

# ATTACHMENT 2



# **DRAFT County Registration Form**

## **Medical Cannabis Cultivation and Future Non-Medical Cannabis Cultivation and Related Operations**

### **Introduction**

If you are growing cannabis under the personal medical use exemption in County Code 35-1003.A.1 or adult use exemption for six or fewer plants in Health and Safety Code section 11362.2, please do not complete this registration process.

The Non-Personal Cannabis Cultivation and Related Operations Registry Program (Registry), as established by the Board of Supervisors by ordinance, is intended to accomplish the following goals:

- Collect data regarding past, current and planned cannabis cultivation or related operations in the unincorporated area of Santa Barbara County.
- Inform future County cannabis studies including, but not limited to, California Environmental Quality Act (CEQA) analysis and possible economic impact analysis for a potential local cultivation or related operations ordinance consistent with the Adult Use of Marijuana Act (AUMA) (Proposition 64) and/or Medical Cannabis Regulation and Safety Act (MCRSA)
- Establish a pool of registrants that may receive priority review on an application for the cultivation of cannabis or related operations in the unincorporated area of Santa Barbara County after the adoption of County's potential cannabis ordinances.

We hope to accomplish these goals through this online registration system. **Submitting a registration is not a guarantee that you will be issued a local or State license.**

### **Instructions to the Applicant**

The information you provide in this Registry will be used to register you as a medical cannabis cultivator and/or your intent to engage in non-medical cannabis operations.

Before you start the Registry process, please note:

- All Registry applications must be completed by June 30, 2017. Incomplete forms will not be accepted and your registration will be invalid.
- It is your responsibility to complete this form and, provide all required information, to the best of your ability.
- Please respond to all items and questions.
  - If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response.
  - There is a column to indicate "Don't Know" if you don't know the answer.
- If you need more space for any response, attach additional files and identify the additional information by the question number.
- The data you submit may be subject to public record requests.

### **Registration Fee:**

No fees are collected for you to participate in this online registry.

### Initial Registry Screening Question

|   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>YES</b>               | <b>NO</b>                |
| a. Have you cultivated medical cannabis? (Please complete Sections 1 and 2)   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you intend to engage in medical or non-medical cannabis cultivation or related operations after local and state licenses become available in approximately January 2018? (Please complete Sections 1 and 3) | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 1 – Identification Information

|   |   |                   |
|---|---|-------------------|
| <b>a. REGISTRANT NAME (PRINT)</b>   | <b>(Note: Registrant must be one of the owners / directors / board members who is authorized to act on behalf of the business.)</b> |                   |
|   |   |                   |
|   |   |                   |
| <b>b. MAILING ADDRESS (Street number and name, city, state, zip code)</b> |   |                   |
|   |   |                   |
| <b>c. PHONE NUMBER(S) Primary:</b>  |   | <b>Alternate:</b> |
|   |   |                   |
| <b>d. E-MAIL(s) Primary:</b>  |   | <b>Alternate:</b> |
|   |   |                   |

### Section 2 – Medical Cannabis Cultivation Location and Scale

|  |                          |   |
|--|--------------------------|---|
|  | <b>YES</b>               | <b>NO</b>                                   |
| a. Have you cultivated medical cannabis in the unincorporated area of Santa Barbara County?  | <input type="checkbox"/> | <input type="checkbox"/>                    |
| b. Are you currently cultivating medical cannabis in unincorporated area of Santa Barbara County?  | <input type="checkbox"/> | <input type="checkbox"/>                    |
| c. Date of your most recent cannabis cultivation activity: _____   |                          |   |
| d. Location Address of your current or most recent cannabis cultivation activity:<br>_____   |                          |   |
| e. Location Assessor's Parcel Number (APN) of you current or most recent cannabis cultivation activity: _____  |                          |   |
| f. Location of your current or most recent cultivation activity in the unincorporated area of Santa Barbara County: (Check all that apply if you are cultivating in more than one location.) |                          |   |
| Carpinteria <input type="checkbox"/>   |                          | <input type="checkbox"/>                    |
| Toro Canyon <input type="checkbox"/>   |                          | Lompoc Valley <input type="checkbox"/>      |
| Eastern Goleta Valley <input type="checkbox"/>   |                          | Los Alamos <input type="checkbox"/>         |
| Goleta Foothills <input type="checkbox"/>  |                          | Tepesque <input type="checkbox"/>           |
| More Mesa <input type="checkbox"/>   |                          | Guadalupe/Casmalia <input type="checkbox"/> |
| Gaviota <input type="checkbox"/>   |                          | Orcutt/Garey <input type="checkbox"/>       |
| Santa Ynez/Solvang <input type="checkbox"/>  |                          | Santa Maria Valley <input type="checkbox"/> |
| Buellton <input type="checkbox"/>  |                          | Cuyama <input type="checkbox"/>             |
| Mission Canyon <input type="checkbox"/>  |                          | Isla Vista <input type="checkbox"/>         |
|  |                          | Montecito <input type="checkbox"/>          |

