



San Diego County SHERIFF'S DEPARTMENT

LICENSE & REGISTRATION DIVISION - 9621 Ridgehaven Ct., P.O. Box 939062
San Diego, Ca 92193-9062

MMJ-S \$11,017.00
LIVESCAN \$49.00
LIVESCAN \$49.00
TOTAL \$11,115.00
CHECK \$11,115.00
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MEDICAL MARIJUANA COLLECTIVE OPERATIONS CERTIFICATE

ANNUAL FEE: \$11,017.00

FILE # MMJ004

NOTE: APPLICANTS MUST OBTAIN ZONING APPROVAL BEFORE SUBMITTING APPLICATION TO SHERIFF. IF TENTATIVE IMPROVEMENTS TO BUILDING ARE REQUIRED TO ACCOMMODATE THE CULTIVATION AND/OR DISTRIBUTION OF MARIJUANA, YOU MUST ALSO SHOW PROOF THAT A BUILDING PERMIT HAS BEEN APPLIED FOR.

(Print Legibly or Type only)

PART I

Collective Facility Name: Olive Tree Patients Asso. Property Parcel Number 281-121-12-00

Sole Proprietor Partnership Corporation/Corp ID# 13857 (all participants must be members)

Operating Address: 1210 Olive St Ramona CA 92065
Number Street City State Zip

Mailing Address: 5666 La Jolla Blvd #15 La Jolla CA 92065
Number Street City State Zip

Phone # 619 851 5403 Email: BIKER SHERLOCK @ HOTMAIL . COM

Current number of qualified patients: 0 Current number of caregivers 0

Days & hours of operation: 8am-8pm Sun Mon Tue Wed Thur Fri Sat

Owner of the premises Stephen Luke Phone # (760) 535-1976 858 5181279
(Must have written consent from property owner or proof of ownership of property)

Number of responsible person(s) managing daily operations of Collective facility; 2
(A miscellaneous information background sheet must be completed for each responsible person, partner and corporate officer on form approved by the Sheriff - ULP 21.107)

PART II - PERMISSIBLE CULTIVATION:

With consideration for the risks posed by cultivation of a valuable crop with public health implications, please provide a detailed crop security plan providing adequate security to reasonably protect against unauthorized access to marijuana crop @ all stages of cultivation, harvesting, drying, processing, packaging and delivery.

Include an inspection and tracking system by Collective to reasonably ensure that all marijuana produced by collective is assessed, weighed, identified, priced and packaged. Marijuana ready for dispensing shall be kept behind a counter area not directly accessible to any member, between dispensing.

Will all cultivation of marijuana take place at the collective facility applying for operations certificate?
 Yes [] No (If no provide additional information regarding member sources cultivating marijuana)

Total number of off-site marijuana member sources who will cultivate marijuana for the collective 5-20

For other locations managed by collective members that will be utilized for cultivation, harvesting & packaging/labeling, please provide:

Name & Address for each member source: (Must have written consent from property owner or proof of ownership of property)

(For each member source, please provide signed Medical Marijuana Member Source agreement license form MM-2 as prescribed in §21.2505 (c)(8))

Marijuana packaging & labeling will require scale certification from Dept of Agriculture, Weights & Measures

PART III - SECURITY

Per§21.2504 (a) Complete Security Alarm Application (attached)

ASP # _____ (Security alarm permit number issued by the Sheriff - §36.5030(c))

Security Company contracted by Collective Facility (§21.505(k)) (BSIS Regulations for PPO License)

Security Company Name: Alpha Special Servia, Inc.
Address: 2260 Rutherford Rd, Ste III Carlisle, PPO# 16907
Phone Number: 760 929-0812 CA 92008

APPLICANT ACKNOWLEDGEMENT:

I declare under penalty of perjury, that this application, including accompanying documents, is true, complete and correct to the best of my knowledge and belief. I understand that any false statements are grounds for denial of this application or loss of certification and that I may be subject to prosecution. I agree to have all required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. I am aware that the application fee is non-refundable.

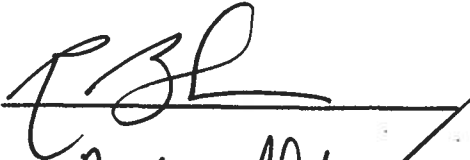
The right of reasonable inspection shall be a condition for issuance of a Medical Marijuana Collective Operations Certificate. If a certificate is issued, representatives of the Sheriff's Department shall have access to the business premises, during normal business hours, which may include entry into the non-public portion of the business. I am aware that the granting of a medical marijuana operations certificate does not relieve me from building, zoning, fire and other public safety regulations.

I understand as part of the application for a Medical Marijuana Collective Facility Certificate, myself and the owner of the real property listed agree to investigate, defend, indemnify and hold harmless the County, its deputies, employees and agents from any damage, liability, claims, demands, detriments, costs, charges and expense (including reasonable attorney's fees), and causes of action which the County may incur, sustain or be subjected to on account of loss or damage to property or loss of use thereof, or for bodily injury to or death of

persons (including but not limited to property, employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected with this application for a Medical Marijuana Collective Facility Certificate and arising from the negligent act or omission of applicant or owner, or their officers and employees.

I further agree to abide by and conform to all the conditions of the Medical Marijuana Collective Facility Certificate and all provisions of the San Diego County Code (SDCC) pertaining to the use, establishment and operation of a Medical Marijuana Collective Facility Certificate.

I also acknowledge the following: That no activities prohibited by State law will occur on or at the Collective Facility with the knowledge of the Responsible Person(s). The Collective Facility, the Collective and its members will comply with all provisions of this Chapter and State law pertaining to medical marijuana.

Applicant Signature: 

Date: 01-13-15

Application accepted by: 

Date: 01/13/15