City of Santa Barbara
California

STAFF HEARING OFFICER
STAFF REPORT

REPORT DATE:	October 28, 2009
AGENDA DATE:	November 4, 2009
PROJECT ADDRESS:	302 E. Haley Street (MST2009-00380) Case Planner
TO:	Staff Hearing Officer
FROM:	Planning Division, (805) 564-5470 Danny Kato, Senior Planner AND for DYK Kelly Brodison, Assistant Planner KB

I. PROJECT DESCRIPTION

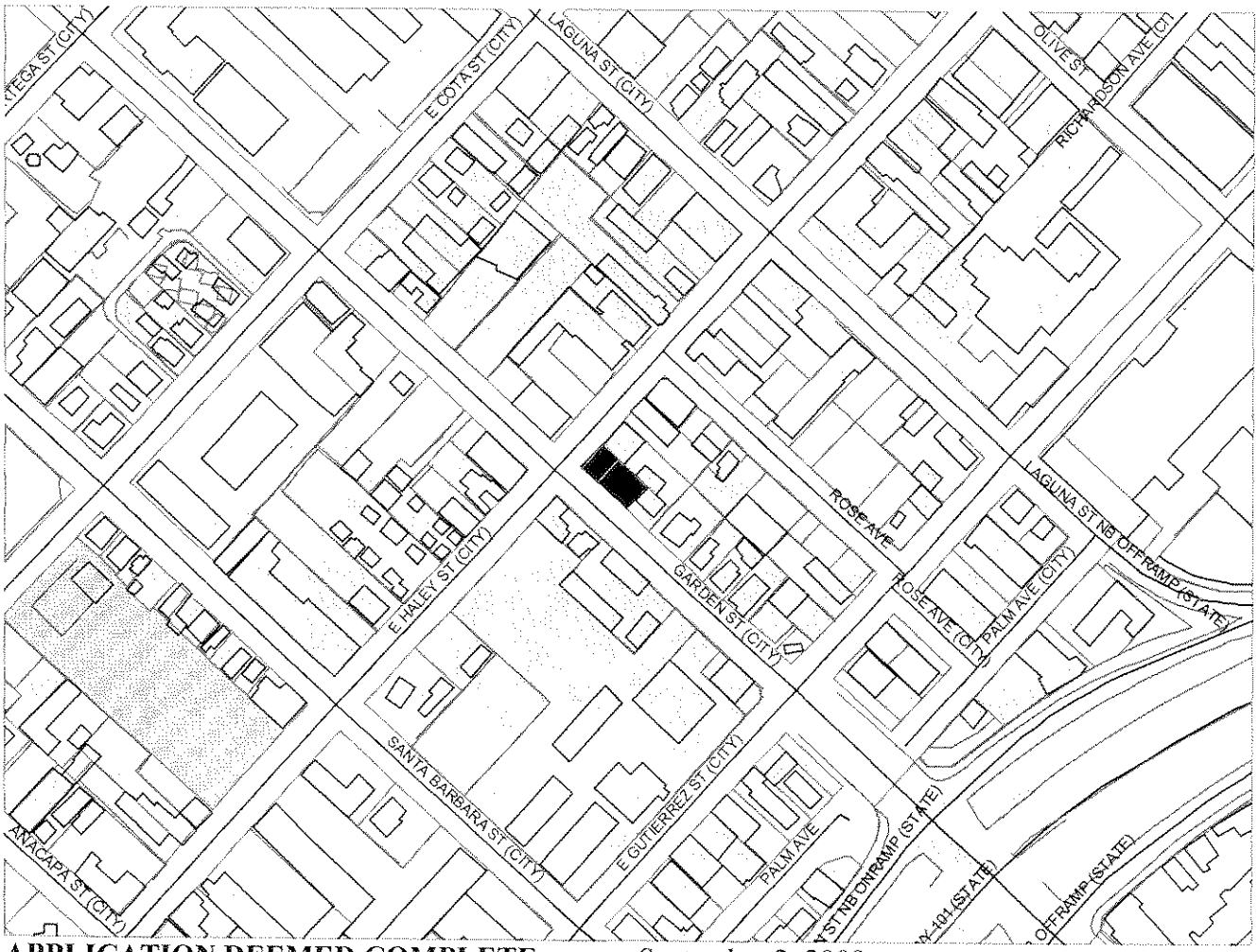
The project consists of establishment of a medical cannabis dispensary at 302 E. Haley. The dispensary will occupy a currently vacant 1,800 square foot commercial tenant space within the first floor of an existing mixed-use building with two 900 square foot rental units on the second floor of the building. The applicant has submitted an operational plan that details how the business would be operated to comply with Chapter 28.80 of the City of Santa Barbara Zoning Code. With regard to security, there would be fifteen (15) cameras set up to monitor the inside and outside of the building to insure that no loitering, nuisances, or criminal activity occurs in and around the building.

II. REQUIRED APPLICATIONS

The discretionary application required for this project is a Medical Cannabis Dispensary Permit (MCDP) (SBMC §28.80.030).

III. RECOMMENDATION

The proposed project conforms to the City's Zoning and Building Ordinances and policies of the General Plan. Therefore, Staff recommends that the Staff Hearing Officer approve the project, making the findings outlined in Section VII of this report, and subject to the conditions of approval in Exhibit A.



APPLICATION DEEMED COMPLETE: September 2, 2009
DATE ACTION REQUIRED: November 1, 2009

IV. SITE INFORMATION AND PROJECT STATISTICS

A. SITE INFORMATION

Applicant: Tim Cooney	Property Owner: Monica Draggoo, & David Bach
Parcel Number: 031-281-001	Lot Area: 5,000 sq. ft.
General Plan: Commerce - Industrial	Zoning: C-M
Existing Use: Mixed Use	Topography: Flat
Adjacent Land Uses:	
North – Haley Street and Commercial South - Commercial	East - Commercial West – Garden Street and Commercial

The proposed project would meet the requirements of the C-M Zone.

V. ZONING ORDINANCE CONSISTENCY

The proposed project is a commercial use in an existing tenant space with a visible storefront, that, with the issuance of the dispensary permit, would meet the land use requirements of the C-M zone.

VI. ISSUES

A. LOCATION LIMITATIONS FOR DISPENSARIES

Pursuant to Section 28.80.060 of the City Zoning Ordinance, a dispensary may be located in the C-M zone, provided it is not located within 500 feet of a park, school, or other dispensary. The subject site satisfies all location limitations of the Medical Cannabis Dispensary Ordinance.

B. OPERATIONAL REQUIREMENTS

A dispensary shall be permitted and maintained only in compliance with the Operational Requirements as specified in Section 28.80.070 of the City Zoning Code. The applicant has completed the required background check and has provided a detailed Operations Plan. The Operations Plan demonstrates the proposed dispensary will operate in accordance with the Operational Requirements as required in the Ordinance. To prevent nuisance issues, the applicant's security measures include an alarm system, security cameras, lighting, a security guard and patient screening. No smoking or use of marijuana is permitted on the premises and the applicant is required to monitor and control loitering and nuisances in the surrounding area and keep the area free of trash. The applicant intends to maintain close relationships with neighbors in order to address any issues before they become problems. If any nuisance, health or safety issues result from this business, the City would have the ability to revoke this permit, or modify the conditions of the permit to correct any problems that might arise.

B. CRITERIA FOR ISSUANCE OF A DISPENSARY PERMIT

Section 28.80.090 (B) of the City Zoning Code lists the criteria for issuance of a dispensary permit. The Staff Hearing Officer, or the Planning Commission on appeal, shall consider the following criteria in determining whether to grant or deny a dispensary permit:

1. *That the dispensary permit is consistent with the intent of the state Health & Safety Code for providing medical marijuana to qualified patients and primary caregivers, and the provisions of this Chapter and the Municipal Code, including the application submittal and operating requirements herein.*

The operational plan submitted by the applicant and the applicant's responses to the limitations of Section 28.80.060 of the City Zoning Code, indicate the intent and purpose of the dispensary is to provide medical cannabis to qualified patients and primary caregivers. Patient and/or caregivers will be verified prior to entry into the dispensary. The applicant has passed the required background check, and the proposed security measures have been found to be adequate by the Police Department. Record keeping requirements will allow the city to monitor and audit the proposed use as necessary. Therefore, this criterion has been met

2. *That the proposed location of the Dispensary is not identified by the City Chief of Police as an area of high crime activity (e.g., based upon crime reporting district/statistics as maintained by the Police Department).*

The project was routed to the Police Department, whose personnel reviewed the application and determined that the area is not considered to be an area of high crime activity based upon crime reporting statistics. Therefore, this criterion has been met.

3. *For those applicants operating other Dispensaries within the City, that there have not been significant numbers of calls for police service, crimes or arrests in the area or to the applicant's existing dispensary location.*

The applicant has not previously operated any dispensaries within the City. Therefore, this criterion does not apply to this applicant.

4. *That all required application fees have been paid and reporting requirements have been satisfied in a timely manner.*

The applicant has submitted all required application fees. No reporting requirements are required at this time. Therefore, this criterion has been met.

5. *That issuance of a dispensary permit for the dispensary size requested is justified to meet needs of the community.*

The proposed dispensary size of 1,800 net square feet has been determined to be an acceptable size in order to safely and efficiently run a dispensary. The proposed dispensary has frontage and windows along Garden and Haley Streets as well as a main entrance for patients and employees. Patients will be screened prior to being allowed to enter the dispensary and seats will be provided for patients waiting to be screened. The overall size of the existing building would not change. Therefore, this criterion has been met.

6. *That issuance of the dispensary permit would serve needs of City residents within a proximity to this location.*

The proposed location would be central to the downtown area, thereby accommodating patients in this area, and also providing a location that is easily accessible by patients without private transportation. There are no other dispensaries within 500 feet of this location. Therefore, the dispensary would serve the needs of local residents and this criterion has been met.

7. *That the location is not prohibited by the provisions of this chapter or any local or state law, statute, rule or regulation, and no significant nuisance issues or problems are anticipated or resulted, and that compliance with other applicable requirements of the City's Zoning Ordinance will be accomplished.*

The project site is on a C-M zoned lot and is within an area of the City that allows Medical Cannabis Dispensaries (See Exhibit D). Although the dispensary is on the first floor of a mixed use building containing residential units, no prohibitions for a dispensary at this location were identified in any local, state, statute or rule or regulation. To prevent nuisance issues, the security measures include alarm systems, security cameras, lighting, a security guard and patient screening. No smoking or use of marijuana is permitted on the premises and the applicant is required to monitor and control loitering and nuisances in the surrounding area and keep the area free of trash. Because of these measures, Staff does not anticipate significant nuisance issues. Therefore, this criterion has been met.

8. *That the site plan, floor plan, and security plan have incorporated features necessary to assist in reducing potential crime-related problems and as specified in the operating requirements section. These features may include, but are not limited to, security on-site; procedure for allowing entry; openness to surveillance and control of the premises, the perimeter, and surrounding properties; reduction of opportunities for congregating and obstructing public ways and neighboring property; illumination of exterior areas; and limiting furnishings and features that encourage loitering and nuisance behavior.*

See finding #7 above. The applicant has designed the floor plan and incorporated security measures to assist in reducing potential crime-related problems and as specified in SBMC §28.80.070. Specific measures include fifteen (15) video surveillance cameras, a registered alarm system, licensed security personnel and state-of-the-art security system. The applicant has prepared an agreement titled Membership Rules and all patients and caregivers must agree to and sign the Membership Rules demonstrating compliance with the ordinance. .In addition

the dispensary will operate form 10:00 a.m. – 7:00 p.m. and therefore will not be open for business at night. Therefore, this criterion has been met.

9. *That all reasonable measures have been incorporated into the security plan or consistently taken to successfully control the establishment's patrons' conduct resulting in disturbances, vandalism, crowd control inside or outside the premises, traffic control problems, cannabis use in public, or creation of a public or private nuisance, or interference with the operation of another business.*

The site plan indicates that the applicant will install seven (7) security cameras within the business premises in order to monitor the entry, and the interior of the dispensary. The applicant also proposes to place eight (8) cameras outside: two (2) near the front of the building along Haley Street, two along the Garden Street frontage and four (4) at the rear of the building facing the parking area.

At least two licensed security guards will be on-site during business hours and will be responsible for enforcing the operational requirements of the dispensary, including: enforcing the requirements to disallow cannabis use on the site and within 200' of the premises, control of conduct resulting in disturbances, vandalism, crowd control inside or outside the premises, traffic control problems, cannabis use in public, or creation of a public or private nuisance, or interference with the operation of another business. Additionally, signage posted will remind patients of the dispensary rules. These measures should insure that the patrons' conduct is controlled. Therefore, this criterion has been met.

10. *That the dispensary would not adversely affect the health, peace, or safety of persons living or working in the surrounding area, overly burden a specific neighborhood, or contribute to a public nuisance; or that the dispensary will generally not result in repeated nuisance activities, including disturbances of the peace, illegal drug activity, cannabis use in public, harassment of passerby, excessive littering, excessive loitering, illegal parking, excessive loud noises, especially late at night or early in the morning hours, lewd conduct, or police detentions or arrests.*

See 7-9 above. On-site security will patrol outside areas to ensure no one is loitering outside the premises. The proposed hours of operation would be 10 a.m. to 7 p.m. seven (7) days a week at a maximum. Therefore, there should be no late night disturbances associated with this business. The applicant intends to maintain close relationships with neighbors in order to address any issues before they become problems. If any of the above-listed conditions result from this business, the City would have the ability to revoke this permit, or modify the conditions of the permit to correct any problems that might arise. Therefore, this criterion has been met.

11. *That any provision of the Municipal Code or condition imposed by a City-issued permit, or any provision of any other local or state law, regulation, or order, or any condition imposed by permits issued in compliance with those laws, will not be violated.*

No provisions of any code, condition of a City-issued permit, or any other local or state law, regulation or order or any condition imposed by permits issued in compliance of those laws has been identified. A condition of approval is included to ensure continued compliance with Municipal Code Section 28.80.070. Therefore, this criterion has been met.

12. That the applicant has not knowingly made a false statement of material fact or has knowingly omitted to state a material fact in the application for a permit.

The applicant has indicated that all statements made are true. No false statements of fact or omissions have been discovered by staff. This finding must be based on the information provided in the application package and any testimony presented by the applicant at the public hearing. The Staff Hearing Officer must make this finding based on a judgment of the facts as stated within the entire record.

13. That the applicant has not engaged in unlawful, fraudulent, unfair, or deceptive business acts or practices with respect to the operation of another business within the City.

The applicant has passed the background check. Per the applicant's statements, the applicant has not engaged in any unlawful, fraudulent, unfair, or deceptive business acts or practices with respect to the operation of another business within the City of Santa Barbara in the past. Therefore, this criterion has been met.

C. ENVIRONMENTAL REVIEW

Staff has determined that the project qualifies for an exemption from further environmental review under Section 15301 (Existing Facilities) of the California Environmental Quality Act (CEQA) Guidelines. The project involves minor alterations to an existing commercial tenant space in order to operate a medical marijuana dispensary in accordance with the City's requirements.

VII. FINDINGS

The Staff Hearing Officer finds the following:

A. MEDICAL CANNABIS DISPENSARIES (SBMC Chapter 28.80)

1. The dispensary permit complies with the limitations on the permitted locations of a dispensary pursuant to Section 28.80.060 of the Zoning Ordinance, as described in Section VI.A of the staff report.

2. The dispensary permit complies with the criteria set forth in Section 28.80.090 (Criteria for Review of Dispensary Applications) of the Zoning Ordinance, as explained in Section VI of the Staff Report and the Applicant's submittal.

3. This dispensary permit is approved conditioned upon compliance with the operational requirements specified in Section 28.80.070 of the Zoning Ordinance and the conditions of approval outlined in Exhibit A.

Exhibits:

A. Conditions of Approval
B. Site Plan and Floor Plans
C. Business Operations Plan and Required Additional Information
D. Medical Cannabis Dispensaries Allowed Location Downtown Map

STAFF HEARING OFFICER CONDITIONS OF APPROVAL

302 E. HALEY

MST 2009-00380; MEDICAL CANNABIS DISPENSARY

NOVEMBER 4, 2009

1. This Medical Cannabis Dispensary Permit is conditioned upon continued compliance with the operational standards specified in Santa Barbara Municipal Code section 28.80.070.

2. Applicant shall operate the dispensary in accordance with the Operational Plan and information submitted to the City Planning Division on May 20, 2009.

3. Prior to commencement of the business, the tenant improvements and modifications to the floor plan in conformance with the floor plan submitted October 23, 2009, or as modified by the City Building Official, shall be completed and shall have cleared final building inspection. The applicant shall obtain a Building Permit for said interior changes.

4. The street front windows in the lobby area at the immediate corner of Haley and Garden Streets shall be kept clear of any obstructions including any interior or exterior window treatments to facilitate visibility from the street. The windows on the north east frontage along Haley Streets in the dispensary area and at the rear of the building shall be secured with bars, as demonstrated in the floor plan submitted October 23, 2009, and to the satisfaction of the Santa Barbara Police Department. The front lobby shall not have any signs or obstructions that would limit visibility of the lobby from Garden or Haley Streets.

5. Prior to the anniversary date of the issuance of this permit, the operator shall submit an annual renewal fee, if such fee is established by the City Council.

6. Applicant shall apply for an alarm system permit. Said alarm system shall be installed and registered per SBMC Chapter 9.100 and shall meet the requirements of the Santa Barbara Police Department.

7. Prior to the issuance of a Building Permit, the operator of the dispensary shall be required to apply for and obtain a Business Tax Certificate pursuant to Chapter 5.04, as required by the State Board of Equalization. Dispensary sales shall be subject to sales tax in a manner required by state law.

8. In order to comply with SBMC §28.80.070.A., prior to any involvement with the dispensary, all new employees, volunteer workers, or any person exercising managerial authority over the dispensary shall apply for and obtain a background check cleared through the City Police Department prior to commencement of activities associated with the dispensary.

9. The hours of operation for the dispensary shall be limited to between 10:00 a.m. and 7:00 p.m.

Exhibit A

10. The security personnel hired to comply with SBMC Section 28.80.090.B.9 shall be licensed by the California Bureau of Security and Investigative Services and shall be employees of a security company that is not associated with the dispensary. The licensed security personnel's responsibilities shall include enforcing the requirements to disallow cannabis use on the site, control of conduct resulting in disturbances, vandalism, crowd control inside or outside the premises, traffic control problems, cannabis use in public, or creation of a public or private nuisance, or interference with the operation of another business.

BEST MANAGEMENT PRACTICES FOR CONSTRUCTION ACTIVIES:

THE FOLLOWING ITEMS WILL BE OBSERVED AS PART OF THIS PROJECT

ERODED SEDIMENTS AND OTHER POLLUTANTS MUST BE RETAINED ON SITE AND MAY NOT BE TRANSPORTED FROM THE SITE VIA SHEET FLOW, SWALES, AREA DRAINS, NATURAL DRAINAGE COURSES OR WIND.

STOCKPILES OF EARTH AND OTHER CONSTRUCTION RELATED MATERIALS MUST BE PROTECTED FROM BEING TRANSPORTED FROM THE SITE BY THE FORCES OF WIND OR WATER.

FUELS, OILS, SOLVENTS AND OTHER TOXIC MATERIALS MUST BE STORED IN ACCORDANCE WITH THEIR LISTING AND ARE NOT TO CONTAMINATE THE SOIL AND SURFACE WATERS. ALL APPROVED STORAGE CONTAINERS ARE TO BE PROTECTED FROM THE WEATHER. SPILLS MAY NOT BE WASHED INTO THE DRAINAGE SYSTEM.

EXCESS OR WASTE CONCRETE MAY NOT BE WASHED INTO THE PUBLIC WAY OR ANY OTHER DRAINAGE SYSTEM. PROVISIONS MUST BE MADE TO RETAIN CONCRETE WASTES ON SITE UNTIL THEY CAN BE DISPOSED OF AS A SOLID WASTE.

TRASH AND CONSTRUCTION RELATED SOLID WASTES MUST BE DEPOSITED INTO A COVERED RECEPTACLE TO PREVENT CONTAMINATION OF RAINWATER AND DISPERSAL BY WIND.

SEDIMENTS AND OTHER MATERIAL MAY NOT BE TRACED FROM THE SITE BY VEHICLE TRAFFIC. THE CONSTRUCTION INGRESS ROADWAYS MUST BE STABILIZED SO AS TO INHIBIT SEDIMENTS FROM BEING DEPOSITED INTO THE PUBLIC WAY. ACCIDENTAL DEPOSITIONS MUST BE SWEPT UP IMMEDIATELY AND MAY NOT BE WASHED DOWN BY RAIN OR OTHER MEANS.

