that not more than 90 days and not less than 30 days prior to the annual expiration of the license, I/we shall submit to the Development Services Department an inspection fee, and shall request an inspection of each medical cannabis facility to assure compliance with the terms of the medical cannabis license.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I/We understand that I/We have an independent obligation to be aware of and comply with federal law. I/We understand that the federal government classifies cannabis as a Schedule I drug. I/We understand that the federal government and the City of Eureka may impose different requirements and restrictions upon marijuana related businesses, and that I/We am responsible for knowing about and complying with each. I/We understand that compliance with the City of Eureka’s requirements, and/or California law, does not necessarily imply compliance with federal law. Finally, I/We indemnify and hold the City of Eureka harmless for any damages that may result from violation of federal law, up to and including but not limited to, federal prosecution.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Continued on the next page</i>		

Medical Cannabis Facility License Application, cont.

<p>I/We, as the property owner and/or applicant for the medical cannabis facility indemnify and hold harmless the City of Eureka and its agents, officers, elected officials, and employees for any claims, damages, or injuries brought by adjacent or nearby property owners or other third parties due to the operations at the medical cannabis facility, and for any claims brought by any of their clients for problems, injuries, damages, or liabilities of any kind that may arise out of the cultivation, processing, manufacturing, transporting, distribution, dispensing, and/or testing of medical cannabis.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
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<p>Property Owner's Signature:</p>	<p>Date:</p>
<p> </p>	<p> </p>
<p>Applicant's Signature:</p>	<p>Date:</p>
<p> </p>	<p> </p>

COMMERCIAL MEDICAL CANNABIS LICENSE FEE SCHEDULE	FEE STRUCTURE				
Type of Medical Cannabis Facility	Annual Application Fee	Annual License Fee	Annual Track & Trace Monitoring Fee	Annual Inspection Fee	Total Annual Fee per business
Cultivation, mixed light, not more than 10,000 square feet of cultivation area	\$ 500	\$ 1,000	\$ 5,000	\$ 2,000	\$ 8,500
Cultivation, indoor, not more than 10,000 square feet of cultivation area	\$ 500	\$ 1,000	\$ 5,000	\$ 2,000	\$ 8,500
Cultivation, indoor, not more than 5,000 square feet of cultivation area	\$ 500	\$ 500	\$ 2,500	\$ 1,500	\$ 5,000
Dispensing	\$ 500	\$ 1,000	\$ 3,000	\$ 2,000	\$ 6,500
Distribution	\$ 500	\$ 1,000	\$ 3,000	\$ 2,000	\$ 6,500
Manufacturing, non-volatile, more than 5,000 square feet of floor area	\$ 500	\$ 1,000	\$ 4,000	\$ 2,000	\$ 7,500
Manufacturing, non-volatile, 5,000 square feet or less of floor area	\$ 500	\$ 500	\$ 2,000	\$ 1,000	\$ 4,000
Manufacturing, volatile, more than 1,500 square feet of floor area	\$ 500	\$ 1,500	\$ 5,000	\$ 2,000	\$ 9,000
Manufacturing, volatile, 1,500 square feet or less of floor	\$ 500	\$ 1,000	\$ 3,000	\$ 1,000	\$ 5,500
Testing	\$ 500	\$ 250	\$ 500	\$ 250	\$ 1,500
Transporter	\$ 500	\$ 500	\$ 750	\$ 250	\$ 2,000

Medical Cannabis Facilities and Allowable Zoning Districts

Excerpt from Draft EMC § 158.021 MEDICAL CANNABIS FACILITIES

P=Principally Permitted, C=Conditional Use Permit Required, MC=Minor Conditional Use Permit Required

Type of Facility	CC	CN	CS	CW	HM	MG	ML	OR	A/AC
Cultivation, mixed light, not more than 10,000 square feet of cultivation area						C			C
Cultivation, indoor, not more than 10,000 square feet of cultivation area						MC	MC		
Cultivation, indoor, not more than 5,000 square feet of cultivation area			C			P	P		
Dispensing	C	C	C		C	C	C		
Distribution			P			P	P		
Manufacturing, non-volatile, more than 5,000 square feet of floor area			C			P	P		
Manufacturing, non-volatile, 5,000 square feet or less of floor area	MC		MC			P	P		
Manufacturing, volatile, more than 1,500 square feet of floor area						C			
Manufacturing, volatile, 1,500 square feet or less of floor area						C	C		
Testing, where no cultivation, processing, or distribution of medical cannabis occurs	P		P	C 155.021 (B)	P	P	P	C	
Transporter, co-located with a distribution facility			P			P	P		
Transporter, located separate from a distribution facility	P	MC	P	MC 155.021(C)		P	P	P	

(B) In the Waterfront Commercial (CW) zoning district, medical cannabis testing facilities may be allowed above the ground floor of commercial structures with a use permit granted pursuant to §§ 155.280 through 155.299 of this title. Medical cannabis testing facilities shall not be allowed on the ground floor of structures in the Waterfront Commercial (CW) zoning district.

(C) In the Waterfront Commercial (CW) zoning district, medical cannabis transportation facilities that are located separate from a medical cannabis distribution facility may be allowed above the ground floor of commercial structures with a minor use permit granted pursuant to §§ 155.280 through 155.299 of this title. Medical cannabis transportation facilities shall not be allowed on the ground floor of structures in the Waterfront Commercial (CW) zoning district.