



## **CITY OF PALM SPRINGS**

Office of the City Manager

3200 East Tahquitz Canyon Way, Palm Springs, CA 92262

Telephone: 760-322-8350 – Fax: 760-323-8207

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Planning Services - 760-323-8245

Public Works & Engineering – 760-323-8253

Fire Department – 760-323-8187

Building & Safety – 760-323-8242

Building Inspections – 760-323-824

Code Enforcement – 760-778-8434

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### **APPLICATION FOR MEDICAL CANNABIS COOPERATIVE OR COLLECTIVE.**

Please read carefully to ensure application is accurate and complete.  
Inaccurate or incomplete applications may be rejected.

The completed application and supplemental information shall be submitted to the Office of the City Clerk, during regular business hours as posted. The submittal will be taken in at the Office of the City Clerk, but it will not be considered as "complete" until it is determined that all filing requirements have been met in accordance with the provisions of the Medical Cannabis Cooperatives and Collectives (“MCCC”) Ordinance (Palm Springs Municipal Code Chapter 5.35; Ord. No. 1845, as amended; and Palm Springs Municipal Code Chapter 3.35 and Section 93.23.15 (collectively the “Ordinance”).

To be considered complete, the application must include any attachments and/or supplemental information required under the Ordinance or as otherwise required in this Application or as requested by the City Manager (please refer to checklist contained at the end of this application). Applications must include a deposit of \$ 7,500 towards the cost of the City’s review of the Application. In the event this amount is insufficient to cover the City’s costs, the applicant will be required to post additional funds to cover City’s costs.

Review of the application will be conducted by various departments of the City of Palm Springs, including Planning Services, Finance, Building and Safety, the Palm Springs Police Department, the Palm Springs Fire Department, the City Attorney’s office, and others, as appropriate. Incomplete applications, including applications with missing or inadequate information, will be returned to the applicant for completion, held until additional information is submitted; however, the applicant will have a limited period of time to provide the requisite information. Failure to provide the information in a timely manner will result in disqualification and the Application will not be considered.

Applicants are responsible for the accuracy and completeness of all information submitted in the application. All information submitted with an application is public; however, such information will not be available for inspection by any person, organization, or agency until the application review process has been completed and the City Manager’s recommendations have been provided to the City Council.

**MEDICAL CANNABIS COLLECTIVE OR COOPERATIVE**

**APPLICATION DEADLINE:**

**JUNE 16, 2014**

**2:00 PM**

**Notice is hereby given the City of Palm Springs is accepting applications to permit one medical cannabis collective or cooperative in the City.**

**All applications for the medical cannabis collective or cooperative must be received AT THE OFFICE OF THE CITY CLERK in City Hall, 3200 E. Tahquitz Canyon Way, Palm Springs, CA, 92262 by 2:00 P.M., LOCAL TIME, June 16, 2014. The receiving time AT THE OFFICE OF THE CITY CLERK in City Hall will be the governing time for acceptance of Applications. It is the responsibility of the Applicant to see that any proposal sent through the mail, or by any other delivery method, shall have sufficient time to be received by this specified date and time.**

**Telegraphic, telephonic, and electronic mail Applications will not be accepted. Postmarks will not be accepted in lieu of actual delivery. Late proposals will not be accepted and shall be returned unopened.**

**The Applicant shall submit ONE (1) Original and TEN (10) copies of the Application and all related materials and attachments.**

## **SUBMITTAL REQUIREMENTS:**

### **The following information shall be submitted:**

1. A site plan and floor plan of the premises denoting all the use of areas on the premises, including storage, cultivation areas, exterior lighting, restrooms, and signage.
2. Suitable evidence of proof of lawful presence.
3. All requested information concerning financial and management associations and interests of other Persons in the business; including the names, mailing addresses, and Operator's background forms of all of its principal officers, directors, and Operators; a copy of its articles of incorporation or articles of organization; and evidence of authorization to do business as a non-profit within the State.
4. An estimate of the size of the group of primary caregivers and/or qualified patients who will be served by the non-profit MCCC; this description should include whether delivery service will be provided and the extent of such service.
5. The address of the location at which the MCCC will be operated.
6. Accurate site plan and floor plans for the premises to be permitted denoting all the use of areas on the premises, including storage, cultivation areas, exterior lighting, restrooms, signage, and parking; other tenant spaces if the MCCC is proposed for a multi-tenant building site.
7. The deed, lease, contract, or other document governing the terms and conditions of occupancy of the premises permitted or proposed to be permitted.
8. A detailed security plan which includes, at a minimum, the following:
  - a. Security cameras covering, at a minimum, the storage areas, cultivation areas, all doors and windows, and any other areas as determined by the City Manager. (Additional measures may be required.)
  - b. A reliable commercial alarm system that is operated and monitored by a lawfully operating security company or alarm business.
9. The name and address of any person who is managing or responsible for the MCCC activities, and the names and addresses of any employees, if any, and a statement as to whether such person(s) has or have been convicted of a crime(s), the nature of such offense(s), and the sentence(s) received for such conviction(s).
10. The name and address of the owner and lessor of the real property upon which the business is to be conducted. In the event the applicant is not the legal owner of the property, the application must be accompanied with a notarized acknowledgement from the owner of the property that a collective will be operated on his/her property.

