



Planning Division
214 South C Street
Oxnard, CA 93030
P: 805-385-8207
cannabisinfo@oxnard.org
oxnard.gov/cannabis

**COMMERCIAL CANNABIS BUSINESS PERMIT
APPLICATION GUIDELINES
(Indoor Cultivation and Testing Lab)**

**Application Deadline
OPENS – July 18, 2024
CLOSES – September 18, 2024 @ 5:00 PM**

Information regarding the Commercial Cannabis Business Permit (CCBP) application process can be found on the City’s website at www.oxnard.gov/cannabis and includes the following:

Attached

- CCBP Application (A)
- Community Benefits Agreement (template) (B)
- Conceptual areas for Indoor Cultivation and Testing (C)
- Cannabis Employee Permit (CEP) Application (D)

Reference Document

- Relevant sections within the Oxnard City Code (OCC) Chapters 11 and 16, [Click Here](#)

The CCBP application process to operate an indoor cultivation facility or testing lab within the City of Oxnard will open on Thursday, July 18, 2024 and close at 5:00 p.m. on September 18, 2024. CCBP applications are available at the Planning Division located at 214 South “C” Street, Oxnard, CA, 93030 or can be found by going to www.oxnard.gov/cannabis.

Prior to application submission, CCBP applications will be reviewed for completeness at the public counter. Completed CCBP applications will be accepted by appointment only. To schedule an appointment, please email cannabisinfo@oxnard.org or contact the Commercial Cannabis Business Program Administrator at 805-385-8207.

CCBP APPLICATION SUBMITTAL REQUIREMENTS

The OCC Section 11-456 allows the operation of a maximum of five (5) indoor cultivation licenses and one (1) testing lab license at any one time.

All CCBP application materials necessary for Steps 1 – 3, are required to be submitted during Step - 1 CCBP application submission. Applicants must submit the following applications materials to be considered a complete application:

- Applicant information (page 1)
- Signed application certification (page 2)
- Owner information and live scan/Cannabis Employee Permit (page 3)*
- Signed and notarized property owner consent (page 4)
- Signed and notarized limitations on City liability (page 6)

- City issued zoning verification letter (page 7)
- Proof of comprehensive general liability insurance (minimum \$1M per occurrence)**
- Evaluation criteria (outlined in Appendix A of the Application Guidelines. This shall not exceed 200 pages)***
- One (1) hard copy of the commercial cannabis business application (“application” - pages 1 –7)
- Application, evaluation criteria and proof of capitalization documents are required to be emailed to cannabisinfo@oxnard.org. These materials are considered completeness items and must be emailed prior to the close of the application period
- Payment of application fee (Step 1 in the amount of \$3,067.78)

*As part of the application process, each owner must submit for a Cannabis Employee Permit (CEP) prior to submitting a completed Commercial Cannabis Business Permit (CCBP) application. Information regarding the background check process can be secured via the application procedures guidelines and also accessible via: oxnard.gov/cannabis.

** Must show evidence prior to the approval of regulatory permit issuance.

*** CCBP Application, proof of capitalization and background check data are not included in the 200 page limit.

Submittal documents should be emailed to cannabisinfo@oxnard.org and saved in separate digital PDF files. The separate digital PDF files should be saved as follows:

- File #1 – CCBP application with signatures (*CCBP application materials pages 1 - 7*)
- File #2 – Evaluation Criteria (*Appendix A Sections 1 - 7 and limited to 200 pages*)
- File #3 – Proof of Capitalization (*Bank statements, loan documentation, promissory notes, financial and commitment letters*)

CITY’S RESERVATION OF RIGHTS

The City reserves the right to reject any and/or all applications, with or without cause or reason. The City may modify, postpone, or cancel the request for a CCBP without liability, obligation, or commitment to any party, firm, or organization. In addition, the City reserves the right to request and obtain additional information from any candidate submitting an application. Late or incomplete applications will be rejected. Furthermore, an application risks being rejected for the following reasons:

- It is not fully responsive to this request for a CCBP application.
- It contains excessive or extraneous material not required in the CCBP application.
- It exceeds 200 pages (File #2) in response to the evaluation criteria.
- The issuance of the CCBP license at the proposed location will not be granted by the State of California, Department of Cannabis Control or OCC regulations, or other applicable Oxnard City Codes.

AMENDMENTS TO THE APPLICATION

After the application deadline has passed, applicants will not be allowed to make amendments to their application or to supplement their application. It is the responsibility of the Applicant to ensure that the application is complete.

ZONING CLEARANCE (ZC)/ZONING VERIFICATION LETTER (ZVL) (page 7)

Prior to submitting a CCBP Application (Step 1), an Applicant is required to obtain Planning Division approval of a Zoning Clearance/Zoning Verification Letter. To secure this letter, an Applicant shall complete the Zoning Clearance/Zoning Verification application and pay the required fee. The City’s review and issuance of a ZC/ZVL takes approximately two weeks to secure. The City issued ZC/ZVL must be included with the CCBP application (Step 1).

An appointment is required to submit a request for a City issued ZC/ZVL. The request shall accompany payment of the required fee which is \$210.00 (April 2024). Contact 805-385-7858 to schedule this appointment.

The issuance of a ZC/ZVL does not constitute written evidence of permission given by City or any of its officials to operate a cannabis business, nor does it establish a “permit” within the meaning of the Permit Streamlining Act, nor does it create an entitlement under the Zoning or Building Code. A regulatory permit for a CCBP does not constitute a permit that runs with the land on which the cannabis business is established. Please note that the cannabis business will require a discretionary permit. A Development Design Review (DDR) permit shall be required prior to the issuance of building permits. This is a separate application that will be made only after final evaluation and ranking by the City (Step 3 below).

CANNABIS EMPLOYEE PERMIT (CEP)

Each owner is considered an employee and must obtain a Cannabis Employee Permit (CEP) prior to submitting a completed CCBP application, which will be issued by the Billing and Licensing Department. Once the live scan has been completed (by a third party live scan/background check company), the applicant shall complete the five (5) page CEP application with a passport style photo and email it to: cannabislivescan@oxnard.org

Required items:

- Email a passport style photo with CEP application.
- Include a copy of a birth certificate, driver’s license, government issued identification card, passport or other proof that the applicant is at least 21 years of age.
- Credit Card Authorization form should also be completed, leaving the credit card number, expiration date, and 3 digit security number blank. This information will be obtained via phone by a licensing team member using the phone number provided for the contact person on the authorization form.
- Applicants submitting incomplete applications will be notified of the corrections required. No application will be processed until all required information is provided.
- CEP fee is \$125.00 per employee/owner. CEP application fees are non-refundable.

Individuals who do not meet the City’s eligibility requirements (OCC Section 11.455) will be disqualified. If you have any questions or concerns regarding the CEP process please contact the Billing and Licensing Department at 805-385-7817 or through email at ctlicensing@oxnard.org

Step 1: Application Submittal and City Review (No ranking for initial submittal)

Fee: \$3,067.78 (Fixed Fee)

Payment of the required submittal fee and submission of the application materials must occur by 5:00 pm on Wednesday, September 18, 2024. Completed CCBP applications will be accepted by appointment only. To schedule an appointment, please email cannabisinfo@oxnard.org or contact the Commercial Cannabis Business Program Administrator at 805-385-8207. Applicants who meet the evaluation criteria will be notified and will advance to Step 2.

Step 2: Application Evaluation and City Interview (2,400 points)

Fee: \$2,839.40 (Fixed Fee)

Applicants will be interviewed and evaluated by the City’s Cannabis Selection Committee based upon the criteria below. See Appendix A for a description of the evaluation criteria:

- Operational Plan (500 Points)
- Compatibility Plan (400 Points)
- Qualifications of Owners (400 Points)
- Labor & Employment Plan (300 Points)
- Safety Plan (300 Points)
- Security Plan (300 Points)

- Community Benefits Plan (200 Points)

Step 2 scores will be tabulated to establish an overall ranking of the applications. The top applicants during Step 2 will be notified and interviewed. Selected applicants will advance to Step 3. The City reserves the right to request and obtain additional information from any candidate who has submitted an application. The City Manager will review the City Selection Committee's recommendation and approve the final ranking. OCC Section 11-456 establishes the maximum number of permits that may be issued. However, the City reserves the right to award a lesser number of permits or to award no permits at all.

