

APPLICATION FOR REGISTRATION AS A MEDICAL MARIJUANA COLLECTIVE



SAN JOSE POLICE DEPARTMENT



GENERAL REQUIREMENTS

This Application for Registration as a Medical Marijuana Collective (“Application”) and its attachments shall be completed by each medical marijuana establishment (“Collective”) seeking to register and legally operate in the City of San Jose. If the Collective strictly complies with Chapter 6.88 of the San Jose Municipal Code (“SJMC”) and is issued a Notice of Completed Registration (“Registration”) by the City of San Jose, the Registration shall expire after one (1) year of its issuance and the Collective shall thereafter be responsible for applying to renew that Registration on an annual basis and pay any associated renewal fees.

Any time a Collective desires to relocate its dispensing or cultivation location or premises, the Collective shall first complete a new Application and shall be subject to the same process and fees set forth for the issuance of Registration in SJMC Section 6.88.330.

For any other change in the information provided in this Application and its attachments, including any change in the Collective’s owners or managers, the Collective shall, within fifteen (15) calendar days, file an updated Application, along with any associated amendment fees, as set forth in SJMC Section 6.88.380.

A Registration issued by the City of San Jose is merely an acknowledgement of the Collective’s compliance with the requirements of Chapter 6.88 of the SJMC and its ability to assert an affirmative defense to civil and criminal enforcement of the SJMC based solely upon conduct which is in strict compliance with the provisions of Chapter 6.88 and the provisions of Title 20 of the SJMC relating to medical marijuana. Any Collective submitting this Application should have no expectation that the City will issue the Collective a Registration, or that once a Registration is issued, it will continue to be valid.

The definitions set forth in Chapter 6.88 of the SJMC shall govern this Application and the interpretation of this Application.

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COLLECTIVE INFORMATION:

(1) Legal Name of Collective, including any dba's:

(2) Applicant entity structure: _____Corporation _____Unincorporated Association _____Other
If "Other," describe entity structure: _____

(3) If Collective is incorporated, attach a copy of the Collective's Articles of Incorporation, Certificate of Amendment, Statement of Information, By Laws, Restated Articles of Incorporation, and the most recent Annual Report of Officers and Directors; all, as certified by the Secretary of State.

(4) If Collective is an unincorporated association and filed a Statement by Unincorporated Association with the Secretary of State, attach a copy of each Statement By Unincorporated Association, Registration of Unincorporated Nonprofit Association, and original and amended Articles of Association; all, as certified by the Secretary of Sate.

(5) If Collective is an informal unincorporated association, attach copies of the Collective's fully executed Articles of Association (aka Charter or Constitution).

(6) How long has the Collective entity existed? _____

DISPENSING SITE:

(7) Physical Address(es) of premises and location(s) from where Collective will be dispensing medical marijuana (a P.O. Box will not satisfy this requirement): _____

(8) Physical Description of premises and location(s) from where Collective will be dispensing medical marijuana (e.g., one-story commercial building, etc.): _____

(9) Identify owner(s) of property listed in Item No. (7) of this Application. If more than one person owns the property, list all the owners here. If necessary, attach additional sheets of paper to identify multiple owners: _____

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(10) Authorization to Use property or location listed in Item No. (7): If the Collective rents, leases, or is in the process of purchasing the property listed in Item No. (7), check the appropriate boxes below to verify that the Collective notified the owner(s), landlord(s) and leasing agent(s) of the proposed use.

_____ Attached is a fully executed copy of the rental/lease agreement, and/or purchase agreement which includes the purpose for which the property will be used.

_____ Attached is an original fully executed letter of authorization to use the property as a Collective signed by each owner, landlord and leasing agent or equivalent.

NOTE: If the property listed for Item No. (7) is owned, rented or leased by more than one person, a separate authorization must be submitted for each owner, landlord and leasing agent or equivalent. Please attach additional authorizations to this Application.

