

C. **STEP 7 - RANKING**

Upon completion of the RFP evaluation process, the top 19 highest ranking Retailer Proposers, including Microbusinesses that have proposed a Retail Sales component and the top 50 Cultivation Proposals, including those Proposals that have proposed a Cultivation component, will be filed with the Board of Supervisors. Once the Board accepts the list, Staff will notify the top 19 highest ranking Retail and top 50 Cultivator Proposers (which may include Microbusiness presales in either category), that they have been selected to proceed with a CUP application that includes a Development Agreement, land use review, California Environmental Quality Act (CEQA) review, Public Hearings, as required and CUP entitlement deposit fees. Once a CUP has been conditionally approved and all other license requirements are met, the applicant(s) may proceed with construction/improvements or occupancy. **No applicants will be allowed to begin operation of a Cannabis Cultivation business without first obtaining a County CUP, entering in a DA with the County and obtaining the appropriate State license(s).**

VIII. SUBMITTAL INSTRUCTIONS

The Proposal shall be signed by an individual(s) authorized to execute legal documents on behalf of the Owner/Operator. Failure to provide all required submittals may result in a Proposal being found non-responsive and given no consideration.

Proposals must be organized pursuant to Section IV. PREPARATION OF PROPOSALS of this document. Proposals must be labeled consistent with requirements herein. The submittal must consist of 8 ½ x 11-inch paper and must be printed in black ink only.

Five (5) hard copies of the Proposal and one electronic PDF version of the Proposal on a flash drive shall be received in a sealed envelope with a return address, including business name, no later than **4:00 p.m. on Friday April 12, 2019** to the following address:

**Riverside County Administrative Center
Land Use/Planning, 9th Floor
4080 Lemon Street Riverside, CA 92501
Attention: TLMA Planning Department**

Late Proposals will not be considered and will be returned to the Proposer unopened. The County assumes no responsibility for delays caused by delivery service. Postmarking by the due date will not substitute for actual timely receipt.

Any Proposal received prior to the submittal deadline may be modified or withdrawn by written request from the Proposer to the County up to the

Proposal submittal deadline.

IX. QUESTIONS

All inquiries to the County in any manner whatsoever related to this RFP must be directed in writing by email to CannPlanning@rivco.org and must be received by no later than 5:00 p.m. (Pacific Standard Time) on March 15, 2019. Responses to inquiries related to this RFP will be posted on the County Cannabis webpage, <https://planning.rctlma.org/Cannabis.aspx>. The webpage will regularly updated for the duration of the RFP. Proposers are asked not to communicate with County Staff in relation to this RFP.

X. APPEAL PROCEDURE

A Proposer who timely submitted a Proposal may file an appeal as follows:

Any Proposer who has timely submitted a Proposal may file an appeal to contest the decision to not issue an awarding notification to the appellant, by filing a written appeal which complies with this RFP Section. **The appeal must be filed within (5) business days after the ranking list has been filed with the Board (date of meeting). Postmarking by the due date will not substitute for actual timely receipt.**

1. The appeal must be based on one or more of the following grounds:
 - a. The RFP or its exhibits were ambiguous or inconsistent in a materially significant way and such ambiguity or inconsistency gave the selected Proposer(s) an unfair competitive advantage; or
 - b. The selection process was unfair in that the County failed to follow the stated selection process which gave an unfair competitive advantage to the selected Proposer(s) and the selection process was not modified or waived pursuant to the RFP.
2. The County takes a number of factors into account when making its selection and thus no single factor or criteria can outweigh all the others combined. As such, the following are generally not grounds for a valid appeal:
 - a. The appellant feels they have more experience than a selected Proposer(s); or
 - b. The appellant feels they are better qualified than a selected Proposer(s).
3. The appeal shall contain a full and complete written statement specifying in detail the grounds for the appeal and the facts supporting the appeal. The appeal shall make specific reference to the applicable sections of the RFP, and/or sections of the appellant's Proposal.

4. The appeal shall be emailed or hand delivered to the County TLMA at:

Riverside County TLMA
4080 Lemon Street, 14th Floor
Riverside, CA 92501

If emailed, to CannPlanning@rivco.org the following must be in capitalized letters on the subject line of the email:

APPEAL OF CANNABIS RFP AWARD: (NAME OR COMPANY NAME).

