



Medical Marijuana Collective/Cooperative Regulatory Safety Permit Application Checklist



#	Required Documents	Date Received	Badge #
1	Completed Application with address of proposed Medical Marijuana Collective.		
2	A site plan describing the property with fully dimensioned interior and exterior floor plans including: electrical, mechanical, plumbing, and disabled access compliance pursuant to Title 24 of the State of California Code of Regulations and the Americans with Disabilities Act. Any improvements or alterations to property which require building permits <u>must</u> be submitted to the Building Safety Division separately for review/approval. This includes modifications to walls, electrical, mechanical or plumbing modifications.		
3	Exterior photographs of the entrance(s), exit(s), street frontage(s), parking, front, rear and side(s) of the proposed property. (Photographs must be in color and at least 4"x6" each)		
4	Photographs depicting the entire interior of the proposed property. (Photographs must be in color and at least 4"x6" each)		
5	If the property is being rented, leased, or is being purchased under contract, a copy of such lease or contract.		
6	If the property is being rented or leased, original signed <i>Property Owner/Landlord Use Disclosure and Authorization for a Medical Marijuana Collective/Cooperative</i> form.		
7	For <u>each</u> manager, employee, volunteer, a fully legible color copy of one valid government issued form of photo identification, two passport photographs, livescan results and the original legible, completed employee application for each manager, employee or volunteer.		
8	If the Medical Marijuana Collective is a corporation, a certified copy of the Collective's Secretary of State Articles of Incorporation, Certificate(s) of Amendment, Statement(s) of Information and a copy of the Collective's Bylaws. <u>Note</u> : Medical Marijuana Collectives may not be organized or operated on a for profit basis.		
9	If the Medical Marijuana Collective is an unincorporated association, a copy of the Articles of Association.		
10	A copy of the applicant's Board of Equalization Seller's Permit.		
11	A copy of the Medical Marijuana Collective Operating Standards with a statement dated and signed by the responsible party on-site stating under penalty of perjury, that they read, understand and shall ensure compliance with the aforementioned operating standards.		
12	A cashier's check or money order in the amount of \$12,086.00 paid to the order of the City of Santa Ana. This payment is NON-REFUNDABLE and no cash will be accepted.		
Post-Application Processing		Date	Employee Name/Badge #
Receipt of Completed Application Acknowledgement Sent to Applicant			
Verification of Placement on Qualified Registration List (PBA)			
Recommendation from OCFA, PBA, OC Health Dept			
Complete Application Package Received from PBA			
Notification of Permit Issuance or Denial Sent to Applicant			