(11) Onsite landline telephone number(s) for the Collective at the premises and location(s) from where Collective will be dispensing medical marijuana: _____

(12) FAX number(s) for Collective at the premises and location(s) from where Collective will be dispensing medical marijuana: _____

(13) Collective’s website address (if one already exists): _____

(14) Name person who will be serving as the “on-site designated representative” at the premises or location from where the Collective will be dispensing medical marijuana: _____

(15) Identify the daily hours of operation proposed by the Collective site listed in Item No. (7) of this application:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

CULTIVATION SITE (If Different Than Collective’s Dispensing Site):

Collective(s) are authorized to cultivate medical marijuana at one (1) off-site location either within the City of San Jose or within one of the following counties: Alameda, Merced, Monterey, San Benito, San Joaquin, San Mateo, Santa Clara, Santa Cruz, or Stanislaus. If the Collective will be cultivating medical marijuana at a location that is separate from where it will be dispensing medical marijuana, the Collective shall provide the following information:

(16) Physical Address of the premises or location from where the Collective will be cultivating medical marijuana (a P.O. Box will not satisfy this requirement): _____

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(17) Physical description of the premises or location from where the Collective will be cultivating medical marijuana (e.g., one-story commercial building, etc.): _____

(18) Name, Address & Phone Number of the owner(s) of the property listed in Item No. (16) of this Application. If more than one person owns the property, provide information for all the owners. If necessary, attach additional sheets of paper to identify multiple owners: _____

(19) Authorization to use property or location listed in Item No. (16): If the Collective rents, leases, or is in the process of purchasing the property listed in Item No. (16), check the appropriate boxes below to verify that the Collective notified the owner(s), landlord(s) and leasing agent(s) of the proposed use.

Attached is a fully executed copy of the rental/lease agreement, and/or purchase agreement which includes the purpose for which the property will be used.

Attached is an original fully executed letter of authorization to use the property as a Collective signed by each owner, landlord and leasing agent or equivalent.

NOTE: If the property listed for Item No. (16) is owned, rented or leased by more than one person, a separate authorization must be submitted for each owner, landlord and leasing agent or equivalent. Please attach additional authorizations to this Application.

(20) Onsite landline telephone number(s) for the Collective at the premises or location from where the Collective will be cultivating medical marijuana: _____

(21) FAX number(s) for Collective at the premises or location from where Collective will be cultivating medical marijuana: _____

(22) Name, Address & Phone Number of person who will be serving as the “on-site designated representative” at the premises or location from where the Collective will be cultivating medical marijuana: _____

(23) Identify the daily hours of operation proposed by the Collective site listed in Item No. (16) of this Application:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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REPRESENTATION:

(24) Name, Address & 24-hour telephone number of attorney or other agent authorized to represent the Collective (a P.O. Box will not satisfy this requirement): _____

(25) Name, Address & 24-hour telephone number of person authorized to accept service of process on behalf of the Collective, if different than the person listed in Item No. (24) of this application (a P.O. Box will not satisfy this requirement): _____

(26) The total number of Collective members as of the date this Application was submitted: _____

(27) Has the Collective previously operated in this City or any other state, county or city? _____

(a) If "Yes," did said operation occur under a license, permit or other regulatory program? _____

(b) If "Yes," list the state, county or city and provide the name of the license/permit or program of the issuing or regulating state, county or city. If applicable, provide the license and/or permit identification numbers: _____

(c) Please advise whether the previously issued licenses or permits were revoked or suspended and the reasons why: _____

ACCOUNT INFORMATION & OPERATIONS PLAN:

(28) Attach a separate sheet of paper providing identifying information for all savings accounts, checking accounts, investment accounts and trusts associated with the operation of the Collective.

(29) Attach the Collective's Operations Plan, which shall be in conformance with Section 6.88.330(A)(1)(i) of the SJMC and include:

(a) A Management Plan naming the managers for the Collective and detailing each manager's responsibilities;

(b) A list of managers responsible for receiving, logging, and responding to complaints regarding the Collective;

(c) A Security Plan which identifies the Collective's security personnel; provides documentation of the proper certification of that personnel by the State, as required by SJMC Section 6.88.420; details the security measures for all locations and premises used by the Collective, including those requirements set forth in Chapter 6.88; and provides the URL address of the on-site web-based video surveillance required pursuant to SJMC Section 6.88.420;

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- (d) A copy of the Collective’s rules and regulations which comply with those requirements set forth in Chapter 6.88 of the SJMC;
- (e) A copy of the Collective’s cultivation procedures including a detailed explanation of how chemicals and fertilizers will be stored and what measures will be taken to minimize or offset energy use from the cultivation or processing of medical marijuana and what measures will be taken to comply with the requirements of Chapter 6.88 of the SJMC;
- (f) A site floor plan which details the layout of all locations and premises being utilized by the Collective. Include all areas adjacent to those locations and premises, including parking lots, which are owned or controlled by the Collective; and
- (g) An odor management plan detailing steps the Collective will take to install air purification systems and air scrubbers to ensure that the odor of medical marijuana will not emanate beyond the walls of the Collective’s locations or premises.

