



CITY OF WILLITS

Community Development Department

111 E. Commercial Street, Willits, CA 95490

Tel: (707) 459-7125 Email: mjohnson@cityofwillits.org

cityofwillits.org/240/Medical-Cannabis-Activity-Program

DISPENSARY SELECTION APPLICATION PACKET

- Application Instructions
- Dispensary Selection Merit List
- Merit List Scoring Criteria
- Dispensary Selection Application Form

Solicitation of Applications for a Medical Cannabis Activity Dispensary Permit

Date of Issue: March 14, 2019

Deadline for Receipt of Applications: 3:00 pm Pacific Time on May 21, 2019

SOLICITATION OF APPLICATIONS FOR A MEDICAL CANNABIS DISPENSARY PERMIT

APPLICATION INSTRUCTIONS

Overview:

The City of Willits invites interested parties to submit an application to establish a Medical Cannabis Dispensary within the city limits of Willits. A maximum of three (3) Medical Cannabis Dispensary Permits will be awarded by the City of Willits to eligible Dispensary Permit applicants in the order of the Merit List. Pursuant to Willits City Code Section 17.85.110 (A)(3) no more than three (3) Medical Cannabis Dispensaries shall be permitted to obtain a Dispensary Permit and operate within the City at any given time.

Before you Apply:

Prospective applicants shall review the following information prior to making application:

- Review the information provided here to learn about the dispensary selection process and documents you will need.
- Review the Medical Cannabis Activity Permit Application Packet. The top three selected applicants will be invited to submit a full application to establish a medical cannabis dispensary.
- Review the City of Willits Medical Cannabis Ordinance, Willits Zoning Code Chapter 17.85, which can be accessed at: cityofwillits.org/240/Medical-Cannabis-Activity-Program.
- Verify that the proposed location for the Dispensary is an eligible location.
 - A medical cannabis dispensary is a permitted use only on properties within the Limited Industrial (ML), Heavy Industrial (MH), Industrial Park (I-P), and Heavy Commercial (C2) zoning designations. Email Michelle Johnson at mjohnson@cityofwillits.org to verify property zoning.
 - A medical cannabis dispensary shall not be located within two hundred feet of a public playground or park, or licensed child care or licensed day care facility. Further, a medical cannabis dispensary shall not be developed within six hundred feet of a school. All distances shall be measured in a straight line, without regard to intervening structures, from the nearest point of the building or structure in which the indoor medical cannabis dispensary is, or will be located, to the nearest property line of those uses described above.

Dispensary Selection Application Requirements:

Applicants must submit the following:

- Dispensary Selection Application Form
- The eight (8) Merit List Attachments (see the attached Merit List for instructions and information)
- Willits Police Department Live Scan Form(s)
- \$1,000 Application Fee

Checks or cashier’s checks should be made payable to “City of Willits.” The three (3) highest ranked applicants that are invited to submit a Medical Cannabis Dispensary Permit may apply the \$1,000 deposit to their Dispensary Permit Application Fee, which is currently \$14,459. The deposit fee will be refunded to those applicants that are not selected.

Prior to making application, each individual applying to be an owner or applicant of the dispensary must submit to Live Scan fingerprinting for purposes of a criminal history clearance through the California Department of Justice and the Federal Bureau of Investigation. Applicants must use the Live Scan form available on the City’s website. Live Scan results and updates must be provided to the Willits Chief of Police or his/her designee. Consistent with Willits City Code Section 17.85.220, results of the Live Scan may disqualify a prospective owner and/or applicant from obtaining a Dispensary Permit.

Applications must be submitted in person. To make an appointment to submit a Dispensary Selection Application, contact Michelle Johnson at mjohnson@cityofwillits.org or by telephone at 707-459-7125.

Timeline:

EVENT	DATE
Announcement of solicitation of applications for Medical Cannabis Dispensary Permit	March 14, 2019
Information session prior to application period	3:30 p.m. Pacific Time on April 9, 2019
Open application period begins	April 16, 2019
Deadline for receipt of applications	3:00 p.m. Pacific Time on May 21, 2019
Selection of eligible applications announced	mid July 2019
Deadline for selected applicants to submit Dispensary Permit Application	45 days after selection of applications is announced

Application Deadline:

3:00 p.m. Pacific Time on May 21, 2019 – Applications must be submitted in person to the Community Development Department, 111 E. Commercial Street Willits, CA 95490.

