



Commercial Cannabis Activity License Application

455 County Center, 2nd Floor | Mail Drop PLN 122
Redwood City, CA 94063
(650) 363-4161
planning.smcgov.org

This Application is to be filled out by an Applicant who seeks a license for Commercial Cannabis Activity in Unincorporated San Mateo County, as described in Chapter 5.148 of the [County Ordinance Code](#), "Establishing Regulations of Commercial Cannabis in the Unincorporated Area of the County of San Mateo."

Please submit the completed Application and all required attachments to the Planning and Building Department. An Application will not be considered complete until all required Application fees have been paid.

If the Application is incomplete, the Planning and Building Department will provide notice to the Primary Contact. The Applicant will have 30 days to complete all deficiencies. If the Applicant fails to complete the deficiencies within the 30-day period, the Application shall be deemed abandoned. The Applicant may reapply at any time following an abandoned Application. There are no refunds of any fees for incomplete, abandoned, or denied Applications.

All Application materials must be submitted digitally.

License Information

Please indicate the type of License and Activity for which you are applying.

License Type	Activity Type
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California State Licenses for Application

In order to be issued a County Commercial Cannabis Activity License, you must possess or be in the process of applying for a Current California State License for conducting Commercial Cannabis Activity.

CA State License Issued

Type of State License	License Number	Status of License	Seller's permit number	CA State License
				I have attached a copy of the CA State License

CA State License Pending

Type of State License	Attest to application
I attest that I intend to or am currently applying for a State License and have attached documentation demonstrating such application is currently pending, if applicable	

Physical Location

Please provide information about the location of the Premises where the proposed cannabis activities will occur. Note: Premises is the area where commercial cannabis activities will be conducted. The Premises may be less than the entire parcel.

Address	City	State	Zip code
Phone Number	APN	Square Feet of Proposed Premises	

Primary Contact

Please designate a single person as the Primary Contact. This person will be notified of status updates throughout the License Application process as well as during the life cycle of the License.

First Name	Last Name	Title
Address 1		
Address 2		
City	State	Zip code
Phone Number	E-mail	



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Applicant Information (Individual)

Please fill out information in this section, if applying as an individual.

First Name Middle Name Last Name Title

E-mail Address Phone Number

Address 1

Address 2

City State Zip code

Applicant Information (Business Entity)

Please fill out information in this section if applying as an entity.

Legal Business Name Fictitious Business Name Type of Business

Business Website Office Phone Number

Address

Address 2

City State Zip code

Designated Agent for Service of Process

Please identify the business entity's designated agent for service of process.

First Name Middle Initial Last Name Title

Address 1

Address 2

City State Zip code

Phone Number E-mail

Operating Information

Please provide information related to the proposed cannabis business structure and operations.

Proposed Hours of Operation

Provide the name of track and trace system that will be implemented



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Property Owner

Please provide information about the owner(s) of the property where the intended cannabis activities will occur. You may use additional forms for multiple property owners.

Is the Applicant the owner of the property?

- Yes
- No

If answered "NO" to above question, please enter property owner information

First Name Middle Initial Last Name Title

Legal Business Name Fictitious Business Name Type of Business

Business Website

Address 1

Address 2

City State Zip code

Phone Number E-mail

Is the primary contact different than the property owner?

- Yes
- No

If answered "YES" to previous question, please enter primary contact information

Primary Contact for Property Owner

Please designate a single person as the Primary Contact for issues related to the property.

First Name Middle Initial Last Name Title

Address 1

Address 2

City State Zip code

Phone Number E-mail



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Additional Requirements

Please verify and acknowledge that you are including all of the following attachments as part of your application:

Required Documents and Plans Submittal

Odor Control and Ventilation Measures

Submit an odor control and ventilation plan which describes the method to be used for odor control. Plans should include any necessary physical improvements to the greenhouse building and the maintenance schedule for the odor control system. Said system shall comply with the provisions of Section 5.148.130(f) of the Ordinance.

