



CANNABIS USES

SUPPLEMENTAL APPLICATION PACKET

ATTENTION: A Project Application must be completed and/or attached prior to submitting this Supplemental Application. See the [Project Application](#) for instructions.

The Planning Department is responsible for the review of the location and physical characteristics of cannabis businesses in San Francisco. This supplemental application is required for any project under review with the Planning Department that includes cannabis uses.

For questions, you email cpc.cannabis@sfgov.org where a planner is available to assist you. Additional information can be found in the [Cannabis Land Use Guide](#).

Español: Si desea ayuda sobre cómo llenar esta solicitud en español, por favor llame al 628.652.7550. Tenga en cuenta que el Departamento de Planificación requerirá al menos un día hábil para responder.

中文：如果您希望獲得使用中文填寫這份申請表的幫助，請致電628.652.7550。請注意，規劃部門需要至少一個工作日來回應。

Filipino: Kung gusto mo ng tulong sa pagkumpleto ng application na ito sa Filipino, paki tawagan ang 628.652.7550. Paki tandaan na mangangailangan ang Planning Department ng hindi kukulangin sa isang araw na pantrabaho para makasagot.



CANNABIS USES

SUPPLEMENTAL APPLICATION

ABOUT THE BUSINESS

What types of activities / licenses are you requesting?

| | Office of Cannabis License Type | Planning Code |
|--|--|---|
| | Cannabis Retailer | Cannabis Retail |
| | Medical Cannabis Retailer | Medical Cannabis Dispensary |
| | Cannabis Cultivation Facility | Industrial Agriculture |
| | Cannabis Manufacturing Facility | Agriculture and Beverage Processing 2 |
| | Cannabis Manufacturing Facility, Non-VOC | Light Manufacturing |
| | Cannabis Testing Facility | Laboratory |
| | Cannabis Distributor | Wholesale Sales |
| | Delivery-Only Cannabis Retailer | Parcel Delivery Service OR Business Service |

1. Is the space where your business would occupy currently used by any other business? Yes No

1a. If yes, what business is currently using the space, how long have they operated there, and why are they vacating the space?

1b. If the space is currently vacant, for how long has it been vacant, and what business last operated there?

2. Will the exterior of the space you plan to occupy be changed as part of your project (for example, adding security gates or grills, adding cameras)? If yes, please specify below:

3. Please list all mailings, meetings, or other activities completed for the Office of Cannabis Good Neighbor Outreach process or Planning Department pre-application meeting requirement. Provide documentation in separate attachments.

Retail Sales

If your business includes retail sales of cannabis, please complete these additional questions:

1. What are the proposed hours of operation for the retail sales?

2. Do you plan on conducting delivery sales as part of the retail store? Yes No
 - 2a. If yes, what will be the hours of operation for delivery sales?

 - 2b. How will you manage delivery pickups to prevent double parking or other impacts to nearby residents and businesses?

3. Do you plan to offer on-site consumption of cannabis as part of this business? On-site consumption is regulated by [Health Code Article 8A](#).

| | |
|--|---|
| <i>Type A: Pre-packaged Cannabis Products – No Preparation</i> | <i>Type B: Limited Preparation of Cannabis Products</i> |
| <i>Type C: Smoking and/or Vaporizing of Cannabis Products</i> | <i>None Proposed</i> |

4. Please describe any design or operational features you will implement to lessen any increased youth access or exposure to cannabis products.

Cultivation of Cannabis

If your business includes cultivation of cannabis, please complete these additional questions:

1. What steps will you take to reduce the amount of water and electricity used by your business?

2. What steps will you take to limit odors from escaping from the cultivation spaces?

APPLICANT'S AFFIDAVIT

Under penalty of perjury the following declarations are made:

- a) The undersigned is the owner or authorized agent of the owner of this property.
- b) The information presented is true and correct to the best of my knowledge.
- c) Other information or applications may be required.
- d) I hereby authorize City and County of San Francisco Planning staff to conduct a site visit of this property as part of the City's review of this application, making all portions of the interior and exterior accessible through completion of construction and in response to the monitoring of any condition of approval.
- e) I attest that personally identifiable information (PII) - i.e. social security numbers, driver's license numbers, bank accounts - have not been provided as part of this application. Furthermore, where supplemental information is required by this application, PII has been redacted prior to submittal to the Planning Department. I understand that any information provided to the Planning Department becomes part of the public record and can be made available to the public for review and/or posted to Department websites.

Signature

Name (Printed)

Date

Relationship to Project
(i.e. Owner, Architect, etc.)

Phone

Email

For Department Use Only

Application received by Planning Department:

By: _____

Date: _____