



THE CITY OF AVALON

MEDICAL CANNABIS DELIVERY SERVICE BUSINESS APPLICATION

CITY MANAGER'S OFFICE
410 Avalon Canyon Road
PO Box 707
Avalon, CA 90704-0707

310.510.0220
dradde@cityofavalon.com

Note: this is NOT a Medical Cannabis Business Permit. Do not operate until a valid permit is issued.
Medical Cannabis Business Permit Application – Page 1

City of Avalon

Medical Cannabis Delivery Service Business Permit Application Instructions

Definitions

- **Applicant Name:** The applicant name entered on this application is your registered legal entity name. This should be the same business name you used to register with the California Secretary of State. If you are a Sole Proprietor, this is your full legal name. Application name should not be the name of an officer of the legal entity.
- **Corporation Number:** California Secretary of State Corporation Registration Number. When you register your legal entity with the California Secretary of State you are provided with a corporation registration number.
- **Ownership Structure:** Type of business entity associated with your business name. Choices are: For-Profit Corporation, Non-Profit Corporation, Limited Liability Company, General Partnership, Limited Partnership and Sole Proprietor.
- **Address and Contract Information:** The mailing address, phone number, and email address for how the City of Avalon should communicate with you. This address can be different than the business address.
- **Proposed Business Location:** The physical address where you plan to run your permitted medical cannabis delivery service business. You must have a proposed business location at the time of application and you may not change your proposed business location during the application process.
- **Community Relations Liaison:** Each Medical Cannabis Delivery Service Business shall designate a Community Relations Liaison (“Liaison”). The Liaison shall receive all complaints regarding the Medical Cannabis Delivery Service Business, and make good faith attempts to promptly resolve all complaints. To address community complaints and concerns, the name and telephone number for the Liaison shall be made publicly available. Each Medical Cannabis Delivery Service Business Liaison is required to respond by phone or email within three (3) business days of contact by a City official concerning the Medical Cannabis Delivery Service Business. The name and contact information for Liaison of the Medical Cannabis Delivery Service Business shall be conspicuously posted on the main entry doors to the business.
- **Seller’s Permit:** A person or entity engaged in business in California is required to obtain a Seller’s Permit from the California State Board of Equalization. The requirement to obtain a seller’s permit applies to individuals as well as corporations, partnerships, and limited liability companies. Both wholesalers and retailers must apply for a Seller’s permit.
- **City of Avalon Business License:** Each property owner of a proposed Medical Cannabis Delivery Service Business needs to obtain a City of Avalon (“City”) business license.

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Application Guidelines

The following information is intended to provide general information and guidelines and should not be construed as legal advice or as a substitute for legal counsel.

A Medical Cannabis Delivery Service Business is required to obtain both a local permit and a Type M-9 (Medical Non-storefront Retail) state license prior to commencing operations in the City of Avalon ("City"). The state law (including but not limited to, the Medicinal and Adult-Use Cannabis Regulations and Safety Act (MAUCRSA), and the local law (the City of Avalon Municipal Code ("AMC") Title 5, Chapter 20), regulate medical cannabis delivery service businesses and other cannabis businesses and activities, and it is the applicant's burden to understand and comply with those laws and regulations.

Medical Cannabis Delivery Service Business Permit applications must be submitted to the City of Avalon City Manager's Office and will be forwarded along to the approving departments.

The application process takes several months from the filing and acceptance of a completed application, and will include inspections of the premise to be permitted. Once all departments have inspected the property and approved the application and all associated plans, the Finance Department will issue a City Medical Cannabis Delivery Service Business Permit to the applicant.

No medical cannabis delivery operations are permitted at a facility until the local and state permits are issued for such operation.

All forms must be typed or legibly printed in blue or black ink. Applications must be accurate and complete in all aspects including applicable documentation as required. Incomplete applications will be rejected. If any portion of the operating plan for the business is referenced in the applicable sections of the application, you must include the specific section and/or page number of the operating plan.

A checklist is provided with the application for your assistance.

Applications for a Medical Cannabis Delivery Service Business Permits must be submitted with a refundable \$5,580 application fee. The application fee is based on a good faith estimate of City Staff administrative costs for the application review process.

Checks should be made payable to the "City of Avalon".

Medical Cannabis Delivery Service Business Permits will not be issued until a Certificate of Occupancy has been obtained for the premises and has passed City of Avalon Fire Department inspections, as applicable.