g. Identify if your current or most recent site is:

YES NO DK DK = Don't Know

In the Coastal Zone

(See the following website for maps that identify the Coastal Zone in the unincorporated area of Santa Barbara County: [http://sbcountyplanning.org/permitting/zoning/findmyzone/SBC\\_SC.cfm](http://sbcountyplanning.org/permitting/zoning/findmyzone/SBC_SC.cfm).)

h. Identify if your current or most recent site has:

|                  |                          |                        |                          |
|------------------|--------------------------|------------------------|--------------------------|
| 0-99 plants      | <input type="checkbox"/> | 1,000 – 2,000 plants   | <input type="checkbox"/> |
| 100-500 plants   | <input type="checkbox"/> | 2,000 – 5,000 plants   | <input type="checkbox"/> |
| 500-1,000 plants | <input type="checkbox"/> | more than 5,000 plants | <input type="checkbox"/> |

i. Identify your total canopy square footage for your current or most recent site: \_\_\_\_\_

j. Identify for your current or most recent site the number of harvests per year:

|   |                          |             |                          |
|---|--------------------------|-------------|--------------------------|
| 1 | <input type="checkbox"/> | 4           | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | 5           | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | more than 5 | <input type="checkbox"/> |

k. Identify the typical number of employees who commute to your current or most recent site other than at harvest time: \_\_\_\_\_

l. Identify the typical number of employees who commute to your current or most recent site at harvest time: \_\_\_\_\_

m. Identify if your current or most recent site is:

|                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| Outdoor                     | <input type="checkbox"/> | Indoor (commercial / industrial building) | <input type="checkbox"/> |
| Indoor (residence / garage) | <input type="checkbox"/> | Other (describe below)                    | <input type="checkbox"/> |
| Indoor (farm structure)     | <input type="checkbox"/> |   |                          |

n. Identify how your water was supplied for your current or most recent site:

|                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| City Water                  | <input type="checkbox"/> | Shared well serving multiple properties | <input type="checkbox"/> |
| Private Well                | <input type="checkbox"/> | Other (describe below)                  | <input type="checkbox"/> |
| Water District (name below) | <input type="checkbox"/> |   |                          |

o. Did you have a water conservation plan in use at your current or most recent site? If yes, describe below. YES NO DK

\_\_\_\_\_  
\_\_\_\_\_

p. Is your current or most recent cultivation site located:

Within 600 feet of the following

|                                    | YES                      | NO                       | DK                       |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Municipal Boundary                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Library                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol or drug treatment facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Park                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Within 100 feet of the following

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| A public right-of-way if the parcel size is 5 to 10 acres                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any habitable structure on a neighboring parcel                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A perennial stream   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The high water mark of a lake, estuary, lagoon or standing body of water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- q. Within 10 feet of an intermittent or ephemeral stream
- r. Is the cannabis canopy visible from any adjacent public right-of-way?  
 Maps that show the roadway right-of-ways are available at the County Surveyor's website:  
[http://cosb.countyofsb.org/pwd/pwsurveyor.aspx?id=30120.](http://cosb.countyofsb.org/pwd/pwsurveyor.aspx?id=30120)
- s. Is your current cultivation site lighted such that the illumination was visible from the exterior between sunset and sunrise?
- Native habitat illuminated?
- t. Did the parcel contain the permanent residence of at least one of the owners or operators?
- u. Does the indoor cultivation area use a commercial scrubbing device that prevents odors from escaping?
- v. Is the outdoor cultivation area fully enclosed by an opaque fence of at least 6 feet in height and secured by a locked gate?
- w. Include any of the following
- generator
  - hazardous materials
  - flammable products
  - pesticides
  - rodenticides
- x. Include control measures to contain
- irrigation run-off
  - fertilizer
  - contaminants
- y. Were there any of the following environmental factors affecting your cultivation site:
- streams
  - rivers
  - protected spaces
  - other (describe below)
- 
- z. For either your current or most recent site
- Do you conduct direct sales to patients from your cultivation site?
  - Does the site serve as habitat for sensitive species?
  - Do you manufacture any cannabis products on site?
  - (e.g. edibles, tinctures, salves, etc.)