Step 3: Authorization to File an Application Seeking a Commercial Cannabis Business Permit (Development Design Review)

Fee: \$7,326.65 (Deposit Fee)

Accepted forms of Payment: Payment should be made by cash, Visa, MasterCard or by check made payable to the City of Oxnard. The Step 1 and Step 2 application fees are non-refundable. Step 3 deposit funds may be partially refundable dependent upon staff hours and expenses charged.

Land Use Entitlement Issued: Being awarded a permit does not constitute a land use entitlement and does not waive or remove the requirements of applying for and receiving permits for all construction types including: electrical, plumbing, fire, planning permits or reviews, and any other permits, business tax, or reviews as may be necessary by the relevant departments or governmental entities in charge of said permits. Applicant acknowledges that plans submitted via the CCBP application process, may not meet the standards or requirements for plan submission by City permitting departments.

CONTACT

If you have any questions or would like an update on the status of your application, please contact the Commercial Cannabis Business Program Administrator at 805-385-8207 or by email at cannabisinfo@oxnard.org.

APPENDIX A: EVALUATION CRITERIA

Except as noted below, the following Evaluation Criteria is applicable to both Indoor Cultivation and Testing Laboratory applicants.

1. **OPERATIONAL PLAN** (500 Points) *Criteria to be evaluated and scored during Step 2*
 - a. A budget for construction, operation, and maintenance, compensation of employees, equipment costs, utility cost, and other operation costs.
 - b. Proof of capitalization in the form of documentation of cash or other liquid assets on hand, letters of credit or other equivalent assets.
 - c. 3-year pro forma for at least three (3) years of operation.
 - d. Fully describe hours of operation and opening and closing procedures.
 - e. Fully describe the day-to-day operations.

Additional criteria for **CULTIVATION** applications only:

1. Identify location and procedures for receiving deliveries during business hours.
2. Describe product handling procedures.
3. Describe inventory control procedures including utilizing track and trace software.
4. Identify procedures for labeling, storing and disposing of any pesticides and/ or fertilizers.
5. Provide a list and estimated quantities of pesticides to be utilized during the cultivation process.
6. Identify the type(s) of cannabis plant to be grown (species/strain), cultivation activities and schedule of activities during each month of growing and harvesting, growth cycles and anticipated harvesting schedules for all-season harvesting.
7. Describe the cultivation plan including total square footage of canopy size.
8. Describe the use of any gasses used in the cultivation operation, such as carbon dioxide (CO₂), including storage, location, and monitoring systems for employee safety.
9. Projected water usage plan which identifies the water conservation and recycling measures for capture and reuse of on site water and water treatment plan.
10. Projected energy usage and conservation plan which identifies the sources of power, projected monthly and yearly usage, and efficiency plan, including use of on site renewables. Applicants are encouraged to demonstrate, in their application, how they will conduct their business in a sustainable way. This can be demonstrated by exceeding the standards established in Title 24, procuring and maintaining 100% renewable energy from the onsite energy service provider, and demonstrating water conservation measures. Applicants are not permitted to rely on a backup generator as an emergency source of power.
11. Floor plan identifying the location, dimensions, and boundaries of all proposed canopy areas and a description of the proposed method of physically delineating those boundaries at the site.

Additional criteria for **TESTING LABORATORY** applications only:

1. Describe the sampling standard operating procedures.
2. Describe procedures for transporting cannabis field samples.
3. Describe the chain of custody for field samples.
4. Describe the quality control procedures.
5. Describe the Laboratory Supervisor/Manager responsibilities and qualifications.
6. Identify location and procedures for storing cannabis products.

2. **COMPATIBILITY PLAN** (400 Points) *Criteria to be evaluated and scored during Step 2*
 - a. Describe how the applicant will proactively address and respond to complaints related to noise, light and odor.
 - b. Describe how the use will be managed so as to avoid becoming a nuisance or having impacts on its neighbors and the surrounding community.

- c. Describe odor mitigation practices:
 - 1. Identify potential sources of odor.
 - 2. Describe odor control devices and techniques employed to ensure that odors from cannabis are not detectable beyond the licensed premises.
 - 3. Acknowledge that the level of odor-control equipment and technology required may increase as new equipment and technology becomes available and maybe necessary should the Applicant be required to mitigate such odor nuisance in order to renew the license.
 - 4. Describe all proposed training of staff and employees related to odor mitigation, and system maintenance plans.
 - 5. Describe the waste management plan. The plan shall include waste disposal locations, security measures, and methods of rendering all waste unusable and unrecognizable.
 - d. Physical address and assessor's parcel number(s) (APN) of the tax assessor's parcels that constitute the lot upon which the proposed commercial cannabis operation will be located.
 - e. CCBP application must have the appropriate zoning and meet all the locational requirements as described in OCC Section 11.473.
 - f. Application shall include photographs of the front (street facing) side of the building. In the event the proposed location is undeveloped land, photographs shall depict the property from all vantage points of the property (including the surrounding area, adjacent to and within 100 feet along the same street, particularly surrounding architecture and scale).
 - g. Premises diagram for each proposed location. In addition to diagrams submitted for other sections of the CCBP application, Applicants are expected to submit a premise/site diagram that focuses on the overall property, building and floor plan. Blueprints and engineering site plans are not required at this point of the application process.
 - h. Premise diagram must be accurate, dimensioned and to-scale (minimum scale of 1/4"). The diagram shall provide a detailed description of all available/shared parking spaces, driveway locations, and auxiliary buildings on the parcel.
- 3. QUALIFICATION OF OWNERS (400 Points) *Criteria to be evaluated and scored by City staff during Step 2***
- a. Owner qualifications. Resumes are not to exceed one (1) page per owner.
 - b. Applicants should include information concerning any professional experiences, qualifications or licenses, especially in areas related to indoor cultivation or testing establishments. Provide the location of any experience related to operating a legal cannabis business, along with a copy of the permit, and State license.
- 4. LABOR AND EMPLOYMENT PLAN (300 Points) *Criteria to be evaluated and scored during Step 2***
- a. Describe compensation, opportunities for continuing education and employee training.
 - b. Describe the extent to which the CCBP will be a locally managed enterprise whose owners and /or managers reside within the City of Oxnard, per the Community Benefits Agreement template (50% of the employees of cannabis cultivation operators are required to be City of Oxnard residents. There is no local hire requirement for cannabis testing operators).
 - c. Describe the number of employees, title/position and their respective responsibilities.
 - d. Thoroughly describe employee policies and procedures (complete manuals are not required).
- 5. SAFETY PLAN (300 Points) *Criteria to be evaluated and scored during Step 2***
- a. Safety Plan shall be prepared by a professional fire prevention and suppression consultant.
 - b. An assessment of the facility's fire safety plan by a qualified licensed fire prevention and suppression consultant.
 - c. Safety plan should consider all possible fire, hazardous material, and inhalation issues/threats and will have both written and physical mechanisms in place to deal with each specific situation.
 - d. Identify all gasses and/or chemicals to be used and their storage locations.
 - e. Identify the planned use of fumigation, CO₂ enrichment, and fertilization within the facility.

