



## **CITY OF LAKE FOREST**

100 Civic Center Dr

Lake Forest, CA 92630

Phone: (949) 461-3474

Email: [AMelchor@lakeforestca.gov](mailto:AMelchor@lakeforestca.gov)

## **APPLICATION FOR MARIJUANA TESTING LAB PERMIT**

### **REQUIREMENT FOR PERMIT**

A Marijuana Testing Lab permit is required for all businesses at fixed locations within the City that provide Marijuana Testing as defined within Chapter 5.42 of the Lake Forest Municipal Code. It is unlawful for any person to operate or conduct a marijuana testing lab business within the City unless the person: (1) has a valid marijuana testing lab permit from the City; and (2) is currently in compliance with all applicable State and local laws and regulations pertaining to the marijuana testing lab business activity, including, but not limited to, having currently all required and valid license(s) or permit(s) therefore issued by the State and, in accordance with the provisions set forth in Chapter 5.42 of the Lake Forest Municipal Code.

### **MARIJUANA TESTING LAB EXPIRATION AND RENEWAL**

Each Marijuana Testing Lab permit shall expire after one (1) year from the date of issuance of the permit unless renewed in accordance with Chapter 5.42. The applicant requesting renewal of its Marijuana Testing Lab is required to file an application for renewal with the City Manager or his/her designee at least sixty (60) calendar days prior to the scheduled expiration of the permit. The renewal application is required to provide all information required under Section 5.42.090, Marijuana Testing Lab permit application requirements (as described in this packet), and must also state the scheduled date for expiration of the permit for which the applicant is seeking renewal, and provide either a current property owner consent form under which the permittee has operated the marijuana testing lab or evidence that the applicant owns in fee the property at which the applicant operates the marijuana testing lab.

### **ADDITIONAL REQUIREMENTS**

In addition to the requirements set forth in Chapter 5.42 of the Lake Forest Municipal Code regarding an application for a Marijuana Testing Lab, Marijuana Testing Labs are also required to meet the City's Zoning Code requirements, in compliance with Section 9.72.09(A) of the Lake Forest Municipal Code. Marijuana Testing Labs are permitted in the Industrial Zoning Districts with the approval from the Planning Department. Please contact the Planning Department at (949) 461-3491 for additional zoning code requirements.

In order to comply with Section 5.42.090(A)(4), all applicant(s) and owner(s) must undergo a background check with a consultant to the City (information regarding this process will be provided by the City upon submittal of this application).

In order to comply with Section 5.42.190(B), applicant shall require all employees and volunteers to undergo a criminal background check prior to employment. This background check shall be facilitated by applicant and/or owner. No marijuana testing lab or owner thereof may employ any person who has been convicted of a felony within the past seven (7) years to work or volunteer at the marijuana testing lab, unless that felony has been dismissed, withdrawn, expunged or set aside pursuant to Penal Code section 1203.4, 1000 or 1385, or who

is currently on probation or parole for the sale, distribution, possession or manufacture of a controlled substance

## **APPLICATION CONTENT**

All applications for a Marijuana Testing Lab shall set forth the proposed place of business and facilities and the current and valid name and address of the applicant(s). The applicant(s) shall also furnish the following information:

1. A completed Marijuana Testing Lab Application Form (provided in this packet);
2. Evidence that the marijuana testing lab is authorized by the property owner to operate in the proposed location;
3. Map showing that any portion of the building that includes the proposed marijuana testing lab is located at least 600 feet away from any building or outdoor play area related to a school or a day care center, as defined in Health and Safety Code section 1596.76, that is in existence at the time of date of the application;
4. For the applicant and all owners: name and title, percent ownership in the proposed business, mailing address, phone number, email address, copy of government-issued identification;
5. Authorization for the City, its employees and agents to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the application for the permit. Upon receipt of a completed application, the City Manager or his/her designee will cause the Marijuana Testing Lab's proposed site to be inspected for compliance with the requirements of this code and chapter. The City will not issue a Marijuana Testing Lab permit unless and until inspection of the proposed place of business confirms that the facility complies with the requirements of this code and chapter;
6. Whether the applicant and/or any owner has been denied a license or permit related to a marijuana use or has had a license or permit related to a marijuana use suspended or revoked by the State or any other local jurisdiction in the past two years. In the event a license or permit has been denied, suspended or revoked, the applicant shall provide details relating to the type of license or permit applied for, the name of the licensing or permitting authority that made the determination, and the date of denial, suspension, or revocation;
7. A detailed security plan, including a floor plan and written narrative describing measures and methods that will be implemented to deter and prevent the unauthorized entrance into areas containing marijuana or marijuana products and to deter and prevent the theft of marijuana or marijuana products at the marijuana testing lab, including during any power outage. The security plan shall include narrative regarding how the applicant will meet all operational requirements in Section 5.42.180;
8. A marijuana waste and discharge plan that ensures that marijuana sample remnants will be disposed of in a manner that is consistent with State law;
9. The name, address, email address, and phone number of a designated security representative/liaison to the City, who would be reasonably available to meet with the City Manager regarding any security related measures and/or operational issues;
10. A detailed ventilation plan describing the air treatment system, or other measures and methods that will be implemented to prevent offensive odors generated from the testing and/or storage of marijuana from being detected outside the buildings on the site;
11. For the applicant and each owner: An attestation to the following: "Under penalty of perjury, I hereby do declare that the information contained within the application is complete, true, and

