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November 18, 2009

Los Angeles City Council

RE: Medical Marijuana Regulating Ordinance – CF-08-0923

Dear City Council:

It is important for the City Council to pass the City Attorney's latest draft ordinance regulating Medical Marijuana within the City of Los Angeles. Our community has deteriorated because of the opening of these places where they have not had to follow the rules no matter how basic. They have not complied with our Specific Plan. They have locked doors, trashing the neighborhood. Their patrons are affecting our safety with people hanging out waiting for a transfer of the purchase. Their clientele come from outside the community zooming through to make their recreational use purchases. They come in "threes" with their loud thumping music. They are rude. The owners of these businesses do not care. These are not caregivers. This is a adamant proliferation of recreational use disguised to make you feel sorry for truly ill people. Don't be fooled.

I had to comply with strict guidelines and the Specific Plan ordinance to open my little Xerox copy shop. It took a lot of money, time and the community's involvement. It is time the City Council establish and enact, urgently, this ordinance that has been vetted over and over and given plenty of opportunity for comment. The public safety and future progress of our communities depends on its passage.

Sincerely,



Cindy Cleghorn  
10034 Commerce Avenue  
Tujunga, CA 91042

W. Lloyd Hitt, Pharm D  
10738 Plateau Dr.  
Sunland, CA 91040  
818-951-1041  
Landmhitt@cs.com  
November 17, 2009

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Los Angeles City Council  
City Hall,  
200 N. Spring Street,  
Los Angeles, CA 90012

RE: The 4th version of regulations governing the sale of medicinal marijuana in Los Angeles. Council File No. 08-0923

Dear Council Member:

I am writing again as a grandfather, retired pharmacist, member of the Sunland/Tujunga Neighborhood Council and a concerned human being. As President of the Little Landers Historical Society in Little Landers Park, I see what is lying around in the park first thing in the morning. It used to be the occasional beer bottle. Now it's the empty medicinal marijuana vials with cute labels like "Train Wreck". What the label does not say: Where it came from, what it is, who is it for, and who the prescribing doctor is. What happened to the Food and Drug labeling laws. Is marijuana exempt?

The closest illegal marijuana shop is less than 300 feet from Little Landers Park, 4 churches, and less than a 1000 feet from Pinewood Elementary School. I watch the high school students wait outside for a older individual (usually someone in their 20's) to go in and buy marijuana for them at a price.

The lack of action by the Los Angeles City Council is an embarrassment to the community. We can not let the potheads take control of our city and the state.

Please act on this ordinance today. Inaction on the part of the City Council has created about a 1000 Recreational Marijuana Pot Shops.

Respectfully submitted,

Lloyd Hitt, Pharm D  
CD2



# Venice Neighborhood Council

PO Box 550, Venice, CA 90294 / [www.VeniceNC.org](http://www.VeniceNC.org)  
Email: [info@VeniceNC.org](mailto:info@VeniceNC.org) / Phone or Fax: 310.606.2015



November 17, 2009

**ITEM NO. 18**

Mr. Bill Rosendahl  
Councilmember, Council District 11  
City of Los Angeles, City Hall, Room 451  
200 North Spring Street  
Los Angeles, California 90012

**RECEIVED**

NOV 18 2009

Re: Medical Marijuana

Dear Councilman:

Please be advised that the Venice Neighborhood Council, at its regular Board of Officers meeting on November 17, 2009, passed the following resolution by a vote of: 14 in favor, 1 opposed and 2 abstaining:

## **Resolution of the Venice Neighborhood Council Concerning Medical Marijuana**

**WHEREAS** California voters approved the use of marijuana for medical purposes by initiative and the State of California has codified laws allowing "collectives" to grow and distribute marijuana to users who need it for medical purposes, but has not created a legal structure for implementing such collectives on a local level, **AND**

**WHEREAS** the City of Los Angeles has no effective ordinances currently in place for the purpose of regulating marijuana for medical use as approved by California voters, **AND**

**WHEREAS** the Venice Neighborhood Council held a Town Hall on November 5, 2009 to receive input from stakeholders in the Venice community about the regulation of medical marijuana in Los Angeles, **AND**

**WHEREAS** the following comments were made and proposals suggested (see Appendix 1 for contemporaneous notes of Town Hall testimony):

1. Over 100 Venice stakeholders expressed their overwhelming support for the legalization of marijuana in a poll of Town Hall attendees. At the same time, they recognized that the current legal use of marijuana is for treatment of certain medical conditions as recommended by a physician.
2. Venice stakeholders support limiting the proximity of medical marijuana dispensaries to schools. It was further suggested that the Los Angeles City Council use Municipal Code Section 12.70(c). (passed in 1983; see appendix 2) as a model for regulating the siting of dispensaries. This section of the code prohibits adult businesses (e.g., strip clubs, massage parlors, adult bookstores, etc.) from locating within 500 feet of religious

institutions, residential property, schools and parks, and from being located within 1,000 feet of another adult business.

3. Medical marijuana dispensaries should be entitled to share their costs with members of their collectives. Several stakeholders stated that market forces would determine their long term existence.
4. Venice stakeholders support certification / regulation of marijuana farmers.
5. Venice stakeholders support taxing marijuana, but the tax burden should not fall on sick people.
6. Venice stakeholders would like quality standards and a system of grading marijuana.
7. Medical marijuana dispensary owners and operators would welcome more specific regulation from the City.
8. Venice stakeholders do not support the overly-burdensome regulations proposed by the City Attorney in the ordinance that was recently submitted to the City Council (Council file No. 08-0923-link).

**THEREFORE, BE IT RESOLVED**, that the Venice Neighborhood Council recommends that the City Council of Los Angeles take the foregoing points into account when crafting new regulations for medical marijuana use and dispensing in Los Angeles, AND

**BE IT FURTHER RESOLVED**, that the Venice Neighborhood Council submit a Community Impact Statement to Council File 08-0923 that states:

"The Venice Neighborhood Council approves of the City's efforts to regulate the siting and operations of medical marijuana dispensaries in Los Angeles but disagrees with the overly-burdensome approach of the City Attorney's Office in its 10/22/2009 suggestions. While we understand the urgency of this matter, we further suggest that the City Council collect additional testimony and suggestions from Neighborhood Councils before agreeing to any ordinance regulating medical marijuana."

Sincerely,



Mike Newhouse  
President  
Venice Neighborhood Council

MRN/ms  
Encl.

Cc: [secretary@venicenc.org](mailto:secretary@venicenc.org)  
Los Angeles City Council  
Mayor Antonio Villaraigosa

# Appendix 1

## Contemporaneous Notes of Comments Made at Venice Neighborhood Council Town Hall on Medical Marijuana 11/05/2009

### Topic: Medical Marijuana Dispensaries in Venice, California

#### Mike Newhouse, VNC President:

Discussing tonight a proposed ordinance on Medical Marijuana dispensaries  
Your input will be forwarded to the City Council  
This issue will be discussed by the Venice Neighborhood Council on November 15, 2009; your input will be welcomed

#### Arturo Piña, Councilman Bill Rosendahl's office:

Tax the dispensaries, regulate them, plan

#### Jane Usher, Los Angeles City Attorney's Office:

Los Angeles has 800-1000 medical marijuana dispensaries in operation; San Francisco has 22 (one additional pending approval)

[Questions asked of Town Hall Attendees:]

- Limit the number of medical marijuana dispensaries?
- What process should be used to locate a dispensary? Conditional Use Permit, registration, etc?
- What operating conditions: limited hours, bookkeeping, distance from schools?

15,000 liquor stores in Los Angeles regulated by CUP

For-profit sale of marijuana: state model authorizes a cooperative effort

**Straw Poll conducted by Newhouse:** Legalize Marijuana in California? – the overwhelming majority is in favor of legalization

#### Comments from Stakeholders:

Recommend rejection of the current 4<sup>th</sup> draft, and review 2008 recommendation, cited cases people vs. Urziceanu, and people vs. Mensch

What pharmaceutical company does not make a profit? Dispensaries should remain mom&pop operations, technology for testing, decriminalize marijuana, regulation and control is necessary, respect marijuana farmers.

Regulation should have occurred already; support for Councilman Rosendahl's suggestions.

Safe access to medication in California, TRO against City Attorney and District Attorney being filed next week, lack of communication from City Attorney's Office.