ANY SLOPES WITH DISTURBED SOILS OR DENUDED OR VEGETATION MUST BE STABILIZED SO AS TO INHIBIT EROSION BY WIND AND WATER.

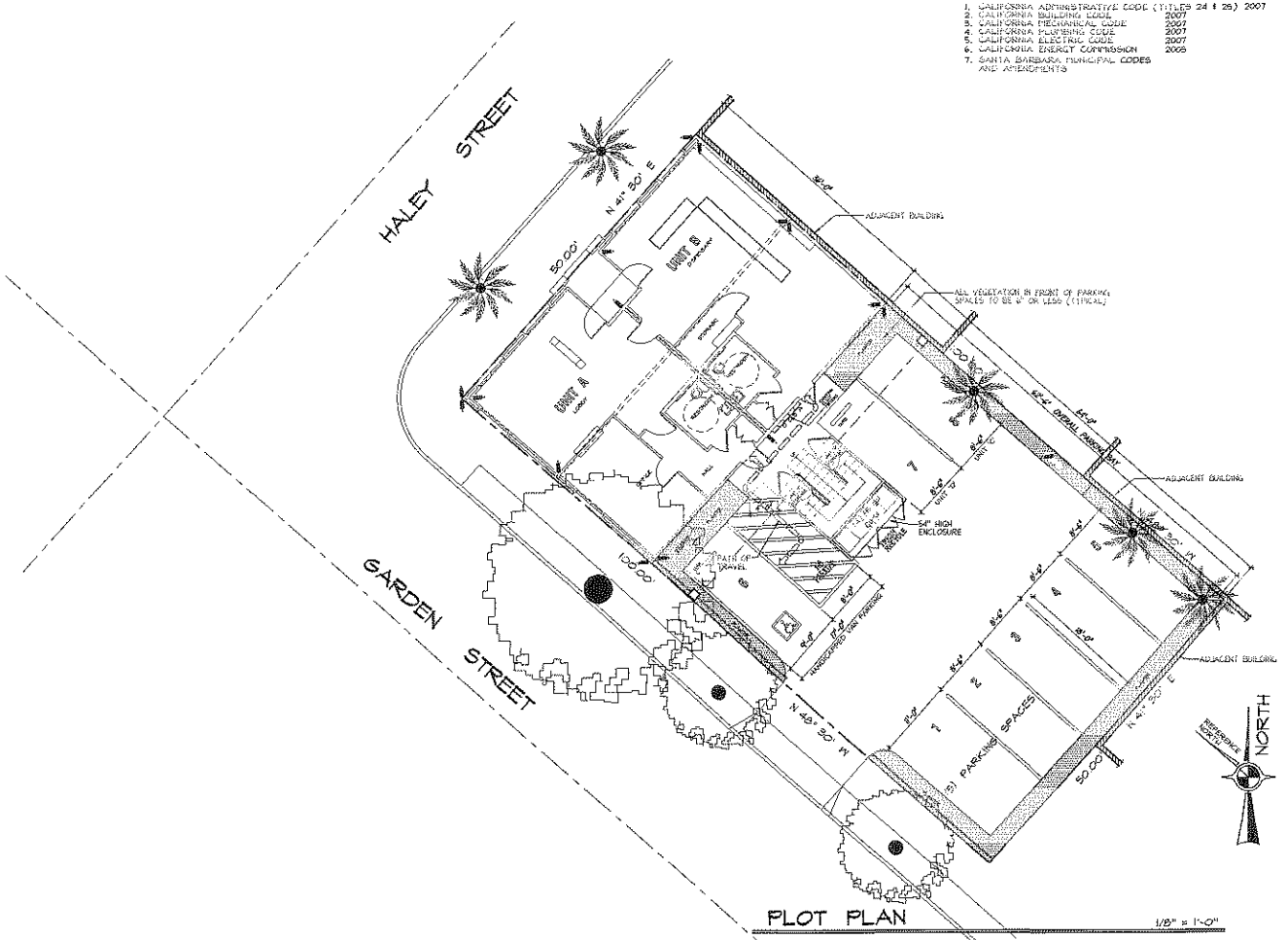
PROPOSED BUILDING JUSTIFICATION FOR 302 EAST HALEY STREET (COMMERCIAL)

			EXISTING GROSS FOOTAGE	EXISTING NET FOOTAGE			EXISTING NUMBER OF OFFICES	PROPOSED NUMBER OF OFFICES	EXISTING NUMBER OF BATHROOMS	PROPOSED NUMBER OF BATHROOMS	EXISTING PARKING COVERED	EXISTING PARKING UNCOVERED	SECURED PARKING	PARKING PROVIDED
JOB LOCATION	302 E. HALEY STREET SANTA BARBARA, CA 93101	UNIT 302-A FIRST FLOOR OF A TWO STORY BLDG.	880.5	780			2		1	1	0	4	2	3
APN	031-281-001	UNIT 302-B FIRST FLOOR OF A TWO STORY BLDG.	880.5	807			2		1	1	0	3	2	3
LOT SIZE	9,000 SQ.FT. (0.115 ACRES)	STAIRS TO SECOND FLOOR	-	-			-		-	-	-	-	-	-
ZONE:	C-M	TOTAL 302 A & B FIRST FLOOR OF A TWO STORY BLDG	1761	1587			4		2	2	0	7	4	6
GENERAL PLAN:	COMMERCIAL													
TYPE OF CONSTRUCTION	V A													
OCCUPANCY TYPE:	B													
BUILDING HEIGHT	25'-3" FEET													
LOT SLOPE	2%													

CODE COMPLIANCE

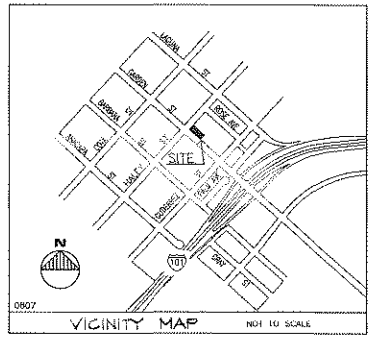
ALL WORK AND MATERIALS SHALL BE PERFORMED AND INSTALLED IN COMPLIANCE WITH THE CURRENT EDITIONS OF THE FOLLOWING CODES AS ADOPTED BY THE LOCAL GOVERNING AUTHORITIES. NOTHING ON THESE PLANS IS TO BE CONSTRUED TO PERMIT WORK NOT CONFORMING TO THESE CODES.

1. CALIFORNIA ADMINISTRATIVE CODE (TITLES 24 & 25) 2007
2. CALIFORNIA BUILDING CODE 2007
3. CALIFORNIA MECHANICAL CODE 2007
4. CALIFORNIA PLUMBING CODE 2007
5. CALIFORNIA ELECTRIC CODE 2007
6. CALIFORNIA ENERGY COMMISSION 2005
7. SANTA BARBARA MUNICIPAL CODES AND AMENDMENTS



PLOT PLAN 1/8" = 1'-0"

SEWER BACKWATER VALVE MAYBE REQUIRED
FINAL DETERMINATION TO BE DETERMINED
BY THE FIELD INSPECTOR



VICINITY MAP NOT TO SCALE

SCOPE OF WORK

FIRST FLOOR

CONVERT UNIT A 880 SQ.FT. & 880 ONE UNIT. PROVIDE NEW OFFICE AREA AND CREATE DISPENSARY AND LOADING AREAS. PROVIDE BUILDING SECURITY SYSTEM.

GOVERNING AGENCY

CITY OF SANTA BARBARA

TENANT

ALOHA SPIRIT ORGANIC CONSUMABLES
302 EAST HALEY STREET
SANTA BARBARA, CA. 93101
1-805-612-1215

BUILDING JUSTIFICATION

LOT COVERAGE:	9000	SQ. FT.	100%
BUILDING	3500	SQ. FT.	38.0%
STAIRS/ TRASH ENCLOSURE	171.11	SQ. FT.	1.9%
PARKING LOT	2449.63	SQ. FT.	49.0%
LANDSCAPE/WALKWAY	579.26	SQ. FT.	11.6%
INDICATES OPEN SPACE	579.26	SQ. FT.	11.6%

GRADING: CUT- 0 CU. YARDS
FILL- 0 CU. YARDS

APN 031-281-001

OCCUPANCY

COMMERCIAL
UNIT 'A' 880 / 100 = 8.80 OCCUPANTS
UNIT 'B' 880 / 100 = 8.80 OCCUPANTS
TOTAL 17 OCCUPANTS

RESTROOM
UNIT 'A' 880 / 200 = 4.4 OCCUPANTS
UNIT 'B' 880 / 200 = 4.4 OCCUPANTS

PARKING
COMMERCIAL
UNIT 'A' & 'B' 1587 / 250 = 6.31 SPACES

SHEET INDEX

P PLOT PLAN
A1 PROPOSED FIRST FLOOR TENANT IMPROVEMENT PLAN
E1 PROPOSED FIRST FLOOR TENANT IMPROVEMENT ELECTRICAL PLAN

PROJECT TEAM

PLANS PREPARED BY: THE FINE LINE
DALE PENGRAD
5290 OVERPASS ROAD
SUITE 125
SANTA BARBARA, CA. 93111
805 964-4625

GENERAL CONTRACTOR: CAMPANELLI CONSTRUCTION
JOE CAMPANELLI
601 BOND AVENUE SUITE 'B1'
SANTA BARBARA, CA. 93103
805-965-2803

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920-P
RLD
10-22-09

Exhibit B

TENANT IMPROVEMENT FOR:
ALOHA SPIRIT ORGANIC CONSUMABLES
302 EAST HALEY STREET
SANTA BARBARA, CALIFORNIA 93101

the fine line
5290 OVERPASS ROAD SUITE 125 SANTA BARBARA, CA. 93111
PHONE (805) 964-4625 FAX (805) 964-4448

P

SITE PLAN

0920
10-22-09

DOOR SCHEDULE					
MARK	SIZE	THK.	TYPE	STYLE	NOTE
UNIT 'A'					
A	–				
B	3070	1 3/4"	METAL SLAB	SOLID CORE	
C	3070	1 3/4"	METAL SLAB	SOLID CORE	
D	3070	1 3/4"	METAL SLAB	SOLID CORE	
E	3070	1 3/4"	METAL SLAB	SOLID CORE	
F	3070	1 3/4"	WOOD SLAB	SOLID CORE	

ALL DOOR HARDWARE PER OWNERS SPECIFICATIONS
AT DOOR "F": WOOD DOOR MANUFACTURED BY: "MARVIN"

ALL INTERIOR AND EXTERIOR DOORS MANUFACTURED BY:
TORRANCE WINDOW CORP. TORRANCE (SERIES 3000)

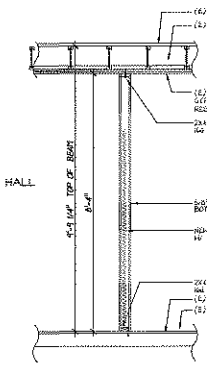
ALL DOORS IN THE PATH OF EXITING SHALL COMPLY WITH THE FOLLOWING
HAND-ACTIVATED DOOR OPENING HARDWARE, HANDLES, PULLS, LATCHES, LOCKS, AND OTHER OPERATING DEVICES ON ACCESSIBLE DOORS SHALL HAVE A SHAPE THAT IS EASY TO GRASP WITH ONE HAND AND THAT DOES NOT REQUIRE TIGHT GRASPING, TIGHT PINCHING OR TWISTING OF THE WRIST TO OPERATE. HARDWARE SHALL BE CENTERED BETWEEN 30 AND 44 INCHES ABOVE THE FLOOR. LATCHING AND LOCKING DEVICES THAT ARE HAND-ACTIVATED AND WHICH ARE IN A PATH OF TRAVEL SHALL BE OPERABLE WITH A SINGLE EFFORT BY LEVER TYPE HARDWARE, PANIC BARS, PUSH-PULL ACTIVATING BARS OR OTHER HARDWARE DESIGNED TO PROVIDE PASSAGE. LOCKED EXIT DOORS SHALL OPERATE AS ABOVE IN EGRESS DIRECTION. (SBC 1008.1.9.2)

FORCE TO OPEN INTERIOR OR EXTERIOR DOOR IN PATH OF EXITING
THE MAXIMUM FORCE REQUIRED TO PUSH OR PULL OPEN A DOOR SHALL BE AN EFFORT OF 5 LBS.
THE PUSH OR PULL FORCE FOR A HINGED DOOR SHALL BE MEASURED PERPENDICULAR TO THE DOOR FACE AT THE DOOR OPENING HARDWARE OR 30" FROM THE HINGED SIDE, WHICHEVER IS FARTHER FROM THE HINGE.

SECURITY SYMBOLS

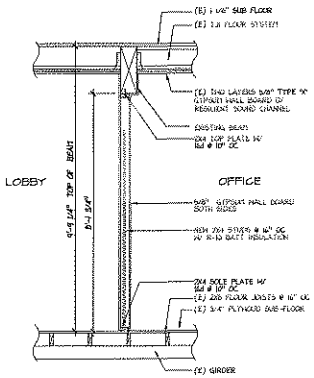
PROVIDE ELECTRICAL WIRING OR OUTLETS TO THE FOLLOWING ITEMS. REVIEW ELECTRICAL LOCATION WITH ALARM COMPANY.

- INDICATES ELECTRONIC DOOR RELEASE (BUZZER)
- INDICATES ELECTRONIC LOCK, REQUEST TO EXIT, LATCH BOLTS, DOOR CONTACT
- INDICATES ALARM KEYPAD
- INDICATES VIDEO SURVEILLANCE CAMERA BY VARIFOCAL CAMERA SYSTEM, INDICATES CAM MONITOR
- INDICATES PANIC BUTTON
- INDICATES CAM MONITOR



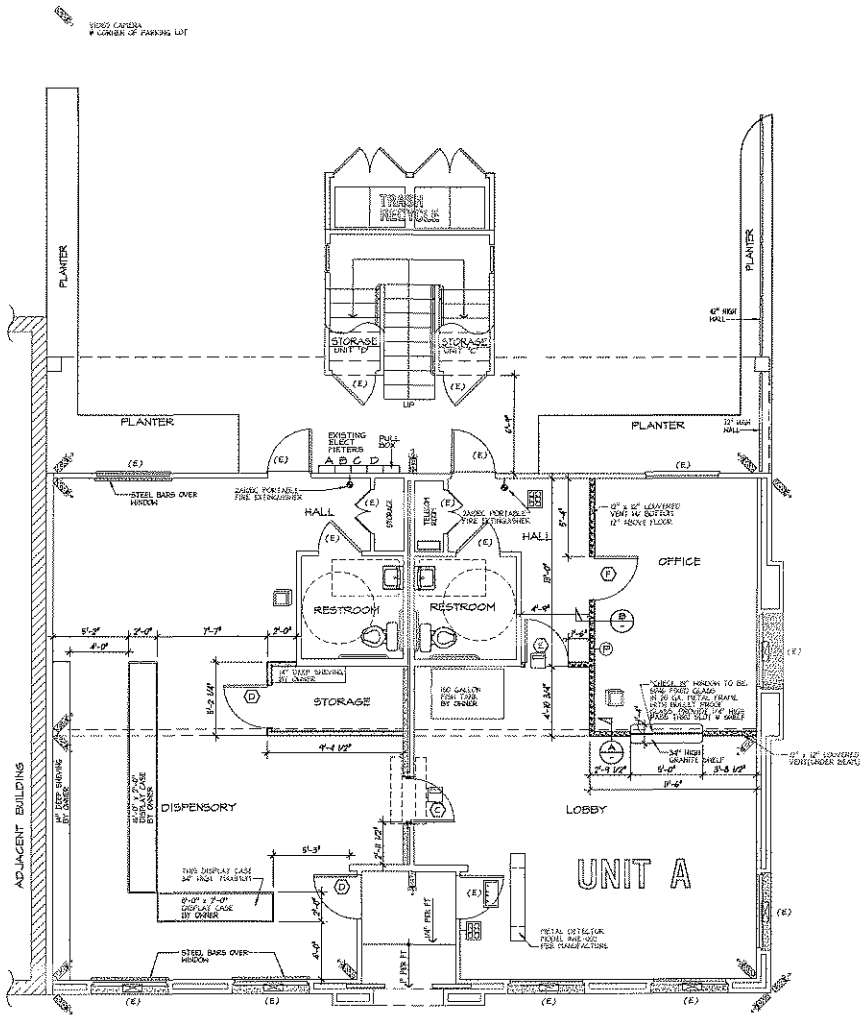
WALL SECTION B

1/2" = 1'-0"



WALL SECTION A

1/2" = 1'-0"

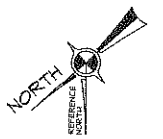


PROPOSED FIRST FLOOR PLAN

1/4" = 1'-0"

UNIT 'A'
1746 GROSS
1512 NET

- INDICATES EXISTING 2X4 WALL
- INDICATES NEW 2X4 WALL 1/2" THICK GYPSUM (RAMBOARD) PLATE (EXTEND WALL FROM TO CEILING)
- INDICATES NEW 2X4 WALL
- (E) INDICATES EXISTING
- (N) INDICATES NEW



These drawings are the instruments of service and are the property of The Fine Line. All designs and other information contained on these drawings are for use on the specified project and will not be used on other projects, or for additions to this project, by other parties without the written consent of The Fine Line. The Fine Line assumes no responsibility for any work done from these drawings by others without their consent. The Fine Line assumes no responsibility for any errors or omissions in these drawings. The contractor is responsible for all dimensions and conditions on the job site and shall report any errors, omissions or conflicts to The Fine Line before proceeding with the work. Any form or manner whatsoever without first obtaining the expressed written permission and consent of The Fine Line nor are they to be assigned to any third party without such written permission and consent.

All designs and information contained in these drawings are based on information provided by the client. The Fine Line has relied solely on what client information is the preparation of the designs and other information contained on these drawings. The Fine Line assumes no responsibility for any work done from these drawings by others without their consent. The Fine Line assumes no responsibility for any errors or omissions in these drawings. The contractor is responsible for all dimensions and conditions on the job site and shall report any errors, omissions or conflicts to The Fine Line before proceeding with the work. Additional information including, but not limited to, that broadening, serving or as-built conditions, government agency rules, program modifications, etc. These plans are only valid for six months from the plan date due to code changes, industry standards, and site conditions.

920-A1
ABD
10-22-09

the fine Line
5380 OVERPASS ROAD SUITE 125 SANTA BARBARA, CA. 93111
PHONE (805) 964-4625 FAX (805) 964-4448

TENANT IMPROVEMENT FOR:
ALOHA SPIRIT ORGANIC CONSUMABLES
302 EAST HALEY STREET
SANTA BARBARA, CALIFORNIA 93101

A1

FLOOR PLAN

0920
10-22-09

Aloha Spirit Organic Consumables, Inc.
"A Collective"

Medical Cannabis Dispensary Permit Application

Location: C-M Zoned Parcel
302 East Haley St.
Santa Barbara, CA 93101

Applicant: Timothy Cooney

RECEIVED
AUG 24 2009
CITY OF SANTA BARBARA
PLANNING DIVISION

Exhibit C

Aloha Spirit Organic Consumables, Inc.

Medical Cannabis Dispensary Permit Application

Contents:

1. Medical Cannabis Dispensary Permit Application
2. Approval Criteria
3. ASOC, Inc. Operations Plan
    1. Introduction
    2. Management Overview
    3. Dispensary Profile
    4. Dispensary, Patient, and Community service
    5. Day to Day Operations Plan
    6. Detailed Narrative of Daily Operations
    7. Legislative/ Political Support
    8. History of Cannabis
    9. Medical Use and Discussion of Medical Cannabis
    10. Patient Profile
    11. Caregiver Profile
    12. Summary

Exhibits:

A. Santa Barbara MCD Zoning map
B. Completed Live Scan
C. Visitor Screening Process Flow Chart
D. Proposed Floor Plan
E. Terms of Agreement for Dispensary Services
F. Security Plan Layout
(Delivered as a separate document under "Confidential" seal to the Chief of SBPD)
G. Flow Chart for "qualifying patients" or "caregivers"
H. California Health and Safety code section 11362.5 et seq.
I. SBPD crime statistic report for the 302 East Haley Street

(The request was submitted on: Friday, August 14, 2009 at 1:33:04 PM to *cnail@sbpd.com)-* Status: -Request Pending

Aloha Spirit Organic Consumables, Inc.

