



City of Solvang
Administration Division
MEDICAL CANNABIS PERMIT APPLICATION

1644 Oak Street * Solvang, CA 93463 * Phone (805) 688-5575 * www.cityofsolvang.com


Please complete this application form and submit with all required submittal information. If you have any questions regarding the project information required to be submitted with this application, please contact the City Clerk at (805) 688-5575.

FOR STAFF USE ONLY		
Date Application Submitted:	Application Number:	Receipt Number/Accepted By:

Project Address & Information		
Project Address or Location:		
Assessor Parcel No.:	Lot Size:	Zoning:
Legal Name and any other names, under which the Facility will Operate:		
Please indicate all the State cannabis licenses that you hold or are seeking:		

General Information	
Applicant:	Phone:
Mailing Address:	Email:
Business Owner(s):	Phone:
Mailing Address:	Email:
Authorized Agent/Representative:	Phone:
Mailing Address:	Email:
State of California Seller's Permit Number:	
State of California Employer Identification Number:	
If known, list any and all business partners with 5% or more ownership interest who have been found guilty of, pled guilty to, entered a plea of nolo contendere or has a criminal record expunged that involved a felony or misdemeanor involving fraud, deceit, embezzlement, violent behavior, moral turpitude, or the illegal use, possession, transportation, distribution or similar activities related to controlled substances as defined in the Federal Controlled Substance Act, with the exception of medical cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996.	

Owner/Applicant Authority to File Application

 Please read carefully before signing this application. Submission of this application does not imply approval by the Administration Division, Planning Commission, or the City Council.

APPLICANT/REPRESENTATIVE: By signing this application I certify that the information provided is accurate to the best of my knowledge.

Signature _____

Date _____

Print Name _____

PROPERTY OWNER AUTHORIZATION By signing this application I certify that I am the legal owner of the property that is the subject of this application and that I have read this completed application and attached materials and consent to its filing. I agree to allow the City to duplicate and distribute plans to interested persons as it determines is necessary for the processing of the application. If the undersigned is different than the legal property owner, the City's Agent Authorization form must accompany this application.

Signature _____

Date _____

Print Name _____

AGREEMENT TO PAY APPLICATION FEES I (we) hereby agree to pay all personnel and related direct and indirect costs for the review and processing of the Development Application for the subject property, at such time as requested by the Community Development Director, or designee. Direct costs include, but are not limited to, the review of the application for completeness and Code compliance by all applicable City departments; telephone or written communication with applicant/property owner/architect, engineer, noticing, outside consultants, etc.; preparation of staff reports; and attendance by staff at public hearings.

Deposits paid at the time of application are estimates based on the typical amount of staff time and other costs required to process an application. In the event the deposit is not sufficient to reimburse the City for processing the application, the applicant shall provide additional deposits to the City to complete the processing of the application. The City shall not perform any further review of the application until the applicant submits the required deposit. No interest shall accrue on amounts deposited. Any unused portion of the deposit will be returned to the applicant.

I (we) hereby certify that the information stated on forms, plans and other materials submitted herewith in support of the application is true and correct to the best of my knowledge. It is my (our) responsibility to inform the City, through the assigned project planner, of any changes to the information represented in these submittals. If there are multiple owners/authorized agents of the property, by signing below you are acknowledging that you have been provided authorization to sign by the other owners/authorized agents.

Signature _____

Date _____

Print Name _____