- f. Identify fire alarm and monitoring systems including the name and contact information for the alarm company.
 - g. Describe accident and incident reporting procedures.
 - h. Describe egress & evacuation routes.
 - i. Design of lighting systems to prevent the heat from being a potential source of ignition of the plants.
 - j. Location of fire extinguishers and other fire suppression equipment.
 - k. Describe procedures and training for all fire and medical emergencies.
 - l. Describe and identify the location of all gas monitoring equipment. A detailed diagram of the overall facility's safety features.
 - m. Written description of safety features, including but not limited to fire prevention, suppression, HVAC and alarm systems.
 - n. Verify equipment is compliant with Underwriter Laboratories (UL) 1389.
 - o. Clarify if the subject building has sprinklers.
 - p. Identify the date the subject building was constructed.
- 6. SECURITY PLAN (300 Points) *Criteria to be evaluated and scored during Step 2***
- a. Security Plan shall be prepared by a professional security consultant. Security plans will not be made public. A thorough Security Plan should consider all access control, inventory control, cash handling procedures. Complete policy/procedures manuals are not required at this point of the application process.
 - b. Premises (Security) Diagram. In addition to diagrams submitted for other sections of the application, Applicants are expected to submit a premises diagram (floor plan, detail) which focuses on the proposed security measures and how they relate to the overall business. (Pursuant to CCR Title 16, Division 42, §5006. Premises Diagram).
 - c. Premises diagram shall be accurate, dimensioned and to scale (minimum scale 1/8") the scale may be smaller if the proposed location exceeds more than a 1/2 acre parcel but must not be printed on larger than an 11" x 17" sheet of paper. Blueprints and engineering site plans are not required at this point of the application process.
 - d. The premises diagram must be drawn to scale and clearly identify property boundaries, entrances, exits, interior partitions, walls, rooms, windows and doorways. The activity in each room and the location of all cameras must be identified on the diagram.
 - e. Description of cannabis activity that will be conducted in each area of the premise. Commercial cannabis activities that must be identified on the diagram/floor plan may include but are not limited to the following if applicable to the business operations: storage areas, batch sampling areas, loading/unloading of shipment areas, packaging and labeling, customer sales areas, training areas, employee break room areas, and testing areas.
 - f. Limited-access areas, defined as areas in which cannabis goods are stored or held and only accessible to a licensee, its employee or contractors, and areas used for video surveillance monitoring and storage devices (Pursuant to DCC Title 4, Division 19, §5000 (II) Limited-Access Area and §5044. Limited-Access Area).
 - g. Number and location of all video surveillance cameras.
 - h. Identify intrusion alarm and monitoring systems including the name and contact information for the monitoring company.
 - i. Discuss whether the CCBP will utilize the services of on-site security guards. Include in the discussion:
 1. Number of guards.
 2. Hours guards will be on-site.
 3. Locations guards will be positioned.
 4. Roles and responsibilities of guards.
 5. Uniform for guards to conform to City standards and regulations.

7. COMMUNITY BENEFITS PLAN (200 Points) *Criteria to be evaluated and scored by City staff during Step 2*

a. The Applicant must outline all the benefits that the CCBP will offer to the local community. These benefits may include volunteer services, monetary donations to local non-profit organizations, financial backing for City-sponsored activities or organizations, in-kind donations to the City or other charitable organizations, and any other economic incentives for the City. Please note that any commitments beyond the standard requirements of the Community Benefits Agreement will be included as additional conditions of approval.

CCBP Application



Commercial Cannabis
Business Permit Application
Indoor Cultivation and Testing Lab

City of Oxnard

Planning Department
214 South "C" Street, Oxnard, CA 93030
Phone: 805.385.8207
oxnard.gov/cannabis
cannabisinfo@oxnard.org

APPLICANT (ENTITY) INFORMATION

Applicant (Entity) Name : _____ DBA: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Primary Contact Name: _____
Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Has any individual in this application applied for any other commercial cannabis business permit in the City of Oxnard?

[] Yes [] No

Business Formation Documentation: Describe how the business is organized (attach to the Business Plan)

- [] Sole Partnership [] Corporation [] General Partnership [] Limited Liability Partnership
[] Limited Partnership [] Limited Liability Company

PROPOSED LOCATION

PROPERTY OWNER NAME: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Zoning Clearance/Verification Letter (Please attach): [] Yes [] No
Assessor's Parcel Number (APN): _____
Proposed Location Square Footage: _____

APPLICATION SUBMITTAL CHECKLIST

Applicants failing to submit all of the following items will be determined ineligible and will not advance to Step 2 of the application process. It is the responsibility of the Applicant to ensure that the application is complete, internally consistent, and all items identified below are submitted before the application deadline. Failure to comply will be grounds for application disqualification.

A complete application packet will contain all of the following items:

- [] Applicant information (page 1)
[] Signed application certification (page 2)
[] Owner information and live scan/Cannabis Employee Permit (page 3)*
[] Signed and notarized property owner consent (Page 4)
[] Signed and notarized limitations on City liability (page 6)
[] City issued zoning verification letter (page 7)
[] Proof of comprehensive general liability insurance (minimum \$1M per occurrence)**
[] Evaluation criteria (outlined in Appendix A of the Application Guidelines. This shall not exceed 200 pages)***
[] One (1) hard copy of the commercial cannabis business application ("application" - pages 1 - 7)
[] Application, evaluation criteria and proof of capitalization documents are required to be emailed to cannabisinfo@oxnard.org. These materials are considered completeness items and must be emailed prior to the close of the application period
[] Payment of application fee (Step 1 in the amount of \$3,067.78)

*As part of the application process, each owner must submit for a Cannabis Employee Permit (CEP) prior to submitting a completed Commercial Cannabis Business Permit (CCBP) Application. Information regarding the background check process can be secured via the application procedures guidelines and also accessible via: oxnard.gov/cannabis.

** Must show evidence prior to the approval of regulatory permit issuance.

*** CCBP Application, proof of capitalization and background check data are not included in the 200 page limit.

SUPPORTING INFORMATION

List all fictitious business names that the Applicant is operating under, including the address where each business is located (within or outside of the City of Oxnard):

Has the Applicant or any of its owners ever been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license/type? If so, please list and explain:

Is the Applicant or any of its owners currently involved in a Cannabis Business Permit Application process in any other jurisdiction?

Has the Applicant(s) been subject to any prior code enforcement action whether in or out of the City of Oxnard? Is there a code enforcement action present on the subject building location?

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this form that the statements and information furnished in this form is to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this form, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Oxnard permission to reproduce submitted materials for distribution to staff, Committees, Commission, and City Council Members to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits, and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this form, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Oxnard City Code and State law.

Under penalty of perjury, I hereby declare that the information contained within and submitted with the form is true, complete, and accurate. I understand that a misrepresentation on the facts is cause for rejection of this form, denial of a permit or revocation of a permit issued.

Name

Signature

Title

Date

For details about the information required as part of the application process, see the Application Procedure Guidelines, City of Oxnard Ordinance Nos. 3032 and 2962. Any information regarding the requirements to complete the application process can be found online at www.oxnard.gov/cannabis. For questions please contact the Commercial Cannabis Business Program Administrator at 805.385-8207 or by email at cannabisinfo@oxnard.org.

OWNER(S) INFORMATION AND NON-OWNER(S) WITH A FINANCIAL INTEREST IN THE BUSINESS

Identification of all ownership percentages should total 100%. A "financial interest" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business but not qualified as an owner. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and ownership percentage (if any).

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.
Ownership % _____ CEP Expiration Date: _____
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Signature: _____ Date: _____

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners

PROPERTY OWNER CONSENT FORM
Commercial Cannabis Business

PROPERTY OWNER INFORMATION:

Name _____ Title _____

Business Name (if applicable) _____ Phone Number _____

Mailing Address _____ City _____ State ____ Zip Code _____

Business Name (if applicable) _____ Phone Number _____

PREMISES LOCATION INFORMATION:

Physical Address _____ City _____ State ____ Zip Code _____

Tenant Applicant (Business Name) _____

If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to Chapter 11, Article XVI of the City of Oxnard City 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 described herein. We further consent and hereby authorize City representative(s) to enter my property for the purpose of examining and inspecting the property in preparation of processing the application request and/or required environmental review for the processing of the application(s) being filed.

Name **Signature**

Title **Date**

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.

Subscribed and sworn to before me this _____ day of _____, 20____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me _____ .
(Name, Notary Public)

Notary Signature **Date of Notarization**



Limitations on City Liability and Certifications, Assurances and Warranties

A. WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY THE CITY OF OXNARD

The undersigned, on behalf of himself/herself and any entity in which he/she has an ownership interest, hereby waives and releases the City of Oxnard and its officers, officials, employees and agents from any and all liability for monetary damages related to or arising from the application for a permit to authorize a person or entity to operate or engage in a cannabis business within the City of Oxnard pursuant to Oxnard City Code Chapter 11, Article XVI, the issuance of the such permit, or the enforcement of the conditions of such permit. The undersigned certifies that he/she and/or any entity in which he/she has an ownership interest shall not file or cause the filing of any claims, acts or proceedings for monetary damages against the City of Oxnard and/or its officers, officials, employees and agents as a result of this permit application, the issuance of the permit and/or the enforcement of the conditions of the permit.

