COMMUNITY DEVELOPMENT

CANNABIS TESTING LABORATORY PERMIT APPLICATION

FOR OFFICE USE ONLY	
CASE #:	
SUBMITTAL DATE:	
APPLICATION FEE:	
BACKGROUND FEE:	
ACCEPTED BY:	

BUSINESS NAME			
BUSINESS PRIMARY CONTACT			CONTACT TITLE
MAILING ADDRESS			PHONE
CITY	STATE	ZIP	EMAIL
24-HOUR CONTACT INFORMATION			
TYPE(S) OF PERMIT REQUESTED			

Please select the appropriates boxes below which applies to you for which you are applying for a Testing Lab.

☐ TESTING LABORATORY FACILITY

☐ MORE THAN ONE TESTING LABORATORY FACILITY IN THE CITY (NOTE: A Cannabis Testing Laboratory Permit Application must be completed for each separate location.

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Cannabis Testing Laboratory in Irvine, Ordinance No. 18-02 and additional requirements to complete the application process. A fee for the Cannabis Testing Laboratory Permit and an additional inspection fee is required as detailed in the Planning and Development Services Fee Schedule. All these documents can be found on the Irvine webpage: https://cityofirvine.gov/community-development/cannabis-testing-laboratories.

City of Irvine
Community Development Department
1 Civic Center Plaza, Irvine, CA 92606
Tel: 949-724-6308
Email: Planning@cityofirvine.org

CANNABIS TESTING LABORATORY PERMIT APPLICATION

SECTION A: OWNER BACKGROUND INFORMATION (Must be signed by all Owners)

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 in Section C and certain confidential information such as driver's license and social security number which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

1. OWNER NAME			TITLE	
HOME ADDRESS*			PHONE*	
CITY	STATE	ZIP		
			OWNER SIGNATURE	DATE

ATTACHMENTS:
- ☐ Receipt from background check (Live Scan)
- ☐ Picture of applicant (two passport quality photographs 2x2)
- ☐ Copy of social security card*
- ☐ Copy of driver's license, or DMV issued ID card, or passport*
- ☐ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Owner's name)*

FOR STAFF USE ONLY: ☐ PASS BACKGROUND CHECK

2. OWNER NAME			TITLE	
HOME ADDRESS*			PHONE*	
CITY	STATE	ZIP		
			OWNER SIGNATURE	DATE

ATTACHMENTS:
- ☐ Receipt from background check (Live Scan)
- ☐ Picture of applicant (two passport quality photographs 2x2)
- ☐ Copy of social security card*
- ☐ Copy of driver's license, or DMV issued ID card, or passport*
- ☐ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Owner's name)*

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3. OWNER NAME			TITLE
HOME ADDRESS*			PHONE*
CITY	STATE	ZIP	
			OWNER SIGNATURE / DATE

ATTACHMENTS:
- ☐ Receipt from background check (Live Scan)
- ☐ Picture of applicant (two passport quality photographs 2x2)
- ☐ Copy of social security card*
- ☐ Copy of driver's license, or DMV issued ID card, or passport*
- ☐ Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Owner's name)*

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[Add more pages as necessary to accommodate signatures of all Commercial Cannabis Business Owners.]

1. 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, please list the type, current status, issuing/denying for each license/ permit. (Please attach a separate document explanation if necessary.)

2. List any and all Owners who have been convicted of a felony or has engaged in misconduct that is substantially related to the qualifications, functions or duties of a commercial cannabis operator, applicant, owner or employee. A conviction within the meaning of this section means a plea or verdict of guilty, or a conviction following a plea of nolo contendere. (Please attach a separate document explanation if necessary.)

SECTION B: BUSINESS ORGANIZATION STATUS

1. Describe the Commercial Cannabis Business organizational status.

☐ Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

SECTION C: COMMERCIAL CANNABIS BUSINESS DESCRIPTION AND LOCATION

1. Statement of purpose of the Commercial Cannabis Business (a separate sheet may be attached):

2. Proposed location and APN # of business:

3. Name and address of property owner:

4. Name and address of school closest to proposed location:

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

6. Have you provided Notice of Permit Application to all property owners within (300) feet of the proposed laboratory?

   ☐ YES (If YES, include documentation with this section of the application.) ☐ NO

7. Description of neighborhood around the proposed location (surrounding uses, nearby sensitive uses (such as schools, youth centers churches, parks, daycare centers, or libraries), transit access to site, etc. A separate sheet may be attached.

8. Site plan must be dimensioned and show the entire parcel including parking and additional structures. In addition, please, show elevations and photos of proposed location (Attach to application). If any exterior alterations are proposed for the existing building, also attach proposed site plans (accurate, dimensioned and to-scale [minimum scale of ¼"] should be included for each potential location and elevations.

9. Floor Plans (Attach to application accurate, dimensioned and to-scale [minimum scale of ¼"] should be included for each potential location). If any interior alterations are proposed for the existing building, also attach proposed floor plans.

10. Signage Plan.

11. Vicinity Map.

12. Photos of the site and building(s).

SECTION D: REQUIRED SUPPLEMENTAL INFORMATION

This information is required for this application to be considered complete. Attach the following reports to the application. For explanation about the information required, see the Implementation Procedures handout.

- ☐ Location of Business
- ☐ Business Plan
- ☐ Neighborhood Compatibility Plan
- ☐ Safety and Security Plan
- ☐ Air Quality Plan
- ☐ Storage and Transportation Plan
- ☐ Waste and Discharge Plan

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SECTION E: FINAL LOCATION INFORMATION

Attach proof of ownership of the site OR signed and notarized statement from the owner.

SECTION F: ESSENTIAL SUPPLEMENTAL INFORMATION

This information is required and you must submit this as part of meeting the requirements for a completed application. Check the box evidencing that you have read the Description of Evaluation Criteria related to these specific categories in the Implementation Procedures and attach the relative report(s) to the application.

- ☐ Laboratory Certifications and/or Proof of Application
- ☐ Notice of Permit Application
- ☐ Community Benefits
- ☐ Qualifications of Owners
- ☐ Enhanced Product Safety
- ☐ Environmental Benefits

SECTION G: FEES

A fee for the Cannabis Testing Laboratory Permit and an additional inspection fee is required. After submittal, you will receive an invoice via email.