Mailed, faxed, or emailed applications will not be considered. It is the applicant’s responsibility to allow sufficient time to address potential delays and ensure the application is received on or before the due date. Late applications will not be accepted.

Application Fees:

Applicants must submit a complete application and pay a Deposit Fee of \$1,000. Checks and cashier’s checks should be made payable to “City of Willits.” If the applicant is chosen, the deposit will be applied to the applicant’s Dispensary Permit Application Fee. If the applicant is not chosen, the Deposit Fee will be refunded to the payee.

Communication with the Department:

Questions about the application process should be submitted to the Department by email to mjohnson@cityofwillits.org. Substantive questions answered at the Information Session and during the

open application period will be posted on the Department’s Medical Cannabis Activity Program web page at <http://cityofwillits.org/240/Medical-Cannabis-Activity-Program>.

Modifications to Applications:

If an applicant deems it necessary to modify, add, or delete information in a previously submitted Dispensary Selection Application, the applicant must submit a new, complete application.

Scoring of Applications:

Only complete applications that are consistent with City Code Section 17.85.110 will be eligible for review and scoring by the Medical Cannabis Dispensary Selection Committee. The Committee will be appointed by the City Council and will consist of five total members including the Code Enforcement Officer, Community Development Director, Chief of Police, and two at-large appointments. Committee members will review and score each eligible and complete application.

The average score of all the scores assigned to an application by each Committee member is the final score. The final score will determine which applicants are selected to submit an application for a Medical Cannabis Activity Permit for a dispensary. A minimum score of 40 points is necessary to be selected. The committee reserves the right to select fewer than three (3) applicants.

Applications will be scored on the quality and extent of the response to each category. Applications that provide a detailed narrative, plans, and/or exhibits that succinctly but thoroughly and clearly demonstrate how the proposed Dispensary will address the merit list criteria will be scored the highest. Responses that are vague, that merely restate compliance with the criteria, or that refer to rules and/or exhibits that are not included or incorporated into the application packet will be scored the lowest.

Scored Elements for Dispensary Application:

CATEGORY	MAXIMUM POINTS POSSIBLE
The operational plan for the facility	15 points
The security plan for the facility	15 points
The neighborhood compatibility plan for the facility	15 points
The business plan for the facility	15 points
The experience and knowledge of the operators of the facility	10 points
The adequacy of capitalization for the facility and its operations	10 points
The final location of the facility	15 points
Enhanced product safety	5 points
TOTAL	100 points

Reminder to All Applicants:

All Solicitation of Medical Cannabis Dispensary applications, except financial, security, and proprietary information, become a matter of public record and shall be regarded by the City as public records. By the submission of this application to the City of Willits (1) the applicant hereby expressly acknowledges and agrees that such application and the written information provided by the applicant to the City is a public record within the meaning of the California Public Records Act, and (2) the applicant hereby releases the City, its officers and agents from any claims, damages or attorney fees related to such release of information by the City.

Dispensary Selection Applications are available on the web page of the City's Medical Cannabis Activity Program or by contacting the Community Development Department.

Notes:

1. Pursuant to City Code Section 17.85.110 (A)(3) no more than three (3) medical cannabis dispensaries shall be permitted to obtain a Dispensary Permit and operate within the City at any given time. The Dispensary selection procedures are provided in City Code Section 17.85.120.
2. If three (3) or fewer eligible applications are received by the application deadline the selection process will not be initiated; eligible applicants will be invited to submit a Medical Cannabis Activity Permit Application for a dispensary, and a solicitation for further applications will occur again at a later date.