What should the ordinance look like? How many medical marijuana dispensaries in Venice?  
How far should they be apart? How far should dispensaries from schools, etc?  
Let market forces determine distance.

Ordinance 1270, which regulates porn shops: must be 500 feet away from religious facilities, schools and parks, and from other similar businesses

Deregulation of laws against marijuana.

Recovery of costs to produce marijuana

Market forces will determine long-term existence of Medical Marijuana Dispensaries

Blue laws imposed by the City of Los Angeles when Venice was annexed; exclude Venice from any ordinance. Patients are the primary market for medical marijuana and should be the focus of any decision being made.

An agricultural product is being sold that should fall under jurisdiction of the Department of Agriculture. Smaller producers should not be regulated.

End black market. Certify farmers.

Cooperative/collective is unrealistic. West Hollywood standard: 1000 foot distance, no signage, let market forces prevail.

Performance specifications should prevail.

Marijuana is not life-threatening, and should not be compared with substances that are.

Venice's reputation for tolerance should be upheld.

What effect do Medical Marijuana Dispensaries have on the community?

A system of checks and balances has been requested by the dispensaries themselves.

No limit on the number of dispensaries. Let business owners decide appropriate distance.

Grading system on product?

Prescribing physicians should determine dosage.

Should a physician be present at a dispensary?

No limit on numbers; market forces should prevail. Dispensaries should be located at a distance from schools. Product should be graded. GLACA (Greater Los Angeles Caregivers) have standards/guidelines in place.

Observance of the law is a necessity. Marijuana should be legalized; 1000 foot perimeter should be observed. An existing Land Use/Planning mechanism should be used to facilitate discussion of changes.

Ban on use of edibles/concentrates should be relaxed. Alternative dosage forms should be allowed. Dietary Health and Education Act.

No limit on distance from schools.

Legalize marijuana. Market forces should determine location. Porn shop distance can be used as a model.

A more appropriate use of City resources is to prosecute violent crime. Tax revenue generation is a desired goal for California.

Legalize marijuana. Careful consideration is needed. Tax revenue generation is a desired goal.

Basic 1000 foot rule, allow market forces to prevail.

Grading products is a good thing. Appropriate education of children regarding marijuana use should be a goal.

Weedtracker.com, grading system already exists. ID system is inappropriate. Taxing sick people is inappropriate.

Is the requirement that medical marijuana is cultivated on-site to be upheld by the City Attorney's office?

One dispensary provides detailed information to its clients. City officials should tour legal dispensaries.

Growing and holding marijuana stock on premises is dangerous and unsafe.

Current state law defines circumstances under which the City Attorney and Planning operate. It will be necessary to change the laws.

Violation of laws regarding marijuana use has resulted in three-strike imprisonment.

Medical Cannabis Safety Council is a resource that should be consulted; any regulation should be patient-based and community-based.

Spectrography can provide grading solution;

On-site cultivation of marijuana is unrealistic. Regulation of growers should be done. On-site consumption should be allowed.

Limit of dispensary hours was questioned. Limit on amount of product allowed on-site was questioned.

LAPD recommendations were driving force behind restrictions proposed.

What will happen to existing dispensaries if distance limitations are imposed?

Crime should be the focus of grass-roots political action, not businesses that are operating legally.

Regulation and taxation of dispensaries are okay.

Farmers market model will work well.

Grading of product is possible. Medical marijuana is banned from hospitals.

Self regulation should be done during the moratorium period.

Regulation of dispensaries will not allow free market forces to prevail. Allow a dollar transaction tax to be imposed.

Tax dollars are better spent on crime.

Americans for Safe Access, Law Enforcement Officers website should be consulted. Dosage limits are determine by physiological factors. Secret shopper mechanism should be put into place as well as City-certified kitchens.

1000 feet is unrealistic limit; 250 is better.

Successful, effective cultivation of marijuana is difficult; it should be done professionally.



# LOS ANGELES MEDICAL CANNABIS DISPENSARIES RECOMMENDATIONS FOR REGULATIONS

To facilitate consensus between patients, advocates, elected officials, and law enforcement, several priorities must be addressed in medical cannabis dispensary (MCD) regulations. This is the best way to ensure the rapid adoption and implementation of sensible guidelines for medical cannabis collectives and cooperatives. This is important, because research proves that regulations reduce crime and complaints.

## 1. Provide a realistic legal framework for storefront facilities and sales of cannabis

Incremental reimbursements for the cost and service of providing medicine within the membership are legal under California Health and Safety Code Section 11362.775, regardless of whether they are called sales, donations, or reimbursements. California courts have upheld the legal status of collectives that provide medicine in exchange for reimbursement, even in cases where some members do not participate in growing medicine. Other cities and counties allow for the sale of cannabis in MCDs. They have seen a decrease in crime and complaints, and reap the rewards of sales tax revenue. There is no other realistic model for getting medicine to patients besides storefront collectives.

## 2. Protect the anonymity of medical cannabis patients

It is legally and ethically questionable to require collectives and their members to give up their due process rights regarding records. Law enforcement can obtain the records through the court via a search warrant, subpoena, or court order if there is just cause. Despite indications of an evolving federal policy, federal prosecutors and DEA agents indicate they will continue to raid medical cannabis patients and providers. Law

enforcement officials have escalated enforcement against medical cannabis providers, indicating they regard all collectives as illegal. Requiring collectives to surrender records on demand will result in lawsuits, confusion, and delay.

## 3. Adopt workable regulations on where MCDs can locate

A report by the Planning Department indicates that fewer than 25% of the pre-moratorium collectives could meet the unreasonable location criteria in the third revised draft ordinance. The restrictions are even more onerous in the fifth revised draft version, including more sensitive uses and new restrictions on residential housing. It is unlikely that any collective can meet the standards. A more reasonable approach would be to use the same standard already in place for adult oriented businesses, which requires that these businesses be located 500-feet from schools, places of worship, and parks. Adopting location restrictions that are unworkable is tantamount to a de facto ban.

## 4. Protect collective cultivation

State law does not require that every member of a collective participate in growing medicine. Not everyone has the time, ability, or space to grow cannabis. They may also lack a friend or loved one who meets the extremely narrow definition of Primary Caregiver and can grow for them. That is why the law allows for collective associations. Requiring everyone in Los Angeles to grow their own medicine will mean thousands of new cannabis gardens and increased reliance on the black market. Those are outcomes that community members, law enforcement, and patients do not want.

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**If the city is going to regulate marijuana, then these are the necessary things to look at:**

- Patients shouldn't be charged such high prices for a natural crop → this will reduce people making profit off people's medicine and also patients won't be forced to buy low grade marijuana that is more harmful to their body
  - Doctor's recommendations should not need annual updating
- Legal documentation should not be necessary for getting a doctor's recommendation as this excludes a lot of people
- People should have the right to work for the city or other jobs that drug test, even if they use marijuana, so long as they have a doctor's recommendation
- Individual marijuana growers should not feel fear that they will lose their home or their job – and if the prices are not so high then people won't be growing for profit anyways but more for individual use
- The city should bring in teachers to show us how to cultivate this crop and use it as hemp as an alternative to other materials we import

Marijuana is a plant that has grown naturally for thousands of years. People have used it for many reasons, from helping an illness to easing pain, curing anxiety, or harvesting it to make clothes, rope and many other things.

Unfortunately, like many other things nature provides us, humans have managed to make a business out of this crop, and charge users of it high prices that don't need to be there, just for the sake of profit. It shouldn't cost so much money for medicine- this is something people have been fighting against- the inaccessibility of medicine simply because you don't have enough money or because it's illegal. So why do the so called progressive people of this movement feel the need to charge so much money for it?

Just to be able to use it, people have to go every year and pay around \$130 to renew our prescription. For so many of us, we know what our sickness is and it doesn't change, so why do we need to go every year for the doctor to check it? On top of that, the doctors aren't doing anything more than giving a recommendation- if we are being asked to pay this yearly fee, then we should be getting more counseling and suggestions on alternative recipes for using it. The recommendations should remain valid for a lot longer than a year, so patients don't have to pay this money just to see the doctor every year for a few minutes, especially when the majority of users have been made aware of their illness.

On top of that the documents required to get a doctor's recommendation are state documents (ID or Drivers License) that only people with legal documentation can get. This means that people who don't have a legal status here can't get this doctor's recommendation. Not only is this unfair and exclusive, but it also prevents many people who need this medicine from having it legally, since they aren't able to get the recommendation. This is something that really needs to be changed under the regulations of using marijuana under a doctor's recommendation.

