



# CITY OF HAWTHORNE CANNABIS RETAIL CONDITIONAL USE PERMIT APPLICATION

Hawthorne City Hall | 4455 W 126TH ST | Hawthorne, CA 90250

## APPLICATION INSTRUCTIONS:

Please complete both the [Master Land Use application](#) and the Supplemental Conditional Use Permit Application below. If additional space is needed, please attach additional sheets. Applications can be submitted via email to [cannabis@cityofhawthorne.org](mailto:cannabis@cityofhawthorne.org), beginning July 3, 2023, through September 22, 2023. Incomplete applications will be returned to applicant and will not be reviewed. It is strongly recommended that applicants turn in CUP application material prior to the due date to ensure that the City can make a completeness determination prior to the deadline.

All applicants **MUST** pay permit fees prior to submitting the CUP application. Fees can be paid at the City Cashier's Office located at City Hall. A copy of the payment receipt must be submitted with the application. Applications received without a copy of the payment receipt will be returned to the applicant without review. PLEASE CONFIRM THAT THE CORRECT FEE AMOUNT HAS BEEN PAID AND THE AMOUNT IS REFLECTED ACCURATELY ON THE PAYMENT RECEIPT.

*Initial Submission Review:* Applicants will be notified within 10 business days if the submitted application materials are incomplete (i.e., missing any required document(s)). Missing documents must be submitted within the timeframe outlined in the "incomplete application materials" notice. This initial submission review is to ensure all required application materials are submitted for planning staff review. In the event of unforeseen delays or extenuation circumstances preventing the initial review within 10 days, applicants will be notified of such and provided with an expected notification date.

*Completeness Determination:* Applicants will receive a Completion Determination Notice within 30 days of submission of a complete application package. This notice will outline any incomplete or supplemental information needed to complete staff review or to prepare planning reports. In the event the determination cannot be made within 30 days, applicants will be notified and provided with an expected date for the notice.

**All applications must be complete and submitted using the primary owner contact email provided on the original cannabis business application. Applications will not be accepted from third-party representatives (attorneys, consultants, real estate agents, others not identified as primary owner contacts) on behalf of the business. Please be advised that staff will exclusively communicate with verified owner contacts during this time. Failure to follow this instruction may result in delays or rejection of the CUP application.**

## APPLICATION MATERIALS CHECKLIST

- Completed Master Land Use Application
- Completed Supplemental Cannabis Retail CUP Application
- Plan Set - including site plan, floor plan, and color building elevations (see requirements for plans below). All plans are in digital format (pdf).
- Landscape plans, if applicable. *Please note that landscaping may be imposed by the Planning Commission during the design review process.*
- 300' Radius Map and 2 sets of owner labels.
- DCC Project -Specific Information Form (CEQA)
- Background Investigation Live Scan Request Form
- Copy of CUP payment receipt. *Application will not be accepted without confirmation of payment.*

## SUPPLEMENTAL CONDITIONAL USE PERMIT APPLICATION—CANNABIS BUSINESS

### SECTION A – APPLICANT INFORMATION

Applicant [full name]:

### SECTION B – BUSINESS ENTITY INFORMATION

*Indicate the following information for the Business*

Business Legal Entity:

DBA

*Please provide documentation of legal DBA filing.*

Business Structure:

- Sole Proprietorship    Limited Liability Company
- Limited Liability Partnership    General Partnership
- Corporation    Limited Partnership

Tax ID/EIN:

Business/Mailing Address:

Business Website/Social Media:	
Other Cannabis Permit Type(s) requested (please select all that apply):	<input type="checkbox"/> Cultivation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Distribution <input type="checkbox"/> Non-Storefront Retail Delivery <input type="checkbox"/> Retail <input type="checkbox"/> Consumption
Location of non-retail cannabis businesses, if applicable.	Address: APN:
Application Fee:	Non-refundable \$31,504

**SECTION C – PRIMARY OWNER CONTACT**

*Indicate the following information for the Primary Owner Contact*

<input type="checkbox"/> Full Legal Name	
<input type="checkbox"/> Primary Phone Number	
<input type="checkbox"/> Social Security Number or Individual Taxpayer Identification Number (Tax ID#) To obtain Form SS-4 to apply for an EIN, go to <a href="http://irs.gov">irs.gov</a>	
<input type="checkbox"/> Date of Birth	
<input type="checkbox"/> Email	
<input type="checkbox"/> Mailing Address	

