

TEHAMA COUNTY HEALTH SERVICES AGENCY

VALERIE S. LUCERO
EXECUTIVE DIRECTOR

DEANNA GEE
ASSISTANT EXECUTIVE
DIRECTOR, ADMINISTRATION

JAYME BOTTKE
ASSISTANT EXECUTIVE
DIRECTOR, PROGRAM

RICHARD WICKENHEISER, MD
PUBLIC HEALTH OFFICER



ADMINISTRATIVE & FISCAL/DATA DIVISION
818 MAIN STREET
MAILING ADDRESS: PO BOX 400, RED BLUFF, CA 96080

(530) 527-8491
FAX (530) 527-0240

MARIJUANA CULTIVATION SITE REGISTRATION FORM TEHAMA COUNTY CODE SECTION 9.06.040

- NAME OF PRIMARY SITE CONTACT: _____
- ADDRESS OF CULTIVATION SITE: _____
HAS THERE BEEN A RECENT CHANGE OF OWNERSHIP YES NO
- TELEPHONE NO.: _____
- ASSESSOR PARCEL NUMBER (APN): _____
- SIZE OF THE CULTIVATION PREMISES: _____ ACRES.
- NUMBER OF MARIJUANA PLANTS CULTIVATED ON THE PREMISES: _____
This number cannot exceed the limits set forth in Tehama County Code section 9.06.040, subdivision (a) for the premises size.

- NAMES OF EACH PERSON, OWNING, LEASING, OCCUPYING, OR HAVING CHARGE OR POSSESSION OF THE SITE:

Name	Owner	Leasee	Occupying	Having Charge	Having Possession
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach Additional Sheets if Necessary

- NAME OF EACH QUALIFIED PATIENT OR PRIMARY CAREGIVER WHO PARTICIPATES IN CULTIVATION AT THE SITE, EITHER DIRECTLY OR THROUGH REIMBURSEMENT FOR EXPENSES:

Name	Patient	Primary Caregiver
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Attach Additional Sheets if Necessary

- **ATTACH COPIES OF THE CURRENT VALID MEDICAL RECOMMENDATION OR STATE-ISSUED MEDICAL MARIJUANA CARD FOR EACH QUALIFIED PATIENT IDENTIFIED ABOVE, AND FOR EACH QUALIFIED PATIENT FOR WHOM ANY PERSON IDENTIFIED ABOVE IS THE PRIMARY CAREGIVER**
- IS THE SITE WITHIN ONE THOUSAND (1,000) FEET OF ANY SCHOOL, SCHOOL BUS STOP, SCHOOL EVACUATION SITE, CHURCH, PARK, CHILD CARE CENTER, OR YOUTH-ORIENTED FACILITY? YES NO

*If you answered yes to the previous question, **STOP.***

No marijuana cultivation is permitted on this site.

(Tehama County Code section 9.06.040, subdivision (b).)

NAME(S) OF LEGAL OWNER(S) OF CULTIVATION SITE: _____

If you are not the legal owner of the site, you must submit a notarized letter from the property owner(s) consenting to marijuana cultivation on the site.

This letter will be examined by the County, but not retained.
(Tehama County Code section 9.06.040, subdivision (c)(2).)

- BY SIGNING THIS REGISTRATION FORM, YOU CERTIFY THAT:
 - YOU HAVE REVIEWED CHAPTER 9.06 OF THE TEHAMA COUNTY CODE PERTAINING TO MARIJUANA CULTIVATION, AND ARE FAMILIAR WITH ITS PROVISIONS.
 - THE MARIJUANA CULTIVATION SITE DESCRIBED IN THIS APPLICATION COMPLIES WITH CHAPTER 9.06 OF THE TEHAMA COUNTY CODE.

NOTE: The Tehama County Health Services Agency (TCHSA) does not determine compliance with Chapter 9.06 of the Tehama County Code, and TCHSA's acceptance of this registration form does not mean that a cultivation site meets the requirements of Chapter 9.06. Non-compliant sites may be subject to referral and investigation by the County's enforcing officer.

- YOU ARE AWARE OF YOUR ONGOING OBLIGATION TO MAINTAIN THE CULTIVATION SITE IN COMPLIANCE WITH CHAPTER 9.06 OF THE TEHAMA COUNTY CODE.
- YOU ARE AWARE OF YOUR ONGOING OBLIGATION TO INFORM THE TEHAMA COUNTY HEALTH SERVICES AGENCY OF ANY CHANGE IN THE INFORMATION PROVIDED ON THIS REGISTRATION FORM.
- YOU ARE AWARE THAT THIS REGISTRATION DOES NOT RELIEVE YOU OF THE OBLIGATION TO COMPLY WITH ALL STATE AND FEDERAL LAWS, AND DOES NOT ESTABLISH A DEFENSE TO STATE OR FEDERAL CRIMINAL CHARGES.
- ALL OF THE INFORMATION PROVIDED IN THIS REGISTRATION FORM IS TRUE AND CORRECT.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date

Printed Name

Attach Additional Signature Pages if Necessary