(30) If edible medical marijuana products will be manufactured/processed at the Collective’s premises or location(s) located in the City of San Jose, describe the type of products that will be manufactured/processed:

(31) Attach proof of payment of any applicable taxes due to the City pursuant to Chapters 4.66 and 4.76 of the SJMC.

(32) If the Collective was the subject of a Compliance Order issued by the City of San Jose pursuant to Chapter 1.14 of the SJMC, attach documentation from the City’s Code Enforcement Division evidencing that the Collective currently has no outstanding compliance orders.

(33) Has the Collective previously been disqualified from the City of San Jose’s Registration process or disqualified from the Registration process?_____ If “Yes,” attach a copy of the prior disqualification.

(34) Has the Collective’s Registration with the City of San Jose or registration, permit, license or any other authorization issued by the City or by any State or local agency, and, required to operate a Collective been deemed null and void or suspended, revoked or otherwise nullified? If “Yes,” please explain: _____

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SAN JOSE POLICE DEPARTMENT



QUESTIONNAIRE FOR COLLECTIVE

Next to each question, please answer “Yes” or “No.” **If you answer “Yes” to any of the questions, attach a separate sheet of paper explaining your answer and providing all information necessary for the City to confirm the information you provided, including, but not limited to the jurisdiction where the activity occurred.** A “Yes” answer does not necessarily mean you will be disqualified from the registration process. Additional documentation may be requested by the City if the information presented is deemed insufficient to complete the investigation.

1. _____ Has the Collective ever applied for or received a license, certificate, permits, or registration to practice in a regulated profession under *any* name other than the name listed on this application?

2. _____ Has the Collective ever had a license, certificate, permit, or registration to practice in a regulated profession denied, suspended or revoked, or in any way conditioned, curtailed, limited, or restricted in or by any jurisdiction (including San Jose)?

3. _____ Is any administrative, civil or criminal action pending against the Collective now by any licensing or regulatory agency?

4. _____ Has the Collective ever been the restrained party or petitioner of a Temporary Restraining Order, Preliminary Injunction or Permanent Injunction?

5. _____ In the last five (5) years, has the Collective ever owned or leased a location or premises that has been the subject of an administrative, civil or criminal nuisance abatement action and court judgment or administrative determination finding the location or premises to be a nuisance?

6. _____ Has each member of the Collective provided the Collective with written consent for the City to inspect and copy records pertaining to that member as required by Chapter 6.88 of the San Jose Municipal Code?

Name Of Person Completing Questionnaire:	
Title:	
Signature:	
Date:	
Address (a P.O. Box will not satisfy this requirement):	
City, State, Zip	
Contact Phone No.	

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COLLECTIVE AFFIDAVIT

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this Application, and its supporting documentation, is truthful, correct, and complete; and, the information contained in this Application, and its supporting documentation, discloses all material facts regarding the applicant and associated individuals necessary to allow the City of San Jose to properly evaluate the applicant's qualifications for Registration.

If the applicant is a business entity, I, as the person signing below do hereby represent and warrant that the business entity is authorized to do business in California and that I have full right, power and authority to sign on behalf of the business entity and carry out all actions contemplated by this Application, and that any Registration issued to the business entity constitutes valid, binding and enforceable obligations of the business. Upon the City's request, I promise to provide the City with evidence reasonably satisfactory to the City confirming the foregoing representations and warranties.

I will ensure that any information subsequently submitted to the City in conjunction with this Application or its supporting documentation meets the same standard as set forth above.

I understand that this Application may be classified as a public record and may be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the California Public Records Act or restricted by other law.

I acknowledge that I may be required to provide additional information, as needed, for a complete investigation.

