



City of Desert Hot Springs

65950 Pierson Blvd. • Desert Hot Springs, CA 92240
Telephone (760) 329-6411 x 259 www.cityofdhs.org

OFFICE USE ONLY	
Case No.	
Application Period (Applicable only to Dispensary Permits)	11/07/14 – 11/21/14
Fee	\$5,935.00
Accepted By	

MEDICAL MARIJUANA FACILITY REGULATORY PERMIT APPLICATION

Pursuant to Desert Hot Springs Municipal Code Chapter 5.50

(PLEASE TYPE OR PRINT CLEARLY)

MEDICAL MARIJUANA FACILITY REGULAR PERMIT applications are reviewed and approved administratively by the city manager or designee pursuant to Chapter 5.50 of the Municipal Code. The purpose of the review is to ensure that the medical marijuana facility will be conducted in a secure, safe and business-like manner consistent with all applicable local and state laws, rules and regulations governing the cultivation and distribution of medical marijuana, including without limitation the Compassionate Use Act as set forth in California Health and Safety Code Section 11362.5, the Medical Marijuana Program Act as set forth in the California Health and Safety Code Sections 11362.5 through 11362.83, and the August 2008 Attorney General Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use.

- Check here if requesting a Medical Marijuana Facility Regulatory Permit amendment
- Check here if requesting a Medical Marijuana Facility Regulatory Permit time extension
- Check here if requesting a Medical Marijuana Facility Regulatory Permit

PROPOSED USE AND/OR CONSTRUCTION:

Check one only. (Separate application required for each proposed use.)

- Check here if for a **Medical Marijuana Dispensary** (May cultivate up to 99 mature flowering marijuana plants)
- Check here if for a **Medical Marijuana Cultivation Facility**

PROPERTY OWNER CONSENT:

If the property owner is different than the applicant, the property owner's notarized written consent to use the project location for the above proposed use shall be submitted with the application before the application will be accepted as complete.

APPLICANT: _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail _____

***CO-APPLICANT:** _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail _____

**List other Co-Applicants on separate sheet.*

***PROPERTY OWNER** (if different): _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail _____

**List other Property Owners on separate sheet.*

PROJECT LOCATION: _____

LEGAL DESCRIPTION (Lot & Tract or A.P.N.): _____

EXISTING LAND USE OF PROPERTY: _____

EXISTING ZONING OF PROPERTY: _____

TYPE OF BUSINESS ORGANIZATION:

Organized as: _____ Collective _____ Cooperative

Organized under: _____ Corporations Code §12201 _____ Corporations Code §12300

OPERATIONS:

Estimated Number of Patients and Caregivers: _____

Delivery Service to be provided: ___ Yes ___ No

Hours of Delivery Service: _____

BY SIGNING THIS APPLICATION, THE APPLICANT(S) HEREBY:

1. REPRESENT(S) THAT APPLICANT(S) HAS REVIEWED THE CONTENTS OF DESERT HOT SPRINGS MUNICIPAL CODE CHAPTER 5.50 AND ACKNOWLEDGES ITS TERMS AND CONDITIONS;
2. AUTHORIZE(S) THE CITY MANAGER OR DESIGNEE TO SEEK VERIFICATION OF THE INFORMATION CONTAINED IN THIS APPLICATION;
3. CONSENT(S) TO SUBMITTING TO A FINGERPRINT-BASED CRIMINAL HISTORY RECORDS CHECK CONDUCTED BY THE DESERT HOT SPRINGS POLICE DEPARTMENT; AND
4. DECLARE(S) UNDER PENALTY OF PERJURY THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION AND SUBMITTED HERewith IS TRUE AND CORRECT.

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

***NAME OF CO-APPLICANT:** _____

***SIGNATURE OF CO-APPLICANT:** _____ **DATE:** _____

**Include Name and Signature of other Co-Applicants on separate sheet.*

***NAME OF PROPERTY OWNER:** _____

(If different from Applicant)

***SIGNATURE OF PROPERTY OWNER:** _____ **DATE:** _____

NAME OF PROPERTY OWNER: _____

(If different from Applicant)

SIGNATURE OF PROPERTY OWNER:: _____ **DATE:** _____

**Include Name and Signature of other Property Owners on separate sheet.*

SUBMITTAL REQUIREMENTS

Yes No

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. <u>Articles of Incorporation</u> : Proof that applicant has filed or is currently registered with the State of California as a cooperative or collective pursuant to Corporations Code §12201 or Corporations Code §12300. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. <u>Interior Site/Floor Plan</u> : Drawn to scale and fully dimensioned, showing the proposed interior of the medical marijuana facility denoting all the use of areas of the medical marijuana facility, including public areas, employee areas, doors, windows, storage, cultivation and dispensing, plus location of odor absorbing air ventilation and exhaust systems |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. <u>Security Plan</u> : Security Plan shall show or provide the following information:

A. Location of security cameras and the areas to be covered by the security cameras.
B. Location of audible interior and exterior alarms.
C. Location of exterior lighting.
D. Name and contact information of Security Company
E. Whether entrances to all dispensing and cultivation areas will be locked and under control of staff at all times.
F. Name of security guard and proof that security guard is licensed by the California Department of Consumer Affairs and whether security guard will be present at the medical marijuana facility during all hours of operation.
G. If the security guard is to be armed, proof that security guard possesses a valid Security Guard Card and Firearms Permit issued by the California Department of Consumer Affairs. |
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NOTE: INCOMPLETE APPLICATION SUBMITTALS WILL NOT BE ACCEPTED.