11. Authorization for the City Manager to seek verification of the information contained within the application.
12. A statement in writing by the applicant that he or she certifies under penalty of perjury that all the information contained in the application is true and correct.
13. Payment of the required deposit for processing the application is required at the time of submission.

## **APPLICATION PROCESS**

**The City Manager shall conduct a background check of any applicant for a regulatory permit, including any person who is managing or is otherwise responsible for the activities of the MCCC, and any employee, and shall prepare a report on the acceptability of the applicant's background and the suitability of the proposed location. Upon completing the review process, the permit shall be deemed a qualified application subject to the final certification and approval by the City Council pursuant to the allotment process, unless the City Manager finds that the applicant:**

1. Has made one or more false or misleading statements, or omissions on the application or during the application process; or
2. The proposed MCCC is not allowed by state or local law, statute, ordinance, or regulation, including the Municipal Code, at a particular location.
3. Is not a Primary Caregiver or Qualified Patient or the legal representative of the MCCC;
4. Or any employee, if any, has been convicted of a felony, or convicted of a misdemeanor 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 passage of the Compassionate Use Act. A conviction within the meaning of the Ordinance means a plea or verdict of guilty or a conviction following a plea of *nolo contendere*.
5. Or any person who is managing or is otherwise responsible for the activities of the MCCC has engaged in unlawful, fraudulent, unfair, or deceptive business acts or practices.
6. Or any person who is managing or is otherwise responsible for the activities of the MCCC has operated a marijuana dispensary, cooperative, or collective in the City without a permit for a MCCC issued or approved by the City and has refused or failed to comply with any order or instruction of the City to cease such operation.
7. Has not satisfied each and every requirement of the Ordinance.

**Based on the information set forth in the application and the City Manager's report, the City Manager, or the City Council, may impose reasonable terms and conditions on the proposed operations in addition to those specified in the Ordinance. A regulatory permit issued under the Ordinance is not transferable.**

## **ISSUANCE OF REGULATORY PERMIT**

**The City Manager will accept applications for MCCC during the Application Period. Such 60 day time period plus an additional 30 days to complete the reviews and the preparation of the reports called for in the MCCC shall be considered the "Application Period."**

1. In the event there is more than one application submitted for the unallocated regulatory permit for a MCCC during the Application Period, the City Manager shall submit the qualified applications and the City Manager's report on each application to the City Council for review and consideration. The qualified applications shall be considered concurrently by the City Council at a public hearing.
2. The City Council shall consider the qualified applications after evaluating the applications on their respective merits and the City Council may conditionally approve each qualified application or deny one or more of such applications if the Council determines that the applicant has failed to pass a background check or has not complied with all of the requirements of the application process.
3. The City Council will rank all qualified applications in order of those that best satisfy the requirements of the Ordinance and provide the highest level of service and opportunities for residents of Palm Springs. The highest ranked qualified application will be granted the regulatory permit.

## **REGULATORY REQUIREMENTS**

**Issuance of a permit shall be subject to the following regulations:**

1. The obligations of the MCCC, including all on-going and continuing obligations currently required or as may be provided in any conditional approval of the City Manager or the City Council, shall be set forth in a covenant running with the land or the leasehold interest, approved as to form by the City Attorney, and enforceable by the City.
2. To the fullest extent permitted by law, the City shall not assume any liability whatsoever, and expressly does not waive sovereign immunity, with respect to medical cannabis, or for the activities of any MCCC.
3. The Covenant shall also contain the Continuing Obligations and Responsibilities as set forth in the Standard Conditions section provided below and the following terms:
  - a. Agree to indemnify the City;
  - b. Carry insurance in the amounts and of the types that are acceptable to the City Manager;
  - c. Name the City as an additional insured.
  - d. Agree to defend at its sole expense, any action against the City, its agents, officers, and employees because of the issues of such approval.

