



## Cannabis Cultivation Pre-Application

Equity Applicant?  Yes  No

Full legal name of business: \_\_\_\_\_

Secretary of State Entity Number: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact name: \_\_\_\_\_

### Applicant seeks to operate: *(check one\*)*

Specialty Cottage Indoor (500 square feet or less of total canopy)

Specialty Indoor (between 501 and 5,000 square feet of total canopy)

Small Indoor (between 5,001 and 10,000 square feet of total canopy)

Medium Indoor (between 10,001 and 22,000 square feet of total canopy)

\* may be modified at time of application

### Signatures

I declare under penalty of perjury that the foregoing is true, accurate, and complete, and that all documents supplied in connection with this application are true, accurate, and complete. I realize this application will be evaluated based on the data I am submitting.

Name of person signing this application (print): \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of person signing this application: \_\_\_\_\_  
*(Must be President, Chief Executive Officer, or Chair of the Board)*

## **REQUIRED PAYMENTS**

Application Filing Fee: \$4,318  
Special Use Permit Fee: \$10,127.19 (FY24/25 fee schedule)

## **REQUIRED DOCUMENTS**

1. Proof of organizational status
2. List of each member of the management and ownership team.
3. A copy of the Live Scan application form for each member of the management and ownership team.
4. Release and Waiver for each member of the management and ownership team.
5. A complete management and ownership team report.
6. A capital investment and business plan.

## CANNABIS CULTIVATION PRE-APPLICATION INSTRUCTIONS

**Applicant Cover Sheet:** Complete as directed. The person identified and signing for the applicant must be the President, Chief Executive Officer, or Chair of the Board of Directors of the cannabis cultivation business proposed to operate in Vista.

**Application Fee:** City Council Resolution establishes an application fee of \$4,318, which must be paid within 5 business days of being selected to apply. Waived for equity applicants.

**Special Use Permit Fee:** VMC §5.97.080 requires the special use permit fee be paid at the time the application for cannabis cultivation is filed. Applicants will have 5 business days from the date of being selected to apply to pay the fee. Waived for equity applicants.

**Proof of Organizational Status:** Provide proof of organizational status such as articles of incorporation, partnership agreements, or other documentation as may be required by the City of Vista.

### **Management & Ownership Team:**

1. Provide a list of all members of the management and ownership team.
2. Provide required proof of Live Scan (VMC § 5.98.070.F) for each member of the management and ownership team. Use attached 'REQUEST FOR LIVE SCAN SERVICE' form. Live Scan locations can be found online at <https://oag.ca.gov/fingerprints/locations>. Proof of Live Scan to be submitted with application is the payment receipt for the service. Results may not be older than 60 days of the date of filing the application, showing no felony convictions in the past four years.
3. Each member of the management and ownership team must complete and sign a Release and Waiver, notary is required.
4. Provide a complete Management and Ownership Team Report inclusive of all required information, demonstrating that the management and ownership team have the skills, experience and track record to assure that the cannabis cultivation business will operate in manner that will satisfy all state and local laws.

**Capital Investment & Business Plan:** Demonstrating that sufficient investment for the business has been obtained, and that the business can maintain its operations for a period of at least five years.



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A1688

ORI (Code assigned by DOJ)

PERMIT

Authorized Applicant Type

CANNABIS BUSINESS

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

CITY OF VISTA

Agency Authorized to Receive Criminal Record Information

00086

Mail Code (five-digit code assigned by DOJ)

200 CIVIC CENTER DRIVE

Street Address or P.O. Box

KATHY VALDEZ

Contact Name (mandatory for all school submissions)

VISTA

City

CA

State

92084

ZIP Code

(760) 726-1340

Contact Telephone Number

#### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth Sex  Male  Female  Nonbinary/Unspecified

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number

(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number

(Other Identification Number)

Home Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI

number:

Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

CITY OF VISTA

Employer Name

200 CIVIC CENTER DRIVE

Street Address or P.O. Box

+1 (760) 726-1340

Telephone Number (optional)

VISTA

City

CA

State

92084

ZIP Code

00086

Mail Code (five digit code assigned by DOJ)

#### Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

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### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



**City Attorney  
City Prosecutor**

Walter C. Chung | City Attorney & City Prosecutor  
Amanda L. Guy | Assistant City Attorney & City Prosecutor  
Beverly A. Roxas | Assistant City Attorney & City Prosecutor

**CONFIDENTIAL**

**CANNABIS BUSINESS LICENSE  
RELEASE AND WAIVER  
(NOTARY REQUIRED)**

TO WHOM IT MAY CONCERN

FULL NAME: \_\_\_\_\_ (Print Name)

This Release and Waiver authorizes the City of Vista, and its law enforcement agency the San Diego County Sheriff’s Department (collectively, the “City”), to undertake a criminal background check of me and to verify the information contained in the cannabis business license application pursuant to Chapter 5.97 of the Vista Municipal Code.

I hereby authorize for one year from the date of execution hereof, any authorized representative of the City bearing this release, or a copy of it, to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, and disciplinary records, including any files which are deemed to be confidential and/or sealed. I also authorize release of any criminal justice records of criminal convictions, citations, probation and parole records, and police reports.

I hereby direct you to release this information upon request of the bearer. I further authorize the bearer to make photographic copies of these records.

I hereby grant consent for the City to furnish the information described above to third parties including, but not limited to, appropriate law enforcement agencies or authorities, in the course of fulfilling its official responsibilities.

I hereby acknowledge and agree that I waive any right or opportunity to read or review any of the information provided in response to this investigation. I also waive any right or opportunity to read or review any background investigation report(s) prepared as part of this investigation.

I hereby release the City of Vista, the San Diego County Sheriff’s Department, and everyone providing information pursuant to this Release and Waiver, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. If further information regarding this request is needed, please call the Vista City Attorney at (760) 639-6119.

This release is executed with solely upon the condition that the information is for the official use of the City of Vista, is received in confidence, and will not be disclosed or released pursuant to the California Public Records Act.

[Continued On Reverse]

{00081721 3} 20200205

**CONFIDENTIAL**  
THIS INFORMATION IS RECEIVED IN CONFIDENCE AND IS NOT SUBJECT TO RELEASE UNDER THE CALIFORNIA PUBLIC RECORDS ACT. DO NOT FILE WITH PUBLICLY ACCESSIBLE RECORDS.



CANNABIS BUSINESS LICENSE  
RELEASE AND WAIVER  
Page 2

NAME OF BUSINESS: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

ALIASES (If any): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT**

*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 \_\_\_\_\_, before me, \_\_\_\_\_  
Date Name and Title of the Officer (e.g., "Jane Doe, Notary Public")

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

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 of Notary Public

(Notary Seal)

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