Businesses must apply for a Medical Cannabis Delivery Service Business Permit before they will be considered for a Certificate of Occupancy. Only the person(s) identified within the application will be able to represent the applicant with any transaction or correspondence with the City during the application process. All correspondence originating from the City to the applicant will be sent by mail or email at the City's discretion. Any mail will be sent to the mailing address indicated on the application. Emails will only be sent to the applicant/business email listed. Applicants are responsible for maintaining the mailing and email addresses listed on their application and monitoring mail or email. Applicants must immediately notify the City of any changes to the listed mailing or email addresses.

At the time of application, the applicant will be required to pay all application fees, including but not limited to the background investigation fee.

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MEDICAL CANNABIS DELIVERY SERVICE BUSINESS PERMIT APPEALS PROCEDURE

I. Appeals from decisions of the City Council and/or the City Manager or his designee(s) regarding MCDSBP selection process.

Unless specifically provided elsewhere to the contrary, whenever an appeal is provided by for as part of this application process, from a decision made by the City Council and/or the City Manager and his or her designee(s), the appeal shall be conducted as prescribed below.

II. Written request for Appeal

(a) Within ten (10) calendar days after the date of a decision by the City Council and/or the City Manager and his or her designee(s) to award the MCDSBP, an aggrieved party may appeal such action by filing a written appeal with the City Clerk setting forth the reasons why the decision was not proper.

(b) At the time of filing the appellant shall pay the designated appeal fee, established by resolution of the City Council from time to time.

III. Appeal Hearing.

(a) Upon receipt of the written appeal, the City Clerk shall set the matter for a hearing before the City Council. The City Council shall hear the matter de novo, and shall conduct the hearing pursuant to the procedures set forth by the City.

(b) The appeal shall be held within a reasonable time after the filing of the appeal, but in no event later than ninety (90) calendar days from the date of such filing. The City shall notify the appellant of the time and location at least ten (10) calendar days prior to the date of the hearing.

(c) At the hearing the appellant may present any information they deem relevant to the decision appealed. The formal rules of evidence and procedure applicable in a court of law shall not apply to the hearing.

(d) At the conclusion of the hearing, the City Council may affirm, reverse or modify the decision appealed. The decision of the City Council shall be final.

(e) Notwithstanding the foregoing, the City Council may, in its sole discretion, delegate consideration of the appeal to one or more hearing officers.

Application Checklist

- 1. An interior floor plan of the proposed premises to include the dimensions of interior floor plan, the location of all exit doors, widths of doors and panic hardware, the principal uses of the floor area including where non-patients will be permitted, storage areas, areas for cash handling and storage, and restricted areas.
- 2. Photographs accurately depicting the entire interior and exterior of the proposed business site, including entrances, street frontages, parking, front, rear, and sides of the proposed site.
- 3. A map of any surrounding business and/or residence within approximately 300 feet. Distance does not have to be exact. Google and Bing maps are acceptable. Satellite view preferred.
- 4. Proof of Worker's Compensation Insurance. Documents may include quotations from an insurance agency, a "will serve" letter from an insurance agency, and/or formal certificates of insurance. See the FAQ's on the Medical Cannabis Website for more details.
- 5. Proof of Liability Insurance. Documents may include quotations from an insurance agency, a "will serve" letter from an insurance agency, and/or formal certificates of insurance.
- 6. Copy of CA Seller's Permit. NOTE: The Seller's Permit must be issued to the proposed business site.
- 7. Copy of Fictitious Business Name Filing, if applicable.
- 8. Corporation, Limited Liability Companies, Limited Liability Partnerships: a. Copy of your Articles of Incorporation/ Organization; and b. Copy of your Statement of Information
- 10. Operating Plan to include the information as outlined in the operating plan instructions.
- 11. If the applicant is not the owner of the proposed business location, a notarized Property Owner Authorization Form. The Property Owner Authorization and Notary must be original. Photocopies will not be accepted.
- 12. If the applicant is the owner of the proposed business location, a copy of the title or deed to the property.
- 13. Proof Entity is Registered and in Good Standing with Secretary of State and Franchise Tax Board (website screenshots will suffice).
- 14. Copy of one (1) fully legible valid government issued form of identification for each Medical Cannabis Delivery Service Business Permit applicant owner and business manager. Please note that
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acceptable forms of government issued identification include, but are not limited to: Driver's licenses or photo identity cards issued by the Department of Motor Vehicles that meet REAL ID benchmarks, a passport issued by the United States or by a foreign government, U.S. Military I.D. cards (active duty or retired military and their dependents), or a Permanent Resident Card.

15. Copy of Live Scan receipt/completion for each owner and business manager. If a Live Scan for a City of Avalon Medical Cannabis Delivery Service Business Permit application has been completed within the previous 6 months, include the Live Scan receipt from the previous application in place of a new Live Scan receipt.

