



CANNABIS BUSINESS OPERATOR PERMIT APPLICATION

Finance Department - 400 Grand Avenue, SSF CA
Phone: (650) 877-8505

In accordance with the requirements of [SSFMC 20.410](#), no person or entity shall engage in commercial cannabis activity or operate a commercial cannabis business in the City of South San Francisco without possessing a valid operator permit from the City and without possessing all other approvals or licenses that may be required pursuant to State law and regulations.

The purpose of this application is to ensure an applicant is qualified under the City's standards to obtain an operator permit, including meeting all requirements related to prior criminal convictions and preliminary authorization from a property owner to pursue City approvals for a cannabis operation at a qualifying location. If an application meets the minimum qualifications and satisfies the application requirements outlined in [SSFMC 20.410](#) of the Zoning Ordinance, then an application will be granted "pre-clearance" and will be authorized to submit a Conditional Use Permit application to the Planning Division. If an applicant satisfies all necessary conditions and successfully obtains a Conditional Use Permit from the Planning Commission, the City will issue the applicant an Operator Permit. All commercial cannabis businesses must obtain and maintain both a Conditional Use Permit and an Operator Permit in order to commence and continue operations. Operator Permits are valid for one (1) year and Conditional Use Permits are valid for five (5) years. In the event that a business fails to comply with the requirements of [SSFMC 20.410](#), Operator Permits may be subject to suspension and/or revocation procedures conducted by the Chief Planner. Providing false, incomplete, or misleading statements to the City as part of the application process is grounds for rejection of an application or suspension/revocation of an Operator Permit.

Type of Cannabis Business Application

- | | | |
|--|---|---|
| <input type="checkbox"/> Commercial Cannabis Manufacturing | <input type="checkbox"/> Commercial Cannabis Indoor Cultivation | <input type="checkbox"/> Commercial Cannabis Delivery |
| <input type="checkbox"/> Commercial Cannabis Testing | <input type="checkbox"/> Commercial Cannabis Distribution | List Facility SF: _____ |

Project Address: _____ Assessor Parcel #: _____

Zoning Designation: _____ Lot Size: _____

Present and/or Previous Use: _____

Adjacent Uses: _____

APPLICATION CHECKLIST

Note: If all required information is not completed, the application will not be accepted by the Finance Department and processed for pre-clearance. An explanation of each item follows after this checklist. Provide the requested information as a supplemental sheet to this application, labeled to correspond with the checklist below:

	Appl.	Staff
1. Business Operators' Information – Attachment 1	<input type="checkbox"/>	<input type="checkbox"/>
2. Payment of Application Fee	<input type="checkbox"/>	<input type="checkbox"/>
3. Property Owner Permission – Attachment 2	<input type="checkbox"/>	<input type="checkbox"/>
4. Completed Business License Application	<input type="checkbox"/>	<input type="checkbox"/>
5. Volatile Solvent Closed-Loop System for Cannabis Manufacturing Operation	<input type="checkbox"/>	<input type="checkbox"/>
6. Employee Roster/Background Authorization – Attachment 3	<input type="checkbox"/>	<input type="checkbox"/>
7. Operating Plan – Attachment 4	<input type="checkbox"/>	<input type="checkbox"/>
8. Security Plan – Attachment 5	<input type="checkbox"/>	<input type="checkbox"/>
9. Site Plan and Floor Plans, including:		
A. Property lines & dimensions	<input type="checkbox"/>	<input type="checkbox"/>
B. Setback lines	<input type="checkbox"/>	<input type="checkbox"/>
C. Existing/Proposed structures	<input type="checkbox"/>	<input type="checkbox"/>
D. Lot coverage calculations	<input type="checkbox"/>	<input type="checkbox"/>
E. Roof Plan	<input type="checkbox"/>	<input type="checkbox"/>
F. Open Parking Areas	<input type="checkbox"/>	<input type="checkbox"/>
Floor plans, including:		
A. Existing and proposed floor plan	<input type="checkbox"/>	<input type="checkbox"/>
B. Room function & size	<input type="checkbox"/>	<input type="checkbox"/>
C. Existing & proposed gross floor area	<input type="checkbox"/>	<input type="checkbox"/>
10. Proof of Notice – Attachment 6	<input type="checkbox"/>	<input type="checkbox"/>
11. Air Quality Submittal	<input type="checkbox"/>	<input type="checkbox"/>
12. Greenhouse Gas Emissions Submittal	<input type="checkbox"/>	<input type="checkbox"/>
13. Hazardous Materials Submittal	<input type="checkbox"/>	<input type="checkbox"/>
14. Water Supply Submittal	<input type="checkbox"/>	<input type="checkbox"/>
15. Wastewater Supply Submittal	<input type="checkbox"/>	<input type="checkbox"/>
16. Signed Affidavit- Attachment 7	<input type="checkbox"/>	<input type="checkbox"/>
17. Signed Indemnity Provision / Hold Harmless Agreement – Attachment 8	<input type="checkbox"/>	<input type="checkbox"/>