Another problem with this market that has been created with marijuana is that the prices have been jacked up so high because when it was completely illegal, dealers altered the prices due to the consequences of selling it. But now that it has become more accepted, there is no reason for the price to be so high. Can you imagine paying \$45 for a bundle of cilantro? We don't weigh our other herbs in grams and charge so much for them, so why does marijuana have to be looked at in this way? While it does need to be regulated, which dispensaries are the ones that are going to be shut down- the ones that didn't get to share their profit with the city? And for the ones that do share it, how will the city get to use that profit? This is why it needs to be regulated, but not so the city can make money off it, by getting a higher budget to increase personnel and police to regulate, or not so the city can benefit from the profit of other businesses.

Because of this business mentality surrounding it, some individual growers are growing to sell, because it's so easy to grow and they make money off it. If it was to be regulated so it doesn't cost so much, this would benefit the people who truly need it and growers wouldn't feel the need to grow for profit, but only for what they need. Then the city would have no reason to come down on growers of marijuana, since people would no longer be growing to make money from it. This is something that needs to be looked at, because for the families of some patients, there is still fear around growing, and as a result the patient cannot even grow in their own home, because of this fear that their house will be taken away or they will lose their job license.

We also need to look at the alternative uses of marijuana- when it comes to clothes, rope, insulation and other materials that hemp can be used for, we need to stop importing them from other places. We need information on how long it will take and how much it will cost for marijuana to be used as hemp as an alternative to other materials for our daily use. Where do we go to find out how to grow hemp and make it into the materials we need? If we create a hemp market, we could do all this, but we need teachers that will come and teach the greater LA area to harvest this plant and make a variety of products. In a sense, marijuana needs to be promoted not only as a crop we smoke or eat but also as something we utilize in the many other ways it can be effective.

Right now many people are forced to buy stress, the harsher lower grade marijuana that harms the lungs more because the way it's grown, many times with pesticides and this is what is being distributed and sold to a lot of patients. The ones who are forced to get this are the people who don't have the legal status to get the doctor prescription, people who can't afford anything that costs more, or mentally ill people who don't have any records showing their illness. All these people do not have the same access as others to high grade, clean and organic marijuana. Why has this natural medicine that is so beneficial become so integrated into capitalism? If the movement to legalize it feels it is so good for us, then we should be fighting to make it more accessible, not only legally but also economically. Patients should not have to feel that even though it is more legal than before, that they still can't get their medication, just because they can't afford it. Let's not fall into the same spiral the pharmaceutical companies have been in- this is nature's medicine and it should be treated with respect and accessible to its users.

**Unidos Sin Derechos Miguel Guzman and Nadia Khan – [Cultiva99@gmail.com](mailto:Cultiva99@gmail.com)**

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Heather Broussard  
4750 Lincoln Blvd. Apt. 178  
Marina Del Rey, CA 90292  
916-425-1372

Monday, November 16, 2009

City Council  
200 North Spring Street  
Room 395  
Los Angeles, CA 90012

RE: CF 09-0923 – City's Proposed Medical Marijuana Ordinance

Here is my revised Medical Marijuana Ordinance after Monday's PLUM Committee and Public Safety Meeting, I have also taken care of all typos.

Important Modification Includes:

1. "Sec. 45.19.6.3 **REGULATIONS.**

**A. Pre-inspection Requirements**

2. **Prohibition.** No person shall cause or permit the establishment, substantial enlargement or transfer of ownership or control of a collective within 1,000 feet of another collective, or within 500 feet of a school or public park within the City of Los Angeles.

No person shall cause or permit the establishment or maintenance of more than one collective business in the same building, structure or portion thereof, or the increase of floor area of a collective in any building, structure or portion thereof containing another collective.

The distance specified in this subdivision shall be measured by the same method used to determine the preexisting distances already outlined on parcel profile reports generated by the City of Los Angeles Department of Planning."

This modification takes into consideration the need for certain feet restrictions to special use areas, such as public parks and school. These measurements are already calculated on every parcel profile report in the City of Los Angeles. It takes care of the need for protection of the special use area, as well as protects the needs of the collectives and members. By using parcel profile reports, which are already in existence, you are eliminating the need for any further research and cost in this area. I have attached a copy of a parcel profile report for your review.

2. **G. Registration Fees.** Agricultural Occupancy Permits shall cost \$1,000 upon registration. Each year a collective must renew this permit by paying \$500. All renewals must be paid to the Office of Building and Safety by December 31<sup>st</sup> in order to ensure renewal for the following year.

In order to expedite this process I included a section for permit costs. If the number of permits issued were 186, this would generate \$186,000 in income.

3. "Sec. 45.19.6.3 B6, Collective must operate like a true not for profit corporation or organization. Nothing in this article shall prevent members, engaged in the collective cultivation of medical marijuana in strict accordance with this article, from sharing the actual, out-of-pocket costs of their collective cultivation. Actual, out-of-pocket costs shall not be recovered through the sale of marijuana, by any member of a collective who is not a member engaged in management of that collective. Nothing in this article shall pertain to or affect the reimbursement from qualified patients to their primary caregivers pursuant to California Health and Safety Code Section 11362.765."

This allows sales, as long as the Collective is operating not for profit. HOWEVER, it only allows for reimbursement of out-of-pocket costs by members engaged in management of the collective not just any member. This will eliminate a regular member of a collective to sell marijuana to that collective and recover their out-of-pocket costs. This will eliminate the alleged illegal sales that may be occurring.

4. "Sec. 45.19.6.3.B8, As defined in Health and Safety Code Section 11362.77 No medical marijuana collective or primary caregiver shall possess more than 8 ounces of dried marijuana and no more than six mature and twelve immature marijuana plants per qualified patient who is a member of the collective. No collective shall possess or provide marijuana other than marijuana that was cultivated by the collective: (a) at the location; or (b) at the collective's previous location if that previous location is registered and operated in strict accordance with this article; or (c) at another location owned or operated by a member engaged in management of the collective. A collective may only have one location that provides the medicine to the patients."

It is not realistic to grow at one location, allowing a distribution location and then another location for cultivation will help to eliminate the illegal cultivation and sales that are alleged to be occurring. Council members must also take into consideration that some collectives are operating as corporations and may have distribution location outside this jurisdiction, which is legal under state law, for which they are governed. As long as the locations are ran by member's in charge of management of the collective, then you will have a pure from collective. This will eliminate grows occurring at individual member's location for the collective, who are NOT members engaged in management.

A little math, if a collective has 1000 patients that is 6000 mature plants.

Remember also, only members of the collective engaged in the management of the collective. A person who has been convicted within the previous 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 not be engaged directly or indirectly in the management of the collective and, further, shall not manage or handle receipts and expenses of the collective.

5. "Sec 45.19.6.6 **EXISTING MEDICAL MARIJUANA DISPENSARIES.**

Any marijuana cultivation operation or medical marijuana dispensary that does not comply with the requirements of this article must immediately cease operation until such time, if any, when it complies fully with the requirements of this article; except that a marijuana cultivation operation or medical marijuana dispensary not in compliance with the requirements of this article that was established and operating prior to September 14<sup>th</sup>, 2007, and which was one of the 186 dispensaries that registered with the City Clerk's office before November 12<sup>th</sup>, 2007, in accordance with Interim Control Ordinance No. 179,027, shall have 1 year from the effective date of this article during which to fully comply with the requirements of this article or to cease operation.

- A. The Department of Building and Safety shall only cause to be in circulation 186 agricultural occupancy permits.
- B. Yearly, upon adoption of this ordinance, the city council shall review the current economy and shall increase the number of agricultural occupancy permits in place as it sees fit."

I would love for all collectives to remain open, but a cap is reasonable and necessary due to public outcry, which the city must take into consideration. The reason for the 186 permit cap is due to the fact the original 186 dispensaries have detrimentally relied on the fact that they submitted applications and were given permits and have been operating for 2 years. The hardship exemption process that was supposed to be in place for these dispensaries that needed to move during the moratorium, didn't go into place for TWO years. At this point these dispensaries already relied and were grandfathered in and have standing for a law suit. However, by giving them priority and allowing them to come into compliance, you eliminate any of them from seeking to be grandfathered in.

Also, these dispensaries followed your direction once, so they are already on the right tract to following your directive twice.

