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### HONORABLE MAYOR AND CITY COUNCIL City of Long Beach California

### RECOMMENDATION:

Recommendation to declare ordinance amending the Long Beach Municipal Code by adding Chapter 5.89 prohibiting the establishment and operation of medical marijuana dispensaries within the City of Long Beach and by repealing Chapter 5.87 relating to medical marijuana collectives, read the first time and laid over to the next regular meeting of the City Council for final reading; declaring the urgency thereof and declaring that this ordinance shall take effect immediately. (Citywide)

### DISCUSSION:

Pursuant to the direction of the City Council at the closed session held on October 11, 2011, attached for your consideration is an ordinance that would repeal the City's existing medical marijuana regulations (Chapter 5.87) and would at the same time enact a ban on medical marijuana collectives and dispensaries citywide (Chapter 5.89).

The attached ordinance is brought as an urgency measure that would go into effect immediately if enacted. The recent Court of Appeal decision in the case of Pack v. City of Long Beach has essentially eliminated the City's ability to effectively regulate dispensaries and collectives. Immediate action is required in order to curtail the further proliferation of the uses that the City no longer has the ability to regulate or control.

### SUGGESTED ACTION:

Approve recommendation.

Very truly yours,

ROBERT E. SHANNON, City Attorney

Assistant City

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# OFFICE OF THE CITY ATTORNEY ROBERT E. SHANNON, City Attorney 333 West Ocean Boulevard, 11th Floor Long Beach, CA 90802-4664

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### ORDINANCE NO.

AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF LONG BEACH AMENDING THE LONG BEACH MUNICIPAL CODE BY **ADDING** CHAPTER PROHIBITING THE ESTABLISHMENT AND OPERATION OF MEDICAL MARIJUANA DISPENSARIES WITHIN THE CITY OF LONG BEACH; AND BY REPEALING CHAPTER 5.87 RELATING TO MEDICAL MARIJUANA COLLECTIVES: DECLARING THE URGENCY THEREOF; AND DECLARING THAT THIS ORDINANCE SHALL TAKE **EFFECT IMMEDIATELY** 

WHEREAS, the people of the State of California have enacted Proposition 215, the Compassionate Use Act of 1996 ("CUA") (codified in Health and Safety Code Section 11362.5, *et seq.*), which allows for the possession and cultivation of marijuana for medical use by certain qualified persons; and

WHEREAS, the CUA creates a limited exception from criminal liability for seriously ill persons who are in need of medical marijuana for specified medical purposes and who obtain and use medical marijuana under limited circumstances; and

WHEREAS, in 2004 the State of California enacted Senate Bill 420, the Medical Marijuana Program Act ("MMPA") (codified in California Health and Safety Code Section 11362.7 *et seq.*), which purports to clarify the scope of the CUA, and also which recognizes the right of cities and other governing bodies to adopt and enforce rules and regulations consistent with the MMPA; and

WHEREAS, notwithstanding the passage of the CUA and MMPA, the cultivation, possession, and distribution of marijuana is strictly prohibited by federal law and specifically by the Controlled Substances Act ("CSA") (codified in 21 U.S.C. Section

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841); and Section 841 of the CSA makes it unlawful for a person to manufacture, distribute, dispense, or possess with intent to manufacture, distribute, or dispense marijuana; and

WHEREAS, in accordance with the Long Beach Zoning Code, medical marijuana collectives, dispensaries and cultivation sites are prohibited in all zoning districts Citywide; and

WHEREAS, on March 23, 2010, the City Council of the City of Long Beach adopted Ordinance No. ORD -10-0007, (subsequently amended pursuant to Ordinance No. ORD-11-0002), establishing extensive regulations and a permitting process related to the distribution and cultivation of medical marijuana in the City and adding Chapter 5.87 ("Medical Marijuana Collectives") to the Long Beach Municipal Code; and

WHEREAS, on October 4, 2011, prior to the City issuing any permit to distribute or cultivate medical marijuana, the Second District Court of Appeal for the State of California issued a published opinion in the case of Pack v. City of Long Beach, ruling that the permitting and regulating of medical marijuana dispensaries and cultivation sites pursuant to Chapter 5.87 is preempted by the CSA; and

WHEREAS, the ruling in *Pack* has profoundly impacted the City's ability to enforce regulatory measures by precluding the City from issuing any permit or imposing any regulation that could be construed as encouraging or authorizing the possession or use of marijuana contrary to federal law. Specifically, the *Pack* decision prohibits the City from issuing operating or construction permits, charging fees to recoup administrative costs, conducting lotteries to determine the location of facilities, imposing product or operational safeguards such as lighting, security, auditing, video recording, inspection or testing, or in any way mandating the geographic distribution of medical marijuana facilities in the City.

WHEREAS, before and after the enactment of Chapter 5.87, and despite the City's best efforts to regulate the distribution and cultivation of medical marijuana in a responsible manner, the City has experienced negative secondary effects to public

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health, safety, and welfare, including violence and increased crimes such as falsely obtained identification cards, robberies, burglaries, arson, the sale of illegal drugs to both minors and adults, and murder, all of which can be directly linked to distribution, or cultivation sites established and operating within the boundaries of the City; and

WHEREAS, the Long Beach Police Department has incurred substantial investigative, monitoring, and response costs generated by said criminal activity. all of which has placed extensive additional burdens on already scarce law enforcement personnel and resources; and

WHEREAS, in addition to the burdens placed on law enforcement due to the existence of dispensaries, the City has also experienced an increase in administrative costs and a drain on resources in various departments and bureaus, all of which are directly related to the City's attempts to implement Chapter 5.87 and regulate the distribution of medical marijuana; and

WHEREAS, the City has also experienced negative secondary effects on the community including an increase in pedestrian and vehicular traffic and noise, increased loitering and littering around dispensary and cultivation sites, and increased complaints from residents and businesses regarding the operation of dispensaries in the City, as well as an increase in vacancies in the commercial areas adjacent to cultivation or dispensary sites located in the City; and

WHEREAS, pursuant to the City's police powers authorized in Article XI, Section 7 of the California Constitution, the Long Beach Municipal Code, and other provisions of California law, including, but not limited to California Government Code Section 38771, the City has the power through its City Council to declare actions and activities that constitute a public nuisance; and

WHEREAS, the City Council wishes to repeal Chapter 5.87 of the Municipal Code ("Medical Marijuana Collectives") and at the same time adopt regulations prohibiting the existence of medical marijuana dispensaries in the City of Long Beach;

NOW, THEREFORE, the City Council of the City of Long Beach ordains as

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follows:

Findings. The City Council finds and determines that the facts Section 1. set forth in the recitals of this Ordinance are true and correct and hereby incorporates them herein by this reference.

Section 2. Chapter 5.89 is hereby added to the Long Beach Municipal Code to read as follows:

### Chapter 5.89

### MEDICAL MARIJUANA DISPENSARIES

5.89.010 Purpose and intent.

The purpose of this Chapter is to promote the public health, safety and welfare by:

- A. Prohibiting medical marijuana dispensaries and cultivation sites from locating in the City of Long Beach.
- Protecting citizens from the secondary impacts and effects B. associated with medical marijuana and related activities, including, but not limited to, loitering, increased pedestrian and vehicular traffic, increased noise, fraud in obtaining or using medical marijuana identification cards, sales of medical marijuana to minors, drug sales, robbery, burglaries, assaults or other violent crimes.
- C. Decreasing demands on police or other valuable and scarce City administrative, financial, or personnel resources in order to better protect the public fisc.
- This Chapter is not intended to conflict with federal or state D law. It is the intention of the City Council that this Chapter be interpreted to be compatible with federal and state enactments and in furtherance of the

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public purposes which those enactments encompass.

#### 5.89.020 Definitions.

Unless the particular provision or the context otherwise requires, the definitions and provisions contained in this section shall govern the construction, meaning and application of words and phrases used in this Chapter:

- A. "Cultivation Site" means any facility, establishment, location, or business, indoors or outdoors, that independently or collectively, grows or stores marijuana, in excess of the limitations set forth in Health and Safety Code Section 11362.7 et seq.,
- "Identification Card" shall have the same definition as given B. such term in California Health and Safety Code Section 11362.7, as may be amended, and which defines "Identification Card" as a document issued by the State Department of Health Services which identifies a person authorized to engage in the medical use of marijuana, and identifies the person's designated primary caregiver, if any.
- C. "Marijuana" shall have the same definition as given such term in California Health and Safety Code Section 11018, as may be amended, and which defines "Marijuana" as all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination. "Marijuana" includes any of the above

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parts of the plant, its seeds, or resin, incorporated or infused in foodstuff.

- "Medical Marijuana" means Marijuana authorized in strict compliance and used or cultivated for medical purposes in accordance with California Health and Safety Code Sections 11362.5, or 11362.7, et seq., or any such section as may be amended.
  - E. "Medical Marijuana Dispensary or Dispensary" means any association, business, facility, use, establishment, location, delivery service, cooperative, collective, or provider, whether fixed or mobile, that possesses, cultivates, distributes, or makes available medical marijuana to any person, including: a Primary Caregiver, a Qualified Patient, or a patient with an Identification Card.
- F. "Primary Caregiver" shall have the same definition as given such term in California Health and Safety Code Sections 11362.5 and 11362.7 as may be amended, and which define "Primary Caregiver" as an individual, designated by a Qualified Patient or Identification Card holder, who has consistently assumed responsibility for the housing, health, or safety of that Qualified Patient.
- "Qualified Patient" means a person who is entitled to the G. protections of Health and Safety Code Section 11362.5 for patients who obtain and use marijuana for medical purposes upon the recommendation of an attending physician, whether or not that person applied for and received a valid Identification Card issued pursuant to state law.
- Medical marijuana dispensary prohibited. 5.89.030
- No person or entity shall operate or permit to be operated a A. Medical Marijuana Dispensary or Cultivation Site in or upon any premise or any zone in the City. The City shall not issue, approve, or grant any permit, license, or other entitlement for the establishment or operation of a Medical

Marijuana Dispensary or Cultivation Site.

B. It shall be unlawful for any person or entity to own, manage, conduct, establish, operate or facilitate the operation of any Medical Marijuana Dispensary or Cultivation Site, or to participate as an employee, contractor, agent, or volunteer, or in any other manner or capacity, in any Medical Marijuana Dispensary or Cultivation Site in the City. The term "facilitate" shall include, but not be limited to, the leasing, renting or otherwise providing any real property or other facility that will in any manner be used or operated as a Medical Marijuana Dispensary or Cultivation Site in the City.

5.89.040 Establishment, maintenance, or operation of medical marijuana dispensaries declared a public nuisance.

The establishment, maintenance, operation, facilitation, of, or participation in a Medical Marijuana Dispensary or Cultivation Site within the City limits of the City of Long Beach is declared to be a public nuisance, and may be abated by the City or subject to any available legal remedies, including but not limited to civil injunctions and administrative penalties. The City Attorney may institute an action in any court of competent jurisdiction to restrain, enjoin or abate any condition(s) found to be in violation of the provisions of this Chapter, as provided by law. In the event the City files any action to abate any dispensary or cultivation site as a public nuisance, the City shall be entitled to all costs of abatement, costs of investigation, attorney's fees, and any other relief available in law or in equity.

5.89.050 Existing medical marijuana dispensary operations.

No Medical Marijuana Dispensary, Cultivation Site, Collective, operator, establishment, or provider that existed prior to the enactment of

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this Chapter shall be deemed to be a legally established use or a legal nonconforming use under the provisions of this Chapter or the Code.

#### 5.89.060 Penalties for violation.

- Α. The violation of any provision of this Chapter is unlawful and constitutes a misdemeanor, punishable by a fine of not more than one thousand dollars (\$1,000) or a jail term of six (6) months, or both. Each and every day a violation occurs shall be deemed a separate violation.
- In addition to the remedies set forth herein, the City in its B. sole discretion, may also issue an Administrative Citation in accordance with Chapter 9.65 of this Code to any person or entity that violates the provisions of this Chapter.

#### 5.89.070 Severability.

If any provision of this Chapter, or the application thereof to any person or circumstance, is held invalid, that invalidity shall not affect any other provision or application of this Chapter that can be given effect without the invalid provision or application; and to this end, the provisions or applications of this Chapter are severable.

Chapter 5.87 of the Long Beach Municipal Code is hereby Section 3. repealed.

The City Council finds that this Ordinance is not subject to Section 4. environmental review under the California Environmental Quality Act pursuant to Title 14 of the California Code of Regulations (CEQA Guidelines) Section 15060 (c)(2) (the activity will not result in a direct or reasonably foreseeable indirect physical change in the environment) and Section 15060(c)(3) (the activity is not a project as defined in Section

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15378) because it has no potential for resulting in physical change to the environment, directly or indirectly.

