



RECREATIONAL MARIJUANA BUSINESS LICENSE APPLICATION

City of Ferndale Community Development Department
2095 Main Street/ PO Box 936
Ferndale, WA 98248 (360) 384-4006
www.cityofferndale.org

New License Application

Annual License Renewal

Type of License:

- Recreational Marijuana Store
- Recreational Marijuana Cultivation Facility
- Recreational Marijuana Products Manufacturer
- Recreational Marijuana Testing Facility

Applicant is applying as:

- Corporation
- Partnership
- Limited Liability Corporation
- Individual/Sole Proprietor
- Association or Other

General Note: Some of the information required by this application may duplicate information required by Washington State and/or the City of Ferndale for other department reviews. Unless the City waives certain requirements for information, applicants will be expected to provide duplicate information. Per RCW 42.56.230, certain information is exempt from public inspection and copying.

Applicant _____

Trade Name (DBA) _____

State Sales Tax No. _____ FEIN No. _____

Address of Premises _____

Parcel No. _____

Applicant Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Applicant Contact Person/Responsible Party _____

Telephone _____ Email Address _____

If applicant is an Individual/Sole Proprietor, complete the following:

Home Address _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ Jurisdiction that issued Driver's License _____



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If applicant is a corporation, partnership, association or limited liability corporation, applicant must list ALL OFFICERS, DIRECTORS, GENERAL PARTNERS, AND MANAGING MEMBERS. In addition, applicant must list any stockholders, partners, or members with OWNERSHIP OF 10% OR MORE IN THE APPLICANT. If necessary, provide additional information on a separate sheet.

NAME	HOME ADDRESS, CITY, STATE & ZIP CODE	DOB	POSITION	% OWNED

Has the applicant or any partner, member, officer, director, or stockholder of the applicant ever been convicted of a felony in a federal, state or other court? Yes No

If yes, please provide the following: (if necessary, provide additional information on a separate sheet)

Name and Location of Court	Charge Convicted of	Sentence	Date of Sentencing	Last date of incarceration/parole/probation

Has the applicant been denied an application for a recreational marijuana license by any jurisdiction? Yes No
 Has the applicant had a recreational marijuana license suspended or revoked by any jurisdiction? Yes No
 Does the applicant have legal possession of the premises for at least 1 year from the date that this license will be issued by virtue of ownership, lease or other arrangement?

Ownership Lease Other (explain in detail) _____
 If owned, attach a copy of any deed reflecting ownership.

If leased, list name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease:

Landlord: _____ Tenant _____ Expires _____

If premises are leased, attach written consent by the owner of the property to the licensing of the premises for a recreational marijuana establishment. The consent must specifically be for recreational operations.



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Are the premises in compliance with all zoning requirements of the Ferndale Recreational Marijuana Code? (FMC 18.67)
_____ Yes _____ No

For recreational marijuana businesses, are the premises to be licensed within 1,000 feet of any elementary or secondary school, playground, recreation center or facility; child care center, public park, public transit center, library; or any game arcade (where admission is not restricted to persons aged 21 or older),? _____ Yes _____ No

Name of manager for licensed premises:

_____ Date of Birth _____
Social Security Number: _____ Driver's License No. _____

Does the applicant propose to have recreational marijuana sales of edible marijuana products on site? _____ Yes _____ No
*If yes, describe the items to be sold: _____

Additional Documents to be submitted for all Applicants:

- Lease or Deed (if leased, must include written consent from property owner for recreational marijuana operations)
- Certificate of Good Standing from WA Secretary of State (entity name must match recreational marijuana applicant name)
- A floor plan, drawn to scale on 8-1/2" x 11" paper, showing the layout of the establishment and the principal uses of the floor area, including a depiction of where any operations and services are proposed to occur on the licensed premises. Please include dimensions, security cameras, and separate pages for each floor level. The floor plan must be stamped by the Community Development Department during its zoning permit review.
- A security plan indicating how the applicant intends to comply with the requirements related to monitoring and securing the licensed premises as required by law.
- Business Operating Plan- (approved by the Washington State Liquor Control Board)
- Evidence of a valid state license for the recreational marijuana business
- Background Check Consent form

Also to be submitted for Recreational Marijuana Retail Stores:

- A description of products and services to be provided, including an indication of whether the establishment proposes to engage in the retail sale of edible marijuana products.
- An area map, drawn to scale on 8-1/2" x 11" paper, indicating land uses of other properties within a 1,000-foot radius of the property upon which the applicant is seeking a license. The map must depict the proximity to the property of any school, child care facility.
- Independent Traffic Study



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Oath of Application:

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct, and complete to the best of my knowledge. I also acknowledge that it is my responsibility and the responsibility of my agents and employees to comply with the provisions of the Ferndale Municipal Code and all Rules and Regulations which govern my Retail Marijuana Establishment License Application. I understand that it is my continuing obligation to update any information on this application, including contact information, as necessary.

Authorized Signature

Title

Date