**SECTION D – PROPERTY OWNER INFORMATION**

<input type="checkbox"/> Full Legal Name (as it appears on the lease, if applicable)	
<input type="checkbox"/> Property Owner’s Title (if property is listed under a trust, LLC, or other ownership group structure)	
<input type="checkbox"/> Property Owner’s Date of Birth	
<input type="checkbox"/> Property Owner’s Mailing Address	
<input type="checkbox"/> Property Owner’s Phone Number	
<input type="checkbox"/> Property Owner’s Email Address	
<input type="checkbox"/> Does the Property Owner hold any equity in the proposed cannabis business? If so, what is the percentage of interest held?	_____ % <input type="checkbox"/> Not Applicable

**SECTION E – BUSINESS CANNABIS HISTORY**

<input type="checkbox"/> Please provide a detailed description of any revocations of a commercial cannabis license or permit, or sanctions for unlicensed/unpermitted cannabis activity issued by a licensing authority or local agency against the business or any of its	
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	owners or officers from January 2018 to date (if applicable).	
<input type="checkbox"/>	Please provide a detailed description if the applicant business or any owners or directors have ever received a notice or citation for unlicensed commercial cannabis activity, or if the applicant/business/owners/directors have been a defendant in a civil or criminal proceeding filed by the City or the People of the State of California, for allowing, causing, or permitting unlicensed commercial cannabis activities within the City's jurisdiction (if applicable).	

**SECTION F - OPERATIONS**

<input type="checkbox"/>	Number of anticipated full-time and part-time employees employed by the retail location	Part-Time _____ Full-Time _____
<input type="checkbox"/>	Provide a salary table with salary range information for each employee title.	
<input type="checkbox"/>	Applicant agrees to participate in any hiring events or advertisements requested by the City to encourage local hiring	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Applicant agrees to retain eligible local hires (living within the City limits) for full-time positions, when possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION G – LOCATION INFORMATION AND SITE PLAN REQUIREMENTS**

<input type="checkbox"/>	Business Location Address and APN(s)	
<input type="checkbox"/>	Evidence of Ownership or Right to Exclusively Control Property	Please provide a copy of an executed lease or property deed.
<input type="checkbox"/>	<b>Site Plan/Premises Diagram</b>	
	<i>Provide a complete and detailed diagram of the premises with a vicinity map. The diagram shall be clear, legible, scaled, and shall not include any color highlighting. The diagram must include the following information:</i>	
<input type="checkbox"/>	North Arrow	
<input type="checkbox"/>	Site Plan Scale (use engineering scale)	1" = 10' for lots less than 1 ac. 1" = 40' for lots larger than 1 ac.
<input type="checkbox"/>	Assessor's Parcel Number(s)	Be sure APNs are on project parcels and surrounding parcels. Highlight the project parcel with shading or other means.
<input type="checkbox"/>	Vicinity Map	Show the premises location within the City limits. Include surrounding street names.
<input type="checkbox"/>	General Plan Land Use Designation	Indicate the GP Land Use Designation of each project parcel and adjacent parcels.