1. **Business Operators' Information – Attachment 1.** Each applicant shall submit all information related to the business operator necessary for the City to evaluate the business operator, including names, birth dates, addresses, social security numbers, relevant criminal history, relevant work history, names of businesses owned or operated by the applicant within the last 10 years, investor and/or partner information, and Assessor Parcel Number (APN) number of the parcel upon which the business will be located. Such private information will be exempt from disclosure to the public, pursuant to applicable law, to protect an individual's privacy interests and public health and safety. Each applicant shall submit signed authorizations from each owner/operator authorizing the City to conduct a background check.
2. **Payment of Application Fee.** Applicants shall submit the application fee amount with their applications.
3. **Property Owner Permission – Attachment 2.** Each applicant shall submit written (and notarized) permission from the property owner and/or landlord to operate a commercial cannabis use on the site.
4. **Completed Business License Application.** Each applicant shall submit proof that either the City has issued the applicant a business license or proof that the applicant has submitted a City business license application: <http://www.ssf.net/departments/finance/business-license-information>
5. **Volatile Solvent Closed-Loop System.** If applicant is proposing a **cannabis manufacturing operation** utilizing volatile extraction, then plans for a closed loop system certified and stamped by a professional engineer must be submitted.
6. **Employee Roster – Attachment 3.** Each applicant shall submit an employee roster with the names and birth dates of each proposed employee of the operation with a signed authorization from each such employee authorizing the City to conduct a background check to determine whether employees are eligible to work at commercial cannabis businesses pursuant to SSFMC 20.410.
7. **Operating Plan – Attachment 4.** Each applicant shall submit a detailed operating plan identifying the operating features of the proposed business.
8. **Security plan – Attachment 5.** Each application shall include a security plan that meets the requirements outlined in SSFMC 20.410.010 Details about what must be included in the security plan can be found at the following link:: http://qcode.us/codes/southsanfrancisco/view.php?topic=20-iv-ii-20_410-20_410_010
9. **Site Plans – See checklist on previous page.** Each applicant shall submit a detailed site plan identifying the layout and configuration of the proposed operation, as well as any proposed improvements to the site.
10. **Proof of Notice – Attachment 6.** Applicants must provide notice to properties and property owners within 300 feet of the boundaries of the property upon which the commercial cannabis business is proposed at least 15 days prior to submission of an application for a permit and must include proof of such notice with the operator permit application.
11. **Air Quality.** Each applicant shall provide a calculation of the business's anticipated emissions of air pollutants. The applicant shall also provide assurance that the business will comply with all rules identified by the Bay Area Quality Management District. No operator permit will be issued to any business that would exceed the thresholds of significance established by the Bay Area Quality Management District for evaluating air quality impacts under the California Environmental Quality Act

for either operation or construction. Applicants are encouraged to design their project so as to minimize or avoid air pollutant emissions.

12. **Greenhouse Gas Emissions.** Each applicant shall provide calculations of the anticipated greenhouse gas emissions for the operation of the business. The applicant shall further demonstrate compliance with any applicable State, regional, or local plan for the reduction of greenhouse gas emissions. No operator permit will be granted for any business that would violate any State, regional, or local plan for the reduction of greenhouse gases, nor will any operator permit be issued where the construction and/or operation of the business would exceed any applicable threshold of significance for greenhouse gas emissions under the California Environmental Quality Act.
13. **Hazardous Materials.** To the extent that the applicant intends to use any hazardous materials in its operations, the applicant shall provide a hazardous materials management plan that complies with all Federal, State, and local requirements for management of such substances. "Hazardous materials" includes any hazardous substance regulated by any Federal, State, or local laws or regulations intended to protect human health or the environment from exposure to such substances.
14. **Water Supply.** Each applicant shall submit documentation demonstrating to the satisfaction of the City Engineer that sufficient water supply exists for the use. To the extent any proposed use intends on relying on groundwater supplies, the applicant shall submit documentation demonstrating to the satisfaction of the City Engineer that the use will not result in net groundwater depletion.
15. **Wastewater.** Each applicant shall submit documentation demonstrating to the satisfaction of the City Engineer that sufficient wastewater capacity exists for the proposed use. To the extent the proposed use will result in agricultural or industrial discharges to the City's wastewater system, the applicant shall provide a plan for meeting all Federal, State, and local requirements for such discharges. A Waste Water Management Plan shall be submitted identifying the amount of wastewater, excess irrigation and domestic wastewater anticipated, pre-treatment method (when applicable), as well as disposal method.
16. **Signed Affidavit – Attachment 7.** The property owner and applicant, if other than the property owner, shall sign the application and shall include affidavits agreeing to abide by and conform to the conditions of the permit and all provisions of the South San Francisco Municipal Code pertaining to the establishment and operation of the commercial cannabis use, including, but not limited to, the provisions of SSFMC 20.410. The affidavit(s) shall acknowledge that the approval of the operator permit shall, in no way, permit any activity contrary to the South San Francisco Municipal Code, or any activity which is in violation of any applicable laws.
17. **Signed Indemnity Provision – Attachment 8.** The applicant shall sign (and notarize) an indemnity provision providing that to the fullest extent permitted by law, any actions taken by a public officer or employee under the provisions of this SSFMC 20.410 shall not become a personal liability of any public officer or employee of the City. To the maximum extent permitted by law, operators shall defend (with counsel acceptable to the City), indemnify and hold harmless the City of South San Francisco, the South San Francisco City Council, and its respective officials, officers, employees, representatives, agents and volunteers (hereafter collectively called "City") from any liability, damages, costs, actions, claims, demands, litigation, loss (direct or indirect), causes of action, proceedings, prosecutions for violations of State or Federal law, or judgments (including legal costs, attorneys' fees, expert witness or consultant fees, City Attorney or staff time, expenses or costs) (collectively called "action") caused, in whole or in part, by operator's operation of a commercial cannabis business in the City or associated with any

