



**CITY OF BURLINGAME  
COMMUNITY DEVELOPMENT DEPARTMENT**

**CANNABIS BUSINESS  
DELIVERY ONLY (NO FIXED STOREFRONT)  
OPERATOR PERMIT APPLICATION**

In accordance with the requirements of Burlingame Municipal Code Section 25.48.060, no person or entity shall engage in commercial cannabis activity or operate a commercial cannabis business in the City of Burlingame without possessing a valid Operator Permit from the City and without possessing all other approvals or licenses that may be required pursuant to State law and regulations.

The purpose of this application is to ensure an applicant is qualified under the City's standards to obtain an Operator Permit, including meeting all requirements related to prior criminal convictions. If an application meets the minimum qualifications and satisfies the application requirements outlined in Code Section 25.48.060 of the Zoning Ordinance, the City will then issue the applicant an Operator Permit. All commercial cannabis businesses must obtain an Operator Permit in order to commence and continue operations.

Operator Permits are valid for one (1) year. In the event that a business fails to comply with the requirements of Burlingame Municipal Code Section 25.48.060, Operator Permits may be subject to suspension and/or revocation procedures conducted by the Community Development Director. Providing false, incomplete, or misleading statements to the City as part of the application process is grounds for rejection of an application or suspension/revocation of an Operator Permit.

# CANNABIS OPERATOR PERMIT APPLICATION

## DELIVERY ONLY (NO FIXED STOREFRONT)

### APPLICATION CHECKLIST

*Note: If all required information is not completed, the application will not be accepted by the Community Development Department. An explanation of each item follows this checklist. Provide the requested information as a supplemental sheet to this application, labeled to correspond with the checklist below:*

	Applicant	Staff
1. <b>Business Operators' Information – Attachment 1</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Payment of Application Fee</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Completed Business License Application</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Signed Indemnity Provision – Attachment 2</b>	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Employee Roster/Background Authorization – Attachment 4</b>	<input type="checkbox"/>	<input type="checkbox"/>

1. ***Business Operators' Information – Attachment 1.*** Each applicant shall submit all information related to the business operator necessary for the City to evaluate the business operator, including names, birth dates, addresses, social security numbers, relevant criminal history, relevant work history, names of businesses owned or operated by the applicant within the last 10 years, investor and/or partner information, and Assessor Parcel Number (APN) number of the parcel upon which the business will be located. Such private information will be exempt from disclosure to the public, pursuant to applicable law, to protect an individual's privacy interests and public health and safety. Each applicant shall submit signed authorizations from each owner/operator authorizing the City to conduct a background check.
  
2. ***Payment of Application Fee.*** Applicants shall submit the application fee amount with their applications.
  
3. ***Completed Business License Application.*** Each applicant shall submit proof that either the City has issued the applicant a business license or proof that the applicant has submitted a City business license application. Applications may be found and submitted through the Finance Department website at [www.burlingame.org/finance](http://www.burlingame.org/finance).
  
4. ***Signed Indemnity Provision – Attachment 2.*** The applicant shall sign (and notarize) an indemnity provision providing that to the fullest extent permitted by law, any actions taken by a public officer or employee under the provisions of this Burlingame Municipal Code Section 25.48.060 shall not become a personal liability of any public officer or employee of the City. To the maximum extent permitted by law, operators shall defend (with counsel acceptable to the City), indemnify and hold harmless the City of Burlingame, and its respective officials, officers, employees, representatives, agents and volunteers (hereafter collectively called "City") from any liability, damages, costs, actions, claims, demands, litigation, loss (direct or indirect), causes of action, proceedings, prosecutions for violations of State or Federal law, or judgments (including legal costs, attorneys' fees, expert witness or consultant fees, City Attorney or staff time, expenses or costs) (collectively called "action") caused, in whole or in part, by operator's operation of a commercial cannabis business in the City or associated with any action against the City to attack, set aside, void or annul, any cannabis-related approvals and/or determinations. The

City may elect, in its sole discretion, to participate in the defense of said action, and the operator shall reimburse the City for its reasonable legal costs and attorneys' fees. Operators shall be required to agree to the above obligations in writing and submit said writing as part of the operator permit application.

5. **Employee Roster – Attachment 4.** Each applicant shall submit an employee roster with the names and birth dates of each proposed employee of the operation with a signed authorization from each such employee authorizing the City to conduct a background check.

### Application Fees

1. Operator's Permit Application	<i>\$1,571 (delivery only, no fixed location)</i>
2. Operator's Permit Renewal	<i>\$393 (delivery only, no fixed location)</i>

**Any renewal application shall require a site and/or vehicle inspection and review of all of the information specified in this application.**

**City of Burlingame  
Cannabis Operator Permit Application  
Business Operators' Information  
Attachment 1**

**Complete this form for all Operators or Partners in the proposed business.**

**Operator Name** \_\_\_\_\_  
First Name Last Name DOB SSN

**Proposed Business Address** \_\_\_\_\_  
Street Address Burlingame CA 94010 Assessor's Parcel No.

**List any Criminal Conviction** \_\_\_\_\_

**Relevant Work History** \_\_\_\_\_  
**Names of Previous Businesses**  
**within last 10 years** \_\_\_\_\_

**Investor/Partner Names** \_\_\_\_\_

**Zoning Verification** YOU MUST CHECK THAT YOUR ADDRESS IS LOCATED IN AN APPROPRIATE ZONING DISTRICT IN THE CITY

\_\_\_\_\_  
Zoning Designation

**Mailing Address** \_\_\_\_\_  
Street Address City State ZIP

**Email Address** \_\_\_\_\_

***Signed Authorization Forms for Background Checks for Operators and Partners Must be Attached***



**City of Burlingame  
Cannabis Operator Permit Application  
Employee List  
Attachment 4**

Number	Employee Name	Date of Birth	Address	Social Security Number	Signed Authorization Form for Background Check by the Burlingame Police Department Attached?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**City of Burlingame  
Cannabis Operator Permit Application**

**Operator/Employee Background Check Authorization Form**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

The information contained in this operator/employee background check authorization form is correct to the best of my knowledge.

I, \_\_\_\_\_ (please print), authorize the City of Burlingame ("City") and its designated agents and representatives to conduct a comprehensive review of my background to determine my eligibility to obtain an operator permit at \_\_\_\_\_ (name of employer), a cannabis business proposing to locate in the City of Burlingame. I understand this background check is being conducted as part of the business's Cannabis Operator Permit Application with the City.

Pursuant to Burlingame Municipal Code Section 25.48.060 "Operator Permit Requirements," I fully understand that operator permit holders and all employees and agents of said commercial cannabis business shall be subject to a background search by the California Department of Justice and local law enforcement. I understand that in accordance with Section 25.48.060 individuals who have been convicted of certain types of crimes may not obtain operator permits or work at a commercial cannabis business within the City. I understand that my background check will be reviewed by the City and depending upon the results of my background check, I may be ineligible to receive an operator permit or for employment at a commercial cannabis business within the City.

I further understand that the scope of the background check may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public records relevant to my eligibility for an operator permit or employment at a cannabis business within the City.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to City or its designated agents and representatives pursuant to this background check. I further authorize the complete release of any records or data to the City pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

The City and its designated agents and representatives shall withhold from public disclosure sensitive personal information received pursuant to this authorization in accordance with applicable law including addresses, social security numbers, and dates of birth.

I hereby release the City and its designated agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind (including potential denial or termination of my employment with a commercial cannabis operation in the City or my denial/revocation of an operator permit), which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and conducting of my background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_