



# City of Grover Beach Planning Division CANNABIS DISPENSARY PRE-APPLICATION

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

Please complete this medical cannabis dispensary pre-application form and submit with all required information contained in the **Medical Cannabis Pre-Application Process** handout. If you have any questions regarding the project information required to be submitted with this application, please contact the Community Development Department at (805) 473-4520.

**The City’s Reservation of Right’s**

The City reserves the right to reject any and/or all dispensary pre-applications, with or without any cause or reason. The City may also, modify, postpone, or cancel the request for dispensary pre-applications 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 a dispensary pre-application. **All dispensary pre-applications must be submitted to the City no later than 4:00 p.m. on Monday July 10, 2017.** Late and incomplete proposals WILL BE REJECTED. Furthermore, a proposal RISKS BEING REJECTED for any of the following reasons:

1. Proposal considered not fully responsive to the dispensary pre-application submittal requirements.
2. Proposal contains excess or extraneous material not identified in the dispensary pre-application requirements.

Upon completion of the dispensary pre-application process, the City Council will establish an Eligibility Ranking List. The City Council is solely responsible for determining the final Eligibility Ranking List including the number of dispensaries. The City Council also reserves the right to approve an Eligibility Ranking List with less than two dispensaries, or no dispensaries at all. The top two applicants on the final Eligibility Ranking List may proceed to submit a Use Permit and Commercial Cannabis Permit applications. If the applications are not submitted to the Community Development Department within 60 days of the City Council approval of the Eligibility Ranking List, the applicant will be disqualified and removed from the Eligibility Ranking List.

Please note that being placed on the Eligibility Ranking List does not constitute approval of the Use Permit or the Commercial Cannabis Permit and does not waive or remove the requirements of applying for and receiving construction permits. It also does not guarantee that the plans submitted for the dispensary pre-application process meet the standards or requirements of the City’s Commercial Medical Cannabis Ordinances or other permitting agencies.

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


**Project Address & Information**

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

## General Information

Applicant:	Phone:
Mailing Address:	Email:
Property Owner(s):	Phone:
Mailing Address:	Email:
Authorized Agent/Representative:	Phone:
Mailing Address:	Email:
<b>Please indicate the primary contact and person to send all correspondence to:</b>	
<input type="checkbox"/> Applicant <input type="checkbox"/> Property Owner <input type="checkbox"/> Representative	

## Owner/Applicant Authority to File Application

 Please read carefully before signing this application. Submission of this application does not imply approval by the City Council.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

**AGREEMENT TO PROCESS DISPENSARY PRE-APPLICATION AND REFUND OF FEES.** I (we) hereby agree to pay all personnel and related direct and indirect costs for the review and processing of the Dispensary Pre-Application for the subject property not to exceed the \$8,100 fee, plus \$750 for each principal/owner to conduct the Live Scan and background check. If an applicant is disqualified as part of Phase 1, the pre-application fee of \$8,100 would be refunded less the cost to conduct the background check and staff time spent reviewing the application. Further, if the Live Scan or background check completed as part of Phase 1 Determination of Eligibility and Complete Application are pending at the beginning of Phase 2 Ranking Process, the applicant hereby agrees to allow the City to proceed with Phase 2 Ranking Process. If at any time during the Dispensary Pre-Application process the applicant fails the Live Scan or background check, the applicant shall only be refunded the portion of the \$8,100 fee less the staff time spent reviewing the application.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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