B. RELEASE CITY OF OXNARD FROM LIABILITY FOR ISSUING THE APPLICANT A PERMIT

By applying for a permit pursuant to the Oxnard City Code Chapter 11, Article XVI and by accepting such a permit from the City of Oxnard, the undersigned – on behalf of himself/herself and any entity in which he/she has an ownership interest – waives and releases City of Oxnard, and its officers, officials, employees and agents, from any claims, acts or proceedings for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees, clients or customers of the applicant/permittee for a violation of state or federal laws, rules or regulations relating to cannabis activities.

C. AGREEMENT TO INDEMNIFY CITY OF OXNARD

By applying for a permit pursuant to the Oxnard City Commercial Cannabis Permit Program and by accepting a permit from the City of Oxnard, the undersigned– on behalf of himself/herself and any entity in which he/she has an ownership interest – agrees to indemnify, defend and hold harmless the City and its officers, officials, employees and agents against all liability, claims and demands of any nature whatsoever arising out of or in any manner related to the issuance of the permit and/or the operation of the commercial cannabis business that is the subject of the permit.

D. LIVE SCAN/BACKGROUND CHECK

I understand Live Scan and a background check is required and will submit documents in accordance with the Application Procedures Guidelines.

E. PERMIT RENEWAL CERTIFICATION

For renewals, the undersigned – on behalf of himself/herself and any entity in which he/she has an ownership interest – represents and certifies that he/she continue to hold in good standing any permit/license required by the State of California where applicable for a commercial cannabis business operation.

F. PROSECUTION UNDER FEDERAL LAW

The applicant understands that operators, employees and members of the commercial cannabis business may be subject to prosecution under Federal Laws.

G. AUTHORIZED TO SIGN

The person whose signature appears below is authorized to sign this application on behalf of the business and has submitted this information and all attachments as required by the application process to obtain a commercial cannabis permit from the City of Oxnard.

I declare under penalty of perjury that the information provided on this form is true and correct and do hereby apply for a permit pursuant to Oxnard City Code Chapter 11, Article XVI.

Applicant Signature

Printed Name and Title

Date

CALIFORNIA 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 Ventura

On _____ before me, _____
date *name and title of the officer*

Personally appeared _____
Name(s) of signer(s)

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 signatures on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Place notary seal and/or stamp above

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 _____
Signature of notary public



Zoning Clearance/Zoning Verification Letter (ZV/ZVL) Commercial Cannabis Business

City of Oxnard

Planning Department 214 South "C" Street, Oxnard, CA 93030 Phone: 805.385.7858 oxnard.gov/cannabis

Processing a ZV/ZVL takes two weeks for the Planning Department.

Name of Applicant/Mailing Address/Email/Contact Phone Number:

1. Cannabis Property Address (One ZV/ZVL per property address):

2. Do you own the Building or are you a tenant/lessee? [] Yes [] No

3. Intended use of the building: [] Indoor cultivation or [] Testing lab

4. Are you applying for a single cannabis license or multiple licenses? (One application is required per property)

5. Chemicals and approximate volume of chemicals to be stored/contained on site?

6. Are you aware of a sensitive use within 600 feet of the property line of the property address? Sensitive use is defined as: The State of California stipulates that cannabis-related uses cannot be located closer than 600-feet from a sensitive use, which is defined by state law as K-12 schools (including private and charter schools), daycare centers, youth centers, and public parks. Local governments, however, are allowed to designate smaller, or larger, buffer zones if these buffer zones are codified in an ordinance. State law mandates the 600-foot distance be calculated, parcel to parcel (boundary line to boundary line). This means if 600 feet touches any part of a legal parcel, the entire area cannot contain cannabis-related uses. State law is silent on the buffer zone from cannabis use to residential properties; setting that buffer is entirely up to the local government. In October 2018, Council determined that the City should adhere to the state-mandated 600-foot buffer and not impose a more stringent distance separation requirement. [] Yes [] No

7. Are the walls of the property address framed out of wood or metal or concrete/masonry? [] Yes [] No

8. Are you aware of any code enforcement violations on the property address for which a cannabis license is being sought? [] Yes [] No

9. Are any of the applicant(s) currently subject to any code enforcement action(s) within the City of Oxnard or any other jurisdiction? If so, explain.

Community Benefits Agreement (template)



COMMUNITY BENEFITS AGREEMENT

This Community Benefits Agreement ("Agreement") is entered into in Ventura County, California as of _____, 2022 (the "Effective Date") by and between the City of Oxnard, a municipal corporation of the State of California (hereafter "City") and _____ [*legal name of entity*], a _____ [*type of entity*], doing business as _____ (hereafter "Operator").

A. On _____, 2022, the City issued Operator a special use permit (the "SUP") for Operator to operate a [*cannabis retail/manufacturing and distribution/cultivation/testing*] facility at _____ [*address*] in the City of Oxnard, California (the "Facility").

B. Operator acknowledges and agrees that the City would not have approved the SUP if Operator had not agreed to comply with all of the conditions of the SUP, including (but not limited to) its obligation to enter into this Agreement.

C. Operator also acknowledges and agrees that, prior to its application for a Commercial Cannabis Business Permit from the City to operate the Facility, Operator was fully aware of its obligation to enter into a binding Community Benefit Agreement with the City consistent with the terms of this Agreement, and Operator chose to move forward with such application process.

NOW, THEREFORE, in consideration of the foregoing Recitals which are hereby incorporated into the operative provisions of this Agreement by this reference and other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the City and the Operator agree as follows:

Section 1. Purpose. The purpose of this Agreement is to memorialize Operator's commitment to:

- A. Pay the City a portion of the Operator's Gross Receipts, which the City will use to fund City services and programs, and for other purposes, that benefit the community;
- B. Pay an initial one-time payment to the City for public benefit programs;
- C. Hire local Oxnard residents.
- D. Comply with ongoing Local Equity reporting and ownership requirements.

Section 2. Term. The term (“Term”) of this Agreement begins on the Effective Date, and it expires upon the earliest of any of the following: (a) the revocation or termination of the SUP and the entry of the final court judgment of any litigation challenging such revocation or termination; (b) the effective date of the final court judgment ruling that the SUP is invalid; (c) the effective date of any change in the law that invalidates the SUP or that prohibits sales of cannabis or cannabis products at the Facility; or (d) 75 years from the effective date of this Agreement. Notwithstanding any language in this Section 2 to the contrary, the provisions of Section 20 of this Agreement shall survive the termination of the Agreement for a period of five (5) years.

Section 3. One-Time Payment. Prior to the issuance of the certificate of occupancy for the Facility, the Operator shall make the one-time payment of \$250,000 over the course of three years,¹ with the first payment of \$83,333 due prior to issuance of a certificate of occupancy, and the two subsequent payments of \$83,333 due at the time of business tax certificate license renewal for year 2 and for year 3. Any such amounts paid pursuant to this Section are in addition to the yearly business license fee and any voter approved taxes.

Section 4. Community Benefits Payment. Operator shall make an annual community benefit payment to the City of one percent (1%) of gross receipts (each a “Payment”) for each year, or portion thereof, during the Term beginning on the date the certificate of occupancy is issued for the Facility. When Operator makes a Payment to the City, Operator shall include with the payment a financial statement showing the Dispensary’s gross receipts for which the Payment is made.

Section 5. Verification of Gross Receipts. During the term of this Agreement and for three years following its expiration, the City Manager or his/her designee may request copies of Operator’s state and federal tax returns, cash-flow reports, financial statements, income statements, books, journals, and other financial records for the Operator (“Financial Records”) to enable the City Manager to independently verify Operator’s Gross Receipts during the period for which any Payment is made. Within 30 days after receiving the City Manager’s written request for Financial Records under this section, Operator shall provide the City Manager copies of all Financial Records requested by the City Manager. If the City Manager determines that Operator has underpaid any Payment, Operator shall pay the City the balance owed, as determined by the City Manager, within 30 days following a written request for payment from the City Manager. Operator’s obligations shall survive the expiration of this Agreement.

¹This amount is for local equity retail operators. For local equity manufacturing and distribution operators, the one-time payment is \$25,000. For local equity cannabis cultivation or testing operators, the one-time payment is \$50,000.

Section 6. Additional Community Benefits. Operator agrees to provide during each calendar year that this Agreement is in effect the specific additional community benefits that are described in Exhibit A, which is attached hereto and incorporated herein by this reference. Within 60 days after the end of each calendar year, Operator shall provide written documentation to the satisfaction of the City Manager or designee that Operator has met the obligations of this Section 6.