I further understand that any misrepresentations, omissions or falsifications may result in the applicant being disqualified from the Registration process and/or the Registration, once issued, subsequently being deemed null and void by the City.

Print Name Here:	
Title:	
Signature:	
Date:	
Address (a P.O. Box will not satisfy this requirement):	
City, State, Zip	
Contact Phone No.	

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OWNER & MANAGER AFFIDAVIT (To Be Completed By Each Owner & Manager)

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this Application, and its supporting documentation, is truthful, correct, and complete; and, the information contained in this Application, and its supporting documentation, discloses all material facts regarding the applicant and associated individuals necessary to allow the City of San Jose to properly evaluate the applicant's qualifications for Registration.

Upon the City's request, I promise to provide the City with evidence reasonably satisfactory to the City confirming the foregoing representations and warranties.

I will ensure that any information subsequently submitted to the City in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that this Application may be classified as a public record and may be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the California Public Records Act or otherwise restricted by law.

I acknowledge that I may be required to provide additional information, as needed, for a complete investigation.

I further understand that any misrepresentations, omissions or falsifications may result in the applicant being disqualified from the Registration process and/or the Registration, once issued, subsequently being deemed null and void by the City.

Print Name Here:	
Title:	
Signature:	
Date:	
Address (a P.O. Box will not satisfy this requirement):	
City, State, Zip	
Contact Phone No.	

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COLLECTIVE’S AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, declare that I am the applicant described and identified in this Application, or an agent of the applicant seeking Registration with the City of San Jose.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, to release to the San Jose Police Department any files, records, or information of any type regarding:

(If Applicant is Business Entity, Insert Legal Name of Business Entity Below)

_____ **ENTITY**

(If Applicant is Individual, Insert Legal Name and Date of Birth Below :)

_____ **NAME** **DATE OF BIRTH**

The information is being requested by the San Jose Police Department to properly evaluate the applicant’s qualifications for Registration by the City of San Jose. A copy of this Authorization shall be as valid as, and provide the same authorization as, the original.

Print Name of Individual or Person Authorized to sign on behalf of Business Entity:	
Title: (if applicable)	
Signature:	
Date:	
Address:	
City, State, Zip	
Contact Phone No.	

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**COLLECTIVE’S CONSENT FOR INSPECTION OF LOCATION/PREMISES
AND INSPECTION AND COPYING OF RECORDS**

I, the undersigned, declare that I am the applicant described and identified in this Application, or that I am an agent of the applicant seeking Registration with the City of San Jose.

I authorize the City Manager, the Chief of Police, and their respective designees to inspect and copy any recordings and records required to be maintained under Chapter 6.88 of the San Jose Municipal Code, without requiring them to obtain a search warrant, subpoena or court order, at any time and without notice during regular hours of operation and at any other time upon reasonable notice.

I, the undersigned, further authorize the City Manager, the Chief of Police and their respective designees to inspect every premises and location operated by the applicant, without requiring a search warrant or court order, at any time and without notice during regular hours of operation and at any other time upon reasonable notice.

A copy of this Consent Form shall be as valid as, and provide the same authorization as, the original.

(If Applicant is Business Entity, Insert Legal Name of Business Entity Below)

ENTITY

(If Applicant is Individual, Insert Legal Name and Date of Birth Below :)

NAME **DATE OF BIRTH**

Name of Individual Authorized To sign for Collective:	
Title: (if applicable)	
Signature:	
Date:	
Address (a P.O. Box will not satisfy this requirement):	
City, State, Zip	
Contact Phone No.	

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**OWNER/MANAGER CONSENT FOR INSPECTION OF LOCATION/PREMISES
AND INSPECTION AND COPYING OF RECORDS**

(To Be Completed by *each* Owner & Manager)

I, the undersigned, declare that I am an owner or manager for the applicant described and identified in this Application.

I authorize the City Manager, the Chief of Police, and their respective designees to inspect and copy any recordings and records required to be maintained under Chapter 6.88 of the San Jose Municipal Code, without requiring them to obtain a search warrant, subpoena or court order, at any time and without notice during regular hours of operation and at any other time upon reasonable notice.

I, the undersigned, further authorize the City Manager, the Chief of Police and their respective designees to inspect every Location and Premises operated by the applicant, without requiring a search warrant or court order, at any time and without notice during regular hours of operation and at any other time upon reasonable notice.