DISPENSARY SELECTION APPLICATION

MERIT LIST

Description of Evaluation Criteria:

The Medical Cannabis Dispensary Selection Committee will rank all qualified applications in order of those that satisfy the requirements of Chapter 17.85 and provide the highest level of service and opportunities for residents of the City based on the following criteria ("merit list"):

REQUIRED MERIT LIST ATTACHMENTS

Applicants must submit the following information on separate sheets of paper along with the Dispensary Application Form, application fee, and Live Scan form(s).

DISPENSARY OPERATIONAL PLAN – The Operational Plan must contain as much detail as possible on the day-to-day operations of the business and how it will operate in accordance with City Code, state law, and other applicable regulations. The plan must include a detailed description of how the business will handle cash, track inventory and sales of cannabis and cannabis products, and include a plan for transporting cannabis and cannabis products to and from the site.

The Operational Plan should also provide a description and drawings of the anticipated planned facility layout including location and size of areas of ingress and egress, display areas, restricted access areas, patient education areas, storage areas, lobby or similar areas, restrooms, sale transaction areas, etc. A facility layout that demonstrates a professional interior that is attractive and uses quality materials to support an enhanced retail experience is preferred.

DISPENSARY SECURITY PLAN – The security plan must include a description and detailed schematic of the overall facility security. It must have details on operational security, including but not limited to general security policies for the dispensary, employee specific policies, training, sample written policies, transactional security, visitor security, third party contractor security, and delivery security. In particular, applications must address ingress and egress access, perimeter security, product security (at all hours), internal security measures for access (area specific), types of security systems (alarms and cameras), and security personnel to be employed. Security plans will not be made available to the public.

NEIGHBORHOOD COMPATIBILITY PLAN – The application must describe how the Dispensary, including its exterior areas and surrounding public areas, will be managed so as to avoid becoming a nuisance or negatively impacting its neighbors and the surrounding community (e.g. loitering, trash, handling neighbor complaints). The compatibility plan shall also demonstrate how the project will promote neighborhood enhancement by integrating project components such as an attractive façade, use of quality materials and color schemes, and landscaping.

BUSINESS PLAN – The Business Plan must include a budget for construction, operation, maintenance, compensation of employees, equipment costs, utility costs, and other operation costs. The business plan must also include a schedule for beginning operation, including a narrative outlining any proposed

construction and improvements (including ADA improvements) and a timeline for completion. The business plan must include a financial plan for at least three years of operation.

EXPERIENCE AND KNOWLEDGE OF THE OPERATORS OF THE FACILITY – The applicant must provide information concerning any special business or professional experience, qualifications or licenses that would add to the number or quality of services that the business would provide. Identify any other cannabis licenses that the applicant and or business owners hold.

ADEQUACY OF CAPITALIZATION FOR THE FACILITY AND ITS OPERATORS – The applicant must demonstrate sufficient capital in place to pay startup costs and at least three months of operating costs as identified in the business plan, as well as a description of the sources and uses of funds. Proof of capitalization must be in the form of documentation of liquid assets on hand, Letters of Credit, or other equivalent assets.

FINAL LOCATION, Proof of ownership or lease agreement – The applicant must describe the proposed location of the Dispensary, all confronting and abutting uses, accessibility, and nearby sensitive uses. Applicant must provide a description of anticipated parking available for employees and customers including the number of handicap accessible parking spots. Locations that are farther away from places used primarily for public or private school, public playground or park, or licensed child care or licensed day care facility are preferred.

ENHANCED PRODUCT SAFETY – The applicant must state how the Dispensary will provide enhanced consumer safety of medical cannabis products.

MERIT LIST SCORING CRITERIA

The operational plan for the facility	
Point Value	Explanation
0	Not addressed
1-6	Fair. Limited applicability
7-10	Good. Some applicability
11-13	Very Good. Substantial applicability
14-15	Excellent. Total applicability

The security plan for the facility	
Point Value	Explanation
0	Not addressed
1-6	Fair. Limited applicability
7-10	Good. Some applicability
11-13	Very Good. Substantial applicability
14-15	Excellent. Total applicability

The neighborhood compatibility plan for the facility	
Point Value	Explanation
0	Not addressed
1-6	Fair. Limited applicability
7-10	Good. Some applicability
11-13	Very Good. Substantial applicability
14-15	Excellent. Total applicability

