



San Bernardino County

Land Use Services Department, Code Enforcement Division

San Bernardino County Government Center
385 N. Arrowhead Ave., First Floor
San Bernardino, CA 92415-0185
Phone (909) 387-8311
Fax (909) 387-3223

High Desert Government Center
15900 Smoke Tree St. Suite 131
Hesperia, CA 92345
Phone (760) 995-8140
Fax (760) 995-8167

Rancho Office
8575 Haven Ave., Ste. 130
Rancho Cucamonga, CA 91730
Phone (909) 948-5075

Facility Registration Form To Cultivate and/or Distribute Medical Marijuana

In accordance with San Bernardino County Code section 82.02.070(b) "Before commencing the cultivation and/or distribution of medical marijuana, operators of those facilities listed under Section 810.01.150(r)(2) shall register with Land Use Services, and renew said registration on an annual basis. Upon said registration and each renewal thereof, the operator shall provide proof of a valid license as provided by Chapters 2, 3.01, 3.2, 8 and/or 8.5 of Division 2 of the Health and Safety Code." In order to complete this registration process, please submit this completed form, along with,

1. Check or money order made payable to San Bernardino County in the amount of **\$259.00 Licensing Review.**
2. Copy of the State License not less than 30 days prior to license expiration.
3. Site plan showing property lines and all structures labeled with intended use.
4. Verification of property land use approval(s)

Type of Facility

- | | |
|---|--------------------------|
| 1 Inpatient Health Facility | <input type="checkbox"/> |
| 2 Residential Care Facility | <input type="checkbox"/> |
| 3 Residential Care Facility for the Elderly | <input type="checkbox"/> |
| 4 Home Health Agency | <input type="checkbox"/> |
| 5 Nonexempt Hospice | <input type="checkbox"/> |

Registration Information

Registrant's Name/Title: _____ Date: _____

Agent for Service of Process (If Registrant is a Business/Corp) _____

Facility Name: _____

Mailing Address: _____

City: _____ Zip: _____

Situs Address/Location: _____

City: _____ Zip: _____

E-mail Address: _____ Phone #: _____

FAX # _____

Assessor's Area/Community:
Parcel #: _____

Land Use/Zoning Designation _____ Verified Date _____

COUNTY USE ONLY

Technician _____ Recommendation ___ Accept ___ Deny If Deny explain: _____

Supervisor's Determination ___ Accept ___ Deny If Deny explain: _____

Supervisor's Signature _____ Date _____

NOTE: Please allow 2-4 weeks processing/review time, after which the determination will be forwarded to the mailing address provided above.

SITE PLAN

To be completed by County Staff: Filing Date: _____ Activity # _____



CERTIFICATE OF REGISTRATION

for a health facility to cultivate and/or distribute medical marijuana

(FACILITY NAME)

(Street Number, Street Name)

(City, State, Zip)

**has registered in compliance with Section 82.02.070
of the San Bernardino County Code**

(Tom Hudson Signature)

Tom Hudson, Director

**County of San Bernardino
Land Use Services Department**

SIGNATURE

(expiration date)
EXPIRATION DATE

(activity number)
CERTIFICATE No.

FINANCIALLY RESPONSIBLE PARTY INFORMATION

Please print your responses.

The Financially Responsible Party is the individual or legal entity that will sign the Financially Responsible Party Agreement (immediately following), which agreement establishes the entity that: is responsible for all permit processing costs associated with the project application, will receive project accounting during the application processing, is responsible for paying for consultants necessary to complete the processing of the project application is deemed the owner of funds held in the project trust fund, and indemnifies the County for legal challenges to project approval.

Have you ever had a Trust Account with San Bernardino County Land Use Services? Yes No

If yes, what name was used? _____

Financially Responsible Party Name: _____

The Financially Responsible Party is a (choose one): Company/Organization Individual

If Company/Organization, type, i.e. corporation, LLC, partnership: _____

Are you registered with the California Secretary of State? Yes No

If yes, what is your entity number? _____

If Company/Organization, Contact Name: _____

Mailing Address: _____

City State Zip

Home/Business Phone: _____ Cell Phone: _____

Email: _____

What is your preferred method for receiving invoices: Email U.S. Mail

If you are not the Financially Responsible Party, do you have notarized authorization to encumber the Financially Responsible party? Yes No (Please attach a copy of the authorization.)

----- **For Office Use Only** -----

Project Number: _____ Type of Application: _____

Received By: _____ Date: _____

Entered By: _____ Date: _____