A copy of this Consent Form shall be as valid as, and provide the same authorization as, the original.

OWNER OR MANAGER NAME

DATE OF BIRTH

SIGNATURE

DATE

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**SAN JOSE POLICE
DEPARTMENT**



INFORMATION REGARDING INDIVIDUALS ASSOCIATED WITH COLLECTIVE

(Unless otherwise stated, the following pages 13 through 19 of this application shall be completed by *each* Owner, Manager and any individual participating in the cultivation, processing, manufacturing, transporting or dispensing of Medical Marijuana. Please use a new set of pages for each individual.)

Background:

1. Last Name _____ First _____ MI _____

Alias(es): _____

2. Date of Birth: _____

3. Height: _____ Weight: _____ Hair: _____ Eyes: _____ Gender: _____

4. Home Address (a P.O. Box will not satisfy this requirement): _____

City _____ State _____ Zip _____

5. Telephone number (where you can be reached 24 hrs a day):

6. California DL/ID Number: _____ Other Government Photo ID _____

NOTE: Attach a fully legible copy of valid government issued photo identification card or license containing the following information: name, date of birth, and physical description (sex, height, weight, eye color and hair color). Acceptable forms of government issued identification include: drivers licenses or photo identity cards issued by the state Department of Motor Vehicles that meet REAL ID benchmarks, a passport issued by the United States government, U.S. Military ID cards, or a Permanent Resident card.

7. Attach a copy of your state issued Medical Marijuana Program Act identification card or a copy of your physician's recommendation for the medical use of marijuana.

8. Name, Address & Telephone Number of physician who recommended you use marijuana for medicinal purposes (a P.O. Box will not satisfy this requirement.) _____

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9. If you are participating in the Collective as a primary caregiver, attach a copy of the written documentation provided by *each* qualified patient member designating you as his or her primary caregiver.

10. Job Title/Position with the Collective: _____

11. Description of Job Duties/Position Duties: _____

Criminal History:

If you have been convicted of a crime (other than an infraction traffic violation) or you are currently on probation or parole, provide the information requested below. Attach additional sheets if necessary. Incomplete information may be grounds for the Collective being disqualified from the registration process.

Criminal Case No:	
Statute Violated/Charges :	
Date of Conviction:	
Date of Imposition of Probation and/or Parole:	
Name and Address of sentencing court:	

Criminal Case No:	
Statute Violated/Charges:	
Date of Conviction:	
Date of Imposition of Probation and/or Parole:	
Name and Address of sentencing court:	

Criminal Case No:	
Statute Violated/Charges:	
Date of Conviction:	
Date of Imposition of Probation and/or Parole:	
Name and Address of sentencing court:	

Prior Experience At A Collective:

Provide a detailed explanation of your involvement with any other Collective including, but not limited to: the name and address of the Collective; the capacity in which you were involved with the Collective; whether the Collective is or was the subject of any criminal investigation or prosecution, civil investigation, administrative action or civil lawsuit; whether you or the Collective with which you are or were associated has ever been

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denied, or is in the process of being denied registration, a permit, a license or any other authorization to operate a Collective in any other city, county or state; and whether you or the Collective with which you are or were associated has ever had a registration, license, permit or any other authorization to operate a Collective in any other city, county or state suspended or revoked, and the reasons therefore. Attach additional pages if necessary.

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Residence History:

List all residences you have had for the past three (3) years. Attach additional pages if necessary.

Number & Street Name:	
City, State, Zip:	
Length of Stay:	
Contact Person / Phone	

Number & Street Name:	
City, State, Zip:	
Length of Stay:	
Contact Person / Phone	

Number & Street Name:	
City, State, Zip:	
Length of Stay:	
Contact Person / Phone	

Employment History:

Beginning with your current employment, list your work history for the previous three (3) years. Attach a separate sheet of paper to complete your list if necessary.

Company Name:	
Address:	
City, State, Zip	
Phone No.	
Supervisor/Contact Name:	
Dates of Employment:	
Description of Job Duties: Reason Left Employment?	

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Company Name:	
Address:	
City, State, Zip	
Phone No.	
Supervisor/Contact Name:	
Dates of Employment:	
Description of Job Duties: Reason Left Employment?	

