

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:

Entity Number (if applicable): _____

DBA (if applicable): _____

Mailing Address: _____ City/State: _____ Zip: _____

Telephone: _____ Email: _____

Location of Proposed Medical Cannabis Business:

Address: _____

Zone: _____ Assessor's Parcel No.: _____

Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):

Property Owner Name: _____

Mailing Address: _____ City/State: _____ Zip: _____

Telephone: _____ Email: _____

Designated Primary Contact Person for Proposed Medical Cannabis Business:

Name: _____ Telephone: _____ Email: _____

Signatures

I request to be registered and placed on the medical cannabis business registration list (VMC § 5.94.050.B.1). I declare under penalty of perjury that the foregoing is true, correct, accurate and complete, and that all documents supplied in connection with this application are true, correct, accurate and complete. I realize that this application will be evaluated based on the data I am submitting.

Name of Applicant: _____

Person Signing for Applicant: _____ Date: _____

Printed Name of Person Signing: _____

Title of Person Signing: _____

(Must be President, Chief Executive Officer, or Chair of the Board)

Inside This Form

1. Measure Z Application Form
2. Measure Z Required Documents
- 3-4. Submittal Application Instructions
- 5-6. Request for Live Scan Form

MEASURE Z REQUIRED DOCUMENTS

(See Instructions For Additional Information)

PROVIDE THE FOLLOWING PAYMENTS, LIVE-SCAN REPORTS, AND REQUIRED DOCUMENTS (Refer to Instructions)

REQUIRED PAYMENTS AND REPORTS

- _____ Application filing fee (Recommended Fee; pending City Council approval on January 22, 2019) - \$9,368 (Cashier's Check only)
- _____ Required Deposit - \$100,000.00 (Cashier's Check only)
- _____ Live Scan result

REQUIRED DOCUMENTS

- _____ Property owner information (title or deed/copy of lease or rental contract/ notarized property owner authorization).
- _____ Site plan.
- _____ Exterior photographs of the entrance(s), exit(s), street frontage(s), parking, front and rear side(s) of the property.
- _____ Photographs of the entire building interior.
- _____ If a non-profit, certified copy of the non-profit's Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information.
- _____ If an unincorporated association, copy of the Articles of Association must be provided.
- _____ Description of the business and its plans for security and non-diversion of medical cannabis.
- _____ Copy of Medical Cannabis operating standards, signed under penalty of perjury.
- _____ Documentation that the business is located in an allowed zone, and documentation indicating the business conforms with the appropriate buffer zones.
- _____ Proof that Applicant's proposed medical cannabis business has been in existence for a minimum of six contiguous months prior to the issuance of a business license/Notice of Completed Registration issued pursuant to VMC §§ 5.94.050-070.
- _____ Proof that proposed medical cannabis business holds a current BOE seller's permit that has been in existence for a minimum of six contiguous months prior to the issuance of a business license/Notice of Completed Registration issued pursuant to VMC §§ 5.94.050-070.
- _____ Security plan.

All documents should include sufficient content to satisfy the requirements set forth in Chapter 5.94 and described in the instructions associated with this form. All required documents must be included with the application when submitted, and shall be part of the application itself. All required documents must be true, correct, accurate and complete. The declaration, taken under penalty of perjury, regarding the truth, correctness, accuracy and completeness of the application extends to all required documents and other documents which are part of the application.

MEASURE Z SUBMITTAL APPLICATION INSTRUCTIONS

Applicant Cover Sheet: Complete as directed. (VMC § 5.94.050.B1-4). The proposed medical cannabis business applying to receive a Notice of Completed Registration and to operate in Vista must be a collective or cooperative, as defined in VMC § 5.94.030. The person identified and signing for the applicant must be the President, Chief Executive Officer, or Chair of the Board of Directors of the medical cannabis business proposed to operate in Vista.

Application Fee: A proposed City Council Resolution establishes an application fee of \$9,368 (pending approval on January 22, 2019), which must be submitted with the application packet. This fee may only be paid with a Cashier's Check and shall be made payable to the City of Vista. If the fee is changed, a notification shall be provided. (VMC § 5.94.050)

Required Deposit: Applicants are required to deposit with the City of Vista an amount of \$100,000, which must be submitted with the application packet. This fee may only be paid with a Cashier's Check and shall be made payable to the City of Vista. (VMC § 5.94.050)

Property Ownership and/or Lease Information: Provide proof that the proposed medical cannabis business which will operate in Vista owns or currently leases the property. Proof of ownership should be provided in the form of a copy of the title or deed. If the property is being leased, rented or purchased by the medical cannabis dispensary under contract, a copy of such purchase contract or executed lease between the property owner and the proposed medical cannabis dispensary must be submitted. If the property is being rented or leased by the proposed medical cannabis business, the applicant must submit a signed and notarized authorization from the current owner acknowledging that the owner is aware of the intended use of the property as a medical cannabis business and consents to such use. Owner identification is required. (VMC § 5.94.050.B5-6)

Site Plan: Submittal of a site plan as specified in VMC § 5.94.050.B.7: "A site plan describing the property with fully dimensioned interior and exterior floor plans including: 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. Any improvements or alterations to the property that require building permits must be submitted to the Building and Safety Division separately for review/approval."