Section 5. Declaration of Urgency. This Ordinance is an emergency measure, and is urgently required for the reason that the City's existing medical marijuana regulatory process as set forth in Chapter 5.87 of the Code has recently been declared by the Second District Court of Appeal for the State of California to be in conflict with, and preempted by Federal law. Failing to adopt this Ordinance as an urgency measure will place the City of Long Beach in a situation where it has no regulatory control over medical marijuana dispensaries, which situation would likely lead to an exacerbation of the negative secondary effects that such facilities have caused, and continue to cause in the City, which effects are more fully described elsewhere herein.

This Ordinance is an emergency ordinance duly adopted by Section 6. the City Council by a vote of five of its members and shall take effect immediately. The City Clerk shall certify to a separate roll call and vote on the question of the emergency of this ordinance and to its passage by the vote of five members of the City Council of the City of Long Beach, and cause the same to be posted in three conspicuous places in the City of Long Beach.

I hereby certify that on a separate roll call and vote which was taken by the City Council of the City of Long Beach upon the questions of the emergency of this ordinance at its meeting of , 2011, the ordinance was declared to be an emergency by the following vote: ///

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OFFICE OF THE CITY ATTORNEY ROBERT E. SHANNON, City Attorney 333 West Ocean Boulevard, 11th Floor Long Beach, CA 90802-4664

	Ayes:	Councilmembers:				
	Ayos.	Council Members.				
	Noes:	Councilmembers:				
	Absent:	Councilmembers:				
	l fui	ther certify that there	after, at the same meeting, upon a roll call and			
vote	vote on adoption of the ordinance, it was adopted by the City Council of the City of Long					
	ch by the follo		o adopted by the only common or the only of herig			
	Ayes:	Councilmembers:				
	, i, cc.					
	Noes:	Councilmembers:				
	Absent:	Councilmembers:				
	l fur	ther certify that the for	egoing ordinance was thereafter adopted on final			
readi	ing of the Cit	y Council of the City of	Long Beach at its meeting of,			
2011	, by the follo	wing vote:				
	Ayes:	Councilmembers:				

OFFICE OF THE CITY ATTORNEY ROBERT E. SHANNON, City Attorney 333 West Ocean Boulevard, 11th Floor Long Beach, CA 90802-4664

Noes:	Councilmembers:	
Absent:	Councilmembers:	
		City Clerk
Approved:	(Date)	Mayor

## HANDOUTS FROM THE CITY COUNCIL MEETING OF DECEMBER 13, 2011

## DRD-14

From:

Carl Kemp <carl@kemp-group.com>

To:

CITY COUNCIL/STAFF <carl@kemp-group.com>, <bob.foster@longbeach.gov>, <becki.ames@longbeach.gov>, Robert Shannon <Robert.Shannon@longbeach.gov>,

<karen.hester@longbeach.gov>

Cc:

Carl Kemp <carl@kemp-group.com>

Date:

12/06/2011 10:19 AM

Subject:

LONG BEACH MEDICAL MARIJUANA ORDINANCE REQUESTED AMENDMENTS

Attached the Council's request at the November 1st meeting, please find:

- 1. Cover letter from the Long Beach Collective Association (LBCA)
- 2. Drafted amendments to the current ordinance
- 3. Code of Conduct for the members of the LBCA, which represents the majority of the collectives approved under the current ordinance.

We appreciate your interest and look forward to working with you to amend the current ordinance instead of banning collectives in this City. We welcome any meeting you would like to have with us and hope this will serve as a platform for asking the City Attorney's office to thoughtfully consider amending the ordinance they worked so hard to draft and redraft, at your direction.

Sincerely, Carl Kemp



December 6, 2011

Hon. Mayor Bob Foster and City Council Members 333 W. Ocean Blvd. Long Beach, CA 90802

Subject: "Third Option" Amendments to Long Beach Medical Marijuana Ordinance

Dear Mayor and Council Members:

Attached, per your request at the October 30, 2011 meeting of the City Council, please find a redlined version of the Long Beach Medical Marijuana Ordinance, with amendments that offer a "third option". This document, prepared by our team of attorneys, amends the current ordinance in a way in which we believe allows the City of Long Beach to be in compliance with the rulings in the "Pack decision", and allows those collectives that were authorized under the current ordinance to continue to exist.

Additionally, we believe this amended version maintains the City Council's original legislative intent to both provide for patients in need of medical marijuana, while concurrently protecting the community from an over-proliferation of collectives. Throughout the document, we have sought to leave in place those restrictions originally included by the City Council. And where there were "requirements", we have changed the language to read as restrictions, thereby honoring the Council's intent and comporting with Pack.

Also attached for your consideration, is our Code of Conduct, which all of our members, representing the majority of those approved under the ordinance, have agreed to strictly follow. The members of our association have sought legitimacy from the start of this ordinance's creation, and we intend to honor our commitment to the City Council and the Long Beach community at large by self-regulating whenever and wherever possible.

We sincerely appreciate your request to submit this third option. Like you, we are interested in being in compliance with the law. However, since your City Attorney has appealed the Pack decision to the State Supreme Court, the law has yet to be settled, and we therefore see no reason to execute a repeal and ban in a hasty fashion.

Rather, it is our hope that the City Council take a thoughtful look at what we have drafted, consider it a starting point, and ask the City Attorney's office to find ways to implement our suggestions (and their own), such that the legislative intent of the ordinance you took almost two years to complete is maintained.



Thank you for your consideration. We look forward to working with you to maintain a compassionate, safe, and legally compliant Long Beach.

Sincerely,

Carl A. Kemp

**ATTACHMENTS** 

Cal a. Kompo

### 5.87.010 Purpose and Intent

A.

It is the purpose and intent of this chapter to regulate the collective cultivation of medical marijuana in order to ensure the health, safety and welfare of the residents of the City of Long Beach. The regulations in this chapter, in compliance with the State Compassionate Use Act and the State Medical Marijuana Program Act ("state law"), do not interfere with a patient's right to use medical marijuana as authorized under state law, nor do they criminalize the possession or cultivation of medical marijuana by specifically defined classifications of persons, as authorized under state law. Under state law, only qualified patients, persons with identification cards, and primary caregivers may legally cultivate medical marijuana collectively. Medical marijuana collectives shall comply with all provisions of the Long Beach City Municipal Code ("LBMC"), state law, and all other applicable local and state laws. Nothing in this chapter purports to permit activities that are otherwise illegal under federal, state or local law.

### 5.87.015 - Definitions.

Unless the particular provision or the context otherwise requires, the definitions and provisions contained in this section shall govern the construction, meaning, and application of words and phrases as used in this chapter:

A.

"Attending physician" shall have the same definition as given such term in California Health and Safety Code Section 11362.7, as may be amended, and which defines "attending physician" as an individual who possesses a license in good standing to practice medicine or osteopathy issued by the Medical Board of California or the Osteopathic Medical Board of California and who has taken responsibility for an aspect of the medical care, treatment, diagnosis, counseling, or referral of a patient and who has conducted a medical examination of that patient before recording in the patient's medical record the physician's assessment of whether the patient has a serious medical condition and whether the medical use of marijuana is appropriate.

В.

"Chief of police" as used in this chapter is defined to mean the Chief of the Long Beach Police Department or her/his designee. "Concentrated cannabis" shall have the same definition as given such term in California Health and Safety Code Section 11006.5, as may be amended, and which defines "concentrated cannabis" as the separated resin, whether crude or purified, obtained from marijuana.

"Director of financial management" as used in this chapter is defined to mean the Director of Financial Management for the City of Long Beach or her/his designee.

"Edible medical marijuana" as used in this chapter is defined to mean any article used for food, drink, confectionery, condiment or chewing gum by human beings whether such article is simple, mixed or compound, which contains physician recommended quantities of medical marijuana, and is produced on-site at a collective permitted pursuant to this chapter within the City of Long Beach.

"Identification card" shall have the same definition as given such term in California Health and Safety Code Section 11362.7, as may be amended, and which defines "identification card" as a document issued by the state department of health services which identifies a person authorized to engage in the medical use of marijuana, and identifies the person's designated primary caregiver, if any.

"Management member" means a medical marijuana collective member with responsibility for the establishment, organization, registration, supervision, or oversight of the operation of a collective, including but not limited to, members who perform the functions of president, vice president, director, operating officer, financial officer, secretary, treasurer, or manager of the collective.

"Marijuana" shall have the same definition as given such term in California Health and Safety Code Section 11018, as may be amended, and which defines "marijuana" as all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks (except the resin extracted

therefrom), fiber, oil, or cake, or the sterilized seed of the plant which is incapable of germination.

- "Medical marijuana" means marijuana used for medical purposes in accordance with California Health and Safety Code Sections 11362.5, et seq.
- "Medical marijuana collective" ("collective") means an incorporated or unincorporated association, composed of four (4) or more qualified patients and their designated primary caregivers who associate at a particular location or property within the boundaries of the City of Long Beach to collectively or cooperatively cultivate marijuana for medical purposes or distribute said medical marijuana to collective members and management members, in accordance with California Health and Safety Code Sections 11362.5, et seq. For purposes of this chapter, the term medical marijuana "cooperative" shall have the same meaning as medical marijuana collective.
- "Park" or "Public Park" shall mean publicly owned natural or open areas set aside for active and passive public use for recreational, cultural or community service activities. For purposes of this Chapter only, all beaches in the City, including but not limited to, all ocean facing beaches, Alamitos Bay, Marine Stadium, Colorado Lagoon, and Marina Park, are excluded from the definition of "Park" or "Public Park."
- L. "Primary caregiver" shall have the same definition as given such term in California Health and Safety Code Sections 11362.5 and 11362.7 (as set forth in Appendix A of this chapter), as may be amended, and which define "primary caregiver" as an individual, designated by a qualified patient, who has consistently assumed responsibility for the housing, health, or safety of that qualified patient.
- "Property" as used in this chapter means the location or locations within the boundaries of the City of Long Beach at which the medical marijuana collective members and management members associate to collectively or cooperatively cultivate or distribute medical marijuana exclusively for the collective members and management members.
- N.

  "Qualified patient" means a person who is entitled to the protections of Health and Safety Code Section 11362.5 for

patients who obtain and use marijuana for medical purposes upon the recommendation of an attending physician, whether or not that person applied for and received a valid identification card issued pursuant to state law.

"State law" means the state regulations set forth in the Compassionate Use Act and the Medical Marijuana Program Act, codified in California Health and Safety Code Sections 11362.5, et seq.

# 5.87.020 - Medical marijuana collective—Registration required.

- A. No medical marijuana collective which was not chosen in the September 20, 2011 lottery process carried out by the director of financial management may register in the initial registration process. The director of financial management may promulgate reasonable restrictions upon the registration of medical marijuana collectives in later registration processes, however, no subsequent registering collective may register when such registration would cause the registering collective to be within a one thousand foot (1,000') radius of a previously registered collective
- B. No medical marijuana collective, management member or member shall carry on, maintain or conduct any medical marijuana collective related operations in the city without first completing a medical marijuana collective registration form with the department of financial management.

# 5.87.030 - Medical marijuana collective—Registration process.

Any medical marijuana collective desiring to operate within the City of Long Beach shall, prior to initiating operations, complete and file a registration form supplied by the department of financial management, and shall submit with the completed registration form payment of an annual nonrefundable processing fee, as established by the city council by resolution. The medical marijuana collective registration process is established to provide an enforcement process for each medical marijuana collective operation within the city.

Filing. The medical marijuana collective shall provide the following information:

- 1.

  The address of the property or properties where the proposed medical marijuana collective will operate.
- A site plan describing the property with fully dimensioned interior and exterior floor plans including electrical, mechanical, plumbing, and disabled access compliance pursuant to Title 24 of the State of California Code of Regulations and the federally mandated Americans with Disabilities Act.
- Exterior photographs of the entrance(s), exit(s), street frontage(s), parking, front, rear and side(s) of the proposed property.
- Photographs depicting the entire interior of the proposed property.
- If the property is being rented or leased or is being purchased under contract, a copy of such lease or contract.
- If the property is being rented or leased, written proof that the property owner, and landlord if applicable, were given notice that the property will be used as a medical marijuana collective, and that the property owner, and landlord if applicable, agree(s) to said operations.
- 7.
  The name, address, telephone number, title and function(s) of each management member.
- For each management member, a fully legible copy of one (1) valid government issued form of photo identification, such as a state driver's license or identification card. Acceptable forms of government issued identification include, but are not limited to: Drivers licenses or photo identity cards issued by state department of motor vehicles (or equivalent) that meet REAL ID benchmarks, a passport issued by the United States or by a foreign government, U.S. military ID cards (active duty or retired military and their dependents), or a permanent resident card.

