

**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 fully complete all applicable sections, provide the required supporting documentation (page 3), and submit to [cannabis@cityofsacramento.org](mailto:cannabis@cityofsacramento.org).

**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 with on-site cannabis sales:** \_\_\_\_\_

**Number of anticipated vendors with no cannabis sales:** \_\_\_\_\_

**About the Applicant/Event Organizer:**

**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:**

**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:**

**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**
- \_\_\_\_\_ **Sacramento 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 (if applicable)**
- \_\_\_\_\_ **Cannabis Waste Hauler Contract**
- \_\_\_\_\_ **Cannabis Waste Plan**
- \_\_\_\_\_ **List of Vendors – Final copy due 72 hours 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
- \_\_\_\_\_ **General Liability Insurance** providing coverage at least as broad as ISO CGL Form 00 01 on an occurrence basis for bodily injury, including death, of one or more persons, property damage, and personal injury, arising out of activities performed by or on behalf of the event organizer, with limits of not less than \$1,000,000 per occurrence.
- \_\_\_\_\_ **Automobile Liability Insurance** providing coverage at least as broad as ISO Form CA 00 01 for bodily injury, including death, of one or more persons, property damage, and personal injury, with limits of not less than \$1,000,000 per occurrence. The policy shall provide coverage for owned, non-owned, and/or hired autos, as appropriate.

**All cannabis vendors understand and agree to display:**

- |                                                            |                                                     |
|------------------------------------------------------------|-----------------------------------------------------|
| _____ <b>State License Numbers</b>                         | _____ <b>Local Jurisdictions and Permit Numbers</b> |
| _____ <b>Sacramento Business Operating Tax Certificate</b> | _____ <b>CDTFA Seller’s Permit</b>                  |

**Certifications:**

***(initial each section below)***

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

- \_\_\_\_\_ No less than 72 hours prior to the event, I shall provide a list of all vendors including permit numbers.
- \_\_\_\_\_ No less than 72 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.
- \_\_\_\_\_ 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:** \_\_\_\_\_