



Planning and Building Agency  
20 Civic Center Plaza  
P.O. Box 1988 (M-20)  
Santa Ana, CA 92702  
(714) 647-5804  
www.santa-ana.org

**Santa Ana Medical Marijuana Collective/Cooperative  
Registration Application**

**THIS APPLICATION IS A PUBLIC RECORD**

**Submittal Checklist**

The following are the submittal items necessary for the medical marijuana Registration Application. In order for your application to be deemed complete, all items referenced below must be submitted to the Planning Division located at 20 Civic Center Plaza (1st Floor, Ross Annex). Incomplete submittal packages will not be accepted. Please e-mail the City at [CannabisCollectives@Santa-Ana.org](mailto:CannabisCollectives@Santa-Ana.org) should you have any questions regarding the submittal requirements or need additional information.

- A.  Completed **General Information** form.
- B.  Completed **Use Disclosure / Submittal Affidavit** form (Notarized).
- C.  **Map / Aerial Photo** of proposed location (Main entrance identified on map).
- D.  **Submittal Fees** (cashiers check, money order or cash only. Credit cards and/or personal checks will not be accepted). (Registration Application Fee: \$1,690.00)



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## Santa Ana Medical Marijuana Collective/Cooperative Registration Application

# General Information

### I. Collective/Cooperative Applicant Information

Name of Proposed Medical Marijuana Collective/Cooperative: \_\_\_\_\_

Applicant entity structure:  Corporation

Unincorporated Association

Other (describe): \_\_\_\_\_

### II. Location / Property Information

II.

Medical Marijuana Collective/Cooperative Address: \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Map Coordinates (Longitude/Latitude) of Collective/Cooperative front door. See attachment #1 for instructions on obtaining map coordinates: \_\_\_\_\_

### III. Collective / Cooperative Primary Contact

Contact Person (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mobile: ( ) \_\_\_\_\_

### IV. Property Owner Information

Recorded Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Note: This is **NOT** a Regulatory Safety Permit to legally operate a Medical Marijuana Collective/Cooperative. DO NOT OPERATE until a valid Permit is issued.



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# Use Disclosure / Submittal Affidavit

I, \_\_\_\_\_, am the current legal owner / landlord / lessor of the property  
 (Name of Property Owner / Landlord) (Circle Appropriate Term)

located at \_\_\_\_\_. I authorize the Medical Marijuana Collective  
 (Address listed on General Information Form)

entitled \_\_\_\_\_, to use this property as a Medical Marijuana  
 (Name of Collective/Cooperative listed on General Information)

Collective/Cooperative, as those terms are defined in Chapter 18 of the Santa Ana Municipal Code, should this Collective/Cooperative be selected and approved by the Santa Ana Police Department for a Regulatory Safety Permit. I further understand that I am responsible for, and also subject to, enforcement actions regarding any violations and/or nuisance activity which may occur at this property.

1. \_\_\_\_\_  
 (Signature of Legal Owner / Landlord / Lessor) (Printed Name and Title) (Date)

2. \_\_\_\_\_  
 (Signature of Legal Owner / Landlord / Lessor) (Printed Name and Title) (Date)

3. \_\_\_\_\_  
 (Signature of Legal Owner / Landlord / Lessor) (Printed Name and Title) (Date)

I certify under penalty of perjury that the foregoing information is true and correct. Executed  
 this \_\_\_\_\_ day of \_\_\_\_\_ 2016, in Santa Ana, California.  
 (day) (Month)

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 Cooperative. DO NOT OPERATE until a valid Permit is issued.