"A Collective"

Medical Cannabis Dispensary Permit Application

LOCATION AND OPERATIONAL REQUIREMENTS

Describe how the dispensary will comply with each of the requirements below. Staff recommends that you add a discussion below each requirement in this Microsoft Word document. You can block and move this discussion into a letter or other format of your choice.

28.80.060 Limitations on the Permitted Location of a Dispensary.

A. Permissible Zoning for Dispensaries. A dispensary may only be located within the C-2 or C-M zoned areas of the City as so designated in the General Plan, Title 28 of the Municipal Code, and City Zoning map, provided, however, that dispensaries may also be located on parcels situated as follows:

1. any parcel fronting on State Street between Calle Laureles and the westerly boundary of the City at the intersection of State Street and Calle Real;

2. any parcel fronting on Milpas between Canon Perdido Street and Carpinteria Street;

3. any C-P zoned parcel fronting on Cliff Drive within 1000 feet of the intersection of Cliff Drive and Meigs Road;

DISCUSSION:

The Aloha Spirit Organic Consumables, Inc. Collective ("ASOC, Inc.") dispensary will be located at: **302 East Haley,** in the C-M zoned area on a parcel at the corner of Garden and fronting Haley Street.

Exhibit A-Santa Barbara MCD Zoning Map

B. Storefront Locations. A dispensary shall only be located in a visible store-front type location which provides good public views of the dispensary entrance, its windows, and the entrance to the dispensary premises from a public street.

DISCUSSION:

The "ASOC, Inc." dispensary will be located in a store-front type location, visible from both Garden and Haley Street. With a visible entrance fronting Haley Street, clear public views of the dispensary entrance and its three 4x5 windows can be seen from this block of Haley Street.

C. Areas and Zones Where Dispensaries Not Permitted. Notwithstanding subparagraph (A) above, a dispensary shall not be allowed or permitted in the following locations or zones:

1. On a parcel located within 500 feet of a school or a park; or
2. On a parcel located within 500 feet of a permitted dispensary; or
3. On a parcel fronting on State Street between Cabrillo Boulevard and Arrellaga Street; or
4. On a parcel zoned R-O or zoned for residential use.

DISCUSSION:

Exhibit A shows permissible zoning for the **302 East Haley** parcel. The dispensary location is in full compliance with the requirements stated in subparagraph (C) and ***exceeds*** the 500 feet distance requirements of a school, park, or from any permitted dispensary. ASOC, Inc. is NOT Located on a parcel zoned R-O or zoned for residential use.

D. Locational Measurements. The distance between a dispensary and the above-listed uses shall be made in a straight line from any parcel line of the real property on which the dispensary is located to the parcel line of the real property on which the facility, building, or structure, or portion of the building or structure, in which the above-listed use occurs or is located.

DISCUSSION:

ASOC, Inc. examined maps (to scale) at the Santa Barbara Planning and Zoning Department at 630 Garden Street. ASOC, Inc. also verified locational measurements using Google Maps. A copy of the zoning map provided by the Santa Barbara Planning and Zoning Department is attached as **Exhibit A**. ASOC, Inc. also noted the location of the other permitted dispensaries in the area.

28.80.070 Operating Requirements for Dispensaries.

Dispensary operations shall be permitted and maintained only in compliance with the following day-to-day operational standards:

A. Criminal History. A dispensary permit applicant, his or her agent or employees, volunteer workers, or any person exercising managerial authority over a dispensary on behalf of the applicant shall not have been convicted of a felony or be on probation or parole for the sale or distribution of a controlled substance.

DISCUSSION:

ASOC, Inc. dispensary applicant Timothy Cooney submitted necessary documents and fingerprint data for Live Scan service through the Santa Barbara police Department on March 24, 2009. **Exhibit B** shows copies of applications for Live Scan Service, including signatures by the Live Scan Operator indicating transaction was paid for and completed. Any agents, employees, volunteer workers, or any person exercising managerial authority will be screened thoroughly and required to pass a background check. ASOC, Inc. will also request Live Scan Service through the Santa Barbara Police Department for all employees and dispensary volunteers.

B. Minors. It is unlawful for any dispensary permittee, operator, or other person in charge of any dispensary to employ any person who is not at least 18 years of age. Persons under the age of 18 shall not be allowed on the premises of a dispensary unless they are a qualified patient or a primary caregiver, and they are in the presence of their parent or guardian. The entrance to a dispensary shall be clearly and legibly posted with a notice indicating that persons under the age of 18 are precluded from entering the premises unless they are a qualified patient or a primary caregiver, and they are in the presence of their parent or guardian.

DISCUSSION:

In accordance with federal regulations ASOC, Inc. will post a clear and legible notice that persons under the age of anyone under 18 years of age will not be permitted. In addition, no persons under the age of 18 will be either employed or used as volunteers Additionally, ASOC, Inc. will employ security personnel to enforce access regulations and dispensary policies during all business hours. The flowchart included in **Exhibit C** shows the screening process for building visitors. The reception area layout and security systems are designed to control dispensary area access. The proposed floor plan in **Exhibit D** shows a layout of the entrance and reception area. At the time of their first visit, all patients and caregivers will be required to accept the Terms of Agreement for Dispensary Services in order to obtain medication from our dispensary. Violation of terms shall result in suspension or termination of dispensary services. Please refer to **Exhibit E** for a draft of the Terms of Agreement for Dispensary Services.

C. Dispensary Size and Access. The following dispensary and access restrictions shall apply to all dispensaries permitted by the Chapter:

1. A dispensary shall not be enlarged in size (i.e., increased floor area) without a prior approval from the Staff Hearing Officer amending the existing dispensary permit pursuant to the requirements of this Chapter.

DISCUSSION

ASOC, Inc. has no plans to increase the proposed area of the dispensary.

2. The entrance area of the dispensary building shall be strictly controlled. A viewer or video camera shall be installed in the door that allows maximum angle of view of the exterior entrance.

DISCUSSION

ASOC, Inc. will monitor access to the building using state-of-the-art technology and has plans for a video camera surveillance and security system which shall exceed minimum requirements of this Chapter. A total of eight (9) exterior video cameras will provide views of all approaches to the building and its entrance:

- One (1) video camera monitors the receiving area, which includes the building entrance door.
- Two (2) video cameras monitors Garden Street foot traffic.
- Two (2) video cameras monitors Hayley Street foot traffic and street parking.
- Two (2) video cameras monitors the rear of the building and approach from the parking lot.
- One (1) video camera monitors the rear exit of the building.
- One (1) video camera monitors the parking area of the building.

Exhibit F shows the camera systems layout, including both interior and exterior cameras (16 cameras total), developed through the collaboration of our security consultants and our designer, Dale Petarak. Due to the sensitive nature of the details of our security consultants with ASOC, Inc. Security Plan, the Security Plan will be delivered as a separate document under confidential seal to the Chief of Santa Barbara Police Department. Only authorized persons shall have access

3. Dispensary personnel shall be responsible for monitoring the real property of the dispensary site activity (including the adjacent public sidewalk and rights-of-way) for the purposes of controlling loitering.

DISCUSSION

ASOC, Inc. personnel will monitor dispensary site activity via the video camera security system for the purposes of controlling loitering during all business hours. If necessary, ASOC, Inc. security personnel will report loitering to Santa Barbara Police Department . Furthermore, the Terms of Agreement for Dispensary Services will clearly state the dispensary's policy against loitering. Violation of terms shall result in suspension or termination of dispensary services. Please refer to Exhibit E for a draft of the Terms of Agreement for Dispensary Services.

4. Only dispensary staff, primary caregivers, qualified patients and persons with bona fide purposes for visiting the site shall be permitted within a dispensary.

DISCUSSION

The reception area layout and security systems are designed to control building and dispensary area access. ASOC, Inc. security personnel will screen all visitors to allow dispensary access to only persons with bona fide purposes for visiting the site. Please refer to **Exhibit D** for a layout of the entrance and the reception area. Also, a draft flowchart showing the screening process for building visitors is included with **Exhibit C**.

5. Potential patients or caregivers shall not visit a dispensary without first having obtained a valid written recommendation from their physician recommending use of medical cannabis.

DISCUSSION

In an office separated from the dispensary area, ASOC, Inc. will employ a check-in procedure for all new visitors to verify each physician recommendation. Furthermore, ASOC, Inc. will require verified patients and caregivers to accept the Terms of Agreement for Dispensary Services before becoming a qualified Patient/Caregiver (or "Qualified P/C") of ASOC, Inc. A draft process flowchart for qualifying patients or caregivers (Collective Registration) is attached with **Exhibit G**.

6. Only a primary caregiver and qualified patient shall be permitted in the designated dispensing area along with dispensary personnel.

DISCUSSION

ASOC, Inc. security personnel will screen all visitors in the reception area. Only Qualified P/C shall be permitted in the designated dispensing area along with dispensary personnel.

7. Restrooms shall remain locked and under the control of Dispensary management at all times.

DISCUSSION

ASOC, Inc. will provide two (2) ADA approved restrooms, one will be located in the lobby area, and other will be located in the dispensary area. Both restrooms will remained locked and under control of ASOC, Inc. staff at all times.

D. Dispensing Operations. The following restrictions shall apply to all dispensing operations by a dispensary:

1. A dispensary shall only dispense to qualified patients or primary caregivers with a currently valid physician's approval or recommendation in compliance with the criteria in California Health and Safety Code Section 11362.5 et seq. Dispensaries shall require such persons to provide valid official identification, such as a Department of Motor Vehicles driver's license or State Identification Card.

DISCUSSION

An ASOC, Inc. host will greet all building visitors and will require all persons to provide valid official identification, such as Department of Motor Vehicles driver's license or State Identification Card. For any new patient or caregiver, ASOC, Inc. will verify physician's approval or recommendation in compliance with the criteria in California Health and Safety Code Section 11362.5 et seq. ASOC, Inc. will dispense only to Qualified P/C. Refer to **Exhibit H**.

2. Prior to dispensing medical cannabis, the dispensary shall obtain a verification from the recommending physician's office personnel that the individual requesting medical cannabis is or remains a qualified patient pursuant to state Health & Safety Code Section 11362.5.

DISCUSSION

ASOC, Inc. will obtain verification from the recommending physician's office personnel that the individual requesting medical cannabis is or remains a qualified patient pursuant to state Health & Safety Code Section 11362.5. For one (1) year ASOC, Inc. will maintain a copy of the verified recommendations or identification card number of each Qualified P/C on a physically–secure, encrypted server. Any Qualified P/C may also provide all necessary documentation each visit to the dispensary if Qualified P/C does not wish any records to be kept for any time at ASOC, Inc. However, the physician recommendation must be validated each time before entry to the dispensary if not maintained in AOC, Inc.'s records. No patient or caregiver will receive medical cannabis unless it is current within the last year). Please see **Exhibit G** for a draft process flowchart showing the ASOC, Inc.'s qualification procedures for patients or caregivers to become Qualified P/C.

3. A dispensary shall not have a physician on-site to evaluate patients and provide a recommendation or prescription for the use of medical cannabis.

DISCUSSION

The dispensary will not have a physician on-site.

E. Consumption Restrictions. The following medical marijuana consumption restrictions shall apply to all permitted dispensaries:

1. Cannabis shall not be consumed by patients on the premises of the dispensary.

The term "premises" includes the actual building, as well as any accessory structures, parking lot or parking areas, or other surroundings within 200 feet of the dispensary's entrance. Dispensary employees who are qualified patients may consume cannabis within the enclosed building area of the premises, provided such consumption occurs only via oral consumption (i.e., eating only) but not by means of smoking or vaporization.

DISCUSSION

The Terms of Agreement for Dispensary Services will clearly define the consumption restrictions on the premises, accessory structures, parking lot or parking area and surroundings within 200 feet, by any persons who have received medical cannabis from the dispensary. ASOC, Inc.'s security personnel will monitor dispensary site activity via video camera security system and perform enforcement duties as necessary. ASOC, Inc. may suspend or terminate services to any Qualified P/C found to be in violation of the Terms of Agreement for Dispensary Services.

2. Dispensary operations shall not result in illegal re-distribution of medical cannabis obtained from the dispensary, or use or distribution in any manner which violates state law.

DISCUSSION

ASOC, Inc. will enforce a strict, zero-tolerance policy regarding illegal re-distribution. Any patient or caregiver found in violation of this policy immediately forfeits access to dispensary services and may not enter the dispensary. ASOC, Inc. will maintain open channels of communication with the Santa Barbara Police Department to share any information regarding offenders found in violation of illegal distribution. ASOC, Inc. takes this matter seriously and will cooperate fully will law enforcement. Furthermore, ASOC, Inc. will limit its selection to only California-grown, boutique, premium-quality medical cannabis. As such, ASOC, Inc. will be managing a limited supply and its dispensary operations shall remain small scale or low volume. Lastly, medical cannabis will be sealed and labeled "Medical Cannabis Only – for qualified Patient Use Only, pursuant to California Health and Safety Code Section 11362.5. Resale prohibited by Law."

F. Retail Sales of Other Items by a Dispensary. The retail sales of dispensary-related or marijuana use items may be allowed under the following circumstances:

1. With the approval of the Staff Hearing Officer, a dispensary may conduct or engage in the commercial sale of specific products, goods, or services in addition to the provision of medical cannabis on terms and conditions consistent with this chapter and applicable law.

DISCUSSION

ASOC, Inc. will conduct or engage in commercial sale of specific products, goods, or services. Products include: Cannabis – Medical organic cannabis (medicine) will be available for patients in need, which by doctor's recommendation is safe to consume by smoking. The flower of ASOC, Inc.'s cannabis will be organically grown and all natural. No harmful chemical pesticides and all natural nutrients will be used in the growing of our cannabis flowers. ASOC, Inc. has been producing its own medical cannabis for patients for a number of years. High growing standards, along with vigilant personnel supervision growing facilities, ensures clean, safe, pesticide free medicine to our collective members. Other products to be offered by ASOC, Inc. will include "consumables" containing this same natural organically grown cannabis. All food products will be produced in an FDA approved kitchen and will be labeled will all ingredients as required by the FDA. Food products (consumables) may include the following: Brownies, cookies, cakes, cupcakes, candy bars, soda, lollipops, ice cream, bon bons, breath mint strips. Cannabis containing food products are made available for those patients who find that ingesting is the ideal method for delivery of their medicine.

2. No dispensary shall sell or display any drug paraphernalia or any implement that may be used to administer medical cannabis.

DISCUSSION

ASOC, Inc. will not display any drug paraphernalia or any implement that may be used to administer medical cannabis.

3. A dispensary shall meet all the operating criteria for the dispensing of medical cannabis as is required pursuant to California Health and Safety Code Section 11362.5 et seq.

DISCUSSION

Only patients or primary caregivers with a valid doctor's recommendation will be allowed access to the dispensary. ASOC, Inc. will maintain a safe and clean environment to dispense medical cannabis to ensure patients and primary caregivers are not subject to criminal prosecution and sanction.

G. Operating Plans. In connection with a permit application under this Chapter, the applicant shall provide, as part of the permit application, a detailed Operations Plan and, upon issuance of the dispensary permit, shall operate the dispensary in accordance with the Operations Plan, as such plan is approved by the Staff Hearing Officer.

1. Floor Plan. A dispensary shall have a lobby waiting area at the entrance to the dispensary to receive clients, and a separate and secure designated area for dispensing medical cannabis to qualified patients or designated caregivers. The primary entrance shall be located and maintained clear of barriers, landscaping and similar obstructions so that it is clearly visible from public streets, sidewalks or site driveways.

DISCUSSION

The proposed location and the existing floor plan is already adequate for many of the dispensary's needs and will meet all of the physical site requirements of this Chapter. Furthermore, the facility will be ADA compliant. The primary entrance will be clearly visible from Garden Street, and will lead to a reception area to screen visitors and receive clients. The dispensary area will be separate from all other areas and offices of the facility, with access restricted to only Qualified P/C and dispensary employees. The proposed floor plan is attached as **Exhibit D.**

2. Storage. A dispensary shall have suitable locked storage on premises, identified and approved as a part of the security plan, for after-hours storage of medical cannabis.

DISCUSSION

ASOC, Inc.'s security plan includes having suitable locked storage on premises for after-hours storage of medical cannabis. Please refer to **Exhibit D** for Locked storage shall meet all requirements for approval as part of the security plan the floor plan. Also, maintaining a limited inventory on premises at any given time will be a critical part of the ASOC Inc.'s security policy. Only authorized dispensary staff will have access to locked storage of inventory of medical cannabis.

3. Security Plans. A dispensary shall provide adequate security on the premises, in accordance with a security plan approved by the Chief of Police and as reviewed by the Staff Hearing Officer, including provisions for adequate lighting and alarms, in order to ensure the safety of persons and to protect the premises from theft.

DISCUSSION

ASOC, Inc.'s security plan includes provisions for adequate lighting and alarms to ensure the safety of persons and to protect the premises from theft. ASOC, Inc. is aware of the importance of ensuring safety of persons and will implement all measures necessary to protect the premises from theft and criminal activity. Due to the sensitive nature of the details contained within ASOC's Security Plan, the Security Plan (**Exhibit F**) will be delivered under confidential seal to the Chief of Santa Barbara Police Department. Only authorized persons shall have access to the document.

4. Security Cameras. Security surveillance cameras shall be installed to monitor the main entrance and exterior of the premises to discourage and to report loitering, crime, illegal or nuisance activities. Security video shall be maintained for a period of not less than 72 hours.

DISCUSSION

ASOC, Inc. will have sixteen (16) security surveillance cameras installed to monitor all areas of the building's exterior. ASOC, Inc.'s security personnel will immediately report loitering, crime, illegal, or nuisance activities. Security video will be maintained on secured servers for a period of not less than 72 hours. Refer to **Exhibit F** (to be delivered to the Chief of Santa Barbara Police Department).

5. **Alarm System.** Professionally monitored robbery alarm and burglary alarm systems shall be installed and maintained in good working condition within the dispensary at all times.

DISCUSSION

ASOC, Inc. will contract the services of a ADT including: Intrusion Detection Control, Fire and Life Safety, Video Surveillance, and Electronic Access Control. ADT uses state-of-the-art equipment and has been rated "Best in Class".

6. **Emergency Contact.** A dispensary shall provide the Chief of Police with the name, cell phone number, and facsimile number of an on-site community relations staff person to whom the City may provide notice of any operating problems associated with the dispensary.

DISCUSSION

ASOC, Inc. will provide all contact information, including name, cell phone number, and facsimile number of the dispensary's on-site Community Liaison to the Chief of Police, as well as the information of an alternative contact (TBD).

H. Dispensary Signage and Notices.

1. A notice shall be clearly and legibly posted in the dispensary indicating that smoking, ingesting or consuming cannabis on the premises or in the vicinity of the dispensary is prohibited.

DISCUSSION

ASOC, Inc. will post a clear and legible notice with the following information: Smoking, ingesting, or consuming cannabis on the premises or the surrounding neighborhood is prohibited.

2. Signs on the premises shall not obstruct the entrance or windows.

DISCUSSION

ASOC, Inc. will not post signs obstructing the entrance or windows.

3. Address identification shall comply with Fire Department illuminated address sign requirements.

DISCUSSION

ASOC, Inc.'s dispensary address identification will comply with the Fire Department's illuminated address sign requirements.

4. Business identification signage shall comply with the City's Sign Ordinance (SBMC Chapter 22.70) and be limited to that needed for identification only, consisting of a single window sign or wall sign that shall not exceed six square feet in area or 10 percent of the window area, whichever is less.

DISCUSSION

ASOC, Inc. will not post signage on the exterior of the dispensary, except for that of business identification.

I. **Employee Records.** Each owner or operator of a dispensary shall maintain a current register of the names of all volunteers and employees currently working at or employed by the dispensary, and shall disclose such registration for inspection by any City officer or official, but only for the purposes of determining compliance with the requirements of this chapter.

DISCUSSION

ASOC, Inc. will maintain a current register listing the names of all volunteers and employees currently working at or employed by ASOC, Inc., and will be made available for inspection by any City officer or official to determine compliance with requirements of this Chapter. ASOC will request Live Scan Service through the Santa Barbara Police Department for all employees and volunteers.

J. **Patient Records.** A dispensary shall maintain confidential health care records of all patients and primary caregivers using only the identification card number issued by the county, or its agent, pursuant to California Health and Safety Code Section 11362.71 et seq., as a protection of the confidentiality of the cardholders, or a copy of the written recommendation from a physician or doctor of osteopathy stating the need for medical cannabis under state Health & Safety Code Section 11362.5.