Exterior Photographs: Submittal of exterior photographs of the entrance(s), exit(s), street frontage(s), parking, front and rear side(s) of the property. (VMC § 5.94.050.B.8)

Interior Photographs: Submittal of photographs depicting the entire interior of the proposed property. (VMC § 5.94.050.B.9)

Business Formation Documents: Submittal of business formation or founding documents as specified in VMC § 5.94.050.B.10 and 11:

- If the medical cannabis business/collective is a non-profit corporation, a certified copy of the Collective's Secretary of State Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information.
- If the medical cannabis business or collective is an unincorporated association, a copy of the Articles of Association must be provided.

Business Description: Description of the business and its plans for security and non-diversion of medical cannabis. This is limited to one page. (VMC § 5.94.050.B.12)

Medical Cannabis Operating Standards: Provide a copy of the business' Medical Cannabis operating standards. Standards must include a statement dated and signed by the responsible party on-site stating under the penalty of perjury, that they read, understand, and shall ensure compliance with the aforementioned operating standards. (VMC § 5.94.050.B.13)

Live Scan Requirements: Provide required Live Scan results (VMC § 5.94.050.B.14). The Live Scan must be for the person signing the application, who must be the President, Chief Executive Officer, or Chair of the Board of Directors of the medical cannabis business proposed to operate in Vista. Use attached 'REQUEST FOR LIVE SCAN SERVICE' form. Live Scan locations can be found at <https://oag.ca.gov/fingerprints/locations>. Proof of live scan to be submitted with application is the payment receipt for the service. Timing for receipt of live scan results varies; City will notify applicant upon successful receipt. Results may not be older than 60 days of the date of filing the application, showing no felony drug convictions in the past four years.

MEASURE Z SUBMITTAL APPLICATION INSTRUCTIONS CONTINUED

Proof of Permitted Location: Documentation, in the form of property address and Assessor's Parcel Number, that the proposed medical cannabis business would be located in a zone allowed by Chapter 5.94, and documentation indicating that the proposed medical cannabis business conforms with the buffer zones established by Chapter 5.94. Permitted zones and buffer zones are identified in the City Manager Rules for Measure Z Implementation. (VMC § 5.94.050.B.15)

Proof of Business Existence/BOE Seller's Permit: The submission of documentation establishing that the medical cannabis business proposed to operate in Vista: (1) has been in existence for a minimum of six contiguous months prior to issuance of the business license/Notice of Completed Registration pursuant to VMC §§ 5.94.050-70; and; (2) has held a current CDTFA Seller's Permit for a minimum of six contiguous months prior to the issuance of the business license/Notice of Completed Registration pursuant to VMC §§ 5.94.050-70 (VMC § 5.94.050.B.16 and VMC § 5.94.050.B.17). In providing evidence that a corporate applicant has been in existence for a period of six contiguous months pursuant to VMC § 5.94.050.B.16, the applicant must provide the dates (if any) during which its corporate status was suspended by the State of California during the six months preceding its application.

Security Plan: Submittal of a security plan as specified in VMC § 5.94.050.B.18:

- a. Security cameras shall be installed and maintained in good condition, and used in an on-going manner with at least 30 days of digitally recorded documentation.
- b. The business space shall be alarmed with a centrally monitored fire and burglar alarm system, and monitored by an alarm company.
- c. Entrance to the dispensing area or "medication room" and any storage areas shall be locked at all times, and under the control of employees.
- d. Interior Lighting. The premises within which the medical cannabis business is operated shall be equipped with and, at all times during which is open to the public or any portion thereof, shall remain illuminated with overhead lighting fixtures of sufficient intensity to illuminate every place to which members of the public or portions thereof are permitted access with an illumination of not less than two foot-candles as measured at the floor level.
- e. Exterior Lighting. The exterior of the premises upon which the medical cannabis business is operated shall be equipped with and, at all times between sunset and sunrise, shall remain illuminated with fixtures of sufficient intensity and number to illuminate every portion of the property with an illumination level of not less than one foot-candle as measured at the ground level, including, but not limited to, landscaped areas, parking lots, driveways, walkways, entry areas, and refuse storage areas.
- f. All windows on the building that houses the dispensary shall be appropriately secured and all cannabis securely stored, and a reliable, commercial alarm system shall be installed and maintained.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1688
ORI (Code assigned by DOJ)

PERMIT
Authorized Applicant Type

MEDICAL CANNABIS DISPENSARY
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CITY OF VISTA
Agency Authorized to Receive Criminal Record Information

00086
Mail Code (five-digit code assigned by DOJ)

200 CIVIC CENTER DRIVE
Street Address or P.O. Box

DAROLD PIEPER
Contact Name (mandatory for all school submissions)

VISTA CA 92084
City State ZIP Code

(760) 726-1340
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification 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 the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

CITY OF VISTA
Employer Name

00086
Mail Code (five digit code assigned by DOJ)

200 CIVIC CENTER DRIVE
Street Address or P.O. Box

VISTA CA 92084
City State ZIP Code

+1 (760) 726-1340
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

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 DOJ 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 Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, 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