6. The TLMA Director will review the appeal and the response and promptly initiate an investigation. The appellant and all Proposers shall cooperate with any inquiries from the TLMA Director.
7. At the conclusion of the investigation, the TLMA Director shall issue a letter to the appellant regarding his findings. The role of the TLMA Director is to determine whether or not County staff or the review panel followed the selection process outlined in the RFP and whether the RFP materials were materially ambiguous or inconsistent so as to give the selected Proposer(s) an unfair economic advantage. If necessary, the TLMA Director can recommend steps to correct the error; recommend ceasing the RFP with the selected appellant (s) and start the RFP process with the next highest scoring Proposer; reject all Proposals and restart the RFP process, or such other remedy as may be in the County's best interest.
8. It is not the role of the TLMA Director to second-guess staff or the review panel as to the relative strengths or weaknesses of the submitted Proposals. The TLMA Director will not substitute his judgment for that of staff or the review panel so long as the RFP process has been substantially followed.

XI. ADDITIONAL TERMS AND CONDITIONS

A. Nondiscrimination

The County will not discriminate against any interested individual, firm or Proposer on the grounds of race, religious creed, color, national origin, ancestry, handicap, disability, marital status, pregnancy, sex, age, or sexual orientation.

B. County's Right to Modify RFP

The County reserves the right at its sole discretion to modify this RFP (including but

not limited to the requirements and/or the selection criteria) should the County deem that it is in its best interests to do so. Any changes to the Proposal requirements will be made by written addendum posted on the County's website. The failure of a Proposer to read any addenda shall have no effect on the validity of such modification.

C. **County's Right to Cancel RFP**

The County reserves the right at its sole discretion to cancel this RFP in part or in its entirety should the County deem that it is in the County's best interests to do so.

D. **County's Right to Reject All Proposals**

The County reserves the right, in its sole discretion, to reject all Proposals and not to award the right to apply for a CUP for Cannabis Activities should the County deem that it is in its best interests to do so.

E. **County's Right to Extend RFP Deadlines**

The County reserves the right to extend any of the deadlines listed on the third page of this RFP by written addenda should the County deem that it is in its best interests to do so.

F. **Cost of Proposals**

All costs incurred during Proposal preparation or in any way associated with the Proposer's preparations, submission, presentation or oral interview shall be the sole responsibility of the Proposer.

G. **Liability for Proposal Errors**

Proposers are liable for all errors and omissions contained in their Proposals.

H. **Permits and Licenses**

Proposers, at their sole expense and at the appropriate time, shall obtain and maintain all appropriate permits, certificates and licenses including, but not limited to, a County Land Use Permit (CUP) which will be required in connection with their Proposal.

I. **Fees and Taxes**

Cannabis businesses are responsible for paying all applicable fees and taxes.

J. **Commencement of CUP Application Process**

The awardee submit an application to the County to obtain a CUP, within 120 days from County date the rankings list is filed with the Board (date of meeting). The Assistant TLMA Director – Community Development may extend the 120-day time deadline at their discretion. If the Applicant is successful in obtaining a CUP, all required State license(s)

must be obtained prior to operations of the business commencing.

K. **Receiving a top Ranking**

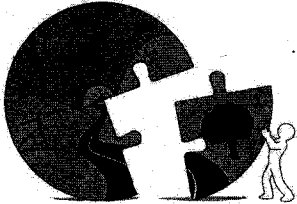
Receiving a top ranking to apply for a County CUP does not constitute an entitlement approval. All Cannabis Activities must; apply for and receive a CUP, comply with California Environmental Quality Act review, be consistent with the County's General Plan, enter into a Development Agreement with the County, obtain a State license as a Cultivator and satisfy all other regulatory requirements, prior to commencing operation.

