

**Monterey County Board of Supervisors  
Referral Submittal Form**

**Referral No. 2022.20**  
**Assignment Date: 09/27/22**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:**

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| Date: 9/2/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Submitted By: Supervisor Lopez | District #: 3                                                                                                                                                                                                                                                   |
| Referral Title: Review of Local Requirement for Commercial Cannabis Operators                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                                                                                                                                                                                                 |
| Referral Purpose: To consider a review of the department specific local requirements for commercial cannabis operators to achieve local authorization for the transition from a Department of Cannabis Control Provisional License to Annual Licensure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                                                                                                                                                                                                                                                 |
| <p>Brief Referral Description (attach additional sheet as required):</p> <p>The Department of Cannabis Control is sunsetting the issuance and renewal of provisional licensing through 2025, which is dependent on the type and scale of the operation. To obtain an annual license, operators must satisfy all local requirements.</p> <p>Due to the ongoing market downturn, rising material and labor costs, a shortage of local professional service providers, and continued supply chain disruption, operators are facing difficulty in completing their required planning and building permits.</p> <p>This is a formal request to review department specific local requirements and identify where it may be possible to provide local authorization for annual licensure so that operations may continue in the interim period.</p> <p>The primary outstanding requirements include meeting all land use permit conditions (Housing and Community Development, Planning), septic and water systems (Environmental Health Bureau), bringing existing structures into compliance including but not limited to various required building permits (Housing and Community Development, Building), and being current on commercial cannabis business tax and fees including local taxes and fees as well.</p> <p>43 of the 92 cannabis land use applications have been approved, however only 14 have been cleared 14 of the 104 cannabis business permit applications have been issued, where the remaining 78 are operational and 12 are non-operational.</p> |                                |                                                                                                                                                                                                                                                                 |
| <b>Classification - Implication</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | <b>Mode of Response</b>                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Ministerial / Minor<br><input type="checkbox"/> Land Use Policy<br><input type="checkbox"/> Social Policy<br><input type="checkbox"/> Budget Policy<br><input checked="" type="checkbox"/> Other: <u>Cannabis Program</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | <input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <b>Requested Response Timeline</b>                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | <input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks<br><input type="checkbox"/> Status reports until completed<br><input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____ |

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s)  
Completed by CAO's Office:**

|                                                       |                                        |                                  |
|-------------------------------------------------------|----------------------------------------|----------------------------------|
| Department(s):<br><u>County Administrative Office</u> | Referral Lead:<br><u>Joann Iwamoto</u> | Board Date:<br><u>09/27/2022</u> |
|-------------------------------------------------------|----------------------------------------|----------------------------------|

**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

|                |                |       |
|----------------|----------------|-------|
| Department(s): | Referral Lead: | Date: |
|----------------|----------------|-------|

**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:

Analysis Completed By:

**Department's Recommended Response Timeline**

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

☐ By requested date

☐ 2 weeks      ☐ 1 month      ☐ 6 weeks      ☐ 6 months

☐ 1 year      ☐ Other/Specific Date: \_\_\_\_\_

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:

Board Item No.:

Referrals List Deletion:

**Note:** Please cc Claudia Escalante, Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.