I have attached the most up-to-date plans for odor control and ventilation measures

Fire Prevention Plan

The fire prevention plan shall show at a minimum, a listing of all Hazardous and Flammable materials, and Knox box locations. Emergency vehicle access and turn-around areas shall be included on the required Property Improvement Plan that complies with the San Mateo County Fire Marshal's requirements.

I have attached of the most up-to-date fire prevention plan

Lighting Plans

The external lighting plan shall include a floor plan, manufacturer's cut sheets, and building elevations showing where external security lighting will be placed. If artificial grow lights are proposed, submit an additional separate internal lightning plan. Internal lighting plan should include number and location of fixtures (shown on a floor plan of the subject greenhouse building), power rating and manufacturer's cut sheets. Said lighting plan shall also include provisions for light blocking to prevent light from escaping the greenhouse building at night.

I have attached the most up-to-date lighting plan

Waste Management Plan

The submitted waste management plan must address the storing, handling, and disposing of all waste by-products of Cultivation and, at minimum, characterize the anticipated amount and types of waste generated, identify the designated holding area(s) for Cannabis waste (must be shown on required site plan and building floor plans as applicable), and describe the operational measures that are proposed to manage, track/identify, and dispose of Cannabis waste in compliance with County and State standards.

I have attached the most up-to-date waste management plan

Energy Plan

The energy plan shall indicate the source of electrical power, estimated power consumption, and proposed energy efficiency measures.

I have attached the most up-to-date energy plan

Pest Management Plan

Submit an Integrated Pest Management (IPM) plan detailing methods used for disease and pest management. At minimum, identify preventive measures to prevent introduction of pests onto the growing site, describe the exclusion and monitoring techniques anticipated, and list eradication methods that may be implemented. Include personnel training for safe handling, storage and use of pesticides, with product names and EPA numbers listed that may be used or will be stored onsite.

I have attached the most up-to-date pest management plan

Security Plan

Submit a security plan that includes, at minimum, a description of the Applicant's video surveillance system, including camera placement and practices for the maintenance of video surveillance equipment; a description of how the Applicant will ensure that all access points to the Premises will be secured, including the use of security personnel, if any; and a description of the Applicant's security alarm system.

I have attached the most up-to-date-security plan

Property Improvement Plan

Submit a Property Improvement Plan for the existing and proposed site conditions. A checklist of the required items can be found at <https://www.smcgov.org/planning/commercial-cannabis-activity-license>

I have attached the proposed property improvement plan

Proposed Signage

Plan should include diagrams of all Signage and locations. You must include all size, height, colors and general design descriptions.

I have attached the design of the proposed signage at the premises

Employee Plans

Staffing Plan

This plan must include an organizational chart that outlines the position, responsibilities, and reporting or supervisory structure of each employee.

I have attached a complete and detailed staffing plan

Local Hiring Plan

Maximum Number of Employees

I will attest that I have attached a detailed description and plan to hire local residents

Labor Peace Agreement (For applicants with 20 or more employees)

I will attest that I have or will enter into a labor peace agreement and have attached a copy of the labor peace agreement



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Application Certifications

Indemnification Agreement

I have attached the executed version of required indemnification agreement

Licensed Retailer of Alcoholic Beverages or Tobacco Products Confirmation

I attest that no Owner of the License Applicant is a licensed retailer of alcoholic beverages or tobacco products

Insurance Declaration

I have uploaded evidence of compliance with all State insurance requirements

Surety Bond

I have provided proof that I have obtained a surety bond in an amount not less than \$35,000 payable to San Mateo County Planning and Building Department

State Licensing

I attest that I have or intend to apply for a State license and agree to submit documentation of the State license to the County upon issuance. I further attest that I will not conduct any commercial cannabis activity without obtaining a State license.

Pre-Inspection Authorization

I agree to pre-inspection(s) of the proposed premises by County employees or agents.

By my signature below, I certify under penalty of perjury under the laws of the State of California that all contents of this application and any attachments are true and correct.

Signature

Date Signed (MM/DD/YYYY)