accurate. I understand that any misrepresentation on this application is cause for its rejection, denial of a license, or revocation of a permit”;

12. For the applicant and each owner: An attestation that each and every person or entity agrees to indemnify, defend (at his/her/its sole cost and expense), and hold the City of Lake Forest, and its officers, officials, employees, representatives, and agents, harmless, from any and all claims, losses, damages, injuries, liabilities or losses which arise out of, or which are in any way related to, the City’s issuance or failure to issue a marijuana testing lab permit, the City's decision to approve or its refusal to approve the operation of the marijuana testing lab, the process used by the City in making its decision, or the alleged violation of any federal, State or local laws by the marijuana testing lab or any of its officers, employees or agents;
13. Such other information as may reasonably be deemed necessary by the City Manager or determined to be necessary by a consultant to the City to investigate the accuracy and veracity of the information required in the application; and
14. All applicable fees.



# MARIJUANA TESTING LAB APPLICATION

CITY OF LAKE FOREST  
 100 CIVIC CENTER DR  
 LAKE FOREST, CA 92670

PLEASE CONTACT COMMUNITY  
 DEVELOPMENT FOR FILING  
 INSTRUCTIONS AT:  
 (949) 461-3474  
[AMelchor@lakeforestca.gov](mailto:AMelchor@lakeforestca.gov)

GENERAL INFORMATION (All fields must be filled in. If one field does not apply, write "N/A")			
Business Name:		State Business license Number:	
Owner/Entity (List All Officers and Titles, include additional names on separate sheet):		Business Phone No.:	
		Email:	
Business Address:	City:	State:	ZIP:
Mailing Address:	City:	State:	ZIP:
Type of Ownership: <input type="checkbox"/> Partnership: Provide a list of the names and residence addresses of each of the partners, including limited partners.  <input type="checkbox"/> LLC: Provide a list of the names and residence addresses of each of the limited liability company's current officers, and/or directors, and/or each member, or other persons who have an ownership interest in the limited liability company.  <input type="checkbox"/> Corporation: Provide a list of the names and residence addresses of each of the corporation's current officers, and/or directors and/or each member, or other persons who have an ownership interest in the corporation.  <input type="checkbox"/> Sole Ownership: Complete the information below.			

PROPOSED LOCATION (All fields must be filled in. If one field does not apply, write "N/A")			
Property Owner Name:			
Address:	City:	State:	Zip:
Phone:	Email:		
Proposed Location Square Footage:			

APPLICANT'S INFORMATION (All fields must be filled in. If one field does not apply, write "N/A")		
Last Name:	First Name:	Middle:
Alias or Maiden Names:		

Home Address:			
City:	State:	Zip:	Phone:
Date of Birth:	Place of Birth:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex:	Height:	Weight:	Hair: Eyes:
Driver's License No.	State:	SSN:	Other Licenses Held:
Preferred Language:	Email:		

APPLICANT'S RESIDENCY (All fields must be filled in. If one field does not apply, write "N/A")	
Complete Residence Address for the last five (5) years.	# of years
1.	
2.	
3.	
4.	
5.	