Attachments

1. Interested Parties Pre-Registration Form
2. DRAFT Background Check Form

ATTACHMENT 1

Interested Parties Pre-Registration Form



Charissa Leach, P.E.
Assistant TLMA Director

RIVERSIDE COUNTY **PLANNING DEPARTMENT**

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

INCOMPLETE FORMS WILL NOT BE ACCEPTED – COMPLETE ONE FORM FOR EACH NON-CONTIGUOUS PROPERTY

PROPERTY INFORMATION (LOCATION OF PROPOSED USE)

Assessor Parcel Number(s): _____

Approximate Parcel Size: _____

Zoning: _____ General Plan LU Des: _____

Property Address: _____
Street

_____ *City State ZIP*

OPERATOR/PROPERTY OWNER INFORMATION – Use additional pages as needed

Interested Party(ies) Name(s): _____

Phone: _____ E-Mail: _____

Mailing Address: _____
Street

_____ *City State ZIP*

Daytime Phone No: (____) _____

Property Owner Name: _____

Phone: _____ E-Mail: _____

Mailing Address: _____
Street

_____ *City State ZIP*

Property Owner Name: _____

Phone: _____ E-Mail: _____

Mailing Address: _____
Street

_____ *City State ZIP*

Riverside Office · 4080 Lemon Street, 12th Floor
P.O. Box 1409, Riverside, California 92502-1409
(951) 955-3200 · Fax (951) 955-1811

Desert Office · 77-588 El Duna Court, Suite H
Palm Desert, California 92211
(760) 863-8277 · Fax (760) 863-7555

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

Commercial Cannabis Activity(ies) Interest Information: Mark all that apply:

Retail sales

<input type="checkbox"/>	Storefront
<input type="checkbox"/>	Non-Storefront

Cultivation

<input type="checkbox"/>	Indoor
<input type="checkbox"/>	Mixed Light
<input type="checkbox"/>	Canopy Size in Square Feet =

Microbusiness

<input type="checkbox"/>	Distribution
<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Retail Sales
<input type="checkbox"/>	Storefront
<input type="checkbox"/>	Non Storefront
<input type="checkbox"/>	Indoor Cultivation

Check this box if additional persons or entities have an ownership interest in the subject property(ies) in addition to that indicated above; and attach a separate sheet that references the property address and/or assessor's parcel number and list those names, mailing addresses, phone and email addresses; and provide signatures of those persons or entities having an interest in the real property(ies) involved in this application.

AUTHORITY FOR THIS FORM IS HEREBY GIVEN:

Property Owner(s) consent must accompany all registrations where the Interested Party is not the property owner.

I certify that I am/we are the record owner(s) of the above referenced property and that the information filed is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I am the property owner or am authorized to act on the property owner's behalf, and the information I have provided above is correct. I acknowledge that I have read and understand the information contained herein.
- I agree to comply with all applicable County Ordinances and State Laws relating to (MAUCRSA).
- My Commercial Cannabis business registration application is public record. All references to names, addresses, telephone numbers, and project information will be part of this public record.
- I acknowledge my registration does not grant me or anyone else the authorization to conduct commercial cannabis activity on this property unless and until, I am issued a Commercial Cannabis Land Use permit from the County of Riverside.
- I understand that registration does not entitle me or anyone else to commence or continue the operation of a commercial cannabis activity in the County nor does it guarantee that I will be issued a permit under County Ordinance or under any state or local law.

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

SIGNATURE OF PROPERTY OWNER(s):

_____	_____
<u>PRINTED NAME OF PROPERTY OWNER(S)</u>	<u>SIGNATURE OF PROPERTY OWNER(S)</u>
_____	_____
<u>PRINTED NAME OF PROPERTY OWNER(S)</u>	<u>SIGNATURE OF PROPERTY OWNER(S)</u>
_____	_____
<u>PRINTED NAME OF PROPERTY OWNER(S)</u>	<u>SIGNATURE OF PROPERTY OWNER(S)</u>

AUTHORITY FOR THIS FORM IS HEREBY GIVEN:

Commercial Cannabis business owner's consent must accompany all registrations.