Written confirmation as to whether the medical marijuana collective previously operated in this or any other county, city or state and whether the collective applicant has ever had its medical marijuana operation revoked or suspended and the reason(s) therefore.

- If the medical marijuana collective is a corporation, a certified copy of the collective's secretary of state articles of incorporation, certificate(s) of amendment, statement(s) of information and a copy of the collective's bylaws.
- 11.
  If the medical marijuana collective is an unincorporated association, a copy of the articles of association.
- The name and address of the applicant's current agent for service of process.
- A copy of the medical marijuana collective operating conditions, listed in Section 5.87.040, containing a statement dated and signed by each management member, under penalty of perjury, that they read, understand and shall ensure compliance with the aforementioned operating conditions.
- A statement dated and signed by each management member, under penalty of perjury, that the management member has personal knowledge of the information contained in the registration form, that the information contained therein is true and correct, and that the registration form has been completed under the supervision of the management member(s).
- Whether edible medical marijuana will be prepared at the proposed property.
- The property address where any and all medical marijuana will be collectively cultivated by the collective members and management members within the City of Long Beach.
- The property address where any and all collectively cultivated medical marijuana will be distributed to the collective members and management members.

- No medical marijuana collective shall be allowed to operate within the City of Long Beach without a true, complete and accurate registration form on file with the director of financial management.
- On receipt of the completed medical marijuana collective registration form, the director of financial management shall refer the registration form to all concerned city departments, including, but not limited to, police, fire, health, development services and code enforcement for investigation and inspection. Such departments shall file a report with the director of financial management setting forth each violation of the Municipal Code discovered in their respective investigation and inspection.
- D. The director of financial management shall notify the medical marijuana collective of all violations in writing and the medical marijuana collective shall have a period of sixty (60) days within receipt of any notice of violation to correct all such violations. The failure of any medical marijuana collective to correct all violations in such sixty (60) day period shall be a violation of this ordinance.

### 5.87.040 - Medical marijuana collective operating conditions.

The director of financial management shall be responsible for assuring that any medical marijuana collective be and remain in compliance with all of the following conditions:

- A.

  The property is not located in an area zoned in the city for exclusive residential use. Medical marijuana collectives are not permitted to operate in exclusive residential zones as established pursuant to <u>Title 21</u> of this Code.
- B.

  The medical marijuana collective is not located within a one thousand five hundred (1,500) foot radius of a public or private high school or within a one thousand-foot radius of a public or private kindergarten, elementary, middle or junior high school. The distances specified in this subdivision shall be determined by the horizontal distance measured in a straight line from the property line of the school to the closest property line of the lot on which the medical marijuana collective is located, without regard to intervening structures.
- C.

  The medical marijuana collective is not located within a one

thousand-foot radius of any other medical marijuana collective. The distance specified in this subdivision shall be determined by the horizontal distance measured in a straight line from the property line of any other medical marijuana collective, to the closest property line of the lot on which the permitted medical marijuana collective is located, without regard to intervening structures.

Exterior building and parking area lighting at the property are in compliance with all applicable provisions of this Code.

All exterior or interior signs visible from the exterior of the property shall not be lighted.

No windows or roof hatches at the property shall be left unsecured so as to allow unauthorized entry, and shall be in compliance with all applicable building code provisions.

G.

The property provides sufficient sound absorbing insulation so that noise generated inside the premises is not audible anywhere on the adjacent property or public rights-of-way, or within any other building or other separate unit within the same building as the medical marijuana collective.

H. No odor generated inside the property shall be detected outside the property, anywhere on adjacent property or public rights-of-way, or within any other unit located within the same building as the medical marijuana collective.

No medical marijuana collective may manufacture edible medical marijuana for consumption by anyone other than qualified patient members and qualified patient management members of the collective, and all such manufacture shall be in compliance with all applicable state and local laws.

No medical marijuana collective shall fail to meet all applicable state and local laws to ensure that the operations of the collective are consistent with the protection of the health, safety and welfare of the community, qualified patients and their primary caregivers, and will not adversely affect surrounding uses.

K. No collective shall operate for profit. No cash and in-kind contributions, reimbursements or reasonable compensation provided by management members and members towards the collective's actual expenses of the growth, cultivation, and provision of medical marijuana shall be allowed other than as provided in strict compliance with state law.

- No cultivation of medical marijuana shall be allowed unless undertaken by the medical marijuana collective members and management members.
- M. No cultivation of medical marijuana by the medical marijuana collective members and management members shall occur outside of the boundaries of the City of Long Beach and only at the property identified on the medical marijuana registration form.
- No distribution of the medical marijuana collectively cultivated by the medical marijuana collective members and management members to collective members and management members shall occur outside of the boundaries of the City of Long Beach and only at the property identified on the medical marijuana permit application.
- If the cultivation of medical marijuana by the medical marijuana collective located within the City of Long Beach is to take place at a location other than the location where the medical marijuana is distributed to medical marijuana collective members and management members, then the location of cultivation shall likewise fully comply with the provisions of Section 5.87.040 and all of its subsections.
- In ordet to assure compliance with the requirements of M & O above every medical marijuana collective shall maintain, on-site at the property, cultivation records, signed under penalty of perjury by each management member, identifying the location within the City of Long Beach at which the medical marijuana was cultivated, and the total number of said plants cultivated at each location.
- Q. No medical marijuana distributed by the collective shall contain harmful pesticides or other contaminants regulated by local, state or federal regulatory or statutory standards; and
- There shall be no medical marijuana provided to collective members unless it is properly labeled in strict compliance with state and local laws.

### 5.87.070 - Inspection authority.

City representatives may enter and inspect the property of every medical marijuana collective between the hours of nine o'clock (9:00) a.m. and seven o'clock (7:00) p.m., or at any reasonable time to ensure compliance and enforcement of the provisions of this chapter, except that the inspection and copying of private medical records shall be made available to the police department only pursuant to a properly executed search warrant, subpoena, or court order. It is unlawful for any property owner, landlord, lessee, medical marijuana collective member or management member or any other person having any responsibility over the operation of the medical marijuana collective to refuse to allow, impede, obstruct or interfere with an inspection.

### 5.87.080 - Existing medical marijuana operations.

Any existing medical marijuana collective, dispensary, operator, establishment, or provider that does not comply with the requirements of this chapter must immediately cease operation until such time, if any, when it complies fully with the requirements of this chapter. No medical marijuana collective, dispensary, operator, establishment, or provider that existed prior to the enactment of this chapter shall be deemed to be a legally established use or a legal nonconforming use under the provisions of this chapter or the Code.

### 5.87.090 - Prohibited activity.

- A.

  It is unlawful for any person to cause, permit or engage in the cultivation, possession, distribution, exchange or giving away of marijuana for medical or nonmedical purposes except as provided in this chapter, and pursuant to any and all other applicable local and state law.
- B.

  It is unlawful for any person to cause, permit or engage in any activity related to medical marijuana except as provided in this chapter and in Health and Safety Code Sections 11362.5 et seq., and pursuant to any and all other applicable local and state law.
- C.

  It is unlawful for any person to knowingly make any false, misleading or inaccurate statement or representation in any form, record, filing or documentation required to be maintained, filed or provided to the city under this chapter.
- No medical marijuana collective, management member or member shall cause or permit the sale, distribution or exchange of medical

marijuana or of any edible medical marijuana product to any noncollective management member or member.

- No medical marijuana collective, management member or member shall allow or permit the commercial sale of any product, good or service, including, but not limited to, drug paraphernalia identified in Health and Safety Code Section 11364, on or at the medical marijuana collective, in the parking area of the property. An exception shall be made for persons who are not collective members or management members and who possess a valid city issued business license which authorizes the "place to place" sale of soil and nutrients to the collective, management members or members for the collective cultivation of medical marijuana by management members and members of the collective.
- No cultivation of medical marijuana at the property shall be visible with the naked eye from any public or other private property, nor shall cultivated medical marijuana or dried medical marijuana be visible from the building exterior. No cultivation shall occur at the property unless the area devoted to the cultivation is secured from public access by means of a locked gate and any other security measures necessary to prevent unauthorized entry.
- No manufacture of concentrated cannabis in violation of California Health and Safety Code Section 11379.6, is allowed.
- H.

  No medical marijuana collective shall be open to or provide medical marijuana to its members or management members between the hours of seven o'clock (7:00) p.m. and nine o'clock (9:00) a.m.
- No person under the age of eighteen (18) shall be allowed at the property, unless that minor is a qualified patient and is accompanied by his or her licensed attending physician, parent(s) or documented legal guardian.
- No medical marijuana collective shall possess medical marijuana that was not collectively cultivated by its management members or members either at the property or at its predecessor location fully permitted in accordance with this chapter.
- K. No medical marijuana collective, management member or member shall cause or permit the sale, dispensing, or consumption of alcoholic beverages on the property or in the parking area of the property.
- No dried medical marijuana shall be stored at the property in

structures that are not completely enclosed, in an unlocked vault or safe, in any other unsecured storage structure, or in a safe or vault that is not bolted to the floor of the property.

Μ.

Medical marijuana may not be inhaled, smoked, eaten, ingested, or otherwise consumed on the property, in the parking areas of the property, or in those areas restricted under the provisions of California Health and Safety Code Section 11362.79, which include:

- 1. Any place where smoking is prohibited by law;
- Within one thousand (1,000) feet of the grounds of a school, recreation center, or youth center;
- 3. While on a school bus;
- While in a motor vehicle that is being operated; or
- **5.** While operating a boat.

N.

Medical marijuana collective membership and management membership, established pursuant to this chapter, shall be limited to one (1) medical marijuana collective registered in accordance with this chapter.

Ο.

No person who has been convicted within the previous ten (10) years of a felony or a crime of moral turpitude, or who is currently on parole or probation for the sale or distribution of a controlled substance, shall be engaged directly or indirectly in the management of the medical marijuana collective, nor further, shall manage or handle the receipts and expenses of the collective.

### 5.87.100 - Violation and enforcement.

A.

Any person violating any provision of this chapter or knowingly or intentionally misrepresenting any material fact in the registration form herein provided for, shall be deemed guilty of a misdemeanor punishable by a fine of not more than one thousand dollars (\$1,000.00) or by imprisonment for not more than twelve (12) months, or by both such fine and imprisonment.

В.

As a nuisance per se, any violation of this chapter shall be subject to injunctive relief, revocation of the certificate of occupancy for the property, disgorgement and payment to the city of any and all

monies unlawfully obtained, costs of abatement, costs of investigation, attorney fees, and any other relief or remedy available at law or equity. The city may also pursue any and all remedies and actions available and applicable under local and state law for any violations committed by the medical marijuana collective, its management members, members or any person related or associated with the collective.

C.

Any violation of the terms and conditions of this chapter, or of applicable local or state regulations and laws not remedied as provided for in this chapter shall be deemed a misdemeanor punishable by a fine of not more than one thousand dollars (\$1,000.00) or by imprisonment for not more than twelve (12) months, or by both such fine and imprisonment.

### 5.87.120 - Operative date.

A.

This chapter will become effective one hundred twenty (120) days following its passage and adoption. The department of financial management will accept completed medical marijuana collective registration forms one hundred twenty (120) days prior to the effective date of this chapter.

В.

Each medical marijuana collective shall have an additional one hundred twenty (120) days from the operative date of this chapter to comply with the medical marijuana cultivation requirements set forth in Subsection <u>5.87.040M.</u>, and Subsection <u>5.87.090</u>O., of this chapter.

### 5.87.130 - Severability.

If any provision of this chapter, or the application thereof to any person or circumstance, is held invalid, that invalidity shall not affect any other provision or application of this chapter that can be given effect without the invalid provision or application; and to this end, the provisions or applications of this chapter are severable.

### 5.87.135-Designee

The City Manager or designee is hereby authorized to develop procedures necessary to implement this Ordinance in a fair and reasonable manner.

### 5.87.140 - Review of regulations.

On or before the first anniversary of the effective date of this chapter, the city council shall review the effectiveness of these regulations, and shall enact modifications, if necessary.