DISCUSSION

ASOC, Inc. will maintain confidential health care records of all Qualified P/C using only the identification card number issued by the county, or its agent or a copy of the written recommendation from a physician. ASOC, Inc. –secured and encrypted server to store patient and caregiver identification card numbers issued by the county, or its agent, pursuant to California Health and Safety Code Section 11362.71. Physician recommendations will be scanned and kept on the dispensary's physically-secure and encrypted server.

K. **Staff Training.** Dispensary staff shall receive appropriate training for their intended duties to ensure understanding of rules and procedures regarding dispensing in compliance with state and local law, and properly trained or professionally-hired security personnel.

DISCUSSION

ASOC, Inc. will train all dispensary staff and require every employee to demonstrate comprehensive understanding of the rules and procedures regarding dispensing in compliance with state and local law. Hiring security personnel will be a highly selective process to ensure proper training background and professional experience. ASOC, Inc. will schedule on-going regular staff meetings to communicate and ensure understanding of the rules and procedures regarding dispensing in compliance with state and local law. All employees will have a reference manual of key federal, state, and local laws regarding (medical) marijuana.

L. **Site Management.**

1. The operator of the establishment shall take all reasonable steps to discourage and correct objectionable conditions that constitute a nuisance in parking areas, sidewalks, alleys and areas surrounding the premises and adjacent properties during business hours, if directly related to the patrons of the subject dispensary.

DISCUSSION

ASOC, Inc. will monitor dispensary site activity via video camera security system and security personnel will take all reasonable steps to discourage and correct objectionable conditions. If necessary, ASOC, Inc. will report any criminal activity to the Santa Barbara Police.

2. The operator shall take all reasonable steps to reduce loitering in public areas, sidewalks, alleys and areas surrounding the premises and adjacent properties during business hours.

DISCUSSION

ASOC, Inc. will monitor the areas surrounding the premises and adjacent to properties via the video camera security system for the purpose of reducing loitering during all business hours. Dispensary security personnel will take all reasonable steps to discourage and correct objectionable conditions, which will including reporting incidents to Santa Barbara Police.

3. The operator shall provide patients with a list of the rules and regulations governing medical cannabis use and consumption within the City and recommendations on sensible cannabis etiquette.

DISCUSSION

At the time of a patient or caregiver's first visit, they will be required to accept the Terms of Agreement for Dispensary Services in order to procure medication from our dispensary. The Terms of Agreement for Dispensary Services will list rules and regulations governing medical cannabis use and consumption within the City of Santa Barbara. In addition, the Terms of Agreement for Dispensary Services includes recommendations for sensible cannabis etiquette. Please see Terms of Agreement for Dispensary Services as listed in **Exhibit E**.

M. Trash, Litter, Graffiti.

1. The operator shall clear the sidewalks adjoining the premises plus 10 feet beyond property lines along the street, as well as any parking lots under the control of the operator, as needed to control litter, debris and trash.

DISCUSSION

ASOC, Inc. will maintain a clean, attractive dispensary location. It will keep sidewalks clean, along with keeping the adjacent parking spaces, and neighboring areas clear of litter, debris, and trash. Prior to opening for business, ASOC, Inc.'s Host will canvas the block and clear the dispensary's neighboring area of litter, trash, and debris. The Operations Plan in **Exhibit H** outlines each employee's day to day responsibilities, which include maintaining a clean facility and surrounding premises.

2. The operator shall remove all graffiti from the premises and parking lots under the control of the operator within 72 hours of its application.

DISCUSSION

ASOC, Inc. will remove graffiti from the premises under ASOC, Inc.'s control within 72 hours of its application. ASOC, Inc. does not wish to have any problems resulting from graffiti.

N. Compliance with Other Requirements. The dispensary operator shall comply with all provisions of all local, state or federal laws, regulations or orders, as well as any condition imposed on any permits issued pursuant to applicable laws, regulations or orders.

DISCUSSION

ASOC, Inc. founders are committed to operating a dispensary in compliance with all laws, regulations or orders, as well as any condition imposed on any permits issued pursuant to applicable laws, regulations or orders and in will operate ASOC, Inc. in full compliance of all laws, regulations, or orders.

O. Display of Permit. Every dispensary shall display at all times during business hours the permit issued pursuant to the provisions of this chapter for such dispensary in a conspicuous place so that the same may be readily seen by all persons entering the dispensary.

DISCUSSION

ASOC, Inc. will display, in a conspicuous place during all business hours, the permit issued pursuant to the provisions of this chapter for such a dispensary, to enable all persons entering the building to easily view the permit.

P. Alcoholic Beverages. No dispensary shall hold or maintain a license from the State Division of Alcoholic Beverage Control for the sale of alcoholic beverages, or operate a business on the premises that sells alcoholic beverages. No alcoholic beverages shall be allowed or consumed on the premises.

DISCUSSION

ASOC, Inc. has no intention of selling alcoholic beverages, or to operate a business on the premises that sells alcoholic beverages. In addition, ASOC, Inc.'s policy is to not allow or permit any alcoholic beverage to be consumed in or near the dispensary.

Q. Parking Requirements. Dispensaries shall be considered office uses relative to the parking requirements imposed by Section 28.90.100(I).

DISCUSSION

ASOC, Inc.'s dispensary will provide eight (8) spaces, with one space designated for handicapped parking, located directly behind the dispensary building. Additional parking is available on Garden and other surrounding streets.

APPROVAL CRITERIA

Describe how the dispensary meets the criteria below. Staff recommends that you add a discussion below each criterion in this Microsoft Word document. You can block and move this discussion into m letter or other format of your choice.

28.80.090.B. **Criteria for Issuance.** The Staff Hearing Officer, or the Planning Commission on appeal, shall consider the following criteria in determining whether to grant or deny a dispensary permit:

1. That the dispensary permit is consistent with the intent of the state Health & Safety Code for providing medical marijuana to qualified patients and primary caregivers, and the provisions of this Chapter and the Municipal Code, including the application submittal and operating requirements herein.

DISCUSSION

ASOC, Inc. believes it dispensary permit is consistent with the intent of the California Health and Safety Code and the provisions of this Chapter and the Municipals Code, including requirements herein. ASOC, Inc. is committed:

A. To insure that seriously ill Californians in the community of Santa Barbara have access to cannabis as medication where deemed appropriate and recommended by a physician.

B. To ensure that patients and primary caregivers are not subject to criminal prosecution or sanction by providing a safe place to dispense medical cannabis.

C. To provide safe and affordable medical-grade cannabis to patients in medical need.

Additionally, ASOC, Inc will apply a **collective*** model of patient-directed health care.

*A "**collective**" is an organization that facilitates the collaborative efforts of patients and caregiver members and transactions between members including the allocation of costs and revenues. Collectives acquire marijuana only from their constituent members (in order to) lawfully transport or distribute to other members of the collective. Collectives may cultivate and transport marijuana in aggregate amounts tied to its membership numbers. There are no limits on the quantity of medicine or number of patients permitted to participate in "collective cooperative cultivation" with an adequate number of doctors' approvals. Rather, the limits are defined as occurring within a membership association, with a "closed-circuit cycle of marijuana cultivation and consumption with no purchases or sales to or from non-members.

Nothing allows marijuana to be purchased from outside the collective for distribution to its members. Instead the cycle should be a closed-circuit of marijuana cultivation and consumption with no purchases or sales to or from non-members. To help prevent diversion to non-medical markets, collectives document each member's contribution of labor, resources, or money (and) track and record the source of their marijuana.

* Medical marijuana patients and primary caregivers may associate within the State of California in order collectively or cooperatively to cultivate marijuana for medical purposes.

*Written membership applications, verifications and updates are required of all patients or primary caregivers who wish to form or join a collective and remain "in good standing". Conditions of membership are to be enforced by excluding members whose identification card or physician recommendation are invalid or have expired, or who are caught diverting marijuana for non-medical use.

2. That the proposed location of the Dispensary is not identified by the City Chief of Police as an area of high crime activity (e.g., based upon crime reporting district/statistics as maintained by the Police Department).

DISCUSSION

ASOC, Inc. has requested crime statistics maintained by the Police Department for the surrounding area of 302 Garden Street. Attached as **Exhibit I** is a report from SBPD Crime Analyst showing 2007-2009 statistics for the area including two (2) blocks south two (2) blocks north of the proposed location.

3. For those applicants operating other Dispensaries within the City, that there have not been significant numbers of calls for police service, crimes or arrests in the area or to the applicant's existing dispensary location.

DISCUSSION

ASOC, Inc. does not operate other dispensaries within the City of Santa Barbara.

4. That all required application fees have been paid and reporting requirements have been satisfied in a timely manner.

DISCUSSION

ASOC, Inc. will pay any and all application fees and satisfy reporting requirements in a timely manner. Additionally, ASOC, Inc. will resolve any oversight immediately.

5. That issuance of a dispensary permit for the dispensary size requested is justified to meet needs of community.

DISCUSSION

ASOC, Inc. believes its dispensary size is justified to meet the needs of the community. ASOC, Inc. will follow the recommendation of the Staff Hearing Officer of the Planning Commission.

6. That issuance of the dispensary permit would serve needs of City residents within proximity to this location.

DISCUSSION

ASOC, Inc. believes its dispensary would serve the needs of City residents within its proximity. While safely dispensing medical cannabis to Qualified P/C, ASOC will pledge financial contributions to various local non-profit organizations, charities, and volunteer organizations relevant to patients' medical issues such as cancer, AIDS, mental health and other infirmities or disabilities. ASOC, Inc. will employ a Community Liaison with responsibilities to include developing and maintaining relationships with local community organizations. Additionally, City residents beyond close proximity to the dispensary will benefit from sales tax revenue collected by the City.

7. That the location is not prohibited by the provisions of this chapter or any local or state law, statute, rule or regulation, and no significant nuisance issues or problems are anticipated or resulted, and that compliance with other applicable requirements of the City's Zoning Ordinance will be accomplished.

DISCUSSION

ASOC, Inc. has reviewed all state and local laws, statutes, rules and regulations, including more specifically applicable zoning for C-2 commercial, and all other conditions under SBCC 28.80.060, 28.80.070, and 28.80.090. To avoid significant nuisance issues or problems, the Cooperative Community Liaison will develop and maintain relationships with the community.

8. That the site plan, floor plan, and security plan have incorporated features necessary to assist in reducing potential crime-related problems and as specified in the operating requirements section. These features may include, but are not limited to, security on-site; procedure for allowing entry; openness to surveillance and control of the premises, the perimeter, and surrounding properties; reduction of opportunities for congregating and obstructing public ways and neighboring property; illumination of exterior areas; and limiting furnishings and features that encourage loitering and nuisance behavior.

DISCUSSION

Providing safe access to medical cannabis is one of the core functions of the dispensary. At the earliest stage possible, ASOC, Inc. contracted the services of security systems installation consultants of ADT and architects/or building designers to make every reasonable effort to ensure that the security plan, site plan, and floor plan incorporate features necessary to assist in reducing potential crime-related problems.

9. That all reasonable measures have been incorporated into the security plan or consistently taken to successfully control the establishment's patrons' conduct resulting in disturbances, vandalism, crowd control inside or outside the premises, traffic control problems, cannabis use in public, or creation of a public or private nuisance, or interference with the operation of another business.

DISCUSSION

The dispensary's security plan incorporates all reasonable measures to ensure control of conduct resulting in disturbances, vandalism, crowd control inside or outside of a public or private nuisance, or interference with the operation of another business. ASOC, Inc. will adjust the security plan as necessary, or per advice of the Chief of Police.

10. That the dispensary would not adversely affect the health, peace, or safety of persons living or working in the surrounding area, overly burden a specific neighborhood, or contribute to a public nuisance; or that the dispensary will generally not result in repeated nuisance activities, including disturbances of the peace, illegal drug activity, cannabis use in public, harassment of passerby, excessive littering, excessive loitering, illegal parking, excessive loud noises, especially late at night or early in the morning hours, lewd conduct, or police detentions or arrests.

DISCUSSION

ASOC, Inc. intends for the dispensary and make efforts towards benefiting the health, peace and safety of persons living or working in the surrounding area, and also the neighborhood. ASOC, Inc. will cooperate with the City to ensure that the dispensary will not contribute to nuisance activities.

11. That any provision of the Municipal Code or condition imposed by a City-issued permit, or any provision of any other local or state law, regulation, or order, or any condition imposed by permits issued in compliance with those laws, will not be violated.

DISCUSSION

ASOC, Inc. has warrants that no provision of the Municipal Code or condition imposed by the a City-issued permit or any provision of any local or state law, regulation, or order, or any condition imposed by permits issued in compliance with those laws, will violated. ASOC, Inc. does not wish to put its patients, caregivers, employees, or community at risk.

12. That the applicant has not knowingly made a false statement of material fact or has knowingly omitted to state a material fact in the application for a permit.

DISCUSSION

Permit applicants have not knowingly made a false statement of material fact nor have they knowingly omitted to state a material fact in the application process.

13. That the applicant has not engaged in unlawful, fraudulent, unfair, or deceptive business acts or practices with respect to the operation of another business within the City.

DISCUSSION

Permit applicants have not engaged in unlawful, fraudulent, unfair, or deceptive business acts or practices with respect to the operation of another business with the City. More importantly, such practices directly contradict or jeopardize the dispensary's mission.

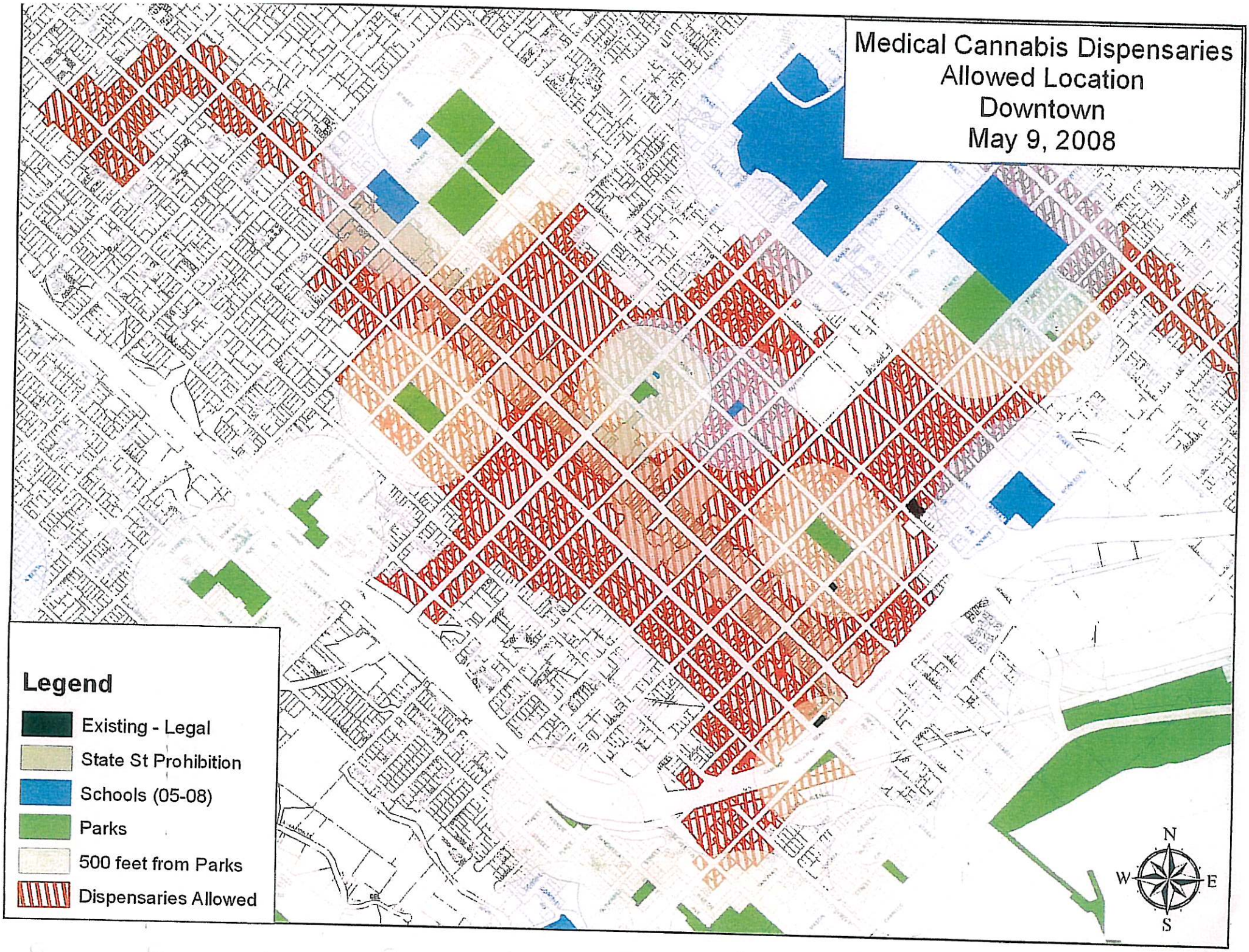
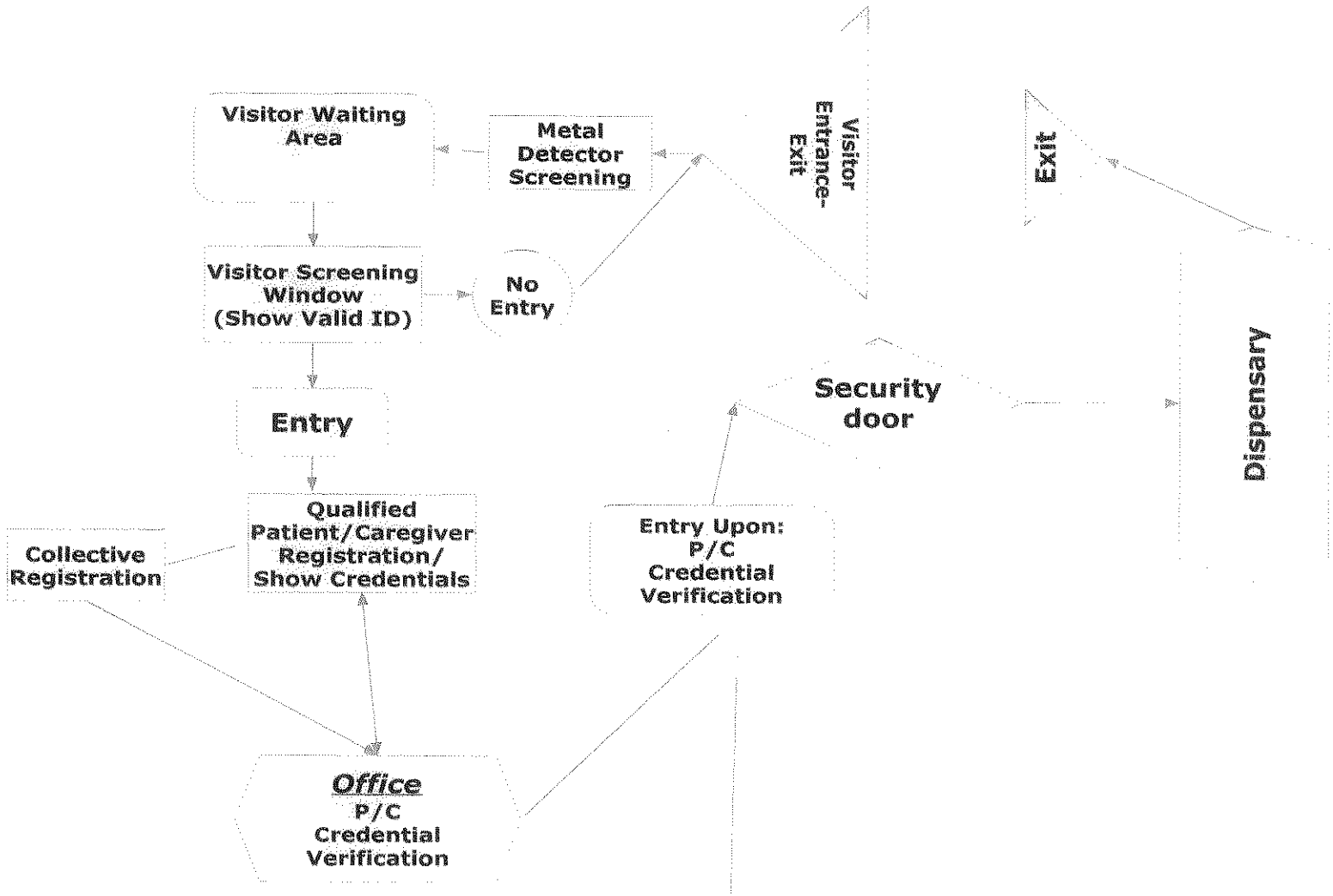
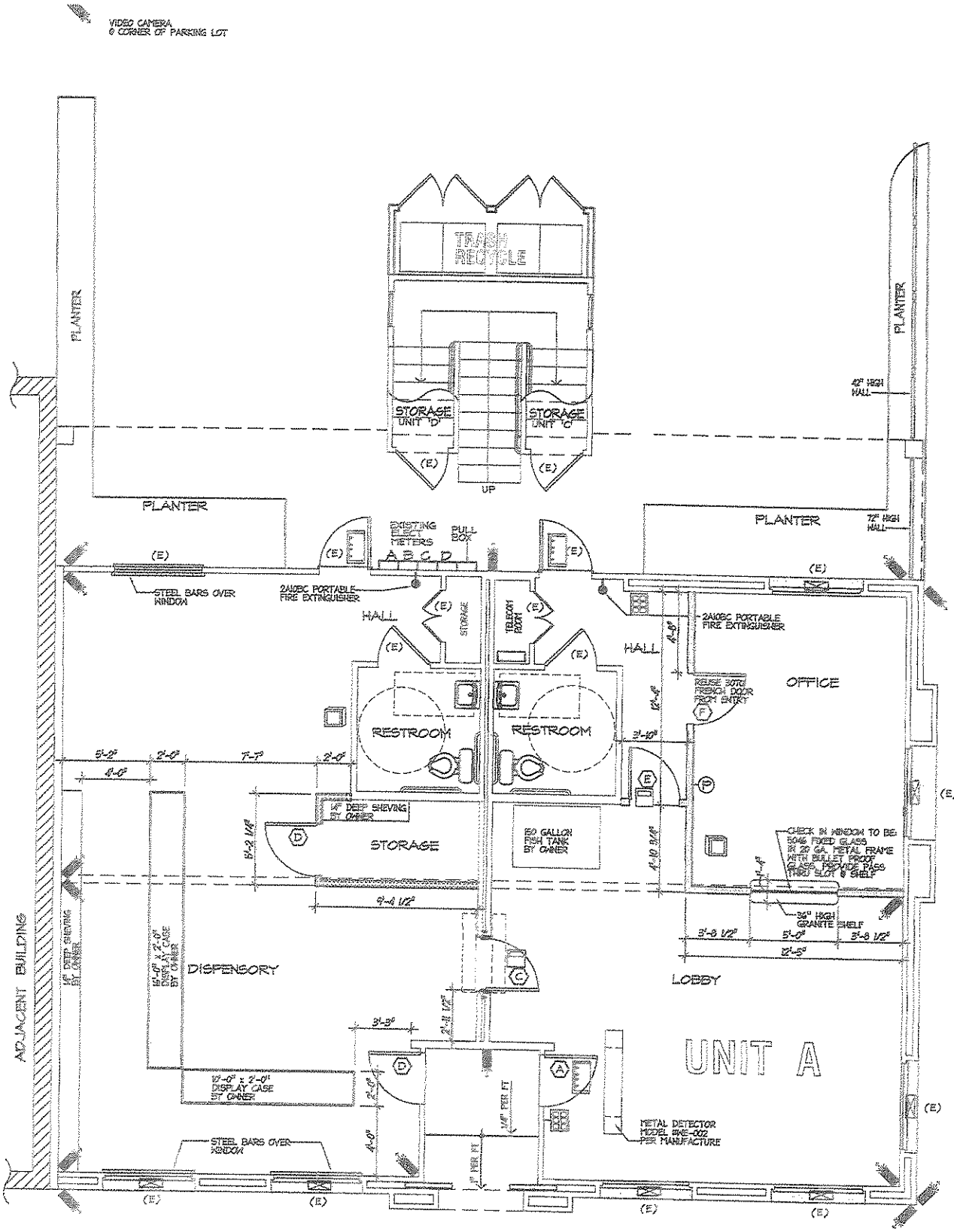