Section 7. Deposit and Use of Payments. City Manager will ensure that all Payments are deposited in an account administered by the City. The use and allocation of all Payment revenues, and any interest that accrues thereon, will be determined by the City Council in its sole discretion. All Payments, and all interest that accrues thereon, shall be the property of the City.

Section 8. Ongoing Compliance with SUP Conditions. Operator agrees to comply with all of the terms and conditions of the SUP while such SUP remains in full force and effect.

Section 9. Assignment. Operator's obligations under this Agreement shall be binding upon Operator's successors and assigns. Operator shall not assign this Agreement, or any of its obligations under this Agreement, to any other person or entity without the advance written approval of the City, which shall be within its sole discretion to provide.

Section 10. No Third-Party Beneficiaries. Nothing in this Agreement confers and rights or obligations on any person or entity that is not a party to this Agreement.

Section 11. Counterparts. The Agreement may be executed in counterparts.

Section 12. Governing Law. This Agreement shall be governed by the laws of the State of California.

Section 13. Venue. Because the Facility will be located in Ventura County, Operator and City agree that any legal action relating in any way to this Agreement or the SUP may only be brought and maintained in the Ventura County Superior Court.

Section 14. Notices. All notices which are allowed or required to be given hereunder shall be in writing and (1) shall be deemed given and received when personally delivered or (2) shall be deemed given when the same are deposited in the United States mail, with postage prepaid, to be sent by registered or certified mail or overnight mail service, addressed to the applicable designated person by one party to the other in writing, and shall be deemed received on the second business day after such mailing.

If to City:

City of Oxnard
300 West Third Street
Oxnard, California 93030
Attention: City Manager

with a copy to:

City of Oxnard
305 West Third Street
Oxnard, California 93030
Attention: City Attorney

If to the Operator:

with a copy to:

Section 15. Severability. If any part of this Agreement is declared invalid for any reason, such invalidity shall not affect the validity of the remainder of the Agreement. The other parts of this Agreement shall remain in effect as if this Agreement had been executed without the invalid part. The City and the Operator intend and desire that the remaining parts of this Agreement continue to be effective without any part or parts that have been declared invalid.

Section 16. Negation of Agency. The City and the Operator acknowledge that, in entering into and performing under this Agreement, each is acting as an independent entity and not as an agent of the other in any respect. Nothing contained herein or in any document executed in connection herewith shall be construed as making the City and the Operator joint venturers, partners or employer/employee.

Section 17. Waiver. No waiver of any provision of this Agreement shall be effective unless in writing and signed by a duly authorized representative of the party against whom enforcement of a waiver is sought.

Section 18. Section Headings. The section headings contained in this Agreement are for convenience and identification only and shall not be deemed to limit or define the contents to which they relate.

Section 19. Time of Essence. Time is of the essence of this Agreement, and all performances required hereunder shall be completed within the time periods specified. Any failure of performance shall be deemed as a material breach of this Agreement.

Section 20. Indemnification. To the fullest extent permitted by law, the City shall not assume any liability whatsoever with respect to having issued a Commercial Cannabis Business Permit pursuant to this article or otherwise approving the operation of any Commercial Cannabis Business. The Operator agrees to indemnify, defend (at Operator's sole cost and expense), and hold the City and its officers, officials, employees, representatives, and agents harmless, from any and all claims, losses, damages, injuries, liabilities or losses which arise out of, or which are in any way related to the City's issuance of the Commercial Cannabis Business Permit, the City's decision to approve the operation of the Commercial Cannabis Business or activity, the process used by the City in making its decision, or the alleged violation of any federal, state or local laws by the Commercial Cannabis Business or any of its officers, employees or agents. Operator shall reimburse the City for all costs and expenses, including but not limited to legal fees and costs and court costs, which the City may be required to pay as a result of any legal challenge related to the City's approval of the Operator's Commercial Cannabis Business Permit, or related to the City's approval of a Commercial Cannabis Activity. The City may, at its sole discretion, participate at its own expense in the defense of any such action, but such participation shall not relieve any of the obligations imposed hereunder.

Section 21. Insurance.

A. Prior to execution of this Agreement by City, Operator shall obtain and maintain during the performance of this Agreement the insurance coverages as specified in Exhibit INS-P, attached hereto and incorporated herein by this reference, issued by a company satisfactory to the Risk Manager, unless the Risk Manager waives, in writing, the requirement that Operator obtain and maintain such insurance coverages.

B. Prior to commencement of any construction under this Agreement, Operator shall file with the Risk Manager evidence of insurance coverage as specified in Exhibit INS-P. Evidence of insurance coverage shall be forwarded to the Risk Manager, addressed as specified in Exhibit INS-P.

C. Maintenance of proper insurance coverages by Operator is a material element of this Agreement. Operator's failure to maintain or renew insurance coverages or to provide evidence of renewal may be considered as a material breach of this Agreement.

Section 22. Outside Trash Enclosure

A. The operator shall establish and implement a written cannabis waste management plan that describes the method or methods by which the operator shall dispose of cannabis waste, as applicable to the operator's activities. The operator shall dispose of cannabis waste in compliance with section 17223 of Department of Cannabis Control regulations. The operator shall not dispose of cannabis waste in any outside trash receptacle on the property.

B. The operator shall keep the outside trash enclosures closed and locked at all times except when disposing, removing or inspecting solid waste, recyclable materials and organic waste. The operator shall obtain a universal lock and key from the City's Environmental Resources Division prior to issuance of a certificate of occupancy.

City:

CITY OF OXNARD, a municipal corporation
of the State of California

By: _____
John C. Zaragoza, Mayor

ATTEST:

Rose Chaparro, City Clerk

APPROVED AS TO FORM:

Stephen Fischer, City Attorney

Operator:

[Name of Legal Entity]

By: _____

Its: _____

By: _____

Its: _____

[Document must be signed by two authorized signatories of the Operator]

Exhibit A

(To be completed by the applicant)

Exhibit INS-P

**INSURANCE REQUIREMENTS FOR PERMITS
(WITH AUTOMOBILE LIABILITY AND WORKERS' COMPENSATION REQUIREMENT)**

1. Permittee shall obtain and maintain during the performance of any activities under this Permit the following insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of activities by Permittee, its agents, representatives, or employees.

a. Commercial General Liability Insurance, including Contractual Liability, in an amount not less than \$2,000,000 combined single limit for bodily injury and property damage for each claimant for general liability with coverage equivalent to Insurance Services Office Commercial General Liability Coverage (Occurrence Form CG 0001). If a general aggregate limit is used, that limit shall apply separately to the project or shall be twice the occurrence amount;

b. Business Automobile Liability Insurance in an amount not less than \$1,000,000 combined single limit for bodily injury and property damage for each claimant for automobile liability with coverage equivalent to Insurance Services Office Automobile Liability Coverage (Occurrence Form CA0001) covering Code No. 1, "any auto;"

c. Workers' Compensation Insurance in compliance with the laws of the State of California, and Employer's Liability Insurance in an amount not less than \$1,000,000 per claimant. Additionally, the workers' compensation policy shall include a waiver of all rights of subrogation which the insurer may have against the City.

2. Permittee shall, prior to performance of any services, file with the Risk Manager certificates of insurance with original endorsements effecting coverage required by this Exhibit INS-P. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be on the attached forms or on other forms approved by the Risk Manager. All certificates and endorsements are to be received and approved by the Risk Manager before work commences. City reserves the right to require complete certified copies of all required insurance policies at any time. The certificates of insurance and endorsements shall be sent via email (or fax if necessary) to the Risk Manager, addressed as follows (do not send hard copies):

City of Oxnard
Insurance Compliance
Reference No. _____
P.O. Box 100085 – OX
Duluth, GA 30096
Via Email: cityofoxnard@ebix.com
Via Fax: 678-259-1007

3. Permittee agrees that all insurance coverages shall be provided by a California admitted insurance carrier with an A.M. Best rating of A:VII or better and shall be endorsed to state that coverage may not be suspended, voided, canceled by either party, or reduced in coverage or limits without 30 days' prior written notice to the Risk Manager. The Risk Manager shall not approve or accept any endorsement if the endorsement contains "best effort" modifiers or if the insurer is relieved from the responsibility to give such notice.