Even though the interim ordinance may have expired, no dispensary that opened while it was in place knew this, until the court made it's ruling. They also opened without submitting an application or getting a permit. They opened with a bad faith belief that they had a right to open. The court only made this ruling because there was no other law in place. Had this ordinance or one similar been in place that said you could not operate without a permit, the injunction wouldn't have been granted. I don't feel that these dispensaries have any legal grounds to ask for their permits to be grandfathered in, because they never even submitted applications for them.

However if you start treating any one dispensary in that class differently, the city is going to have a problem and this argument has been weakened.

The number 186 is consistent with other jurisdictions. Based on a population of 4,065,585, you would have 1 collective per 21,857 people. I have allowed room for the cap to grow each year. In one year, once the application process is in place, and all 186 original collectives have come into compliance, the city council can then decide whether or not they wish to issue more permits. If they wish to issue 300 more permits, they can do so at that time.

I believe that this drafted ordinance eliminates any loosing battles for the city in a court of law. I believe it would muster constitutionality scrutiny.

I believe it protects the one protected class of collectives, the original 186, that did what you asked the first time around, so they will surely be able to comply once this ordinance goes into place.

It also takes care of the patients in need, who are most important during this process.

Again, please appointment me to draft this ordinance then have the city attorney review as to form and legality, or appointment me to the drafting team by way of motion, or simply adopt my ordinance. I am available to speak with any city council member that wishes to seek my assistance or has questions.

I do represent pro bono two dispensaries, California's Finest Compassionate Cooperative and Westside Caregivers. Both these dispensaries are owned and operated by my family members. I am passionate about this cause, I believe in it. My father was labeled 90% disabled and placed on permanent disability. The prescription medications that he was ingesting for the pain lead to diabetes and possible kidney failure. He turned to an herbal alternative, which in my opinion saved his life. There are many stories like this one within the history of our dispensary. My family is helping to save and change those people's lives, and I am proud of them. I have worked for the past three years as a public defender, I help people who can't help themselves and give them a voice. I feel that this ordinance helps to protect those individuals who cannot help themselves.

Sincerely,

---

Heather Broussard  
Attorney At Law, CABAR#230421  
Concerned Member of the Public  
Voice for the Collectives  
Leader for the Patients

ORDINANCE NO. \_\_\_\_\_

An ordinance adding the Article 5.1 to chapter IV of the Los Angeles Municipal Code amending Section 91.107.3.2 of the Los Angeles Municipal Code to implement the Compassionate Use Act of the Medical Marijuana Program Act.

**WHEREAS**, in 1996, California voters approved the Compassionate Use Act ("CUA") in order to exempt seriously ill patients and their primary caregivers from criminal liability for possession and cultivation of marijuana for medical purposes; and

**WHEREAS**, the Medical Marijuana Program Act of 2003 ("MMPA") provides for the association of primary caregivers and qualified patients to cultivate marijuana for medical purposes and also authorizes local governing bodies to adopt and enforce laws consistent with its provisions; and

**WHEREAS**, the City of Los Angeles enacted an Interim Control Ordinance in 2007 for the temporary regulation of medical marijuana facilities through a registration program, which resulted in the unintended proliferation of storefront medical marijuana dispensaries to a number currently estimated to exceed 500 such locations, presenting a substantial risk of unlawful cultivation, sale and the illegal diversion of marijuana for non-medical uses, and

**WHEREAS**, the California Police Chiefs Association has compiled an extensive report detailing the negative secondary effects associated with medical marijuana dispensaries; and

**WHEREAS**, there has been a recent report of increased violent crime at the location of many of the medical marijuana dispensaries in the City of Los Angeles; and

**WHEREAS**, the City of Los Angeles has a compelling interest in ensuring that marijuana is not distributed in an illicit manner, in protecting the public health, safety and welfare of its residents and businesses, in preserving the peace and quiet of the neighborhoods in which the medical marijuana collectives operate, and in providing compassionate access to medical marijuana to its seriously ill residents.

**WHEREAS**, this drafted ordinance is narrowly tailed and reasonable related to the City of Los Angeles' main concern for the public health, safety and welfare of residents and businesses within the city of Los Angeles while still complies with, the 1996, voter approved Compassionate Use Act and, the 2003, Medical Marijuana Program Act.

**NOW, THEREFORE,**

**THE PEOPLE OF THE CITY OF LOS ANGELES  
DO ORDAIN AS FOLLOWS:**

Section 1. A new Article 5.1 is added to Chapter IV of the Los Angeles Municipal Code to read:



## **Article 5.1. MEDICAL MARIJUANA COLLECTIVE**

### **Section 45.19.6. PURPOSE AND INTENT**

It is the purpose and intent of this article to regulate the collective cultivation of medical marijuana, pursuant to state law, in order to ensure the health, safety and welfare of the residents of the City of Los Angeles. The regulation in this article, in compliance with the Compassionate Use Act and the Medical Marijuana Program Act, California Health and Safety Code Sections 11362.5, et seq., ("State Law") do not interfere with a patient's right to use medical marijuana as authorized under State Law, nor does it 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 cultivate medical marijuana collectively. Medical marijuana collectives shall comply with all provisions of the Los Angeles Municipal Code ("Code"), State law, and all other applicable local and state laws. Nothing in this article purports to permit activities that are otherwise illegal under federal, state law or local law.

#### **Sec. 45.19.6.1. DEFINITIONS.**

- A. The following phrases, when used in this article, shall be construed as defined in the California Health and Safety Code Sections 11362.5 and 11.362.7:

"Attending Physician;"  
"Cultivation of Medical Marijuana;"  
"Identification Card;"  
"Person with an Identification Card;"  
"Primary Caregiver;"  
"Qualified Patient;" and  
"Written Recommendation."

- B. The following phrases, when used in this article, shall be construed as defined below. Words and phrases not defined here shall be construed as defined in Sections 11.01, 12.03, 45.19.5, 45.21, and 56.45 of this Code.

"Location." The lot or portion of a lot that is used by a medical marijuana collective.

"Medical Marijuana." Marijuana used for medical purposes in accordance with California Health and Safety Code Section 11362.5 through 11362.83

"Medical Marijuana Collective ("Collective")." An incorporated or unincorporated association, composed solely of four or more qualified patients, persons with identification cards, and designated primary caregivers of qualified patients and persons with identification cards (collectively referred to as "members") who associate at a particular location to collectively or cooperatively cultivate marijuana for medical purposes, in strict accordance with California Health and Safety Code Section 11362.5, et seq.

“Member Engaged in the Management.” A member with responsibility for the establishment, organization, registration, supervision, or oversight of the operation of the collective, including but not limited to members who perform functions of president, vice president, director, operating officer, financial officer, secretary, treasurer, or manager of the collective.

Sec. 45.19.6.2. **REGISTRATION.**

- A. **Registration Required.** No collective shall operate until after it has filed a registration form in accordance with the provisions of this article, has paid any adopted registration fee, and its registration has been accepted as complete by the Department of Building and Safety.
- B. **Pre-inspection and Certificate of Occupancy Required.** Prior to filing a registration form with the Department of Building and Safety, a collective shall provide plans of the collective location including details of any proposed alterations by an architect or civil engineer licensed in the State of California to show compliance with the standards set forth in Section 45.19.6.3. A of this article and compliance with Chapters I and IX of the Code for the new agricultural occupancy. A collective shall obtain a written pre-inspection report from the Department of Building and Safety after the Department verifies the accuracy of the plans and performs all required research (planning/zoning records). A pre-inspection fee pursuant to Section 91.107.3.2 of this Code, plus a research fee for a minimum of three hours of time pursuant to Section 98.0415 (f) of this Code, shall be paid to the Department of Building and Safety at the time of a request for pre-inspection. The Department of Building and Safety shall submit its written pre-inspection report to the collective stating any conditions that must be met or permits that must be obtained in order to accomplish the required building alterations and to change the occupancy of the building. If the pre-inspection report finds noncompliance of the location of the proposed alterations with the standards set forth in Section 45.19.6.3 A of this article or Chapters I and IX of this Code, a subsequent pre-inspection may be required, for which an additional pre-inspection fee shall be paid.
- C. **Location Priority Status.** Upon issuance of: (1) a written pre-inspection report by the Department of Building and Safety verifying that the proposed location complies with Sections 45.19.6.3 A.2 of this article, and (2) all required building permits, if the pre-inspection report specifies alterations, the collective shall obtain priority status for that location. This priority status shall become invalid if the building permits are revoked or expire. During the time that the location's priority status is valid, no pre-inspection for another collective shall be conducted or approved if its location conflicts under the provisions of this article with the location that has priority status.
- D. **Notice of Pre-inspection.** Prior to accepting a request for pre-inspection, the Department of Building and Safety shall require proof that the collective has provided written notice to the City Council member and the Certified Neighborhood Council representing the area in which the collective is located, of: the pre-inspection request, the location of the collective, a telephone number at the location, the name, telephone number, and address of a person authorized to accept service of process for the collective, and the name(s), telephone numbers and address(es) of each member

engaged in the management of the collective. This notification shall be sent by certified mail, postage prepaid, and return receipt requested.

