



# COMMERCIAL CANNABIS PRELIMINARY DETERMINATION OF ELIGIBILITY

Planning Division • (510) 583-4216 • [planning.division@hayward-ca.gov](mailto:planning.division@hayward-ca.gov) • 777 B Street Hayward, CA 94541

[www.hayward-ca.gov/your-government/programs/commercial-cannabis-permit-program](http://www.hayward-ca.gov/your-government/programs/commercial-cannabis-permit-program)

Commercial Cannabis Businesses are businesses that involve the cultivation, possession, manufacture, distribution, processing, storing, laboratory testing, packaging, labeling, transportation, delivery or sale of cannabis or cannabis products. Commercial Cannabis Businesses shall submit a Commercial Cannabis Pre-Application prior to submitting a formal Commercial Cannabis Permit and any associated land use entitlements. Commercial Cannabis Businesses are subject to compliance with [Chapter 6, Article 14 of the Hayward Municipal Code](#), the City's Zoning Ordinance and applicable state laws. Prospective Commercial Cannabis Businesses shall complete this pre-application form and submit the required documentation to the Planning Division.

## PRE-APPLICATION SUBMISSION REQUIREMENTS:

1. This Completed Pre-Application Form
2. Completion of Live Scan (fingerprinting) for all interested parties. Live Scans shall be overseen by the Hayward Police Department.
3. A Project Description (4-page max) with the following components at minimum: Market opportunity, business model, including a description of day-to-day operations, description of the products sold, description of how operations will conform with applicable state and local laws, expertise of owners and staff, and implementation plan (schedule of anticipated first-year startup activities and capitalization)
4. Schedule and Complete an Interview with Hayward Planning Division Staff

## PROJECT INFORMATION:

Project Address:	
Assessor Parcel Number(s):	
Existing Zoning District(s):	Existing General Plan Designation:

## BUSINESS TYPE (See page 5 for more information):

<input type="checkbox"/> Commercial Cannabis Cultivation, up to 5,000 sf
<input type="checkbox"/> Commercial Cannabis Cultivation, 5,001 sf or greater
<input type="checkbox"/> Commercial Cannabis Dispensary (Retail)
<input type="checkbox"/> Commercial Medical and Non-Medical Cannabis Distribution
<input type="checkbox"/> Commercial Medical and Non-Medical Cannabis Manufacturing - Level 1, up to 5,000 sf
<input type="checkbox"/> Commercial Medical and Non-Medical Cannabis Manufacturing - Level 1, 5,001sf or greater
<input type="checkbox"/> Commercial Medical and Non-Medical Cannabis Manufacturing - Level 2
<input type="checkbox"/> Commercial Medical and Non-Medical Cannabis Testing Laboratory
<input type="checkbox"/> Commercial Medical and Non-Medical Cannabis Delivery
<input type="checkbox"/> Commercial Cannabis Microbusiness (For microbusinesses, check all below that apply)
<input type="checkbox"/> Cultivation (canopy area shall not exceed 10,000 square feet)
<input type="checkbox"/> Distribution
<input type="checkbox"/> Retail Storefront
<input type="checkbox"/> Retail Non-Storefront
<input type="checkbox"/> Manufacturing

## BUSINESS INFORMATION:

Business Entity Name:
Doing Business As Name (DBA):
Legal Structure:

**APPLICANT & PROPERTY OWNER INFORMATION:**

Applicant Name:			
Address:	City:	State:	Zip:
Primary Phone:	Email:		
Property Owner(s):			
Address:	City:	State:	Zip:
Primary Phone:	Email:		

**PROPERTY OWNER(S) CERTIFICATION STATEMENT:**

<ol style="list-style-type: none"> <li>1. I/We certify that I/We are presently the legal owner(s) of the property of the above-referenced property.</li> <li>2. I/We acknowledge the filing of this application and consent to the operation of a commercial cannabis business on the above-referenced property.</li> </ol>	
Property Owner Signature:	Date:

**APPLICANT CERTIFICATION STATEMENT:**

<ol style="list-style-type: none"> <li>1. I certify under penalty of perjury under the laws of the State of California, that I have personal knowledge of the information contained in this application, and that the information contained herein is true and correct.</li> <li>2. I acknowledge that this application is valid only for 180 days from the date it is signed, and failure to complete the requirements will render this application inactive.</li> <li>3. I acknowledge that as an applicant for a Business Operating Permit, I am subject to the provisions of the City of Hayward City Code.</li> <li>4. I acknowledge that until I have received my Business Operating Permit, Land Use Permit, state licenses, and certificate of occupancy I will not commence operations at the proposed site or at any other site.</li> <li>5. I, as an applicant, provide authorization and consent for the Planning Division to seek verification to confirm the validity of the information provided on this application.</li> <li>6. I, as the applicant, release the City of Hayward, its agents, officers, elected officials and employees from any and all claims, injuries damages, or liabilities of any kind from any repeal or amendment of the Hayward City Code relating to cannabis businesses, and; any arrest or prosecution of the applicant or its managers, employees, or members for violation of state or federal laws.</li> <li>7. I, as the applicant, will defend, indemnify, and hold harmless the city and its agents, officers, elected officials, and employees from and against any and all claims or actions brought by adjacent or nearby property owners or any other parties for any damages, injuries, or other liabilities of any kind arising from operations at the cannabis business site or; brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of marijuana produced or processed by the cannabis business site.</li> </ol>	
Applicant Signature:	Date:

**INTERESTED PARTIES:**

Interested parties, are all persons with an aggregate ownership interest of at least 5% interest in the cannabis business, which includes owners, partners, officers, directors, and stockholders of every corporation, limited liability company, or general limited partnership that owns at least 5% of the stock, capital, profits, voting rights, or Membership interest of the cannabis business or that is one of the partners in the cannabis business; the managers of the cannabis business.

