



# City of Farmersville

Planning & Development Department – City Hall  
909 W. Visalia Rd.  
Farmersville, CA 93223  
P: 559.747.0458  
E: Cannabis@cityoffarmersville-ca.gov  
www.cityoffarmersville-ca.gov

## COMMERCIAL CANNABIS BUSINESS APPLICATION

Applications may be filed by appointment only Monday through Friday between the hours of 8:00 a.m. and 4:00 p.m.

**APPLICANT (BUSINESS) LEGAL NAME:** \_\_\_\_\_

DBA: \_\_\_\_\_

Proposed Address/Location: \_\_\_\_\_

Assessor’s Parcel Number (APN): \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**PROPERTY OWNER NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Commercial Cannabis Business Permit Type:** Select from one or more of the following categories. For each category, indicate whether you are applying for Adult-Use (“A”) or Medicinal (“M”), and, when applicable, which type of license you are applying for per the State’s license types.

- Cultivation (A/M) – Type: \_\_\_\_\_
- Retailer (A/M) – Type: \_\_\_\_\_
- Manufacturing (A/M) – Type: \_\_\_\_\_
- Microbusiness (A/M)
- Testing Lab (A/M)
- Distribution (A/M)

For details about the information required as part of the application process, see the **Application Procedure Guidelines, Farmersville Ordinances Nos. 485 and 487**, and any additional requirements to complete the application process. All documents can be found online at: <https://www.cityoffarmersville-ca.gov/>.

OFFICE USE ONLY	Fees Paid	Date Paid
Date submitted: _____	Phase 1: _____	_____
Application #: _____	Phase 2: _____	_____
Submitted to: _____	Phase 3: _____	_____
	Phase 4: _____	_____

**Owner Background Information** (Must be completed by all Owners)

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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 and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

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

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

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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 and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

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

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

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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 and certain confidential information such as Driver's License and Social Security number(s) which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

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

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

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Additional Information

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List whether the applicant(s) has other licenses and/or permits issued to and/or revoked from the applicant in the three years prior to the year of the permit application, such other licenses and/or permits relating to similar business activities as in the permit application. If yes, list the type, current status, and issuing/denying agency for each license/permit. Please attach a separate document with an explanation, if necessary.

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List any and all Owners who have been convicted of a felony or have engaged in misconduct that is substantially related to the qualifications, functions or duties of a cannabis operator, applicant, owner or employee. A conviction within this section means a plea or verdict of guilty, or a conviction following a plea of no contest. Attach a separate document with an explanation, if necessary.

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Describe the Commercial Cannabis Business' organizational status:

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Name and address of school closest to proposed location:

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Name and address of existing alcohol-related establishment closest to proposed location:

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Have you received a Zoning Verification Letter? (Please check the appropriate response)

- Yes (include the letter in your application)       No

Describe the neighborhood around the proposed location (i.e., surrounding uses; nearby sensitive uses such as schools, youth centers, churches, parks, daycare centers, or libraries; transit access to site; etc.):

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## APPLICANT CERTIFICATION

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I hereby certify, under penalty of perjury, on behalf of myself and all owners, managers and supervisors identified in this application that the statements and information furnished in this application and in the attached exhibits present the data and information required for this initial evaluation 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 application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Farmersville permission to reproduce submitted materials, including but not limited to, plans, exhibits, and photographs, for distribution to staff, Commission, Board, and City Council Members, and other Agencies in order 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 application I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the Farmersville Municipal Code and State law.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

## PROPERTY OWNER CONSENT

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If applicant is other than the property owner(s), the owner(s) must provide a signed statement consenting to filing pursuant to Section 17.53.050 of the Farmersville Municipal 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 upon my property for the purpose of examining and inspecting the property in preparation of any reports and/or required environmental review for the processing of the application(s) being filed.

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Date

## Application Submittal Requirements

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The following items must be submitted with all applications (2 physical copies and 1 electronic copy). If an item is not submitted, the application will be considered incomplete and **will not be accepted**.

- Commercial Cannabis Business Application
- Application filing fee(s)
- Limitations on City's Liability waiver
- Approved Zoning Verification Letter
- Live Scan/Background Check information for each Owner/Principal (*see below for requirements*)
- Organizational structure documents (e.g., Articles of Incorporation, bylaws, partnership agreements, etc.)
- Organizational chart
- Photographs of existing site and buildings
- Vicinity map
- Site plan for each proposed location (*see below for requirements*)
- Floor plan for each proposed location (*see below for requirements*)
- Signage plan
- Supplemental evaluation criteria (*see below and Appendix A of the Application Procedure Guidelines for requirements*)

### **Live Scan/Background Check information:**

*To be provided for each owner, principal and manager of the proposed business.*

- Proof of submittal of Live Scan application and payment of fee to Farmersville Police Department
- Cannabis Permit Employee/Owner Background Application
- Intelifi waiver form
- Two passport-quality photographs (2"x2")
- Copy of Social Security card or ITIN
- Color copy of Driver's License or other valid government-issued photo identification
- Proof of current address

### **Site Plan** (¼" = 1' minimum scale)

*Shall contain a minimum of the following information:*

- North arrow, drawing scale, date of preparation and name of plan preparer
- Dimensions of subject property – including square footage
- Dimensions and names of all adjacent streets and public rights-of way
- Location and dimensions of all buildings and structures – including square footage
- Location and dimensions of landscaped areas
- Location of all parking areas and driveways and means of ingress and egress
- Location and dimensions of all handicap parking spaces, ramps, curb ramps and signs
- Location and dimensions of handicap-accessible Path of Travel to building entrance, sidewalks and interior walks
- Uses for all buildings and structures indicated on the site plan
- If any exterior alterations are proposed for the existing building(s), attach proposed site plans

## Application Submittal Requirements (cont'd)

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### **Floor Plan** ( $\frac{1}{4}'' = 1'$ minimum scale)

*Shall contain a minimum of the following information:*

- North arrow, drawing scale, date of preparation and name of plan preparer
- Location and dimensions for means of ingress and egress
- Square footage of all interior spaces
- Proposed uses of all interior spaces

### **Supplemental Evaluation Criteria:**

*The following information shall be provided as required in Appendix A of the Application Procedure Guidelines.*

- Proposed Location
- Neighborhood Compatibility Plan
- Qualifications of Owners
- Business Plan
- Safety Plan
- Security Plan
- Labor & Employment
- Local Enterprise
- Environmental Impact Mitigation
- Air Quality Plan
- Enhanced Product Safety
- Community Benefits

**All sets of plans must be collated and folded to a minimum size of 8.5" x 11" and a maximum size of 8.5" x 14".**