EXHIBIT A APPLICATION RESPONSE PACKET

MCCOP RFP 2017

To:	The County of Alameda, Community Development Agency
From:	
	(Official Name of Applicant)

- AS DESCRIBED IN THE SUBMITTAL OF APPLICATIONS SECTION OF THIS RFP, APPLICANTS ARE TO SUBMIT ONE ORIGINAL HARDCOPY APPLICATION (EXHIBIT A – APPLICATION RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS 6 COPIES AND ONE ELECTRONIC COPY OF THE APPLICATION IN PDF
- ALL PAGES OF THE APPLICATION RESPONSE PACKET (EXHIBIT A) MUST BE SUBMITTED IN TOTAL WITH ALL REQUIRED DOCUMENTS ATTACHED THERETO; ALL INFORMATION REQUESTED MUST BE SUPPLIED
- EACH APPLICANT MUST SIGN AND SUBMIT THE <u>APPLICANT INFORMATION AND ACCEPTANCE</u>
 FORM BELOW
- EACH LANDOWNER MUST SIGN AND SUBMIT THE LANDOWNER INFORMATION AND ACCEPTANCE FORM BELOW
- ALL NOTATIONS MUST BE PRINTED IN INK OR TYPEWRITTEN; ERRORS MAY BE CROSSED OUT AND CORRECTIONS PRINTED IN INK OR TYPEWRITTEN ADJACENT, AND MUST BE INITIALED IN INK BY PERSON SIGNING THE APPLICATION

APPLICANT INFORMATION AND ACCEPTANCE

- 1. The undersigned Applicant declares that the Application Documents, including, without limitation, the RFP, Addenda, and Exhibits have been read.
- 2. The undersigned Applicant has reviewed the Application Documents and fully understands the requirements in this RFP.
- 3. The undersigned Applicant authorizes the County, its agents and employees, to seek verification of the information contained in the Application.
- 4. The undersigned Applicant agrees to hold harmless and indemnify the County from all costs and expenses including attorney's fees that the County may incur in connection with processing the Applicant's Application.
- 5. The undersigned Applicant declares, under penalty of perjury, that:
 - a. I am the Applicant or have legal authority to sign on behalf of the Applicant;
 - b. The Applicant has the ability to comply with laws regulating businesses in the state of California and shall maintain compliance with all relevant laws during the term of the permit;
 - c. The Applicant and any person with an ownership interest of more than ten (10) percent in the proposed cultivation operation has not been convicted of a felony within the past three years; and
 - d. The Applicant is at least eighteen (18) years of age.
- 6. The undersigned Applicant certifies, under penalty of perjury, that:
 - a. All the information contained in this Application is true and correct; and
 - b. The Applicant accepts the Performance Standards and Standard Conditions for Pilot Program Medical Cannabis Cultivation Sites adopted by the Planning Director.

[SIGNATURE AND ADDITIONAL INFORMATION AND ACCEPTANCE FOLLOW ON NEXT PAGE]

APPLICANT INFORMATION AND ACCEPTANCE (CONTINUED)

Official Name of Applicant:	
Street Address Line 1:	
Street Address Line 2:	
City:	State: Zip Code:
Webpage (if applicable):	OF 4
Type of Entity / Organizational Structure ((check one):
☐ Corporation	☐ Joint Venture
Limited Liability Partners	ship Partnership
Limited Liability Corpora	ntion Non-Profit
Other:	
Jurisdiction of Organization Structure:	
Date of Organization Structure:	
Primary Contact Information:	
Name / Title:	LIFORNI
Telephone Number:	Fax Number:
E-mail Address:	
SIGNATURE:	
Name and Title of Signer:	
Dated this day of	

LANDOWNER INFORMATION AND ACCEPTANCE

- 1. The undersigned Landowner declares, under penalty of perjury, that:
 - a. I am the owner of the proposed cultivation site identified in Exhibit A;
 - b. I consent to the proposed use of the land by the Applicant for the purpose of a medical cannabis cultivation operation.

If the site has more than one landowner, the signature of each landowner is required. Provide a completed Landowner Information and Acceptance for each landowner and clearly identify the total number and names of all relevant Landowners.

Official Name of Landowner:				
Street Address Line 1:	OF A			
Street Address Line 2:	A			
City:	State: Zip Code:			
Type of Entity / Organizational Structure (chec	ck one):			
☐ Corporation	☐ Joint Venture			
Limited Liability Partnership	Partnership			
Limited Liability Corporation	☐ Non-Profit			
Other:	0			
Jurisdiction of Organization Structure:				
Date of Organization Structure:	FORN			
Primary Contact Information:				
Name / Title:				
Telephone Number: Fax Number:				
E-mail Address:				
SIGNATURE:				
Name and Title of Signer:				
Dated this day of	2017			

REQUIRED DOCUMENTATION AND SUBMITTALS

order listed below and clearly label each section with the appropriate title (i.e. Table of Contents).					
	1.	Table of Contents : Application responses shall include a table of contents listing the individual sections of the Application and their corresponding page numbers. Tabs should separate each of the individual sections.			
	2.	Letter of Transmittal : Application responses shall include a description of Applicant's capabilities and approach and provide a brief synopsis of the highlights of the Application and overall benefits of the Application to the County. This synopsis should not exceed three pages in length and should be easily understood.			
	3.	the co	Exhibit A – Application Response Packet: Every Applicant must complete and su the complete Exhibit A – Application Response Packet, which includes the followicomponents:		
		(a)	Applicant Information and Acceptance (signed pages 2 to 3 of Exhibit A)		
		(b)	Landowner Information and Acceptance (signed page 4 of Exhibit A)		
		(c)	Applicant and Employee Information (Exhibit B, as signed and submitted)		
		(d)	Security Plan		
		(e)	Site Plan		
		(f)	Description of External Appearance		
		(g)	Description of Products		
		(h)	Mission Statement		
		(i)	Mitigation Measures		
		(j)	Operating Plan		
		(k)	Environmental Considerations		
		(I)	Community Benefit		
		(m)	Local Commitment (if applicable – if not applicable, state "Not Applicable")		