The City's Reservation of Right's

The City reserves the right to reject any and/or all proposals, with or without any cause or reason. The City may also, modify, postpone, or cancel the request for permit applications without liability, obligation, or commitment to any party, firm, or organization. In addition, the City reserves the right to request and obtain additional information from any candidate submitting a proposal. Late and incomplete proposals WILL BE REJECTED. Furthermore, a proposal RISKS BEING REJECTED for any of the following reasons:

1. Proposal received after the designated time and date.
2. Proposal not containing the required elements, exhibits, nor organized in the required format.
3. Proposal considered not fully responsive to this request for permit application
4. Proposal contains excess or extraneous material not called for in the request for permit application.

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City of Avalon – Application for Medical Cannabis Delivery Business Permit

Type of Permit: New Renewal

Note: You must submit a separate application for each medical cannabis business. Applicants are limited to the permit categories per MAUCRSA regulations.

APPLICANT INFORMATION

Applicant Name (Corporation/LLC/Partnership/Association/Sole Proprietor):	
Business Name (DBA):	
Place and Date of Filing of Fictitious Business Name (DBA):	
Applicant/Business Phone:*	Applicant/Business Email:*
Mailing Address:*	
Community Relations Liaison Name:*	
Community Relations Liaison Email:*	
Community Relations Liaison Phone:*	
Seller's Permit Number:	
Have you ever operated, or do you currently operate, a medical or recreational cannabis business of any kind in the City of Avalon? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Name of Business: _____ Operation Start Date: _____	

* Note: Contact information provided in these fields will be used by the City to communicate with the applicant.

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OWNERSHIP STRUCTURE

For-Profit Corporation

Limited Liability Company (LLC)

Limited Partnership (LP)

Non-Profit Corporation

General Partnership

Sole Owner

Please fill out the following section associated with the ownership structure selected above.

Corporation or Limited Liability Company (LLC)

Name of Corporation/Limited Liability Company (LLC):

Corporation/LLC Number:

Date and Place of Incorporation/Organization:

Location Headquarters:

Federal Tax ID Number:

Number of Shares Issued by Corporation:

Number of Shares Retained by the Corporation:

Name, Address, Telephone Number, and Email Address of Agent for Service of Process Designated by the Corporation with the California Secretary of State:

Please Note: Attach certified copies of articles of incorporation/organization and statement of information/organization, and all amendments thereto this application.

General or Limited Partnership:

Name of Partnership:

Place and Date of Filing of Articles or Certificate of Partnership or Limited Partnership:

Please Note: Attach certified copies of articles of partnership or limited partnership, or other written evidence of partnership status and all amendments thereto this application.

Sole Owner:

Last Name:

First Name:

Home Phone:

Cell Phone:

Email Address:

Date of Birth:

Place of Birth:

Social Security Number:

Driver's License and Issuing State:

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If the applicant is a corporation, limited liability company, or partnership, list all officers, directors, general partners, and managing members, position held, and percentage owned (if applicable).

Name:	Title:
Residence Address:	
Phone:	Email:
Position Held:	Percentage Owned:
Date of Birth:	Place of Birth:
Driver's License Number:	Issuing State:

Name:	Title:
Residence Address:	
Phone:	Email:
Position Held:	Percentage Owned:
Date of Birth:	Place of Birth:
Driver's License Number:	Issuing State:

Name:	Title:
Residence Address:	
Phone:	Email:
Position Held:	Percentage Owned:
Date of Birth:	Place of Birth:
Driver's License Number:	Issuing State:

Name:	Title:
Residence Address:	
Phone:	Email:
Position Held:	Percentage Owned:
Date of Birth:	Place of Birth:
Driver's License Number:	Issuing State:

Attach additional pages if necessary

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BUSINESS MANAGERS

List any business managers associated with the medical cannabis business	
Name:	Title:
Residence Address:	
Phone:	Email:
Position Held:	Percentage Owned:
Date of Birth:	Place of Birth:
Driver's License Number:	Issuing State:
Name:	Title:
Residence Address:	
Phone:	Email:
Position Held:	Percentage Owned:
Date of Birth:	Place of Birth:
Driver's License Number:	Issuing State:
Name:	Title:
Residence Address:	
Phone:	Email:
Position Held:	Percentage Owned:
Date of Birth:	Place of Birth:
Driver's License Number:	Issuing State:
Name:	Title:
Residence Address:	
Phone:	Email:
Position Held:	Percentage Owned:
Date of Birth:	Place of Birth:
Driver's License Number:	Issuing State:
Attach additional pages if necessary	