- E. **Registration Form.** Upon receipt of a Department of Building and Safety pre-inspection report and Certificate of Occupancy verifying compliance with the standards set forth in Section 45.19.6.3 A of this article the collective shall file a registration form with the Department of Building and Safety. The registration form shall require the following accurate and truthful information: the address and physical description (i.e., one-story commercial building, etc.) of the location at and upon which the collective is located, and any additional cultivation locations, a telephone number at the location, the name, telephone number and address of a person authorized to accept service of process for the collective, the name(s), telephone number(s) and address(es) of each member engaged in the management of the collective; and any other information reasonably required to show that the collective complies with all the standards and requirements of this article. In addition, the registration form shall confirm the consent of the collective upon service of a valid search warrant, subpoena or court order, for the inspection and copying by the Police Department of the recordings and records required to be maintained under Sections 45.19.6.3 B.1 and 45.19.6.4 of this article.

The collective shall file an updated registration form quarterly, but only if there were changes during the previous quarter to any of the information provided in the initial registration form or any changes in status of compliance with the regulations set forth in Section 45.19.6.3. A change in location cannot be accomplished by an updated registration form, but shall require a new pre-inspection and registration. Each and every member who is engaged in the management of the collective shall print his or her name and sign the registration form and any subsequent updated registration form, under penalty of perjury certifying that all information contained in the registration form is true and correct. It shall be the sole responsibility of the members engaged in the management of the collective to ensure that all forms and documents are submitted as required by this article and that information provided is accurate, complete and timely submitted.

- F. **Additional Registration Documents.** As Attachments to the original and any subsequent registration form, the collective shall also provide written proof to the Department of Building and Safety: (1) proof that the owner of the location, and landlord if applicable, of the property, was given notice sent by certified mail, postage prepaid, and return receipt requested that the collective intends to file the registration form and that the owner, and landlord if applicable, has received a copy of the information contained in the registration form; (2) for each member engaged in the management of the collective, a fully legible copy of one government issued form of identification, such as a social security card, a state driver's license or identification card, or a passport; and (3) the collective's Certificate of Occupancy for the cultivation use.
- G. **Registration Fees.** Agricultural Occupancy Permits shall cost \$1,000 upon registration. Each year a collective must renew this permit by paying \$500. All renewals must be paid to the Office of Building and Safety by December 31<sup>st</sup> in order to ensure renewal for the following year.

RECEIVED

NOV 19 2009



November 18, 2009

Honorable Members of the City Council  
c/o Office of the City Clerk  
Room 395, City Hall  
Los Angeles, CA 90012

**SUBJECT: Suggestions for Ordinance.**

Honorable Members:

We are in the process of crafting a complete draft ordinance to offer in place of the City Attorney's Fifth Draft Ordinance. Since time is short, we are providing you the following précis that covers the most important points. These are matters that, if enacted into an ordinance in a way that contravenes State law, would require us to litigate to protect our rights. They are matters of survival for all properly organized nonprofit medical cannabis patient associations ("MCPAs") in Los Angeles.

We have organized the suggestions in a three-part structure, first isolating the issues raised by each illegal or oppressive provision in the City Attorney's Draft Ordinance, then getting to the real problem in each case that motivated the City Attorney's provision, and finally providing a workable solution that solves the real problem without breaking the law or inflicting harm on the medical cannabis community.

It is our intention that, whether you use our suggested solutions or not, you will see by what we provide here that there are creative and workable real-world solutions to the delicate balancing act of empowering citizens to benefit from the protections California has provided, keeping communities safe and maintaining their character, and doing so without subjecting qualified patients to danger in an environment where State-sanctioned activity is illegal under Federal law.

**#1 ISSUE:** The Fifth Draft's prohibition of sale of medical marijuana to member-patients (Section 45.19.6.3 B.6) is illegal in that it is inconsistent with the Medical Marijuana Program Act ("MMP"), which permits transportation, distribution, storage, preparation and sales, and its implementation would criminalize law-abiding qualified patients.

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THE REAL PROBLEM: Profit is illegal and undesirable, not sales.

SOLUTION: The MMP does not permit profit. The City can require all medical cannabis patient associations operate on a not-for-profit basis and keep books that establish that no profit is made net of all expenses.<sup>1</sup>

#2 ISSUE: The Fifth Draft's requirements that cultivation take place at the location of a dispensary (45.19.6.3.B.8(a) and that all members must physically cultivate (45.19.6.3.B.10), based on a misreading of the MMP that only cultivation is protected and that collective cultivation is synonymous with unanimous cultivation, are illegal in that they are inconsistent with the MMP. Their implementation would result in the withholding of cannabis from critically ill qualified patients who are unable to cultivate, and an explosion of local cultivation sites with an increased risk of crime and diversion.

REAL PROBLEM: The concern that at every point of the cultivation-transportation-distribution chain, cannabis can be diverted and excessive amounts of cannabis beyond the needs of the collective can be illegally produced and diverted.

SOLUTION: The MMP requires MCPAs to operate within a closed circuit of cultivation, transportation, storage and distribution. The City can require that all cultivation, possession, storage, transportation, distribution and sale, expense reimbursement, or membership due payment occur only by and between bona fide members of the MCPA, and that the MCPA keep records to establish this fact.

The City can also require that all MCPAs allow only qualified patients with doctor recommendations less than one year old become and remain members.

The City can also require all members of an MCPA to allocate some or all of their personal cultivation and possession limit to each and every MCPA of which they are a member, but that members may not allocate more than their total personal limits.

The City can require a third-party verification system to monitor the cultivation and movement of all cannabis in a collective to ensure that MCPAs remain closed-circuit, without violating MCPAs right and need for privacy. **The UMMP already has a voluntary third-party verification system up and running that will vouch to law enforcement on call on a 24/7 basis that all required registration, documentation**

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<sup>1</sup> It must be understood that expenses include not only direct costs of cultivation including salaries and/or fees paid to member cultivators, but also salaries of members performing duties or holding offices for the collective, costs involved with testing cannabis and destroying impure cannabis, costs of legal research, legal counsel, legal defense, legal indemnification, legal and political advocacy, and union membership, funds set aside for legal indemnification for members engaged in cultivation, transportation and distribution and for replacing crops lost to disease and crops or monies lost to theft or state or federal confiscation, and costs of any ancillary services provided by third parties to collectives, such as accountants and third-party registration verifiers.

**and aggregate limit requirements are met, without sacrificing patient and MCPA privacy, with full documentation including service agreements, patient allocation agreements, member cultivation agreements and documentation packets at all MCPA sites. Our service tracks aggregate limits at all participating MCPA sites based on specific member allocations backed up by current doctor recommendations, and offers a 24/7 hotline for MCPAs and for law enforcement to verify all findings. This service, unique in the medical cannabis community, results in no unauthorized cultivation and lower cost of medicine due to the reduced legal risks incurred by member cultivators. We are willing to offer our service to the City at no cost.**

**#3 ISSUE:** limitations on the number of plants the Fifth Draft authorizes (Section 45.19.6.3 B.8) has no foundation in law, illegally conflicts with the MMP, and if implemented would result in an explosion of small collectives, registered or not, and insecure local cultivation sites tended to by inexperienced cultivators that would be magnets for crime and diversion, would expose these amateur cultivators to danger from criminals, would make it difficult or impossible for the gravely ill to find and participate in small cultivations, and would force qualified patients to break federal law by engaging in cultivation beyond their personal limits.