Name:		Title:	
Type of Interested Party (Owner, Officer, Director, Board Member, Manager, Management Company):			
% Ownership:		Date of Birth:	Fingerprinted (Yes/No):
Address:		City:	State: Zip:
Primary Phone:		Email:	
Name:		Title:	
Type of Interested Party (Owner, Officer, Director, Board Member, Manager, Management Company):			
% Ownership:		Date of Birth:	Fingerprinted (Yes/No):
Address:		City:	State: Zip:
Primary Phone:		Email:	
Name:		Title:	
Type of Interested Party (Owner, Officer, Director, Board Member, Manager, Management Company):			
% Ownership:		Date of Birth:	Fingerprinted (Yes/No):
Address:		City:	State: Zip:
Primary Phone:		Email:	
Name:		Title:	
Type of Interested Party (Owner, Officer, Director, Board Member, Manager, Management Company):			
% Ownership:		Date of Birth:	Fingerprinted (Yes/No):
Address:		City:	State: Zip:
Primary Phone:		Email:	
Name:		Title:	
Type of Interested Party (Owner, Officer, Director, Board Member, Manager, Management Company):			
% Ownership:		Date of Birth:	Fingerprinted (Yes/No):
Address:		City:	State: Zip:
Primary Phone:		Email:	

PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

**LICENSE OR PERMIT REVOCATION, SUSPENSION, OR SURRENDER:**

Has the applicant or any interested parties been associated with a cannabis business whose state license or cannabis permit was revoked, surrendered, or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide the following information:	
Licensing Agency or Jurisdiction:	Date:
Licensing Agency or Jurisdiction:	Date:
Licensing Agency or Jurisdiction:	Date:
Licensing Agency or Jurisdiction:	Date:

*PLEASE ATTACH ADDITIONAL PAGES IF NEEDED*

**CITY STAFF USE ONLY:**

Application #	Work Order #	Received By:
Fee:	Deposit:	Check #
Project Planner:		Date Received:

## **BUISNESS TYPE DEFINITIONS:**

**COMMERCIAL CANNABIS CULTIVATION.** Any activity involving the planting, growing, harvesting, drying, curing, grading, or trimming of Cannabis.

**COMMERCIAL CANNABIS RETAIL DISPENSARY.** A facility where Commercial Cannabis or Commercial Cannabis Products are offered, either individually or in any combination, for retail sale, including an establishment that delivers medical and non-medical adult recreational use Cannabis or medical and non-medical adult recreational use Cannabis Products as part of a retail sale.

**COMMERCIAL CANNABIS DISTRIBUTION.** The procurement, sale, and transport of medical and non-medical adult recreational use Cannabis and medical and non-medical adult recreational use Cannabis Products between Commercial Cannabis Businesses.

**COMMERCIAL CANNABIS MANUFACTURING.** The production, preparation, propagation, or compounding of cannabis or cannabis products either directly or indirectly or by extraction methods, or independently by mean of chemical synthesis, or by a combination of extraction and chemical synthesis at a fixed location that packages or repackages cannabis or cannabis products or labels or relabels its container.

**COMMERCIAL CANNABIS MANUFACTURING - LEVEL 1.** The manufacturing of cannabis products using nonvolatile solvents, or no solvents. A Commercial Cannabis Manufacturing Level 1 Operator shall only manufacture cannabis products for sale by a permitted Commercial Cannabis Retail facility.

**COMMERCIAL CANNABIS MANUFACTURING - LEVEL 2.** The manufacturing of cannabis products using volatile solvents. A Commercial Cannabis Manufacturing Level 2 Operator shall only manufacture cannabis products for sale by a permitted Commercial Cannabis Retail dispensary. For purposes of this section, "volatile solvents" shall include ethanol and all solvents described in paragraph (3) of subdivision (d) of Section 11362.3 of the Health and Safety Code, as such section may be amended.

**COMMERCIAL CANNABIS TESTING LABORATORY.** A laboratory, facility, or entity in the state that offers or performs tests of medical cannabis or medical cannabis products and that accredited by an accrediting body that is independent from all other persons involved in commercial cannabis activity in the state and licensed by the Bureau of Cannabis Control.

**CANNABIS DELIVERY.** The commercial transfer of Cannabis or Cannabis Products to a customer, including Medical Cannabis or Cannabis Products, to a primary caregiver or qualified patient as defined in Section 11362.7 of the Health and Safety Code. "Delivery" also includes the use of any technology platform owned and controlled by a Cannabis Business Operator that enables clients or patients to arrange for or facilitate the commercial transfer by a permitted Commercial Cannabis Retail dispensary.

**MICROBUSINESS.** A commercial cannabis business holding a license issued by the State Bureau of Cannabis Control for the cultivation of cannabis on an area less than 10,000 square feet and to act as a licensed distributor, Level 1 manufacturer, and retailer pursuant to Business and Professions Code Sections 26050 and 26070.