



Code Compliance Division  
Medical Marijuana Delivery Services  
Application Review

Name of Applicant: \_\_\_\_\_

Name of Cooperative/Collective: \_\_\_\_\_

Checklist:

- \_\_\_\_\_ Supplemental Use and Occupancy Application
- \_\_\_\_\_ Article of Incorporation (Registered via State)
- \_\_\_\_\_ Bylaw/Resolution identifying applicant to act on behalf of the Cooperative/Collective
- \_\_\_\_\_ Physician Statement/Recommendation
- \_\_\_\_\_ Seller's Permit
- \_\_\_\_\_ Business License Tax Application

**FOR OFFICE USE:**

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Code Compliance Manager

Date: \_\_\_\_\_



**SUPPLEMENT TO USE AND OCCUPANCY APPLICATION FOR  
MEDICAL MARIJUANA DELIVERY SERVICES**

(Rancho Mirage Municipal Code Chapter 5.30)

Medical marijuana personal delivery services are permitted in the Rancho Mirage upon application and approval of a business license in accordance with the criteria and procedures set forth in Rancho Mirage Municipal Code Chapter 5.30 and all other applicable business license regulations. Completion and execution of this form is a prerequisite to obtaining a business license for medical marijuana personal delivery service. This form is a supplement to all other requirements to obtain a business license from the City.

Additionally, applicants must submit a valid Seller's Permit issued by the California State Board of Equalization.

**Check one:**

- Statutory Cooperative  
 Collective

**Name of Cooperative/Collective:** \_\_\_\_\_

**Name of Person Completing this Form:** \_\_\_\_\_

**Location from which medical marijuana will be distributed (additional pages may be attached if there are multiple locations)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify under penalty of perjury as follows:

1. All information on this form is true and correct.
2. I am an authorized representative of the above-referenced entity applying to operate a medical marijuana delivery service.
3. I have read and understand Rancho Mirage Municipal Code Chapters 5.30 (Medical Cannabis Personal Delivery Service) and Chapter 17.33 (Medical Cannabis). I certify, on behalf of the above-named cooperative or collective, that the cooperative or collective will comply with all requirements set forth in both of those Municipal Code Chapters.
4. **I understand and agree that the above-named cooperative or collective is not permitted to operate a medical marijuana dispensary within the City of Rancho Mirage.**
5. **I understand and agree that the above-named cooperative or collective is only permitted to deliver medical marijuana to qualified patients or qualified caregivers from a location outside the City in compliance with all applicable laws, regulations, and the California Attorney General's Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use issued in August, 2008.**

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_



FINANCE DIVISION  
 69-825 HIGHWAY 111  
 RANCHO MIRAGE, CA 92270-2898  
 Tel: (760) 770-3207 / Fax: (760) 324-0528

**BUSINESS LICENSE TAX APPLICATION**

*Do not write in this area*  
 Expiration Date: \_\_\_\_\_ Charge Code: \_\_\_\_\_  
 Business License No: \_\_\_\_\_ Date Issued: \_\_\_\_\_

PLEASE PRINT

Business Name: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip code)

Business Phone No: \_\_\_\_\_ Business Description: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (street) \_\_\_\_\_ (city/state) \_\_\_\_\_ (zip code)

Type of Ownership (check one):  Corporation  Individual  Partnership

1. Owner/Partner/Officer Name(s): \_\_\_\_\_ Title: \_\_\_\_\_

2. Owner/Partner/Officer Name(s): \_\_\_\_\_ Title: \_\_\_\_\_

**APPLICANT MUST COMPLETE INFORMATION BELOW**

*(Information provided below, to the extent legally permissible, will be treated as confidential.)*

State License No: \_\_\_\_\_ Expiration: \_\_\_\_\_

1. Owner/Partner/Officer Residence Address: \_\_\_\_\_ (street)

\_\_\_\_\_ (city/state) \_\_\_\_\_ (zip code) Residence Phone No: \_\_\_\_\_

2. Owner/Partner/Officer Residence Address: \_\_\_\_\_ (street)

\_\_\_\_\_ (city/state) \_\_\_\_\_ (zip code) Residence Phone No: \_\_\_\_\_

\_\_\_\_\_  
 Signature Title

\_\_\_\_\_  
 Print Name Date

**BUSINESS TAX SCHEDULE**

BASE TAX:	\$	
\$2.00 for each apartment* Hotel room*, or Mobilehome Park space:	\$	32&40
\$58.00 for each delivery vehicle operating in Rancho Mirage:	\$	44
50¢ per restaurant seat:	\$	20
\$58.00 for each professional, plus \$4.00 for each non-professional:	\$	28
\$4.00 for each of the first four employees, and \$3.00 for each employee thereafter:	\$	10&30
\$5.00 for each real estate sales person in excess of two:	\$	31

SUBTOTAL: \$

PENALTIES: \$

TOTAL AMOUNT DUE: \$

*Make checks payable to "City of Rancho Mirage"*

\*Maximum of \$176.00 per year for 75 rooms or more.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT THE FOLLOWING:**

- STATE LICENSED CONTRACTORS MUST PROVIDE A COPY OF THEIR VALID, UNEXPIRED "POCKET" LICENSE.
- STATE LICENSED PROFESSIONALS MUST PROVIDE A COPY OF THEIR VALID, UNEXPIRED LICENSE ISSUED BY THE STATE OF CALIFORNIA.

**WEBSITE APPLICATION**

**CASHIER STAMP:**