



MEDICAL MARIJUANA DISPENSARY CULTIVATION SOURCE AGREEMENT

Development Services Department / Planning Division
3232 Main Street, Lemon Grove, CA 91945
Phone: 619-825-3805 Fax: 619-825-3818
www.lemongrove.ca.gov

CULTIVATION SOURCE NAME: _____

CULTIVATION SOURCE #: _____

Subject Property (Source Physical Address & APN): _____

Cultivation Source Operator Name: _____
Physical Address & APN: _____
Mailing Address: _____
Phone: _____ Email: _____

Cultivation Source Property Owner Name: _____
Physical Address & APN: _____
Mailing Address: _____
Phone: _____ Email: _____

Description of Cultivation Facility (include a list all goods sold and produced and the method of production):

Business License #: _____
Facility Size (in sq. ft.): _____
of Plants on-site (Actual & Allowable): _____
 # of mature plants indoors: _____
 # of mature plants outdoors: _____
 # of immature plants indoors: _____
 # of immature plants outdoors: _____

List of all affiliated cultivation sources: _____

Initial Below	Cultivation Source Certifications
	<p>I am a cultivator of medicinal marijuana as a patient [], caregiver [], or other [] _____ and I agree to be a cultivation source and to contribute cultivated marijuana I concentrated cannabis at the following proposed medical marijuana dispensary in the City of Lemon Grove:</p> <p style="text-align: center;"><u>Lemon Grove, CA 91945</u></p> <p>Physical Street Address (NO PO Box)</p>
	<p>As it relates to the Cultivation Source business location, I understand that the following is required to be submitted to the City of Lemon Grove and maintained in the jurisdiction where my cultivation business is located (all of the following required documents are attached):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of State Cultivation License <input type="checkbox"/> Fictitious Business Name Statement if using a DBA <input type="checkbox"/> State Sellers Permit (Board of Equalization) <input type="checkbox"/> Business License, if applicable (evidence of non-applicability required) <input type="checkbox"/> Grant Deed (most recent) <input type="checkbox"/> Copy of By-Laws (Rules for Membership and/or Source Operations) including a list of managing members <input type="checkbox"/> Copy of Live Scan background check through the CA Department of Justice for Cultivation Source Operators submitted directly to the City of Lemon Grove <input type="checkbox"/> If edibles are produced on-site, a copy of the County Health Permit and Food Safety Certifications <p>I further certify that if the City of Lemon Grove shall be notified of any changes to the above submitted documents.</p>
	I agree to sign a record of transaction for all transactions affiliated with the proposed MMD.
	I understand the location of my cultivation of marijuana is subject to inspection by the appropriate law enforcement and fire agencies and/or the City of Lemon Grove. I agree to allow access to my cultivations site, without delay, upon request.
	I understand that my marijuana cultivation site must comply with all local ordinances, the City of Lemon Grove Municipal Code, as applicable, and state laws governing the cultivation of medical marijuana including HS11362.5- HS11362.83, BPC19331 – BPC19333, and FGC1602. I further understand that this form will be maintained at the cultivation facility and that the information contained herein will be provided to law enforcement.
	I understand that this form will be maintained at the medical marijuana dispensary facility and that the information contained herein may be provided to governing agencies and their representatives.
	I understand that cultivation, possession, transportation and distribution of marijuana is illegal according to federal law.
	I understand that if a collective member source and pursuant to California State law, I am only allowed to grow the amount of marijuana required for my current medical needs (H&S11362.77).
	I understand, if a collective member source, that I may provide my excess marijuana to the collective for dissemination among the collective members and that I may be reasonably compensated for the overhead expenses related to my cultivation of medicinal marijuana.
	I agree to notify the medical marijuana facility and the City of Lemon Grove immediately if there is any change to property or business ownership contact information, my status as a cultivation source, my business license or the location of my cultivation.
	I agree that all cultivation source material is cultivated and produced on the subject property.
	I agree to respond to all inquiries within 24 hours.
	I understand that a violation of any of the above expectations may result in a Notice of Violation to the medical marijuana dispensary and termination of my status as a cultivation source for the medical marijuana dispensary.

Plan corrections and additional materials may be required based upon further review of the application submittal.

CULTIVATION SOURCE OPERATOR DECLARATION

I have read and agree to the above terms and conditions of being a Cultivation Source for the above listed proposed medical marijuana dispensary. I hereby certify under penalty of perjury that the statements furnished in this application and in the supplemental materials present the data and information required for this project to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge. In addition, I grant permission to the City of Lemon Grove to reproduce submitted materials, including but not limited to plans, exhibits, photographs, and studies for distribution to staff, City Council and other agencies in order to process the proposed medical marijuana dispensary application.

Source Operator Signature:

Date:

Name (print or type):

***Signature required to be notarized.**

CULTIVATION SOURCE PROPERTY OWNER DECLARATION (if different from above)

I hereby certify that the statements furnished in this application and in the supplemental materials present the data and information required for this project to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge as it relates to the lease with Source Operator. In addition, I grant permission to the City of Lemon Grove to reproduce submitted materials, including but not limited to plans, exhibits, photographs, and studies for distribution to staff, City Council and other agencies in order to process the proposed medical marijuana dispensary application.

Source Property Owner Signature:

Date:

Name (print or type):

***Signature required to be notarized.**