

COMMERCIAL CANNABIS ADMINISTRATIVE PERMIT SMALL DISTRIBUTION FACILITY

City of Salinas • Community Development Department • 65 West Alisal Street • Salinas, CA 93901 • (831) 758-7206

Name of Business: _____

Name of Business Owner/Primary Contact: _____

Business Location: _____

Phone: _____ Email: _____

The City of Salinas hereby issues this Administrative Permit to the business listed above for the establishment and operation of a Small Distribution business, subject to the following conditions:

1. *Upon availability, the facility shall, if deemed necessary by the State, obtain and maintain in good standing a Type 11 or Type 12 License from the State of California. A copy of this license shall be submitted to the Community Development Department once it is obtained, and whenever it is updated or renewed.*
2. *Business Identification Signage shall be limited to that needed for identification only and shall not contain any logos or information that identifies, advertises, or lists the services or products offered.*
3. *All persons employed or contracted to work at the site shall obtain a Work Permit from the City of Salinas in accordance with Section 5-07.25 of the Salinas Municipal Code.*
4. *Any persons transporting cannabis, cannabis product, or cash shall be a direct employee of the business. Vehicles used for the transport of cannabis, cannabis product, or cash shall not have any markings which would indicate the vehicle's affiliation with the business.*
5. *Any cash, cannabis, or cannabis product with a value of over \$1,000 shall be stored in a permanently installed safe or vault when not actively being transported.*
6. *The business shall provide quarterly reports to the Community Development Department providing information on the number of employees, the average and median wages of these employees, and the ZIP Code of residence for each employee on the date of hire.*

Approved By:

Planning Staff

Date

Additional Comments

I declare under penalty of perjury that I am the owner and/or the authorized representative of the business listed above. I further declare under penalty of perjury that the information contained in or attached to this Permit, including any plans and documents submitted herewith, are true and correct to the best of my knowledge. I further declare that I agree to comply with the requirements of the State of California and the City of Salinas, and will conduct my business in such a manner so as not to be a nuisance.

Applicant (Sign and Print Name)
Date

Office Use Only

PERMIT NUMBER: SD-_____-_____