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PROPERTY INFORMATION

Business Site Address:
Accessor's Parcel Number (APN)
Total Business Square Footage:
Terms of Legal Possession for Which Application is Made (Check all that apply): <input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Letter of Property Owner Authorization
If leased, provide the terms: Start Date: End Date:
If owned, provide the date of purchase:
If the property is owned or leased, attach a copy of proof of ownership or a copy of the lease. <input type="checkbox"/> Attached is an original fully executed Letter of Authorization for each owner, landlord, and leasing agent of the property listed on the application. The Letter of Authorization is required, even if the applicant owns or leases the property. <u>Note:</u> If the property is owned, rented, or leased by more than one person, a separate authorization form must be submitted for each owner, landlord, and leasing agent or equivalent.
Property Owner Name:
Property Owner Phone:
Property Owner Email Address:
Property Owner's City of Avalon Business License Number:
Describe the proposed use for each interior/exterior room/area at the proposed business site: (Attach additional pages to the application if necessary) <hr/> <hr/> <hr/> <hr/>

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BUSINESS OPERATIONS

Establishment Hours of Operation:							
DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
OPEN							
CLOSE							
<p>Provide a description of the products and services to be provided by the medical cannabis delivery business (Attach additional pages to the application if necessary, or reference the relevant page(s) of the Operating Plan):</p> <hr/> <hr/> <hr/>							
<p>Provide a detailed description of the business plan to dispose of any medical cannabis or product that is not sold in a manner that protects it from being ingested by an animal or person (Attach additional pages to the application if necessary, or reference the relevant page(s) of the Operating Plan):</p> <hr/> <hr/> <hr/>							
<p>Provide a detailed description of the Point of Sale System (POS) software the business will be using to track inventory and/or sales of medical cannabis (Attach additional pages to the application if necessary, or reference the relevant page(s) of the Operating Plan):</p> <hr/> <hr/> <hr/>							
<p>Please provide a detailed description of all toxic, flammable, or other materials regulated by government agencies including the type of materials, location of materials, and how the materials will be stored. Please also describe how any chemicals or hazardous materials will be used in your business process (Attach additional pages to the application if necessary, or reference the relevant page(s) of the Operating Plan):</p> <hr/> <hr/> <hr/>							

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SECURITY INFORMATION

Will security guards be on site?								
If "Yes," how many guards will be on site?								
If "Yes," what hours will the guards be on site?								
	DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
ARRIVE								
DEPART								
Will there be surveillance cameras of the site?								
If "Yes," how many surveillance cameras will be on site?								
If "Yes," will the surveillance cameras be remotely accessible?								
If "Yes," please provide a list of all members with access to the surveillance camera system (Attach additional pages to the application if necessary, or reference the relevant page(s) of the Operating Plan):								
Will an alarm system be installed?								
If "Yes," please provide the name, address and telephone number of the alarm monitoring company that will be used. NOTE: The company must have a valid business license in the City of Avalon.								
Will any of the additional security measures be installed?								
<input type="checkbox"/> Panic Button			<input type="checkbox"/> Sensors to detect entry and exit			<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____		
Please provide a detailed description of the security plan for the proposed business(Attach additional pages to the application if necessary, or reference the relevant page(s) of the Operating Plan):								

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DELIVERY VEHICLE INFORMATION

Type of Vehicle Planned for Use?			
<input type="checkbox"/> Personal Autoette	<input type="checkbox"/> Commercial Autoette*	<input type="checkbox"/> Personal Full-Size Vehicle	<input type="checkbox"/> Commercial Full-Size Vehicle*
Please specify make, year and model of vehicle?			
Is this vehicle already permitted by the City of Avalon?			
*Please note: An amendment to the use of a commercial vehicle will have to be reviewed by the Vehicle Hearing Officer.			
Terms of Legal Possession of Vehicle (Check all that apply):			
<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Letter of Property Owner Authorization	

BACKGROUND INFORMATION

Please state whether you are licensed by any governmental agency to engage in any business. If so, list each such license held, the city which it is held, and the expiration date:	
Has the applicant previously or currently operate a medical cannabis business in any other city, county or state under a similar license or permit?	
If "Yes," please list regions.	
If "Yes," have any of the aforementioned licenses ever been suspended or revoked?	
If "Yes," please attach an explanation for the revocation/suspension.	
Has any owner, business manager, member or employee ever been denied a medical cannabis/cannabis business permit in the City of Avalon?	
Has any owner or business manager ever ben convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> No	
For each Management Employee convicted of a crime or currently on probation or parole as set forth above, attach with this application the first and last name of the Management Employee, the associated criminal case number(s), the statute(s) violated, the date(s) of conviction, the date(s) of imposition of probation and/or parole, and the name and address of the sentencing court.	