I certify and that the information I have provided is true and correct to the best of my knowledge, and in accordance with Govt. Code Section 65105, acknowledge that in the performance of their functions, planning agency personnel may enter upon any land and make examinations and surveys, provided that the entries, examinations, and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

BY MY SIGNATURE BELOW, I CERTIFY TO EACH OF THE FOLLOWING:

- I agree to comply with all applicable County Ordinances and State Laws relating to The Medicinal and Adult Use Cannabis Regulation and Safety Act (MAUCRSA).
- My Commercial Cannabis Interest Registration Form is a public record. All references to names, addresses, telephone numbers, and project information will be part of this public record.
- I acknowledge my registration does not grant me the authorization to conduct Commercial Cannabis Activity(ies) on these premises unless and until I am issued a Commercial Cannabis Land Use Permit from the County of Riverside and applicable State Licenses.
- I understand that registration does not entitle me to commence or continue the operation of a Commercial Cannabis Activity in the County nor does it guarantee that I will be issued a permit under County Ordinance or under any state or local law.

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

SIGNATURE OF COMMERCIAL CANNABIS ACTIVITY(S):

PRINTED NAME OF COMM.CANNABIS ACTIVITY(S) OWNER(S)

PRINTED NAME OF COMM.CANNABIS ACTIVITY(S) OWNER(S)

PRINTED NAME OF COMM.CANNABIS ACTIVITY(S) OWNER(S)

PRINTED NAME OF COMM.CANNABIS ACTIVITY(S) OWNER(S)

PRINTED NAME OF COMM.CANNABIS ACTIVITY(S) OWNER(S)

PRINTED NAME OF COMM.CANNABIS ACTIVITY(S) OWNER(S)

The Planning Department will primarily direct communications regarding this form to the person identified above as the Interested Party. The Interested Party may be the property owner, representative, business owner, or other assigned agent.

COMMERCIAL CANNABIS ACTIVITY INTEREST REGISTRATION

INSTRUCTIONS FOR COMPLETION OF THE COMMERCIAL CANNABIS ACTIVITY REGISTRATION APPLICATION:

1. The registration application is for one parcel, lot or property. Indicate all the activities you plan to conduct on the parcel, lot or property. If your activities will be conducted on more than one property complete a registration form for each property indicating the activities to be conducted on each property on their respective registration forms.
2. Assessor Parcel Numbers for your property, approximate size of the parcel/lot, and zoning designation may be found at: http://mmc.rivcoit.org/MMC_Public/Custom/disclaimer/Default.htm
3. Complete the Property Owner and /or Operator information completely, listing all owners of the property and all owners/operators of the commercial cannabis activity to be conducted at that property. If additional space is needed attach a separate page.
5. Microbusiness shall also indicate all activities that are planned to be conducted, such as cultivation, distributor, manufacturer (Non-volatile only), and retailer type. Count each activity to be conducted within the microbusiness separately, do not count the microbusiness itself as a separate activity.
6. All property owners are required to sign the Registration Form
7. All owners/operators of the commercial cannabis activity shall sign the Registration form.

ATTACHMENT 2
DRAFT Background Check Form



County of Riverside

Code Enforcement Department
 4080 Lemon St., 12th Floor
 Riverside, CA 92501
 P: 951.955.2004
 E: Code@rivco.org
 http://rctlma.org/ce/

DRAFT

CANNABIS BUSINESS EMPLOYEE/OWNER BACKGROUND APPLICATION

CANNABIS BUSINESS INFORMATION							
CANNABIS BUSINESS NAME				IN THE BUSINESS, ARE YOU AN: (CHOOSE ONE)			
				<input type="checkbox"/> Owner/Principal		<input type="checkbox"/> Employee	
APPLICANT INFORMATION							
Social Security Number		LAST NAME ON SOCIAL SECURITY CARD		FIRST NAME ON SOCIAL SECURITY CARD		MIDDLE NAME ON SOCIAL SECURITY CARD	
Driver's License #/State		LAST NAME ON DRIVER'S LICENSE		FIRST NAME ON DRIVER'S LICENSE		MIDDLE NAME ON DRIVER'S LICENSE	
SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
<input type="checkbox"/> Male <input type="checkbox"/> Female							
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (<i>NO P.O. BOXES ALLOWED</i>)						CELL PHONE #	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)				BIRTH COUNTRY/STATE		LANGUAGES SPOKEN	
CRIMINAL HISTORY							
<i>List all arrests or convictions other than infractions for traffic violations.</i>							
IF ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEETS TO THIS APPLICATION. PLEASE READ THE APPLICATION CAREFULLY. ANY FALSE OR MISLEADING STATEMENTS, OR OMISSIONS ON THIS APPLICATION OR ON THE COMMERCIAL CANNABIS BUSINESS APPLICATION, SHALL BE GROUNDS FOR DISQUALIFICATION.							
1	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME			REASON FOR ARREST / VIOLATION CODE		
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)						
2	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME			REASON FOR ARREST / VIOLATION CODE		
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)						
3	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME			REASON FOR ARREST / VIOLATION CODE		
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)						
COUNTY STAFF USE ONLY							
DATE / TIME		\$ FEE AMOUNT PAID		RECEIPT #		COUNTY STAFF NAME	COUNTY DEPARTMENT

