



Application for Permit to Operate an Onsite Cannabis Consumption Facility

This Permit to Operate does NOT exempt the operator from OSHA mandated requirements.

- Permit Type: J03 Onsite Consumption of Prepackages Cannabis Edibles (No Preparation) (Type A)
J04 Onsite Consumption Including Onsite smoking and Vaporizing (Type C)
J05 Onsite Consumption of cannabis infused edibles with limited preparation (Type B)

Date of Application: Business Registration:

Ownership Change New Installation Reclassification Record Purpose

Business Owner(s) Name:

DBA:

Business Address:

Cross Street: Business Phone #:

Main Contact:

Sole Owner Partnership Corporation LLC LP

Permit to be Issued in name(s) of or if Corporation, specify Corporation name and list principal officers:

Owner/Corporation Mailing Address:

Owner Phone #: Emergency Contact:

Alternate Phone #: E. C. Phone #:

Signature(s) of Applicant(s):*

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the license, or revocation of a license issued.

X X

X X

*If Partnership, all partners must sign. If Corporation, authorized Officer must sign.

For Department of Public Health Office Use Only

Special Notes:

Inspector's Report

To the Director of Public Health:

After having made a careful inspection in the above case on , 20

I recommend the issuance of a New Permit to operate

I disapprove the issuance of a New Permit to operate for the following reasons:

X Principal Inspector

X Inspector

Table with 5 columns: Loc. ID #, Census Tract, Permit #, Type of Permit/Classification/Limitations, Bus. Cert. #:



Onsite Cannabis Consumption Planning Referral

For Health Department Use Only	
Date of Application: _____	Date to Zoning: _____
Inspector: _____	Telephone: _____

Notes to Planning from DPH: _____

To be Completed by Applicant

Cannabis Consumption Type Proposed: Type A Type B Type C

Dispensary DBA: _____

Address: _____ Zip: _____

Existing Business Use: _____

Floor(s) the consumption area occupies? *(check all that apply)* Street Level Other than street level

Dispensary Square Footage: _____ Consumption Area Square Footage: _____

Applicant's Name: _____

Mailing Address: _____

City, State: _____ Zip Code: _____

Applicant's Contact Number: _____

For Department of City Planning Use Only		
Zoning: _____	Block: _____	Lot: _____
Limitations or Conditions (if any): _____		
Planning Case #: _____		
Does planning approve or disapprove the onsite consumption of cannabis at the above referenced location?		
Approved: _____	Date: _____	
(Planner's Signature)		
Disapproved: _____	Date: _____	
(Planner's Signature)		
Supporting documents attached: Yes No		



DPH Fire Marshal Referral

Fire Marshal
 Division of Fire Prevention & Investigation
 698 2nd Street, Room 109
 San Francisco, CA 94107

This section to be completed by Owner/Operator

By filling out this form, I acknowledge that I am required to schedule and pass a Fire Clearance inspection with SFFD, and will contact SFFD to schedule and pay for the inspection, at (415) 554-8927.

Location: _____ DBA: _____ Bus. Type: _____

Change of ownership only and no change to previous operation: Yes NO

Is the occupancy or number of seats greater than 49? Yes NO

Do you have gas or open flame cooking equipment? Yes NO

Are you constructing a new facility? Yes NO

Are you remodeling the facility? Yes NO

Are you operating now? Yes NO

If no, what date do you anticipate opening: _____

Owner/Operator Name: _____ Owner Address: _____

Business Phone: _____ Email: _____ Cell to Arrange Inspection: _____

This section to be completed by Department of Public Health Staff

Date: _____ Inspector: _____ DPH Receipt #: _____

HD: _____ Phone: _____ Fax: _____

Fire Marshal, the business named above warrants your timely inspection for fire clearance:

Fire clearance is required before approval and issuance of a new Health Permit for this type of facility.

This facility was observed to have questionable or hazardous conditions: _____

For informational purposes only (No response required). Fire Inspection Fees to be collected by SFFD.

This section to be completed by SFFD Staff

Approved Fire Safety

Disapproved Fire Safety: _____

Pending Clearance: _____

(Attach a copy of pending SFFD document or NOV)

Date: _____ Inspector: _____ Phone _____



Declaration of Healthy and Safe Working Conditions
Declaración de Condiciones de Trabajo Sanas Y Seguras
健康及安全工作條件聲明
Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho

The Department of Public Health is responsible for ensuring healthy and safe conditions for those working and living in San Francisco. Establishments permitted by the Department must remain compliant with all laws.