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AMC CHAPTER 5-20 VERIFICATION OF MEDICAL CANNABIS PROHIBITED ACTIVITY

The undersigned owners and managers, on behalf of the herein Medical Cannabis Business Permit applicant,

_____, declare under penalty of
(Corporation/LLC/Partnership/Sole Owner)

perjury that the Applicant has read and understands the attached provisions of Avalon Municipal Code (AMC) Title 5, Chapter 20, and shall, collectively and individually ensure that neither the Medical Cannabis Business nor its employees and Management Employees shall engage in the following prohibited activity set forth in AMC, which states in relevant part that:

- (A) It shall be unlawful for any person or entity to operate, in or upon any property, a Medical Cannabis Delivery Service Business without first obtaining all required State licenses and a business license or permits issued by the City;
- (B) It shall be unlawful for the owner of a building to allow the use of any portion of a building by a Medical Cannabis Delivery Service Business unless the tenant has a valid business license permit, or has applied for and not been denied, a business license permit;
- (C) It shall be unlawful for any of the following persons to have an ownership interest or a managerial responsibility in a Medical Cannabis Delivery Service Business, and no license or permit may be issued to or held by, and no Medical Cannabis Delivery Service Business shall be managed by: (a) Any person until all required fees have been paid; or (b) Any person who has been convicted within the previous ten (10) years of any violent or serious felony as specified in Sections 667.5 and 1192.7 of the Penal Code or any felony conviction involving fraud, deceit, or embezzlement or who is currently on parole or probation for the sale or distribution of a controlled substance; or (c) Any person who is under twenty-one (21) years of age
- (D) It shall be unlawful for any Property owner, landlord, and lessee, Medical Cannabis Delivery Service Business employee or Manger or any other person having any responsibility over the operation of the Medical Cannabis Delivery Service Business to refuse to allow, impede, obstruct, or interfere with an inspection;
- (E) It shall be unlawful for any person to cause, permit or engage in the delivery of cannabis for medical or non-medical purposes;
- (F) It shall be unlawful for any person to cause, permit, or engage in any activity related to medical cannabis except as provided in this Chapter and pursuant to all other applicable local and state law;
- (G) It shall be unlawful for any person to knowingly make any false, misleading or inaccurate statement or representation in any form, record, filing or documentation required to be maintained, filed, or provided to the City of Avalon under this Chapter;
- (H) It shall be unlawful to transfer ownership or control of a medical cannabis delivery service business or transfer any medical cannabis delivery service permit issued by the City;
- (I) No Medical Cannabis Delivery Service Business, Management Employee or employee shall cause or permit the sale, dispensing, or consumption of alcoholic beverages on the Property or in the parking area of the Property;
- (J) It shall be unlawful for cannabis to be consumed on the premises of any medical cannabis delivery service business.
- (K) The applicant understands that operators, employees and members of the Medical Cannabis Delivery Service Business may be subject to prosecution under Federal Laws.

Violation of any of the activities outlined above or within the AMC may result in the revocation of a Medical Cannabis Delivery Service Business Permit

Signature of Owner/Management Employee	Printed Name and Title	Date
Signature of Owner/Management Employee	Printed Name and Title	Date
Signature of Owner/Management Employee	Printed Name and Title	Date

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PROPERTY OWNER/ LANDLORD AUTHORIZATION FOR INSPECTION AND RIGHT TO OPERATE A MEDICAL CANNABIS DELIVERY SERVICE BUSINESS*

I, _____, am the legal owner / landlord / lessor of real property located at
(Name of Property Owner/ Landlord) (Circle One)

_____, Avalon, California. I authorize the Medical
(Proposed Business Site)

Medical Cannabis Business entitled _____ to operate a
Applicant (Corporation/LLC/Partnership/Sole Owner)

medical cannabis business at the property, as that term is defined in state law and the Avalon Municipal Code, for the specific use(s) of

(Land uses(s) set forth in the Medical Cannabis Business application – e.g. cultivation, manufacturing, etc.)

set forth in the Medical Cannabis Delivery Service Business Permit Application submitted to the City of Avalon by

_____ and allow the City of Avalon to enter the property for
Applicant (Corporation/LLC/Partnership/Sole Owner)

inspection of the property. I further understand that as the legal owner / landlord / lessor of the property, I am responsible for any violation and nuisance activity which may occur at this property. I declare under penalty of perjury that the foregoing information is true and correct.