DRAFT

**Section 3 – Future Medical and/or Non-Medical Cannabis Operation Plans**

a. Which State Cannabis license(s) will you be seeking? Check all that apply. The County of Santa Barbara may or may not license all types of operations listed below.

- Type 1: Specialty Outdoor. No artificial lighting. Up to 5,000 square feet of canopy, or up to 50 plants on noncontiguous plots
- Type 1A: Specialty Indoor. Exclusively artificial lighting. Up to 5,000 square feet of canopy
- Type 1B: Specialty Mixed-Light. Combination of natural and supplemental lighting. Up to 5,000 square feet of canopy.
- Type 2: Small Outdoor. No artificial lighting. 5,001 -10,000 square feet of canopy
- Type 2A; Small Indoor. Exclusively artificial lighting. 5,001 -10,000 square feet of canopy
- Type 2B: Small Mixed-Light. Combination of natural and supplemental lighting. 5,001 -10,000 square feet of canopy
- Type 3: Outdoor. No artificial lighting. 10,001 - 43,560 square feet of canopy
- Type 3A: Indoor. Exclusively artificial lighting. 10,001 – 22,000 square feet of canopy
- Type 3B: Mixed-light. Combination of natural and supplemental lighting. 10,001 -22,000 square feet of canopy
- Type 4: Nursery.
- Type 6: Manufacturing 1. Nonvolatile
- Type 7: Manufacturing 2: Volatile.
- Type 8: Testing Laboratory
- Type 11: Distributor
- Type 12: Microbusiness under Adult Use of Marijuana Act
- Type 12: Transporter under Medical Cannabis Regulation and Safety Act

- b. Do you intend to continue cultivation at
- |                                  |                          |                          |                          |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Your current or most recent site | YES                      | NO                       | DK                       |
|                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A new location                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- c. If you selected a new location above, has it been identified?  YES  NO  DK

If you answered yes to question b (current or most recent site) or yes to both question b (a new location) and c, please continue to answer the following questions about the anticipated future location. Otherwise, skip the rest of this section.

d. Location Address of your anticipated future cannabis cultivation activity.

---

e. Location APN of your anticipated future cannabis cultivation activity: \_\_\_\_\_

f. Location of your anticipated future cultivation site activity: (Check all that apply if you are cultivating in more than one location.)

- |                       |                          |                    |                          |
|-----------------------|--------------------------|--------------------|--------------------------|
| Carpinteria           | <input type="checkbox"/> | Lompoc Valley      | <input type="checkbox"/> |
| Toro Canyon           | <input type="checkbox"/> | Los Alamos         | <input type="checkbox"/> |
| Eastern Goleta Valley | <input type="checkbox"/> | Tepesque           | <input type="checkbox"/> |
| Goleta Foothills      | <input type="checkbox"/> | Guadalupe/Casmalia | <input type="checkbox"/> |
| More Mesa             | <input type="checkbox"/> | Orcutt/Garey       | <input type="checkbox"/> |
| Gaviota               | <input type="checkbox"/> | Santa Maria Valley | <input type="checkbox"/> |
| Santa Ynez/Solvang    | <input type="checkbox"/> | Cuyama             | <input type="checkbox"/> |
| Buellton              | <input type="checkbox"/> | Isla Vista         | <input type="checkbox"/> |
| Mission Canyon        | <input type="checkbox"/> | Montecito          | <input type="checkbox"/> |

