

# REGULATORY SAFETY PERMIT APPLICATION



CITY OF  
IMPERIAL BEACH, CA  
[WWW.IMPERIALBEACHCA.GOV](http://WWW.IMPERIALBEACHCA.GOV)



# CITY OF IMPERIAL BEACH, CA

Community Development Department  
825 Imperial Beach Blvd., Imperial Beach, CA 91932  
T: (619) 628-1356 | F: (619) 424-4093

## NOTICE TO APPLICANTS

**APPLICATION DUE DATE: 5:00 PM PST, MONDAY, MAY 6, 2019**

PLEASE READ THE APPLICABLE IMPERIAL BEACH MUNICIPAL CODE (CHAPTERS 4.60 AND 19.61) RELATING TO THIS FORM AND CANNABIS ACTIVITIES CAREFULLY AS IT FULLY SETS FORTH WHAT IS REQUIRED TO BE CONSIDERED.

PLEASE ALSO READ THIS FORM CAREFULLY AND PROVIDE ALL RELATED DOCUMENTS. ANSWERS MUST BE COMPLETE AND TRUTHFUL. DO NOT LEAVE ANY SPACES BLANK. APPLICANTS SHOULD ANSWER "N/A" TO ANY QUESTION THAT IS NOT APPLICABLE. FAILURE TO PROPERLY COMPLETE THE FORM OR PROVIDE REQUIRED ACCOMPANYING DOCUMENTS WILL RESULT IN APPLICATION DENIAL. THE CITY RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTS NECESSARY IN ORDER TO CONDUCT A BACKGROUND INVESTIGATION OF THE APPLICANT. DONORS OF GIFT FUNDS OR OTHERS IDENTIFIED BY THE CITY AS HAVING FINANCIAL INTEREST, INCLUDING BUT NOT LIMITED TO THOSE AS DESCRIBED IN CALIFORNIA CODE OF REGULATIONS, TITLE 16, DIVISION 42, SECTION 5004, OR SIGNIFICANT INFLUENCE ON THE OPERATIONS OF THE BUSINESS MAY ALSO BE REQUIRED TO SUBMIT A COMPLETE BACKGROUND INVESTIGATION BEFORE THE FINANCIAL INVESTIGATION WILL BE COMPLETED.

EACH BUSINESS INTERESTED IN OPERATING PURSUANT TO THIS CHAPTER MUST SUBMIT AN APPLICATION TOGETHER WITH AN INITIAL \$10,000 COST RECOVERY APPLICATION REVIEW DEPOSIT. IF APPLICATION REVIEW COSTS EXCEED \$10,000 THE CITY SHALL NOTIFY THE APPLICANT AND THE APPLICANT SHALL PROVIDE ADDITIONAL FUNDS WITHIN SEVEN (7) BUSINESS DAYS. FAILURE TO SUBMIT ADDITIONAL COST RECOVERY FUNDS BY THE DATE REQUESTED BY THE CITY SHALL VOID THE APPLICATION AND THE CITY WILL STOP PROCESSING THE APPLICATION. APPLICATION PROCESSING FUNDS THAT HAVE ALREADY BEEN USED BY THE CITY SHALL BE NON-REFUNDABLE.

BY SIGNING MY NAME BELOW, I CERTIFY I HAVE CAREFULLY EXAMINED THE ABOVE STATEMENTS AND COMPLETED THE REGULATORY SAFETY PERMIT APPLICATION AND DO HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION HEREON INCLUDING THE DECLARATIONS ARE TRUE AND CORRECT, AND I FURTHER CERTIFY AND AGREE IF A PERMIT IS ISSUED, TO COMPLY WITH ALL CITY, COUNTY AND STATE LAWS AND ORDINANCES GOVERNING THE CITY OF IMPERIAL BEACH AND INDEMNIFY THE CITY OF IMPERIAL BEACH AGAINST ALL LIABILITIES, JUDGMENTS, COST, AND EXPENSES WHICH MAY IN ANY WAY ACCRUE AGAINST SAID CITY IN THE CONSEQUENCE OF THE GRANTING OF THIS PERMIT. MY SIGNATURE ON THIS FORM CONSTITUTES MY AGREEMENT TO THIS DECLARATION.