4. Permittee agrees that the Commercial General Liability and Business Automobile Liability Insurance policies shall be endorsed to name City, its City Council, officers, employees and volunteers as additional insureds as respects: liability arising out of activities performed by or on behalf of permittee; products and completed operations of permittee; premises owned, occupied or used by permittee; or automobiles owned, leased, hired or borrowed by permittee. The coverage shall contain no special limitations on the scope of protection afforded to City, its City Council, officers, employees and volunteers. **The General Liability Special Endorsement Form and Automobile Liability Special Endorsement Form attached to this Exhibit INS-P or substitute forms containing the same information and acceptable to the Risk Manager shall be used to provide the endorsements (ISO form CG 2010 11/85 or if not available, CG 2010 with an edition date prior to 01/94 and CG 2037).**

5. The coverages provided to City shall be primary and not contributing to or in excess of any existing City insurance coverages (**this must be endorsed**). Any failure to comply with reporting provisions of the policies shall not affect coverage provided to City, its City Council, officers, employees and volunteers. The insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

6. Any deductibles or self-insured retentions must be declared to and approved by the Risk Manager. At the option of the Risk Manager, either the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects City, its City Council, officers, employees and volunteers, or the permittee shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

INSTRUCTION FOR SUBMITTING INSURANCE CERTIFICATES AND ENDORSEMENT FORMS

Certificates of Insurance

The sample accord form on the following page is provided to facilitate your preparation and submission of certificates of insurance. You may use this or any industry form that shows coverage as broad as that shown on the attached sample. **Please note the certificate holder address must be as shown on the attached sample accord form with the contract number and insurance exhibit identification information completed.** Improperly addressed certificates may delay the contract start-up date because the City's practice is to return unidentifiable insurance certificates to the insured for clarification as to the contract number. **Cancellation provisions must be endorsed to the policy. Modifying the certificate does not change coverage or obligate the carrier to provide notice of cancellation.**

Endorsement Forms

Original endorsements are required for commercial general liability and business automobile liability insurance policies and must be attached to the applicable certificate of insurance. City preference is that you use the endorsement forms which are attached. Substitute forms will be accepted, however, as long as they include provisions comparable to the attached.

INS-P.doc

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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CODESUB-CODE	COMPANIES AFFORDING INSURANCE COVERAGE
--------------	---

INSURED	COMPANY LETTER A SPECIFY COMPANY NAMES IN THIS SPACE
	COMPANY LETTER B

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY [x] COMMERCIAL GENERAL LIABILITY [] CLAIMS MADE [x] OCCUR. [x] OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$2,000,000 PRODUCTS COMP/OP AGG. \$2,000,000 PERSONAL & ADV. INJURY \$2,000,000 EACH OCCURRENCE \$2,000,000 FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY [x] ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
A	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER CITY OF OXNARD Attn: Insurance Compliance Reference No. _____ P.O. Box 100085 – OX Duluth, GA 30096 Via Email: cityofoxnard@ebix.com Via Fax: 678-259-1007	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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City of Oxnard
City Council Approved
Cannabis Community Benefit Agreement

October 20, 2020

The City of Oxnard is reserving two (2) of the ten (10) retail cannabis permits to Local Equity Retail Cannabis applicants. Applicants who meet the definition as defined below shall be considered a Local Equity Retail Cannabis applicant.

All applicants are required to sign a Community Benefits Agreement as a condition of approval.

1. All Cannabis Applicants - One time Payment

- a. One time payment amounts by cannabis operator type, including timing for payment of one time funds prior to issuance of a certificate of occupancy:
 - o \$25,000 for manufacturing and distribution;
 - o \$250,000 for retail cannabis applicants;
 - o \$50,000 for cannabis cultivation and testing
- b. Local Equity Retail operators pay the one time payment of \$250,000 over the course of three years. The first payment of \$83,333 is due prior to issuance of a certificate of occupancy. The subsequent annual payment amount of \$83,333 is due at the time of business license renewal years 2 and 3, and would be in addition to the yearly business license fee/process and voter approved taxes.

2. All Cannabis Applicants - Yearly 1% of gross revenues donation to City of Oxnard

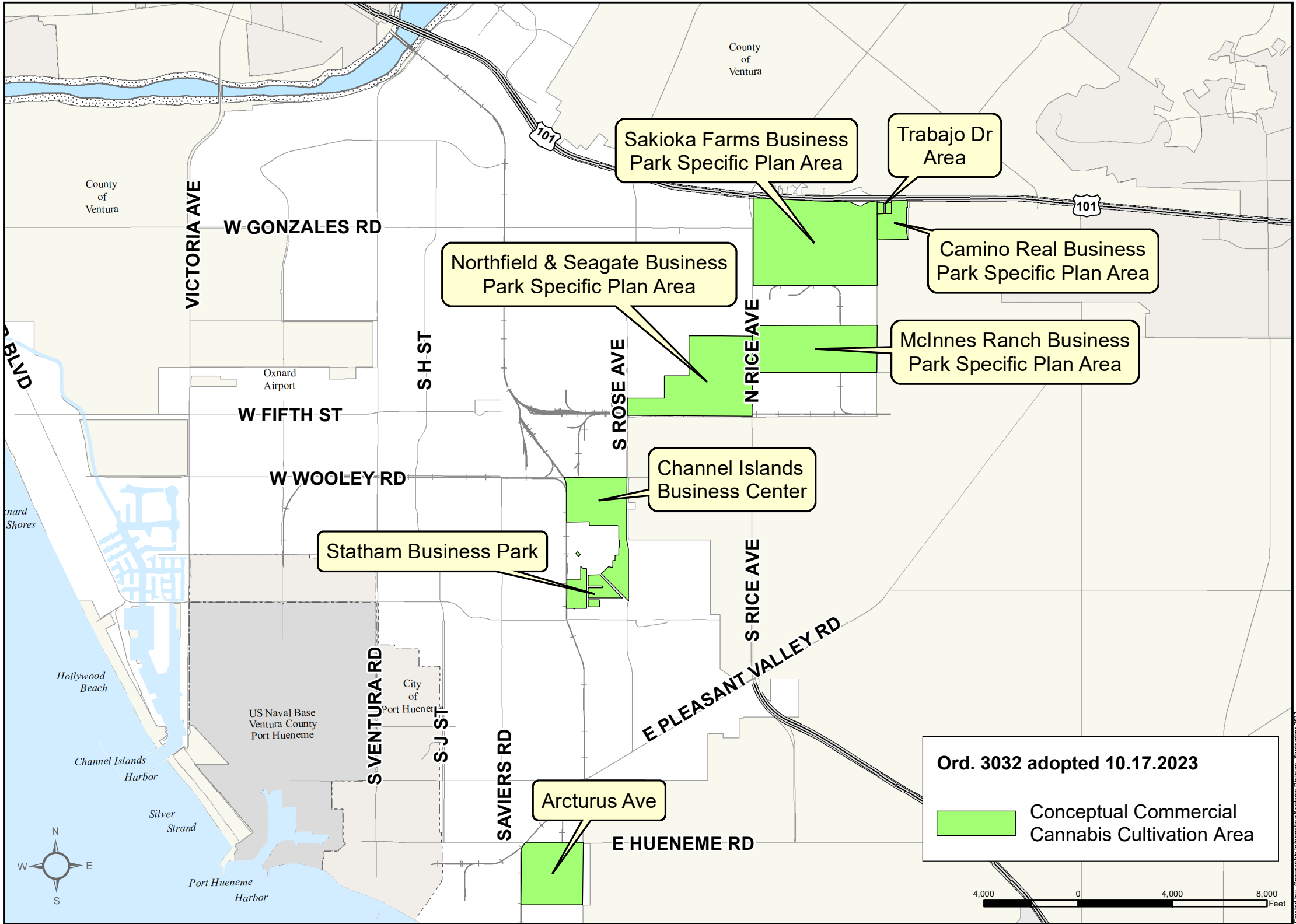
- a. 1% of gross revenue donation required with yearly business license fee/process. This amount is in addition to the license fee and the City cannabis taxes.

3. Local Hire

- a. 75% of the employees of retail dispensary and cannabis manufacturing operators are required to be City of Oxnard residents.
- b. 50% of the employees of cannabis cultivation operators are required to be City of Oxnard residents.
- c. There is no local hire requirement for cannabis distribution and testing operators.

