

TOWN OF FAIRFAX  
DEPARTMENT OF PLANNING AND BUILDING SERVICES

MEDICAL MARIJUANA DISPENSARY

Supplemental Application and Checklist

APPLICANT INFORMATION: Identify the full legal name for the "Applicant", which is the business form of the entity proposed to collectively or cooperatively dispense medical marijuana; along with the name and contact information for the applicant's "chief executive" and "authorized agent."

Applications will be reviewed by Town staff for completeness. Once deemed complete, applications will be referred to the Planning Commission for consideration in accordance with Chapter 17.110.100 of the Town Municipal Code.

*PLEASE TYPE OR PRINT:*

APPLICANT FULL LEGAL NAME: \_\_\_\_\_

CHIEF EXECUTIVE/DISPENSARY MANAGER NAME:  
\_\_\_\_\_

EXECUTIVE/MANAGER TITLE: \_\_\_\_\_

AUTHORIZED AGENT CONTACT INFORMATION:

STREET ADDRESS : \_\_\_\_\_

(No Post Office Boxes)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE # 2: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CHIEF EXECUTIVE CONTACT INFORMATION:

PHYSICAL STREET ADDRESS: \_\_\_\_\_

(No Post Office Boxes)

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE # 2: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_



## APPLICATION SUPPLEMENTAL INFORMATION

NOTE: All documents submitted by the applicant are potentially subject to disclosure pursuant to the requirements of the California Public Records Act (California Government Code Section 6250, et seq., herein, the "PRA").

Unless otherwise compelled by a court order, the Town will not disclose any application materials while the Town staff determines whether an application is complete. However, when the Director of Planning and Building Services determines that an application is complete, the Town shall consider all application materials to be subject to public disclosure unless there is a legal exception to disclosure, e.g., for personal data, proprietary information as defined by the PRA.

If an applicant asserts that any portion of its application is subject to legal exception to public disclosure the applicant shall: (1) clearly mark the relevant portions of its application "Confidential"; and (2) identify the legal basis for exception from disclosure under the Public Records Act; and, (3) the applicant shall defend, indemnify, and hold harmless the Town against any claim by any third party for the public disclosure of the "Confidential" portion of the application. Any argument for legal exception shall be subject to review and concurrence by the Town Attorney.

### SUPPLEMENTAL APPLICATION CHECKLIST:

- Provide documentation of the legal entity and organizational structure of the applicant organization, demonstrating that it is a collective or cooperative operating in conformance with requirements of Medical Marijuana Laws (as defined in paragraph 1 of the Conditions of Application below). This shall include articles of incorporation, by-laws, partnership agreements, and documentation of nonprofit status, if applicable.
- Provide a roster of all principals of the applicant entity (including the chief executive, the authorized agent, and any management staff), and include the full name and the following information for each individual:
  - (a) Identification of each principal's role(s) and responsibilities for the applicant. This shall include an organizational chart identifying the number of employees, volunteer, or contracted services for which each principal is responsible.
  - (b) Resumes for all principals of business, occupation, and/or employment history since reaching 18 years of age for the past ten (10) years. Include all experience and background (i.e., education, training and experience) relevant to the operation of a medical marijuana dispensary or aggregated cultivation facility.
  - (c) Provide contact information for at least three business references (and 4 personal references). To the extent a principal has experience with a licensed medical marijuana dispensary in another location, provide an overview of the experience, along with contact information from the dispensary operator as well and the jurisdiction that licensed the dispensary, and including identification of licensing records for the dispensary.

Within a separate envelope labeled "Confidential", provide an annotated roster of all principals, to identify each individual's full name, along with:

(a) Current residence address, social security number, and a photocopy of at least one primary form of photo identification, such as a California Drivers License or US passport, and any aliases including maiden or married names.

(b) Documentation of each principal's status as a qualified patient or primary caregiver.

(c) A listing of convictions (including any plea or verdict of guilty or a conviction following a plea of nolo contendere), for all of the following categories of offenses:

- Any offense related to the possession, manufacture, sales, or distribution of controlled substances, including marijuana related offences;
- Any offense involving the use of force or violence upon the person of another; and
- Any offence involving theft or fraud.

(d) For each principal, provide a declaration under penalty of perjury that he or she is in compliance with Section 17.110.090 (A) (Criminal History) of the Town Code, along with written consent for the Town to undertake a background check from the State of California Department of Justice or other law enforcement agency.

Provide an operations plan for the dispensary to demonstrate compliance with the requirements of the Medical Marijuana laws, particularly each requirement of Town Code Section 17.110.090, Operating Requirements. Include the following:

- A business plan identifying total estimated number of members, average and maximum number of customers per day, sales of cannabis and other products, membership and administration fees, other product transactions and anticipated annual costs of operation;
- A site location map and site plan showing building and parking locations, any landscaping, proximity of adjacent residences, etc. Indicate any advantages that the applicant believes a proposed site offers to the Town of Fairfax and its medical marijuana patients. Include a statement signed by the property owner (if different from the applicant) that he/she is in agreement with the use of the property as a medical marijuana dispensary;
- Staffing plan for the dispensary defining the roles and responsibilities of the employees, volunteers and contractors identified in the organizational chart;
- Plans for utilization of residual funds when the dispensary becomes profitable;