\_\_\_\_\_  
*Responsible Managing Officer Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*



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## APPLICATION CHECKLIST AND INSTRUCTIONS

NOTE: ALL ITEMS IN THIS CHECKLIST ARE REQUIRED UPON SUBMITTAL.

..... **1. Regulatory Safety Permit Application Complete**

Type or clearly print an answer to every question. If a question does not apply to you, indicate so with an "N/A". If the available space provided is insufficient, type your answer on a separate sheet and precede each answer with the appropriate title.

..... **2. Initial Cost Recovery Deposit of \$10,000**

Check or money order should be made payable to "City of Imperial Beach". For other payment options, please contact the City of Imperial Beach Finance Department at (619) 628-1365.

..... **3. Proof of Liquid Assets**

Submit documentation demonstrating a minimum of \$300,000 in Liquid Assets available under the applicant's control.

..... **4. All Forms, Letters, Attachments and Plans**

The following accompanying forms must be signed and returned with this application:

- |   |   |
|---|---|
| <input type="radio"/> Emergency Action & Fire Prevention Plan   | <input type="radio"/> Property Owner Consent & Acknowledgement    |
| <input type="radio"/> Plans—Site, Floor, Elevation, and Landscaping                                     | <input type="radio"/> Business Formation Documents                |
| <input type="radio"/> Operating Plan  | <input type="radio"/> California Certificate of Good Standing     |
| <input type="radio"/> Business Plan   | <input type="radio"/> Property Lease Agreement/Proof of Ownership |
| <input type="radio"/> Security Plan   | <input type="radio"/> Affidavit & Notary*                         |
| <input type="radio"/> Notarized Letter from Property Owner Identifying the Responsible Managing Officer |   |

..... **5. Submission of Proper Identification and Background Check**

Submit the following for each individual applicant, owner, Responsible Managing Officer, Manager, and Responsible Person:

- Proof of Submitted Live Scan Fingerprint Requests and ATI numbers\*
- Copy of Government Issued ID\*

..... **6. Application Submittal**

Applications shall consist of original documents. Submit two (2) paper copies AND one (1) digital application (USB) with all required attachments to the City of Imperial Beach Community Development Department, located at 825 Imperial Beach Blvd. Imperial Beach, CA 91932. Applications will only be accepted during the following counter hours:

Monday to Friday from 7:30 AM to 9:00 AM  
Monday to Thursday from 3:30 PM to 5:00 PM  
Friday from 3:30 PM to 4:30 PM (closed every other Friday)

*\*Must submit one for every applicant including the Responsible Managing Officer, Manager, & Responsible Person.*



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## REGULATORY SAFETY PERMIT APPLICATION

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_ PRIMARY PHONE NUMBER: \_\_\_\_\_  
 (If applicant is a business entity, check this box & provide entity information below.)

MAILING ADDRESS: \_\_\_\_\_

SECONDARY PHONE NUMBER: \_\_\_\_\_

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

DESCRIBE THE PROPOSED CANNABIS OUTLET LOCATION & TYPE OF BUSINESS TO BE CONDUCTED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ASSESSOR'S PARCEL NO: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

AGENT FOR SERVICE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

### ENTITY INFORMATION:

DBA: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

BUSINESS ADDRESS (PHYSICAL LOCATION): \_\_\_\_\_

BUSINESS MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

LEGAL STATUS: \_\_\_\_\_

### PROPERTY OWNER INFORMATION:

NAME: \_\_\_\_\_ PRIMARY PHONE NUMBER: \_\_\_\_\_

SECONDARY PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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

*Applicant must have legal possession of the premises for at least one (1) year after permit issuance. If the business premise is leased, please indicate the expiration date for the lease:* \_\_\_\_\_

