



Medical Cannabis Facility Regulatory Permit Application
(Coachella Municipal Code Chapter 5.68)

Case Number: _____ Date : _____
(To be filled out by City)

<p>I. Application Information</p> <p>Name of Business: _____</p> <p>Applicant Entity Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other (describe): _____</p>
<p>II. Location/Property Information</p> <p>Facility Address: _____</p> <p>Assessor's Parcel Number (APN): _____</p> <p>Zip Code: _____</p> <p>Approximate Size of Facility: _____</p>
<p>III. Primary Contact</p> <p>Contact Person (please print): _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p>

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IV.

Property Owner Information

Recorded Owner (please print): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Mobile: _____

Email: _____

V.

Criminal Convictions

Please list any Felony Criminal Conviction or Misdemeanor Conviction Involving Moral Turpitude, or the Illegal Use, Possession, Transportation, Distribution or Similar Activities Related to Controlled Substances, with the Exception of Marijuana Related Offenses for which the Conviction Occurred Prior to the Passage of the Compassionate Use Act. Please list Offense, Date of Offense & Conviction, and City in which Conviction Occurred.

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APPLYING AS A CORPORATION

Check Appropriate Box: Nonprofit Not-For-Profit For-Profit

Name of Corporation: _____
Cal. Sec. of State Corp. ID Number: _____
Federal Tax ID Number: _____
Date of Incorporation: _____
Place of Incorporation: _____
Location of Corporate Headquarters: _____

Is this a Mutual Benefit Corporation? Yes No

Are all members of the corporation Qualified Patients and Designated Primary Caregivers of the Qualified Patient members? Yes No

Will the applicant have non-applicant members provide employment services at the Medical Cannabis Facility on behalf of the applicant? Yes No

If "Yes," identify the person(s), describe the proposed services, and include whether the person(s) will be paid by the applicant as an employee:

Please provide the first name, middle initial, last name; address; title; function(s) performed; and phone number(s) for each Medical Cannabis Facility Regulatory Permit applicant corporation officer: (Attach additional pages to the application if necessary.)

Table with 4 columns: Name, Title, Address, Phone. Includes multiple rows of blank lines for data entry.

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COACHELLA PROPERTY OWNER/LANDLORD USE DISCLOSURE & AUTHORIZATION FOR A MEDICAL CANNABIS FACILITY

I, _____, am the legal owner / landlord / lessor of real property (Name of Property Owner/Landlord) (Circle Appropriate Term)

located at _____, in Coachella, California. (Address of the Property, including Suite Number if applicable)

I hereby authorize the Medical Cannabis Cultivation Facility Applicant entitled _____, to use this property as a Medical Cannabis (Name of Corporation, Individual, or Business)

Cultivation Facility, as that term is defined under Coachella Municipal Code Chapter 5.68.

(Signature of legal owner/landlord/lessor) (Printed Name & Title) (Date)

(Signature of legal owner/landlord/lessor) (Printed Name & Title) (Date)

(Signature of legal owner/landlord/lessor) (Printed Name & Title) (Date)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this _____ day of _____ 20____, Coachella, California.

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE)

On _____, _____ before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____ (seal)

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ACKNOWLEDGEMENT OF MEDICAL MARIJUANA OPERATING STANDARDS AS SET FORTH IN COACHELLA MUNICIPAL CODE CHAPTER 5.68.

The undersigned Management Members, on behalf of the herein Medical Cannabis Facility Regulatory Permit Applicant (“Applicant”), _____ declare under penalty of perjury that they have read and understand the attached provisions of Coachella Municipal Code Chapter 5.68, and shall, collectively and individually, ensure that the Applicant, its members and Management Members shall not engage in activity that violates the Operating Conditions set forth in Coachella Municipal Code Chapter 5.68, and as indicated below:

(A) *Fully Enclosed and Secure Facility.* The Medical Cannabis Cultivation Facility (“Facility”) shall be a fully enclosed and secure structure. Entrance to the facility shall be locked at all times, and under control of staff of the facility. Entrance to the cultivation areas and any storage areas shall be locked at all times, and under the control of medical cannabis facility staff. Security cameras shall be installed and maintained in good condition, and used in an on-going manner with at least two hundred forty (240) concurrent hours of digitally recorded documentation in a format approved by the city manager or designee. The cameras shall be in use twenty-four (24) hours per day, seven days per week. The areas to be covered by the security cameras shall include, but are not limited to, the public areas, storage areas, employee areas, all doors and windows, and any other areas as determined to be necessary by the city manager or designee. The medical cannabis facility shall be alarmed with an audible interior and exterior alarm system, unless waived for extenuating circumstances by the city manager or designee that is operated and monitored by a recognized security company, deemed acceptable by the city manager or designee.

(B) *Alarm and Security.* The Facility shall be secured with a reliable, commercial alarm system. A licensed security guard, licensed by the California Department of Consumer Affairs, shall be present at the medical cannabis facility during all hours of operation. If the security guard is to be armed, then the security guard shall possess at all times a valid security guard card and firearms permit issued by the California Department of Consumer Affairs. Any change in the security company shall be subject to the approval of the city manager or designee. All current contact information regarding the medical cannabis facility’s security company shall be provided to the city manager or designee.

