



REC. CANNABIS PERMIT APPLICATION

Community Development Department

VILLAGE OF LOS LUNAS
660 Main Street NW
PO Box 1209
Los Lunas, NM 87031
(505) 839-3842

1. APPLICANT, BUSINESS, AND LICENSE INFORMATION

Applicant(s) _____ **Business** _____

Phone _____ Email Address _____

Mailing Address _____ City _____ State _____ Zip _____

NM CRS Identification No. _____ NM Cannabis License No. _____

Are you the property owner? yes no **If no, please complete the following section:**

Property Owner(s) _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

2. PROPERTY INFORMATION

Address _____ City Los Lunas State NM Zip 87031

Property Identification Number (UPC) _____ Current Land Use _____

Current Zoning _____ Proposed Zoning (Enter only if applying for zone change) _____

What is the distance in feet to the closest significant facility below?
Measure distance from property line to property line in all directions. If you return no results within 300ft, enter N/A.

| Facility | Distance | Facility | Distance |
|----------------|----------|----------|----------|
| Daycare Center | Feet | School | Feet |

3. CANNABIS ESTABLISHMENT TYPE

Check the cannabis activity type(s) that will be present on the licensed premises.

| License Type | Check Box | License Type | Check Box |
|--|--------------------------|---------------------------|--------------------------|
| Cannabis Testing/Research Lab | <input type="checkbox"/> | Cannabis Retailer | <input type="checkbox"/> |
| Cannabis Producer Microbusiness | <input type="checkbox"/> | Cannabis Producer | <input type="checkbox"/> |
| Integrated Cannabis Microbusiness | <input type="checkbox"/> | Cannabis Manufacturer | <input type="checkbox"/> |
| Vertically Integrated Cannabis Establishment | <input type="checkbox"/> | Cannabis Consumption Area | <input type="checkbox"/> |

4. SIGNATURE(S) OF AUTHORIZED APPLICANT(S)

I understand my signature indicates that all of the information contained on this application is true and correct, and that the Community Development Department approval of this recreational cannabis permit is dependent upon me abiding by all regulations found in the Village of Los Lunas Municipal Code, Chapter 17.50.

Printed Name _____ Signature _____ Date ____ / ____ / ____

Printed Name _____ Signature _____ Date ____ / ____ / ____

OFFICE USE ONLY

Case #: _____ Received Date: ____ / ____ / ____ APPLICATION FEE: _____ \$200.00

IS THIS PREMISES IS WITHIN 300 FEET OF ANY SIGNIFICANT FACILITIES ABOVE?: YES NO

COUNCIL REVIEW DATE: ____ / ____ / ____ (6:00 pm, Council Chambers, Village Hall Building)

Fee Schedule:

ADDITIONAL REQUIRED DOCUMENTATION

Please include the following with your application:

REVIEW OF MUNICIPAL CODE

Requirements and procedures are covered in the following chapters of the Los Lunas Municipal Code:

- Chapter 13.24: Water Rights Required
- Title 15: Buildings and Construction
- Chapter 17.40: Permissible Uses
- Chapter 17.50: Recreational Cannabis

Applicants may review the Municipal Code in the Village of Los Lunas Administrative Office, 660 Main Street N.W. Los Lunas, New Mexico from 8:00 to 5:00 p.m. Monday through Friday. The Municipal Code is also available for review on the Village of Los Lunas website, at www.loslunasnm.gov, under the Residents heading.

PRE-APPLICATION MEETING

The applicant shall meet with a staff planner to discuss the application and process.

CANNABIS CONTROL DIVISION APPLICATION & LICENSE

Each Los Lunas recreational cannabis application must include a copy of the complete NMRLD Cannabis Control Division application and license.

- | | |
|--|---|
| <input type="checkbox"/> VLL Business Registration & CCD License | <input type="checkbox"/> Building and Site Plan |
| <input type="checkbox"/> Fire Inspection | <input type="checkbox"/> Property boundary with licensed structure(s) |
| <input type="checkbox"/> Zoning Verification | <input type="checkbox"/> Interior Floor Plan: Equipment, walls, doors, windows, lights with max wattage or equivalent, & room descriptions. |
| <input type="checkbox"/> Premises Ownership Statement | <input type="checkbox"/> Camera numbers, locations, & other security devices |
| <input type="checkbox"/> Water Rights | <input type="checkbox"/> Location & dimensions of cultivation/storage areas |
| <input type="checkbox"/> Water and Energy Plan | |

SPECIAL USE OR DESIGNATED USE PERMIT (IF APPLICABLE)

Applicants may obtain an application at the Village of Los Lunas Administrative Office, 660 Main Street N.W. Los Lunas, New Mexico from 8:00 to 5:00 p.m. Monday through Friday. The applications are also available on the Village of Los Lunas website, at www.loslunasnm.gov, under the forms & applications heading.

CASHIER'S VALIDATION

Upon review and acceptance of the application by the Department, the required fee shall be paid at the Cashier. After validation of the payment, the application form shall be returned to the Community Development Department. Fees are nonrefundable.