

**Contra Costa Environmental Health
Cannabis Health Permit Application – New Permits: Required Accompanying Documents**

In addition to a completed permit application, the following items must be submitted along with this form for a new cannabis health permit. Check each box to verify that this information is included in the application packet.

I. Ownership Information

- Provide the name, date of birth, social security number, address, and telephone number for the applicant. If the applicant is an entity and not an individual, the term "applicant" means each person participating in the direction, control, or management of the entity, and each person having a financial interest of twenty percent or more in the entity.

II. Description of Operation

- Clearly describe the type of cannabis operation proposed. Include information on whether the customers will be adult, medical, or both.

III. State Cannabis Permit(s)

- Specify the State permit type(s) being applied for. Provide a copy of the State cannabis permit(s) and application(s). If you do not yet have a State cannabis permit, Environmental Health will not be able to issue a County permit until such time as you receive the State permit and provide a copy to Environmental Health.

IV. Premises Diagram

- The premises diagram shall be specific enough to enable ready determination of the bounds of the property and the proposed area/premises to be licensed as a cannabis operation.
- The diagram shall be drawn to scale, with the scale used specified.
 - The premises diagram shall include:
 - Site plan, building layout, and loading zones.
 - Sufficient information to demonstrate compliance with applicable structural requirements.
 - All boundaries, dimensions, entrances and exits into the facility, interior partitions, walls, rooms, windows and doorways.



- Areas in which all cannabis activities will be conducted. Commercial cannabis activities that shall be identified on the diagram include the following, as applicable to the business operations: infusion, extraction, testing, dispensing, sales, packaging, labeling, storage, handling, cultivation, and transportation activities such as loading and unloading of cannabis and cannabis products.
- Limited-access areas, areas used for video surveillance monitoring and surveillance system storage devices, and all security camera locations.
- Cannabis waste disposal areas.

Shared properties/premises (check one box)

- If the cannabis operation consists of only a portion of a property or premises, the diagram shall be labeled to indicate which part of the property is the proposed cannabis operation and identifying what the remaining property is used for.
- If the proposed cannabis operation consists of only a portion of a property or premises that will contain two or more licensed cannabis operations, the diagram shall clearly show any entrances and walls under the exclusive control of the applicant or licensee. The diagram shall also show all proposed common or shared areas of the property, including entryways, lobbies, bathrooms, hallways, and breakrooms.
- No shared properties/premises.

V. Proof of Ownership

Provide one of the following:

- Proof of ownership of the premises on which the cannabis activity is to occur if the property owner is also the owner of the cannabis business.
- Written permission from the property owner if the cannabis business owner rents or leases the property on which the cannabis activity is to occur. The written permission shall contain the property owner’s notarized signature and authorize the tenant or lessee to engage in commercial cannabis activity.

VI. Land Use Permit

- Provide a copy of the approved land use permit (LUP) that was issued by the Contra Costa County Department of Conservation and Development.



I certify, under penalty of perjury under the laws of the State of California, that the information on this application and any accompanying documents is true and correct, with the full knowledge that all statements and accompanying documents are subject to investigation, and that any false or dishonest information or accompanying documents may be grounds for denial or other actions.

Signature of Applicant:

Date:

Facility Name: _____

Facility Address: _____