CRIMINAL HISTORY (cont.)

4	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
5	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant/employee of a Commercial Cannabis Business in the County of Riverside. I desire and request the County Executive Officer, or Sheriff of the County of Riverside, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a criminal background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operate or to be employed with such business as required by the Riverside County Code and State Law.

I agree to provide any information requested or deemed necessary to provide to the State of California Department of Justice and the Federal Bureau of Investigation, or any other law enforcement agency or third-party consultant authorized by the County Executive Officer or Sheriff.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the County of Riverside, its officers, agents, or lawfully delegated representatives, harmless from any action(s) or damages whatsoever or at all which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a record check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit.

Furthermore, I hereby authorize the County Executive Officer or Sheriff of the County and/or his/her agents, employee or lawful representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Riverside County Code.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE

Maxwell, Sue

From: COB
Sent: Tuesday, January 29, 2019 8:19 AM
To: Cann Planning; COB-Agenda; COB-Agenda (COB-Agenda@rivco.org); George Johnson (GAJohnson@RIVCO.ORG); Leach, Charissa (cleach@RIVCO.ORG); Perez, Juan (JCPEREZ@RIVCO.ORG); Young, Alisa; District 4 Supervisor V. Manuel Perez (District4@RIVCO.ORG); District2; District3; District5; Supervisor Jeffries - 1st District (district1@rivco.org)
Cc: Clerk of the Board
Subject: January 29 2019 Item 3.52 Public Comment Opposing Cannabis (Dona Phillips)

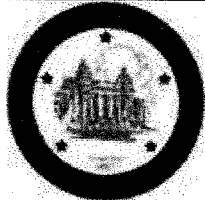
Tracking:	Recipient	Read
	Cann Planning	Read: 1/29/2019 8:28 AM
	COB-Agenda	
	COB-Agenda (COB-Agenda@rivco.org)	
	George Johnson (GAJohnson@RIVCO.ORG)	
	Leach, Charissa (cleach@RIVCO.ORG)	
	Perez, Juan (JCPEREZ@RIVCO.ORG)	Read: 1/29/2019 8:20 AM
	Young, Alisa	
	District 4 Supervisor V. Manuel Perez (District4@RIVCO.ORG)	
	District2	
	District3	
	District5	
	Supervisor Jeffries - 1st District (district1@rivco.org)	
	Clerk of the Board	
	Mares-Najjar, Megan	Read: 1/29/2019 8:24 AM
	Hurtado, Jaime	Read: 1/29/2019 8:31 AM

Good morning Robert,

The Clerk of the Board of Supervisors received your forwarded email from Ms. Dona Phillips regarding Cannabis, and has included it in the record for January 29, 2019, Agenda Item 3.52, as well as sharing with the Board members.

Thank you kindly,

Sue Maxwell
Board Assistant
Clerk of the Board of Supervisors
4080 Lemon Street, 1st Floor, Room 127
Riverside, CA 92501
(951) 955-1069 Fax (951) 955-1071
Mail Stop #1010
smaxwell@rivco.org



From: Cann Planning
Sent: Tuesday, January 29, 2019 8:04 AM
To: COB <COB@RIVCO.ORG>; COB-Agenda <COB-Agenda@RIVCO.ORG>; Clerk of the Board <COBDL@rivco.org>
Cc: Leach, Charissa <cleach@RIVCO.ORG>
Subject: FW: [EXTERNAL MAIL]

Please see the email below for today's meeting.

