



MEDICAL MARIJUANA DISPENSARY PROHIBITED ACTIVITIES CHECKLIST

- A. No Medical Marijuana Dispensary or Manager shall cause or permit the sale, distribution or exchange of medical Marijuana or of any edible medical marijuana product manufactured, processed, prepared, or packaged at the property to any person who is not a member or a Manager of the permitted Medical Marijuana Dispensary.
- B. There shall be limited cultivation of Marijuana subject to regulations developed by staff and approved by City Council resolution at a later date.
- C. No manufacture of concentrated cannabis in violation of California Health and Safety Code section 11379.6 is allowed.
- D. No Medical Marijuana Dispensary shall be open to or provide Marijuana, in any form, to anyone between the hours of eight o'clock (8:00) p.m. and nine o'clock (9:00) a.m.
- E. No person under the age of twenty-one (21) shall be employed by or allowed to volunteer at the Medical Marijuana Dispensary, or allowed on the property, unless that minor is a Qualified Patient and is accompanied by his or her licensed attending physician, parent(s) or documented legal guardian.
- F. No Medical Marijuana Dispensary shall possess Marijuana that was not cultivated by its Managers or members.
- G. No Medical Marijuana Dispensary, Manager or member shall cause or permit the sale, dispensing, or consumption of alcoholic beverages, or any controlled substance, on the property or in the parking area of the Property.
- H. No transactions outside, or partially outside of an enclosed building are permitted. No transactions which are performed through walk-up or drive-through service are allowed.
- I. No Medical Marijuana Dispensary, Manager or member shall cause or permit the use, inhalation, smoking, eating, ingestion, or otherwise consumption of marijuana on the Property, including the parking areas of the property.

CITY OF VALLEJO
MEDICAL MARIJUANA DISPENSARY PROHIBITED ACTIVITIES CHECKLIST

Under penalty of perjury, each Medical Marijuana Dispensary Manager who has signed this Prohibited Activities Statement has read, understands and shall ensure compliance with the City of Vallejo Prohibited Activities Checklist.

MMD Manager Signature: _____

Print MMD Manager Name: _____

Date: _____

MMD Manager Signature: _____

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Date: _____

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Date: _____

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