El Departamento de Salud es responsable de asegurar condiciones saludables y seguras para las personas que trabajan y viven en San Francisco. Establecimientos permitidos por el Departamento deben cumplir con todas las leyes.

衛生署是負責確保於三藩市工作及居住的人士有一健康和安全的環境。從衛生署取得許可營運的設施/場所必須保持遵守所有法律。

Ang Kagawaran ng Pamublikong Kalusugan ay may pananagutan para sa pagtiyak ng mabuti at ligtas na mga kondisyon para sa mga nagtatrabaho at naninirahan sa San Francisco. Ang mga establisyemento na pinahihintulutan ng Kagawaran ay dapat manatiling sumusunod sa lahat ng mga batas.

Owner/Operator:	
DBA/Name of Business:	
Business Address:	San Francisco, CA 941

翻譯及你的簽署聲明在本頁後面。

¡Ojo! La traducción y firma de su declaración se encuentra en la parte posterior de esta página.

Ang pagsasalin at paglagda ng iyong deklarasyon ay nasa likod ng pahinang ito.

1.	I understand that this business must comply with all local, state, and federal labor laws in order to obtain and maintain a valid Permit To Operate from the Department. I affirm that as an operator of the above business, I am aware of and agree to comply with the following laws when applicable to my business:	
	<ul style="list-style-type: none"> • San Francisco Labor Codes <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 4—Have and maintain Workers Compensation Insurance or be self-insured) <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 2—Employment Regulation and Supervision <input type="radio"/> Yes <input type="radio"/> No • California Labor Code Division 5—Occupational Health and Safety <input type="radio"/> Yes <input type="radio"/> No • All other federal, state, and local labor codes <input type="radio"/> Yes <input type="radio"/> No 	
2.	I will request my provider of Workers Compensation Insurance to designate as a “Certificate Holder” the SF Environmental Health Branch at 49 South Van Ness Ave, #600, San Francisco, CA 94103.	<input type="radio"/> Yes <input type="radio"/> No

I am the owner or authorized agent of the owner of this business. I declare under penalty of perjury that the information on this Declaration of Healthy and Safe Working Conditions is true and correct.

Print Name	Signature	Date
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I acknowledge that failure to comply with all applicable federal, state, and local labor laws may result in suspension or revocation of my Permit To Operate issued by the San Francisco Department of Public Health or a referral to the applicable federal, state, or local agency for enforcement.

Print Name	Signature	Date
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1. 為了獲得與保持公共衛生署發出的有效營運許可証，我明白此設施/場所必須遵守全部本地、州、和聯邦政府的勞工法例。我申明作為上述設施/場所的營運商，我了解並同意遵守以下的法例：

- 三藩市勞工法 會 不會
- 加州勞工法第4部分 - 具備維護工人賠償保險或自我保險 會 不會
- 加州勞工法第2部分 - 就業監管與監督 會 不會
- 加州勞工法第5部分 - 職業健康及安全 會 不會
- 所有其它的聯邦、州、和本地勞工法 會 不會

2. 我將會要求我的工人賠償保險提供者指定位於49 South Van Ness Ave, #600, San Francisco, CA 94103 的三藩市環境衛生部 (SF Environmental Health Branch) 為“證書持有者”。 會 不會

本人是本企業的擁有着或其授權代理人。在會觸及偽證處罰情況下，本人聲明本健康及安全工作條件聲明中的資訊均是真實與正確。

以正楷英文清楚寫上姓名 簽名 日期

我確知如不遵守所有實施的聯邦、州、及本地勞工法例會導致三藩市公共衛生署簽發給我的營運許可証被中止或撤銷或我會被轉介到相關的聯邦、州、或本地執法機構。

清楚寫上姓名 簽名 日期

1. Yo entiendo que este negocio debe cumplir con todas las leyes laborales locales, estatales y federales con el fin de obtener y mantener un Permiso Para Operar válido del Departamento de Salud Pública. Yo afirmo que como operador del negocio mencionado arriba, estoy consciente de y acepto cumplir con las siguientes leyes, cuando si aplicable a mi negocio:

- Ordenanzas laborales de San Francisco Sí No
- División 4 del Código Laboral de California -Tener y mantener Seguro de Compensación de Trabajadores o tener su propio seguro) Sí No
- División 2 del Código Laboral de California - Regulación y Supervisión del Empleo Sí No
- División 5 del Código Laboral de California - Salud y Seguridad Ocupacional Sí No
- Todos los demás códigos laborales federales, estatales y locales Sí No

2. Solicitaré a mi proveedor de Seguro de Compensación del Trabajador que designe como "Titular de Certificado" la Subdivisión de Salud Ambiental de SF en el 49 South Van Ness Ave, #600, San Francisco, CA 94103 Sí No

Soy el propietario o un representante autorizado del propietario de este negocio. Declaro bajo pena de perjurio que la información en esta Declaración de Condiciones Trabajo Saludables y Seguras es verdadera y correcta.

Escribir Nombre Firma Fecha

Yo reconozco que incumplimiento de todas las leyes laborales federales, estatales y locales puede resultar en la suspensión o revocación de mi Permiso Para Operar emitido por el Departamento de Salud Pública de San Francisco o ser referido a la agencia federal, estatal, o local aplicable para hacer cumplir la ley.

Escribir Nombre Firma Fecha

1. Nauunawaan ko na itong negosyo ay dapat sumunod sa lahat ng lokal, estado, at pederal na batas sa paggawa upang makakuha ng at mapanatili ang isang may-bisang permiso na mangasiwa mula sa Kagawaran. Pinagtibay ko na bilang isang tagapangasiwa ng negosyong ito, nababatid at sinasang-ayunan ko ang mga sumusunod na batas kung naaangkop sa aking negosyo

- San Francisco Labor Codes Oo Hindi
- California Labor Code Division 4—Magkaroon at magpanatili ng Workers Compensation Insurance o self-insurance. Oo Hindi
- California Labor Code Division 2—Regulasyon ng trabaho at pangangasiwa Oo Hindi
- California Labor Code Division 5—Kalusugan at kaligtasan sa trabaho Oo Hindi
- Lahat ng iba pang mga pederal, estado at lokal na batas sa paggawa Oo Hindi

2. Ako ay hihiling sa aking tagalaan ng Workers Compensation Insurance upang maitalaga bilang isang "Certificate Holder" ang SF Environmental Health Branch sa 49 South Van Ness Ave, #600, San Francisco, CA 94103 Oo Hindi

Ako ang may-ari o ang awtorisadong ahente ng may-ari ng negosyong ito. Idinedeklara ko sa ilalim ng parusa sa panunumpa nang walang katotohanan na totoo at tama ang impormasyon sa Deklarasyon ng Mabuti at Ligtas na Kondisyon sa Trabaho na ito.

Pangalan Lagda Petsa

Tinatanggap ko na ang hindi pagsunod sa lahat ng mga pederal, estado, at lokal na batas sa paggawa ay maaaring magdulot ng suspensyon o pagbawi ng aking permiso na mangasiwa na ibinigay ng Kagawaran ng Pamublikong Kalusugan ng San Francisco, o isang pagsangguni sa angkop na pederal, estado, o lokal na ahensiya para sa pagpapatupad.

Pangalan Lagda Petsa



Labor Law Checklist For San Francisco Business Owners

AS A SMALL BUSINESS OWNER, YOU ARE RESPONSIBLE FOR COMPLYING WITH FEDERAL, STATE, AND LOCAL LABOR LAWS.

THIS CHECKLIST IS FOR YOUR USE AND DOES NOT NEED TO BE SUBMITTED. IT WILL HELP YOU COMPLY WITH THE MOST IMPORTANT SAN FRANCISCO AND CALIFORNIA LABOR LAWS. IT IS NOT A COMPLETE LIST, AND IT IS NOT INTENDED AS LEGAL ADVICE. CONTACT THE LABOR LAW AGENCIES LISTED AT THE END OF THIS CHECKLIST FOR DETAILED INFORMATION.

WAGES

- 1. Pay all workers the *San Francisco* Minimum Wage, which adjusts annually. Maintain time and payroll records.
- 2. Pay overtime pay of 1.5 times for hours over 8 per day or 40 per week.
- 3. Pay all wages within legal timeframe when employees terminate their employment.
- 4. Display posters about wages, unemployment, and pay day.

REST BREAKS

- 5. Provide 10 minutes of paid break for every 4 hours worked.
- 6. Provide 30 minutes of uninterrupted unpaid break for every 5 hours worked.

