

**Local Authorization Request
Cannabis Special Event at Cal Expo**

Instructions:

The City of Sacramento currently allows permitted cannabis events at Cal Expo **ONLY**. This form must be submitted and approved by the Office of Cannabis Management before any advertising of the cannabis event occurs. With this form, please include the following documentation found on page 2 and 3 of this document.

Applicant (Event Organizer): _____

Proposed Event Date(s)/Time(s): _____

Type of Event:

Entertainment (including concerts) Educational
 Business Conference/Expo Other: _____

Number of Anticipated Attendees: _____

Number of Anticipated Vendors with On-site Cannabis Sales: _____

Number of Anticipated Equity Vendors: _____

About the Applicant/Event Organizer:

Has the organizer ever received a citation or notice of violation from the Department of Cannabis Control or any other state agency or law enforcement group? Yes No

If yes, please provide the details below:

List previous cannabis special events organized by the applicant in the last 12 months:

Describe any experience organizing events similar in size, cannabis related or otherwise:

Describe any police incidents to any previous events: Yes ___ No ___

If yes, please provide the details below:

Media/other methods to be utilized by the organizer to promote the event?

(Please note that organizers cannot advertise the event prior to receiving local approval)

___ Print ___ Radio ___ Other (Describe):

___ TV ___ Social Media

Application Review Checklist

___ **Application Form – Complete and Signed**

___ **Business Operating Tax Certificate**

___ **CDTFA Seller’s Permit**

___ **Current State (DCC) Event Organizer License Copy**

___ **State (DCC) Event License Number**

___ **Security Plan Approved by Cal Expo**

___ **Onsite Medical Staffing Plan Approved by Cal Expo**

___ **Tent Structures Approved by the State Fire Marshal**

___ **Cannabis Waste Hauler Contract**

___ **Cannabis Waste Plan**

___ **List of Vendors, Final Copy due 1 Week Prior to Event (must identify equity vendors)**

_____ **Copy of Agreements between the organizer and all vendors/booth holders requiring adherence to all State and local jurisdiction requirements**

_____ **Site Plan showing location of sales and consumption areas in Cal Expo**

All Vendors understand and agree to display:

_____ **State License Numbers**

_____ **Local Jurisdictions and Permit Numbers**

_____ **Sacramento Business Operating Tax Certificate**

_____ **CDTFA Seller's Permit**

Certifications:

(initial each section below)

I understand that if my request is approved, I will ensure that:

_____ No less than one week prior to the event, I shall provide a list of all vendors including permit numbers.

_____ No less than 48 hours prior to the event, I shall coordinate with the City of Sacramento and Cal Expo staff an event briefing to review security plan, run of show, ingress/egress plan, and other standard operating procedures.

_____ I shall ensure that all vendors adhere to the 28.5 grams (1 ounce) and 8 grams of concentrate daily limit providing wristbands to customers who have reached the daily limit.

_____ No advertising of any kind shall occur prior to the approval of this application.

I certify that the information provided above is true and correct to the best of my knowledge:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Phone Number: _____ **Email:** _____

FOR STAFF USE ONLY:

Date Received: _____ **Date Approved:** _____

Staff Signature: _____ **Date:** _____