(C) *No Distribution to the Public.* The Facility shall not distribute, sell, dispense, or administer marijuana out of its facility to the public. The medical marijuana facility shall not be operated as a dispensary.

(D) *No Visible Evidence.* No evidence of cannabis at the Facility shall be visible with the naked eye from any public or other private property, nor shall cannabis be visible from the building exterior. No operation shall occur at the Property unless the area devoted to the operation is

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secured from public access by means of a locked gate and any other security measures necessary to prevent unauthorized entry.

(E) *No Adverse Effects.* The Facility shall not adversely affect the health or safety of the nearby residents by creating dust, glare, heat, noise, smoke, traffic, vibration, or other impacts, and shall not be hazardous due to use or storage of materials, processes, products or wastes.

(F) *Legal Compliance with State and City Laws.* The Facility shall comply fully with all of the applicable restrictions and mandates set forth in state law. The Facility shall comply with all size requirements for such facilities imposed by state law. The Facility shall not engage in any activities not allowed at facilities pursuant to State law. The Facility shall comply with all horticulture, labeling, processing, and other standards required by State law. The building in which the facility is located shall fully comply with all applicable rules, regulations, and laws of the City and State. If consumable medical cannabis products are present on-site or offered for distribution, then the medical cannabis facility shall secure any approval from the County of Riverside Department of Health Services required for handling food products.

(G) *Legal Structure.* The medical marijuana facility shall operate within a legal structure compliant with all laws of the State of California.

(H) *No Onsite Consumption.* On site smoking, ingestion, or consumption of cannabis or alcohol shall be prohibited on the premises of the Facility. Moreover, the building entrance to the Facility shall be clearly and legibly posted with a notice indicating that smoking, ingesting, or consuming marijuana on the premises or in the vicinity is prohibited.

(I) *Signage.* Signage for the Facility shall be limited to the name of the business only and shall be in compliance with the city's sign code, and no advertising or companies, brands, products, goods and/or services shall be permitted. Signage shall not include any drug-related symbols.

(J) *No Alcohol.* No alcohol shall be sold, stored, distributed or consumed on the premises.

(K) *Physician Services.* Physician services shall not be provided on the premises of the facility.

(L) *Storage of Cannabis.* No cannabis or cannabis products shall be stored at the property in structures that are not completely enclosed, in an unlocked vault or safe, in any other unsecured storage structure, or in a safe or vault that is not bolted to the floor of the Property.

(M) *Insurance.* The Applicant or legal representative shall maintain insurance in the amounts and of the types that are acceptable to the city manager or designee and name the city as an additionally insured on all city required insurance policies.

(N) *Odor Control.* The Facility shall provide a sufficient odor absorbing ventilation and exhaust system so that odor generated inside the Facility that is distinctive to its operation is not

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detected outside the Facility, anywhere on adjacent property or public rights-of-way, on or about any exterior or interior common area walkways, hallways, breezeways, foyers, lobby areas, or any other areas available for common use by tenants or the visiting public, or within any other unit located within the same building as the medical cannabis facility. As such, medical cannabis facilities must install and maintain the following equipment or any other equipment which the city manager or designee determines has the same or better effectiveness:

A. An exhaust air filtration system with odor control that prevents internal odors from being emitted externally; or

B. An air system that creates negative air pressure between the medical cannabis facility's interior and exterior so that the odors generated inside the medical cannabis facility are not detectable outside the medical cannabis facility.

(O) *Point of Sale System.* Medical cannabis facilities shall have an electronic point of sale system that produces historical transactional data for review by the city manager or designee for auditing purposes.

(P) *Sales Tax.* All Facilities must pay any applicable sales tax pursuant to federal, state, and local law.

(Q) *Records.* All medical cannabis facilities shall perform an inventory on the first business day of each month and shall record the total quantity of each form of cannabis on the premises. These records shall be maintained for two years from the date created and shall be made available to the city manager or designee upon request.

We, _____ and _____
(Printed Name of Property Owner) (Printed Name of Operator)

collectively acknowledge that we have been provided a copy of the medical marijuana facility operating standards listed in Coachella Municipal Code Chapter 5.68. We further acknowledge that we have read, understand, and shall ensure compliance with the aforementioned operating standards and all applicable provisions of Coachella Municipal Code Chapter 5.68 at the medical marijuana facility entitled _____.
(Name of facility listed on the application)

We certify under penalty of perjury that the foregoing information is true and correct.
Executed this _____ day of _____, 20__ in Coachella, California.

Signature of Property Owner

Printed Name and Title

Signature of Operator

Printed Name and Title

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INFORMATION RELEASE FORM

The undersigned, on behalf of _____, hereby
(Name of Corporation)

authorize the City of Coachella, by and through its appropriate officers, agents and employees to verify and confirm the information contained in this application, and to conduct such other investigations as may be reasonably required by the City of Coachella, its officers, agents and employees for the purpose of determining the capability, fitness and capacity of the above named Corporation to obtain the Medical Cannabis Facility Regulatory Permit.