The business plan for the facility	
Point Value	Explanation
0	Not addressed
1-6	Fair. Limited applicability
7-10	Good. Some applicability
11-13	Very Good. Substantial applicability
14-15	Excellent. Total applicability

The experience and knowledge of the operators of the facility	
Point Value	Explanation
0	Not addressed
1-5	Fair. Limited applicability
6-7	Good. Some applicability
8-9	Very Good. Substantial applicability
10	Excellent. Total applicability

The adequacy of capitalization for the facility and its operations	
Point Value	Explanation
0	Not addressed
1-5	Fair. Limited applicability
6-7	Good. Some applicability
8-9	Very Good. Substantial applicability
10	Excellent. Total applicability

Final location of the facility	
Point Value	Explanation
0	Not addressed
1-6	Fair. Limited applicability
7-10	Good. Some applicability
11-13	Very Good. Substantial applicability
14-15	Excellent. Total applicability

Enhanced product safety	
Point Value	Explanation
0	Not addressed
1-2	Fair. Limited applicability
3	Good. Some applicability
4	Very Good. Substantial applicability
5	Excellent. Total applicability



111 E. COMMERCIAL STREET
WILLITS, CALIFORNIA 95490
(707) 459-4601 TEL
(707) 459-1562 FAX

DISPENSARY SELECTION APPLICATION FORM

Business Organization

Sole Proprietor Partnership LLC Corporation Other _____

Business Name and Business Owner(s)

Business Name _____

Business Owner(s) _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile _____

Email _____

Applicant Information

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile _____

Email _____

Property Owner Information

Property Owner(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Mobile _____

Email _____

Authorized Agent/Representative

Name _____

Mailing Address _____

City: _____ State _____ Zip: _____

Telephone _____ Mobile _____

Email _____

Property Information

Site Address _____

Assessor's Parcel Number(s) _____

Zoning _____ Total Property Size in Acres _____

Current and Proposed Use of Existing Buildings

Are there any structures or buildings on the project site? YES [] NO []

If yes, how many? _____

Building square footage _____

Current Use of Existing Structure(s)? _____

Proposed building square footage (if addition/renovation is proposed) _____

Proposed Use of Existing Structure(s)? _____

Proposed New Construction

Number of new buildings proposed _____ Total proposed new building square footage _____

Proposed building height (Measured from ground to highest point) _____ ft. _____ # of floors

Proposed Use of New Structure(s)? _____

Property Characteristics

Does your site contain any natural **drainage** ways? YES [] NO []

Does your site contain any **wetland** areas or areas where water pools during rainy season? YES [] NO []

Are there any **easements** crossing the site? (i.e. access, utilities, drainage, etc.) YES [] NO []

If yes, describe the easement(s) below and also identify them on a Site Plan. _____

Project Information

Proposed Hours of Operation

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open							
Close							

Number of Shifts _____ Estimated number of employees per shift _____

Will there be a business representative onsite during all facility operating hours? YES [] NO []

Parking

Is there parking onsite? YES [] NO []

If yes, how many spaces are provided? _____

How many proposed onsite spaces will be provided? _____

Are you proposing any offsite parking? YES [] NO []

If yes, provide plan showing location, size and number of spaces

Will Edible Cannabis Products be sold at the proposed business site? YES [] NO []

If yes, describe the type of products in the attached Operations Plan.

Will Delivery Services be provided? YES [] NO []

Reminder to All Applicants

All applications, except financial, security, and proprietary information, become a matter of public record and shall be regarded by the City as public records. The City shall not in any way be liable or responsible for the disclosure of any such records or portions thereof if the disclosure is made pursuant to a request under the Public Records Act.

Signatures

Under penalty of perjury, I declare that this application and all attachments are true, correct, and complete to the best of my knowledge.

Applicant Name _____

Applicant Signature _____ Date _____

OFFICE USE ONLY

Date Application Submitted _____ Application Number _____

Received by _____

Application Fee amount paid \$ _____ Date Received _____ Form of Payment _____