Medical Cannabis Dispensaries
Allowed Location
Downtown
May 9, 2008
Legend
Existing - Legal
State St Prohibition
Schools (05-08)
Parks
500 feet from Parks
Dispensaries Allowed
N
W
E
S

EXHIBIT C
ASOC, INC. Visitor Screening Process Flow Chart





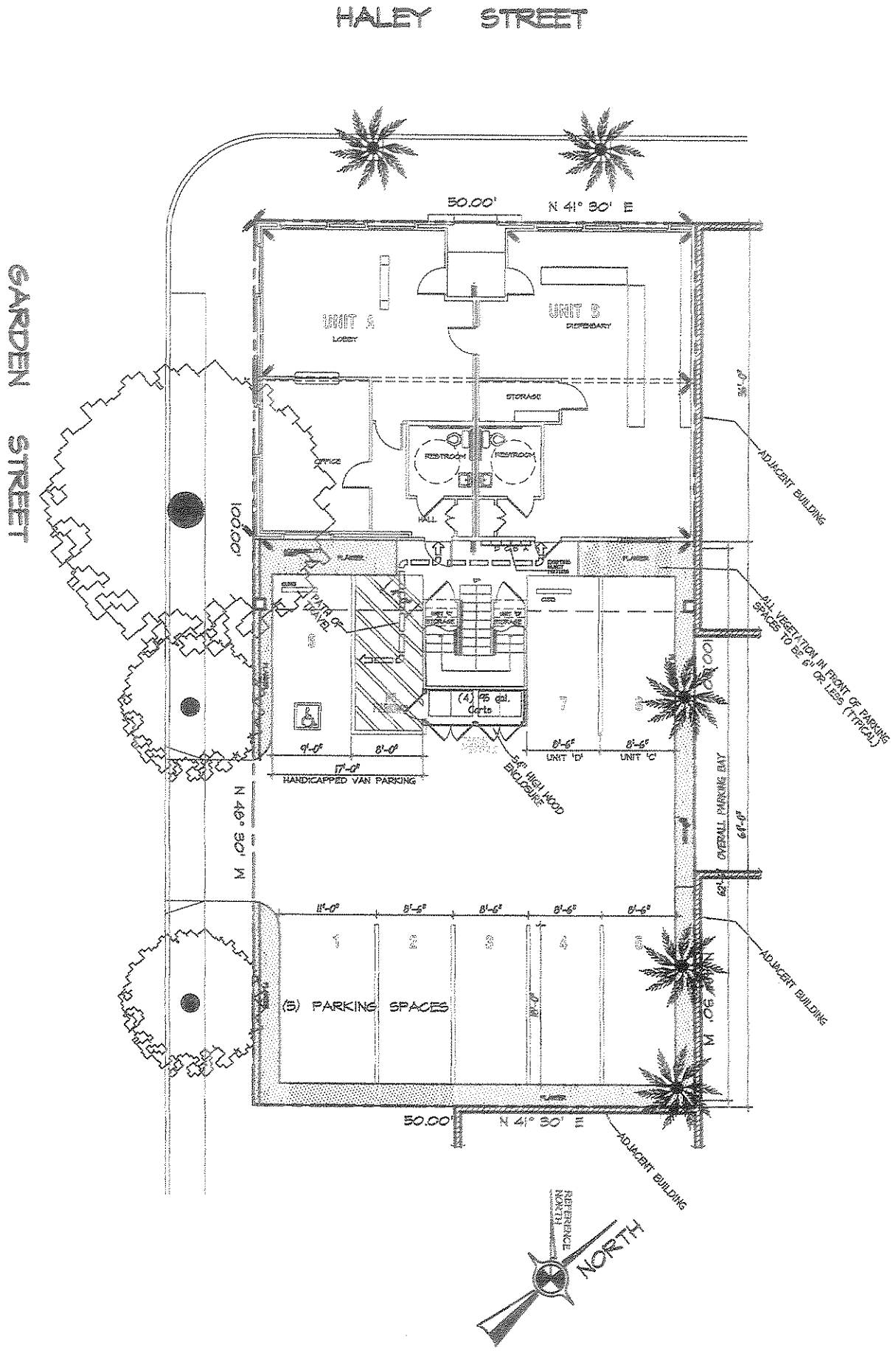
PROPOSED FIRST FLOOR PLAN

UNIT 'A'
1746 GROSS
1572 NET

1/4" = 1'-0"

INDICATES EXISTING 2x4 WALL
INDICATES NEW 2x4 WALL W/ 1/8" THICK EXPANDED DIAMOND PLATE (ENTIRE WALL FLOOR TO CEILING)
INDICATES NEW 2x4 WALL
(E) INDICATES EXISTING
(N) INDICATES NEW

NORTH
REFERENCE NORTH


HALEY STREET
GARDEN STREET
50.00'
N 41° 30' E
UNIT A
LOBBY
UNIT B
DISPENSARY
STORAGE
OFFICE
RESTROOM
RESTROOM
HALL
100.00'
PATH OF TRAVEL
(4) 95 gal. Carts
9'-0"
8'-0"
17'-0"
HANDICAPPED VAN PARKING
8'-6"
UNIT 'D'
8'-6"
UNIT 'C'
54" HIGH WOOD ENCLOSURE
ADJACENT BUILDING
ALL VEGETATION IN FRONT OF PARKING SPACES TO BE 6" OR LESS (TYPICAL)
OVERALL PARKING BAY
64'-0"
N 48° 30' W
11'-0"
8'-6"
8'-6"
8'-6"
8'-6"
(5) PARKING SPACES
ADJACENT BUILDING
50.00'
N 41° 30' E
ADJACENT BUILDING
REFERENCE NORTH
NORTH

BEST MANAGEMENT PRACTICES FOR CONSTRUCTION ACTIVITIES

THE FOLLOWING ITEMS WILL BE OBSERVED AS PART OF THIS PROJECT

EXCESS SEDIMENTS AND OTHER POLLUTANTS MUST BE RETAINED ON SITE AND MAY NOT BE TRANSPORTED FROM THE SITE VIA SHEET FLOW, SWALES, AREA DRAINS, NATURAL DRAINAGE COURSES OR WINDS.

STOCKPILES OF EARTH AND OTHER CONSTRUCTION RELATED MATERIALS MUST BE PROTECTED FROM BEING TRANSPORTED FROM THE SITE BY THE FORCES OF WIND OR WATER.

FUELS, OILS, SOLVENTS AND OTHER TOXIC MATERIALS MUST BE STORED IN ACCORDANCE WITH THEIR LISTING AND ARE NOT TO CONTAMINATE THE SOIL AND SURFACE WATERS. ALL APPROVED STORAGE CONTAINERS ARE TO BE PROTECTED FROM THE WEATHER. SPILLS MAY NOT BE WASHED INTO THE DRAINAGE SYSTEM.

EXCESS OR WASTE CONCRETE MAY NOT BE WASHED INTO THE PUBLIC WAY OR ANY OTHER DRAINAGE SYSTEM. PROVISIONS MUST BE MADE TO RETAIN CONCRETE WASTES ON SITE UNTIL THEY CAN BE DISPOSED OF AS A SOLID WASTE.

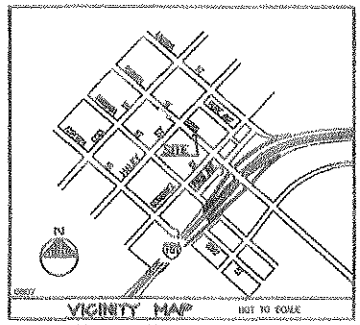
TRASH AND CONSTRUCTION RELATED SOLID WASTES MUST BE DEPOSITED INTO A COVERED DUMPSTER TO PREVENT CONTAMINATION OF RAINWATER AND DISPERSAL BY WIND.

SEDIMENTS AND OTHER MATERIAL MAY NOT BE TRACKED FROM THE SITE BY VEHICLE TRAFFIC. THE CONSTRUCTION ENTRANCE ROADWAYS MUST BE STABILIZED SO AS TO MINIMIZE SEDIMENTS FROM BEING DEPOSITED INTO THE PUBLIC WAY. ACCIDENTAL DEPOSITIONS MUST BE SWEPT UP IMMEDIATELY AND MAY NOT BE WASHED DOWN BY RAIN OR OTHER MEANS.

ANY SLOPES INTO DISTURBED SOILS OR DENUDED OR VEGETATION MUST BE STABILIZED SO AS TO PREVENT EROSION BY WIND AND WATER.

PROPOSED BUILDING JUSTIFICATION FOR 302 EAST HALEY STREET (COMMERCIAL)

JOB LOCATION	302 E. HALEY STREET SANTA BARBARA, CA 93101												
APN	031-231-001												
LOT SIZE	6,000 SQ.FT. (0.13 ACRES)												
ZONE	C-M												
GENERAL PLAN	COMMERCIAL												
TYPE OF CONSTRUCTION	V A												
OCCUPANCY TYPE	B												
BUILDING HEIGHT	23'-3" FEET												
LOT SLOPE	2%												
		FIRST FLOOR SQ. FT.	SECOND FLOOR SQ. FT.			UNIVERSAL WATER CLOSETS	LAVATORIES	SHOWERS	URINALS	DRINKING FOUNTAINS	SERVICE SINKS	PARKING SPACES	PARKING SPACES REQUIRED
	UNIT 302-A	2805	780			2		1	1	0	4	2	3
	FIRST FLOOR OF 2-STORY BLDG												
	UNIT 302-B	2805	807			2		1	1	0	3	2	3
	FIRST FLOOR OF 2-STORY BLDG												
	2-STORY BLDG	-	-			-		-	-	-	-	-	-
	FIRST FLOOR OF 2-STORY BLDG												
	TOTAL 302 A & B	1761	1587			4		2	2	0	7	4	6



VICINITY MAP NOT TO SCALE

GOVERNING AGENCY
CITY OF SANTA BARBARA

TENANT
ALOHA SPIRIT ORGANIC CONSUMABLES
302 EAST HALEY STREET
SANTA BARBARA, CA. 93101
1-805-962-1216

BUILDING JUSTIFICATION

LOT COVERAGE:	6000 SQ. FT.		100%
BUILDING	1600	SQ. FT.	26.67%
ATTACH TRASH ENCLOSURE	170.31	SQ. FT.	2.84%
PARKING LOT	2484.45	SQ. FT.	41.41%
LANDSCAPE/WALKWAY	1745.24	SQ. FT.	29.08%
INDICATES OPEN SPACE	1745.24	SQ. FT.	29.08%

GRADING: CUT- 0 CU. YARDS
FILL- 0 CU. YARDS

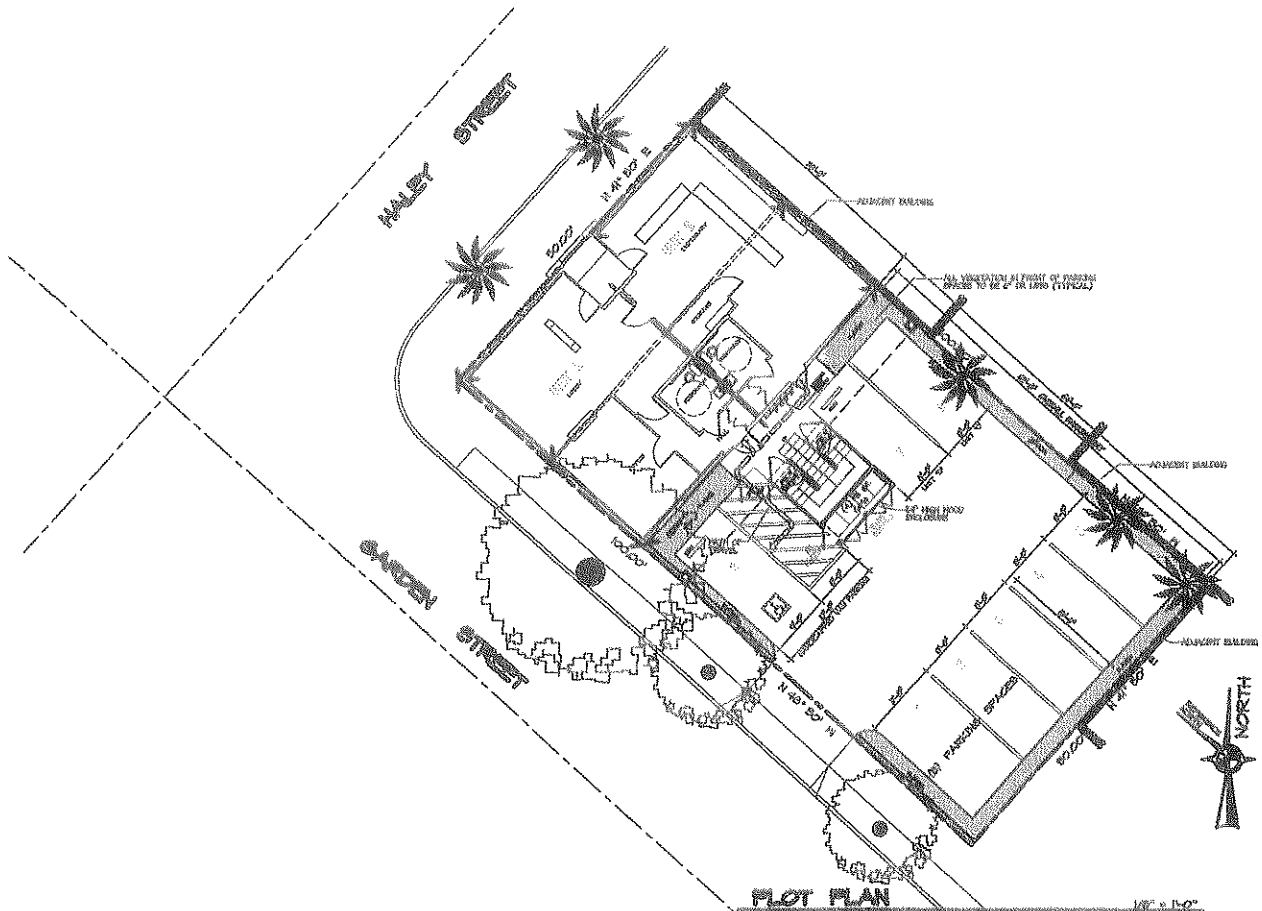
APN 031-231-001

OCCUPANCY

COMMERCIAL
UNIT 'A' 850 / 100 = 8.50 OCCUPANTS
UNIT 'B' 850 / 100 = 8.50 OCCUPANTS
TOTAL 17 OCCUPANTS

RESTROOM
UNIT 'A' 850 / 200 = 4.4 OCCUPANTS
UNIT 'B' 850 / 200 = 4.4 OCCUPANTS

PARKING
COMMERCIAL
UNIT 'A' & 'B' 1587 / 250 = 6.34 SPACES



PLOT PLAN 1/8" = 1'-0"

SEWER BACKWATER VALVE MAYBE REQUIRED
FINAL DETERMINATION TO BE DETERMINED
BY THE FIELD INSPECTOR

the fine line
DESIGN & PLANNING SERVICES
PO BOX 2205, SANTA BARBARA, CA 93120
PHONE (805) 962-1216

TENANT IMPROVEMENT FOR:
ALOHA SPIRIT ORGANIC CONSUMABLES
302 EAST HALEY STREET
SANTA BARBARA, CALIFORNIA 93101

SITE PLAN

P

0020

Aloha Spirit

Membership Rules

To be a patient or primary caregiver associated with Aloha Spirit you are required to agree and comply with the following Membership Rules. Any violation of these rules will subject you to immediate expulsion from membership.

1. Medical Marijuana is dispensed at Aloha Spirit to patients and primary caregivers only, as per California Health and Safety Code section 11362.5, et seq.
2. No medication obtained from Aloha Spirit may be transferred, gifted, disseminated, or otherwise transmitted to anyone other than the patient or primary caregiver. Medication is for personal consumption by patients only.
3. One visit per patient or primary caregiver per day.
4. Do not open medication until you are in a safe location and at least 1000 feet form this dispensary.
5. California law requires all patients to carry their doctor's recommendation on their person when traveling from location to location with medication.
6. We reserve the right to refuse service to anyone, for any reason.
7. No cell phone use when in the dispensary area. All cell phones must be put away and out of sight.
8. No smoking of any kind is permitted in this facility or within twenty-five (25) feet from any entrance or exit.
9. No consumption of any medication, in any form, is permitted at or within 1000 feet of this dispensary.
10. If any patient or primary caregiver violates any of these rules, they are subject to immediate expulsion from the dispensary and all privileges shall be revoked.

Patient/Member Signature: _____ Date: _____

Confidential Patient and Primary CareGiver Registration Form

The information on this form is confidential and will never be provided to any other person, agency, or organization.

