



San Diego County Sheriff's Department



Post Office Box 939062 • San Diego, California 92193-9062

William D. Gore, Sheriff

Thomas J. Cooke, Undersheriff

SUBJECT: MEDICAL MARIJUANA COLLECTIVE OPERATIONS APPLICATION

APPLICATION PROCESS:

THE APPLICANT(S) MUST OBTAIN APPROVAL FROM ZONING BEFORE SUBMITTING THE APPLICATION TO THE SHERIFF'S DEPARTMENT

Enclosed is an application for a Medical Marijuana Collective Operations Certificate. Please read and review it carefully. If you choose to submit this application, complete all sections of the application and the forms attached. Applications must be submitted to the Sheriff's License Division in person. Please call Sheriff's License Division at 858-974-2020 to schedule an appointment between the hours of 9:00 a.m. to 3:00 p.m., Monday through Friday. The interview and application process may take up to two hours.

The Department of Justice, the San Diego County Sheriff's Department and other County agencies are involved in the processing of this application, each agency requires certain fees. Fees will be collected at the time your application is submitted. Per Uniform Licensing Procedure §21.106 the application fee is not refundable.

Documentation

You will need to submit the following documents with your completed application:

- State of California Corporate Filing (If applicable)
- Statement of Officer's (If applicable)
- Miscellaneous Information Background Sheet for each of the following personnel:
Officer/Partner/Responsible individual/Employee for the operation of the Collective
- Written consent from the property owner or proof of ownership of the property
- Parcel Number(s) of Collective Facility
- Operations plot plan of Collective Facility
- State Sellers Permit (Board of Equalization)
- Fictitious Business Name Statement if using a DBA
- Copy of Weights & Measures scale certification from County Weights & Measures
- Copy of contract with Security Company
- Copy of By-Laws / Rules for membership
- Blank copy of the Collective Membership Application
- Other _____

If there are other questions, please call Sheriff's License Division Background Unit:

Licensing Specialist – (858) 974-2140
Licensing Specialist – (858) 974-2141
Deputy - (858) 974-2078



San Diego County SHERIFF'S DEPARTMENT

LICENSE & REGISTRATION DIVISION -9621 Ridgehaven Ct - P.O. Box 939062
San Diego, Ca 92193-9062

MEDICAL MARIJUANA COLLECTIVE OPERATIONS CERTIFICATE

ANNUAL FEE: \$11,017.00

FILE # _____

NOTE: APPLICANTS MUST OBTAIN ZONING APPROVAL BEFORE SUBMITTING APPLICATION TO SHERIFF. IF TENTATIVE IMPROVEMENTS TO BUILDING ARE REQUIRED TO ACCOMMODATE THE CULTIVATION AND/OR DISTRIBUTION OF MARIJUANA, YOU MUST ALSO SHOW PROOF THAT A BUILDING PERMIT HAS BEEN APPLIED FOR.

(Print Legibly or Type only)

PART I

Collective Facility

Name: _____ Property Parcel Number _____

Sole Proprietor Partnership Corporation/Corp ID# _____ (all participants must be members)

Operating
Address:

Number	Street	City	State	Zip
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Mailing Address: _____

Number	Street	City	State	Zip
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Phone # _____ Email: _____

Current number of qualified patients: _____ Current number of caregivers _____

Days & hours of operation: _____

Sun	Mon	Tue	Wed	Thur	Fri	Sat
-----	-----	-----	-----	------	-----	-----

Owner of the premises _____ Phone # () _____
(Must have written consent from property owner or proof of ownership of property)

Number of responsible person(s) managing daily operations of Collective facility; _____
(A miscellaneous information background sheet must be completed for each responsible person, partner and corporate officer on form approved by the Sheriff – ULP 21.107)

PART II -- PERMISSIBLE CULTIVATION:

With consideration for the risks posed by cultivation of a valuable crop with public health implications, please provide a detailed crop security plan providing adequate security to reasonably protect against unauthorized access to marijuana crop @ all stages of cultivation, harvesting, drying, processing, packaging and delivery.

Include an inspection and tracking system by Collective to reasonably ensure that all marijuana produced by collective is assessed, weighed, identified, priced and packaged. Marijuana ready for dispensing shall be kept behind a counter area not directly accessible to any member, between dispensing.