SECOND OWNER NAME: \_\_\_\_\_ PRIMARY PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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



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## REGULATORY SAFETY PERMIT APPLICATION

### RESPONSIBLE MANAGING OFFICER INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SECONDARY PHONE NUMBER: \_\_\_\_\_

DESCRIBE ANY AND ALL COMMERCIAL CANNABIS ACTIVITY (INCLUDING MEDICAL MARIJUANA) ENGAGED IN OVER THE PREVIOUS 5 YEARS. PROVIDE DETAILS INCLUDING DATES, TYPE OF COMMERCIAL CANNABIS ACTIVITY & THE JURISDICTION IN WHICH THE ACTIVITY TOOK PLACE, ATTACH A COPY OF ANY PERMITS, LICENSES, OR OTHER WRITTEN FORMS OF PERMISSION FOR SUCH ACTIVITY BY A LOCAL OR STATE GOVERNMENT ENTITY AS NECESSARY): \_\_\_\_\_

### 24-HOUR CONTACT MANAGER INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SECONDARY TELEPHONE: \_\_\_\_\_

DESCRIBE ANY AND ALL COMMERCIAL CANNABIS ACTIVITY (INCLUDING MEDICAL MARIJUANA) ENGAGED IN OVER THE PREVIOUS 5 YEARS. PROVIDE DETAILS INCLUDING DATES, TYPE OF COMMERCIAL CANNABIS ACTIVITY & THE JURISDICTION IN WHICH THE ACTIVITY TOOK PLACE, ATTACH A COPY OF ANY PERMITS, LICENSES, OR OTHER WRITTEN FORMS OF PERMISSION FOR SUCH ACTIVITY BY A LOCAL OR STATE GOVERNMENT ENTITY AS NECESSARY): \_\_\_\_\_

### MANAGER INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SECONDARY TELEPHONE: \_\_\_\_\_

DESCRIBE ANY AND ALL COMMERCIAL CANNABIS ACTIVITY (INCLUDING MEDICAL MARIJUANA) ENGAGED IN OVER THE PREVIOUS 5 YEARS. PROVIDE DETAILS INCLUDING DATES, TYPE OF COMMERCIAL CANNABIS ACTIVITY & THE JURISDICTION IN WHICH THE ACTIVITY TOOK PLACE, ATTACH A COPY OF ANY PERMITS, LICENSES, OR OTHER WRITTEN FORMS OF PERMISSION FOR SUCH ACTIVITY BY A LOCAL OR STATE GOVERNMENT ENTITY AS NECESSARY): \_\_\_\_\_

### RESPONSIBLE PERSON INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SECONDARY TELEPHONE: \_\_\_\_\_

DESCRIBE ANY AND ALL COMMERCIAL CANNABIS ACTIVITY (INCLUDING MEDICAL MARIJUANA) ENGAGED IN OVER THE PREVIOUS 5 YEARS. PROVIDE DETAILS INCLUDING DATES, TYPE OF COMMERCIAL CANNABIS ACTIVITY & THE JURISDICTION IN WHICH THE ACTIVITY TOOK PLACE, ATTACH A COPY OF ANY PERMITS, LICENSES, OR OTHER WRITTEN FORMS OF PERMISSION FOR SUCH ACTIVITY BY A LOCAL OR STATE GOVERNMENT ENTITY AS NECESSARY): \_\_\_\_\_





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## REGULATORY SAFETY PERMIT APPLICATION

### PROPERTY OWNER CONSENT:

If applicant is other than the property owner(s), the property owner(s) of the location of the proposed Cannabis Outlet must provide a signed statement consenting to the operation of a Cannabis Outlet on the premises pursuant to Chapter 4.60, Section 4.60.090 of the Imperial Beach Municipal Code. Original signatures only.