action against the City to attack, set aside, void or annul, any cannabis-related approvals and/or determinations. The City may elect, in its sole discretion, to participate in the defense of said action, and the operator shall reimburse the City for its reasonable legal costs and attorneys’ fees. Operators are required to agree to the above obligations in writing and submit said writing as part of the operator permit application.

Application Fees

1. Operator’s Permit Application	<i>\$8,344 per application, non-refundable</i>
2. Conditional Use Permit Application, only if granted Pre-Clearance	<i>\$4,807 per location</i>
3. City Attorney, Legal Noticing & Environmental Filing	<i>Refer to Planning Division fee schedule for all fees</i>
4. Cannabis Operator's Permit	<i>\$16,931 per business, annual</i>

An annual inspection by the Fire Department, Police Department, and Economic and Community Development Department will be required for any business granted a Cannabis Operator's Permit.

**City of South San Francisco
Cannabis Operator Permit Application
Business Operators' Information
Attachment 1**

Complete this form for all Operators or Partners in the proposed business

Operator Name _____
First Name Last Name DOB SSN

Proposed Business Address _____
Street Address South San Francisco CA 94080 Assessor's Parcel No.

List any Criminal Conviction _____

Relevant Work History _____
Names of Previous Businesses _____
within last 10 years _____

Investor/Partner Names _____

Zoning Verification YOU MUST CHECK THAT YOUR ADDRESS IS LOCATED IN AN APPROPRIATE ZONING DISTRICT IN THE CITY

Proposed Cannabis Business Type [Zoning Designation per website](#)

Mailing Address _____
Street Address City State ZIP

Email Address _____

Signed Authorization Forms for Background Checks for Operators and Partners Must be Attached

City of South San Francisco
Cannabis Operator Permit Application
Employee List
Attachment 3

Number	Employee Name	Date of Birth	Address	Social Security Number	Signed Authorization Form for Background Check by the SSF Police Department Attached?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

City of South San Francisco
Cannabis Operator Permit Application

Operator/Employee Background Check Authorization Form

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: _____ Mobile Number: _____

Driver's License Number/State: _____

The information contained in this operator/employee background check authorization form is correct to the best of my knowledge.

I, _____ (please print), authorize the City of South San Francisco ("City") and its designated agents and representatives to conduct a comprehensive review of my background to determine my eligibility to obtain an operator permit or for employment at _____ (name of employer), a cannabis business proposing to locate in the City of South San Francisco. I understand that this background check is being conducted as part of the business's Cannabis Operator Permit Application with the City.

Pursuant to South San Francisco Municipal Code Section 20.410.009 "Operator Permit Requirements," I fully understand that operator permit holders and all employees and agents of said commercial cannabis business shall be subject to a background search by the California Department of Justice and local law enforcement. I understand that in accordance with Section 20.410.009 individuals who have been convicted of certain types of crimes may not obtain operator permits or work at a commercial cannabis business within the City. I understand that my background check will be reviewed by the City and depending upon the results of my background check, I may be ineligible to receive an operator permit or for employment at a commercial cannabis business within the City.

I further understand that the scope of the background check may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public records relevant to my eligibility for an operator permit or employment at a cannabis business within the City.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or

written, pertaining to me, to City or its designated agents and representatives pursuant to this background check. I further authorize the complete release of any records or data to the City pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

The City and its designated agents and representatives shall withhold from public disclosure sensitive personal information received pursuant to this authorization in accordance with applicable law including addresses, social security numbers, and dates of birth.

