

TEHAMA COUNTY HEALTH SERVICES AGENCY

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MARIJUANA CULTIVATION SITE REGISTRATION FORM TEHAMA COUNTY CODE SECTION 9.06.040

- NAME OF PRIMARY SITE CONTACT: _____
- ADDRESS OF CULTIVATION SITE: _____
- TELEPHONE NO.: _____ A.P.N: _____
- 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: _____

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: _____

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? ___ Y ___ N

*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: _____
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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.
 - 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