### **Code of Conduct**

Long Beach Collective Association members shall at all times:

- 1. Comply with all California Health and Safety Code sections that regulate Medical Marijuana activities.
- 2. Maintain and operate a Point of Sale (POS) system which shall accurately track inventory and member transactions.
- 3. Collect and promptly pay all California State Board of Equalization use taxes.
- 4. Promptly pay all Association Dues and assessments. Members who are delinquent will lose their voting privileges.
- 5. Cooperate with the Long Beach Police Department and Finance Department and voluntarily report any activity of any member patient or member which is a clear violation of the California Health and Safety Code and the Long Beach Municipal Code.
- 6. Promptly report to the association any member-patient whose activities have caused that member-patient to lose membership privileges and to refuse membership privileges to any patient-member who has lost such membership privileges at another member collective.
- 7. Be a good neighbor and voluntarily give back to the Long Beach Community via a 2% of gross revenues contribution to Long Beach Charities.
- 8. Provide licensed security personnel to assure every member-patient has safe access to their medication.
- 9. Insure that No member Collective shall cause or permit the sale, distribution or exchange of Medical Marijuana or of any Edible Medical Marijuana product to any non Collective member.
- 10. No member Collective shall allow or permit the commercial sale of any product, good or service, including but not limited to drug paraphernalia identified in Health and Safety Code Section 11364, on or at the Medical Marijuana Collective, in the parking area of the Collective's Property. An exception shall be made for persons who are not Collective members or Management Members and who possess a valid City issued business license which authorizes the "place to place" sale of soil and nutrients to the Collective, Management Members or members for the collective cultivation of Medical Marijuana by Management Members and members of the Collective.
- 11. No cultivation of Medical Marijuana at the Collective's Property shall be visible with the naked eye from any public or other private property, nor shall cultivated Medical Marijuana or dried Medical Marijuana be visible from the building exterior. No cultivation shall occur at the Collective's Property unless the area devoted to the cultivation is secured from public access by



means of a locked gate and any other security measures necessary to prevent unauthorized entry.

- 12. No manufacture of Concentrated Cannabis in violation of California Health and Safety Code Section 11379.6 is allowed.
- 13. No Medical Marijuana Collective shall be open to or provide Medical Marijuana to its members or Management Members between the hours of seven o'clock (7:00) P.M. and nine o'clock (9:00) A.M.
- 14. No person under the age of eighteen (18) shall be allowed at the Collective's Property, unless that minor is a Qualified Patient and is accompanied by his or her licensed Attending Physician, parent(s) or documented legal guardian.
- 15. No member Collective shall possess Medical Marijuana that was not collectively cultivated by its Management Members or members at the Property location registered with the City of Long Beach.
- 16. No member Collective shall cause or permit the sale, dispensing, or consumption of alcoholic beverages on the Property or in the parking area of the Collective's Property.
- 17. No dried Medical Marijuana shall be stored at the Collective's Property in structures that are not completely enclosed, in an unlocked vault or safe, in any other unsecured storage structure, or in a safe or vault that is not bolted to the floor of the Property.
- 18. Medical Marijuana may not be inhaled, smoked, eaten, ingested, or otherwise consumed on the Property, in the parking areas of the Collective's Property, or in those areas restricted under the provisions of California Health and Safety Code Section 11362.79, which include:
  - a. Any place where smoking is prohibited by law;
  - b. Within one thousand feet (1,000') of the grounds of a school, recreation center, or youth center;
  - c. While on a school bus;
  - d. While in a motor vehicle that is being operated; or
  - e. While operating a boat.
- 19. No person who has been convicted within the previous ten(10) years of a felony or a crime of moral turpitude, or who is currently on parole or probation for the sale or distribution of a controlled substance, shall be engaged directly or indirectly in the management of the member Collective nor, further, shall manage or handle the receipts and expenses of the member Collective.
- 20. The Collective's property shall be monitored at all times by closed-circuit television for security purposes. The camera and recording system must be of adequate quality, color rendition and resolution to allow the ready identification of an individual on or adjacent to the property. The recordings shall be maintained at the property for a period of not less than thirty (30) days.



- 21. The Collective's property shall have a centrally-monitored fire and burglar alarm system.
- 22. A sign shall be posted in a conspicuous location inside the Collective's property advising:
  - 1. The diversion of marijuana for nonmedical purposes is a violation of state law.
  - 2. The use of marijuana may impair a person's ability to drive a motor vehicle or operate heavy machinery.
  - 3. Loitering at the location of a medical marijuana collective for an illegal purpose is prohibited by California Penal Code Section 647(h).
  - 4. This medical marijuana collective is registered in accordance with the laws of the City of Long Beach.
  - 5. The sale of marijuana and the diversion of marijuana for nonmedical purposes are violations of state law.
- 23. Maintain the following accurate and truthful records on the Collective's property:
  - a. The full name, address and telephone number(s) of the owner, landlord and/or lessee of the Collective's property.
  - b. The full name, address and telephone number(s) and a fully legible copy of a government issued form of identification of each collective member engaged in the management of the collective and a description of the exact nature of the participation in the management of the collective. Acceptable forms of government issued identification include, but are not limited to: Drivers licenses or photo identity cards issued by state department of motor vehicles (or equivalent) that meets REAL ID benchmarks, a passport issued by the United States or by a foreign government, U.S. military ID cards (active duty or retired military and their dependents), or a permanent resident card.
  - c. The full name, address and telephone number(s) of each collective member and management member who participates in the collective cultivation of medical marijuana.
  - d. The full name, date of birth, residential address, and telephone number(s) of each collective member and management member; the date each member and management member joined the collective; the exact nature of each member's and management member's participation in the collective; and the status of each member and management member as a qualified patient or primary caregiver.
  - e. A written accounting of all cash and in-kind contributions, reimbursements, and reasonable compensation provided by the collective management members and members to the collective, and all expenditures and costs incurred by the collective.



## LONG BEACH COLLECTIVE ASSOCIATION

- f. An inventory record documenting the dates and amounts of medical marijuana cultivated at the property, and the daily amounts of medical marijuana stored on the property.
- g. Proof of a valid medical marijuana collective registration submitted to the department of financial management in conformance with the laws of the City of Long Beach.

Security:

To ensure privacy, images from remote sites were prevented from downloading. Show Images

Honorable Mayor Foster and Council Members

Banning all medical marijuana dispensaries in Long Beach would be tantamount to closing all of the pharmacies and drug stores because of prescription drug abuse. As a nation, we seem readily able to tolerate the ever-growing misuse of physician prescribed medications but vilify a much safer herbal compound. Meds issued by pharmacies are estimated to kill over 700,000 Americans every year, yet there has not been one documented death from medical cannabis.

One of the myths touted as a reason to close these clinics is that they create crime. In fact, a recent independent Rand study handily proved otherwise. The report was so profound that political forces who have a vested monetary interest in perpetuating this myth put pressure on Rand to squash it. The reality is that should a ban be enacted, the juvenile gangs will be more than happy to step up to the plate with regulation becoming an impossibility.

I often hear naïve suggestions that the patients should grow their medicine, in their own backyards. Imagine yourself one day receiving the news from your doctor that you have cancer and may only have a few months to live--you must begin chemotherapy in a week. How will you have the resources, expertise, energy and time to grow the medicine that you will need? What if you live in an apartment? What if you are just too sick or disabled? How can you force a plant to grow to maturity in a week? The whole concept is absurd.

Until the Long Beach City Council is ready to close all of the pharmacies and drug stores, the bars and liquor stores, the tobacco and convenience stores that sell alcohol and tobacco, it is ludicrous for them to ban the medical marijuana dispensaries. For the patients who are ill and/or disabled, it would be cruel and inhumane.

Instead, the Council needs to work with the clinics and citizens to find a rational solution and reasonable regulations. In addition, they must petition the state of California to fulfill their obligation in this arena—"to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana," as declared in the Compassionate Use Act of 1996.

Peace be with you,

Diana Lejins POB 14446 LB, CA 90853-4446

Working to make the World a better place,

diana

RE: Ban on LB MMj Clinics cruel and inhumane 12-11 Don May

12-13-11 ORD-14

12/10/2011 05:06 PM

### Aloha Long Beach City Council,

Diana Lejin's thoughtful letter to you made me think you may appreciate the difficulties caretakers of the elderly and disabled face in obtaining meds for their kapuna. Many of you will remember my wife, Renee May, for her work as CFO of Long Beach Boys & Girls Club and CFO of Family Service of Long Beach. Her mother, now 98 and living with severe dementia and chronic arthritis, lives with us. She has been unable to stand or speak in many years, but used to rub her hands and knees and grimace much of the time. I tried a concoction of cannabis extracted from home grown (with a medical marijuana permit) with ethanol, mixed with Vicks vapor rub, massaged into her hands, wrists and knees. She has stopped with the rubbing and pain face. Now she spends her days sitting on our lanai overlooking the He'eia wetlands and Ko'olau pali listening to the melodious shama thrush with a smile of contentment on her face. I truly believe she has never been happier in her life.

Although we have a compassionate use act over here, we do not have dispensaries where edible medicine and salves may be safely obtained. Proper preparation of useful meds is quite often beyond the capabilities of the most needy, even if the raw weed is available. Please do not take safe access away from Long Beach's most needy.

Another touching story appeared in today's New York Times:

Mele Kalikimaka and a Happy Prosperous New Year to all in Long Beach!

Don May

December 9, 2011

# My Mother-in-Law's One High Day

By MARIE MYUNG-OK LEE

WHEN my mother-in-law was in the final, harrowing throes of <u>pancreatic cancer</u>, she had only one good day, and that was the day she smoked pot.

So I was heartened when, at the end of last month, the governors of Washington and Rhode Island petitioned the Obama administration to classify marijuana as a drug that could be prescribed and distributed for medical use. While medical marijuana is legal in 16 states, it is still outlawed under federal law.

My husband and I often thought of recommending marijuana to his mother. She was always nauseated from the chemotherapy drugs and could barely eat for weeks. She existed in a Percocet and morphine haze, constantly fretting that the sedation kept her from saying all the things she wanted to say to us, but unable to face the pain without it. And this was a woman who had such a high tolerance for pain, coupled with a distaste for drugs, that she insisted her dentist not use Novocain and gave birth to her two children without anesthesia. But despite marijuana's power to relieve pain

and nausea without loss of consciousness, we were afraid she would find even the suggestion of it scandalous. This was 1997, and my mother-in-law was a very proper, law-abiding woman, a graduate of Bryn Mawr College in the 1950s. She'd never even smoked a cigarette.

But then an older family friend who worked in an <u>AIDS</u> <u>hospice</u> came bearing what he said was very good quality marijuana. To our surprise, she said she'd consider it. My husband and I — though we knew nothing about marijuana paraphernalia — were dispatched to find a bong, as the friend suggested water-processing might make the <u>smoking</u> easier for her. We found ourselves in a head shop in one of the seedier neighborhoods in New Haven, where my husband went to graduate school, listening attentively to the clerk as he went over the finer points of bong taxonomy, finally just choosing one in her favorite color, lilac.

She had us take her out on the flagstone patio because she refused to smoke in her meticulously kept-up house. Then she looked about nervously, as if expecting the police to jump out of the bushes. She found it awkward and strange to smoke a bong, but after a few tries managed to get in two and a half hits.

And then she said she wanted to go out to eat.

For the past month, we'd been trying to get her to eat anything: fresh-squeezed carrot juice made in a special juicer, Korean rice gruel that I simmered for hours, soups, oatmeal, endless cans of Ensure. Sometimes she'd request some particular dish and we'd eagerly procure it, only to have her refuse it or fall back asleep before taking a bite. But this time she sat down at her favorite restaurant and ordered a gorgeous meal: whitefish poached with lemon, hot buttered rolls, salad — and ate every bite.

Then she wanted to go to Kimball's, a local ice cream place famous for cones topped with softball-size scoops. The family had been regular customers starting all the way back when my husband and his brother were children, but they hadn't been there since her illness. My husband and I shared a small cone, which we could not finish, and looked on in awe as my mother-in-law ordered a large and, queenishly spurning any requests for a taste, polished the whole thing off — cone and all — and declared herself satisfied.

We were of course raring to make the magic happen again, but it never did. The pot just frightened her too much. She was scared her friend would be arrested for interstate drug trafficking, that my husband and I would be mugged in New Haven; she was afraid she'd become addicted or (à la "Reefer Madness") go insane. It was difficult watching her reject something that had so clearly alleviated her nausea and pain and — let's admit it — lightened her mood in the face of the terrible fact that cancer had invaded nearly every essential organ. And it was even worse to watch her pumped, instead, full of narcotics that made her feel horrible. The Percocet gave her a painfully dry mouth, but even ice chips made her heave. We were reduced to swabbing her lips with little sponges dipped in water, and waiting out her agony.