- g. Identify if your new site will be:
- |                     |                          |                          |                          |
|---------------------|--------------------------|--------------------------|--------------------------|
|                     | YES                      | NO                       | DK                       |
| In the Coastal Zone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- h. Identify your intended total canopy square footage for anticipated future site: \_\_\_\_\_
- i. Identify for your new site the expected number of harvest per year:
- |   |                          |             |                          |
|---|--------------------------|-------------|--------------------------|
| 1 | <input type="checkbox"/> | 4           | <input type="checkbox"/> |
| 2 | <input type="checkbox"/> | 5           | <input type="checkbox"/> |
| 3 | <input type="checkbox"/> | more than 5 | <input type="checkbox"/> |
- j. Identify the typical number of employees you expect to commute to your anticipated future other than at harvest time: \_\_\_\_\_
- k. Identify the typical number of employees you expect to commute to your anticipated future at harvest time: \_\_\_\_\_
- l. Identify if your anticipated future site will be:
- |                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| Outdoor                     | <input type="checkbox"/> | Indoor (commercial / industrial building) | <input type="checkbox"/> |
| Indoor (residence / garage) | <input type="checkbox"/> | Other (describe below)                    | <input type="checkbox"/> |
| Indoor (farm structure)     | <input type="checkbox"/> | _____                                     |                          |
- m. Identify how your water will be supplied for your anticipated future:
- |                             |                          |   |                          |
|-----------------------------|--------------------------|---|--------------------------|
| City Water                  | <input type="checkbox"/> | Shared well serving multiple properties | <input type="checkbox"/> |
| Private Well                | <input type="checkbox"/> | Other (describe below)                  | <input type="checkbox"/> |
| Water District (name below) | <input type="checkbox"/> | _____                                   |                          |
| _____                       |                          |   |                          |
- n. Will you have a water conservation plan and employ low water using strategies at your anticipated future site? YES NO DK  
 If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- o. Is your anticipated future site located:
- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| i. Within 600 feet of the following                                       | YES                      | NO                       | DK                       |
| Municipal Boundary  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Library   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol or drug treatment facility  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Park  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. Within 100 feet of the following                                      |                          |                          |                          |
| A public right-of-way if the parcel size is 5 to 10 acres                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any habitable structure on a neighboring parcel                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A perennial stream  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The high water mark of a lake, estuary, lagoon, or standing body of water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- p. Within 10 feet of an intermittent or ephemeral stream  YES  NO  DK
- q. Will the cannabis canopy be visible from any adjacent public right-of-way?  YES  NO  DK
- r. Will the site be lighted such that the illumination was visible from the exterior between sunset and sunrise?  YES  NO  DK
- Native habitat illuminated?  YES  NO  DK
- s. Will the anticipated future parcel contain the permanent residence of at least one of the owners or operators?  YES  NO  DK
- t. Will the anticipated future indoor cultivation area use a commercial scrubbing device that prevents odors from escaping?  YES  NO  DK
- u. Will the anticipated future outdoor cultivation area be fully enclosed by an opaque fence of at least six (6) feet in height and secured by a locked gate?  YES  NO  DK



- v. Will the anticipated future location include any of the following
- |                     |                          |                          |                          |
|---------------------|--------------------------|--------------------------|--------------------------|
| generator           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hazardous materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| flammable products  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| pesticides          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rodenticides        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- w. Will the anticipated future location include control measures to contain
- |                    |                          |                          |                          |
|--------------------|--------------------------|--------------------------|--------------------------|
| irrigation run-off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| fertilizer         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| contaminants       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- x. Will there be any of the following environmental factors on or in the vicinity of the anticipated future cultivation site?
- |                        | YES                      | NO                       | DK                       |
|------------------------|--------------------------|--------------------------|--------------------------|
| streams                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rivers                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| protected spaces       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other (describe below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

---



---

- y. For your anticipated future site:
- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| Will you conduct direct sales to patients from your anticipated future cultivation site                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the anticipated future site be located on, near or affect habitat for sensitive species                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you manufacture any cannabis products on the anticipated future site?<br>(e.g. edibles, tinctures, salves, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Under penalty of perjury, I certify that all information provided in this form is complete, truthful and accurate. By submitting the Cannabis Cultivation Registration Form, I understand that registration may provide an opportunity to apply for a County of Santa Barbara Cannabis Operation license application priority but does not guarantee that I will receive that license.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*Registration numbers are non-transferable.

The County may email you so that we have the information provided for the following purposes:

- an understanding of your past and/or current cultivation activities so that existing conditions can be described in an environmental document to be prepared for a cannabis ordinance; and/or
- an understanding of the cannabis-related activities for which you intend to obtain a license if the County adopts a cannabis ordinance and opens the license application process, for the purposes of conducting the environmental and economic analysis of a potential cannabis ordinance and cannabis licensing program.