I hereby release the City and its designated agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind (including potential denial or termination of my employment with a commercial cannabis operation in the City or my denial/revocation of an operator permit), which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and conducting of my background check.

Signature: _____ Date: _____

**City of South San Francisco
Cannabis Operator Permit Application
Operating Plan
Attachment 4**

Operator Name _____
First Name Last Name

Proposed Business Address _____
Street Address South San Francisco CA 94080 Assessor's Parcel No.

Type of Cannabis Business _____

Proposed No. of Employees _____

Proposed Hours of Operation _____

Proposed Tenant Improvements _____

Proposed Exterior Alternations to Building _____

Proposed Employee Hiring and Training Procedures _____

Proposed Parking On-Site

Square Footage of Building

**Business Narrative (Describe
Proposed Daily Business Operations)**

**Full Description of the activities and
products of the business how it will
comply w local & state law
Procedure for storing, tracking
inventory and implementation of
safeguards to prevent product
diversion**

**Product supply chain (i.e.,
sources of products, where
manufactured, testing lab used,
transporter, distributor, etc.)**

**Procedure for ensuring quality of
products and identifying, managing
and disposing of unusable products**

**Personnel policies and procedures
Procedure for how hazardous
materials (i.e., fertilizers, chemicals,
etc.) will be stored, handled, used
and disposed of**

**Recycling and waste disposal
procedure**

**Water management and
conservation plan including disposal
of contaminated water (if
applicable)**

**Energy conservation plan and
measures**

City of South San Francisco
 Cannabis Operator Permit Application
 Security Plan
 Attachment 5

Operator Name _____
 First Name Last Name

Proposed Business Address _____
 Street Address South San Francisco CA 94080 Assessor's Parcel No.

[All submitted requirements shall conform to SSFMC 20.410.010](#)

Applicant Submittal Police Department Review
 Check box if included in Submittal Check box if Submittal Complete

	Applicant Submittal	Police Department Review
	Check box if included in Submittal	Check box if Submittal Complete
Compliance with Minimum Building Security Standards of SSFMC Chapter	<input type="checkbox"/>	<input type="checkbox"/>
Robbery Alarm System	<input type="checkbox"/>	<input type="checkbox"/>
Burglary Alarm System	<input type="checkbox"/>	<input type="checkbox"/>
Security Guards	<input type="checkbox"/>	<input type="checkbox"/>
Recordkeeping/Product Tracking	<input type="checkbox"/>	<input type="checkbox"/>
Employee Roster	<input type="checkbox"/>	<input type="checkbox"/>
Video Surveillance System	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition on External Signage	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition of On-Site Sales/Public Access	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition on Delivery Vehicle Signage	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition on Cannabis in Plain View	<input type="checkbox"/>	<input type="checkbox"/>
Prohibition on Advertising Business Address	<input type="checkbox"/>	<input type="checkbox"/>
Recordkeeping/Unauthorized Access	<input type="checkbox"/>	<input type="checkbox"/>
Security of Loading/Shipping Areas	<input type="checkbox"/>	<input type="checkbox"/>
Drop Safes	<input type="checkbox"/>	<input type="checkbox"/>
Odor Control System	<input type="checkbox"/>	<input type="checkbox"/>
Implementation and On-Going Compliance	<input type="checkbox"/>	<input type="checkbox"/>

Attach additional sheets as needed to comply with Security Plan requirements

**City of South San Francisco
Cannabis Operator Permit Application
Signed Indemnity Provision
Attachment 8**

Applicant Name _____

Property Owner Name _____

Proposed Business Address _____
Street Address *South San Francisco* *CA* *94080* *Assessor's Parcel No.*

In signing below, I understand and agree that to the fullest extent permitted by law, any actions taken by a public officer or employee under the provisions of Chapter 20.410 shall not become a personal liability of any public officer or employee of the City. To the maximum extent permitted by law, I, as operator of a commercial cannabis business in the City, shall defend (with counsel acceptable to the City), indemnify and hold harmless the City of South San Francisco, the South San Francisco City Council, and its respective officials, officers, employees, representatives, agents and volunteers (hereafter collectively called "City") from any liability, damages, costs, actions, claims, demands, litigation, loss (direct or indirect), causes of action, proceedings, prosecutions for violations of State or Federal law, or judgments (including legal costs, attorneys' fees, expert witness or consultant fees, City Attorney or staff time, expenses or costs) (collectively called "action") caused, in whole or in part, by my operation of a commercial cannabis business in the City or associated with any action against the City to attack, set aside, void or annul, any cannabis-related approvals and/or determinations. The City may elect, in its sole discretion, to participate in the defense of said action, and I shall reimburse the City for its reasonable legal costs and attorneys' fees.

Applicant Signature _____

Attach a California Notary Acknowledgment Sheet