--- Please print clearly to avoid errors ---

☐ I am a patient ☐ I am a Primary Caregiver for a Patient : _____

☐ I am designating a Primary Caregiver as per California Health and Safety Code § 11362.5.

Please, you must complete the Primary Caregiver designation form. Your Primary Caregiver should keep a copy of the designation form and your letter of recommendation as proof of his or her status as a Primary Caregiver.

Name _____
first *last*

☐ Please DO NOT send me mail

Address _____

City _____ State _____ Zip _____

CA DL or ID #: _____ Expiration Date: _____

Date of birth _____ Tel. Number ( ) _____ *(for administrative use only)*

For Staff Use Only:

Medical cannabis recommendation issued by:

Physician _____ **Exp. Date** ____ / ____ / ____

Ph. Number ( ) _____ Physician's License _____

State/County Medical Cannabis ID card number _____

How did you hear about us? _____

I have read and understand the Aloha Spirit guidelines.
I declare under the Penalty of Perjury under the laws of the State of California
1) The information I provide to Aloha Sprit is true and correct and
2) I am not obtaining membership for fraudulent purposes.
I authorize my recommending physician to verify his or her recommendation or approval for the use of medical cannabis(marijuana).

X_____ _____
Member's Signature Date

For Staff Use Only:

Membership Verified by: _____ Date of Verification: ____ / ____ / ____

Aloha Spirit

Membership Agreement

Please read the following statements and initial that you have read each. Sign the bottom of this form confirming that you read each of the statements, understand them, and agree to them.

1. I declare that I am a qualified patient under CA H&S Code §§11362.5, 11362.7, et seq., and my doctor has recommended and approved my use of medical marijuana. As per CA H&S Code §11362.51, I am legally able to use, possess, and cultivate cannabis for medical purposes. I understand that I am allowed to do so through safe and affordable access such as the type provided by Aloha Spirit. I, therefore, designate Aloha Spirit as my care provider for this purpose. In doing so, I agree to sign and follow all Aloha Spirit rules and regulations regarding their services.

   Patient/Member Initials: _____

2. I further authorize Aloha Spirit to create and/or assign agency rights in its own name for the purpose of growing medication and/or obtaining edible forms of medication for my benefit.

   Patient/Member Initials: _____

3. I agree to pay reasonable compensation for all Aloha Spirit member services.

   Patient/Member Initials: _____

4. I hereby declare, under penalty of perjury, under the laws of the State of California that a medical doctor recommended or approved my use of medical marijuana. I have been diagnosed for a serious illness for which medical marijuana provides relief.

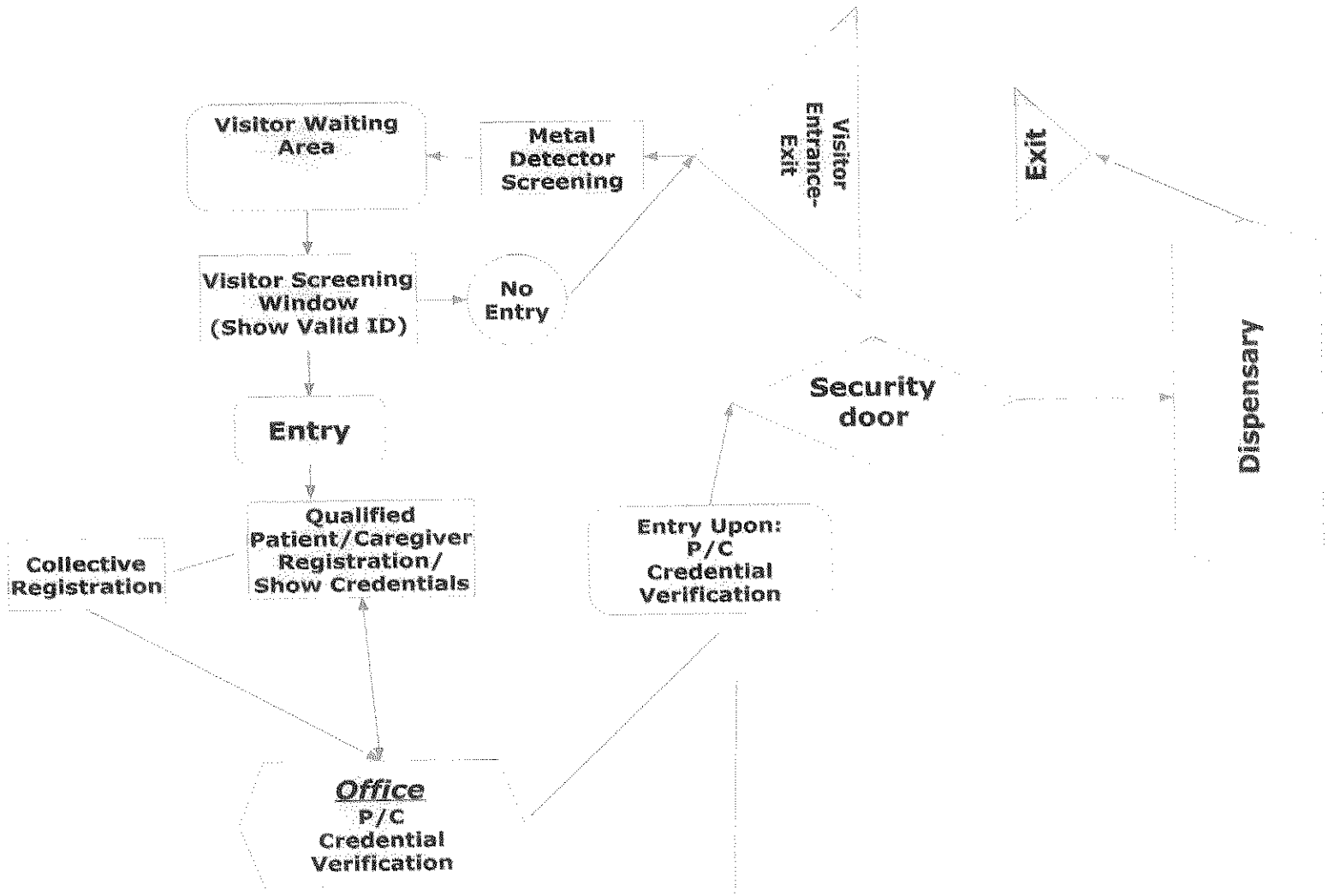
   Patient/Member Initials: _____

5. I verify that I am a California resident and my personal medical marijuana will not be taken out of the State of California. I further verify and agree that my medical marijuana shall not be shared, sold, bartered, traded, or exchanged. It is for my sole use and as recommended by my doctor.

   Patient/Member Initials: _____

Patient/Member Signature: _____

EXHIBIT G
ASOC, INC. Patient/Caregiver Flow Chart



HEALTH AND SAFETY CODE
SECTION 11362.5-9

11362.5. (a) This section shall be known and may be cited as the Compassionate Use Act of 1996.

(b) (1) The people of the State of California hereby find and declare that the purposes of the Compassionate Use Act of 1996 are as follows:

(A) To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief.

(B) To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.

(C) To encourage the federal and state governments to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana.

(2) Nothing in this section shall be construed to supersede legislation prohibiting persons from engaging in conduct that endangers others, nor to condone the diversion of marijuana for nonmedical purposes.

(c) Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.

(d) Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.

(e) For the purposes of this section, "primary caregiver" means the individual designated by the person exempted under this section who has consistently assumed responsibility for the housing, health, or safety of that person.

11362.9. (a) (1) It is the intent of the Legislature that the state commission objective scientific research by the premier research institute of the world, the University of California, regarding the efficacy and safety of administering marijuana as part of medical treatment. If the Regents of the University of California, by appropriate resolution, accept this responsibility, the University of California shall create a program, to be known as the California Marijuana Research Program.

(2) The program shall develop and conduct studies intended to ascertain the general medical safety and efficacy of marijuana and, if found valuable, shall develop medical guidelines for the

appropriate administration and use of marijuana.

(b) The program may immediately solicit proposals for research projects to be included in the marijuana studies. Program requirements to be used when evaluating responses to its solicitation for proposals, shall include, but not be limited to, all of the following:

(1) Proposals shall demonstrate the use of key personnel, including clinicians or scientists and support personnel, who are prepared to develop a program of research regarding marijuana's general medical efficacy and safety.

(2) Proposals shall contain procedures for outreach to patients with various medical conditions who may be suitable participants in research on marijuana.

(3) Proposals shall contain provisions for a patient registry.

(4) Proposals shall contain provisions for an information system that is designed to record information about possible study participants, investigators, and clinicians, and deposit and analyze data that accrues as part of clinical trials.

(5) Proposals shall contain protocols suitable for research on marijuana, addressing patients diagnosed with the acquired immunodeficiency syndrome (AIDS) or the human immunodeficiency virus (HIV), cancer, glaucoma, or seizures or muscle spasms associated with a chronic, debilitating condition. The proposal may also include research on other serious illnesses, provided that resources are available and medical information justifies the research.

(6) Proposals shall demonstrate the use of a specimen laboratory capable of housing plasma, urine, and other specimens necessary to study the concentration of cannabinoids in various tissues, as well as housing specimens for studies of toxic effects of marijuana.

(7) Proposals shall demonstrate the use of a laboratory capable of analyzing marijuana, provided to the program under this section, for purity and cannabinoid content and the capacity to detect contaminants.

(c) In order to ensure objectivity in evaluating proposals, the program shall use a peer review process that is modeled on the process used by the National Institutes of Health, and that guards against funding research that is biased in favor of or against particular outcomes. Peer reviewers shall be selected for their expertise in the scientific substance and methods of the proposed research, and their lack of bias or conflict of interest regarding the applicants or the topic of an approach taken in the proposed research. Peer reviewers shall judge research proposals on several criteria, foremost among which shall be both of the following:

(1) The scientific merit of the research plan, including whether the research design and experimental procedures are potentially biased for or against a particular outcome.

(2) Researchers' expertise in the scientific substance and methods of the proposed research, and their lack of bias or conflict of interest regarding the topic of, and the approach taken in, the proposed research.

(d) If the program is administered by the Regents of the University of California, any grant research proposals approved by the program shall also require review and approval by the research advisory panel.

(e) It is the intent of the Legislature that the program be established as follows:

(1) The program shall be located at one or more University of

California campuses that have a core of faculty experienced in organizing multidisciplinary scientific endeavors and, in particular, strong experience in clinical trials involving psychopharmacologic agents. The campuses at which research under the auspices of the program is to take place shall accommodate the administrative offices, including the director of the program, as well as a data management unit, and facilities for storage of specimens.

(2) When awarding grants under this section, the program shall utilize principles and parameters of the other well-tested statewide research programs administered by the University of California, modeled after programs administered by the National Institutes of Health, including peer review evaluation of the scientific merit of applications.

(3) The scientific and clinical operations of the program shall occur, partly at University of California campuses, and partly at other postsecondary institutions, that have clinicians or scientists with expertise to conduct the required studies. Criteria for selection of research locations shall include the elements listed in subdivision (b) and, additionally, shall give particular weight to the organizational plan, leadership qualities of the program director, and plans to involve investigators and patient populations from multiple sites.

(4) The funds received by the program shall be allocated to various research studies in accordance with a scientific plan developed by the Scientific Advisory Council. As the first wave of studies is completed, it is anticipated that the program will receive requests for funding of additional studies. These requests shall be reviewed by the Scientific Advisory Council.

(5) The size, scope, and number of studies funded shall be commensurate with the amount of appropriated and available program funding.

(f) All personnel involved in implementing approved proposals shall be authorized as required by Section 11604.

(g) Studies conducted pursuant to this section shall include the greatest amount of new scientific research possible on the medical uses of, and medical hazards associated with, marijuana. The program shall consult with the Research Advisory Panel analogous agencies in other states, and appropriate federal agencies in an attempt to avoid duplicative research and the wasting of research dollars.

(h) The program shall make every effort to recruit qualified patients and qualified physicians from throughout the state.

(i) The marijuana studies shall employ state-of-the-art research methodologies.

(j) The program shall ensure that all marijuana used in the studies is of the appropriate medical quality and shall be obtained from the National Institute on Drug Abuse or any other federal agency designated to supply marijuana for authorized research. If these federal agencies fail to provide a supply of adequate quality and quantity within six months of the effective date of this section, the Attorney General shall provide an adequate supply pursuant to Section 11478.

(k) The program may review, approve, or incorporate studies and research by independent groups presenting scientifically valid protocols for medical research, regardless of whether the areas of study are being researched by the committee.

(l) (1) To enhance understanding of the efficacy and adverse effects of marijuana as a pharmacological agent, the program shall

conduct focused controlled clinical trials on the usefulness of marijuana in patients diagnosed with AIDS or HIV, cancer, glaucoma, or seizures or muscle spasms associated with a chronic, debilitating condition. The program may add research on other serious illnesses, provided that resources are available and medical information justifies the research. The studies shall focus on comparisons of both the efficacy and safety of methods of administering the drug to patients, including inhalational, tinctural, and oral, evaluate possible uses of marijuana as a primary or adjunctive treatment, and develop further information on optimal dosage, timing, mode of administration, and variations in the effects of different cannabinoids and varieties of marijuana.

(2) The program shall examine the safety of marijuana in patients with various medical disorders, including marijuana's interaction with other drugs, relative safety of inhalation versus oral forms, and the effects on mental function in medically ill persons.

(3) The program shall be limited to providing for objective scientific research to ascertain the efficacy and safety of marijuana as part of medical treatment, and should not be construed as encouraging or sanctioning the social or recreational use of marijuana.

(m) (1) Subject to paragraph (2), the program shall, prior to any approving proposals, seek to obtain research protocol guidelines from the National Institutes of Health and shall, if the National Institutes of Health issues research protocol guidelines, comply with those guidelines.

(2) If, after a reasonable period of time of not less than six months and not more than a year has elapsed from the date the program seeks to obtain guidelines pursuant to paragraph (1), no guidelines have been approved, the program may proceed using the research protocol guidelines it develops.

(n) In order to maximize the scope and size of the marijuana studies, the program may do any of the following:

(1) Solicit, apply for, and accept funds from foundations, private individuals, and all other funding sources that can be used to expand the scope or timeframe of the marijuana studies that are authorized under this section. The program shall not expend more than 5 percent of its General Fund allocation in efforts to obtain money from outside sources.

(2) Include within the scope of the marijuana studies other marijuana research projects that are independently funded and that meet the requirements set forth in subdivisions (a) to (c), inclusive. In no case shall the program accept any funds that are offered with any conditions other than that the funds be used to study the efficacy and safety of marijuana as part of medical treatment. Any donor shall be advised that funds given for purposes of this section will be used to study both the possible benefits and detriments of marijuana and that he or she will have no control over the use of these funds.

(o) (1) Within six months of the effective date of this section, the program shall report to the Legislature, the Governor, and the Attorney General on the progress of the marijuana studies.

(2) Thereafter, the program shall issue a report to the Legislature every six months detailing the progress of the studies. The interim reports required under this paragraph shall include, but not be limited to, data on all of the following:

(A) The names and number of diseases or conditions under study.

(B) The number of patients enrolled in each study by disease.

(C) Any scientifically valid preliminary findings.

(p) If the Regents of the University of California implement this section, the President of the University of California shall appoint a multidisciplinary Scientific Advisory Council, not to exceed 15 members, to provide policy guidance in the creation and implementation of the program. Members shall be chosen on the basis of scientific expertise. Members of the council shall serve on a voluntary basis, with reimbursement for expenses incurred in the course of their participation. The members shall be reimbursed for travel and other necessary expenses incurred in their performance of the duties of the council.

(q) No more than 10 percent of the total funds appropriated may be used for all aspects of the administration of this section.

(r) This section shall be implemented only to the extent that funding for its purposes is appropriated by the Legislature in the annual Budget Act.

Source:

http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=11001-12000&file=11357-11362.9

Aloha Spirit Organic Consumables, Inc. "A Collective"

Operations Plan

1. INTRODUCTION

The patient majority, who are landless, low income, lacking in access to medicine, depend on banding together in First Amendment protected membership associations, sharing resources in the spirit of non-competition, based on the integral needs of the whole rather than the profits of a few. Working together collectively and cooperatively is the way to "do it right".

When Senate Bill 420 became statutory law (11362.775), it adopted a purpose: "to enhance access for patients and caregivers to medical marijuana through collective cooperative cultivation projects", which represented "a dramatic change in the law", in the words of the Urziceanu 3rd District Appeals Court, as they explained how legal protections in SB420 go beyond those in Prop 215, which is primarily a treatise on patients' rights to obtain, use, possess, cultivate and transport marijuana for medical purposes. It makes no mention of collectives or cooperatives.

The Appeals Court unanimously ruled that "collective cooperative cultivation projects" gain additional legal protections to "sell" and "distribute" cannabis for medical purposes, if they are organized not for profit but rather for collective cooperative good in compliance with H&S11362.775. Financial transactions can occur through a reasonable salary, payment for labor and "providing" of medicine and compensation for expenses.

Increasingly, as guidelines become clear, there is a growing patient preference for legality within collectives and cooperatives, seeking safety, transparency, and accountability within closed-circuit membership associations, not restricted to a single county or a certain number of patients, as defined in the 2008 AG Guidelines.

2. MANAGEMENT OVERVIEW

The founders of ASOC Inc. both have extensive experienced in running a medical marijuana (cannabis) collectives, having established and operated five successful collectives in Southern California for the past four years. They are dedicated to establishing a Santa Barbara collective that meets the highest of both legal and community standards.

ASOC Inc. Collective Founder: Timothy Cooney

My name is Tim Cooney, I was born in San Francisco, Ca. on Feburary 18th, 1972. My parents moved to Santa Barbara when I was 4 years old. Both of my parents are from Santa Barbara, both graduating from Bishop Diego High School. My dad worked at Saint Vincent's school, a private school that aided severely handicapped children. He was also helped start the "Hinchee Foundation", which took in and cared for physically and developmentally handicapped adults. My mom has worked for the Santa Barbara Cancer Foundation at Cottage Hospital for 30+ years.

I grew up attending San Roque elementary school, and spent most of my spare time at the Goleta Boy's Club participating in a variety of sports. I attended high school at San Marcos High School and graduated in 1990. I graduated with over a 3.0 GPA, was a member of the varsity soccer team, varsity golf team, and was Associated Student Body Treasurer. My senior year I was named Channel League MVP, and All CIF first team in soccer. I was recruited to many of the top schools in the country including USD, UCLA, UCSB, and Cal Poly SLO to name a few.

I chose to attend UCSB in the fall of 1990. I played varsity soccer for the Gauchos from 1990-1994, and majored in pre-law, law and society. During college I lived in Isla Vista for my first two years, and then moved to downtown Santa Barbara. I worked at the Harbor Restaurant as a bartender for my last two years at UCSB.

I continued to work at The Harbor Restaurant after UCSB. I eventually took the job of Beverage director for The Harbor Restaurant in 1998. I managed both the bars at The Harbor and Longboards Grill, as well as the El Paseo, Scotch & Sirloin in Ventura, and the Tee-off. I eventually became the GM of Longboards grill, and The El Paseo Restaurant, before opening my own nightclub, Cooney's in October of 2005. I sold my shares of Cooney's in 2007 to one of my business partners, to get away from the late night hours, as I had just had my first child.

I got married to Linsay Harris in the summer of 2005. Lindsay was also born and raised in Santa Barbara and attended Santa Barbara High School. Later that year we had our first child, a little girl named Kaylin. A year and a half later we had a second child, another girl named Rosie. We live on Santa Barbara's Westside off of Mission St.. I am currently working as the Beverage Director of Holdren's Steak and Seafood. We just opened two new restaurants in Goleta in the Cost Co. center, one Holdren's and the other Pastavino, an Italian style family restaurant. My wife is a partner in a mobile dog grooming business.

Both my wife and I enjoy living in Santa Barbara and look forward to raising our kids in the same community that we grew up in. Santa Barbara is a very special place to both of us, as we both have many family and friends that live in town. We feel very lucky to be a part of this community and look forward to it for many years to come.

3. DISPENSARY PROFILE

The ASOC, Inc. Dispensary will be located on the corner of Garden and Haley Streets, and the entrance will face Haley Street. The address of the proposed dispensary is 302 E. Haley Street, Santa Barbara, CA 93101. The dispensary building will provide eight (8) parking spaces, including one handicapped parking space. The parking lot is accessed from Garden Street. The building is a mixed-use two-story structure, allowing for a total of two businesses, one upstairs and one down.