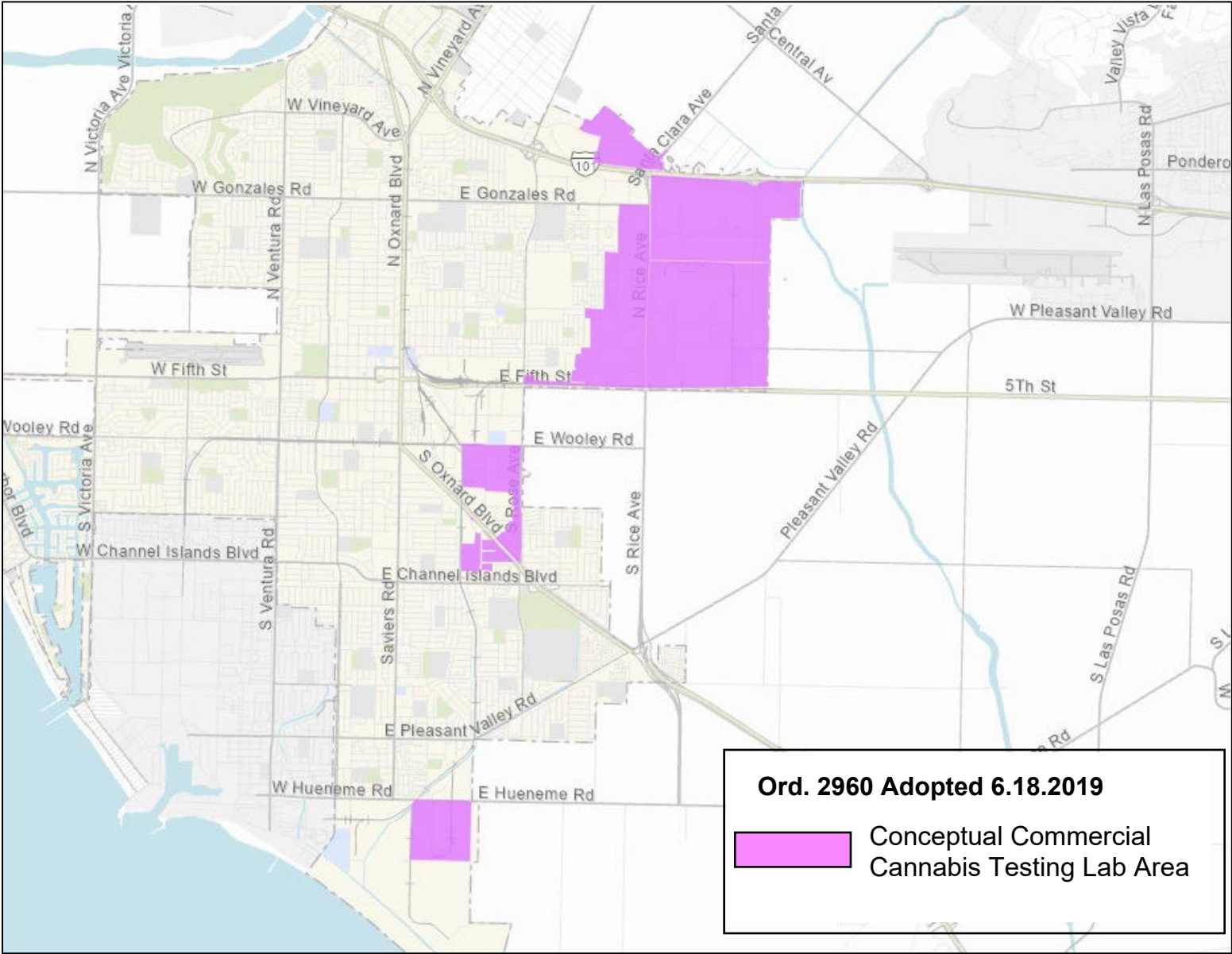
Conceptual areas for Indoor Cultivation and Testing

Conceptual Commercial Cannabis Cultivation Locations



This map is compiled by the City of Oxnard GIS Division, which is developed and operated solely for the convenience of the City. The City does not make any representations or warranties regarding the use, accuracy, reliability, and/or completeness of this map and no decision involving a risk of economic loss or physical injury should be made in reliance thereon.

Conceptual Commercial Cannabis Testing Laboratory Locations



Cannabis Employee Permit (CEP) Application



Commercial Cannabis Employee Permit Application

City of Oxnard

Department of Billing and Licensing
214 South "C" Street, Oxnard, CA 93030
Phone: 805.385.7817
oxnard.org/cannabis

APPLICANT INFORMATION

Name of Applicant (as it appears on your identification):
 First Name: _____ Last Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth (DD/MM/YYYY): _____ (must be 21 years of age or older) Social Security No.: _____
 Phone: _____ Email: _____
 Name of Commercial Cannabis Business where you will be employed: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name of Primary Manager: _____ Phone: _____
 SUP/DDR Number: _____ Local Equity Applicant: Yes No
 Commercial Cannabis Business Permit Type: Retail Manufacturing Distribution Cultivation and Testing

CANNABIS EMPLOYEE PERMIT REQUIREMENTS

Have you been convicted of an offense within the last seven years? If so, please list any crimes enumerated in Cal. Bus. And Prof Code Section 26057(b)(4) for which you were convicted. Failure to list any conviction will be reason for denial of the permit applied for.

Date	Location (City and State)	Charge(s)	Disposition

Have you been fired, resigned, or asked to leave from any previous employers within the last seven years? Failure to list any dismissal will be reason for denial of the permit applied for.

Date	Location (City and State)	Business Name	Reason for dismissal

HOW SHOULD PAYMENT BE MADE?

- The forms of payment that we accept (and preferred payment means, in this order): Payments made to: The City of Oxnard
- Debit/Credit Card (Mastercard/VISA only)
 - Certified Check
 - Cashier's Check
 - Money Order
 - Cash
 - Personal/business checks, Wire Transfers - NOT ACCEPTED

APPLICATION CERTIFICATION

Under penalty of perjury, I hereby declare that the information contained within and submitted with the form is true, complete, and accurate. I understand that a misrepresentation on the facts is cause for rejection of this form, denial of a permit or revocation of a permit issued.

Name Signature

Title Date

SEC. 11-455. CANNABIS EMPLOYEE PERMIT REQUIRED.

A request for a cannabis employee permit will only be initiated after securing a favorable recommendation for a commercial cannabis business permit. If an owner has employees at the time of submittal of the commercial cannabis business permit application, a request for a cannabis employee permit can be initiated in advance of issuance of a discretionary land use permit.