- e. Agree to reimburse the City for any court costs and attorney fees that the City may be required to pay as a result of such action.
4. The City may, at its sole discretion, participate at its own expense in the defense of any such action, but such participation shall not relieve the operator of its obligation under the MCCC or the Covenant.

## **STANDARD CONDITIONS**

**The following conditions shall apply to each and every MCCC permitted by the City. Failure to comply may result in immediate suspension or revocation of the permit, subject entirely to the discretion of the City of Palm Springs:**

1. No persons shall engage in, conduct, or be permitted to engage in or conduct a MCCC unless each of the following requirements is continually met:
  - a. The MCCC shall comply fully with all of the applicable restrictions and mandates set forth in state law, including without limitation the State Guidelines.
  - b. The MCCC shall only be open between the hours of 9:00 a.m. and 7:00 p.m.
  - c. Physician's referrals shall be verified by the MCCC prior to inclusion into the cooperative and at least every six (6) months thereafter.
  - d. Each member of the MCCC shall be a patient or a qualified primary caregiver. The MCCC shall maintain patient records in a secure location within the City of Palm Springs, available to the City Manager to review upon demand. Such records shall include without limitation a copy of the physician's referral and, if using a primary caregiver, a notarized written authorization from the patient to be represented by such primary caregiver.
  - e. Cannabis shall be kept in a secured manner during business and non-business hours.
  - f. Each MCCC that prepares, dispenses, or in any manner distributes edible Cannabis-Infused Product must comply with the provisions of all relevant State and local laws regarding the preparation, distribution, and sale of product.
2. Alcoholic beverages shall not be sold, stored, distributed, or consumed on the premises. A MCCC shall not hold or maintain a license from the State Department of Alcohol Beverage Control to sell alcoholic beverages, or operate a business that sells alcoholic beverages. In addition, alcohol shall not be provided, stored, kept, located, sold, dispensed, or used on the premises of the collective.
3. A MCCC must pay any applicable sales tax pursuant to federal, state, and local law.
4. On-site smoking, ingestion, or consumption of cannabis or alcohol shall be prohibited on the premises of the MCCC. The term "premises" includes the actual building, as well as any accessory structures and parking areas. The building entrance to a collective shall be clearly and legibly posted with a notice indicating that smoking, ingesting, or consuming marijuana on the premises or in the vicinity of the cooperative or collective is prohibited.

5. Signage for the MCCC shall be limited to the name of business and its status as a permitted MCCC only, and no advertising of the goods and/or services shall be permitted.
6. Except as provided in an approved Security Plan, windows and/or entrances shall not be obstructed and must maintain a clear view into the premises during business hours.
7. Security cameras must be in use 24 hours per day, 7 days per week.
8. No one under eighteen (18) years of age shall be a member of a MCCC without written authorization of a parent or legal guardian.
9. Physician services shall not be provided on the premises. "Physician services" does not include social services, including counseling, help with housing and meals, hospice and other care referrals which may be provided on site.
10. The building in which the MCCC is located as well as the operations as conducted therein shall fully comply with all applicable rules, regulations, and laws including, but not limited to, zoning and building codes, the City's business license ordinances, the Revenue and Taxation Code, the Americans with Disabilities Act, and the Compassionate Use Act.
11. The MCCC shall not distribute, sell, dispense, or administer cannabis to anyone other than qualified patient members of the cooperative or collective and their primary caregivers.
12. A MCCC shall distribute only cannabis cultivated on the premises or by a member of the MCCC or the member's primary caregiver. The MCCC shall do 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 (2) years from the date created.
13. A MCCC shall provide the City Manager with the name, phone number, facsimile number, and email address of an on-site community relations or staff person or other representative to whom one can provide notice if there are operating problems associated with the MCCC. The MCCC 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.
14. A MCCC shall not display Medical Cannabis and Cannabis-Infused Product in a manner in which Medical Cannabis or Cannabis-Infused Product can be seen from outside the Location. Storage of Medical Cannabis and Cannabis-Infused Product shall otherwise be maintained in restricted access areas.
15. An MCCC shall not sell any expired Cannabis-Infused Product.
16. Each Permittee shall consent and allow the City Manager to cause medical cannabis and cannabis-infused product at the Location to be tested and examined.
17. A MCCC shall fully comply with and meet all operating criteria required pursuant to the Compassionate Use Act, state law, the State General Guidelines, the provisions of the Palm Springs Municipal Code, as well as any specific, additional operating procedures

and measures as may be imposed as conditions of approval of the regulatory permit, and all requirements set forth in the covenant. This is required to ensure that the operation of the MCCC is consistent with the protection of the health, safety, and welfare of the community, qualified patients, and primary caregivers, and will not adversely affect surrounding uses.

