



CANNABIS DELIVERY OPERATOR PERMIT APPLICATION

INSTRUCTIONS

The information requested in this application form is required to enable the Community Development Agency to assess an application for a Cannabis Delivery Operator Permit pursuant to Alameda County Ordinance Code Chapter 6.108.

The application shall address all requirements in the following sections:

- A. Delivery Operation
- B. Applicant Information and Acceptance
- C. Background Checks and Factual Information

The Applicant (or the Applicant's representative or agent) shall submit the application in person, under cover of this completed and signed application form at the Alameda County Permit Center:

399 Elmhurst Street, Suite 141

Hayward, CA 94544

Hours: M/T/Th/Fr 8:30 AM - 4:30 PM

Wed 9:00 AM - 4:30 PM, except 1st & 3rd week of every month 11:00 AM - 4:30 PM

The application shall be accompanied by the Cannabis Delivery Operator Permit Application Fee of \$2,400. Payment shall be made by credit card, cash or check made out the Alameda County Treasurer's Office. If making payment in cash, please contact the Permit Center in advance to make arrangements for the receipt and processing of cash.

If you have any queries in relation to this application, please contact Rodrigo Orduña or Phil Sawrey-Kubicek: 510-670-5400, rodrigo.orduna@acgov.org, phil.sawrey-kubicek@acgov.org.

In addition to obtaining this permit, the applicant must also obtain a Business License from the Alameda County Tax Collector's Office prior to commencing deliveries to addresses within unincorporated Alameda County. See <http://www.acgov.org/business/buslic.htm> for information and to submit an application online for a Business License.



A. DELIVERY OPERATION

1. Applicant

If you need more space, please provide additional information on a separate sheet marked “Attachment A1”.

<p>Applicant Name (The Applicant named must be the license holder of the associated Cannabis Retail Operator License in Section 2 below)</p>		
<p>Applicant Type (Please check one box only)</p>	<input type="checkbox"/> Business/ organization <input type="checkbox"/> Individual	
<p>Responsible Person (If the Applicant is a business or organization, name of Responsible Person)</p>		
<p>Capacity of Responsible Person (If the Applicant is a business or organization. Please check one box only)</p>	<input type="checkbox"/> Owner <input type="checkbox"/> Managing Partner <input type="checkbox"/> Officer of a corporation <input type="checkbox"/> Other person who shall be primarily responsible for the operation of the proposed medical cannabis delivery operation: Please specify:	
<p>Applicant Mailing Address</p>	<p>Addressee: (Please check one box only)</p>	<input type="checkbox"/> Applicant <input type="checkbox"/> Responsible Person
	<p>Street Address:</p>	
	<p>Suite/ Apt:</p>	
	<p>City:</p>	
	<p>State:</p>	
	<p>Zip code:</p>	



2. Cannabis Retail Operation

A permit to deliver cannabis in unincorporated Alameda County shall only be issued to a “brick and mortar” retail operator, which is a cannabis retail operator with a permanent, physical, store-front retail location allowing direct physical access to customers, holding a valid license or permit to sell cannabis issued by a California city or county and by the State of California.

Please complete the below information and provide and clearly mark as “Attachment A2” a copy of the valid city or county and State retail permit or license for the cannabis retail operation.

Retail Operation Site	Street Address:	
	Suite/ Apt:	
	City:	
	State:	
	Zip code:	
City or County Permit or License (Please attach a copy)	Name of issuing authority: (City or County)	
	Permit number:	
	Issue date: / / MM / DD / YY
	Expiration date: / / MM / DD / YY
State Retail Operator License (Please attach a copy)	Permit number:	
	Issue date: / / MM / DD / YY
	Expiration date: / / MM / DD / YY



3. Operational Information

As required by section 6.108.070 of the County Ordinance Code, the Applicant shall provide and clearly mark as “Attachment A3”, the following documentation:

a) Security Plan:

A security plan containing a detailed description of the proposed security arrangements for ensuring the safety of persons from theft and robbery and protection of the vehicle from theft and burglary. The security plan shall be submitted for review and approval by the Sheriff.

b) Description of Products:

A description of products to be sold by delivery.

c) Mission Statement:

If the application proposes delivery of cannabis for medicinal purposes, the mission statement of the retail operator with respect to meeting the medicinal needs of patients.

d) Mitigation:

A description of the methods by which the applicant will mitigate any potentially adverse impacts, such as safety, odors or noise, on surrounding property owners.

e) Operating Plan:

An operating plan specifically describing how the applicant will operate consistent with State and local law, including but not limited to: the minimum staffing levels for operation of the delivery operation, policies and procedures for record keeping, specific details of the retail operator’s track and trace program.



B. APPLICANT INFORMATION AND ACCEPTANCE

I declare that:

1. I am the Applicant or have legal authority to sign on behalf of the Applicant;
2. The Applicant has reviewed and understands and accepts the standard conditions set forth in section 6.108.125; and
3. The Applicant has the ability to comply with all laws regulating businesses in the state of California and shall maintain compliance with all applicable state and local laws during the term of the permit.