<input type="checkbox"/>	Zoning Designation	Indicate the Zoning Designation of each project parcel and adjacent parcels.
<input type="checkbox"/>	Project Size	Indicate the size of each project parcel/lot and the total project size.
<input type="checkbox"/>	Proposed Use	Indicate the proposed use of each project parcel and adjacent parcels.
<input type="checkbox"/>	Parking	Show all existing and proposed parking spaces. Indicate the total number of existing and proposed parking spaces including a breakdown of accessible spaces per building, proposed access and circulations, as well as restricted or "no parking" areas, loading/unloading areas, and pedestrian walkways.
<input type="checkbox"/>	Easements and Dedications	Indicate the location and dimensions of all existing and proposed easements and all property to be dedicated to the City for street or other purposes.
<input type="checkbox"/>	Adjacent Streets and Right of Way (ROW)	Include all adjacent streets on the site plan. Name and specify right of way width and distance from center line to property line.
<input type="checkbox"/>	Landscaping Plan	Show all existing and proposed landscaping areas, if any. Include total square footage of landscaping, type, number of plants proposed, irrigation plan, and color schematics.
<input type="checkbox"/>	Fire Hydrant	Show and label all public fire hydrants within 300 feet of the project site if the building footprint will change or there is a new structure.
<input type="checkbox"/>	Legal Description	Include a legal description for the property.
<input type="checkbox"/>	Location of Proposed Structures	Show distances between existing and proposed buildings.
<input type="checkbox"/>	Proposed Construction and/or Alterations	Show existing structures and proposed construction/alterations, as applicable
<input type="checkbox"/>	Property Lines and Setbacks	Show property lines and their legal dimensions. Show distances from PL to existing and proposed structures. Use weighted lines to indicate PL and dashed lines to indicate setbacks.
<input type="checkbox"/>	Signs	Identify existing and proposed signs. Include dimensions and specifications for all proposed exterior signs. Please be advised a separate sign permit may be required.
<input type="checkbox"/>	Proposed Grading (if applicable)	Show location and indicate amounts of grading and fill in cubic yard, and

		heights cuts, etc. Show existing and proposed contours at appropriate scale.
<input type="checkbox"/>	Loading Areas	Indicate where loading areas are located.
<input type="checkbox"/>	Indicate each revision of the plans with date	Indicate the revision number and date in a revision table on the lower righthand side of the site plan.
<input type="checkbox"/>	Property Improvements	Identify any existing or proposed waste disposal systems, drainage facilities, on-site storage, light fixtures, driveways, retaining walls, planters, other walls or fences, sheds, etc.

**Floor Plan**  
*Provide a complete and detailed diagram of the interior premises of all structures to be used.*

- Show boundaries of the property and the proposed premises to be utilized, showing all boundaries, dimensions, all entrances and exits, interior partitions, walls, rooms, bathrooms, windows, and doorways, and common or common shared entryways, and a brief statement of the principal activity to be conducted therein (each area/room);
- Identify all commercial cannabis activities that will take place in each area of the premises, and note limited access areas;
- Identify all proposed cameras with a number assigned to each camera;
- If the proposed premises includes only a portion of a building, the floor plan diagram must be labeled indicating which part of the property is the proposed premises and what the remainder will be used for.

**SECTION H: BUSINESS PLAN**

*Applications shall include a Business Plan with as much detail as possible describing the day-to-day operations of the proposed facility. The Business Plan shall include, in addition to other information deemed relevant by the applicant, the following:*

- Description of day-to-day operations, which meet industry best practices for the type of facility the applicant seeks to operate;
- Proposed hours of operation;
- Mechanisms for ensuring the facility operates in compliance with applicable state and local laws and regulations;
- A schedule for commencing operations, including a narrative outlining any proposed construction and improvements, property acquisition, and other start up activities, and a timeline for completion;
- A pro forma for at least three (3) years of operation, including projected product output totals.

**SECTION I – SELLER’S PERMIT**

*The applicant shall provide a valid seller’s permit number issued by the California Department of Tax and Fee Administration, if applicable. If the applicant has not yet received a seller’s permit, the applicant shall provide a Statement of Intent, attesting that the applicant has applied for or will apply (prior to operating) for seller’s permit.*

- Copy of Sellers Permit; or statement of intent to obtain.

## SECTION J - BACKGROUND INVESTIGATION AUTHORIZATION

- Please complete the attached Live Scan background check authorization form (Attachment 4). A form is required for each owner/operator identified on the cannabis business application. The Hawthorne Police Department may request additional information to complete the background investigation.

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact or omission may be cause for rejection or denial of this application, or revocation of any Cannabis Conditional Use Permit, or non-approval of any subsequent or related permit, license or approval issued in reliance thereon.”

Applicant Signature

Date

### Attachments:

1. [Master Land Use Application](#)
2. [Conditional Use Permit \(CUP\) Explanation](#)
3. [DCC Project-Specific Information Form](#)
4. Background Investigation Live Scan Request Form