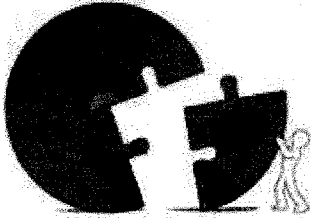
Kind regards,

Robert Flores | Urban and Regional Planner III

Riverside County Planning Department | 4080 Lemon Street, 12th Floor, Riverside, CA 92501

Direct (951) 955-1195 | Main (951) 955-3200 | Fax (951) 955-1811

RFlores@RivCo.org | www.rctlma.org | <http://planning.rctlma.org/>



**RIVERSIDE COUNTY
PLANNING DEPARTMENT**

[How are we doing?](#) (Click the link and tell us)

From: Dona Phillips [<mailto:flygo51@gmail.com>]

Sent: Sunday, January 27, 2019 7:16 AM

To: Cann Planning <CannPlanning@rivco.org>

Subject: [EXTERNAL MAIL]

I pray you're sticking to the idea of NOT allowing commercial grows in my neighborhood.

I've been in Terwilliger in Anza for over 40 yrs. and today as I sit having my coffee I see one huge commercial grow after another here on Rimrock. Huge greenhouses, and now the growers are having old doublewide mobile homes brought back into this beautiful wilderness area to grow in.

Year after year...4 yrs now of promises that you will get them out. 4 yrs of pollution on all levels and the dog population is now out of control. I guess in Vietnam they don't spay and neuter.

Give Us our neighborhood back!!

Maxwell, Sue

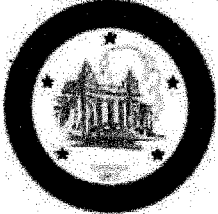
From: Maxwell, Sue
Sent: Tuesday, January 29, 2019 8:25 AM
To: Cann Planning; COB-Agenda; COB-Agenda (COB-Agenda@rivco.org); George Johnson (GAJohnson@RIVCO.ORG); Leach, Charissa (cleach@RIVCO.ORG); Perez, Juan (JCPEREZ@RIVCO.ORG); Young, Alisa; District 4 Supervisor V. Manuel Perez (District4@RIVCO.ORG); District2; District3; District5; Supervisor Jeffries - 1st District (district1@rivco.org)
Subject: January 29 2019 Item 3.52 Public Comment Supporting Cannabis (Peter Wood Harrison)

Good morning Robert,

The Clerk of the Board of Supervisors received your forwarded email from Mr. Peter Wood Harrison regarding Cannabis, and has included it in the record for January 29, 2019, Agenda Item 3.52, as well as sharing with the Board members.

Thank you kindly,

Sue Maxwell
Board Assistant
Clerk of the Board of Supervisors
4080 Lemon Street, 1st Floor, Room 127
Riverside, CA 92501
(951) 955-1069 Fax (951) 955-1071
Mail Stop #1010
smaxwell@rivco.org

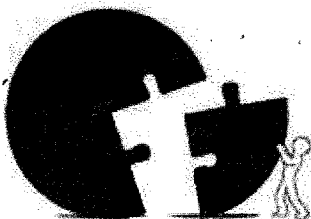


From: Cann Planning
Sent: Tuesday, January 29, 2019 8:03 AM
To: COB <COB@RIVCO.ORG>; COB-Agenda <COB-Agenda@RIVCO.ORG>; Clerk of the Board <COBDL@rivco.org>
Cc: Leach, Charissa <cleach@RIVCO.ORG>
Subject: FW: Board Consideration of Cannabis Policy

Please see the email below for today's meeting.

Kind regards,

Robert Flores | Urban and Regional Planner III
Riverside County Planning Department | 4080 Lemon Street, 12th Floor, Riverside, CA 92501
Direct (951) 955-1195 | Main (951) 955-3200 | Fax (951) 955-1811
RFlores@RivCo.org | www.rctlma.org | <http://planning.rctlma.org/>



**RIVERSIDE COUNTY
PLANNING DEPARTMENT**

How are we doing? (Click the link and tell us)

From: Captain Woody [mailto:captainwoody@gmail.com]

Sent: Friday, January 25, 2019 12:16 PM

To: Cann Planning <CannPlanning@rivco.org>; Giovanni Cosetti <giovannicosetti@gmail.com>

Cc: Leach, Charissa <cleach@RIVCO.ORG>; Flores, Robert <rflores@RIVCO.ORG>

Subject: Re: Board Consideration of Cannabis Policy

Thank you for holding the hearings. We will not be able to attend as we will be working.

