City of Santa Ana

Regulatory Safety Permit Application

	(COLLE	CTIVE/CO	OPER	ATI	VE IN	FORM	ATIO	N		
Type of	18-613										
	Collective	/Cooperati									
Col	perative D	le)									
Entit	y Name Us	sed on Reg	istration Applica	tion							
		C	Collective/Co	operativ	e Pl	hysical	Address	S			
Street Address					Establ			hment / Unit #			
City				State				ZIP			
Ma	iling Addr	ess same a	s above								
		Collectiv	ve/Cooperativ	e Maili	ng A	Addres	s (If App	olicabl	e)		
Street Address							Establishr				
City				State	State			ZIP			
		Co	ollective/Coop	nerative	Coi	ntact Ir	nformatio	on			
Phone	Number (peracrye							
Phone Number (Must Have Voicemail) Email Address											
Cooperative/Collective Website											
Fax Number											
			EMPLOY	EE IN	FO]	RMAT	ΓΙΟΝ				
Numb			Number of Volunteers								
Attachments Included			Yes No		Number of Pages						
	(CURRE	NT AGENT	FOR	SEF	RVICE	OF PR	ROCE	SS		
Name											
Street Address							Establishment / Unit #				
City				State	State		I	ZIP			

THIS IS AN APPLICATION FOR A REGULATORY SAFETY PERMIT ONLY

OWNERSHIP INFORMATION

All individuals identified as controlling members of the non-profit or not for profit corporation must complete the "Owner Information" section. Use additional copies of this form for additional controlling members, if necessary.

									0			
Last Name	Last Name			First					M.I			
AKA's:												
Home Address								Apartment/	Unit #			
City				State				ZIP				
Phone #				Alternate Phone #								
Date of Birth	SSN						Driver	r's License/ID#				
1. Have you been denied or had revoked a regulatory safety p five (5) years in Santa Ana or any other city located in or out							licens	e in the last	t YES		NO 🗌	
2. Have you ever been convicted of, or plead guilty/no-contest to a felony or misdemeanor drug charge within the past four years? NO									NO 🗌			
3. Is the property at which you propose to operate associated with or controlled by an association or regulatory CC&R's? If the answer is 'yes', you are required to submit a letter from the association acknowledging your proposed use of the property as a medical marijuana collective is authorized and consistent with the applicable CC&R's.										NO 🗌		
If answering 'yes' to any of the above questions, describe on a separate piece of paper the circumstances, date, city, or county, and nature of incidents or charges as applicable. Use extra pages if necessary.												
ACKNOWLEDGEMENT AND SIGNATURE												
I represent and warrant that by my signature below, I have, or will have, the power, authority, and right to bind and represent the applicant, non-profit or not for profit entity listed in this application and I certify under penalty of perjury that the foregoing information is true and correct. I understand that if any information in this application is deemed to be false or misleading, it will result in automatic rejection of the application without a refund of the application fee.												
Executed this day of, 20 in Santa Ana, California. (Day) (Month)												
(Signature)					(Printed Name and Title)							
FOR OFFICE USE ONLY												
Form is Completed					YES		NO) [
Livescan Results & 2 Passport Photos Attached				ned	YES		NO	O 🗆				
Color Copy of Valid Government Identification					YES		NO	O 🗆				
Registration Application Number												