The building next door to the proposed dispensary, as you face the building, houses Angelica's Hair Salon on the left, and faces Haley Street. This building also has a residence upstairs, occupied by the owner of the salon. Facing west, and across the street from the proposed dispensary building, stands a funeral home establishment, located on the corner of Haley and Garden Streets. Across the street (north of) the funeral home business is an empty lot. Opposite the proposed dispensary building (also located on Haley Street) is a pet hospital (C.A.R.E.). The dispensary is housed in a two-story building that is in the final stages of being remodeled. The dispensary will occupy the ground floor of the building.

The proposed dispensary will have one front entrance and one rear entrance. The front entrance will be accessed via Haley Street. The rear entrance/exit will be accessed from Haley Street (i.e. the parking area). Patients and Caregivers will be permitted to access the dispensary via the front entrance/exit only. Security cameras will be strategically placed to provide dispensary staff complete views of both the front and back entrances/exits on the dispensary monitors.

The proposed dispensary is located just four (4) blocks from the Santa Barbara Police Department. The surrounding neighborhood is mixed, containing some homes, but primarily businesses, including restaurants, and clothing and building material stores, among other businesses. The proposed dispensary is intended to be an asset to the community, to act as a good neighbor, and to maintain a clean, attractive appearance of the dispensary building, as it conducts business in the neighborhood. Additionally, the ASOC dispensary staff will be trained and instructed maintain high standards inside and outside the dispensary with regards to both appearance and clientele--litter, debris, graffiti, loitering, loud music, or anything that could be construed as offensive or disruptive to the neighborhood will be strictly prohibited by the dispensary management in its mission to develop and maintain a positive relationship within the neighboring community.

4. DISPENSARY, PATIENT, AND COMMUNITY SERVICES

ASOC, Inc. plans to:

1) Provide the highest quality medical marijuana (cannabis) at no or low cost for eligible patients.

2) Provide medical marijuana in various forms that best suit the needs of their patients, e.g. a form which can be either smoked or consumed in cookies, cakes, brownies, muffins, candy, beverages, etc. serving the specific medical needs of the patients of the dispensary.

3) Provide a safe, friendly, clean, and lawful environment in which to dispense medical marijuana.

4) Maintain a positive profile in the neighboring community by acting as a neighborhood watch, as both a good neighbor, and by actively discouraging criminal elements in the neighborhood, along with maintaining a clean and attractive building site, and by keeping the surrounding area liter, debris, and graffiti free.

5) Facilitate, by way of the Collective's community liaison Tim Cooney, the procurement and delivery of medical marijuana to those who in need of medical marijuana outside the boundaries of the collective, such to those confined to local hospitals or hospices as a direct community service. Mr. Cooney is in the process of developing a proposal for a program that will provide free medical marijuana (in a consumable form) to patients at Cottage Hospital having a doctor's recommendation and who are unable to obtain the medical marijuana themselves, on a weekly basis, pending the hospitals approval. He is currently in contact with a representative from Cottage Hospital regarding this proposal.

An example of how a medical marijuana dispensary collective can be an excellent community benefit is described in the following excerpt from the book, Dying To Get High by Wendy Chapkis & Richard J. Webb:

> But for many members, marijuana becomes only one of a number of threads trying them to the organization. "Joe," a forty-year-old with a severe seizure disorder, explains:
>
> The medicine is actually turning into a secondary or tertiary part of what WAMM [Wo/Men's Alliance for Medical Marijuana] is all about for me now. It's more about the group itself, the fellowship that goes on, the ways we help each other. Actually that's the biggest thing I want to rave about: that de-isolation takes place. Isolation that accompanies illness gets to everybody eventually. Suddenly you are removed from any kind of social matrix, like being in school or at work so you don't have the day-to-day contacts with people that make all the difference in your life. WAMM takes you out of the isolation by putting you in contact with other people, like it or not. That's what I really like about the requirement that you come every week to get what you need. You have to be there. That's the only rule actually and that's what makes it work. People get there whether they'd rather stay home and then start finding things in themselves that relate to other people. It's a way for patients to get a hold of their own lives and feel whole, feel human.
>
> One of the most distinctive features of belonging to the WAMM community is, in the words of one participant, the possibility of "dying in the embrace of friends." Because the majority of members are living with life-threatening illness, death is a close companion. For the most active members, this is both the source of great social cohesion and, simultaneously, an almost unbearably painful aspect of collective life. ...For many members, participation in the organization serves as both an extended family and as a kind of long-term care policy, promising support and assistance as their health declines.

Source: Page 84, Dying to Get High by Wendy Chapkis, Richard J. Webb; New York University Press, New York, 2008

5. DAY TO DAY OPERATIONS PLAN

Daily Operational Overview

Opening Procedures

- ☐ Walk premises; clear trash/debris; remove graffiti
- ☐ Disarm alarm system
- ☐ Review security systems status and surveillance alerts
- ☐ Permit additional staff member entry
- ☐ Inventory/Re-stock dispensary storage from secure storage
- ☐ Prepare the day's menu
- ☐ Clean and/or tidy reception area, dispensary, and administration office
- ☐ Check outstanding patient/caregiver and or physician verifications

During Business hours

- ☐ Review ASOC, Inc. policies and procedures
- ☐ Screen and register all visitors
- ☐ Review doctor recommendation and/or verify & secure patient/member records
- ☐ Review with visitor the Terms of Agreement for Dispensary Services;
- ☐ Allow the Patient/ Caregiver to select the cannabis of his/her choice from the menu
- ☐ Dispense the appropriate amount of medical cannabis to the Patient or Caregiver
- ☐ Perform security duties
- ☐ Alert the dispensary director of any loitering, security, or safety issues
- ☐ Notify the dispensary director when dispensary supplies runs low

Closing Procedures

- ☐ Restrict visitor entry upon closing time
- ☐ Inventory and transfer cannabis from dispensary storage to secure storage;
- ☐ Lock secure storage for medical cannabis (including consumables)
- ☐ Secure daily receipts and daily records in the office safe
- ☐ Secure/backup-patient/member records on the office computer
- ☐ Clean and tidy reception area, dispensary area, and administration office
- ☐ Lock the office
- ☐ Walk premises, clear trash/debris and remove graffiti as needed
- ☐ Test/Arm all security systems settings;
- ☐ Lock building – security will escort staff to vehicle if necessary

6. DETAILED NARATIVE OF DAILY OPERATIONS

Hours of operation: 10 a.m. to 7 p.m.
Staff members arrive: 9 a.m. - one (1) hour prior to opening
Number staff members: 2 - 4 at any given time.

Staff members will monitor security cameras of all area premises, including both the interior and exterior of the dispensary building. When a visitor approaches the front door, the visitor must press a buzzer to announce his/her presence, and then wait to be "buzzed in" through first security door. Upon entering, the visitor will immediately walk through a free standing metal detector (only Collective Members with pacemakers will be exempt from going through the metal detector).

After walking through the metal detector, the visitor will enter into a secured lobby. In the secured lobby, the visitor will be instructed to provide a copy of their original physician's recommendation (with embossment) and a California State Identification Card to a staff member through an opening in the bulletproof safety window. The Staff member will give each prospective member detailed forms to fill out which will then be kept on file on site. The staff member will then telephone the doctor's office that issued the recommendation to verify the identity of the individual and confirm the authenticity of the recommendation.

If the Collective Member, for any reason does not fulfill the requirements of the state law, (e.g. has an expired recommendation, expired identification, etc.) they will be denied entry. Only verified and approved Collective Members will be granted access to the dispensary through a second security door. Once the Collective Member enters the dispensary they will be greeted by city approved staff member and only then will the member be asked to choose the strain of medical cannabis (or cannabis containing consumable) that best treats their symptom(s).

The medical cannabis will then be weighed out to the dosage requested by the Collective Member, not to exceed state law limits. The cannabis (or consumable) will then be labeled, packaged, and sealed for the Collective Member to take with them. The label will state the California Health and Safety Code 11362.5 as well as a description of the cannabis (or consumable). The Collective Member will next be issued a receipt, and finally the Collective Member will then exit through the security door and are free to leave the secured lobby at will.
At the end of the day dispensary staff members will complete an inventory and complete an accounting of the day's receipts. Staff members will then take all medication and monies and lock them in the safe in a secured room. All entrance points will be locked and two alarm systems will be tested and activated. Staff members will do a visual check to see that all video surveillance cameras are operating correctly. Staff members will make sure to that the dispensary and the outside areas are neat and clean before they leave the premises.

7. LEGISLATIVE/POLITICAL SUPPORT REGARDING THE LEGALIZATION OF MEDICAL MARIJUANA (CANNABIS)

LEGISLATION AND CURRENT POLITICAL SUPPORT

Proposition 215 was approved in 1996, making California the first state to legalize marijuana for medical use, called the Compassionate Use Act (CUA). Senate Bill 420, signed into law in 2004, grants implied legal protection to the state's medicinal marijuana dispensaries. According the California Medical Marijuana Program website, as of May 2009 over 30,000 identification cards had been issued in 48 of 58 counties.

In March 2008, the Santa Barbara City Council adopted Ordinance No. 5449 amending the municipal code by adding Chapter 28.80 establishing regulations and procedures for medical cannabis dispensaries in the city of Santa Barbara. The Council of the City of Santa Barbara adopted the ordinance based on the following findings and determinations:

A. The voters of the State of California approved Proposition 215 (codified as Health and Safety Code Section 11362.5 et seq.) entitled "The Compassionate Use Act of 1996" (Act).

B. The intent of Proposition 215 was to enable persons residing in the State of California who are in need of cannabis for medical purposes to be able to obtain and use it without fear of criminal prosecution under limited, specified circumstances.

C. The State enacted SB 420 in 2004, being Sections 11362.7 et seq., of the Health and Safety Code, being identified as the Medical cannabis Program (Program), to clarify the scope of the Compassionate Use Act of 1996 and to allow cities and other governing bodies to adopt and enforce rules and regulations consistent with the Program.

D. To protect the public health, safety, and welfare, it is the desire of the City Council to modify the City Code consistent with the Program, regarding the location and operation of medical cannabis dispensaries.

E. It is the City Council's intention that nothing in this chapter shall be construed to do any of the following: 1. to allow persons to engage in conduct that endangers others or causes a public nuisance; 2. to allow the use of cannabis for non-medical purposes; or 3. to allow any activity relating to the cultivation, distribution, or consumption of cannabis that is otherwise illegal and not permitted by state law.

Santa Barbara is now among many cities, counties, and states to recognize that Cannabinoid drugs have therapeutic value particularly for symptoms such as pain relief, control of nausea and vomiting, and appetite stimulation. As an example, cancer patients who have suffered a loss of appetite and or experience nausea because of chemo therapy, have found the use of medicinal marijuana to be a non-toxic and effective remedy for these very unpleasant and often debilitating side effects. Since 1996, twelve states have legalized medical marijuana use, including: AK, CA, CO, HI, ME, MT, NV, NM, OR, RI, VT, and WA

The following comment, posted on the website Stop the Drug War.Org, offers further support of medical marijuana (cannabis) as it quotes Judge Francis Young, a DEA administrative law judge:

> There is no doubt that marijuana is a safe and effective medicine. In 1988, after reviewing all evidence brought forth in a lawsuit against the government's prohibition of medical marijuana, the DEA's own administrative law judge (Judge Francis Young) wrote:
>
> "The evidence in this record clearly shows that marijuana has been accepted as capable of relieving the distress of great numbers of very ill people, and doing so with safety under medical supervision. It would be unreasonable, arbitrary and capricious for the Drug Enforcement Administration to continue to stand between those sufferers and the benefits of this substance in light of the evidence." Judge Francis Young of the Drug Enforcement Administration also said that "Marijuana, in its natural form, is one of the safest therapeutically active substances known. In strict medical terms, marijuana is safer than many foods we commonly consume."
>
> (Source: http://stopthedrugwar.org/chronicle/543/book_review_dying_to_get_high_chapkis_webb)

8. HISTORY OF CANNABIS

Marijuana (marihuana) *Cannabis sativa L.*, also known as Indian hemp, is a member of the Cannabaceae or hemp family, thought to have originated in the mountainous districts of India, north of the Himalayan mountains.

The herb was referred to as "hempe" in A.D. 1000 and listed in a dictionary under that English name. Supporters of the notorious Pancho Villa first used the name marijuana in 1895 in Sonora, Mexico. They called the mood-altering herb they smoked marijuana. The term hashish, is derived from the name for the Saracen soldiers, called *hashashins*, who ingested the highly potent cannabis resin before being sent out to assassinate enemies.
Two related species of cannabis are *C. ruderalis*, and *C. indica*, a variety known as Indian hemp. Indian hemp grows to a height of about 4 ft (1.2 m) and the seed coats have a marbled appearance.

The species *C. sativa L.* has many variations, depending on the soil, temperature, and light conditions, and the origin of the parent seed. These factors also affect the relative amounts of THC (tetra-hydrocannabinol) and cannabidiol, the chemicals present in varying amounts in cannabis that determine if the plant is primarily a fiber type or an intoxicant. Generally the species grown at higher elevations and in hotter climates exudes more of the resin and is more medicinally potent.

Marijuana is a somewhat weedy plant and may grow as high as 18 ft (5.4 m). The hairy leaves are arranged opposite one another on the erect and branching stem. Leaves are palmate and compound, deeply divided into five to seven narrow, toothed and pointed leaflets. Male and female flowers are small and greenish in color and grow on separate plants. Male flowers grow in the leaf axils in elongated clusters. The female flowers grow in spike-like clusters. The resinous blossoms have five sepals and five petals. The male and female blossoms can be distinguished at maturity. The male plant matures first, shedding its pollen and dying after flowering. Female plants die after dropping the mature seeds. Marijuana produces an abundance of quickly germinating seeds. This hardy annual is wind pollinated and has escaped from cultivation to grow wild along roadsides, trails, stream banks, and in wayside places throughout the world. The plant matures within three to five months after the seed has been sown.

Marijuana has been cultivated for thousands of years. Cannabis was first described for its therapeutic use in the first known Chinese pharmacopoeia, the *Pen Ts'ao*. (A pharmacopoeia is a book containing a list of medicinal drugs, and their descriptions of preparation and use.) Cannabis was called a "superior" herb by the Emperor Shen-Nung (2737-2697 B.C.), who is believed to have authored the work. Cannabis was recommended as a treatment for numerous common ailments. Around that same period in Egypt, cannabis was used as a treatment for sore eyes. The herb was used in India in cultural and religious ceremonies, and recorded in Sanskrit scriptural texts around 1,400 B.C. Cannabis was considered a holy herb and was characterized as the "soother of grief," "the sky flyer," and "the poor man's heaven." Centuries later, around 700 B.C., the Assyrian people used the herb they called *Qunnabu*, for incense. The ancient Greeks used cannabis as a remedy to treat inflammation, earache, and edema (swelling of a body part due to collection of fluids). Shortly after 500 B.C. the historian and geographer Herodotus recorded that the peoples known as Scythians used cannabis to produce fine linens. They called the herb *kannabis* and inhaled the "intoxicating vapor" that resulted when it was burned. By the year 100 B.C. the Chinese were using cannabis to make paper.

Cannabis use and cultivation migrated with the movement of various traders and travelers, and knowledge of the herb's value spread throughout the Middle East, Eastern Europe, and Africa. Around 100, Dioscorides, a surgeon in the Roman Legions under the Emperor Nero, named the herb *Cannabis sativa* and recorded numerous medicinal uses. In the second century, the Chinese physician Hoa-Tho, used cannabis in surgical procedures, relying on its analgesic properties. In ancient India, around 600, Sanskrit writers recorded a recipe for "pills of gaiety," a combination of hemp and sugar. By 1150, Moslems were using cannabis fiber in Europe's first paper production. This use of cannabis as a durable and renewable source of paper fiber continued for the next 750 years.

By the 1300s, government and religious authorities, concerned about the psychoactive effects on citizens consuming the herb, were placing harsh restrictions on its use. The Emir Soudon Sheikhouni of Joneima outlawed cannabis use among the poor. He destroyed the crops and ordered that offenders' teeth be pulled out. In 1484, Pope Innocent VIII outlawed the use of hashish, a concentrated form of cannabis. Cannabis cultivation continued, however, because of its economic value. A little more than a century later, the English Queen Elizabeth I issued a decree commanding that landowners holding sixty acres or more must grow hemp or pay a fine. Commerce in hemp, which was primarily valued for the strength

and versatility of its fibers, was profitable and thriving. Hemp ropes and sails were crossing the sea to North America with the explorers. By 1621, the British were growing cannabis in Virginia where cultivation of hemp was mandatory. In 1776, the Declaration of Independence was drafted on hemp paper. Both President George Washington and President Thomas Jefferson were advocates of hemp as a valuable cash crop. Jefferson urged farmers to grow the crop in lieu of tobacco. By the 1850s, hemp had become the third largest agricultural crop grown in North America. The U. S. Census of that year recorded 8,327 hemp plantations, each with 2,000 or more acres in cultivation. But the invention of the cotton gin was already bringing many changes, and cotton was becoming a prime and profitable textile fiber. More change came with the introduction of the sulfite and chlorine processes used to turn trees into paper. Restrictions on the personal use of cannabis as a mood-altering, psychoactive herb, were soon to come.

Unfortunately, a controversy and much misinformation persists around this relatively safe and non-toxic herb. The World Health Organization, in a 1998 study, stated that the risks from cannabis use were unlikely to seriously compare to the public health risks of the legal drugs, alcohol and tobacco. And despite thousands of years of human consumption, not one death has been directly attributed to cannabis use.

According to Lester Grinspoon, MD, and James B. Bakalar, JD, in a 1995 *Journal of the American Medical Association* article, "Marihuana is also far less addictive and far less subject to abuse than many drugs now used as muscle relaxants, hypnotics, and analgesics. The chief legitimate concern is the effect of smoking on the lungs. Cannabis smoke carries even more tars and other particulate matter than tobacco smoke. But the amount smoked is much less, especially in medical use, and once marihuana is an openly recognized medicine, solutions may be found."

9. MEDICAL USE & DISCUSSION OF MEDICAL MARIJUANA (CANNABIS)

The whole cannabis plant, including buds, leaves, seeds, and root, have all been utilized throughout the long history of this controversial herb. Despite persistent legal restrictions and severe criminal penalties for illicit use, marijuana continues to be widely used in the United States, and throughout the world, both for its mood-altering properties and its proven medicinal applications. The conflicting opinions on the safety and effectiveness of cannabis in a climate of prohibition make any discussion of its beneficial uses politically charged. Marijuana has analgesic, anti-emetic, anti-inflammatory, sedative, anti-convulsive, and laxative actions. Clinical studies have demonstrated its effectiveness in relieving nausea and vomiting following chemotherapy treatments for cancer. The herb has also been shown to reduce intra-ocular pressure in the eye by as much as 45%, a beneficial action in the treatment for glaucoma. Cannabis has proven anticonvulsive action, and may be helpful in treating epilepsy. Other research has documented an in-vitro tumor inhibiting effect of THC. Marijuana also increases appetite and reduces nausea and has been used with AIDS patients to counter weight loss and "wasting" that may result from the disease. Several chemical constituents of cannabis displayed antimicrobial action and antibacterial effects in research studies. The components CBC and d-9-tetrahydrocannabinol have been shown to destroy and inhibit the growth of streptococci and staphylococci bacteria.

Cannabis contains chemical compounds known as cannabinoids. Different cannabinoids seem to exert different effects on the body after ingestion. Scientific research indicates that these substances have potential therapeutic value for pain relief, control of nausea and vomiting, and appetite stimulation. The primary active agent identified to date is 9-tetrahydrocannabinol, known as THC. This chemical may constitute as much as 12% of the active chemicals in the herb, and is said to be responsible for as much as 70–100% of the euphoric action, or "high," experienced when ingesting the herb. The predominance of this mental lightness or "euphoria" depends on the balance of other active ingredients and the freshness of the herb. THC degrades into a component known as cannabinol, or CBN. This relatively inactive chemical predominates in marijuana that has been stored too long prior to use. Another chemical component, cannabidiol, known as CBD, has a sedative and mildly analgesic effect, and contributes to a somatic heaviness sometimes experienced by marijuana users.

Before prohibition, cannabis was recommended for treatment of gonorrhea, angina pectoris (constricting pain in the chest due to insufficient blood to the heart), and choking fits. It was also used for insomnia, neuralgia, rheumatism, gastrointestinal disorders, cholera, tetanus, epilepsy, strychnine poisoning, bronchitis, whooping cough, and asthma. Other phytotherapeutic (plant-based therapeutic) uses include treatment of ulcers, cancer, emphysema, migraine, and anxiety. — *Clare Hanrahan*

(Source: http://www.answers.com/topic/marijuana-purpose)

The following article, from the blog HempNews, which posts breaking news on HEMP and Medical Marijuana, further discusses the health effects of marijuana:

If Pot Prevented Cancer You Would Have Read About it, Right?
By Paul Armentano.