**THE REAL PROBLEM:** The need for a closed circuit and no profit in MCPAs.

**SOLUTION:** Already outlined above.

**#4 ISSUE:** The requirement that collectives maintain a list of members, complete with personal addresses and telephone numbers, for inspection on demand by law enforcement (Section 45.19.6.4) is an illegal violation of citizens' Fifth Amendment rights against self-incrimination, given that cannabis is illegal under both federal and state law and immunized from prosecution in limited conditions only under state law, and its implementation would cause many qualified patients to choose illegal anonymity over the risks entailed in making their cultivation and possession part of the public record.

**REAL PROBLEM:** The difficulty of establishing that MCPAs really are operating under a closed circuit of cultivation, transportation and distribution.

**SOLUTION:** As outlined above, the City can require a third-party verification system to monitor the cultivation and movement of all cannabis in an MCPA, and to monitor the qualified patient status of each MCPA member, to ensure that MCPAs remain closed-circuit, without violating MCPAs and individual patients' right to and need for privacy. **The UMMP presently provides third-party verification as described above and is also capable of providing individual qualified patient and doctor**

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**recommendation verification, tracking and consultation services that we can also offer to the City at no cost.**

**#5 ISSUE:** The Fifth Draft's zoning limitation (Section 45.19.6.3 A.3) is so restrictive that it would not provide enough viable locations for MCPAs to serve the needs of Los Angeles qualified patients.

**REAL PROBLEM:** Controlling the proliferation of MCPAs so they do not change the character of neighborhoods.

**SOLUTION:** MCPAs may not be closer than 500 feet from other MCPAs or from K-12 schools, playgrounds, youth centers, youth substance abuse rehabilitation facilities, child-oriented establishments, establishments that advertise in a manner that identifies the establishment as catering to or providing services primarily intended for minors, or establishments where the individuals who regularly patronize, congregate or assemble at the establishment are primarily minors, not including facilities that provide supervision for 12 or fewer children.

There shall be no distance requirement for MCPAs relative to pre-schools and child day care centers, as children who attend such places are supervised and are not yet of an age or physical ability to leave the premises independently and therefore not at risk of any influence from close proximity to an MCPA.

MCPAs that were established and operating at their current locations prior to September 14, 2007, or were established and operating prior to September 14, 2007 and were authorized by the City to move to another location, or that registered pursuant to Interim Control Ordinance Nol. 179,027 with the City Clerk's office before November 12, 2007, shall be grandfathered with respect to distance requirements.

**PROBLEM:** Re-registering under the new ordinance.

**SOLUTION:** All MCPAs in Los Angeles shall have six months to conform to the new ordinance and begin the re-registration process. New MCPAs may not begin applying for registration until six months after the ordinance.

We have offered this evaluation and suggested ordinance provisions with an eye towards protecting the rights of all citizens. It is time to implement sensible regulations for the benefit of the patients and the community at large.

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We are available to the City Council at any time to further support you in your efforts to create a strict and fair ordinance. It is our sincere hope that the City will recognize they have a partner in the Union of Medical Marijuana Patients and all its member organizations.

Sincerely,

James Shaw  
Director

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# LOS ANGELES MEDICAL CANNABIS DISPENSARIES: RECOMMENDATIONS FOR REGULATIONS

To facilitate consensus between patients, advocates, elected officials, and law enforcement, several priorities must be addressed in medical cannabis dispensary (MCD) regulations. This is the best way to ensure the rapid adoption and implementation of sensible guidelines for medical cannabis collectives and cooperatives. This is important, because research proves that regulations reduce crime and complaints.

## **1. Provide a realistic legal framework for storefront facilities and sales of cannabis**

Incremental reimbursements for the cost and service of providing medicine within the membership are legal under California Health and Safety Code Section 11362.775, regardless of whether they are called sales, donations, or reimbursements. California courts have upheld the legal status of collectives that provide medicine in exchange for reimbursement, even in cases where some members do not participate in growing medicine. Other cities and counties allow for the sale of cannabis in MCDs. They have seen a decrease in crime and complaints, and reap the rewards of sales tax revenue. There is no other realistic model for getting medicine to patients besides storefront collectives.

## **2. Protect the anonymity of medical cannabis patients**

It is legally and ethically questionable to require collectives and their members to give up their due process rights regarding records. Law enforcement can obtain the records through the court via a search warrant, subpoena, or court order if there is just cause. Despite indications of an evolving federal policy, federal prosecutors and DEA agents indicate they will continue to raid medical cannabis patients and providers. Law

enforcement officials have escalated enforcement against medical cannabis providers, indicating they regard all collectives as illegal. Requiring collectives to surrender records on demand will result in lawsuits, confusion, and delay.

## **3. Adopt workable regulations on where MCDs can locate**

A report by the Planning Department indicates that fewer than 25% of the pre-moratorium collectives could meet the unreasonable location criteria in the third revised draft ordinance. The restrictions are even more onerous in the fifth revised draft version, including more sensitive uses and new restrictions on residential housing. It is unlikely that any collective can meet the standards. A more reasonable approach would be to use the same standard already in place for adult oriented businesses, which requires that these businesses be located 500-feet from schools, places of worship, and parks. Adopting location restrictions that are unworkable is tantamount to a de facto ban.

## **4. Protect collective cultivation**

State law does not require that every member of a collective participate in growing medicine. Not everyone has the time, ability, or space to grow cannabis. They may also lack a friend or loved one who meets the extremely narrow definition of Primary Caregiver and can grow for them. That is why the law allows for collective associations. Requiring everyone in Los Angeles to grow their own medicine will mean thousands of new cannabis gardens and increased reliance on the black market. Those are outcomes that community members, law enforcement, and patients do not want.

NOV 13 2009

For: the FILE

Item 18

08.0923

18 NOV 2009

Contact Information  
 Neighborhood Council: Studio City Neighborhood Council  
 Name: Lisa Sarkin  
 Phone Number: 818-980-1010  
 Email: [lsarkin@scnc.info](mailto:lsarkin@scnc.info)  
 Date of NC Board Action: 10/21/2009  
 Type of NC Board Action: For Proposal

Impact Information  
 Date: 10/22/2009  
 Update to a Previous Input: No  
 Directed To: City Council and Committees  
 Council File Number: 08-0923  
 Agenda Date:  
 Item Number:

Brief Summary: The SCNC supports draft ordinance 08-0923.

Additional Information: We request that the City Council pass the draft ordinance now without further delays; that the final ordinance not authorize any activity beyond the limited scope of the State of California's medical marijuana laws; and that this ordinance include the following urgency clause "The City Council finds and declares that this Ordinance is required for the immediate protection of the public peace, health and safety."

The final ordinance must be completely in line with State of California law and it should not include a permitting scheme. When the PLUM committee asked the City Attorney for clarification on certain court cases they were given legal advice on those and several others they had not asked for but were recently published. One case, the City of Claremont v Kruse clearly drew the distinction that the CUA and MMP did not mention or require dispensaries and that Cities had the right to ban them as a nuisance as the City of Claremont did. This is from the City Attorney report *"The court upheld the trial court's determination that defendants' dispensary constituted a nuisance per se based on violations of the City's municipal code. The court also addressed the applicability of both the CUA and the MMP and found that neither preempted the City's actions. In fact, both the CUA and MMP expressly allow local regulation. Significantly, in discussing the CUA, the court noted the narrow nature of the initiative, and the abundant case law supporting this view. For example, courts have determined that the CUA did not create a 'constitutional right to obtain marijuana' and they have refused to expand the scope of the CUA to allow the sale or nonprofit distribution of marijuana by medical marijuana cooperatives. (Ibid.; Peron, supra, at pp.1389-1390.) Kruse at p. 17. The California Supreme Court has explicitly endorsed, in Mentch and numerous other cases involving medical marijuana, strict construction of the CUA and cautioned against a broad interpretive approach. As proposed in the Office's draft ordinance, we can adhere to this approach and also provide compassionate access to medical marijuana through the recognition and regulation of collective cultivation projects."*

## SCNC BOARD

Barbara Monahan Burke  
Extra Dweck  
Victor Helo  
Remy Kessler  
Michael McCue  
Ben Neumann  
Richard Niederberg  
Todd Royal  
Lisa Sarkin  
Jeffrey Steinberg  
Gail Steinberg  
Ron Taylor  
John Walker



