

HARDSHIP EXEMPTION APPLICATION

004

ICO Area:

CITYWIDE

Interim Control Ordinance No.:

179027

Effective Date:

9-14-07

Council File No.:

05-0872-0478

Additional Interim Control Ordinance No.:

n/a

Applicant (Record Owner):

11100 MAGNOLIA BLVD INC

Applicant Mailing Address

11100 MAGNOLIA BLVD

Applicant's Representative

11

Representative's Mailing Address:

11

Telephone:

Zip Code:

91601

Telephone:

Zip Code:

91601

Property Address:

11100 MAGNOLIA BL

Legal Description:

-

Lot Area (sq. ft.):

Structure/Building Construction Date:

-

Existing Zone (ZIMAS):

-

Permit History (Include Permit Numbers):

n/a

Existing Land Use Designation (From City Planning Department):

-

Describe Current Use (Include size in square feet, height, etc.):

MEDICAL Cannabis collective
PURSUANT TO PROP 215
SB 420 + LAECO 179027

BY J M C R CITY CLERK
DEPUTY

2009 MAY 12 PM 2:40

RECEIVED
CITY CLERK'S OFFICE

4/5

Note: A Master Land Use Application is not required.

THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.


Applicant (Record Owner) *

5-11-09
Date

Representative

Date

* *Proof of ownership will be required at the time of application submittal. A recorded grant deed and/or City Clerk's ownership records printout are acceptable.*


Note: A Master Land Use Application is not required.

**MEDICAL MARIJUANA DISPENSARY
BUSINESS INFORMATION FORM**

Business Name 11100 magnolia, Inc	Telephone Number 8189224188
Street Address, Unit # 11100 magnolia	
City, State, Zip NORTH HOLLYWOOD, CA 91601	
Business Owner 11100 magnolia, Inc	Telephone Number 8189224188
Business Operator/Manager 11	Telephone Number 8189224188

Fill out the information form above and attach the following documents.

- ☐ a. City of Los Angeles Tax Registration Certificate
- ☐ b. State Board of Equalization seller's permit
- ☐ c. Property lease or documentation of ownership
- ☐ d. Business insurance
- ☐ e. Dispensary membership forms (blank)
- ☐ f. Los Angeles County Health Department permit (if needed)

Signature 

Date 9-12-09

I certify that to the best of my knowledge and under the penalty of perjury, that the information contained on this Medical Marijuana Dispensary Business Information Form is correct.

I further certify that to the best of my knowledge and under the penalty of perjury, that attached documents are correct and true.

Describe Proposed Project <u>and</u> Use (Include size in square feet, height, etc.):
The collective proposes to operate as a legally registered collective in full compliance with California Prop. 215, SB420, and Los Angeles ICO #179027.

Why do you believe a hardship exists for which an exemption should be granted? (Attach a statement on a separate sheet if necessary. An economic analysis may also be submitted.)
A hardship exists in that through no fault of our patient collective, the federal government has been utilizing selective enforcement and a pattern of terror and fear upon the medical marijuana patients, collectives and caregivers. Despite the 1996 passage of Proposition 215 and subsequent clarification through SB 420, both federal and state governments have been slow to evolve and adapt. In the very recent past, within the past month, two very promising developments have occurred: 1. The Attorney General has set forth guidelines here in
CONTINUED NEXT PAGE

Do you have any ownership interest in any other parcels within 300 feet of this property? () Yes (X) No
 (If yes, submit a map showing the location and boundaries of the property for which an exemption is being requested, and the location of the other ownerships.)

ADDITIONAL INFORMATION FILING REQUIREMENTS

In addition to this form, all below items should be included with the application, unless otherwise instructed by City Staff.

- Attach a map showing the location and boundaries of the property for which the exemption is being requested. (May be the same map as required in No. 7)
- Attach a Plot Plan showing the building footprint, parking plan, landscaping, balconies, driveways, any amenities, etc.
- Attach an Elevation Plan, which includes dimensions for all views.
- Attach Building Plans. If plans have been accepted by the Department of Building and Safety, list Plan Check No. _____ and Submittal Date _____
- Submit a Project History summary that includes dates and descriptions of meetings, negotiations, expenditures, commitments, etc.
- Submit Photographs of the subject property and all surrounding property – not over 8 ½ x 11 inches, but of adequate size to illustrate the condition and physical context of the property under discussion.
- Attach any additional information as needed.

Note: A Master Land Use Application is not required.

California to finally clarify the rules to, proper operation of a dispensing collective, . The United States Supreme Court has declined to rehear the People v. Kha case showing the unmistakable trend toward federal recognition and a new era of properly regulated and operated collectives. Our management brings extensive medical office management skills as well as compassion and knowledge as to proper and restrained medication with cannabis pursuant to the recommendation of only a licensed physician here in California. However we have been compelled to operate without full local sanction due to the federal threat. Due to this threat we were precluded by fear of harassment and selective prosecution until this last month, and this has constituted a hardship as the conflict between California and federal law had previously required that managing members of the collective literally confess a federal crime in order to register under the ICO. This is the hardship we faced. Due to the recent legal developments we are able to file without the above threat and we respectfully submit this is the basis of the hardship for which we seek exemption from the filing date set forth in the ordinance.