



# PLANNING & DEVELOPMENT

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## MEDICAL CANNABIS DISPENSARY APPLICATION FORM

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Dispensary Name: \_\_\_\_\_

Dispensary Contact (Principal): \_\_\_\_\_

Contact Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

24-Hour Contact Information: \_\_\_\_\_

For details about the information required as part of the application, please see the Application Guidelines to Operate a Medical Cannabis Dispensary in Berkeley and Resolution No. 66,711-N.S (Ranking and Allocation Process). Both documents can be found on the City of Berkeley's Dispensary Selection webpage: <http://cityofberkeley.info/DispensarySelection/>.

**ROUND 2**

**Part A: Principal Background Information (to be signed by all Principals)**

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan in Part C, is public information and can be made available to the public upon request.

**Principal Name:** \_\_\_\_\_

**Principal Title:** \_\_\_\_\_

**Principal Home Address:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attach:

\_\_\_\_ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

\_\_\_\_ Receipt from background check

\_\_\_\_ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check  Pass competency test

**Principal Name:** \_\_\_\_\_

**Principal Title:** \_\_\_\_\_

**Principal Home Address:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attach:

\_\_\_\_ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

\_\_\_\_ Receipt from background check

\_\_\_\_ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check  Pass competency test

**Principal Name:** \_\_\_\_\_

**Principal Title:** \_\_\_\_\_

**Principal Home Address:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Attach:

\_\_\_\_ Proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

\_\_\_\_ Receipt from background check

\_\_\_\_ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check  Pass competency test

**Add more pages as necessary to accommodate signatures of all dispensary Principals.**

**Part B: Dispensary Organization Status**

- 1. Describe the Dispensary's organizational status

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Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

**Part C: Dispensary Description and Location** (attach additional sheets if more than one location is being evaluated)

- 1. Statement of Purpose of Dispensary (a separate sheet may be attached):

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- 2. Proposed Location of Dispensary:

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- 3. Name and address of property owner: \_\_\_\_\_

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- 4. Zoning District of Proposed Location: \_\_\_\_\_

- 5. Name and address of school closest to Proposed Location: \_\_\_\_\_

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- 6. Name and address of existing dispensary closest to Proposed Location:

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7. Description of neighborhood around the proposed location (surrounding uses, nearby sensitive uses (such as schools), transit access to site, etc. A separate sheet may be attached.

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8. Site Plan and Elevations/Photos of Proposed Location (attach). If any exterior alterations are proposed for the existing building, also attach proposed site plans and elevations.
9. Floor Plans (attach). If any interior alterations are proposed for the existing building, also attach proposed floor plans.

**Part D: Required supplemental information**

This information is required for this application to be considered complete. Attach the following reports to the application. For information about the information required, see the Application Guidelines handout and/or Resolution 66,711-N.S. (Ranking and Allocation Criteria and Procedure for Medical Cannabis Dispensaries).

- Business Plan
- Neighborhood Compatibility Plan
- Safety and Security Plan

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## ROUND 3

### Part E: Final Location information

Only one site per application can be considered at this point. Attach proof of ownership of the site OR copy of signed lease OR letter of owner's willingness to lease to applicant.

### Part F: Bonus supplemental information

This information is optional but encouraged. If you choose to submit information in any of the following categories, check the appropriate box and attach the report(s) to the application.

- Availability of Professional Services at Location
  - Enhanced Product Safety
  - Environmental Benefits
  - Community Benefits
  - Labor and Employment
  - Local Enterprise
  - Qualifications of Principals
  - Consolidation **(NOTE: Consolidation information and a signed lease agreement or letter of owner's willingness to lease need to be submitted before Round 3 begins.)**
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**Staff use only:**

Date of initial application: \_\_\_\_\_

Number assigned to application: \_\_\_\_\_

Date application approved for Round Two: \_\_\_\_\_

Date fee received for Round Two: \_\_\_\_\_

Date application approved for Round Three: \_\_\_\_\_

Date fee received for Round Three: \_\_\_\_\_

Date signed lease agreement or letter of owner's willingness to lease received for Round Three: \_\_\_\_\_