



# City of Grover Beach Planning Division

## COMMERCIAL CANNABIS PERMIT APPLICATION

**154 South Eighth Street - Grover Beach, CA 93433 – Phone (805) 473-4520 - [www.groverbeach.org](http://www.groverbeach.org)**

Please complete this development application form and submit with all required project plans and information. If you have any questions regarding the project information required to be submitted with this application, please contact the Community Development Department at (805) 473-4520.

FOR STAFF USE ONLY		
Date Application Submitted:	Application Number:	Receipt Number/Accepted By:

### Project Address & Information

Project Address or Location:	
Assessor Parcel No.:	Lot Size:

### State License(s) Requested (check all that apply)

License Type	Medical	Adult	New	Renewal	License Type	Medical	Adult	New	Renewal
<input type="checkbox"/> Cultivation:					<input type="checkbox"/> Manufacturer				
<input type="checkbox"/> Type 1: Specialty outdoor; Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 6: Level 1 - Non-Volatile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 1A: Specialty indoor; Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 7: Level 2 - Volatile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 1B: Specialty mixed-light; Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type N: Infusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 1C: Specialty cottage; Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type P: Packaging or Labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 2A: Indoor; Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type S: Shared-Use Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 2B: Mixed-light; Small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 8: Testing laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 3A: Indoor; Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 10: Retailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 3B: Mixed-light; Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 11: Distributor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 4: Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 12: Microbusiness. Indicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type 5A: Indoor; Large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	activities below:				
<input type="checkbox"/> Type 5B: Mixed-light; Large	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cultivation, Type _____				
					<input type="checkbox"/> Distributor				
					<input type="checkbox"/> Level 1 - Non-Volatile Manufacturer				
					<input type="checkbox"/> Retailer				

### General Information

Applicant:	Phone:
Mailing Address:	Email:
Property Owner(s):	Phone:
Mailing Address:	Email:
Authorized Agent/Representative:	Phone:
Mailing Address:	Email:

**Please indicate the primary contact and person to send all correspondence to:**

Applicant
                         
  Property Owner
                         
  Representative

**Owner/Applicant Authority to File Application**

Please read carefully before signing this application. Submission of this application does not imply approval by the Community Development Department, Planning Commission, or the City Council.

**APPLICANT/REPRESENTATIVE:** By signing this application I certify that the information provided is accurate to the best of my knowledge. I agree to allow the City to duplicate and distribute plans to interested persons as it determines is necessary for the processing of the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**PROPERTY OWNER AUTHORIZATION** By signing this application I certify that I am the legal owner of the property that is the subject of this application and that I have read this completed application and attached materials and consent to its filing. I agree to allow the City to duplicate and distribute plans to interested persons as it determines is necessary for the processing of the application. If the undersigned is different than the legal property owner, the City's Agent Authorization form must accompany this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**AGREEMENT TO PAY APPLICATION FEES** I (we) hereby agree to pay all personnel and related direct and indirect costs for the review and processing of the Development Application for the subject property, at such time as requested by the Community Development Director, or designee. Direct costs include, but are not limited to, the review of the application for completeness and Code compliance by all applicable City departments; telephone or written communication with applicant/property owner/architect, engineer, noticing, outside consultants, etc.; preparation of staff reports; and attendance by staff at public hearings.

Deposits paid at the time of application are estimates based on the typical amount of staff time and other costs required to process an application. In the event the deposit is not sufficient to reimburse the City for processing the application, the applicant shall provide additional deposits to the City to complete the processing of the application. The City shall not perform any further review of the application until the applicant submits the required deposit. No interest shall accrue on amounts deposited. Any unused portion of the deposit will be returned to the applicant.

I (we) hereby certify that the information stated on forms, plans and other materials submitted herewith in support of the application is true and correct to the best of my knowledge. It is my (our) responsibility to inform the City, through the assigned project planner, of any changes to the information represented in these submittals. If there are multiple owners/authorized agents of the property, by signing below you are acknowledging that you have been provided authorization to sign by the other owners/authorized agents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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