My husband and I have dredged up the memory of that one good day many times since, how she smiled and joked, for the last time seeming a little like her old self.

After the funeral, saying goodbye to all the family and friends, supervising the removal of the hospital bed, bedpans and related paraphernalia, one of the last things my husband and I did, under the watchful eyes of the hospice nurse, was destroy her remaining Percocets. We opened the multiple bottles and knelt in front of the toilet to perform this secular water rite, wishing there had been other days, other ways, a softer way for her to leave us.

Marie Myung-Ok Lee, the author of the novel "Somebody's Daughter," teaches writing at Brown University.

From: diana lejins [mailto:dianalejins@yahoo.com]

Sent: Friday, December 09, 2011 11:47 AM

To: Suja Lowenthal; Patrick ODonnell; Gerrie Schipske; Dee Andrews; James Johnson; Rae Gabelich; Steve Neal; Gary DeLong;

Bob Foster; Robert Garcia

Cc: Nancy Muth

Subject: Ban on LB MMj Clinics cruel and inhumane 12-11

Honorable Mayor Foster and Council Members

Banning all medical marijuana dispensaries in Long Beach would be tantamount to closing all of the pharmacies and drug stores because of prescription drug abuse. As a nation, we seem readily able to tolerate the ever-growing misuse of physician prescribed medications but vilify a much safer herbal compound. Meds issued by pharmacies are estimated to kill over 700,000 Americans every year, yet there has not been one documented death from medical cannabis.

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Until the Long Beach City Council is ready to close all of the pharmacies and drug stores, the bars and liquor stores, the tobacco and convenience stores that sell alcohol and tobacco, it is ludicrous for them to ban the medical marijuana dispensaries. For the patients who are ill and/or disabled, it would be cruel and inhumane.

Instead, the Council needs to work with the clinics and citizens to find a rational solution and reasonable regulations. In addition, they must petition the state of California to fulfill their obligation in this arena—"to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana," as declared in the Compassionate Use Act of 1996.

Peace be with you,

Diana Lejins POB 14446 LB, CA 90853-4446

Working	to	make	the	World a	better	place,
diana 🗜						

### Citizen Mail Request to the Mayor

patteeburchett to mayor

My Area Of Concern: Comments and Questions

Dear Mayor,

We have never met, but I hold your position in high regard as a spokesperson for myself and other residents of our district. On Dec 13, you will meet with the council and discuss the medical marijuana collective issue again. You must be tired of it, no? Sir, I implore you to consider the needs of residents like myself when you debate. I am a 52 year old disabled female. I collect Social Security as my only income. Medical marijuana collectives provide a safe, regulated place for me to obtain my cannabis. I use it for an anxiety-related illness, as well as for fibromyalgia and COPD. Yes, COPD. Conversely enough, the strain of marijuana called "sativa" is an excellent way for me to battle that without additional prescribed medications, which I already take plenty of. I cannot tell you how I, personally, would suffer if my access was denied to a routinely used medication. The fear of trying to find an illegal "dope dealer" type at my age and stage in my life is BIG. not to mention the prices I would probably have to pay. I have never been in trouble with the law, and I am not about to start now. Please. Mr. O'Donnell, I am only one of many. Please help our message get through.

Respectfully,

Patricia Burchett

Long Beach, CA 90804

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patteeburchett to mayor

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Respectfully,

Patricia Burchett

Day Phone: 5629300407

Evening Phone: 5629300407

1610 Loma Ave

Long Beach, CA 90804

E-mail: patteeburchett@aol.com

### Constituent call regarding Medical Marijuana Item Carmen Viramontes to: Nancy Muth

12/13/2011 02:48 PM

Dennis Cook called the Mayor's Office about his son who has a ADD. His son has been prescribed pharmaceuticals to deal with symptoms and the affects of medication are often worse than the actual disease. The family has been through a lot in coping with his son's disability.

His son has been able to reestablish some sense of normalcy since he's been using medical marijuana his son and the family is pleading with the City to allow dispensaries to stay open. It's the only thing that has helped his son behave and feel normal.

Regards,

Carmen Viramontes
Office of Mayor Bob Foster
333 W. Ocean Blvd., 14th Floor
Long Beach, CA 90802
PH: 562-570-5229 Fax: 562-570-6538

Note: My email address has changed. It is now carmen.viramontes@longbeach.gov. Please update your address book with my new email address.

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### Medical Marijuana Pack, et al. v. Long Beach \_itigation Update

December 13, 2011

Long Beach City Attorney's Office

- In 2010, the City enacted LBMC Chapter 5.87 to cultivation and use of medical marijuana and creating a permit scheme to both allow the regulate medical marijuana collectives by protect public health and safety.
- 5.87 required each collective to obtain a permit and comply with specific regulations such as operational requirements and location restrictions,

- In an effort to enjoin enforcement of the patients of medical marijuana collectives filed Pack et al. v. City of Long Beach. City's ordinance and permit process,
- and was thereby preempted by the federal federal Controlled Substances Act (CSA) The lawsuit alleged 5.87 permitted or compelled conduct prohibited by the

medical marijuana collectives rather than ordinance, which permits and regulates The Court of Appeal reviewed the Pack merely decriminalizing specific acts, is case to determine "whether the City's preempted by federal law."

- On October 4, 2011, the Court of Appeal issued its decision in the Pack case.
- marijuana was preempted by federal law. permitting scheme to regulate medical The Court determined that the City's
- This decision struck down the core of the City's ordinance, and bars any permit scheme for medical marijuana.

### The Court stated:

- "Federal law prohibits the possession and distribution of marijuana...there is no exception for medical marijuana."
- instead authorize the operation of collectives "The conclusion is inescapable...the permits permit provisions, including the substantial by those which hold them. As such, the application fees and renewal fees...are federally preempted."

measure regulating medical marijuana to The Pack decision effectively forbids the City from enacting any affirmative protect public health and safety.

- Therefore, the City <u>cannot</u> do anything that would affirmatively promote the sale, possession, or distribution of marijuana, including:
- Require a permit as a condition of operating in the City;
- implementation of a lottery system in order to such as schools or parks and a dispensary; create buffers between sensitive land uses Adopt regulations related to the

- Adopt regulations that would lead to the issuance of a permit to allow a medical marijuana cultivation site;
- Issue building, construction, or health permits that would facilitate the operation of a collective or cultivation site;
- Adopt regulations establishing fees in order to related to the permitting or monitoring of a recoup the cost of staff time or expense collective or cultivation site;

- Conduct inspections of any medical marijuana site that would in any way suggest the City was permitting or acknowledging the legitimacy of the site;
- Require the testing of medical marijuana product to ensure the product is safe for consumption; or
- Limit the number of collectives in any given area or council district,

Attorney General, to support its conclusion that a permitting scheme is preempted by 'great weight" to the position of the U.S. In reaching this decision, the Court gave federal law.

 In November 2011, the 4 California U.S. Attorneys jointly reiterated that under state and federal law, for-profit dispensaries are <u>illegal</u>.

anything in this section authorize any individual or group (Cal Health & Safety Code § 11362.765(a): "Nor shall to cultivate or distribute marijuana for profit.")

individual members of the City Council and process <u>may</u> be subject to federal criminal City employees involved in the permit prosecution for aiding and abetting a Moreover, the Court suggested that criminal offense by stating:

violate federal law by aiding and abetting (or ordinance 'requires' certain City officials to facilitating) a violation of the federal CSA. "There may be an issue of whether the

- On November 10, 2011, the City filed a Petition for Review with the State Supreme Court.
- unlawful to protect the health, safety, and marijuana, but can declare dispensaries In the interim, based on Pack, the City may not affirmatively regulate medical welfare of the community.

- requested the following action by the City decision in the Pack case, the City Council In response to the Court of Appeal Attorney's Office:
- Supreme Court (filed November 10, 2011). 1. File a Petition for Review by the California
- 2. Draft an ordinance repealing Chapter 5.87.
- 3. Draft an ordinance banning dispensaries in the City.

Date: December 13, 2011

To: Mayor Foster and Members of the City Councile

From: Joan Greenwood, 2091 San Francisco Ave., Long Beach, CA 90806

RE: Agenda Item 14

**Opposition to Emergency Ordinance** 

I am opposed to implementation of this ordinance as an emergency measure and am submitting the following documents for the public record:

1. "Maine Medical Use of Marijuana Program Annual Report", Department of Health and Human Services, March 2011

2. "Medical Marijuana Dispensaries Selected for all Eight Districts', Division of Licensing and Regulatory Services, Maine Department of Health and Human Services, December 13, 2011

 "Maine's Medical Marijuana Law", Maine State Law and Legislative Reference Library downloaded on December 13, 2011 from <a href="http://www.maine.gov/legis/lawlib/medmarij.html">http://www.maine.gov/legis/lawlib/medmarij.html</a>

4. "Obama Administration to Stop Raids on medical Marijuana Dispensers", The New York Times, March 19, 2009 downloaded from <a href="http://www.nytimes.com/2009/03/19/us/19holder.html">http://www.nytimes.com/2009/03/19/us/19holder.html</a>

5. "State and Federal Marijuana Laws Collide", USA Today, November 9, 2010 downloaded from http://www.usatoday.com/news/nation/2010-11-09-1Amedmarijuana09\_ST\_N.htm?loc=i...

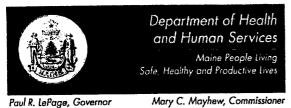
These documents provide substantive information on the Medical Use of Marijuana Program for the State of Maine and the Justice Department's position on dispensaries operating in compliance with State law and local ordinances.

If the State of Maine with a population of under 1.4 million has the resources to develop, implement and monitor distribution of medical marijuana through authorized dispensaries, then the City of Long Beach is fully capable of taking a leadership role in this issue.

Key elements of Maine's approach authorized by a public vote in 2009 that were totally absent in the process followed in this City become very apparent when you read the March 2011 Annual Report (Reference 1 above). The most important differences are that Maine's program had considerable involvement of a Task Force to study implementation of similar laws in other states. The Task Force was also empowered to make recommendations for changes in the enacted law and to advise the Department of Health and Human Services (DHHS) in its development of proposed rules and fee schedules. The DHHS determined the need and general locations for dispensaries. Qualified dispensary operators were selected for each area based on responses to a Request For Proposals.

In addition, recommendations for medical marijuana use could only be issued by certified physicians for patients with "intractable pain", which eliminated many of the abuses that occur under our ordinance. Parents are required to accompany minor children on visits to the dispensaries. Liability concerns voiced by physicians are addressed by having patients sign a "consent to treat" form. Covering the costs for oversight by the DHHS is also discussed in the report.

Thank you for your time and consideration of the points that I have expressed this evening and the best practices followed in the State of Maine.



Department of Health and Human Services Commissioner's Office 221 State Street #11 State House Station Augusta, Maine 04333-0011 Tel: (207) 287-3707 Fax (207) 287-3005; TTY: 1-800-606-0215

### Maine Medical Use of Marijuana Program **Annual Report**

March, 2011

Submitted by:

**Department of Health and Human Services** 

### Introduction and Background

A landmark citizens' initiative made Maine the 14<sup>th</sup> state to have a medical marijuana law, and one of a handful of states to have a dispensary system to improve patient access to marijuana for medical use. The law that passed on November 3, 2009, created a fast paced timetable for the development of a distribution and registry identification system.

Several aspects of the new law were unclear, as was the method of administering the new requirements. Governor John E. Baldacci created, by Executive Order, a Task Force to:

- Review the implementation of similar laws in other states;
- Make recommendations on the implementation of the law in Maine, including recommendations for changes in the enacted law that are deemed necessary to ensure effective implementation and ongoing monitoring of the medical marijuana program, and protection of public health and safety; and
- Advise the Department of Health and Human Services in its development of proposed rules and fee schedules.

The Task Force report was submitted to the Governor on January 27, 2010, with suggested changes to the law. Public Law 2009 Chapter 631 amended the Maine Medical Use of Marijuana Act, with an effective date of April 9, 2010.

The Department of Health and Human Services is required to submit an annual report by April 1st each year that does not disclose any identifying information about cardholders or physicians, but does contain, at a minimum:

- A. The number of applications and renewals filed for registry identification cards;
- B. The number of qualifying patients and primary caregivers approved in each county;
- C. The nature of the debilitating medical conditions of the qualifying patients;
- D. The number of registry identification cards revoked;
- E. The number of physicians providing written certifications for qualifying patients;
- F. The number of registered dispensaries; and
- G. The number of principal officers, board members, and employees of dispensaries.

The purpose of this report is to fulfill that requirement.