## **ENFORCEMENT**

1. Recordings made by the security cameras shall be made available to the City Manager upon verbal request; no search warrant or subpoena shall be needed to view the recorded materials.
2. The City Manager shall have the right to enter the MCCC from time to time unannounced for the purpose of making reasonable inspections to observe and enforce compliance with the Ordinance and all laws of the City and State of California.
3. Operation of the MCCC in non-compliance with any conditions of approval or standards of the Ordinance shall constitute a violation of the Municipal Code and shall be enforced.
4. The City Manager may revoke a medical cannabis regulatory permit if any of the following, singularly or in combination, occur:
  - a. The City Manager determines that the MCCC has failed to comply with any provision of the Municipal Code, any condition or approval, or any agreement or covenant as required pursuant to the Ordinance; or
  - b. Operations cease for more than 90 calendar days, including during change of ownership proceedings; or
  - c. Operatorship is changed without securing a regulatory permit; or
  - d. The MCCC fails to maintain 240 continuous hours of security recordings; or
  - e. The MCCC fails to allow inspection of the security recordings, the activity logs, or of the premise by authorized City officials.
5. Any decision regarding the approval, conditional approval, denial, or revocation of a regulatory permit may be appealed to the City Council. Said appeal shall be made by a notice of appeal from the person appealing within thirty (30) days from the date of the decision. The appeal shall be accompanied by a fee, which shall be established by resolution of the City Council amended from time to time, and a written, verified declaration setting forth the basis for the claim that the permit was improperly approved, denied, conditioned or revoked. Filing of an appeal shall suspend the issuance of all regulatory permits until action is taken on the appeal.



**CITY OF PALM SPRINGS**  
Office of the City Manager

Office Use Only

|                 |
|-----------------|
| Date Submitted: |
| Case No:        |
| Initials:       |

**APPLICATION FOR MEDICAL CANNABIS  
COOPERATIVE OR COLLECTIVE (MCCC)**

Please read carefully to ensure application is accurate and complete.  
Inaccurate or incomplete applications may be rejected.

TO THE APPLICANT:

Your cooperation in completing this application and supplying the information requested will expedite City review of your application pursuant to local procedures. Applications submitted will not be considered complete until all submittal requirements are met.

Please submit this completed application and ten (10) copies, including all attachments and related material to the Office of the City Clerk at 3200 East Tahquitz Canyon Wav. Palm Springs, CA 92262

**Please complete the following in blue or black ink. If additional space is needed, you may attach white single-sided 8 1/2 x 11 paper using either MS Word or text-readable PDF format:**

**1) Address of the MCCC:** \_\_\_\_\_

*\*Please note that site location is prohibited within 500 feet of a school, public playground, park, residentially zoned property, child or day care facility, youth center or religious institution. It is also prohibited within 1,000 feet of any other collective. The MCCC location is prohibited on properties in which the primary use of the property is commercial / retail.*

**2) MCCC site information:**

**Gross Square Footage of proposed business space:** \_\_\_\_\_

**Assessor's Parcel #** \_\_\_\_\_ **Zone:** \_\_\_\_\_ **Section/Township/Range** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**General Plan** \_\_\_\_\_ **Hours of Operation** \_\_\_\_\_ **to** \_\_\_\_\_

If the MCCC is in a Multi-Tenant Building, please list other Businesses:

**Business Name                      Business Type**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**3) The name and contact information of the applicant:**

*\*Please note that in the event the applicant is not the legal owner of the property, the application must be accompanied with a notarized acknowledgement from the owner of the property that a MCCC will be operated on his/her property.*

| Name          |            | Address | Email       |  |
|---------------|------------|---------|-------------|--|
| Residential # | Business # | Cell #  | Facsimile # |  |

If the Applicant is leasing the MCCC, please list the Property Owner's contact information:

*\*Please note that in the event the applicant is not the legal owner of the property, the application must be accompanied with a notarized acknowledgement from the owner of the property that a MCCC will be operated on his/her property.*

