

**Mono County
Community Development Department**

PO Box 347
Mammoth Lakes, CA 93546
(760) 924-1800, fax 924-1801
commdev@mono.ca.gov

Planning Division

PO Box 8
Bridgeport, CA 93517
(760) 932-5420, fax 932-5431
www.monocounty.ca.gov

**CANNABIS OPERATION
PERMIT APPLICATION**

DATE & TIME RECEIVED _____
RECEIVED BY _____
RECEIPT # _____ CHECK # _____ (NO CASH)

APPLICATIONS FOR COMMERCIAL CANNABIS CULTIVATION MUST BE HAND DELIVERED DURING REGULAR BUSINESS HOURS TO AN EMPLOYEE AT THE FRONT DESK OF THE COMMUNITY DEVELOPMENT DEPARTMENT OFFICE LOCATED AT 437 OLD MAMMOTH RD, SUITE 220, MAMMOTH LAKES, CA 93546. APPLICATIONS WHICH ARE NOT SUBSTANTIALLY COMPLETE UPON DELIVERY WILL NOT BE PROCESSED.

Please answer all questions as accurately and completely as possible to avoid potential delays in processing. Attach additional sheets, as necessary. See Mono County Code (MCC) Chapter 5.60 for clarifications, definitions and additional guidance.

I. TYPE OF CANNABIS OPERATION PERMIT (Select one):

- Nursery Cultivation Processing Distribution
 Manufacturing Type N or P Manufacturing Type 6 Manufacturing Type 7
 Testing Retail Microbusiness (check all activities that apply)

Select one, or both:

- 'A' – Adult Use 'M' - Medicinal

II. APPLICATION CONTACT

Name _____

Title _____

Telephone Number _____

Email address _____

Mailing address _____

III. 24-HOUR CONTACT

List the following information for the 24-hour contact person.

Name _____

Email Address _____

Telephone number _____

IV. COMMUNITY RELATIONS CONTACT

List the following information for the Community Relations contact person to whom the public can provide notice of problems associated with the operation.

Name _____

Email Address _____

Telephone number _____

V. PROPERTY OWNER(S), OWNER(S) AND APPLICANT(S) AND NON-OWNER(S) WITH A FINANCIAL INTEREST [MCC section 5.60.070]

a. List the following information for each Property Owner, Owner and Applicant (attach additional sheets as necessary):

1. Property Owner

Name _____

Mailing Address _____

Email Address _____

Telephone number _____

Copy of valid photo ID establishing age

2. Owner

Name _____

Mailing Address _____

Email Address _____

Telephone number _____

Copy of valid photo ID establishing age

3. Applicant

Name _____

Date of Birth _____

Mailing Address _____

Email Address _____

Telephone number _____

Copy of valid photo ID establishing age

b. List the following information for any Non-Owner with a Financial Interest as defined in MCC section 5.60.030 (58) (attach additional sheets as necessary);

1. Name _____

Date of Birth _____

Government ID Type (Passport, Driver's license, or State I.D.) _____

Government ID Number _____

2. Name _____

Date of Birth _____

Government ID Type (Passport, Driver's license, or State I.D.) _____

Government ID Number _____

- c. Provide documentation such as resumes, portfolios, professional references or other relevant materials to demonstrate the Applicant's and any person involved in management's experience or ability to successfully operate the cannabis business.
- d. Provide information or materials related to the rehabilitation of any Applicant or Owner who has been convicted of an offense which could constitute grounds for denial or revocation of a cannabis operation permit under MCC Chapter 5.60.

VI. BUSINESS INFORMATION

- a. Provide relevant business formation documents. If the applicant is a business entity or any form of legal entity, information regarding the entity, including, without limitation, the name and address of the entity, its legal status, and proof of registration with, or a certificate of good standing from, the California Secretary of State, as applicable.
- b. Seller's permit # _____, or,
 Applicant is currently applying for a Seller's permit, or,
 N/A

VII. OTHER CANNABIS OPERATIONS

- a. List the names and addresses of any other cannabis operations currently being operated by any of the Property Owners, Owners or Applicants or that have previously been operated by any of the Property Owners, Owners or Applicants, whether in Mono County or otherwise, and a statement of whether the authorization for any such operation has been revoked or suspended and, if so, the reason therefor (attach additional sheets as necessary).

VIII. PREMISES LOCATION AND INFORMATION

- a. ASSESSOR'S PARCEL # _____
- b. STREET ADDRESS _____
- c. Attach proof of ownership or premises; or if property is rented or leased, include written permission from all property owners containing the property owner(s)' notarized signature(s) authorizing the applicant to engage in commercial cannabis activities, as described in the application, at the site.