Will all cultivation of marijuana take place at the collective facility applying for operations certificate?
 Yes No (If no provide additional information regarding member sources cultivating marijuana)

Total number of off-site marijuana member sources who will cultivate marijuana for the collective _____

For other locations managed by collective members that will be utilized for cultivation, harvesting & packaging/labeling, please provide:

Name & Address for each member source: (Must have written consent from property owner or proof of ownership of property)

(For each member source, please provide signed Medical Marijuana Member Source agreement license form MM-2 as prescribed in §21.2505 (c)(8))

Marijuana packaging & labeling will require scale certification from Dept of Agriculture, Weights & Measures

PART III - SECURITY

Per§21.2504 (a) Complete Security Alarm Application (attached)

ASP # _____ (Security alarm permit number issued by the Sheriff - §36.5030(c))

Security Company contracted by Collective Facility (§21.505(k)) (BSIS Regulations for PPO License)

Security Company Name: _____

Address: _____ PPO# _____

Phone Number: _____

APPLICANT ACKNOWLEDGEMENT:

I declare under penalty of perjury, that this application, including accompanying documents, is true, complete and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial of this application or loss of certification and that I may be subject to prosecution. I agree to have all required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. I am aware that the application fee is non-refundable.

The right of reasonable inspection shall be a condition for issuance of a Medical Marijuana Collective Operations Certificate. If a certificate is issued, representatives of the Sheriff's Department shall have access to the business premises, during normal business hours, which may include entry into the non-public portion of the business. I am aware that the granting of a medical marijuana operations certificate does not relieve me from building, zoning, fire and other public safety regulations.

I understand as part of the application for a Medical Marijuana Collective Facility Certificate, myself and the owner of the real property listed agree to investigate, defend, indemnify and hold harmless the County, its deputies, employees and agents from any damage, liability, claims, demands, detriments, costs, charges and expense (including reasonable attorney's fees), and causes of action which the County may incur, sustain or be subjected to on account of loss or damage to property or loss of use thereof, or for bodily injury to or death of

persons (including but not limited to property, employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected with this application for a Medical Marijuana Collective Facility Certificate and arising from the negligent act or omission of applicant or owner, or their officers and employees.

I further agree to abide by and conform to all the conditions of the Medical Marijuana Collective Facility Certificate and all provisions of the San Diego County Code (SDCC) pertaining to the use, establishment and operation of a Medical Marijuana Collective Facility Certificate.

I also acknowledge the following: That no activities prohibited by State law will occur on or at the Collective Facility with the knowledge of the Responsible Person(s). The Collective Facility, the Collective and its members will comply with all provisions of this Chapter and State law pertaining to medical marijuana.

Applicant Signature: _____

Date: _____

Application accepted by: _____

Date: _____

**MEDICAL MARIJUANA COLLECTIVE OPERATIONS CERTIFICATE
APPROVAL SHEET**

PART IV

FOR OFFICIAL USE ONLY

<p>DATE FILED:</p> <p>RECEIVED BY:</p> <p>APN:</p>	<p><u>PLANNING & LAND USE - DPLU ZONING</u></p> <p>APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p> <p>BY: DATE:</p> <p>COMMENTS:</p>	<p><u>DEPT ENV HEALTH - HAZ MAT</u></p> <p>APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p> <p>BY: DATE:</p> <p>COMMENTS:</p>
<p><u>LOCAL FIRE DISTRICT</u></p> <p>APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p> <p>BY: DATE:</p> <p>COMMENTS:</p>	<p><u>BUILDING / CODES</u></p> <p>APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p> <p>BY: DATE:</p> <p>COMMENTS:</p>	<p><u>DPLU - NOISE</u></p> <p>APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p> <p>BY: DATE:</p> <p>COMMENTS:</p>
<p><u>DEPT WEIGHTS AND MEASURES</u></p> <p>APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p> <p>BY: DATE:</p> <p>COMMENTS:</p>	<p><u>SHERIFF'S BACKGROUND UNIT</u></p> <p>APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/></p> <p>BY: DATE:</p> <p>COMMENTS:</p>	<p>INSPECTION DATE:</p> <p>APPROVING OFFICER:</p> <p>DATE ISSUED:</p>

ADDITIONAL COMMENTS:



San Diego County SHERIFF'S DEPARTMENT

LICENSE & REGISTRATION DIVISION -9621 Ridgehaven Ct - P.O. Box 939062
San Diego, Ca 92193-9062