**4) The name and contact information of the Property Owner:**

| Property Owner's Name |            | Property Owner's Address | Property Owner's Email |  |
|-----------------------|------------|--------------------------|------------------------|--|
| Residential #         | Business # | Cell #                   | Facsimile #            |  |

**5) The names and contact information of every person(s) who has a financial interest in the MCCC:**

| Name     | Telephone # | Address | Email |
|----------|-------------|---------|-------|
| 1. _____ |             |         |       |
| 2. _____ |             |         |       |
| 3. _____ |             |         |       |
| 4. _____ |             |         |       |

- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**6) The names and contact information of every principal officer, director, and/or operator:**

| Name | Telephone # | Address | Email |
|------|-------------|---------|-------|
|------|-------------|---------|-------|

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |

**7) The name and contact information of any person who is managing or responsible for the MCCC activities:**

| Name | Telephone # | Address | Email |
|------|-------------|---------|-------|
|------|-------------|---------|-------|

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ |

**8) The name and contact information of the on-site community relations or staff person or other representative to whom one can provide notice if there are operating problems associated with the MCCC:**

|    | <b>Name</b> | <b>Telephone #</b> | <b>Address</b> | <b>Email</b> |
|----|-------------|--------------------|----------------|--------------|
| 1. | _____       | _____              | _____          | _____        |
| 2. | _____       | _____              | _____          | _____        |
| 3. | _____       | _____              | _____          | _____        |

**9) An estimate of the size of the group of primary caregivers and/or qualified patients who will be served by the MCCC:**

**# of Primary Caregivers** \_\_\_\_\_

**# of Qualified Patients** \_\_\_\_\_

**Will delivery service be provided?** Y N

If yes, please describe the extent of the delivery service:

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**10) Will cannabis be cultivated on site?** Y N

If no, or if less than 100% of the cannabis will be grown on site, please provide the name and contact information of the person(s) who will be cultivating the cannabis:

|    | <b>Name</b> | <b>Telephone #</b> | <b>Address</b> | <b>Email</b> | <b>Member<br/>Y / N</b> |
|----|-------------|--------------------|----------------|--------------|-------------------------|
| 1. | _____       | _____              | _____          | _____        | _____                   |
| 2. | _____       | _____              | _____          | _____        | _____                   |
| 3. | _____       | _____              | _____          | _____        | _____                   |
| 4. | _____       | _____              | _____          | _____        | _____                   |
| 5. | _____       | _____              | _____          | _____        | _____                   |
| 6. | _____       | _____              | _____          | _____        | _____                   |
| 7. | _____       | _____              | _____          | _____        | _____                   |

**11) The names and addresses of any employees, if any, and a statement as to whether such person(s) has or have been convicted of a crime(s), the nature of such offense(s), and the sentence(s) received for such conviction(s).**

|    | <b>Name</b> | <b>Address</b> | <b>Offense Type (if any)</b> | <b>Sentence</b> |
|----|-------------|----------------|------------------------------|-----------------|
| 1. | _____       | _____          | _____                        | _____           |
| 2. | _____       | _____          | _____                        | _____           |
| 3. | _____       | _____          | _____                        | _____           |
| 4. | _____       | _____          | _____                        | _____           |
| 5. | _____       | _____          | _____                        | _____           |
| 6. | _____       | _____          | _____                        | _____           |
| 7. | _____       | _____          | _____                        | _____           |

**The following information shall be submitted on one sheet of white paper no less than 11x17 inches and no larger than 24x36 inches. The information must be legible and reproducible. In addition to the paper document, an electronic file in PDF format may be submitted on compact disc (CD).**

- 1) An accurate site plan and floor plan of the premises that clearly labels all the use of areas on the premises, including (1) doors (2) entrances (3) windows (4) use of each area, including (5) storage (6) cultivation areas (7) exterior lighting fixtures (8) security cameras (9) restrooms (10) signage and (11) parking (including other tenant spaces if the MCCC is proposed for a multi-tenant building site).
- 2) Photographs of the existing site that show the front, back and sides of the building, lighting, parking, etc.
- 3) A security plan that includes the following:
  - a. Security cameras that have been installed and maintained in good working condition, and used in an on-going manner with at least 240 continuous hours of digitally recorded documentation in a format approved by the City Manager. Please provide the number of security cameras and list the areas covered by each. The areas to be covered by the security cameras include, but are not limited to (1) the storage areas (2) cultivation areas (3) all doors (4) all windows, and (5) any other areas as determined by the City Manager.
  - b. A reliable and commercial alarm system that is operated and monitored by a lawfully operating security company or alarm business. Please provide the name and contact information of the security camera monitoring company.
  - c. Properly illuminated windows and doors that are in compliance with the City's lighting standards regarding fixture type, wattage, illumination levels, shielding, etc. (Applicants may be required to secure the necessary approvals and permits.)