August 18th, 2009 – Two just published studies assessing adults' risk of cancer have reported wildly divergent, and fairly extraordinary, outcomes. One study you may have read about. The other has been ignored entirely by the mainstream media. But no doubt the results of both will surprise you.
First, the study you may have heard of. Writing August 3 in the journal Cancer Epidemiology, investigators at McGill University in Montreal reported that moderate alcohol consumption–defined as six

drinks or less per week–by adults is positively associated with an elevated risk of various cancers including stomach cancer, rectal cancer, and bladder cancer.

And now for the study you haven't heard of. Writing in the August issue of the journal Cancer Prevention Research, investigators from Rhode Island's Brown University along with researchers at Boston University, Louisiana State University, and the University of Minnesota reported that that lifetime marijuana use is associated with a "significantly reduced risk" of head and neck squamous cell carcinoma.

Authors reported, "after adjusting for potential confounders (including smoking and alcohol drinking), 10 to 20 years of marijuana use was associated with a significantly reduced risk of head and neck squamous cell carcinoma (HNDCC)." Perhaps even more notably, subjects who smoked marijuana and consumed alcohol and tobacco (two known high risk factors for head and neck cancers) also experienced a reduced risk of cancer, the study found.

"Our study suggests that moderate marijuana use is associated with reduced risk of HNSCC," investigators concluded. "This association was consistent across different measures of marijuana use (marijuana use status, duration, and frequency of use). … Further, we observed that marijuana use modified the interaction between alcohol and cigarette smoking, resulting in a decreased HNSCC risk among moderate smokers and light drinkers, and attenuated risk among the heaviest smokers and drinkers."

This isn't the first time that U.S. investigators have documented an inverse association between pot use and cancer. A separate 2006 population case-control study, funded by the U.S. National Institutes of Health and conducted by the University of California at Los Angeles, also reported that lifetime use of cannabis was not positively associated with cancers of the lung or aerodigestive tract, and further noted that certain moderate users of the drug experienced a reduced cancer risk compared to non-using controls.

Predictably, the federal government's goal when green-lighting the UCLA study was to conclusively establish just the opposite result, as explained recently by its lead researcher Dr. Donald Tashkin.
In an interview with the McClatchy newspaper chain in June, Tashkin admitted that he expected his study would find that pot was associated with "increased health effects." Instead, he summarized, "What we found instead was no association (between marijuana smoking and cancer) and even a suggestion of some protective effect." Tashkin added, "[A]t this point, I'd be in favor of (marijuana) legalization. I wouldn't encourage anybody to smoke any substances. But I don't think it should be stigmatized as an illegal substance. Tobacco smoking causes far more harm. And in terms of an intoxicant, alcohol causes far more harm (than marijuana)."

Despite these findings, which to date inexplicably remain underreported by the mainstream press, many so-called experts persist with claims that marijuana smoking is causally linked to cancer. In fact, in June the California Environmental Protection Agency with great fanfare added marijuana smoke to its list of chemicals that possess potential carcinogenic properties and/or are associated with reproductive toxicity. You know what other commonly indulged in substance also appears on this list? That would be alcohol. Of course that conclusion, much like the reports of marijuana's anti-cancer prowess, apparently went up in smoke.

Source: http://hempnewstv.wordpress.com/category/marijuana/health-effects/

More research in support of medical marijuana (cannabis) is offered here:

- The Science of Marijuana
  by Leslie L. Iversen, Solomon Halbert Snyder
- Marijuana & AIDS: Pot, Politics, and PWAs in America - A blend of primary materials and analysis.
- Cancer Treatment & Marijuana Therapy: Marijuana's Use in the Reduction of Nausea and Vomiting and for Appetite Stimulation in Cancer Patients. - Source of primary materials.

- Muscle Spasm, Pain & Marijuana Therapy: Testimony from Federal and State Court Proceedings on Marijuana's Medical Use - Highly recommended source of primary sources.
- Cannabis: Physiopathology, Epidemiology, Detection: From the Proceedings of the Second International Symposium Organized by the National Academy of Medicine. - Highly recommended for researchers
- Cannabis and Cannabinoids: Pharmacology, Toxicology, and Therapeutic Potential - Important to researchers interested in whole plant medicine
- Marijuana: Medical Paper, 1839-1972
- Cannabis Therapeutics in Hiv/AIDS (Journal of Cannabis Therapeutics, V. 1, No. 3/4)
- Marijuana and Medicine: Assessing the Science Base - Very technical
- Marijuana Myths Marijuana Facts: A Review Of The Scientific Evidence
- Marijuana as Medicine: The Science Beyond the Controversy

(Source: http://www.wamm.org/)

Suffice to say, medical marijuana has a long, if not rocky, history as a therapeutic substance, however, it is one of the few "drugs" without dangerous side effects, unlike many pharmaceutical drugs prescribed today.

10. PATIENT PROFILE

Recipients of medical marijuana (cannabis) typically suffer from a broad range of illness and medical problems. Medical marijuana is able to effectively mitigate the pain and suffering of these patients, and allow the patient to lead a happier and more productive life in spite of their illness or medical problem. Although, health care professionals/providers may not legally prescribe medical cannabis, they are allowed to "recommend" the use of medical cannabis for these patients under the protection of the First Amendment. The recommendation can be made for the following "serious medical conditions" as allowed by California's Health and Safety Code including:

- ☐ Acquired immune deficiency syndrome (AIDS);
- ☐ Anorexia; Arthritis;
- ☐ Cachexia;
- ☐ Cancer;
- ☐ Chronic pain;
- ☐ Glaucoma;
- ☐ Migraine;
- ☐ Persistent muscle spasms, including but not limited to, spasms associated with epilepsy;
- ☐ Severe nausea;
- ☐ Any other chronic or persistent medical symptom that either:
  1) Substantially limits the ability of the person to conduct one or more major life activities as defined by the American's with Disabilities Act of 1990 (Public Law 101-336); and
  2) If not alleviated, may cause serious harm to the patient's safety or physical or mental health.

Under California's medical marijuana law, the State Department of Public Health has set up voluntary medical cannabis ID system. Although medical cannabis patients are not required by law to have a special ID, the patients may show written documentation and obtain a California medical marijuana patient ID. Under the California medical marijuana law, "written documentation" means accurate reproductions of those portions of a patient's medical records that have been created by the attending physician, that contain information described in paragraph (2) of subdivision (a) of Section 11362.715. In addition, the patient may submit to a county health department or county's designee as part of an application for an identification card. The person is a legal medical cannabis patient with either the state-issued ID or a copy of the physician recommendation.

Sociologists Wendy Chapkis & Richard J. Web examine the workings of Wo/Men's Alliance for Medical Marijuana, a medical marijuana collective located in Santa Cruz, California in the their book **Dying to Get High.** They also describe the variety types of clients that use the services of the collective, stressing that there is not just one type of client—that medical marijuana clients come in a wide range of ages, backgrounds, medical issues and needs. Dorothy Gibbs and "Maria" are just two examples they provide in the book:

> At age ninety-four and confined to a bed in a Santa Cruz nursing home, this WAMM member is hardly the stereotypical "pot head" many critics believe to be hiding behind the medical marijuana movement. Cannabis, for Dorothy Gibbs, has never been anything but a medicine, a particularly effective analgesic that relieves severe pain associated with her post-polio syndrome: "I never smoked marijuana before; I had no reason to. But the relief I got was wonderful and long lasting and pretty immediate too. I didn't

really have any misgivings about using marijuana; I figured it had to be better than what I'd got. They had me on other medications but I couldn't stand them; they made me so sick."

"Maria," a fifty-two-year-old single mother living with metastatic ovarian cancer, associated marijuana with her youth at the time of her diagnosis she had no current relationship to the drug. Her past experiences with recreational use made it difficult for her initially to accept that cannabis might have any therapeutic value: "I don't even know if I would have believed [that marijuana was medicine] if I hadn't tried it for medical purposes myself. I hadn't smoked for many years since I had my daughter. But a good friend said they had heard it was really good for the nausea [related to chemo therapy] and turned me on to WAMM. ...What an incredible difference; the pharmaceuticals don't hold a candle [to marijuana]. In terms of immediate relief...I don't think I would have believed it because it had always been recreational to me."

Source: Pages 86-87, Dying to Get High by Wendy Chapkis, Richard J. Webb; New York University Press, New York, 2008.

The following (anonymous) comment, posted as a comment on the website Stop the Drugwar.org, reveals how medical marijuana can help those suffering from Multiple Sclerosis (MS):

MS and MEDICAL MARIJUANA
Comment posted by Anonymous on Fri, 07/18/2008 - 1:51pm
I am fighting Multiple Sclerosis and its invisible demons for many years now. I am one of the many that - Look Normal-or Look So Good-since I lost 30 pounds-from my inability to feel hunger over a 6 month period of time. When extremely stressed. I must have 3 days of IV steroids and then I am not allowed my infusion appts for another month. The lesions are in my brain. I lose short term memory; I cannot process my words or conversations to use when I talk. I stutter and lose vision when stressed. I forget drs appts. I lose keys, phones, and everything else. I misplace things. I have 3 calendars, often all 3 are missing.

I am 52 years old and have a young son. I suffer from "extreme fatigue", insomnia, gastroparesis, rectal prolapse, and also degenerative discs. in my neck which causes frequent migraines. Now recently I have shingles on my face and scalp. None of the MS injection therapies have worked. For nearly 2 yrs I have been on a FDA infusion Tysabri-re-released for MS. It is often referred to as a 'last chance' med- it was last on the market and pulled 2 yrs ago when it caused brain infection and inflammation, causing death for 2 women when it was combined with other MS drugs. The head pain, fatigue, inability to have an appetite, inability to have a normal BM, inability to fall asleep, inability to stay awake. I have leg spasms and tremors constantly.

The Medicinal marijuana-when I am fortunate to get it-it has a threat of jail time and more---it has helped me to have an appetite, also to have a normal bathroom habit. It allows me to focus and actually do some household tasks. It allows the depression to ease up so I can relax and enjoy my young son and life in general. It is not the drug of the 70's. I do not get giggly and spacey on it. I take it so I can continue to enjoy life as I knew it. I take it so I can be fully functional. I use a vaporizer so that I do not have trouble with the toxins that make me cough. I take it so I can sit and stand at church for an hour to enjoy the message that is given. I take it so I can enjoy my son and not feel tired, cranky or out of focus. It is a herb that was legal up til recently in our time. It is not like alcohol in any sense. Alcohol can turn to a poison in the wrong person's body. Marijuana has not proved to be a harmful drug. It has benefits far too many for me to mention here. It is good for so many.

Please look beyond the stops on this herb and give it to those of us that need it to survive. I do not want to become so disabled that I need a caregiver or a wheel chair or a nursing home. Please hear the pleas of the sick and help them be comforted and aided by this green plant that was God Given. Bless you for reading this and passing it on. My story is like a hundred others. MS is a disease that is not easily diagnosed, or easily treated. It happens to teenagers and those entering the retirement of life as well as those in their prime.

(Source: http://stopthedrugwar.org/chronicle/543/book_review_dying_to_get_high_chapkis_webb)

11. CAREGIVER PROFILE

A "Primary caregiver" as defined by the State of California is the individual designated by a qualified patient who has "consistently assumed responsibility for the housing, health, or safety of that patient of person in possession of an identification card."

In a narrow interpretation of the state's Compassionate Use Act, the California Supreme Court ruled on [November 24, 2008] that people who supply medical marijuana to an approved patient can be prosecuted as drug traffickers if they don't meet the court's standards for caregivers. That standard must involve more than merely supplying medical marijuana to a qualifying patient, the court held.

Prior to the [November24] ruling, marijuana growers who had been designated as caregivers by multiple patients had been able to win protection from prosecution under the Compassionate Use Act. Now, patients who relied on such growers to provide their medicine will have to turn to dispensaries that are organized as co-ops or collectives in accordance with California law.

The ruling came in the case of California v. Mentch. Roger Mentch was arrested in 2003 after a bank teller smelled marijuana on repeated cash deposits he made and police subsequently searched his home, where they found nearly 200 pot plants growing. Mentch told investigators he was the "primary caregiver" for five qualified patients, but at trial, the judge refused to let the jury consider whether he was a caregiver, and Mentch was convicted and sentenced to probation. An appeals court in San Jose overturned his conviction, saying jurors should have been allowed to decide whether he was indeed the patients' caregiver, but now the state's high court has disagreed.

"We hold that a defendant whose caregiving consisted principally of supplying marijuana and instructing on its use, and who otherwise only sporadically took some patients to medical appointments, cannot qualify as a primary caregiver under the Act and was not entitled to an instruction on the primary caregiver affirmative defense," wrote Justice Werdegar for the court. "We further conclude that nothing in the Legislature's subsequent 2003 Medical Marijuana Program (Health & Saf. Code, §11362.7 et seq.) alters this conclusion or offers any additional defense on this record."

The language of Proposition 215 defines a primary caregiver as "the individual designated by the [patient]... who has consistently assumed responsibility for the housing, health, or safety of that person." With this ruling, the state Supreme Court has defined that definition to "imply a caretaking relationship directed at the core survival needs of a seriously ill patient, not just one single pharmaceutical need."

Thus, for someone to be able to assert a caregiver defense to a marijuana cultivation or distribution charge, he "must prove at a minimum that he or she (1) consistently provided caregiving, (2) independent of any assistance in taking medical marijuana, (3) at or before the time he or she assumed responsibility for assisting with medical marijuana."

Source: http://stopthedrugwar.org/chronicle/562/california_supreme_court_medical_marijuana_caregivers

Caregivers play an important part of medical marijuana collective's service to the community in assisting patients receiving medical marijuana. WAMM caregiver "Betty" clearly explains a caregiver's role:

> I had been working as a nurse's aide and there was a woman in the rest home who had cancer. The nurse's aides would sneak her pot because it made her feel so much better and she was able to eat. … Now I caretake for a friend of the family, "Jay." He has stomach cancer, hepatitis B, and liver

problems too. He can't be more than fifty, but he is getting progressively worse. When he got the prescription for the marijuana he came to me and said, "I got into this organization, it's called WAMM…I know you don't do marijuana, so would you do this for me? …So I went and I was really surprised at what I found. …It's nothing like I envisioned in my mind. I was very surprised. It was like, "Wow, this is really something. These people are really sick. And it's not like they all sit around getting stoned." I was amazed. So I became his caregiver, the person responsible for volunteering for him or for attending meetings and picking up his medicine when he wasn't able. …I enjoy going there. ...It's not just the marijuana part of this that is good. It's the whole concept of what they do—everybody helps everybody. Everybody there is sick. Everybody knows this.

Source: Page 84, Dying to Get High by Wendy Chapkis, Richard J. Webb; New York University Press, New York, 2008

12. SUMMARY

Aloha Spirit Organic Consumables, Inc. is a collective that is dedicated to providing a safe, legal, and community friendly source of medical marijuana (cannabis) to those qualified members of the community who are in need of relief from suffering as a result of a serious medical condition. This collected is being formed on the premise that all patients should have access to medicine that is effective in treating or addressing a broad range of medical conditions, and additionally, that is free from harmful side-effects. The founders of ASOC, Inc. are both highly experienced in the running of such collectives. In addition, patients who have utilized the services of ASOC, Inc. in the past have be most favorable in their feedback about their experiences with ASOC, Inc.

Collectives are basically an organization that operates by facilitating the collaborative efforts of both patients and caregivers to provide high quality medical marijuana (cannabis) to its membership. A collective acquires cannabis only from their constituent members in order to lawfully transport or distribute to other members belonging to the collective. Collectives may cultivate and transport cannabis in aggregate amounts based on the total number of the members. There are no limits on the quantity of cannabis or number of patients permitted to participate in the "collective cooperative cultivation" providing there is the requisite physician approval for each of the participants' members. Rather, the limits are defined as occurring within the membership association, with a 'closed circuit' cycle of marijuana cultivation and consumption with no purchases or sales to or from non-members of the collective.

This situation serves to slow out of town suppliers from attempting to enter the Santa Barbara market place. If high quality medical marijuana is being collectively grown in and distributed amongst Santa Barbara collective members and caregivers, there is no market for outsourcing. We have found this to be the safest, most compassionate method of caring for our patient/members. Last year ASOC, Inc. donated over $30,000 in medicine back to its members at no cost to them. We are currently in the process of developing an outreach to a local hospital.

We of ASOC, Inc. have been operating in this manner for approximately eighteen months. Our member base is presently strong in Santa Barbara. Controlled growing is a major benefit to keep Santa Barbara the safe and beautiful location that it is. Our operations are open to city inspectors at any time. ###

Medical Cannabis Dispensaries
Downtown
500' Radius from Schools and Parks

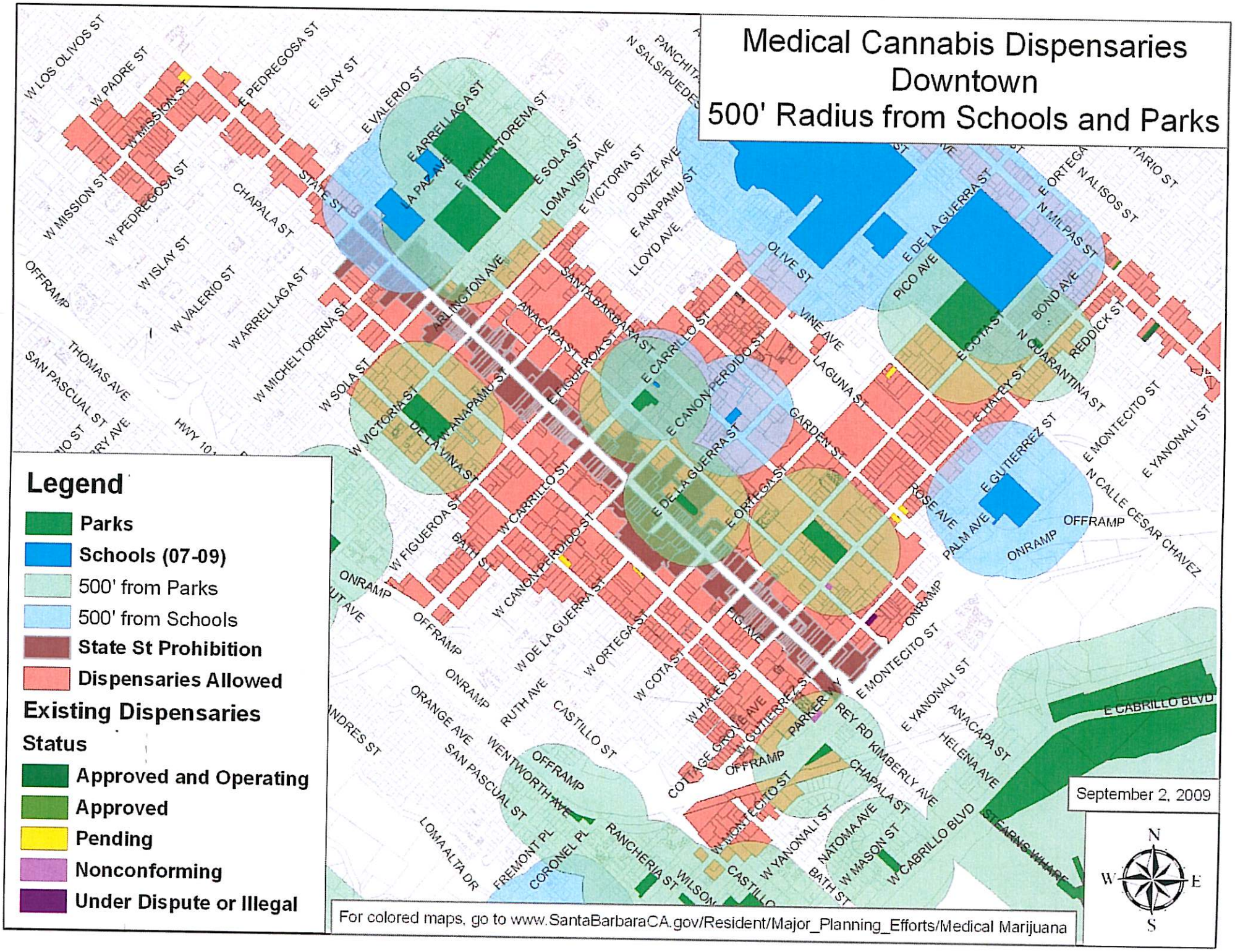


Exhibit D