## SPECIAL BOARD MEETING DRAFT MINUTES

WEDNESDAY, OCT 21, 2009 9:30 PM

at

CBS Studio Center, Building 8, MPR-3  
4024 Radford, Studio City CA, 91604

## PRESIDENT

(acting) John T. Walker

## VICE PRESIDENT

John T. Walker

## TREASURER

Remy Kessler

## SECRETARY

Gail Steinberg

## CORRESPONDING SECRETARY

Lisa Sarkin

4024 Radford Ave.  
Edit. Bldg. 2, Suite 6  
Studio City, CA 91604  
Phone (818) 655-5400  
[www.scnc.info](http://www.scnc.info)

The public is requested to fill out a "Speaker Card" to address the Committee on any item of the agenda prior to the Committee taking action on an item. Comments from the public on Agenda items will be heard only when the respective item is being considered. Comments from the public on other matters not appearing on the Agenda that is within the Committee's subject matter jurisdiction will be heard during the Public Comment period. Public comment is limited to two minutes per speaker, unless directed otherwise by the presiding officer of the Board. The agenda is posted for public review at: Studio City Neighborhood Council website ([www.scnc.info](http://www.scnc.info)); as well as CBS Studio Center, Radford and Colfax gates; the Studio City Library, 12511 Moorpark St.; the Studio City Recreation Center, 12621 Rye Ave. and at Carpenter Avenue Elementary School, 3909 Carpenter Avenue, Studio City, CA 91604. As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and upon request, will provide reasonable accommodation to ensure equal access to its programs, services, and activities. Sign language interpreters, assistive listening devices, or other auxiliary aids and/or services may be provided upon request. To ensure availability of services, please make your request at least three (3) business days (72 hours) prior to the meeting you wish to attend by contacting the Neighborhood Council Project Coordinator (213) 473-5391 or by e-mail to [Thomas.Soong@lacity.org](mailto:Thomas.Soong@lacity.org).

**1. Call to Order and Roll Call.** Roll Call: Ezra Dweck -excused, Victor Helo-present, Remy Kessler-present, Michael McCue - present, Ben Neumann - excused, Richard Niederberg - present, Todd Royal-excused, Gail Steinberg - present, Ron Taylor - present, John T. Walker-present. Lisa Sarkin -present, Rita Villa - present, Jeffrey Steinberg - present, Barbara Monahan Burke -present. 10 board members are present and a quorum is achieved. 6 "yes" votes required to pass a motion.

**2. Approval of Minutes.** None.

**3. Public Comment on non-agenda items within the Committee's jurisdiction.** Barry Johnson. Operating procedures require that comment is limited to 3 minutes per speaker. It should be changed to 2 minutes.

**4. Member's Responses to Public Comments.** None

**5. MOTION:** The Board of the Studio City Neighborhood Council supports the issuance of a letter to the Mayor, City Council and City Clerk substantially in the form attached hereto regarding the adoption of an ordinance governing medical marijuana dispensaries.  
Lisa Sarkin/Rita Villa.

**Moved:** Rita Villa; **Second** Lisa Sarkin; **Lisa Sarkin** reported that there was a second sheet that was distributed which is a community impact statement. She also reported that she had sent out an email from Jam Usher regarding the 4<sup>th</sup> draft ordinance. See attached. Additionally, as we now have a council file number for this matter we are also bringing forth a community impact statement. **Rita Villa** proposed an **amendment** to add the words "Community Impact Statement and" after the words "issuance of" in the first sentence of the motion. The amendment received a **second** from **Michael McCue**. **Ron Taylor** is curious if taxes are being collected on the sales of marijuana by dispensaries. He supports the decrease in availability of marijuana within the spirit of the law the citizens of California have supported. **Michael McCue** attended the NC Action Summit and Jane Usher was one of the presenters. He also stated that stakeholders brought this matter to the SCNC a couple of years ago making a poignant request to allow medical marijuana collectives. The SCNC Board was in favor of medical marijuana use. Those were to be collectives or cooperatives. Collectives are composed of people who need the medicine and are growing it themselves, only paying for the cost of growing it to each other. These are not the same as dispensaries with for profit sales. **Rita Villa** advised that coops are not to be eliminated by this ordinance. **Richard Niederberg** said that medical marijuana is not being distributed used as it should be. **Lisa Sarkin** stated that the correct council file number is

080923. **Barry Johnson** stated that Obama said he would not enforce the law against the sale of marijuana in cases where it is being grown for medical use but that does not make the law go away. The city of Oakland has 4 coops. Even if LA were 10 times bigger than Oakland we would not need more than 40 dispensaries. John Walker read the amended motion:

**MOTION: The Board of the Studio City Neighborhood Council supports the issuance of a CIS and a letter to the Mayor, City Council and City Clerk substantially in the form attached hereto regarding the adoption of an ordinance governing medical marijuana dispensaries. Vote: 10-0-0. Motion passes.**

**6. Adjournment. Moved: Michael McCue; Second Lisa Sarkin; Vote 10-0-0.**





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NOV 18 2009

November 18, 2009

Honorable Members of the City Council  
c/o Office of the City Clerk  
Room 395, City Hall  
Los Angeles, CA 90012

**SUBJECT: Suggestions for Ordinance.**

Honorable Members:

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SOLUTION: The MMP requires MCPAs to operate within a closed circuit of cultivation, transportation, storage and distribution. The City can require that all cultivation, possession, storage, transportation, distribution and sale, expense reimbursement, or membership due payment occur only by and between bona fide members of the MCPA, and that the MCPA keep records to establish this fact.

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<sup>1</sup> It must be understood that expenses include not only direct costs of cultivation including salaries and/or fees paid to member cultivators, but also salaries of members performing duties or holding offices for the collective, costs involved with testing cannabis and destroying impure cannabis, costs of legal research, legal counsel, legal defense, legal indemnification, legal and political advocacy, and union membership, funds set aside for legal indemnification for members engaged in cultivation, transportation and distribution and for replacing crops lost to disease and crops or monies lost to theft or state or federal confiscation, and costs of any ancillary services provided by third parties to collectives, such as accountants and third-party registration verifiers.

**and aggregate limit requirements are met, without sacrificing patient and MCPA privacy, with full documentation including service agreements, patient allocation agreements, member cultivation agreements and documentation packets at all MCPA sites. Our service tracks aggregate limits at all participating MCPA sites based on specific member allocations backed up by current doctor recommendations, and offers a 24/7 hotline for MCPAs and for law enforcement to verify all findings. This service, unique in the medical cannabis community, results in no unauthorized cultivation and lower cost of medicine due to the reduced legal risks incurred by member cultivators. We are willing to offer our service to the City at no cost.**

**#3 ISSUE:** limitations on the number of plants the Fifth Draft authorizes (Section 45.19.6.3 B.8) has no foundation in law, illegally conflicts with the MMP, and if implemented would result in an explosion of small collectives, registered or not, and insecure local cultivation sites tended to by inexperienced cultivators that would be magnets for crime and diversion, would expose these amateur cultivators to danger from criminals, would make it difficult or impossible for the gravely ill to find and participate in small cultivations, and would force qualified patients to break federal law by engaging in cultivation beyond their personal limits.

**THE REAL PROBLEM:** The need for a closed circuit and no profit in MCPAs.

**SOLUTION:** Already outlined above.

**#4 ISSUE:** The requirement that collectives maintain a list of members, complete with personal addresses and telephone numbers, for inspection on demand by law enforcement (Section 45.19.6.4) is an illegal violation of citizens' Fifth Amendment rights against self-incrimination, given that cannabis is illegal under both federal and state law and immunized from prosecution in limited conditions only under state law, and its implementation would cause many qualified patients to choose illegal anonymity over the risks entailed in making their cultivation and possession part of the public record.

**REAL PROBLEM:** The difficulty of establishing that MCPAs really are operating under a closed circuit of cultivation, transportation and distribution.

**SOLUTION:** As outlined above, the City can require a third-party verification system to monitor the cultivation and movement of all cannabis in an MCPA, and to monitor the qualified patient status of each MCPA member, to ensure that MCPAs remain closed-circuit, without violating MCPAs and individual patients' right to and need for privacy. **The UMMP presently provides third-party verification as described above and is also capable of providing individual qualified patient and doctor**



**recommendation verification, tracking and consultation services that we can also offer to the City at no cost.**

**#5 ISSUE:** The Fifth Draft's zoning limitation (Section 45.19.6.3 A.3) is so restrictive that it would not provide enough viable locations for MCPAs to serve the needs of Los Angeles qualified patients.