The initiated bill also required the Maine Medical Use of Marijuana Program to be self-sustaining and totally funded from fees collected under the program. The law also allows the program to receive donations. In addition to reporting on the program to the Joint Standing Committees on Criminal Justice and Health and Human Services, the law requires a report to the Joint Standing Committee on Appropriations to account for advances made to the program from the General Fund, as follows:

For fiscal year 2010-11, the State Controller is authorized to advance up to \$250,000 from the General Fund to the Medical Use of Marijuana Fund, established under the Maine Revised Statutes, Title 22, Section 2430 in the Department of Health and Human Services, to provide start-up funds for the implementation of this Act.

Funds advanced to the Medical Use of Marijuana Fund under this section for fiscal year 2010-11 must be returned to the General Fund on or before June 30, 2011. Repayment of the working capital advance is considered an expense of the Department of Health and Human Services in administering this Act, and funds in the Medical Use of Marijuana Fund may be used to repay the working capital advance provided during fiscal year 2010-11.

On April 1, 2011, the State Controller and the Department of Health and Human Services shall report to the joint standing committees of the Legislature having jurisdiction over health and human services matters and appropriations and financial affairs on the status of funds advanced and repaid under this section.

This report is intended to provide a report on this requirement, as well.

### Program Start-Up Challenges, Issues and Policy Considerations

The work required to implement the Maine Medical Use of Marijuana Program, hereinafter referred to as MMMP, started the day after the initiated bill was passed by the voters. There were many challenges:

1. Interface between the new and old law. Clarity between the old informal affirmative defense system of obtaining marijuana with permission of the physician and the new registry identification card system was not provided until Public Law 2009 Chapter 631 was passed on April 9, 2010. It allowed patients using marijuana for medical purposes a six month period of time to become compliant with the new system.

Thus, the window of opportunity to provide public information to patients, caregivers and physicians about how the new program would be structured was small. Transparency in the development of the program was crucial. Information concerning the MMMP was added to the Department's website. The media provided excellent coverage in order to reach as many citizens as possible with developing information.

In the end, many caregivers and patients waited until the informal system expired, or was about to expire, to apply. By November 30, 2010, 109 registry cards had been issued, and the program was keeping up with the incoming applications. March 15, 2011, the number of applications approved grew to 773.

- 2. Rule development. While the Governor's Task Force held its meetings, the Department began to draft conceptual rules to demonstrate how the program might be structured in response to the citizens' initiated law. It wasn't until Public Law 2009 Chapter 631 was passed, however, that rules could be finalized.
  - By July 1, 2010, the department was required to have routine technical rules in place. The deadline for accepting applications was July 1, 2010. Emergency rules were adopted on May 4, 2010, and permanent rulemaking was completed with an effective August 4, 2010. To obtain as much public comment as possible, the Department utilized all avenues of media to advertise the public hearing on the proposed rules. The hearing took place at the committee room of the Joint Standing Committee on Health and Human Services, allowing the hearing to be broadcast.
- 3. Resource allocation. Two positions were authorized for SFY '11. Neither position was created in time to prepare for the program start-up on July 1, 2010, since the statutory authority only became final on April 9, 2010. The law specified that if the Department was not accepting applications by July 1, 2010, then qualifying patients could commence an action in Superior Court to compel the department to perform the actions mandated pursuant to the provisions of this chapter. The department began accepting applications in May and met the statutory requirement with existing resources. The positions approved to manage the program were filled in July and August 2010.

Two aspects of the new law required the expenditure of resources to develop the technology necessary to manage the Registry identification card system and to implement the requirement that the department verify to law enforcement personnel whether a registry identification card is valid [without disclosing more information than is reasonably necessary to verify the authenticity of the registry identification card]. Law enforcement need for this information is 24 hours a day, 7 days a week.

The Department engaged Sauper Associates of New Jersey to reconfigure their Automated Licensing Management System, hereinafter ALMS, to meet the needs of the Registry. ALMS is the platform for managing professional licensing at the Department of Professional and Financial Regulation, and this provided a fast turnaround for a functional Registry management data system.

The licensing functionality and minimal standard reporting allows staff to manage the program day-to-day. To renew cards, track complaints and schedule inspections under MMMP, additional features must be configured. In order to prepare this report, an additional view of ALMS data was required.

4. Law enforcement. Benefits to patients and caregivers under the MMMP are significant. Under the informal law, a patient or caregiver could be arrested for possession of marijuana and have an "affirmative defense" in court if they had a letter from a physician authorizing them to use marijuana for medical conditions. The new law provides a registration process and anyone with a valid Registry identification card will not be arrested if they are engaged in authorized conduct.

There are several reasons why simply relying on a Registry identification card is not enough for law enforcement. Caregivers are authorized to grow marijuana for their patients. If their patient is no longer participating in the program, then their authority ceases, even though they may have a Registry identification card in their position.

Another reason is prompted by drug enforcement. Law enforcement officials may be pursuing an investigation regarding grow operations. Before entering with a search warrant, determining that a legitimate growing operation is approved at that location will save time and resources.

An interface between the MMMP database and the Department of Public Safety metro switch was designed and is ready for testing. This will provide law enforcement roadside access to data to verify a card holder's participation in the MMMP or to validate the location of a growing operation. Currently, the system is dependent on a telephone call to DLRS, and only limited staff have access to the data.

5. **Dispensary development.** Public Law 2009 Chapter 631 limited the number of dispensaries that could be authorized to eight. It specified that no more than one could be approved in each of the eight public health districts. This necessitated a competitive bidding process and the development of criteria for selection of the most appropriate application for each district.

By July 1, 2010, the Department had selected six applications. Two of the districts failed to attract applications that met the minimum scoring required. Those two districts were rebid and selections made in August 2010.

Municipalities have played a central role in the development and location of growing locations and dispensary sites. Public Law 2009 Chapter 631 provided little guidance to municipalities on local zoning and ordinance development. Immediately, many municipalities began implementing local moratoriums. While many have already completed their local regulation requirements, several have extended their moratoriums.

The Department anticipated that municipalities would need time to carry out their local processes. No points were awarded to applicants based on location. This foresight, in the end, provided applicants the time needed to work with local officials, even if it meant moving their sites to other locations or municipalities within the district.

6. **Medical conditions.** Start-up challenges related to medical conditions involved public education of patients and physicians. It was clear that some patients who were authorized by their physicians under the informal system would not qualify under the new program.

Explaining the definition of "intractable pain" was of the most concern to the Department with regard to physician certification. It is also difficult to explain to patients that their real pain may not reach the level of "intractable" and that might be the reason why their physician is unwilling to authorize their use of marijuana. Other conditions appear to be more objectively diagnosed.

Some physicians have expressed concern that their patients are merely drug seeking, and may be seeing multiple physicians for prescribed medications and for authorization to use marijuana. This perceived conflict may cause physicians to forego this method of treatment in patients who may indeed benefit from it and possibly decrease their use of addicting pain medications and their side effects. A concern expressed is that the recommendation for marijuana is not included on the Maine Prescription Monitoring Program.

Many patients found it difficult to locate physicians who would consider their use of marijuana for medical conditions. The name of physicians in the program was made confidential by the law. The Maine Medical Association provided a great deal of education to its members about the MMMP and the unduplicated count of physicians participating is steadily increasing. The number of unique physicians is currently 118. Physicians are still concerned with the liability attached to their recommendations should a patient either have an adverse reaction, a drug interaction, or be involved in an accident. Some employers have prohibited their physicians from recommending the use of marijuana. The physician certification forms developed by the Department were augmented by a "consent to treatment" form to be signed by their patients.

7. Caregivers. There is a fine line between authorized and illegal conduct. Some growers of marijuana for medical use have been in "business" for a long period of time. They will compete with dispensaries for patients. They are very organized and networked throughout the state. They advertise on the internet for patients. They advertise that they buy and sell across state lines. They advertise they can find physicians who will certify patients for marijuana. They advertise they buy and sell seeds and clones. This is reflective of the medical marijuana culture that existed prior to the formalization of the new Registry system and anticipated inspections of caregiver grow sites. The transition to a regulated industry will bring its enforcement challenges. It will take some time for conformance to be achieved.

The Department does not have a law enforcement function. Inspection of caregiver grow locations has not yet been scheduled due to the newness of the program. Inspections will be conducted with 24 hours notice, and limited to those locations where caregivers grow for three or more patients. Inspections will be limited to whether the marijuana is grown in the required enclosed locked facility, and whether the number of plants and amounts of prepared marijuana are within lawful limits. If unlawful activity is identified, a referral to law enforcement will ensue. The Department may also take samples of marijuana to test for pesticides, mold, mildew and heavy metals.

Law enforcement officers have expressed concern that the Department may not have adequately regulated the number of seedlings caregivers can possess for each patient. While some of their investigations found caregivers under the informal system possessed the correct number of mature plants, the excessive number of seedlings in possession was far greater than needed to produce the proper sized crop, suggesting that a black market operation may be occurring.

Unraveling both authorized and unauthorized conduct will continue to be a challenge. The Department is considering whether to further regulate and define the amount of "incidental" marijuana that may be possessed. Not enough is known about the number of seedlings needed to yield six mature plants.

The quality of medical marijuana is not a science that has been rigorously studied. In contrast to dispensaries, which will be highly regulated, patients will have less information about the quality of the marijuana grown by caregivers. Decisions to grow marijuana, obtain it from a caregiver, or obtain it from a dispensary will be solely a patient decision. The department does not promote one source of marijuana over others. It also does not provide information about individual caregivers, but does provide contact information for the dispensaries because it is public information.

Quality can be defined in various ways. Little peer reviewed literature is available concerning the medical qualities of marijuana. Most research available on the internet is anecdotal as are compilations of experiences in the use of marijuana for various medical conditions, some of which are authorized by Maine law.

Patients want marijuana that contains the right amount of THC (delta-9-tetrahydrocannabinol) and cannabinoids that provide relief for their medical condition. Testing for these levels is not required, nor is it readily available since marijuana is still an illegal drug from a federal perspective. Such testing may be routinely done at dispensaries, and the information provided to patients. However, it is not known whether it will be done at the individual caregiver level.

Anecdotally, a few patients have already terminated a relationship with a caregiver over the quality and price of the marijuana. Not only did the patient feel the quality was inferior, the caregiver, who was recommended to the patient by an internet social media site, did not disclose his/her full name, where the marijuana was grown or how it was grown. Marijuana is susceptible to mold and mildew if not properly grown, and this could make sick patients sicker.

8. Individuals on probation. Several inquiries to the MMMP have been made by probationers and those who are incarcerated. A general response to incarcerated individuals is that they cannot possess it in jail facilities of any kind.

Probationers at both the state and federal levels who have conditions that qualify for the medical use of marijuana have posed different issues. The Department has conferred on some case-specific issues as well as conducted general training in the MMMP for federal parole officers.

Regardless of whether it is a state or federal probationary case, thought should be given to the conditions for probation on an individual basis when a patient's physician recommends the use of marijuana for medical purposes. Probation officials have generally commented a lack of concern about use for medical reasons, but came short of recommending patients grow it for themselves.

- 9. Hash and kief. Hash and kief are still illegal to possess or sell. When interpreting the Maine Medical Use of Marijuana Act, as amended, it is important to interpret it in concert with the Maine Criminal Code.
- 10. **Price.** Some individuals have commented that by accepting the proposals from dispensaries, the state has "set the price" of marijuana obtained from dispensaries. This is not the case. Price will be a function of cost of production, demand and competition. All dispensaries have indicated that marijuana will be available on a sliding fee scale, using any number of formulas for determining "inability to pay". The price per ounce indicated in each of the business plans was the assumption used to determine whether the income expected would cover expenses at a set price. Dispensaries will be operated on a non-profit basis and should not be generating large amounts of revenue in excess of expenses, and all should have a plan for distributing their net revenues at the end of each year, after taking into account their business needs, e.g. expansion or renovation needs.

An interesting point regarding price is the relationship between the price of marijuana acquired from dispensaries and that purchased on the black market. Theoretically, if a patient could purchase marijuana at a reduce price from a dispensary, the patient can sell it on the black market and make money. While this concern has been expressed, there is no way to prevent this from occurring.