Executed this _____ day of _____ 2018, at Avalon, California.*

(Signature of legal owner/landlord/lessor) (Printed Name & Title) (Date)

(Signature of legal owner/landlord/lessor) (Printed Name & Title) (Date)

(Signature of legal owner/landlord/lessor) (Printed Name & Title) (Date)

*This authorization form will not be valid without notarization. The authorization form automatically expires upon sale or transfer of the property to a new legal owner. If sale or transfer of the property occurs prior to obtaining a Medical Cannabis Delivery Service Business Permit, the applicant must resubmit this notarized form with approval of the new legal owner / landlord / lessor of the property.

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF _____)

On _____, 2018 before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____ (seal)

INFORMATION AND RELEASE FORM

The undersigned, on behalf of _____ hereby authorize the City of Avalon,
(Name of Corporation)

by and through its appropriate officers, agents and employees to verify and confirm the information contained in this application, and to conduct such other investigations as may be reasonably required by the City of Avalon, its officers, agents and employees for the purpose of determining the capability, fitness and capacity of the above named Corporation to obtain the Medical Cannabis Delivery Service Business Permit.

The applicant by signing this Information Release Form consents to service of any notice required or provided for by the laws, rules, regulations, or ordinances of the City of Avalon upon the person(s) at the address listed for applicant, will constitute sufficient and legal notice, unless said applicant listed an attorney of record and/or agent for service of process, with sufficient contact information.

The applicant consents and agrees that full compliance will be made with all applicable State laws and City ordinances governing the conduct of the particular type of activity for which the Medical Cannabis Delivery Service Business Permit is requested. The applicant by signing this Information Release Form understands that any incomplete or false information may constitute grounds for denial.

This form must signed by each applicant Management Member.

(Signature of Management Member) (Printed Name & Title) (Date)

(Signature of Management Member) (Printed Name & Title) (Date)

(Signature of Management Member) (Printed Name & Title) (Date)

This release may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____, 20_____, at Avalon, California.

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MEDICAL CANNABIS DELIVERY SERVICE BUSINESS FACILITY
ON-SITE MEMBER CONTACT STATEMENT

The undersigned, on behalf of _____ Corporation, hereby
(Name of Corporation (Applicant))

designates _____ as the on-site Community Relation's
(Name of On-Site Manager)

representative to whom the public or City can provide notice to if there are operating problems or issues relating to the Medical Cannabis Delivery Service Business Facility. The Medical Cannabis Delivery Service Business Facility shall make every good faith effort to encourage residents to call this person to try to solve operating problems, if any, before any calls or complaints are made to the Sherriff, Code or Planning Departments.

Signature of On-Site Manager

(Printed Name & Title)

(Address)

(Phone Number)

(Facsimile Number)

(Email Address)

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____ 20__ at Avalon, California.

**STATEMENT OF ACKNOWLEDGEMENT AND AUTHORIZATION
TO INDEMNIFY CITY**

Indemnity:

The undersigned, on behalf of _____ hereby authorizes and agrees to indemnify
(Name of Corporation ("Applicant"))

the City of Avalon (the "City"), its agents, officers, and employees, to the maximum extent permitted by law, as such may be amended from time to time, and to defend at its sole expense, any and all action against the City, its agents, officers, and employees because of any and all issues relating to the approval of said medical marijuana facility and related Ordinance(s) in the City. Said indemnity obligation shall be memorialized in an Indemnity Agreement for Medical Cannabis Delivery Service Business Permit between the Applicant and the City.

Reimbursements:

The undersigned, on behalf of _____ also agrees to reimburse the City for
(Name of Corporation ("Applicant"))

any court costs and attorney fees that the City may incur as payment for such action. The City may select any attorney it deems appropriate, in the City's exclusive discretion. Reimbursement of costs and fees, as set forth herein, shall be made payable to the "City of Avalon," within thirty (30) days of written request for same. Failure of Applicant to make payment of reimbursement, as set forth herein, shall be grounds for revocation of permit to operate a medical marijuana facility in the City.

Counterparts:

This indemnity may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

Declaration of Authorized Agents:

This form MUST be signed by each owner/shareholder or managing member of the applicant. I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that we/I am duly authorized to enter into this Indemnity on behalf of Applicant.