If possible, please convey my quick thoughts to the board ...

I do not use but my spouse does. She has the medical license. THC/CBD is the only thing that helps her condition without side effects. It was horrible when lesser minds had our local shops closed here in Idyllwild, unincorporated Riverside county. I understand limiting or eliminating recreational but you are physically hurting people when you blocked licensed medical use. Please allow medical sales here.

Thank you,

Peter Wood Henderson

On Thu, Jan 24, 2019 at 4:56 PM Cann Planning <CannPlanning@rivco.org> wrote:

The Riverside County Board of Supervisors will consider a Board Policy regarding Development Agreements and the Request for Proposal process for Commercial Cannabis Activities, including both cultivation and retail sales, at their regularly scheduled meeting on Tuesday, January 29, 2019.

The Board of Supervisors will weigh in on this process on Tuesday. Watch online at <https://www.rivcocob.org/bos-video/> or in person at 4080 Lemon Street in Riverside. The agenda, staff report, and draft ordinance may be obtained here: http://riversidecountyca.iqm2.com/Citizens/Detail_Meeting.aspx?ID=2029

If you have any other questions or concerns, please send them to CannPlanning@rivco.org.

Thank you,

Riverside County Planning Department | 4080 Lemon Street, 12th Floor, Riverside, CA 92501

Main (951) 955-3200 | Fax (951) 955-1811

CannPlanning@rivco.org | www.rctlma.org | <http://planning.rctlma.org/Home/Cannabis.aspx>

Riverside County Board of Supervisors *6 mins*
Request to Speak

Submit request to Clerk of Board (right of podium),
Speakers are entitled to three (3) minutes, subject
to Board Rules listed on the reverse side of this
form.

SPEAKER'S NAME: Lanny Swerdlow

Address: PO Box 918

City: Chester **Zip:** 92270

Phone #: 951 760-333-2448

Date: 1/29/15 **Agenda #** 7.52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

Support **Oppose** **Neutral**

I give my 3 minutes to: _____

BOARD RULES

Requests to Address Board on "Agenda" Items:

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**Riverside County Board of Supervisors
Request to Speak**

Submit request to Clerk of Board (right of podium), Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: Victor Michel

Address: PO Box 918

City: Colton **Zip:** 92230

Phone #: 950-337-2440

Date: 1/29/19 **Agenda #** 3, 52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

X **Support** _____ **Oppose** _____ **Neutral**

Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: Lanny Swallow

BOARD RULES

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**Riverside County Board of Supervisors
Request to Speak**

6 min
✓

Submit request to Clerk of Board (right of podium), Speakers are entitled to three (3) minutes, subject to Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: EDISON GOMEZ-KRAUSS

Address: ANZA, CA

City: ANZA **Zip:** 92539

Phone #: _____

Date: 01 29 2019 **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** X **Neutral**

Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____

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**Riverside County Board of Supervisors
Request to Speak**

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form.

SPEAKER'S NAME: ARTURO GOMEZ

Address: ANZA, CA

City: ANZA **Zip:** 92539

Phone #: _____

Date: 01 29 2019 **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** X **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
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_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: EDISON GOMEZ-KRAUSS

BOARD RULES

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Riverside County Board of Supervisors 6 min
Request to Speak

Submit request to Clerk of Board (right of podium),
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to Board Rules listed on the reverse side of this
form.

SPEAKER'S NAME: JESSE CARROLL

Address: ANZA, CA

City: _____ **Zip:** 92539

Phone #: _____

Date: _____ **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

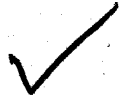
Position on "Regular" (non-appealed) Agenda Item:

 Support Oppose X Neutral

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 Support Oppose Neutral

I give my 3 minutes to: _____



BOARD RULES

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**Riverside County Board of Supervisors
Request to Speak**

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form.