MEDICAL MARIJUANA COLLECTIVE FACILITY APPROVED PERSON(S) LIST 21.2505(10)(j) SDCC

Collective Facility Name: _____

Collective Facility Address: _____

List all responsible person(s) and/or employee(s): (No felony conviction(s) per section 21.2503(l) SDCC)

1.	_____	_____	_____
	Last	First	Middle
	_____	_____	_____
	Home Address	Home Phone No.	24 Hr Emergency Phone
2.	_____	_____	_____
	Last	First	Middle
	_____	_____	_____
	Home Address	Home Phone No.	24 Hr Emergency Phone
3.	_____	_____	_____
	Last	First	Middle
	_____	_____	_____
	Home Address	Home Phone No.	24 Hr Emergency Phone
4.	_____	_____	_____
	Last	First	Middle
	_____	_____	_____
	Home Address	Home Phone No.	24 Hr Emergency Phone
5.	_____	_____	_____
	Last	First	Middle
	_____	_____	_____
	Home Address	Home Phone No.	24 Hr Emergency Phone

MEDICAL MARIJUANA MEMBER SOURCE AGREEMENT

I, _____, am a current member of _____ Collective.

I am a cultivator of medicinal marijuana as a patient [] or caregiver [] (CHECK ONE)

I agree to be a member source and to contribute marijuana cultivated at the following location:

Street Address	City	State	Zip
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I **UNDERSTAND** pursuant to San Diego County Code Section 21.2505(8) (B), the location of my cultivation of marijuana is subject to inspection by the appropriate law enforcement, fire agencies and/or code enforcement agencies.

I **UNDERSTAND** that my marijuana cultivation site must comply with all local ordinances and state laws governing the cultivation of medical marijuana in accordance with HS11362.5 - HS11362.83

I **UNDERSTAND** that this form will be maintained at the collective facility and that the information contained herein may be provided to law enforcement.

I **UNDERSTAND** that cultivation, possession, transportation and distribution of marijuana is illegal according to federal law.

Full Name

Street Address	City	State	Zip
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Telephone

The undersigned agrees that he/she has read and understands the above terms and conditions of being a Member Source for a collective facility and certifies that all information provided is true and correct. I agree to notify the collective facility immediately if there is any change to my address or phone number, my status as a member source, or the location of my cultivation.

Signature (Member Source)

Date

Signature (Witness)

Date



San Diego County SHERIFF'S DEPARTMENT

LICENSE & REGISTRATION DIVISION -9621 Ridgehaven Ct - P.O. Box 939062
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MEDICAL MARIJUANA COLLECTIVE RECORD OF TRANSACTION

Pursuant to San Diego County Code of Regulatory Ordinance section 21.2505(c)(7)

** Record of transaction shall be kept two years preceding the current date.*

Please Type or Print Legibly (use black or blue ink)

Transaction Date _____

Membership Status: [] Qualified Patient
[] Primary Caregiver for _____
Name of Patient

Last Name	First Name	Middle Name
Address	City	State
Collective Member (Source of Marijuana)		\$
Brand/Grade of Marijuana	Quantity	Total Monetary Cost

Payment Type: [] Cash [] Check/ATM Card [] Money Order [] Credit Card

Other type of reimbursement/compensation: _____

X _____
MEMBER'S SIGNATURE I certify under penalty of perjury that to my knowledge and belief the information above is true and complete and I am purchasing said product for my own personal use or for the purchase of a qualified patient under my primary care.

X _____
MEMBERSHIP VERIFIED BY (RESPONSIBLE PERSON'S NAME)



San Diego County SHERIFF'S DEPARTMENT

LICENSE & REGISTRATION DIVISION -9621 Ridgehaven Ct - P.O. Box 929062
San Diego, Ca 92193-9062

PATIENT AND PRIMARY CAREGIVER RECORD

(Please type or print legibly - use black or blue ink)

I _____, (patient /caregiver) am a member of _____
I reside in the City & County _____

Patients Physicians' Name: _____ California Medical License Number _____

Patient Recommendation: [] Written [] Verbal [] HHS A ID Card

PRIMARY CAREGIVER (PCG)

Per California Health and Safety Code § 11362.7 and §21.2505 (c)(2) of the County Code, I am the designated caregiver for: _____. As Primary Caregiver I will provide a copy of the designation/recommendation letter or caregiver id card issued by County HHS A as proof of his or her status as a Primary Caregiver to the collective: MOTHER EARTH'S ALTERNATIVE HEALING COOPERATIVE, INC.