- (A) Any person who is an employee or who otherwise works within a commercial cannabis business must be legally authorized to do so under applicable State law.
- (B) Any person who is an employee or who otherwise works within a commercial cannabis business must obtain a commercial cannabis employee work permit from the city prior to performing any work at any commercial cannabis business.
- (C) Applications for a commercial cannabis employee work permit shall be developed, made available, and processed by the city manager or his or her designee(s), and shall include, but not be limited to, the following information:
- (1) Name, address, and phone number of the applicant;
 - (2) Age and verification of applicant. A copy of a birth certificate, driver's license, government issued identification card, passport or other proof that the applicant is at least 21 years of age must be submitted with the application;
 - (3) Name, address of the commercial cannabis business where the person will be employed, and the name of the primary manager of that business;
 - (4) A list of any crimes enumerated in Cal. Bus. and Prof. Code, Section 26057(b)(4) for which the applicant or employee has been convicted;
 - (5) Name, address, and contact person for any previous employers from which the applicant was fired, resigned, or asked to leave and the reasons for such dismissal or firing;
 - (6) The application shall be accompanied by fingerprints and a recent photograph of the applicant in a form and manner as required by the city manager or his or her designee(s);
 - (7) A signed statement under penalty of perjury that the information provided is true and correct;
 - (8) If applicable, verification that the applicant is a qualified patient or primary caregiver;
 - (9) A fee paid in an amount set by resolution of the city council in an amount necessary to cover the costs of administering the employee work permit programs. The fee is non-refundable and shall not be returned in the event the work permit is denied or revoked.
- (D) (1) The applicable city department head or his or her designee(s) shall review the application for completeness, shall conduct a background check to determine whether the applicant was convicted of a crime or left a previous employer for reasons that show the applicant:
- (a) Has been convicted of a crime involving dishonesty, fraud or deceit, including but not limited to fraud, forgery, theft, or embezzlement as those offenses are defined in Cal. Penal Code, Sections 186.11, 470, 484, and 504a; or
 - (b) Has committed a felony or misdemeanor involving fraud, deceit, embezzlement; or
 - (c) Was convicted of a violent felony, a crime of moral turpitude; or
 - (d) The illegal use, possession, transportation, distribution or similar activities related to controlled substances, as defined in the Federal Controlled Substances Act, except for cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996.
- (2) Discovery of these facts showing that the applicant is dishonest or has been convicted of the requisite crimes are grounds for denial of the permit. Where the applicant's sentence (including any term of probation, incarceration, or supervised release) for possession of, possession for sale, sale, manufacture, transportation, or cultivation of a controlled substance is completed, such underlying conviction shall not be the sole ground for denial of a commercial cannabis work permit. Furthermore, an applicant shall not be denied a permit if the denial is based solely on any of the following: (i) a conviction for any crime listed in subsection (D)(1)(d) above for which the applicant has obtained a certificate of rehabilitation pursuant to Cal. Penal Code, Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3, or (ii) a conviction that was subsequently dismissed pursuant to Cal. Penal Code, Sections 1203.4, 1203.4a, or 1203.41 or any other provision of State law allowing for dismissal of a conviction.
- (E) The applicable department head or his or her designee(s) shall issue the commercial cannabis employee permit or a written denial to the applicant within 30 days of the date the application was deemed complete. In the event the cannabis employee work permit cannot be issued within this time period, then the city manager or his or her designee(s) may issue a temporary work permit for an employee upon completing a preliminary background check and if the business can demonstrate to the city manager or his or her designee(s) that the employee is necessary for the operation of the business. The temporary permit may be immediately revoked by the city manager or his or her designee(s) upon determination that the applicant has failed the background check or upon the issuance of the permanent work permit.
- (F) An employee work permit shall be valid for a 12-month period and must be renewed on an annual basis. Renewal applications shall contain all the information required in subsection (C) above including the payment of a renewal application fee in an amount to be set by resolution of the city council.
- (G) In the event a person changes employment from one commercial cannabis business in the city to another, the work permit holder shall notify the applicable department head or his or her designee(s) in writing of the change within ten days, or the work permit shall be suspended or revoked, and such person shall not be permitted to work at any commercial cannabis business in the city.
- (H) The city may immediately revoke the commercial cannabis employee permit should the permit holder be convicted of a crime listed in subsection (D) above or if facts become known to the city that the permit holder has engaged in activities showing that he or she has been convicted of a crime involving dishonesty.
- (I) The city manager or his or her designee(s) is hereby authorized to promulgate all regulations necessary to implement the work permit process and requirements.
- (J) The applicant may appeal the denial or revocation of a commercial cannabis employee permit by filing a notice of appeal with the city clerk within ten days of the date the applicant received the notice of denial. The city manager or his or her designee shall hear such appeal and his or her decision shall be final and not subject to further appeals.
- (K) The applicable city department head or his or her designee(s) shall issue a permit in the form of a personal identification card that can be worn in a prominent and visible location. The identification card shall be maintained in good and readable condition at all times.

(Ord. No. 2960, 2965, 2994)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0560400 Type of Application: (check one) [] Employment [X] License, Certification, Permit [] Volunteer

Job Title or Type of License, Certification or Permit: Cannabis Employee Permit

Agency Address Set Contributing Agency:

OXNARD POLICE DEPARTMENT

Agency authorized to receive criminal history information

04376

Mail Code (five-digit code assigned by DOJ)

251 SOUTH "C" STREET

Street No. Street or PO Box

Corporal Steven Ramirez

Contact Name (Mandatory for all school submissions)

OXNARD

City of Oxnard

CA

State

93030

Zip Code

(805) 385-7650

Contact Telephone No.

Name of Applicant: (Please print) Last First MI

AKA's: Last First

CDL No.

DOB: SEX: [] Male [] Female

Misc. No. BIL- Agency Billing Number (if applicable)

HT: WT:

Misc. No.

EYE Color: HAIR Color:

Home Address:

POB: Place of Birth

Street or PO Box

SOC: Social Security Number

City, State and Zip Code

Your Number: OCA No. (Agency Identifying No.)

Level of Service [] DOJ [] FBI

If resubmission, list Original ATI No.

Records Checks: CLEAR ATTACHMENT

Crime Analysis Checks: CLEAR ATTACHMENT

CDL

Gang

W/W

Lexis

Altaris

Probation/Parole

Fusion

Roarke

Records Tech ID#:

Crime Analyst ID#:

Live Scan Transaction Completed by: Name of Operator Date:

Transmitting Agency ATI No. Amount Collected/Billed

Licensing

INVESTIGATION QUESTIONNAIRE

Background Check



FOR LICENSING USE ONLY: <input type="radio"/> Initial Permit _____ <input type="radio"/> Receipt # _____ <input type="radio"/> Renewal _____ <input type="radio"/> Amount _____ Requires Drivers License <input type="checkbox"/> Yes or <input type="checkbox"/> No	FOR P.D. USE ONLY: <input type="radio"/> 10-29 _____ <input type="radio"/> Receipt # _____ <input type="radio"/> CDL No. _____ <input type="radio"/> Amount _____ <input type="radio"/> Valid CDL Presented <input type="checkbox"/> Yes or <input type="checkbox"/> No
--	---

Driver's License or Identification No. _____ Form of Identification: _____

Business Tax Certificate/License/Permit Applying For: _____

Business Name/Present Employer: _____ Control # _____

1. Legal Name: _____
Last Name First Name Middle Name

2. Sex: F M Ht. _____ Wt. _____ Hair _____ Eyes _____ DOB _____

3. AKA: _____ Birthplace: _____ Social Security No. _____

4. Telephone: _____

5. Home Address: _____
Number Street City State Zip

6. Prior Home Address: _____
Number Street City State Zip

7. Have you been convicted of an offense within the last seven years? If so, provide the requested information for each conviction. Attach separate sheet if necessary. Failure to list any conviction will be reason for denial of the permit applied for. (See reverse for convictions that will result in denial of application)

Date	Location (City and State)	Charge(s)	Disposition

Date	Location (City and State)	Charge(s)	Disposition

Date	Location (City and State)	Charge(s)	Disposition

I hereby certify that the information listed above is true and correct to the best of my knowledge and belief. I am aware that if any of the above statements are falsely answered, it will be reason for denial of this license or permit.

Signature: _____ Date: _____

Initial Permit: <input type="radio"/> Approved DOJ Rap Date: _____ DMV Date: _____ <input type="radio"/> Denied _____ <small>Code section Conviction Date</small>	Renewal: Initial Scan Date: _____ NO SUBSEQUENT ARREST ON FILE Date: _____ By: _____
Reviewed By: _____ Date: _____	

Distribution: Original – Licensing Final Yellow-PD Records Pink-Licensing Application

Department of Billing and Licensing

Licensing Division

214 South C Street, Oxnard, CA 93030

(805) 385-7817 – Fax (805) 385-7836



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Name On Credit Card		
Card Holder Billing Address		
City	State	Zip Code
Contact Person	Title	Phone No.
Credit Card Number <small><Please do not send this information via email></small>	CVV2 or CID No. (3 digit No.)*** <small><Please do not send this information via email></small>	Expiration Date <small><Please do not send this information via email></small>
Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Amount	
LICENSE INFORMATION		
Certificate Type & Number	Control Number	
Business Name		

*** Card Identification Number (CID No.) is the last three (3) digits located on the back of the credit card.

By signing below I, the cardholder or authorized user, understand and agree to pay the amount stated above and authorize the City of Oxnard to charge my credit card.

Signature of Card Holder

Date

Date:	# Pages:
To:	From:
Co./Dept.	Co. LICENSING DIVISION
Phone #:	Phone #:
Fax #:	Fax #: (805) 385-7836

FOR OFFICE USE ONLY

Form of Acceptance: **EM ZM AM NM**

Approval #: _____

Receipt# _____

(GIVE TO CUSTOMER)

Clerk Initial: _____ Date: _____