SPEAKER'S NAME: KENDALL STEWART

Address: P.O. Box 391813

City: ANAHEIM **Zip:** 92531

Phone #: _____

Date: _____ **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

Note: If you are here for an agenda item that is filed
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Support **Oppose** **Neutral**

I give my 3 minutes to: JESSE CARROLL

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SPEAKER'S NAME: Dana & Cinseros

Address: _____
(only if follow-up mail response requested)

City: Riverside **Zip:** 92509

Phone #: _____

Date: Jan 29, 19 **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** _____ **Neutral**

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SPEAKER'S NAME: Jazmyn

Address: Anza

City: ↓ **Zip:** 92539

Phone #: 20

Date: 1-29-19 **Agenda #:** 3.52

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Position on "Regular" (non-appealed) Agenda Item:

 Support **Oppose** J **Neutral**

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form.

SPEAKER'S NAME: RONNIE BELL

Address: 4210 Terwilliger Rd

City: ANZA **Zip:** 92539

Phone #: 619 808-3736

Date: 1/29/19 **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

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Support **Oppose** **Neutral**

I give my 3 minutes to: _____



BOARD RULES

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**Riverside County Board of Supervisors
Request to Speak**

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SPEAKER'S NAME: ANDREW CAROY

Address: 5865 BURRILL WAY

City: AZUSA **Zip:** 92539

Phone #: 951.375.6197

Date: 1/29/19 **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

Note: If you are here for an agenda item that is filed for "Appeal", please state separately your position on the appeal below:

Support **Oppose** **Neutral**

I give my 3 minutes to: _____



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**Riverside County Board of Supervisors
Request to Speak**

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Board Rules listed on the reverse side of this form.

SPEAKER'S NAME: SIMONE SANDOVAL
HIGHROAD CONSULTING GROUP

Address: _____
(only if follow-up mail response requested)

City: _____ **Zip:** _____

Phone #: 760 238 6214

Date: 01/29/19 **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

_____ **Support** _____ **Oppose** _____ **Neutral**

Note: If you are here for an agenda item that is filed
for "Appeal", please state separately your position on
the appeal below:

_____ **Support** _____ **Oppose** _____ **Neutral**

I give my 3 minutes to: _____



BOARD RULES

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Riverside County Board of Supervisors *6 mins*
Request to Speak

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to Board Rules listed on the reverse side of this
form.

SPEAKER'S NAME: Kathie Zamangahromi

Address: 20406 Magnolia Rd

City: Nuevo **Zip:** 92457

Phone #: 909-499-9335

Date: 1/29/19 **Agenda #:** Cannabis
3.52

PLEASE STATE YOUR POSITION BELOW:

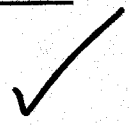
Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

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for "Appeal", please state separately your position on
the appeal below:

Support **Oppose** **Neutral**

I give my 3 minutes to: _____



BOARD RULES

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**Riverside County Board of Supervisors
Request to Speak**

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SPEAKER'S NAME: Connie Kippycash

Address: 40537 Poppy Dr

City: Hemet **Zip:** 92544

Phone #: 951-233-1001

Date: 1/29/19 **Agenda #** 3.52
Cannabis

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

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Support **Oppose** **Neutral**

I give my 3 minutes to: Kathie Zamanzahromi

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SPEAKER'S NAME: Christopher Martinez

Address: _____

City: _____ **Zip:** _____

Phone #: _____

Date: 1-29-19 **Agenda #** 3.52

PLEASE STATE YOUR POSITION BELOW:

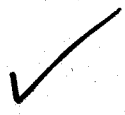
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I give my 3 minutes to: _____



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SPEAKER'S NAME: Kim Cunn

Address: 504 Central Ave
(only if follow-up mail response requested)

City: Lake Elsinore **Zip:** 92530

Phone #: 951-834-5521

Date: 1/29/19 **Agenda #** 3152

PLEASE STATE YOUR POSITION BELOW:

Position on "Regular" (non-appealed) Agenda Item:

Support **Oppose** **Neutral**

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