



## MEDICAL MARIJUANA COLLECTIVE PERMIT APPLICATION FORM

NOTICE TO APPLICANTS			
Please note that all completed applications will be reviewed and rated by a committee of City of Richmond staff members. All applications must be accompanied by the information and materials listed on the <b>"Medical Marijuana Collective Permit Application Submittal Checklist."</b>			
GENERAL INFORMATION			
Collective's Name:			
State BOE Seller's Permit Number:			
Proposed Site Address:			
Assessor Parcel Number(s):			
PROPERTY OWNER ACKNOWLEDGEMENT & AUTHORIZATION			
Property Owner's Name:			
Mailing Address: (Street, City, State, Zip)			
Phone:	Fax:	Email:	
In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that the applicant proposes to distribute marijuana at the property and that any permit, if granted, is personal to the applicant and is not a land use entitlement.			
		X _____ Signature	_____ Date
APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION			
Management Member Serving as Applicant:			
Mailing Address: (Street, City, State, Zip)			
Phone:	Fax:	Email:	
In signing this application, I, as applicant, represent to have obtained authorization of the property owner to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearing on this application or during the appeal period. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file this application and agreement to conditions of approval, subject only to the right to object at the hearings or during the appeal period.			
		X _____ Signature	_____ Date
APPLICANT'S AGENT FOR SERVICE OF PROCESS			
Agent's Name:			
Mailing Address: (Street, City, State, Zip)			
Phone:	Fax:	Email:	
RICHMOND POLICE DEPARTMENT USE ONLY			
LiveScan Date:	LiveScan Staff:	File No.:	Submittal Date:
Chief of Police's Determination:	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Denied	Date of Determination: