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RIVERSIDE COUNTY PLANNING DEPARTMENT

PRE-REGISTRATION FOR COMMERCIAL CANNABIS (CULTIVATION OR RETAIL SALES) ACTIVITY

INCOMPLETE FORMS WILL NOT BE ACCEPTED – COMPLETE ONE FORM FOR EACH NON-CONTIGUOUS PROPERTY

PROPERTY INFORMATION (LOCATION OF PROPOSED USE)

Assessor Parcel Number(s): _____

Approximate Parcel Size: _____ Zoning: _____ General Plan Designation: _____

Property Address: _____
Street

City

State

ZIP

PROPERTY OWNER(S) INFORMATION (Attach additional pages, as needed)

Property Owner Name: _____

Phone: _____ E-Mail: _____

Mailing Address: _____
Street

City

State

ZIP

Daytime Phone No: (____) _____

Property Owner Name: _____

Phone: _____ E-Mail: _____

Mailing Address: _____
Street

City

State

ZIP

Property Owner Name: _____

Phone: _____ E-Mail: _____

Mailing Address: _____
Street

City

State

ZIP

Riverside Office · 4080 Lemon Street, 12th Floor
P.O. Box 1409, Riverside, California 92502-1409
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 77-588 El Duna Court, Suite H
Palm Desert, California 92211
(760) 863-8277 · Fax (760) 863-7555

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

Commercial Cannabis Activity(-ies) Interest Information: Mark all that apply:

Retail sales

<input type="checkbox"/>	Storefront
<input type="checkbox"/>	Non-Storefront

Cultivation

<input type="checkbox"/>	Indoor
<input type="checkbox"/>	Mixed Light
Canopy Size in Square Feet =	

Microbusiness

<input type="checkbox"/>	Distribution
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Retail Sales
<input type="checkbox"/>	Storefront
<input type="checkbox"/>	Non Storefront
<input type="checkbox"/>	Indoor Cultivation
Canopy Size in Square Feet =	

Check this box if additional persons or entities have an ownership interest in the subject property(-ies) in addition to that indicated above; and attach a separate sheet that references the property address and/or assessor’s parcel number and list those names, mailing addresses, phone and email addresses; and provide signatures of those persons or entities having an interest in the real property(ies) involved in this form.

AUTHORITY FOR THIS FORM IS HEREBY GIVEN:

Property Owner(s) consent must accompany all registrations where the Activity (business) owner is not the property owner.

I certify that I am/we are the record owner(s) of the above referenced property and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I am the property owner or am authorized to act on the property owner's behalf, and the information I have provided above is correct. I acknowledge that I have read and understand the information contained herein.
- I agree to comply with all applicable County Ordinances and State Laws relating to (MAUCRSA).
- My Commercial Cannabis pre-registration form is public record. All references to names, addresses, telephone numbers, and project information will be part of this public record.

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

- I acknowledge my registration does not grant me or anyone else the authorization to conduct Commercial Cannabis Activity on this property unless and until, I am issued a Commercial Cannabis Land Use permit from the County of Riverside.
- I understand that registration does not entitle me or anyone else to commence or continue the operation of a Commercial Cannabis Activity in the County nor does it guarantee that I will be issued a permit under County Ordinance or under any state or local law.

SIGNATURE OF PROPERTY OWNER(S):

<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>
<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>
<i>PRINTED NAME OF PROPERTY OWNER(S)</i>	<i>SIGNATURE OF PROPERTY OWNER(S)</i>

AUTHORITY FOR THIS FORM IS HEREBY GIVEN:

Commercial cannabis Activity (business) owner’s consent must accompany all registrations.
All Commercial Cannabis Owners who own 20% or more of a Commercial Cannabis Activity must be acknowledged and sign this form. (Attach additional pages, as needed)

- I certify that I am/we are the owner(s) of the Commercial Cannabis Activity, and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I am the owner of the applicable Commercial Cannabis Activity and the information I have provided above is correct. I acknowledge that I have read and understand the information contained herein.
- I agree to comply with all applicable County Ordinances and State Laws relating to (MAUCRSA).
- My Commercial Cannabis registration form is public record. All references to names, addresses, telephone numbers, and project information will be part of this public record.
- I acknowledge my registration does not grant me the authorization to conduct a Commercial Cannabis Activity on these premises unless and until I am issued a Commercial Cannabis Land Use permit from the County of Riverside.
- I understand that registration does not entitle me to commence or continue the operation of a Commercial Cannabis Activity in the County nor does it guarantee that I will be issued a permit under County Ordinance or under any state or local law.

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

SIGNATURE OF COMMERCIAL CANNABIS ACTIVITY OWNER(S):

<hr/> <i>PRINTED NAME OF COMM.CANNABIS ACTIVITY OWNER(S)</i>	<hr/> <i>SIGNATURE OF COMM.CANNABIS ACTIVITY OWNER(S)</i>
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The Planning Department will primarily direct communications regarding this PRE-registration to the person identified BELOW. Please include a contact. Contact may be the property owner, representative, Activity owner, or other assigned agent.

Pre-Registration Contact

Pre-Registration Contact Telephone Number

Pre-Registration Contact email

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

INSTRUCTIONS FOR COMPLETION OF THE COMMERCIAL CANNABIS ACTIVITY REGISTRATION FORM:

1. This registration form is for one parcel, lot or property. Indicate all the activities you plan to conduct on the parcel, lot or property. If your activities will be conducted on more than one property, complete a registration form for each property indicating the activities to be conducted on each property on their respective registration forms.
2. Assessor Parcel Numbers for your property, approximate size of the parcel/lot, and zoning designation may be found at: https://gis.countyofriverside.us/Html5Viewer/?viewer=MMC_Public
3. Complete the Property Owner and Applicant information completely, listing all owners of the property and all owners of the commercial cannabis activity to be conducted at that property. If additional space is needed, attach a separate page.
4. Microbusiness shall also indicate all activities that are planned to be conducted, such as cultivation type, distributor, manufacturer (Non-volatile only), and retailer type. Count each activity to be conducted within the microbusiness separately, do not count the microbusiness itself as a separate activity.
5. All property owners are required to sign the Registration Form.
6. All owners of the commercial cannabis activity shall sign the Registration Form.