



**CITY OF OAKLAND
Office of the City Administrator**

SPECIAL EVENT PERMIT APPLICATION FOR TEMPORARY CANNABIS EVENTS

Please complete this form by typing in the information on the interactive form provided

A. Applicant Information

1. Applicant Name: _____
2. DBA of the Applicant (If Applicable) _____
3. Mailing Address: _____
City/Zip: _____
4. Email: _____
5. Phone: _____
6. (If Applicable) Website for Applicant: _____
7. State Event Organizer License Number _____
State Event Organizer License Expiration Date: _____
Please attach a copy of Applicant's state event organizer license.
8. Federal Employer Identification Number: _____
9. State Employer Identification Number: _____
10. Please attach a copy of Applicant's current City of Oakland business tax certificate.
11. Have you ever held a cannabis event before? Yes No

If yes, please provide references from previous events starting with the most recent:

Name of Event:	
Event Date:	Event Location:
Name of Reference:	
Contact Info for Reference:	

Name of Event:	
Event Date:	Event Location:
Name of Reference:	
Contact Info for Reference:	

B. Event Information

- 1. Name of Proposed Cannabis Event: _____
- 2. Date(s) of Proposed Event: _____
- 3. Hours of Proposed Event: _____
- 4. Address of Proposed Event¹: _____

a. If the proposed event will take place on private property, please attach authorization from the property owner for this event to be held at the identified address.

- 5. Estimated Number of Event Attendees: _____
- 6. Please attach a copy of a clearance or Public Assembly Permit from the Fire Prevention Bureau.
- 7. If food sales will take place, please attach a Permit from Alameda County Environmental Health.
- 8. Please attach an itinerary of the proposed event that includes set up, event activities, and break down of the event.
- 9. Please attach a diagram of the physical layout of the event. The diagram must indicate where the event will take place on the location grounds, all entrances and exits to be used by participants at the event, all cannabis consumption areas, all retail areas where cannabis goods will be sold, where cannabis goods and waste will be stored, and the specific location of each cannabis licensee participating in the event.

10. Is there a license for the sale of alcohol or tobacco at the proposed location of the event?

- Yes No Not Sure

a. If the proposed location has an alcohol license, please provide a copy of the completed ABC 213 form to surrender the alcohol license.

11. Primary Point of Contact During the Event

- Same Contact Information as Applicant

Name: _____
Email: _____
Phone: _____
Mailing Address: _____
City/Zip: _____

¹ Please note pursuant to OMC 5.80.030 no more than twelve permits for a special event involving the sale of cannabis may be issued for the same location or the same individual or entity per calendar year.

C. Cannabis Licensee Information

1. Please list below all cannabis licensees that will be selling cannabis products at the event. Attach additional pages as necessary. Per Bureau of Cannabis Control Regulations Section 5602(c), please note only state licensed retailers and microbusinesses authorized to conduct retail can sell cannabis products at temporary cannabis events.

	LICENSEE NAME	LICENSE TYPE	STATE LICENSE NUMBER	LICENSE EXPIRATION DATE
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2. For each licensee, please attach a copy of their current City of Oakland business tax certificate.
3. For each licensee, please attach a list of all employees that will be providing cannabis products at the event.
4. Any changes to the list of licensees or employees after submission of the Special Event Permit Application For Temporary Cannabis Events must be submitted to the Special Activity Permits Division at least one week in advance of the event.

D. Onsite Consumption Information

1. Will cannabis be consumed at the event?
 Yes No

If you answered No, please skip to Section E. If you answered yes, please attach an Onsite Consumption Plan that outlines:

- The different forms of onsite consumption that will be allowed;
- Where the consumption will take place;
- How the Applicant will deter drugged driving;
- How Applicant will ensure cannabis consumption will not be visible from a public place or by people under age of 21.
- How Applicant will ensure no consumption/sale of alcohol and tobacco will take place.
- Whether any consumption will take place within 1,000 feet of a school, day care or youth center while children are present.

2. Will cannabis be smoked at the event?
 Yes² No

If you answered No, please skip to Section E. If you answered Yes, please clarify where the smoking will take place:

- In an enclosed area In an unenclosed area

E. Security Information

Please attach a Security Plan along with a list of all Security Guards and their Guard Card license numbers. All security personnel shall be licensed per Business and Professions Code 7582.

F. Insurance

The special event applicant must have a general liability insurance policy in effect at the time of the event with limits not less than \$1,000,000 each occurrence and aggregate. “The City of Oakland, its councilmembers, directors, officers, employees, agents, and volunteers” shall be named as additionally insured on the Certificate of Insurance.

Please attach a copy of the Certificate of Insurance to this application.

² Please note OMC 8.30 restricts where smoking can take place in the City of Oakland, such as enclosed areas that are places of employment and unenclosed areas that are recreational areas. For more information, please visit: https://library.municode.com/ca/oakland/codes/code_of_ordinances?nodeId=TIT8HESA_CH8.30SM

G. Hold Harmless and Oath of Application

The permittee agrees to indemnify and hold harmless the City of Oakland, its officers, agents, employees and volunteers, and each of them, from any suits, claims, or actions brought by any person or persons, corporations, government agencies or other entities on account of any activities associated with this permit such as but not limited to cannabis distribution or sales.

I declare under penalty of perjury that to the best of my knowledge, the information contained in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the City of Oakland to properly evaluate the applicant's qualifications for a Cannabis Special Event Permit Application.

I agree and recognize that I am responsible for obeying all Federal, State, County and local laws. I further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the City of Oakland to deny this permit application.

Signed: _____ Date: _____

ATTACHMENTS

Please ensure your application has the following items enclosed:

A. Applicant Information

- Copy of State Event Organizer License
- Copy of Applicant's City of Oakland Business Tax Certificate

B. Event Information

- Authorization from Private Property Owner if Applicable
- Copy of Fire Clearance or Public Assembly Permit
- Copy of Alameda County Health Permit (if required)
- Event Diagram
- Itinerary of the Event
- Copy of ABC 231 form to surrender Alcohol License (if required)

C. Cannabis Licensee Information

- Copy of City of Oakland Business Tax Certificate for each Retailer, Delivery-Non-Storefront or Microbusiness license
- List of Licensee Employees

D. Onsite Consumption Information

- Onsite Consumption Plan (if required)

E. Security Information

- Security Plan
- Security Guard list with Guard Card Numbers

F. Insurance

- Certificate of Insurance