HEALTH BENEFITS

- 7. Provide 1 hour of paid sick leave for every 30 hours worked.
- 8. Contribute towards health care if you have more than 20 employees.
- 9. Provide up to 12 weeks of unpaid medical leave if you have more than 50 employees.
- 10. Purchase workers compensation insurance for all employees.
- 11. Deduct disability insurance.
- 12. Display posters about sick pay and workers compensation benefits.

YOUNG WORKERS

- 13. Ask for work permits if under 18.
- 14. Schedule them to work not too many hours or too early or late in the day.
- 15. Assign teens low-risk job tasks.

SAFETY AND HEALTH PROTECTION

- 16. Prepare and implement an Injury and Illness Prevention Program.
- 17. Identify and correct unsafe and hazardous conditions.
- 18. Establish safe working procedures.
- 19. Provide and maintain all safety tools and equipment that employees need.
- 20. Make available to employees a Material Safety Data Sheets for each chemical used.
- 21. Provide training on hazards, safe operating procedures, and the use of safety equipment. Use visual aids (signs, labels, posters) to reinforce training.
- 22. Keep 3 feet clearance (no storage) in front of electrical panels. Replace damaged electrical cords. Replace missing covers of electrical boxes.
- 23. Inspect first aid kits regularly, replenish materials as needed.
- 24. Keep aisles and exit route clear of obstructions. Keep floors clean and dry or supply mats. Clean up spills immediately.
- 25. Report serious injury, illness, or death to Cal-OSHA immediately.
- 26. Keep records of injuries and illnesses as well as insurance claims related to work place injuries. If using a Log 300, records workplace injuries and illnesses on the log.
- 27. Provide medical exams if required by law and provide employees access to their medical records and results of workplace chemical exposure records.
- 28. Post Cal-OSHA Safety & Health Protection on the Job poster.

OTHER GENERAL RESPONSIBILITIES

- 29. Provide equal employment opportunities regardless of race, color, religion, sex, or national origin, disabilities, marital status, or age.
- 30. Prohibit sexual harassment or other types of harassment towards employees who have refused to do unsafe work or have made a complaint to a labor law enforcement agency.
- 31. Allow workers to organize and form a union.

WHERE TO GET MORE INFORMATION

Item #	Agency
1	SF-OSLE
2	CA-DLSE
3	CA- DLSE
4	SF-OSLE
5	CA- DLSE
6	CA- DLSE
7	SF-OSLE
8	SF-OSLE
9	FEH
10	WC
11	EDD
12	WC, SF-OSLE
13	CA- DLSE
14	CA- DLSE
15	CA- DLSE
16	Cal-OSHA
17	Cal-OSHA
18	Cal-OSHA
19	Cal-OSHA
20	Cal-OSHA
21	Cal-OSHA
22	Cal-OSHA
23	Cal-OSHA
24	Cal-OSHA
25	Cal-OSHA
26	Cal-OSHA
27	CA-OSHA
28	Cal-OSHA
29	FEH
30	FEH
31	NLRB

Agency List

- ➔ **(CA-DLSE)** Department of Industrial Relations
Division of Labor Standards Enforcement
455 Golden Gate Ave., 10th fl.
San Francisco, CA 94102
(415) 703-5300 www.dir.ca.gov/dlse
- (Cal-OSHA)** Department of Industrial Relations
California Occupational Safety and Health Administration
121 Spear Street, Room 430
San Francisco, CA 94105
(415) 972-8670 www.dir.ca.gov/dosh
- ➔ **(EDD)** Employment Development Department
745 Franklin Street, #300
San Francisco, CA 94102
(800) 480-3287 www.edd.ca.gov
- (FEH)** Department of Fair Employment and Housing
2218 Kausen Dr., #100
Elk Grove, CA 95758
(800) 884-1684 www.dfeh.ca.gov
- (NLRB)** National Labor Relations Board
901 Market Street, #400
San Francisco, CA 94103
(415) 356-5130 www.nlr.gov
- ➔ **(SF-OSLE)** Office of Labor Standards Enforcement
1 Dr. Carlton B. Goodlett Place, Room 430
San Francisco, CA 94102
(415) 554-6271 www.sfgov.org/olse
- (WC)** Department of Industrial Relations
Division of Workers' Compensation
455 Golden Gate Ave., 2nd fl.
San Francisco, CA 94102
(415) 703-5011 www.dir.ca.gov/dwc