**REAL PROBLEM:** Controlling the proliferation of MCPAs so they do not change the character of neighborhoods.

**SOLUTION:** MCPAs may not be closer than 500 feet from other MCPAs or from K-12 schools, playgrounds, youth centers, youth substance abuse rehabilitation facilities, child-oriented establishments, establishments that advertise in a manner that identifies the establishment as catering to or providing services primarily intended for minors, or establishments where the individuals who regularly patronize, congregate or assemble at the establishment are primarily minors, not including facilities that provide supervision for 12 or fewer children.

There shall be no distance requirement for MCPAs relative to pre-schools and child day care centers, as children who attend such places are supervised and are not yet of an age or physical ability to leave the premises independently and therefore not at risk of any influence from close proximity to an MCPA.

MCPAs that were established and operating at their current locations prior to September 14, 2007, or were established and operating prior to September 14, 2007 and were authorized by the City to move to another location, or that registered pursuant to Interim Control Ordinance Nol. 179,027 with the City Clerk's office before November 12, 2007, shall be grandfathered with respect to distance requirements.

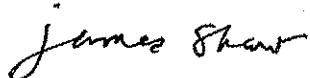
**PROBLEM:** Re-registering under the new ordinance.

**SOLUTION:** All MCPAs in Los Angeles shall have six months to conform to the new ordinance and begin the re-registration process. New MCPAs may not begin applying for registration until six months after the ordinance.

We have offered this evaluation and suggested ordinance provisions with an eye towards protecting the rights of all citizens. It is time to implement sensible regulations for the benefit of the patients and the community at large.

We are available to the City Council at any time to further support you in your efforts to create a strict and fair ordinance. It is our sincere hope that the City will recognize they have a partner in the Union of Medical Marijuana Patients and all its member organizations.

Sincerely,

A handwritten signature in cursive script that reads "James Shaw".

James Shaw  
Director

If medical marijuana is legal, why do patients sometimes feel they're treated like criminals?

### The Problems:

- Lack of trust on both sides
- Confusion about what is considered lawful and compliant
- Over-allocation makes legal sites look illegal
- Expired documentation
- Reliance on outdated or disallowed models for providing medical marijuana

The UMMP AgSite Secure™ Program was designed to be

### The Solution:

- Trusted third party tracking and verification
- Multi-organization tracking to flag over-allocation
- Information kept private and offsite under attorney-client privilege
- Unique privacy system while providing all necessary disclosure to state law enforcement
- Attorney-reviewed documentation

## Union of Medical Marijuana Patients

The Union of Medical Marijuana Patients (UMMP) has devoted itself to a model of full compliance to California law with products, services, systems, education, training and consultation to allow any participating association to demonstrate full compliance while maintaining privacy.

Our goal is to empower every patient, patient cultivator and their associations in California to achieve compliance and earn the respect of law enforcement and the greater community.

### How to sign up:

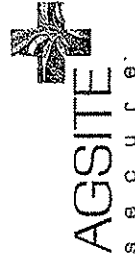
Call UMMP to schedule an in-depth presentation to your organization:

(213) 626-2730



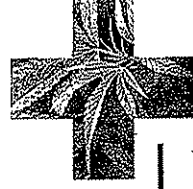
UMMP

321 East 1st St., Suite 200  
Los Angeles, CA 90012  
(213) 626-2730



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Respect  
Authentication  
Safety  
Compliance  
Security



# AGSITE

S E C U R E™

For medical marijuana patients and law enforcement, the road to mutual respect and cooperation has been a bumpy one filled with many problems and not enough solutions.

Now there's a solution everyone can believe in!

Announcing AgSite Secure™, a self-regulatory aggregate limits program that assures law enforcement and patients that only authorized and legally aggregated amounts of medicine are being cultivated and possessed statewide.

# Everyone Benefits

## Law Enforcement

- Provides a simple and efficient verification system to accurately identify how much medical marijuana is legal at a site
- Eliminates faked, duplicated and expired doctor recommendations and patient allocations
- Ensures amounts grown across the State don't exceed the limits authorized for each patient
- Saves the department time and money

## Patient Cultivator

- Proves you're legal without sacrificing privacy
- Assures your authorized allocations and doctor recommendations are current and not duplicated elsewhere
- Provides security against needless law enforcement intervention
- Union reps and attorneys supply independent verification and consultation any time of the day or night

## Patient Association

- Protects your sites and members
- Proves you're legal without sacrificing privacy
- Reduces cost of medicine due to decreased law enforcement intervention
- Promotes respect for the medical marijuana industry

## AgSite Secure™

offers aggregate legal limits certification with continuous secure tracking and 24/7 verification to law enforcement of a patient association's aggregate limits at all its cultivation, transportation, storage and distribution sites.

## Why it Works:

- AgSite Secure™ provides a level of instant documented verifiability never before available to law enforcement
- All information remains private
- 24/7 toll-free live verification of your authorized legal aggregate limits to cultivate, possess, and transport medical marijuana
- Attorney-approved system
- Sites are clearly identifiable to law enforcement without sacrificing privacy
- Database is secure and under attorney-client privilege
- Transparency with full privacy
- Your documentation is kept up to date
- Allows your association to demonstrate it is scrupulously compliant to California law
- Recognition that you are operating under fully authorized aggregate limits established by Senate Bill 420 and the Attorney-General's guidelines
- Immediate police confrontation advice
- Emergency legal consultation

Become part  
of the solution.



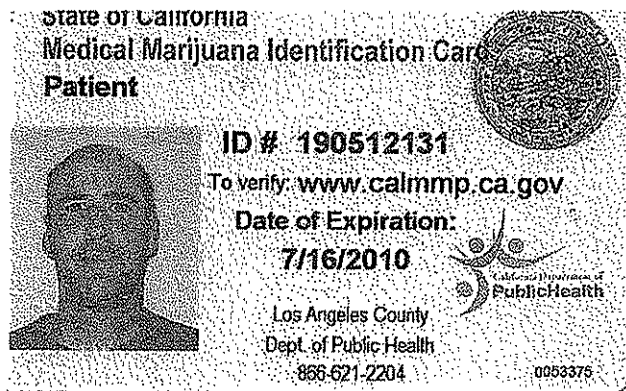
Join the  
AgSite Secure™  
program today.

Call  
(213) 626-2730

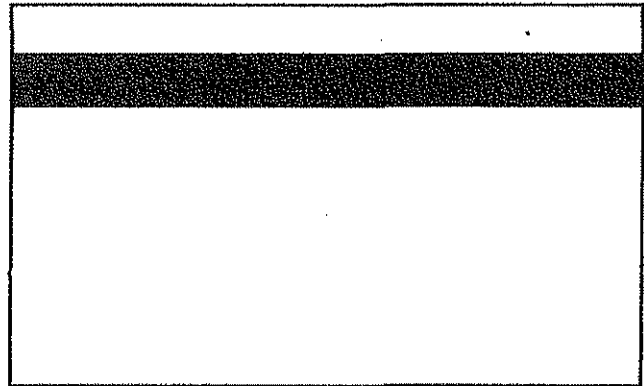
# ORGANIC CANNABIS EXCHANGE CARD

RECEIVED  
NOV 18 2009

front



back credit strip



- \$150 FEE FOR CARD EVERY YEAR
- MANDATORY TO HAVE THE CARD TO POSSES CANNABIS
- AMNISTEY FROM PROSICUTION FOR HAVING CANNABIS
- HAVE A DR RECOMMENDATION EACH YEAR TO GET CARD.
- HAVE A CREDIT SYSTEM LYNKED TO IT.
- DEPOSIT CASH INTO AN ACCOUNT VIA CC SYSTEM
- ALL SALES AND PURCHASES MADE BY THIS CARD
- 10 % TAX DEPOSITED AUTOMATICLY EVERY DAY TO GOVERNMENT
- TAKE THE CASH OUT OF THE INDUSTRY MAKES IT SAFER FOR EVERYONE
- TAKES ALL THE CRIME OUT OF THE INDUSTRY
- YET LET MA & PA STILL GROW THE MEDICINE
- MA & PA RUN DISPENSARIES
- 21 AND OVER ONLY
- STRICT REGULATIONS TO GROW A \$10,000 A YEAR FEE
- HEALTH AND SAFETY / AGRICULTURE DEPT CHECKS THE GROW OUT FOR SAFETY
- EVERYTIME A GROWER SELLS A POUND THE TAXES COME OUT ON TRANSACTION
- THE CREDIT IS ISSUED TO THE CARD FROM THE CLINIC RECIEVING THE HERB