



City of Emeryville

INCORPORATED 1896
1333 Park Avenue
Emeryville, California 94608-3517
Tel: (510) 596-4300 | Fax: (510) 596-4389

APPLICATION FOR MEDICAL CANNABIS (MARIJUANA) DELIVERY OR MASSAGE ESTABLISHMENT

Businesses/Persons interested in applying for a permit for medical cannabis (marijuana) delivery or a massage establishment within the City of Emeryville must complete the attached application and submit with all supporting documents to:

City of Emeryville
Police Department
Attn: Police Chief
2449 Powell Street
Emeryville, CA 94608

The information provided in this application shall be confidential, and shall not be subject to public inspection or disclosure, except as may be required by federal, state or local law or pursuant to valid subpoena or court order. Disclosure of information shall not be deemed a waiver of confidentiality by the applicant or any individual named in the application. The City shall incur no liability for the inadvertent or negligent disclosure of such information. Issued permits for medical cannabis (marijuana) delivery or massage establishments are not transferrable.

The Police Chief reserves the right to seek additional information from the applicant(s) as allowed under applicable law.

Medical Cannabis (Marijuana) Delivery

Emeryville Municipal Code. Title 5, Chapter 28

Medical cannabis (marijuana) dispensaries that operate lawfully in neighboring jurisdictions are allowed to deliver marijuana to qualified patients or their primary caregivers located in Emeryville.

The applicant shall provide the following information, under penalty of perjury, and shall sign and affirm the minimum standards of qualification for a permit to deliver marijuana to a qualified patient or primary giver located within Emeryville.

- Name and address of the applicant(s).
- Certificate of insurance demonstrating ability to comply with insurance requirements, in a form acceptable to the City.

- Business/Organization name and address.
- Copies of applicable authorizing state and local licenses and permits issued to applicant allowing it to operate a marijuana dispensary in another jurisdiction.
- Listing of all vehicles and devices to be used for the delivery of marijuana to a qualified patient or primary caregiver in Emeryville.
- Identity of all persons who will deliver marijuana on behalf of the dispensary to qualified patients located in Emeryville. Such individuals must be at least 21 years of age at the time of submittal of the application.
- Background check application for each applicant, business owner, and personnel/employee and delivery personnel identified in main application.
- Application fee payable to the City of Emeryville, as determined by the current Police Department Master Fee Schedule (see Page 3 of the application; fees subject to change).

Massage Establishment

Emeryville Municipal Code. Title 5, Chapter 11

Applicants wishing to operate a massage establishment within the City of Emeryville shall provide the following information, under penalty of perjury, and shall sign and affirm the minimum standards of qualification to operate a massage establishment located within Emeryville.

- Name and address of the applicant(s).
- Background check application for each applicant, business owner, and personnel/employee or evidence of certification by the Massage Therapy Council.
- State of the nature and character of the business.
- Proof and results of safety inspection of the business premises, as performed by a City Building Inspector within twelve (12) months prior to the date of the application. A certificate of occupancy issued within twelve (12) months prior to the date of the application shall satisfy this requirement.
- Application fee payable to the City of Emeryville, as determined by the current Police Department Master Fee Schedule (see Page 3 of the application; fees subject to change).

City of Emeryville | Police Department
 Application for Medical Cannabis (Marijuana) Delivery or Massage Establishment

City of Emeryville
 Master Fee Schedule
 Police Department

Effective July 19, 2016

<u>DESCRIPTION</u>	<u>FEE</u>	
Peddler - Vendor - Catering Truck Permit Fees		
1. Application Fee	\$	276
2. Renewal Fee	\$	276
3. Replacement Fee	\$	83
Massage Parlor and Massage Establishment Charges [8]:		
Annual Permit Application, due each December 1st	\$	1,141
Massage Establishment Fee:		
Annual Permit Application, due each December 1st	\$	540
Employee Permits		
Annual Employee Permit [3,4]		
(Applies to both Massage Parlors and Massage Practitioners)		
(Due each October 1st for renewal by January 1st. Valid on a calendar year basis.)		
1. Application Fee	\$	433
2. Renewal Fee	\$	433
3. Replacement Fee	\$	47
Dog License Fee		
For One Year - Not Spayed/Neutered	\$	20
For Three Years - Not Spayed/Neutered	\$	30
For One Year - Spayed/Neutered	\$	10
For Three Years - Spayed/Neutered	\$	15
For One Year - Seniors (55+) - Not Spayed/Neutered	\$	5
For Three Years - Seniors (55+) - Not Spayed/Neutered	\$	10
For One Year - Seniors (55+) - Spayed/Neutered	\$	2.50
For Three Years - Seniors (55+) - Spayed/Neutered	\$	5
Application for Concealed Weapon Permit, Police Investigation:		
1. Background Investigation	\$	784
2. Psychological Examination, if contracted by City	\$	627
3. Range Certification	\$	2,758
		Penal Code Sec.22190 (b)(1) & (f)(1)
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Application for Firearm Dealer Permit		
Background Investigation	\$	1,379
Emergency Response Expenses (Alcohol/Drug Related)		
Arrest Only	\$	1,379
Arrest With Accident Investigation	\$	1,930
Police Department Personnel Costs for Short Term Encroachments, Special	\$	276
Short Term Encroachment Permit	\$	276
Personnel Services [9,10]	\$	157
Medical marijuana delivery permit - new or renewal [14]		
	Sworn \$	276
	Non-Sworn \$	157
		Per Hour
		Per Hour
Firearms Storage Fee [17]	\$	470
Police Non-Sworn Hourly Rate	\$	157
Police Sworn Hourly Rate	\$	276

APPLICANT INFORMATION

If there are more than four (4) applicants for this business, please complete and print out additional applicant pages and include them in your application packet.

Applicant 1

Full Name

Street Address

City

State

Zip Code

Home Phone No.

Cell Phone No.

Applicant 2

Full Name

Street Address

City

State

Zip Code

Home Phone No.

Cell Phone No.

Applicant 3

Full Name

Street Address

City

State

Zip Code

Home Phone No.

Cell Phone No.

Applicant 4

Full Name

Street Address

City

State

Zip Code

Home Phone No.

Cell Phone No.

BUSINESS INFORMATION

Type of Permit: Medical Cannabis (Marijuana) Delivery
 Massage Establishment

Business/Organization Name

Business Owner/Representative Name

Business Address

City

State

Zip Code

Contact Phone No.

Alternate Contact Phone No.

Describe the nature and character of your business.

Personnel/Employees

For additional personnel/employees, please include on the back of this form. All personnel/employees must complete a background check form application and submit with the application packet.

Full Name

Contact Phone No.

Full Name

Contact Phone No.

Full Name

Contact Phone No.

Full Name

Contact Phone No.

Full Name

Contact Phone No.