- 11. Substance abuse and addiction. Dispensaries are required to provide patients information with regard to substance abuse issues, and recognizing the signs of addiction. There is controversy over whether marijuana is in fact addicting. The concern for the MMMP program is for the patient to take the right amount at the right dose and at the right time, as with any legal drug. Dispensaries will assist patients in finding a therapeutic dose and provide tracking sheets for patients to monitor the dosage against the relief. In the event the patient builds a tolerance to the particular strain of marijuana that requires increased dosing, it is recommended that the dispensary work with the patient to find another strain that can be taken at lower doses. The dispensaries have agreed to collect information on the amount of marijuana dispensed for the varying medical conditions to gain more insight into the therapeutic value for those conditions.
- 12. Confidentiality. Public Law 2009 Chapter 631 explicitly states what must be printed on the Registry identification cards. During design and start-up, the Department realized that caregiver cards do not have to identify the patient by name. Having this name on the card could result in unwarranted knowledge that an individual is a patient in the MMMP when there is no need for law enforcement to know this information. Thus, the Department recommends that this information be deleted and that the patient's randomized number be included on the card instead.

Patient concerns about confidentiality of their medical information continue, even though the information is protected by statute. Potential patients also complain that physician and caregiver names are confidential and they are unable to obtain names from the MMMP. The Department does not support a change that would require the release of names of possible physicians and caregivers, even with that individual's permission, because it could have the appearance of a recommendation which could subject the Department to a liability.

13. Photo identification. While the statute provides the authority for the Department to require an individual's photograph on the Registry identification card, this was determined to be a costly and impractical requirement. Instead, the Department requires that a copy of the individual's driver license or other state-issued photo identification card be submitted with the application, and that the card holder present their driver license or photo identification in conjunction with their Registry card for positive identification.

### Division of Licensing and Regulatory Services

DHHS  $\rightarrow$  DLRS Home  $\rightarrow$  Medical Marijuana Dispensaries  $\rightarrow$  Selected in Six of Eight Districts + A  $\mid$  -A  $\mid$  Tues 13 Dec 2011

### Medical Marijuana Dispensaries Selected for all Eight Districts

The Division of Licensing and Regulatory Services (DLRS) in the Department of Health and Human Services announced the selection the last two dispensaries needed to complete the statewide dispensary system.

The dispensary system has been established to assist registered patients whose physicians believe they will benefit from the medical use of marijuana for certain serious medical conditions.

The dispensaries were chosen based on criteria outlined in the application instructions, including their plan to operate as a non-profit corporation long-term, convenience of location, prior business experience, patient education, record-keeping, inventory, and quality control.

Those who obtained the highest scores in their Districts and met the required minimum score of 70 were :

- District 1 (York County): Safe harbor Maine, Inc.
- District 2 (Cumberland County): Northeast Patients Group (PDF\*(19.01MB))
- District 3 (Franklin, Oxford, Androscoggin): Remedy Compassion Center (PDF\* (8.21MB))
- District 4 (Waldo, Lincoln, Sagadahoc, Knox): Northeast Patients Group (PDF\* (18.65MB))
- District 5 (Somerset, Kennebec): Northeast Patients Group (PDF\*(18.72MB))
- District 6 (Piscataquis, Penobscot): Northeast Patients Group (PDF\*(18.61MB))
- District 7 (Hancock, Washington): Primary Organic Therapy, Inc.
- District 8 (Aroostook): Safe Alternatives of Fort Kent (PDF\*(10.49MB))

Cathy Cobb, Director of DLRS, said that she will be meeting with the dispensaries chief executives to review their progress and to discuss next steps. She anticipates it will take between two and three months for a dispensary to be open to patients.

### **Medical Marijuana Winning Applicant Information**

District/Award Proposed Location Contact

D1 - Canuvo, Inc. D2 - Northeast Patients Group	6 Wellspring Road Biddeford, ME 959 Congress St. Portland	Glenn Peterson (207) 346-1316 Rebecca DeKeuster, M.Ed. (207) 358-8833	
D3 – Remedy Compassion Center	730 Center Street., Suite 1-C, Auburn Plaza Auburn, ME 04210	Timothy Smale (800) 809-1464	
D4- Northeast Patients Group	153 New County Road Thomaston	Rebecca DeKeuster, M.Ed. (207) 358-8833	
D5 - Northeast Patients Group 13	Water Street Waterville or 10 Middle Road, Augusta	Rebecca DeKeuster, M.Ed. (207) 358-8833	
D6 -Northeast Patients Group	601 Coldbrook Road Hermon	Rebecca DeKeuster, M.Ed. (207) 358-8833	
D7 - Primary Organic Therapies D8 – Safe Alternatives of Fort Kent	106 Maine Street Whitneyville, ME 267 Main Street Fort Kent	Derek Brock (888) 360-0650 Mills Leo Trudell (207) 316-6190	

View Scoring Sheet (PDF)

### **Credits**

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### Maine's Medical Marijuana Law

Maine State Law and Legislative Reference Library

### **IMPLEMENTATION**

DHHS Div. of Licensing and Regulatory Services

### **Agency Rules**

Maine Medical Use
of Marijuana
Program Annual
Report (March
2011)

### PL 2009, c. 631

- O <u>LD 1811</u> (Governor's bill in 2010)
- O Maine
  Medical
  Assoc.
  testimony

### PL 2011, c. 383

PL 2011, c. 407

### TASK FORCE

- Report to the Governor (Jan '10)
- Report Cover Letter
- DHHS Task

Maine has allowed prescribing, and limited possession, of medical marijuana since 1999 but the law lacked any distribution mechanism and questions arose of noncompliance with federal law and of how patients could legally obtain the prescribed marijuana. In October the Obama adminstration announced that it would halt prosecution of medical marijuana users and caregivers if they were in compliance with their state's law [read more]. On November 3, 2009 Maine voters approved Question 5, which enacted the citizen-initiated bill, "An act to establish the Maine Medical Marijuana Act" (LD 975, IB 2). The committee file for LD 975 contains additional information, such as the activity schedule, testimony sign-in sheet, testimony submitted at the public hearing, working papers and memoranda of the Joint Standing Committee on Health and Human Services, and the committee vote tally sheet. (The contents of the file are not word searchable.)

Maine is the <u>fifth state</u> to provide for dispensaries of medical grade marijuana for persons with debilitating and chronic medical conditions. These not-for-profit dispensaries will be licensed and regulated by the <u>Maine Department of Health and Human Services</u>.

So, when will dispensaries open? Maine election results were verified by the Secretary of State [see tabulations]. Governor Baldacci's press release of November 6, 2009 detailed an executive order which set up a task force chaired by Brenda Harvey, Commissioner of DHHS. On November 17, 2009, the Governor announced the names of the members of the task force. The Task Force issued its report to the Governor on January 27, 2010. The subsequent 2010 enactment of LD 1811, the

### ARTICLES

Pot patient
privacy bill gets
LePage OK 6-1911

Maine – Panel Oks Bill To Kill Marijuana Registry 5-15-11

Bill eases Maine's medical marijuana rules 4-24-11

Maine to open first medicinal marijuana dispensaries on East Coast, but not without concerns 3-6-11

Councilors adopt
medical marijuana
rules 12-8-10

Medical marijuana despensary to open in Maine 11-18-10

From 'martiuana is an herb' to 'how did this happen?' -11-15-10

Auburn site OK'd for marijuana dispensary 11-14-

Force webpage

- Governor's
   Executive
   Order (Nov
   '09)
- Members and meetings

### SECRETARY OF STATE

Nov '09
 Election
 results by
 county

### OTHER DISPENSARY STATES

- Rhode Island
- New Mexico
- Colorado
- California

### U. S. DEPT. OF JUSTICE

 Memo re: investigations and prosecutions (Oct '09) Governor's bill, paved the way for promulgation of agency rules under the <u>Administrative Procedures Act</u>. Emergency rules were adopted on May 5, 2010. Only eight dispensaries (one for each of the eight districts) will be approved the first year. Instructions and applications, as well as the text of the rules, are available on DHHS' <u>Division of Licensing and Regulatory Services webpage</u>.

Local governments are also preparing for implementation of the law. Initially one community enacted a moratorium on the dispensaries. Brewer's city council voted unanimously to ban dispensaries for six months until the state rules and procedures for operating the dispensaries are in place. Since then Auburn, Ellsworth and South Portland have enacted or plan to enact similar moratoriums. For more recent developments see articles linked in the tan column on the right.

10

State and federal marijuana laws collide 11-9-10

Maine's first
dance with Mary
Jane 8-15-10

Some Mainers
object to
California
connection 8-15-

<u>Dispensaries</u>

"starting to crack

the closet door"

8-15-10

Medical marituana
- caught Between
state and federal
law: what is an
employer to do?
8-13-10

Maine's medical marijuana law runs into federal conflicts 7-13-10

Northeast
Patients Group
snares four of six
marituana
dispensary
licenses 7-13-10

State picks 3 groups to grow, sell medical pot 7-10-10

Applications to
Operate Maine's
Medical Marijuana
Dispensaries Pour

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By DAVID JOHNSTON and NEIL A. LEWIS		TWITTER	Advised to Response to the contract of the con
Published: March 18, 2009		LINKEDIN	
	WASHINGTON — Attorney		
	General <u>Eric H. Holder Jr.</u> on	PRINT	
	Wednesday outlined a shift in	REPRINTS	and the state of t
	the enforcement of federal drug	SHARE	
	laws, saying the administration		
33.	would effectively end the Bush administration's frequent raids of medical marijuana.	n distributors of	ADVERTISEMENTS
, and the second	Speaking with reporters, Mr. Hol specifics but said the Justice Dep	artment's	
Eric H. Holder Jr. outlined a new	enforcement policy would now be		
enforcement policy.	traffickers who falsely masquerac		
	dispensaries and "use medical m	arijuana laws as a	
Related	shield."		
Times Tonics: Marijuana	i		

In the Bush administration, federal agents raided medical marijuana distributors that violated federal statutes even if the dispensaries appeared to be

complying with state laws. The raids produced a flood of complaints, particularly in California, which in 1996 became the first state to legalize marijuana sales to people with doctors' prescriptions.

Graham Boyd, the director of the <u>American Civil Liberties Union</u> drug law project, said Mr. Holder's remarks created a reasonable balance between conflicting state and federal laws and "seem to finally end the policy war over medical marijuana." He said officials in California and the 12 other states that have authorized the use of medical marijuana had hesitated to adopt regulations to carry out their laws because of uncertainty created by the Bush administration.

Mr. Holder said the new approach was consistent with statements made by <u>President Obama</u> in the campaign and was based on an assessment of how to allocate scarce enforcement resources. He said dispensaries operating in accord with California law would not be a priority for the administration.

Mr. Holder's comments appeared to be an effort to clarify the policy after some news reports last month interpreted his answer to a reporter's question to be a flat assertion that all raids on marijuana growers would cease. Department officials said Mr. Holder had not intended to assert any policy change last month but was decidedly doing so on Wednesday.

Ethan Nadelmann, the founder of the Drug Policy Alliance, said Mr. Holder was telling the <u>Drug Enforcement Administration</u> that it should leave legitimate growers

of medical marijuana untouched. "The message from the Bush Justice Department was 'watch out — we have the authority to go after everybody,' " he said.

On other matters, in his first wide-ranging conversation with reporters as attorney general, Mr. Holder said the Justice Department was still reviewing the case files of detainees held at Guantánamo Bay, Cuba, to determine whether they could be released or would be tried in a civilian criminal court or some other legal forum. He said it was possible that some detainees like the  $\underline{\text{Uighurs}}$  held in Cuba could be released into the United States.

He also said the department was "monitoring" developments related to accusations of abuse of detainees by the Central Intelligence Agency, but stopped short of endorsing the appointment of a special prosecutor. "We will let the law and facts take us to wherever we need to go," he said.

Mr. Holder said the department should be open to preserving a healthy newspaper industry. He said he would consider adjusting enforcement of antitrust statutes if that would help news organizations develop collective distribution systems.

A version of this article appeared in print on March 19, 2009, on page A20 of the New York edition.

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#### State and federal marijuana laws collide

Updated 11/9/2010 1:49 AM

By Oren Dorell, USA TODAY



By Craig Fritz for USA TODAY

Patients who use marijuana in states where it's legal for medicinal puproses are getting into trouble under federal law.

People who use marijuana for medicinal purposes in states where it is legal are being penalized by the federal government because pot is still illegal under U.S. law.

At Denver unemployment offices, medical users fired for failing a drug test are denied unemployment benefits, says lawyer Kimberlie Ryan, who represents some of those applicants.

In California, Jim Lacy, 60, who has an arthritic hip and uses medical marijuana for pain relief, says he has had his stash confiscated and been threatened with arrest at Border Patrol checkpoints near his Jacumba home.