Company Name:	
Address:	
City, State, Zip	
Phone No.	
Supervisor/Contact Name:	
Dates of Employment:	
Description of Job Duties: Reason Left Employment?	

Fingerprinting:

Each Collective owner, manager and any individual participating in the cultivation, processing, manufacturing, transporting or dispensing of medical marijuana shall be fingerprinted for the City to conduct a complete criminal background check. Please contact San Jose Police Sergeant David Woolsey at (408) 277-4115 to receive information on how to schedule an appointment for fingerprints and fee payment.

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**SAN JOSE POLICE
DEPARTMENT**



**Questionnaire For Owners, Managers & Individuals Participating In The
Cultivation, Processing, Manufacturing, Transporting Or Dispensing
Of Medical Marijuana**

Next to each question, please answer “Yes” or “No.” **If you answer “Yes” to any of the questions, attach a separate sheet of paper explaining your answer and providing all information necessary for the City to confirm the information you provided, including, but not limited to the jurisdiction where the activity occurred.** A “Yes” answer does not necessarily mean the Collective will be disqualified from the registration process. Additional documentation may be requested by the City if the information presented is deemed insufficient to complete the investigation.

1. _____ Have you ever applied for or received a license, certificate, permits, or registration to practice in a regulated profession under *any* name other than the name listed on this application?
2. _____ Have you ever had a license, certificate, permit, or registration to practice in a regulated profession denied, suspended or revoked, or in any way conditioned, curtailed, limited, or restricted in or by any jurisdiction (including San Jose)?
3. _____ Is any administrative, civil or criminal action pending against you now by any licensing or regulatory agency?
4. _____ Have you ever been the restrained party or petitioner of a Temporary Restraining Order, Preliminary Injunction or Permanent Injunction?
5. _____ In the last five (5) years, have you owned or leased a location or premises that has been the subject of an administrative, civil or criminal nuisance abatement action and court judgment or administrative determination finding the location or premises to be a nuisance?
6. _____ Have you ever applied for a permit to carry a concealed weapon?

Name Of Person Completing Questionnaire:	
Title:	
Signature:	
Date:	
Address (a P.O. Box will not satisfy this requirement:	
City, State, Zip	
Contact Phone No.	

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INDIVIDUAL AFFIDAVIT

(To Be Completed By *Each* Owner, Manager and Member Participating In the Cultivation, Processing, Manufacturing, Transporting or Dispensing of Medical Marijuana)

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information pertaining to me and contained in this Application, and its supporting documentation, is truthful, correct, and complete; and, the information pertaining to me and contained in this Application, and its supporting documentation, discloses all material facts necessary to allow the City of San Jose to properly evaluate the applicant's qualifications for Registration.

Upon the City's request, I promise to provide the City with evidence reasonably satisfactory to the City confirming the foregoing representations and warranties.

I will ensure that any information related to me and subsequently submitted to the City in conjunction with this Application or its supporting documentation meets the same standard as set forth above.

I understand that this Application may be classified as a public record and may be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the California Public Records Act or otherwise restricted by law.

I acknowledge that I may be required to provide additional information, as needed, for a complete investigation.

I further understand that any misrepresentations, omissions or falsifications may result in the applicant being disqualified from the Registration process and/or the Registration, once issued, subsequently being deemed null and void by the City.

Print Name Here:	
Title:	
Signature:	
Date:	
Address (a P.O. Box will not satisfy this requirement):	
City, State, Zip	
Contact Phone No.	

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INDIVIDUAL AUTHORIZATION FOR RELEASE OF INFORMATION

(To Be Completed By *Each* Owner, Manager and Member Participating In the Cultivation, Processing, Manufacturing, Transporting or Dispensing of Medical Marijuana)

I, the undersigned, declare that I am an owner or manager for the applicant, or that I am a member of the applicant and I participate in the cultivation, processing, manufacturing, transporting or dispensing of medical marijuana on behalf of the applicant.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, to release to the San Jose Police Department any files, records, or information of any type pertaining to me.

The information is being requested by the San Jose Police Department to properly evaluate the applicant's qualifications for Registration by the City of San Jose. A copy of this Authorization shall be as valid, and provide the same authorization as, the original.

PRINT NAME

DATE OF BIRTH

SIGNATURE

DATE