



City of Solvang
Administration Department
MEDICAL CANNABIS PERMIT SUBMITTAL CHECKLIST

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

The information on this checklist **must** be submitted with your Medical Cannabis Permit application to be accepted for review. These are the minimum requirements and additional information and plans may be required to evaluate your application following initial review by staff. A copy of this list will be used to check your application for completeness after it is submitted. **Applications not containing the necessary information as shown on this checklist will not be accepted for review.** If you believe an item is not applicable to your application, please indicate. If you have any questions regarding this form or uncertain if a specific requirement applies to your project, please contact the planning staff at (805) 688-4414. The following items shall be submitted:

FOR CITY USE ONLY	ITEM NUMBER	SUBMITTAL ITEM REQUIRED
	1	Completed Medical Cannabis Application form for each license required by the State.
	2	Completed Medical Cannabis Owner/Operator/Employee Background Application form for all applicants, including a copy of government-issued identification.
	3	Provide a description of the Commercial Cannabis Business organizational status and provide proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be necessary. This shall include a list of all owners/entities that have an interest of 5% or greater in the business.
	4	Payment of Application & Processing fee as established by the Fee Schedule.
	5	An Operations Plan including a list of the names, addresses, 24-hour telephone numbers, and responsibilities of each owner and manager of the facility; day to day operations which meet industry best practices for medical cannabis dispensaries; the hours and days of operation of the facility; the number of employees, a full description of the proposed activities and products of the commercial cannabis operation; water conservation measures to be taken (if cultivation is proposed), the method and extent of delivery services outside of the medical cannabis facility; procedures for transportation of medical cannabis and product from cultivation and manufacturing facilities to the retail dispensary (facility) including quality assurance and inspection by the distributor, transport to and from a medical cannabis testing facility; and/or cultivation and manufacturing procedures (non-volatile only) to be utilized (if applicable) including chemicals and fertilizer storage, handling, and use; and extraction and infusion methods.
	6	A Business Plan including policies and procedures for adopting, monitoring, implementing, and enforcing all requirements of City of Solvang Municipal Code Section 5-4-3-5; a Business Model detailing product display, customer interaction, and method of point of sale transactions; proposed vertically integrated uses; a schedule for submittal of construction plans, construction timing, and dispensary opening; and a proposed Budget for construction, operation, maintenance, employee compensation, equipment costs, utility costs, etc. The budget must demonstrate sufficient capital for startup and at least three months of operating costs, as well as a description of the sources and uses of funds and the name and account number of all savings and checking accounts, investment accounts, and trusts associated with the operation of the facility.

7	Site (minimum scale 1"=10') and preliminary Floor (minimum scale 1/4" = 1') plans of the facility denoting the layout of all areas of the facility including, as applicable, retail sales, storage/warehousing, cultivation, office, reception/waiting, dispensing, manufacturing, testing, distribution, and all ancillary support spaces.
8	A Security Plan complying with State law and the City of Solvang Municipal Code (Solvang Ordinance No. 18-332).
9	A Quality Control Plan including procedures for testing and demonstration of compliance with state standards for non-contamination.
10	An Inventory Control Plan to prevent diversion of medical cannabis to nonmedical use, track and trace program and procedures, employee screening, storage of medical cannabis, personnel policies, and recordkeeping procedures.
11	An Odor Management Plan detailing steps that will be taken to ensure that the odor of medical cannabis will not emanate beyond the exterior walls of the facility, including vestibules and, if necessary, the use of air purification or scrubber systems.
12	Demonstration of Local Enterprise including the extent to which the dispensary will be a locally managed enterprise including employees residing within Solvang or Santa Barbara County and the source of the medical grade cannabis product.
13	A Waste Management Plan meeting the standards of state regulations including identifying, managing, and disposing of contaminated, adulterated, deteriorated or excess medical cannabis product.
14	Resumes detailing the qualifications and experience of all principals including experience operating a Medical Cannabis dispensary facility, and information regarding special experience or professional qualifications or licenses regarding medical cannabis such as scientific or health care fields.
15	Copy of Business Operating Procedure Manual.
16	Evidence of fingerprint-based criminal history records check (Live Scan) conducted by the Solvang/County of Santa Barbara Sheriff's Department for all business owners, operators, managers, and employees. The background check should disclose no felonies in accordance with California Business and Professions Code section 26057, as may be amended.
17	Completed and Signed Indemnification Agreement

I, the undersigned Applicant/Representative, have verified that all the submittal items required on this checklist are included in the application materials and/or plans.

Signature _____

Date _____

Print Name _____