In accordance to section 21.2505 (c) (3) of County Code and state law, primary caregivers must provide nature of events for their qualified patients essential needs. These events should include, dates, times, duration, & participants.

Primary caregiver, please provide a current event record for each qualified patient member to the collective you are associated with on the forms approved by the Sheriff's Department bi-weekly.

As the primary caregiver for: _____, I acknowledge my responsibilities as primary caregiver in accordance to State law and agree to notify the collective immediately if I no longer provide the services to my designated qualified patient (s).

QP Signature: _____ Date: _____

PCG Signature: _____ Date: _____

This section for collective staff use only:

HHS A Qualified Patient Identification Card#: _____ Expiration Date: _____

HHS A Primary Caregiver ID Card #: _____

Physicians' Recommendation Verified By: _____

Date Verified: _____ Expiration Date: _____

PCG Designation/Recommendation Verified By: _____ Date: _____

Collective Staff Signature: _____ Date: _____



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William D. Gore, Sheriff

Thomas J. Cooke, Undersheriff

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

Subject Name: _____

Date of Birth: _____ SSN: _____

As an applicant for a business permit/license from the San Diego Sheriff's Department, I am required to furnish information for use in determining my qualifications. In this connection, I authorize the disclosure and release of any and all truthful information that you may have concerning me, including, but not limited to, employment records, personnel files, background investigation files, disciplinary records, complaints or grievances filed by or against me, training files, arrest, criminal, probation and driving records, military, academic or other records.

I direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the San Diego County Sheriff's Department.

I understand I will not receive and am not entitled to know the contents of confidential reports received and I further understand that these reports are privileged.

I hereby release you, your organization, their agents and representatives, and any person furnishing information, from any and all liability and/or damage that may result from furnishing the above information. A photocopy of this release is to be considered as valid as an original. This release will expire one (1) year after the date signed.

Signature: _____ Date: _____

Full Name (Printed): _____

Witness: _____ Date: _____

R&W



SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

License Division, 9621 Ridgeway Court, PO Box 939062
San Diego, CA 92193-9062

William D. Gore, Sheriff

BACKGROUND APPLICATION FOR SHERIFF'S REGULATORY ACTIVITIES

1. Photo identification (i.e., California Driver's License)
2. Release & Waiver Form
3. If not born in U.S. submit permanent residence status, I-94 or U.S. Passport
4. Fingerprint fee \$51.00

FILE # _____

Please PRINT or TYPE legibly.

Type of business or activity for which you are applying _____

Affiliation with business or title (check one) Owner Manager Officer Partner Other

Name _____ () _____
(Last) (First) (Middle) Telephone

All other names used (Past and present. Include maiden name) _____

Date of Birth _____ Place of Birth _____ Sex [M] [F]

Height _____ Weight _____ Hair _____ Eyes _____

Driver's License No: _____ Soc. Sec. No: _____ - _____ - _____

Residence _____
(Number) (Street) (City) (State) (Zip)

Have you applied for a similar regulatory license in any other jurisdiction in the past (5) five years? YES NO
If yes, where? _____

List all charges (misdemeanors & felonies) resulting in conviction or plea of nolo contendere:

<u>Date</u>	<u>Charge</u>	<u>Investigating Agency</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.

Applicant Signature _____
Application Accepted By _____

Date _____
Date _____

SHERIFF'S USE:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVAL	Date _____	Signature _____
COMMENTS _____			



William D. Gore, Sheriff

SAN DIEGO COUNTY SHERIFF'S DEPARTMENT

License Division, 9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062

PUBLIC INFORMATION

(Per Section 21.107(3) of the San Diego County Code of Regulatory Ordinance)

THE PERSON WHOSE NAME APPEARS BELOW HAS APPLIED FOR A LICENSE WITH THE SHERIFF'S DEPARTMENT. IF YOU HAVE ANY INFORMATION REGARDING THE ISSUANCE OF THE LICENSE, PLEASE DELIVER IT TO THIS OFFICE WITHIN FIVE (5) DAYS OF THE LAST DAY OF POSTING.

TO BE COMPLETED BY APPLICANT

(Please Print Legibly)

NAME OF APPLICANT _____

BUSINESS ADDRESS _____

TYPE OF LICENSE _____

DATE OF APPLICATION _____

TO BE COMPLETED BY SHERIFF'S DEPARTMENT

DATE POSTED _____

LAST DAY OF POSTING _____

(10 Days)

REMOVAL DATE _____

(15 Days)

FILE NO. _____