- 4) A copy of the deed, lease, contract, or other document governing the terms and conditions of occupancy of the MCCC.
- 5) Suitable evidence of proof of lawful presence or residence in the city of Palm Springs (examples of this may include a copy of the applicant's current drivers license or a current copy of a utility bill).
- 6) A notarized acknowledgement from the owner of the property, *if the applicant is not the owner*, that a MCCC will be operated on his/her property.
- 7) A copy of the MCCC's articles of incorporation or articles of organization.
- 8) Evidence of authorization to do business as a non-profit within the State.

**CERTIFICATIONS AND DECLARATIONS**

1) I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial of the application or subsequent revocation of the permit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

2) I expressly authorize the City Manager of the City of Palm Springs to seek verification of the information contained within this application, including but not limited to, a comprehensive review of my background. I understand that this review may include verification of my personal social security number, credit reports, current and previous residences, employment history, education background, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3) I have received, read, reviewed, and understand all of the requirements of the City of Palm Springs regarding the operation and management of medical cannabis cooperatives and collectives in the City, including without limitation the provisions of Chapters 3.35 and 5.35 and Section 93.23.15 of the Palm Springs Municipal Code, and I acknowledge that I am required to fully comply with these provisions. I also acknowledge that failure to comply with any of these requirements may subject me to administrative fines, criminal sanctions, and other penalties as provided in the Palm Springs Municipal Code, including suspension or termination of my permit to operate a medical cannabis cooperative or collective in the City.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL CANNABIS COOPERATIVE / COLLECTIVE  
APPLICATION CHECK LIST**

The following items must be completed and accompany the Medical Cannabis Cooperative / Collective Application (MCCC). Please check off each item to ensure completeness.

|    |   |                          |
|----|---|--------------------------|
| 1) | Original completed application and \$ 7,500 deposit fee.  | <input type="checkbox"/> |
| 2) | An accurate site plan and floor plan of the premises that clearly labels all the use of areas on the premises, including (1) doors (2) entrances (3) windows (4) use of each area, including (5)storage (6) cultivation areas (7) exterior lighting fixtures (8) security cameras (9) restrooms (10) signage and (11) parking (including other tenant spaces if the MCCC is proposed for a multi-tenant building site).   | <input type="checkbox"/> |
| 3) | Photographs of the existing site that show the front, back and sides of the building, lighting, parking, etc.   | <input type="checkbox"/> |
| 4) | A security plan that includes the following: <ul style="list-style-type: none"> <li>a. Security cameras that have been installed and maintained in good working condition, and used in an on-going manner with at least 240 continuous hours of digitally recorded documentation in a format approved by the City Manager. Please provide the number of security cameras and list the areas covered by each. The areas to be covered by the security cameras include, but are not limited to (1) the storage areas (2) cultivation areas (3) all doors (4) all windows, and (5) any other areas as determined by the City Manager.</li> <li>b. A reliable and commercial alarm system that is operated and monitored by a lawfully operating security company or alarm business. Please provide the name and contact information of the security camera monitoring company.</li> <li>c. Properly illuminated windows and doors that are in compliance with the City's lighting standards regarding fixture type, wattage, illumination levels, shielding, etc. (Applicants may be required to secure the necessary approvals and permits.)</li> </ul> | <input type="checkbox"/> |
| 5) | A copy of the deed, lease, contract, or other document governing the terms and conditions of occupancy of the MCCC.   | <input type="checkbox"/> |
| 6) | Suitable evidence of proof of lawful presence or residence in the city of Palm Springs (examples of this may include a copy of the applicant's current driver's license or a current copy of a utility bill).   | <input type="checkbox"/> |
| 7) | A notarized acknowledgement from the owner of the property, <i>if the applicant is not the owner</i> , that a MCCC will be operated on his/her property.  | <input type="checkbox"/> |
| 8) | A copy of the MCCC's articles of incorporation or articles of organization.   | <input type="checkbox"/> |
| 9) | Evidence of authorization to do business as a non-profit within the State.  | <input type="checkbox"/> |