Information on how the dispensary plans to maintain an adequate (and not surplus) supply of medical marijuana, including the methods of managing and documenting sources of supply and identifying estimated quantities of supply for each of the following:

- Supply planned to be obtained from members who cultivate in residential zones within the Town (if any);
- Supply planned to be obtained from members who cultivate in areas outside the Town;
- Methods of precluding supply from illegal "grow houses" in residential zones; and
- Any intent to obtain, produce or sell "consumable" products other than raw harvested medical marijuana such as edibles.
- Limitations, if any, that will be imposed on off-site deliveries of medical marijuana such as limiting offsite deliveries to members who are housebound based on documented health problems;
- Plans for ensuring that medical marijuana sold or dispensed from the applicant is not diverted to non-medical purposes. Include planned security measures and methods of ensuring amounts of marijuana dispensed to individual members do not exceed the amount recommended by their physician.
- Address plans to sell or provide members with items designed for smoking or ingesting medical marijuana.

The plan for regulating membership in the applicant's cooperative or collective entity including but not limited to the following:

- Methods for screening and documenting to ensure that prospective members are qualified patients or primary caregivers.
- Method for monitoring including annual review and removal of expired members.

Methods of mitigating adverse impacts on neighbors (including management of odor, noise, litter, parking, etc.)

Security Plan, including but not limited to technological security measures, on-site security personnel or employees with security training, etc. The plan should include measures taken to protect the premises, employees, member clients, immediate neighbors, the medical marijuana product and record files.

Methods of ensuring that adequate records are maintained, including updates to records regarding the identity and qualifications of all principals, employees and volunteers, membership records that document membership status.

Describe services planned to be provided to patients in addition to medical marijuana dispensing and fees, if any, to be charged for such services.

Describe services and/or benefits planned to be provided to the Town of Fairfax in addition to sales tax and business license fees.

## **CONDITIONS OF APPLICATION**

By the signatures below, the applicant entity, through its chief executive and authorized agent, certify and agree as follows:

1. **AWARENESS OF MEDICAL MARIJUANA LAWS:** The chief executive and authorized agent have read all regulations pertaining to the operation of a Medical Marijuana Dispensary including the State Medical Marijuana Laws, the Town of Fairfax Medical Marijuana Ordinance, Chapter 17.110, the Town Business License Regulations, Town Code Title 5, Medical Marijuana Laws of California Health and Safety Code Section 11462.5 (the "Compassionate Use Act of 1996"), and the laws and regulations of the State of California adopted in furtherance thereof, including California Health and Safety Code Sections 11362.7et seq. (the "Medical Marijuana Program Act") and guidelines adopted by the Attorney general pursuant to California Health and Safety Code Subsection 11362.81(d), and these application form and instructions (collectively, the "Medical Marijuana Laws"). To ensure the applicant(s) knowledge is sufficient to operate a medical marijuana facility in compliance with all applicable laws, the Director of Planning and Building Services may schedule an interview with applicants whose applications are complete and meet the minimum requirements
2. **COMPLETENESS AND ACCURACY OF SUBMITTALS:** All materials and representations submitted in conjunction with this form shall be considered a part of this application. The applicant certifies the accuracy of the information submitted, and agrees to comply with all requirements of the Medical Marijuana Laws, the Town's Medical Marijuana Ordinance, and the conditions of any subsequent use permit.
3. **CHANGES TO APPLICATION:** The applicant shall inform the Director of Planning and Building Services in writing of any changes to this application.
4. **INDEMNIFICATION:** The applicant agrees to defend, indemnify and hold the Town (including its agenda, officers and employees) harmless from any claim, action or proceeding to attack, set aside, void or annul an approval of the Town concerning this application, as long as the Town promptly notifies the applicant of any such claim, action or proceedings. The applicant further agrees to defend indemnify and hold the Town harmless against claims and litigation arising from the issuance of a Medical Marijuana dispensary use permit, including any claims and litigation arising from the establishment, operation or ownership of the Medical Marijuana dispensary.
5. **FEES:** The applicant agrees to pay to the Town any and all processing fees imposed by the Town in Resolution No. 10-53. Fees are periodically subject to change. The applicant acknowledges that this application is processed using a deposit account and initial deposit which may not ultimately cover the entire cost of processing in which case additional deposits will be required. Applicant acknowledges that fees include, but are not limited to: Staff or consultant time billed at an hourly rate, production or reproduction of materials and exhibits, and postage for multiple hearing if an application end up being continued.
6. **DISCONTINUANCE OF USE AND NONTRANSFERABILITY OF PERMIT:** The applicant agrees that if the applicant is determined by the Director of Planning and Building Services to be the preferred applicant, the determination is specific and only for the applicant is may not be transferred to any other entity or person. The applicant agrees that if the Planning Commission

subsequently grants a use permit to the applicant for a medical marijuana dispensary, the permit may not be transferred to any other entity.

I hereby certify that I have read and agree with all of the "Conditions of Application" identified above. I hereby submit this application on behalf of the "Applicant" identified below and I certify that all information and attached documents submitted on behalf of the Applicant as a part of this application are true and correct.

\_\_\_\_\_  
Applicant's Name

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Chief Executive/Manager

Date \_\_\_\_\_