



# City of Santa Ana Regulatory Safety Permit

## 2018 Renewal Application

THIS IS A PUBLIC DOCUMENT



### Collective/Cooperative Information

Type of Business Entity [pursuant to SAMC 15-613(u)] \_\_\_\_\_

Collective/Cooperative Legal Name \_\_\_\_\_

Collective/Cooperative DBA (if applicable) \_\_\_\_\_

Entity Name Used on Registration Application \_\_\_\_\_

### Collective/Cooperative Physical Address

Street Address \_\_\_\_\_ Establishment / Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address same as above

### Collective/Cooperative Mailing Address (if applicable)

Street Address \_\_\_\_\_ Establishment / Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Collective/Cooperative Contact Information

Phone Number (must have voicemail) \_\_\_\_\_

Email Address \_\_\_\_\_

Cooperative/Collective Website \_\_\_\_\_

Fax Number \_\_\_\_\_

### Employee Information

Number of Employees \_\_\_\_\_ Number of Volunteers \_\_\_\_\_

### Current Agent For Service Process

Street Address \_\_\_\_\_ Establishment / Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**THIS IS AN APPLICATION FOR A RENEWAL OF A REGULATORY SAFETY PERMIT ONLY**

### Ownership Information

All individuals identified as controlling member of the non-profit corporation must complete the "Owner Information" section. Use additional copies of this form for additional controlling members, if necessary.

**Full Name** \_\_\_\_\_  
*Last First M.I.*

**Address** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Driver's License** \_\_\_\_\_ **Social Security** \_\_\_\_\_

Have you been denied or had revoked a regulatory safety permit or similar in the las five (5) years in the City of Santa Ana or any other city located in or out of California? YES  NO

Have you ever been convicted of, or plead guilty/no-contest to a felony or misdemeanor drug charge within the past four years? YES  NO

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? YES  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 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 or 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** \_\_\_\_\_ **Name and Title (printed)** \_\_\_\_\_

FOR OFFICE USE ONLY		
Form is Completed	YES	NO
Live scan Results & 2 Passport Photo Attached	YES	NO
Color Copy of Valid Government I.D.	YES	NO