



# City of Desert Hot Springs

65950 Pierson Blvd. • Desert Hot Springs, CA 92240  
Telephone (760) 329-6411 x 259 [www.cityofdhs.org](http://www.cityofdhs.org)

OFFICE USE ONLY	
Case No.	
Application Period (Applicable only to Dispensary Permits)	11/07/14 – 11/21/14
Fee	\$5,935.00
Accepted By	

## CANNABIS FACILITY REGULATORY PERMIT APPLICATION

Pursuant to Desert Hot Springs Municipal Code Chapter 5.50

(PLEASE TYPE OR PRINT CLEARLY)

**CANNABIS FACILITY REGULATORY PERMIT** applications are reviewed and approved administratively by the City Manager or designee pursuant to Chapter 5.50 of the Municipal Code. The purpose of the review is to ensure that the Cannabis Facility will be conducted in a secure, safe and business-like manner consistent with any and all applicable local and state laws, rules, guidelines and regulations governing all Cannabis uses.

- Check here if requesting a Cannabis Facility Regulatory Permit amendment
- Check here if requesting a Cannabis Facility Regulatory Permit time extension
- Check here if requesting a Cannabis Facility Regulatory Permit

### PROPOSED USE AND/OR CONSTRUCTION:

Check one only. (Separate application required for each proposed use.)

- Check here if for a **Cannabis Dispensary** (May cultivate up to 99 mature flowering CANNABIS plants)
- Check here if for a **Cannabis Cultivation Facility**

### PROPERTY OWNER CONSENT:

If the property owner is different than the applicant, the property owner's notarized written consent to use the project location for the above proposed use shall be submitted with the application before the application will be accepted as complete.

**APPLICANT:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

**\*CO-APPLICANT:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

*\*List other Co-Applicants on separate sheet.*

**\*PROPERTY OWNER** (if different): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

*\*List other Property Owners on separate sheet.*

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**PROJECT LOCATION:** \_\_\_\_\_

**LEGAL DESCRIPTION** (Lot & Tract or A.P.N.): \_\_\_\_\_

**EXISTING LAND USE OF PROPERTY:** \_\_\_\_\_

**EXISTING ZONING OF PROPERTY:** \_\_\_\_\_

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**TYPE OF BUSINESS ORGANIZATION:**

Organized as: \_\_\_ Collective \_\_\_ Cooperative

Organized under: \_\_\_ Corporations Code §12201 \_\_\_ Corporations Code §12300

Other: \_\_\_\_\_

**OPERATIONS:**

Estimated Number of Patients and Caregivers: \_\_\_\_\_

Delivery Service to be provided: \_\_\_ Yes \_\_\_ No

Hours of Delivery Service: \_\_\_\_\_

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**BY SIGNING THIS APPLICATION, THE APPLICANT(S) HEREBY:**

1. REPRESENT(S) THAT APPLICANT(S) HAS REVIEWED THE CONTENTS OF DESERT HOT SPRINGS MUNICIPAL CODE CHAPTER 5.50 AND ACKNOWLEDGES ITS TERMS AND CONDITIONS;
2. AUTHORIZE(S) THE CITY MANAGER OR DESIGNEE TO SEEK VERIFICATION OF THE INFORMATION CONTAINED IN THIS APPLICATION;
3. CONSENT(S) TO SUBMITTING TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORDS CHECK CONDUCTED BY THE DESERT HOT SPRINGS POLICE DEPARTMENT; AND
4. DECLARE(S) UNDER PENALTY OF PERJURY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION AND SUBMITTED HERewith IS TRUE AND CORRECT.

**NAME OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*NAME OF CO-APPLICANT:** \_\_\_\_\_

**\*SIGNATURE OF CO-APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*Include Name and Signature of other Co-Applicants on separate sheet.*

**\*NAME OF PROPERTY OWNER:** \_\_\_\_\_  
(If different from Applicant)

**\*SIGNATURE OF PROPERTY OWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF PROPERTY OWNER:** \_\_\_\_\_  
(If different from Applicant)

**SIGNATURE OF PROPERTY OWNER::** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*Include Name and Signature of other Property Owners on separate sheet.*

## SUBMITTAL REQUIREMENTS

Yes    No

- |                                     |                          |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. <u>Articles of Incorporation</u> : Proof that applicant has proper organization status under State law.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. <u>Interior Site/Floor Plan</u> : Drawn to scale and fully dimensioned, showing the proposed interior of the CANNABIS Facility denoting all the use of areas of the CANNABIS Facility, including public areas, employee areas, doors, windows, storage, cultivation and dispensing, plus location of odor absorbing air ventilation and exhaust systems  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. <u>Security Plan</u> : Security Plan shall show or provide the following information: <ul style="list-style-type: none"><li>A. Location of security cameras and the areas to be covered by the security cameras.</li><li>B. Location of audible interior and exterior alarms.</li><li>C. Location of exterior lighting.</li><li>D. Name and contact information of Security Company</li><li>E. Whether entrances to all dispensing and cultivation areas will be locked and under control of staff at all times.</li><li>F. Name of security guard and proof that security guard is licensed by the California Department of Consumer Affairs and whether security guard will be present at the CANNABIS Facility during all hours of operation.</li><li>G. If the security guard is to be armed, proof that security guard possesses a valid Security Guard Card and Firearms Permit issued by the California Department of Consumer Affairs.</li></ul> |

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**NOTE: INCOMPLETE APPLICATION SUBMITTALS WILL NOT BE ACCEPTED.**