The Applicant by signing this Information Release Form consents to service of any notice required or provided for by the laws, rules, regulations, or ordinances of the City of Coachella upon the person(s) at the address listed for applicant, will constitute sufficient and legal notice, unless said applicant listed an attorney of record and/or agent for service of process, with sufficient contact information.

The applicant consents and agrees that full compliance will be made with all applicable State laws and City ordinances governing the conduct of the particular type of activity for which the Medical Cannabis Facility Regulatory Permit is requested. The applicant by signing this Information Release Form understands that any incomplete or false information may constitute grounds for denial.

This form MUST be signed by each applicant Management Member.

_____ (Signature of Management Member)	_____ (Printed Name & Title)	_____ (Date)
_____ (Signature of Management Member)	_____ (Printed Name & Title)	_____ (Date)
_____ (Signature of Management Member)	_____ (Printed Name & Title)	_____ (Date)

This release may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____, 20____, at Coachella California.

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MEDICAL CANNABIS FACILITY ON-SITE COMMUNITY RELATIONS MANAGER

The undersigned, on behalf of _____ Corporation,
(Name of Corporation/Applicant)

hereby designates _____ as the on-site
(Name of On-Site Manager)

community relation’s manager to whom the public or City can provide notice to if there are operating problems or issues relating to the Medical Cannabis Facility. The Medical Cannabis Facility shall make every good faith effort to encourage residents to call this person to try to solve operating problems, if any, before any calls or complaints are made to the police or planning departments. Each Medical Cannabis Facility shall provide the information on this page to its business neighbors within one hundred (100) feet of the Medical Cannabis Facility as measure in a straight line without regard for intervening structures, between the front doors of each establishment.

_____ Signature of On-Site Manager	_____ Printed Name & Title
_____ Address	(_____)_____ Phone Number
(_____)_____ Facsimile Number	_____ Email address

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations, and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

Executed this _____ day of _____ 20____, at Coachella California.

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STATEMENT OF AUTHORIZATION TO INDEMNIFY CITY

Indemnity:

The undersigned, on behalf of _____ (Name of Corporation ("Applicant"))

hereby authorizes and agrees to indemnify the City of Coachella (the "City"), its agents, officers, and employees, to the maximum extent permitted by law, as such may be amended from time to time, and to defend at its sole expense, any and all action against the City, its agents, officers, and employees because of any and all issues relating to the approval of said medical marijuana facility and related Ordinance(s) in the City.

Reimbursements:

The undersigned, on behalf of _____ (Name of Corporation ("Applicant"))

also agrees to reimburse the City for any court costs and attorney fees that the City may incur as payment for such action. The City may select any attorney it deems appropriate, in the City's exclusive discretion. Reimbursement of costs and fees, as set forth herein, shall be made payable to the "City of Coachella," within thirty (30) days of written request for same. Failure of Applicant to make payment of reimbursement, as set forth herein, shall be grounds for revocation of permit to operate a medical marijuana facility in the City.

Counterparts:

This indemnity may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

Declaration of Authorized Agents:

This form MUST be signed by each owner/shareholder or managing member of the applicant. I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that we/I am duly authorized to enter into this Indemnity on behalf of Applicant.

(Signature of Management Member) (Printed Name & Title) (Date)

(Signature of Management Member) (Printed Name & Title) (Date)

(Signature of Management Member) (Printed Name & Title) (Date)

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AUTHORIZATION TO INSURE COACHELLA MEDICAL CANNABIS FACILITY

The undersigned, on behalf of _____,
(Name of Corporation/Applicant)

hereby agrees to carry insurance for the Medical Cannabis Facility ("Facility") in an amount acceptable to the City of Coachella.

The undersigned, on behalf of _____,
(Name of Corporation/Applicant)

also agrees to name the City of Coachella as an additionally insured on said policy.

This form MUST be signed by each applicant Management Member.

(Signature of Management Member) (Printed Name & Title) (Date)

(Signature of Management Member) (Printed Name & Title) (Date)

(Signature of Management Member) (Printed Name & Title) (Date)

This authorization may be executed in two or more counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same instrument. Facsimile signature(s) shall be deemed the equivalent of original signatures.

I declare under penalty of perjury that I have read the forgoing application and all information, statements, verifications, declarations and authorizations made, attached to and contained herein, and that I have personal knowledge of the information contained in the application, and that the information contained in the application is true and correct, and that the application was completed under the supervision of the Management Members.

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MEDICAL CANNABIS FACILITY REGULATORY PERMIT = SUBMITTAL REQUIREMENTS CHECKLIST =

1. Copy of Conditional Use Permit or Development Agreement _____
2. Complete Application _____
 - I. Application Information _____
 - II. Location/Property Information _____
 - III. Primary Contact _____
 - IV. Property Owner Information _____
 - V. Criminal Convictions _____
 - VI. Unfair Business Practices _____
 - VII. Persons Served _____
 - VIII. Delivery _____
3. Site Plan _____
4. Security Plan _____
5. FBI and DOJ Live Scan, Applicants and Operators _____
6. Business Plan (recommended, but not required by ordinance) _____
7. Filing Fee - \$2,500 (Not including LiveScan fees) _____