# SAMPLE

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

Corporate Officer — Title(s): \_\_\_\_\_

Partner —  Limited  General

Individual  Attorney in Fact

Trustee  Guardian or Conservator

Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



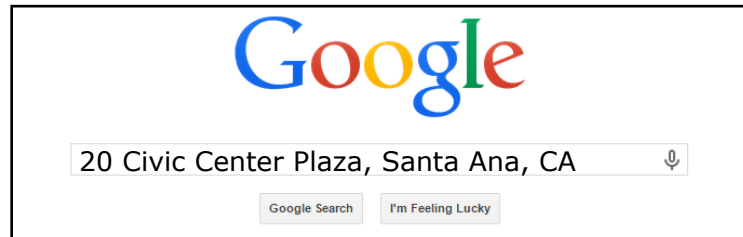
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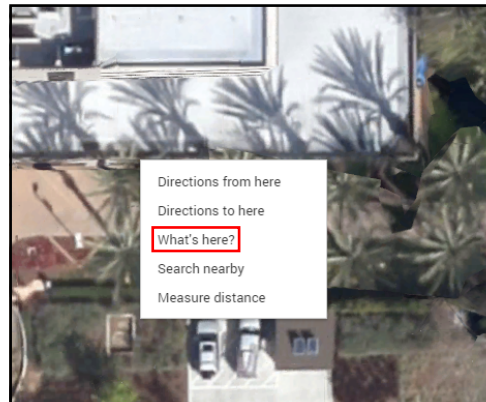
# Attachment 1 - Map Coordinates

Section 18-616 of the Santa Ana Municipal Code specifies that no collective/cooperative shall be located within 500-feet of another medical marijuana collective/cooperative. Longitude and latitude coordinates are required to be provided by the applicant to specify the location of the main entrance of the proposed medical marijuana collective/cooperative which will form the basis for the 500-foot separation requirement. Map coordinates are easily obtained from Google Maps using the following steps:

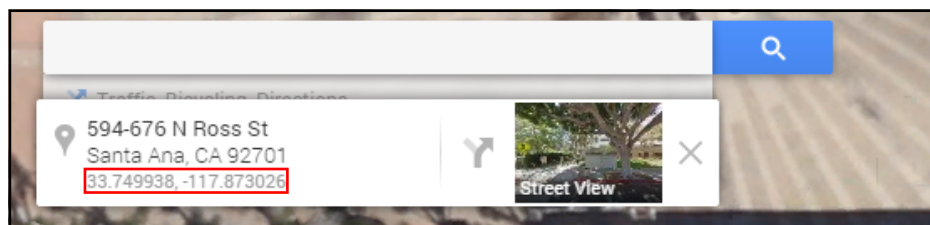
**Step # 1** - Open Google from your internet browser and then enter the address for the property you are proposing.



**Step # 2** - Open the resulting map and zoom in as necessary. Place the mouse pointer on the proposed main entrance to the collective/cooperative, right click and select "what's here?"



**Step # 3** - The map coordinates will then be displayed near the upper left corner of the screen in the following format: XX.XXXXXX, -XXX.XXXXXX. These will be the numbers entered in Section II of the General Information Form.



**Santa Ana Medical Marijuana Collective/Cooperative**  
**Registration Application Information**

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Registration Application Packets are available online ([www.santa-ana.org/cannabiscollectives](http://www.santa-ana.org/cannabiscollectives)) and at the Planning Division public counter located at 20 Civic Center Plaza - First Floor, Ross Annex.

**Completing the Application**

All components of the application must be submitted at the same time. Partial applications will not be accepted.

*NOTE: Property / Building Eligibility* – If any portion of the proposed building is within the 1,000 separation buffer from a park, school or residential zone, that entire building is ineligible for a medical marijuana collective. If the proposed property contains multiple buildings (i.e. industrial park), provided that the building being requested for a medical marijuana collective is not within the 1,000 foot separation buffer, that building is eligible.

**Making Your Submittal**

Applications will be accepted at the Planning Counter (20 Civic Center Plaza) during regular business hours only. E-mailed, faxed or mailed applications will not be accepted.

Registration Applications will be reviewed for completeness, but not compliance at time of submittal. Please direct any questions about the application to staff using the information provided online or at the Planning Division public counter.

Payment for Registration Applications may be made by cashier's check, money order or cash only. Credit cards or personal checks will not be accepted.

**Submittal and Review Procedure**

1. Submit registration application at the Planning Division public counter, located on the first floor of City Hall Ross Annex at 20 Civic Center Plaza.
2. Staff reviews the application for compliance with zoning and separation requirements.
3. Notification