- d. Attach a “to scale” diagram of the premises, showing, without limitation, a site plan, building layout, all entry ways and exits to the facility, loading zones and all areas in which cannabis, cannabis products and cannabis waste will be stored, grown or dispensed.

IX. ATTACHMENTS [MCC section 5.60.070]

- Security Plan
- Plan of Operations (MCC section 5.60.070.B.13)
- State License application(s)
- List of all applicable licenses and permits required to operate
- Business Plan
- Waste Management Plan as required by business type
- Statement of whether applying for an M-permit or A-permit
- Provide documentation (California Driver’s License, California identification card, or certified birth certificate) for all employees

X. LIVE SCAN

Upon receipt of a completed application, the applicant(s), owner(s), and other required persons are required to complete the Live Scan process at the Mono County Sheriff’s Office.

I understand that I must complete a LiveScan with the Mono County Sheriff’s Office prior to my application for a commercial cannabis operation permit in the unincorporated area of Mono County being considered for approval by Mono County.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

XI. CERTIFICATION AND ATTESTATION

_____ I hereby certify that I have furnished in the attached exhibits the data and information required for this initial evaluation to the best of my ability, and that the information presented is true and correct to the best of my knowledge and belief. I understand that this information, together with additional information that I may need to provide, will be used by Mono County to evaluate, issue and renew a cannabis operation permit.

_____ The applicant and all persons involved in management have the ability to comply with all laws regulating cannabis businesses in the State of California and shall maintain such compliance during the term of the permit.

_____ I hereby provide the County, its agents, and employees authorization to seek verification of the information contained in this application.

_____ All owner(s) and applicants listed in this application will complete the Live Scan process at the Mono County Sheriff’s Office, and no permit shall be issued until the results of the Live Scan have been evaluated by MCSO and provided to the Approving Authority.

- I have paid the required application fee.

By signing below the applicant is foregoing that the information provided is true and correct under penalty of perjury.

Signature _____ Date _____

NOTES:

Failure to provide any of the requested information may result in an incomplete application determination, processing delays, and may result in the rejection of the application.

All Cannabis Operation Permits expire August 31st of each year unless renewed or revoked in accordance with Mono County Code Chapter 5.60. Permits granted within three (3) months prior to the expiration date shall skip the first renewal cycle and instead shall expire on August 31st of the following year.

An application for renewal and/or modification shall be filed with the Community Development Department, on the form(s) and in the manner prescribed by the Department, at least thirty (30) calendar days before expiration of the permit, accompanied by the required renewal/modification fee. If the renewal application and fee are not timely received, the applicant will be required to submit a new application.

Inspections of permitted operations will be scheduled throughout the year. Failed inspections may be grounds for non-renewal.



MONO COUNTY HEALTH DEPARTMENT

Public Health

P.O. BOX 476, BRIDGEPORT, CA 93517 PHONE (760) 932-5580 • FAX (760) 932-5284
P.O. BOX 3329, MAMMOTH LAKES, CA 93546 PHONE (760) 924-1830 • FAX (760) 924-1831

Dear Interested Cannabis Retailer,

Per section 5.60.140 C of the Mono County Code, all personnel involved with face-to-face cannabis sales at, or management of, a retail facility located within the unincorporated area of Mono County must complete a training program on cannabis retailing best practices and health education which meets the following objectives:

- (1) education on state and local regulatory requirements and best practices for cannabis retailing
- (2) education on how to verify age requirements and inform customers about the potential effects that various dosages and products may cause
- (3) practices that can lower any risks associated with cannabis use
- (4) information on how to advise customers about best practices for the storage and use of cannabis to prevent access and accidental use by individuals under the age of 18 (or 21 for retailers holding an A-permit)

The training needs to be completed prior to beginning work on the sales floor, or in a management capacity, and a refresher course is required for each employee each subsequent year of employment. Verification of the completed training shall be submitted to, and reviewed by, the Mono County Health Department for the cannabis operation permit to be renewed annually.

Please find below a listing of programs which contain various training components that meet the ordinance requirements. There are likely other training programs available that may also meet these requirements. If you would like staff at the Health Department to review a training curriculum not on this list to help determine whether it meets the ordinance objectives, please make an appointment by calling the 760-924-1830.

The Mono County Health Department

Cannabis Training Programs

www.traintotend.com

cannabistraininginstitute.com

cannabistrainers.com

trichomeinstitute.com

www.greencultured.co/budtender-school-and-training

Additional Resources:

cannabis.ca.gov

www.bcc.ca.gov

www.cdph.ca.gov/letstalkcannabis