I/We, as the owner(s) of the subject property, consent to the filing of this application and use of the property for the purposes of a Cannabis Outlet as defined in Imperial Beach Municipal Code Chapter 4.60 and 19.61. We further consent and hereby authorize City representative(s) to enter upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

\_\_\_\_\_  
*Property Owner Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*



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## REGULATORY SAFETY PERMIT APPLICATION

### PROPERTY OWNER CONSENT ACKNOWLEDGEMENT:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
*(insert name and title of the officer)*

personally appeared \_\_\_\_\_ ,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)



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## REGULATORY SAFETY PERMIT APPLICATION

### AFFIDAVIT:

Please submit one signed affidavit form for each applicant, Responsible Managing Officer, Manager and Responsible Person.

I, the undersigned, hereby certify and declare under penalty of perjury, that to the best of my knowledge and belief, the information contained in this application and its supporting documentation/exhibits is truthful, correct and complete; and, the information contained in this application and its supporting documentation/exhibits discloses all facts regarding the applicant and associated individuals necessary to allow the City to properly evaluate the applicant's qualifications.

I, the undersigned, hereby certify and declare under penalty of perjury, that I have not conducted commercial cannabis activity in violation of any State or local laws.

I, the undersigned, further agree and acknowledge that I may be required to provide additional information as needed, for a complete investigation by the City.

I, the undersigned, further agree and recognize that I am responsible for obeying all Federal, State, County and local laws. Furthermore, by submitting this application, I understand and agree that any business resulting from approval of a permit shall be maintained and operated in accordance with the requirements of the Imperial Beach Municipal Code and State laws.

I, the undersigned, further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the City to reject this application, deny the permit, and/or immediate grounds for revocation of a permit if one is granted as a result of this application.

I, the undersigned, grant the City of Imperial Beach permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs for distribution to staff, City Council and other agencies in order to process this application. I further understand that the information provided in this application and the application itself may be subject to release pursuant to the California Public Records Act, California Government Code Sections 6250 *et seq.* The Public Records Act provides that public records shall be disclosed upon written request and that anyone has a right to inspect any public record unless the document is exempted from disclosure. By submitting this application, I, the undersigned, consent to the release of such materials by the City if requested under the Public Records Act without further notice and agree to indemnify and hold harmless the City for release of such information.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*



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### JURAT:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_,

by \_\_\_\_\_  
\_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who  
appeared before me.

(Seal)

Signature \_\_\_\_\_



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## REGULATORY SAFETY PERMIT APPLICATION

### LIVE SCAN LOCATIONS:

Click the link below for Live Scan locations and information:

<https://oag.ca.gov/fingerprints/locations?county=San%20Diego>



# REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

## Applicant Submission

A1395  
ORI (Code assigned by DOJ)

LICENSING  
Authorized Applicant Type

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

### Contributing Agency Information:

CITY OF IMPERIAL BEACH  
Agency Authorized to Receive Criminal Record Information

14575  
Mail Code (five-digit code assigned by DOJ)

825 IMPERIAL BEACH BLVD.  
Street Address or P.O. Box

ERIKA CORTEZ  
Contact Name (mandatory for all school submissions)

IMPERIAL BEACH CA  91932  
City State ZIP Code

6194238617  
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):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State  ZIP Code

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:

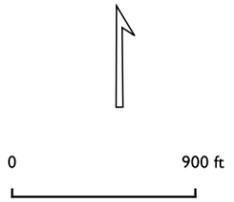
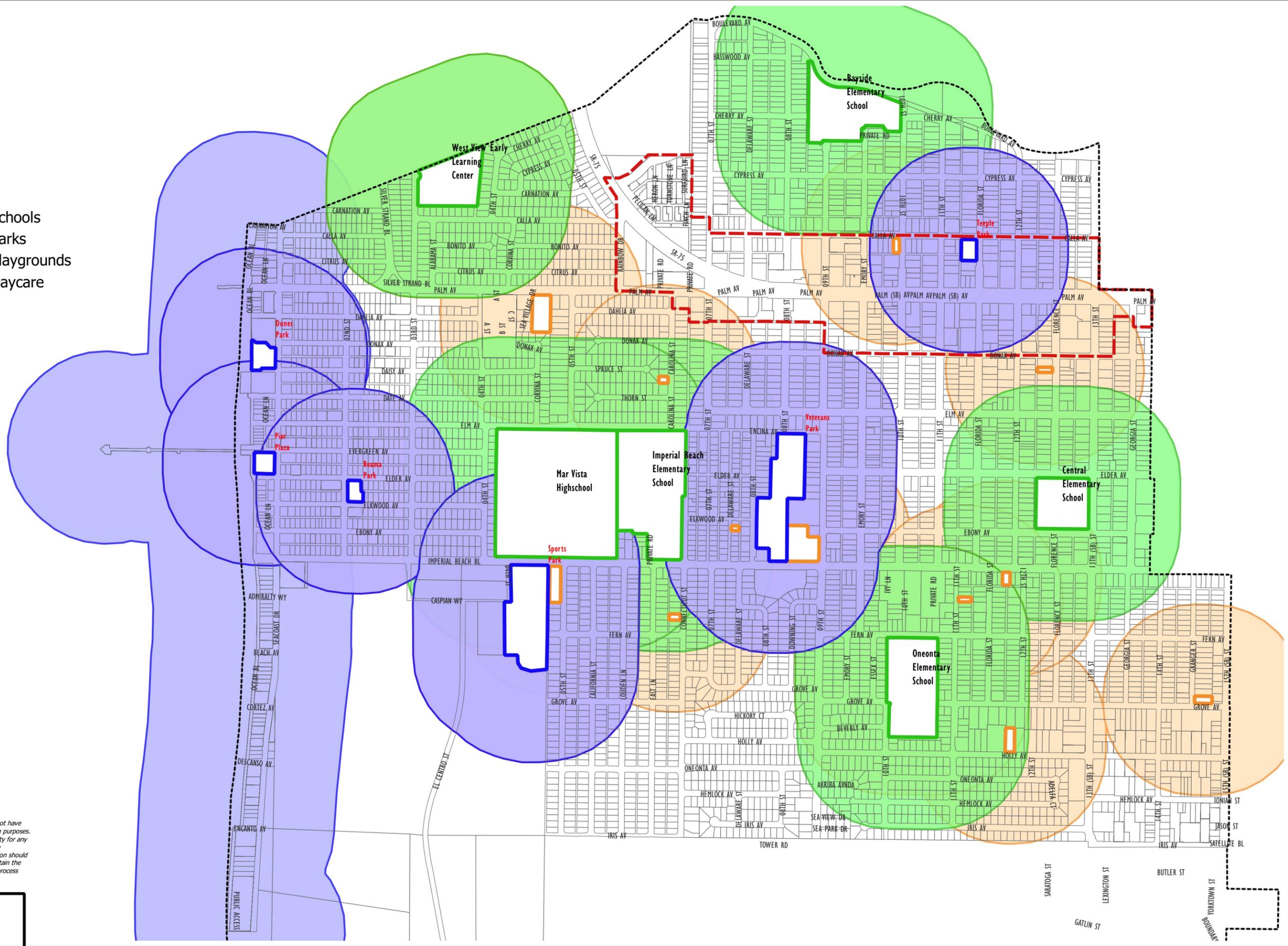
- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal 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](mailto: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

# Legend

-  City Boundary
-  CMU/1 Zone
-  Schools
-  City Parks
-  Playgrounds
-  Day Care
-  Parcels
-  900ft Buffer around Schools
-  900ft Buffer around Parks
-  900ft Buffer around Playgrounds
-  900ft Buffer around Daycare



*Disclaimer: This document is for informational purposes and may not have been prepared for, or be suitable for legal, engineering, or surveying purposes. Therefore, the City of Imperial Beach cannot accept any responsibility for any errors, omissions, or positional accuracy, and therefore, there are no warranties which accompany this document. Users of this information should review or consult the primary data and information sources to ascertain the usability of the information as uses may change as the application process proceeds impacting the buffers as currently shown/identified.*