

Cannabis Business Operating Permit Application Modification Instructions

Instructions:

This form is for use by permit holders who need to request a modification to a business operating permit. This form must be submitted and approved by the Office of Cannabis Management before the implementation of the modification to the cannabis business along with the documentation listed below.

Documentation *required* for the application includes:

1. **Conditional Use Permit:** A copy of the City of Sacramento's Planning Division record of decision approving the modification.
2. **Certificate of Occupancy:** A copy of the site's updated Certificate of Occupancy specific to the business type applied for. If tenant improvements are in progress, please provide the COM#.
3. **Floor Plan:** An updated scaled floor plan for each level of each building that makes up the business site, including the entrances, exits, walls, and operating areas. The floor plan must be prepared by a licensed civil engineer or architect.
4. **Security and Lighting Plan:** A updated and detailed security plan outlining the measures taken to ensure the safety of persons and property at the business site with a detailed lighting plan showing the existing and proposed exterior and interior lights that will provide adequate security lighting. This document must be prepared by a qualified professional (PPO #, ACO#).
5. **Business Plan:** A updated and detailed plan describing how the cannabis business will operate in accordance with SCC, state law, and other applicable regulations. The plan must include standard operating procedures along with cash handling, transportation of cannabis and cannabis products to and from the premises, product inventory controls, financial management, and California Cannabis Track and Trace system procedures that are specific to the business.
6. **State License:** A copy of the updated state license (or proof of application) specific to the business type.

Additional documentation *required* for the application modification per permit type (if applicable) includes:

- **Distribution**
 - **Driver and Vehicle Information Verification Form** – link [here](#)
A completed and signed form certifying that all **distribution** drivers have valid driver's licenses and insurance coverage, and all vehicles have the proper registration and insurance. If vehicle is company-owned, applicant must submit a copy of the registration and proof of auto insurance (if not covered under the business' general liability insurance) for **ALL** vehicles that will be used to transport cannabis and cannabis products.

- **Delivery**
 - **Driver and Vehicle Information Verification Form** – link [here](#)

A completed and signed form certifying that all **delivery** drivers have valid driver's licenses and insurance coverage, and all vehicles have the proper registration and insurance. If vehicle is company-owned, applicant must submit a copy of the registration and proof of auto insurance (if not covered under the business' general liability insurance) for **ALL** vehicles that will be used to transport cannabis and cannabis products.
- **Shared Manufacturing**
 - **State Shared-Use Facility Registration**

Proof of registration of the facility as a shared manufacturing facility with the Department of Cannabis Control.
 - **Shared-Use Floor Plan – Shared-Use Facilities Only**

A scaled floor plan identifying the designated area where shared-use manufacturing occurs, as well as the common-use area, provided that the use of the common-use area is limited to one permit holder at a time.
 - **Shared-Use Agreements(s) – Shared-Use Facilities Only**

An agreement between the primary permit holder and the shared-use permit holder. This agreement should include the days and hours in which the shared-use permit holder is assigned to use designated area and the common-use area, an acknowledgment that the shared-use permit holder has sole and exclusive use of the common-use area during the schedule time period, and any allocation of compliance responsibility.
 - **Shared-Use Manufacturing Schedule – Shared-Use Facilities Only**

A proposed schedule that specifies the days and hours the common-use area will be available for the shared-use permit holder and when it will be used by the primary permit holder.
- **Volatile and/or Non-Volatile Manufacturing**
 - **Extraction Plan (Volatile and/or Non-Volatile) – Type 1 Permits Only**

A detailed plan of the volatile and/or non-volatile extraction processes including the types of extraction equipment and solvents used.

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- ___ **Modify floor plan**
- ___ **Modify permit type to a different permit type**
- ___ **Modify to a non-volatile and/or volatile manufacturing**
- ___ **Modify cultivation canopy size**
- ___ **Add delivery to a Storefront Dispensary**
- ___ **Modify hours of operation (if not on CUP)**

Legal Business Name: _____

DBA: _____

Business Operating Permit (BOP) Number: _____ **Business Type:** _____

Business Premises Address: _____

Mailing Address: _____

Primary Application Contact:

If this is not the applicant on the permit, please fill out both sections below.

Name: _____ **Title:** _____

Phone Number: _____ **Email:** _____

Permit Applicant:

Name: _____ **Title:** _____

Phone Number: _____ **Email:** _____

Please list all CUP file numbers, including modifications association with this application:

1. **CUP File Number:** _____

Record of Decision Received (ROD): Yes ___ No ___

If yes, please state date on ROD: _____

2. CUP File Number: _____

Record of Decision Received: Yes _____ No _____

If yes, please state date on ROD: _____

_____ Property is CUP Exempt. If this box is checked, please select the basis for the exemption:

_____ Modify floor plan

_____ Modify cultivation canopy size

_____ Modify permit type to a different permit type

_____ Modify hours of operation

Certifications:

I certify under penalty of perjury under the laws of the State of California, that I am fully authorized to submit this form on behalf of the cannabis business, that I have personal knowledge of the information contained in this form, and that the information contained herein is true and correct.

Name: _____ Title: _____

Signature: _____ Date: _____

An approved copy of this form must be retained and made available upon the request of City Officials.

FOR STAFF USE ONLY:

Date Received: _____

The changes requested above are hereby approved.

Staff Signature: _____ Date: _____