(Signature) (Printed Name & Title) (Date)

(Signature) (Printed Name & Title) (Date)

(Signature) (Printed Name & Title) (Date)

Note: this is NOT a Medical Cannabis Business Permit. Do not operate until a valid permit is issued.
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**INDEMNIFICATION AGREEMENT FOR
MEDICAL CANNABIS DELIVERY SERVICE PERMIT**

This Indemnification Agreement (“Agreement”) is effective the _____ day of _____ (Month), 2018, and is made and entered into by and between the City of Avalon, a California municipal corporation (“CITY”) and _____, a [INSERT TYPE OF COMPANY] (“APPLICANT”). The CITY and APPLICANT are sometimes collectively referred to herein as “Parties”

RECITALS

WHEREAS, APPLICANT has requested that CITY process its application for a Medical Cannabis Business Delivery Permit (“MBCP”) submitted by APPLICANT which, when both permits are issued by the CITY, will allow APPLICANT to operate a Medical Cannabis Delivery Business as described in APPLICANT’S submittal documents, identified as Medical Cannabis Delivery Service Business Application _____, (collectively “PERMIT”).

WHEREAS, APPLICANT desires to defend and indemnify CITY from liability or loss connected with the approval of the PERMIT and environmental clearances, if any, as provided in this Agreement.

NOW, THEREFORE, IT IS MUTUALLY AGREED BETWEEN THE CITY AND THE APPLICANT AS FOLLOWS:

1. Parties

For the purposes of this Agreement, the term CITY shall include the City of Avalon, the City of Avalon Planning Commission, City Council, City Manager, City Attorney and/or any City of Avalon agencies, departments, commissions, agents, officers, and/or employees. For the purposes of this Agreement, the term APPLICANT shall include all parties applying for approval on the PERMIT, including but not limited to the owner or owners of the property or properties upon which the Medical Cannabis Delivery Business will be sited and the APPLICANT’S successor(s)-in-interest, if any.

2. Indemnification and Defense by APPLICANT

APPLICANT shall defend (with legal counsel chosen by CITY), indemnify, and hold harmless the CITY from and against any and all claims, damages, demands, suits and/or proceedings of any kind brought by anyone challenging the validity and/or legality of the PERMIT, the process followed. APPLICANT shall further defend, indemnify, and hold harmless the CITY from and against any and all claims, damages, demands, suits, and/or proceedings of any kind brought by anyone challenging the validity and/or legality of the APPLICANT’S Commercial Marijuana Cultivation Business that is the subject of the PERMIT.

APPLICANT shall defend (with legal counsel chosen by CITY), indemnify, and hold harmless the CITY from and against any and all liability whatsoever that relates in any way to the Medical Cannabis Delivery Business that is the subject of the PERMIT and/or arising out of the acts or omissions of APPLICANT in the operation of the Medical Cannabis Delivery Business that is the subject of the PERMIT.

APPLICANT shall pay all costs of defense, including but not limited to, attorneys’ fees and costs, City Staff time, and City Attorney time.

The obligations of the APPLICANT under this Agreement shall apply regardless of whether the PERMIT is issued.

The CITY will promptly notify the APPLICANT of any such claim, action, or proceeding that is or may be subject to this Agreement and will cooperate fully in the defense. The CITY may, within its unlimited discretion, participate in the defense of any such claim, action, or proceeding if the CITY defends the claim, action or proceeding in good faith.

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3. Cooperation in the Event of Initiative or Legal Challenge

(a) Legal Challenge - If any legal action or special proceeding related to the PERMIT is commenced by anyone for any reason, the CITY and APPLICANT agree to cooperate with each other in good faith to defend the CITY. The APPLICANT shall not settle any lawsuit on grounds which include, but are not limited to, non-monetary relief, without the consent of the CITY.

(b) Initiative - Should a non-City initiative measure or measures be enacted which could affect the PERMIT:

(1) APPLICANT and CITY shall meet and confer in good faith to mutually determine the proper course of action; and

(2) In the event CITY and APPLICANT jointly determine to challenge such initiative measure, APPLICANT shall provide for any challenge to such initiative measure at its sole cost and expense.

(3) In the event that a court determination has the effect of preventing, delaying or modifying the development of the PERMIT as set forth above, CITY and APPLICANT shall meet and confer in good faith to determine if there are alternative means of achieving the mutual goals and objectives of this Agreement, in light of such court action.

4. No Duty of CITY

APPLICANT acknowledge and agree that the Medical Cannabis Delivery Business that is the subject of the PERMIT is a private development and CITY has no interest in, responsibility for, or duty to anyone concerning the PERMIT and/or the business operated by the APPLICANT pursuant to the PERMIT.

5. Release

APPLICANT acknowledges and waives its rights under California Civil Code Section 1542 which provides as follows:

“A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

_____ (Applicant’s Initials)

6. Termination

The CITY may without cause terminate this Agreement by giving written notice as provided below. APPLICANT may not terminate this Agreement for any reason.