LAWS: Conflicts trap patients on marijuana

**MARIJUANA:** Doctors help make pot available in Calif.

MORE: Medical pot use, job rules can conflict

In Las Vegas, N.M., cancer patient Robert Jones, 70, says he has been notified that his federal rent subsidy is being revoked because he is a medical-marijuana user.

Marijuana dispensary operator Steve DeAngelo of Harborside Health Center in Oakland says his federally insured bank dumped his account because he deals in an illegal drug.

Problems occur at airport security checkpoints in medical marijuana states. Baggage screeners, who work for the federal Transportation Security Administration, turn medical marijuana users over to local police for prosecution, according to Ed Skvarna, chief of the Burbank airport police.

"It's outrageous, but the government's cannabis policies are outrageous," says Bill Panzer, an Oakland lawyer who co-wrote the nation's first medical-marijuana law, approved by California voters in 1996.

The White House Office of National Drug Control Policy website says smoking marijuana "is not considered modern medicine." It says the drug has a high potential for abuse, the smoke can be as harmful as cigarettes, and it has not been proven effective under the standards of the Food and Drug Administration.

The Justice Department does not usually prosecute medical-marijuana users, but officials of other federal agencies say they are required to treat pot as an illegal drug.

"We're charged with enforcing federal law," says



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Border Patrol spokeswoman Kelly Ivahnenko.

Landlords "may exercise discretion" in deciding whether to evict tenants who use medical marijuana, says Helen Kanovsky, general counsel for the Department of Housing and Urban Development. New Mexico HUD administrator Mandy Griego says HUD's policy is that pot, "for medicinal purposes or not," is prohibited at HUD-subsidized properties, and termination for possession "must be applied consistently for all tenants."



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#### Certificate of Occupancy

City of Long Beach Department of Development Services Building and Safety Bureau

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This certificate is issued pursuant to the requirements of Chathat at the time of issuance this building or structure, or portion. C., other ordinances of the City or laws and statutes o	This certificate is issued pursuant to the requirements of Chapter 18.08 of the Long Beach Municipal Code (L.B.M.C.) certifying that at the time of issuance this building or structure, or portion thereof, was in compliance with the provisions of Title 18 of the L.B.M.C., other ordinances of the City or laws and statutes of the State regulating building construction or use for the following:
Permit No.: BRMD123848	Name of Owner: Richard Gardner
Permit Address: 1302 Gaylord St.	Address of Owner: 1700 SE Mile Hill Dr. #124
Long Beach, Ca	Port Orchard, WA 98366-3552
Portion of Building:	
Work Description: Change existing use from warehouse to m	Change existing use from warehouse to medical marijuana collective (dispensary and cultivate); TI
include new partition walls and doors for 1 cultivation room (68)	cultivation room (682 sf), 1 dispensary room (300 sf), equipment/control/lobby room (572 sf),
1 drying/packaging area and 6927 sf of low-pile storage area; includes upgrading 1 accessible restroom.	ncludes upgrading 1 accessible restroom.
Use: Medical Marijuana Collective	Occupancy Type: M/U/S-1/B/F-1
Type of Construction: V-B	Max. Occupancy Load: -
Sprinkler Required: No	Edition of the Code: 2010 CBC
Any special stipulations or conditions:	

Building Official

7/22/11

Date Permit Issued

9/21/11 Date Certificate Issued

POST IN A CONSPICUOUS PLACE ON THE PREMISES

12-13-11 ORD-14

#### Keep Medical Marijuana Collectives in Long Beach

Long Beach will have to close their doors on Wednesday, December 14, 2011, forcing patients to get the medicine they may desperately Long Beach City Council is proposing a city-wide ban on medical marijuana collectives. If this proposal is passed, all collectives in need elsewhere.

We, the undersigned, are formally protesting this city-wide ban on medical marijuana collectives.

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Thank you.

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Long Beach will have to close their doors on Wednesday, December 14, 2011, forcing patients to get the medicine they may desperately Long Beach City Council is proposing a city-wide ban on medical marijuana collectives. If this proposal is passed, all collectives in need elsewhere.

We, the undersigned, are formally protesting this city-wide ban on medical marijuana collectives.

Date	11/6/21	11 : 12/g	1910	12/9/11	14/19/11	11/6/11	110c/8/21 me	Den 12/9/2011	12/9/2011	12/9/2011
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Name (print	Signature	Address	Driver's	Email	Date
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1. KAITIN GRA	Jan Jan	AND STANGARA	# H		11/2/6/1
2. Holespelitive	year Her	PS23 Anzac Congression to 18292114	DE 249114	1+0, 5/11/20 ginuil. 601 10/9,	11/6/29
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10.Millied with	My anest worth	42612 Sources 52	12814084	Welton , Kupyer Att, mat 12-9-11	17-6-11

Long Beach City Council is proposing a city-wide ban on medical marijuana collectives. If this proposal is passed, all collectives in Long Beach will have to close their doors on Wednesday, December 14, 2011, forcing patients to get the medicine they may desperately need elsewhere,

We, the undersigned, are formally protesting this city-wide ban on medical marijuana collectives.

Date	11-6-21	11-6-29	15-4-11	11-6-21	11/4/11	11/6/21			17/9/11	12/9/11	
Email								•			
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Name (print clearly)	Signature	Address	Driver's License	Email	Date
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6. Level 1 100 11		12x 2 xc		1650-01-14 562@501	17-48-11
7. Molandinology	2 K	(0/2 12 SOOHST.	Dinilag	19014-10145 Marcharonan 12/8/11	m 12/8/11.
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Name (print clearly)	Signature	Address	Driver's License Number	Email	Date
1 Shane Delemed 11.	A. Willer	698 Orange Are #117 Long Best, Or 10802 04429695	94729695	Shinie , deland: 11. @ youho . com	11/80/21
2. Marin Comocine A Mile	Mario Silvino	oface of the contraction of the		mylicyerato cyalycic ceim	1218/11
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1		5 of 13/10 F.	17673679	5736679 Merse montaniosaland	11/6/20
5. PULLE GARAN	Mr. Val	3401 ADRIATIC AVE	D6725189	>6725759 VEAHITSPHILIP BY AHUS CON 12-7	1/2
6.4er Jose	A Comment of the Comm	125 Francis and Victor	655 7276B	ALTOST 300 GMAGL	11-6-21
7. Stockston Chaile	84	1356 E Schanner.	82581168	Shannow Strider @Gamaill. com 12-7-11	12-5-11
8. Forman Comme		3201 Butto Ave	12,6542490	big id 33 4@ yahoo. Com	12-9-11
9. Here Sis	X	7		Imma Hawilyon Oyeho	11 8 21
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Name (print clearly)	Signature	Address	Driver's License Number	Email	Date
1. Tammy Messe & 3. Calvin Wesser & 4. Mex Gaylov S. Laval Roth & S. Laval Roth & S. Laval Roth & S. See & S. See & S. Michael Walls & 9. Michael Walls	Charter Month Box	5049 Haytechrolkud avris 5049 Haytechrolkud avris 5254 Pageanthy St 320 Charlem thy St 19213 Rad 18t+ DUE CARMING 2550 Ceder Me H302 2553 Coming Ave 196815 15402 white Ave 196815 1054 1210 gewood stowskilly	13/1626/ 13/1626/ 12/1626/ 12/162/ 10/2/162/ 10/2/17/ 10/33/30/ 10/33/	acostate jaboo como acstastablanos com auffregal (1990/millon) macino ela gonari com servessen lessa - l'ettenethoir l'ora - l'ettenethoir l'ora	12-8-11 12-8-11 12-8-11 12-8-11 12-8-11 12-8-11 12-8-11 12-8-11
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Name (print clearly)	Signature	Address	Driver's License Number	Email	Date
1	1	1197 F (4000) C+ #700	R. 8647796	JONES TRANSMENTALL COM 12/08/201	12/08/2011
2 SHOW NOWS	Mes Contraction of the Contracti	8400085 8 31 AN COST & SOUTH &	84,000859	Ster -212/.	10/8/24
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3 < 1 1 (7) 1	1 30 Mg	4434 LINDS AVE DOTATE 16/407952	E1407952	dodiebreces Damailly 12/8/11	12/8/11
400 1/10/1/F	70,	215 E 36th St	N0329291	12, althern Others, der 12.8	E. 12.00
5. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	130 Miles	5	95541179	(Marked) 7114376 Jazmin-crystal-tolle faller of your en 12	12/9/11
6. Runnel Carl	S. J. S.	ナガキ	D5703 190	langbord poet 005@hotmailen 12/9/1	11/6/21
<u> </u>		KASS Dames St. Long Beach, J.	F1160646	Delswick 43 Blubacon	11/6/21
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	Ž	4 J. S.	Driver's	Email	Date
Name (print clearly)	Signature	Address	License Number		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mark Park	1925080 D8052911	D8052911		11/0/21
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3 1 1 50 Services 1				Mr. Perfect Graint Sites	
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Driver's License Number		3) Con 16			OF BODE	985 DAIN 980	98717	12655860			
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Signature	The state of the s				A CONTRACTOR	Michael X Mala	The little was			O X	
Name (print 'clearly)	12 d	2) Octific 1	3 1/20 17	S. AIFFICEIGN WILLY	F. White Control Amis	S. Michael Durada	7 / Cherical Bander	"HAGER WOMES	O. Kerl (houselein	10. Anhles Ann. Col.	THE PROPERTY OF THE PARTY OF TH

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Name (print clearly)	Signature	Address	Driver's License Number	Email	Date
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5. Lemae Smarce	May Kaller	1421 swer Hann Drice me Gapy	10113000	Lenux 13 to gmail con	12/9/11
6 Chris Maines 7. Kalvin Riley	will relieve	1215 E W askington, St D72 agilly	D729941	Kalvin 1586 gmilica 12/4/11	17/4/11
8. GWIN WIKE	Sur year	MON Dear SA (AS MON NICK)	8117118 S127118		11/6/21
10. ANDREWNAMM	Marian	SSUN Clark CAT.	£3305817		11/6/21

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		Address	Driver's	Email	Date
Name (print clearly)	Signature		License Number		
1. Danner Brozes	Drawing Brozek Druck Burk	11324 E215 Lakewas CA 90718 DOHY6635	Do446635	DOMINICK BOOTER & Yahoo.com 12/9/11	12/9/11
200 min Criston	C. (FORIZO)	POBOX 991 BREACH98K12 12-451251& CAMISTAMONOCOLORYAMO 12/9/11	2 12-4512518	CONSTINENXCXCOCORYAN	11/2/20 Mag
3. Names Marco	hund Maine	16610 Verment Ave	17605323	11 12 19/11	17/6/21
4 Kannad Scolde		Scienleasantstaptis		Swicedo Lay Leycher Com 1441	1/2/11 MODE
55.80 P. P.		2131 EMPL UBC 90 304		SEL MYERA CHURIL CON DEC 10	10EC 10 11
6 Minich Division	MUMBA	2131 Earl AVE Longsens		CONEMNAIS green 6 years con	11/0/11 (M/0/11
7. MARKA AND		3553 OHANTIC GUR		nesiella ancica 12/9	115/9/11
8. OKTANY DIV	Med 1	1955 MAPLE ANG MICH.		(	7
9. Know from		1846 TWIGHT ARE LPUMPERIO	18240+0 198740+0	Twiana Are ipoppley 188 24010 1 younce you pluc, l'on	17/0/11
10. Ashin Londeson	Mark Low Order	Sid Heather Rd.		Atandesson Wilve Com 12/4/	11/5/61

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Name (print 'clearly)	Signature	Address	Driver's License Number	Email	Date
1. F. D. 0/10	The In	1911) Rom	174341599	Clunioral Blak. 600M	
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سے ا	12 / 20 X			DankhDiamortdSagmil 12/9/11	(1/6/2)
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#### City of Long Beach Working Together to Serve

#### Office of the City Attorney

DATE:

January 3, 2012

To:

Mayor and Members of the City Council

FROM:

Robert E. Shannon, City Attorney

SUBJECT:

Ordinance Banning Medical Marijuana

At its meeting on December 13, 2011, the City Council directed that the recommendation of the City Attorney to approve an Ordinance banning Medical Marijuana dispensaries be laid over to January 10, 2012.

Thereafter, the hearing on the City's Downtown Plan was placed on the January 10 agenda and will be very time consuming.

Further, Chief McDonnell has expressed a desire to be present and, if necessary to comment during deliberations, but will not be able to attend the January 10 meeting.

Therefore, it is requested that this item be continued to January 17, 2012.

RES:kdh #A11-03179

CC:

Patrick West, City Manager Suzanne Frick, Assistant City Manager Jim McDonnell, Chief of Police Larry Herrera, City Clerk