I certify, under penalty of perjury, that all of the information contained in this application is true and correct.

I authorize the County, its agents and employees, to seek verification of the information contained in the application.

I agree to hold harmless, defend, and indemnify the County of Alameda (“County”), its Board of Supervisors, employees and agents from and against any claim, action or proceeding against the County, its Board of Supervisors, employees or agents to attack, set aside, void, or annul the delivery permit, the County’s determinations or findings pursuant to the California Environmental Quality Act, the County’s actions or omissions regarding enforcement of the delivery permit or Ordinance Code Chapter 6.108 as applied to the applicant’s delivery operations, or any combination thereof. Such indemnification shall include, but not be limited to, an award of costs and attorney's fees incurred by the County in its defense. The County shall promptly notify applicant of any such challenge.

Name:	
Signature:	
Date: / / (MM / DD / YY)



C. BACKGROUND CHECKS AND FACTUAL INFORMATION

1. Applicant Details

The Applicant and all personnel identified in this section of the application shall attend the Alameda County Sheriff's Office to complete a background check. The Applicant shall contact the County Sheriff's Office at (510) 667-3620 or by email at acsopermits@acgov.org to schedule an appointment to complete Live Scan fingerprinting and the taking of photographs for identification purposes. The applicable fee shall be paid at the time of the appointment (\$57 as at 1 August 2018).

The Applicant or Responsible Person will be required to attend the Sheriff's Office to:

- Provide written proof that the Applicant or Responsible Person is twenty one (21) years of age or older (i.e. California driver's license, California identification card or birth certificate);
- Provide details of the height, weight, eye color and hair color of the Applicant or Responsible Person; and
- Be photographed for identification purposes.

In the table below, please provide details of the Applicant (if an individual) or the Responsible Person (if the Applicant is a business or organization). If you need more space, please provide additional information on a separate sheet marked "Attachment C1".

Applicant or Responsible Person	Name:		
	Date of birth: / / MM / DD / YY	
	Social Security Number:		
Current Residential Address	Dates occupied:	From: / / MM / DD / YY	To: Current
	Street address:		
	Suite/ Apt:		
	State:		
	Zip code:		



Residential addresses in previous 5 years	<u>Previous Address 1:</u>			
	Dates occupied:	From: / / MM / DD / YY	To: / / MM / DD / YY	
	Street address:			
	Suite/ Apt:			
	State:			
	Zip code:			
	<u>Previous Address 2:</u>			
	Dates occupied:	From: / / MM / DD / YY	To: / / MM / DD / YY	
	Street address:			
	Suite/ Apt:			
	State:			
	Zip code:			
	Businesses operated by the Applicant and the Applicant's Employer(s) currently and in the previous 5 years	<u>Current Business Operated By/ Employing the Applicant:</u>		
		Type:	<input type="checkbox"/> Business Operated by Applicant <input type="checkbox"/> Business Employing Applicant	
Dates:		From: / / MM / DD / YY	To: Current	
Business name:				



Street address:		
Suite/ Apt:		
State:		
Zip code:		
<u>Previous Business Operated By/ Employing the Applicant:</u>		
Type:	<input type="checkbox"/> Business Operated by Applicant <input type="checkbox"/> Business Employing Applicant	
Dates:	From: / / MM / DD / YY	To: / / MM / DD / YY
Business name:		
Street address:		
Suite/ Apt:		
State:		
Zip code:		
<u>Previous Business Operated By/ Employing the Applicant:</u>		
Type:	<input type="checkbox"/> Business Operated by Applicant <input type="checkbox"/> Business Employing Applicant	
Dates:	From: / / MM / DD / YY	To: / / MM / DD / YY



	Business name:	
	Street address:	
	Suite/ Apt:	
	State:	
	Zip code:	

2. Applicant or Responsible Person’s Cannabis Retail Operations

Please provide on a separate sheet marked “Attachment C2”:

- The address of any permitted cannabis retail site or delivery operation that is currently or has previously been operated by the Applicant or Responsible Person;
- A statement of whether the authorization for any such cannabis retail site or delivery operation has been revoked or suspended; and
- If so, the reason for the revocation or suspension.

3. Personnel Details

Please provide on a separate sheet marked “Attachment C3” the details of all personnel who will be regularly engaged in the cannabis delivery operation, including all:

- Owners. This includes each person with an ownership interest of 10 percent or more in the proposed cannabis delivery operation;
- Employees;
- Volunteers; and
- Contractors.

The following details shall be provided for each person named:

- Name;
- Telephone number;
- Capacity in which the person is or will be engaged (e.g. owner, employee, volunteer, contractor or other);
- Whether the person has or is proposed to have any management or supervisory responsibilities for the proposed cannabis delivery operation.



Every person identified above as an owner, manager, supervisor or employee shall:

- Submit fingerprints and other necessary information to the County Sheriff's Office for a background check; and
- Be photographed for identification purposes.

Anyone not identified at this stage who later intends to become involved in the operation will be required to submit their information to the Sheriff's Office within five days prior to their employment (Ordinance Code section 6.108.125.A.8).