7. Notices

Except as may be otherwise required by law, any notice to be given shall be written and shall be either personally delivered, sent by facsimile transmission or sent by first class mail, postage prepaid and addressed as follows:

CITY: City of Avalon	With a copy to:	APPLICANT: Property Owner
Attn: Denise A. Radde	_____	_____
PO Box 707	_____	_____
Avalon, CA 90704-0707	_____	_____
Fax: 310.510.2478	_____	_____
Email: dradde@cityofavalon.com	_____	_____

Note: this is NOT a Medical Cannabis Business Permit. Do not operate until a valid permit is issued.
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Notice personally delivered is effective when delivered. Notice sent by facsimile transmission is deemed to be received upon successful transmission. Notice sent by first class mail shall be deemed received on the fifth day after the date of mailing. Either party may change the above address by giving written notice pursuant to this paragraph.

8. Issuance of Building Permits

In the event the APPLICANT submits an application for an early building permit wherein the City issues the building permit for the purpose of construction or refurbishing a property for the purposes of operating a _____ and the building permit is issued prior to the City's issuance of the MCBL, APPLICANT waives any vested rights under the building permit or right to operate the facility as a Medical Cannabis Delivery Business until such time as the MCBL is issued. APPLICANT waives any vested rights otherwise obtained consistent with State law.

9. Revocation

For any breach of the obligations under this Agreement, the CITY may revoke the PERMIT.

10. Entire Agreement

This Agreement represents the complete understanding between the Parties with respect to matters set forth herein.

11. Enforcement Action

In the event it becomes necessary for CITY to take any action against the APPLICANT to enforce or interpret the terms of this Agreement, CITY shall be entitled to its reasonable attorneys' fees and costs, including all costs of investigation, and all pre-litigation costs.

12. Severability

If any provision of this Agreement is held by an arbitrator or court of competent jurisdiction to be invalid or unenforceable, the remainder of the Agreement shall continue in full force and effect and shall in no way be impaired or invalidated.

13. Governing Law

The rights and obligations of the parties and the interpretation and performance of this Agreement shall be governed by the laws of the State of California and venue shall be in the County of San Bernardino.

14. No Third Party Beneficiaries Intended

Unless specifically set forth, the parties to this Agreement do not intend to provide any other party with any benefit or enforceable legal or equitable right or remedy.

15. Waiver

The failure of either party to insist on strict compliance with any provision of this Agreement shall not be considered a waiver of any right to do so, whether for that breach or any subsequent breach. The acceptance by either party of either performance or payment shall not be considered to be a waiver of any preceding breach of the Agreement by the other party.

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The undersigned APPLICANT expressly warrant his/her authority to enter into this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed, the day and year first-above written.

APPROVED AS TO FORM:

By: _____

Date: _____

City of Avalon - City Attorney

CITY AUTHORIZATION

By: _____
City Manager

Date: _____

APPLICANT (If an individual)

By: _____

Date: _____

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[If the APPLICANT is a corporation, use the following signature lines:]

Note: Pursuant to Corporations Code Section 313 a contract with a corporation must be signed by one person from the following corporate officers; chairperson of the board, the president or any vice-president and must also be signed by a second person from the following corporate officers: the secretary, any assistant secretary, the chief financial officer, or any assistant treasurer unless the contract is accompanied by a certified copy of the Board of Directors resolution authorizing the execution of the contract by a single designated officer or person.

APPLICANT: Property owner

Corporate Name

By: _____
President or Vice President

By: _____
Secretary or Assistant Secretary

[If the APPLICANT is an LLC, use the following signature lines:]

Note: "Corporations Code Section 17157 requires that contracts with an LLC be signed by at least two managers, unless the contract is accompanied by a certified copy of the articles of organization stating that the LLC is managed by only one manager."

APPLICANT: Property owner

Corporate Name

By: _____
Manger's Name

By: _____
Manager's Name

Note: this is NOT a Medical Cannabis Business Permit. Do not operate until a valid permit is issued.
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OATH OF APPLICATION

The undersigned owners and managers of the applicant, _____,
Applicant (Corporation/LLC/Partnership/Sole Owner)
declare under penalty of perjury that this application and all attachments are true, correct, and complete to the best of my knowledge. I have read, understand, and will ensure compliance with the provisions of the Avalon Municipal Code Title 5, Chapter 20. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Avalon Municipal Code and all laws, rules, and regulations which govern my Medical Cannabis Delivery Service Business Permit application and business operation.

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

(Signature of Owner/Management Employee)

(Printed Name & Title)

(Date)

Note: this is NOT a Medical Cannabis Business Permit. Do not operate until a valid permit is issued.
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