CRIMINAL RECORD (All fields must be filled in. If one field does not apply, write "N/A")		
Have you ever been convicted of any felony within the last seven (7) years and/or are you currently on probation or parole, for the sale, distribution, possession, or manufacture of a controlled substance and/or have criminal charges pending for either of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attach a list if needed.		
Original Arrest Charge (Crime):	Arresting Agency:	Date of Violation:
Disposition of Charge:	Final Charge	Date of Disposition:
Original Arrest Charge (Crime):	Arresting Agency:	Date of Violation:
Disposition of Charge:	Final Charge	Date of Disposition:

**MARIJUANA LICENSING/PERMITTING HISTORY (All fields must be filled in. If one field does not apply, write "N/A")**

Have you ever been denied a license or permit related to a marijuana use or had a license or permit related to a marijuana use suspended or revoked by the State or any other local jurisdiction in the past two (2) years?

Yes  No

Attach a list if needed.

Type of license or permit:	Permitting Authority:	Date of Denial, Suspension, or Revocation:
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Please Explain:

Type of license or permit:	Permitting Authority:	Date of Denial, Suspension, or Revocation:
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Please Explain:

**HOURS OF OPERATIONS (All fields must be filled in. If one field does not apply, write "N/A")**

List Hours of Operation

MON	TUES	WEDS	THURS	FRI	SAT	SUN
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

**SECURITY REPRESENTATIVE/LIAISON (Attach a list if needed)**

Full Name and Address:	Email Address:	Phone Number:
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Full Name and Address:	Email Address:	Phone Number:
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**APPLICATION SUBMITTAL CHECKLIST**

Applicants failing to submit all of the following items will be determined ineligible and will not move forward to Phase 2 of the application process. A complete application packet will contain all of the following items:

- One (1) printed hard copy of a complete and signed Marijuana Testing Lab Application
- A signed Property Owner Consent form
- Map showing that any portion of the building that includes the proposed marijuana testing lab is located at least 600 feet away from any building or outdoor play area related to a school or a day care center
- Security Plan
- Marijuana Waste and Discharge Plan
- Ventilation Plan
- Deposit Payment

\*Additional documentation will be required once application is approved.



**CITY OF LAKE FOREST | CODE ENFORCEMENT DIVISION**

100 Civic Center Dr  
Lake Forest, CA 92630  
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**ACKNOWLEDGMENT TO BE COMPLETED BY OWNER(S) OR PRINCIPAL OFFICER(S)**

- \_\_\_\_\_ I have read Lake Forest Municipal Code Chapter 5.42 Marijuana Testing Labs in its entirety and I understand the provisions, requirements and responsibilities set forth in Lake Forest Municipal Code Chapter 5.42.
- \_\_\_\_\_ I authorize the City, its officers, agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and to ensure compliance with the provisions of Lake Forest Municipal Code Chapter 5.42 and other applicable City, State, and Federal laws.
- \_\_\_\_\_ I acknowledge that the applicant, owner(s), operator(s), and manager(s) shall each be responsible to ensure a criminal background check is completed on all employees and volunteers, as required by Section 5.42.190 .
- \_\_\_\_\_ I attest that each and every person or entity agrees to indemnify, defend (at his/her/its sole cost and expense), and hold the City of Lake Forest, and its officers, officials, employees, representatives, and agents, harmless, from any and all claims, losses, damages, injuries, liabilities or losses which arise out of, or which are in any way related to, the City's issuance or failure to issue a marijuana testing lab permit, the City's decision to approve or its refusal to approve the operation of the marijuana testing lab, the process used by the City in making its decision, or the alleged violation of any federal, State or local laws by the marijuana testing lab or any of its officers, employees or agents.
- \_\_\_\_\_ Under penalty of perjury, I hereby do declare that the information contained within the application is complete, true, and accurate. I understand that any misrepresentation on this application is cause for its rejection, denial of a license, or revocation of a permit

I, the undersigned, understand that before I can operate my business in Lake Forest, the establishment must comply with all applicable City laws and regulations and must receive all necessary Federal, State and local permits. **I declare that I am authorized to complete this application and that the information and statements provided are true and correct, under penalty of perjury.**

Signature: \_\_\_\_\_ Print Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY OWNER CONSENT FORM**

Re: Marijuana Testing Lab

I \_\_\_\_\_, as (circle one) owner/agent of the property located at (address) \_\_\_\_\_, give my permission for (name of tenant/lessee) \_\_\_\_\_, to operate a Marijuana Testing Lab at the above address.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Owner/Agent

\_\_\_\_\_  
Phone Number of Owner/Agent



**OWNER INFORMATION**

**It must be completed by all owners. Ownership percentage should equal 100%.**

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

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

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

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

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

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

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

**Ownership %** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Background Information Included as required?  Yes  No

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

**Add more pages as necessary to accommodate all Marijuana Testing Lab Owners**