

**THE CITY OF PERRIS – STATEMENT OF UNDERSTANDING**

I understand I am responsible for knowing and complying with all Local laws and regulations governing marijuana operations in the City of Perris pursuant to Chapters 5.54 (Medical Marijuana and Adult-Use Dispensaries Regulatory Program) and 5.58 (Commercial Marijuana Operations Regulatory Program for Cultivation, Testing, Distribution and Manufacturing). I understand I am being made aware of the following laws and regulations and agree to comply with them, and all other applicable laws and regulations, upon issuance of my business permit. \_\_\_\_\_ (initial)

I understand that no person or entity shall locate or operate a marijuana facility under the authority of a license or permit at any place other than the location permitted and identified under the Regulatory Permit issued by the City Perris (Ord. 1330, 1355, 1358 and 1372). \_\_\_\_\_ (initial)

I understand that any person or entity operating a marijuana facility shall at all times remain in compliance and operate in accordance with the applicable provisions of the CUA, the MMPA, the MMRSA, Perris Municipal Code Chapters 5.54 and 5.58 (Ord. 1330, 1355, 1353 and 1372), and all other applicable State laws pertaining to marijuana facilities. \_\_\_\_\_ (initial)

I understand that security cameras shall be installed and maintained in good condition and used in an on-going manner with a least 30-days of digitally recorded documentation in a format approved by the Director of Development Services and Police Chief. The cameras shall be in use 24 hours per day, seven days per week (Ord. 1330 and 1355). \_\_\_\_\_ (initial)

I understand that the areas to be covered by the security cameras shall include, but are not limited to, the public areas, storage areas, employee areas, all doors and windows, and any other areas as determined to be necessary by the Director of Development Services and Police Chief (Ord. 1330 and 1355). \_\_\_\_\_ (initial)

I understand that the marijuana facility shall be alarmed with a centrally-monitored fire and burglar alarm system, and monitored by an alarm company properly licensed by the State of California Department of Consumer Affairs Bureau of Security and Investigative Services in accordance with California Business & Professions Code section 7590, et seq. and whose agents are properly licensed and registered under applicable law (Ord. 1330 and 1355). \_\_\_\_\_ (initial)

I understand that all entrances to the dispensing, cultivation, testing, distribution and manufacturing areas and any storage areas shall be locked at all times, and under the control by employees (Ord. 1330 and 1355). \_\_\_\_\_ (initial)

I understand that all marijuana and marijuana products shall be kept in a secured manner against unauthorized access as well as theft (Ord. 1330 and 1355). \_\_\_\_\_ (initial)

I HAVE READ ALL OF THE ABOVE INFORMATION AND UNDERSTAND MY RESPONSIBILITIES AS A MARIJUANA PERMIT HOLDER. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH ANY LAW, REGULATIONS, OR THE PROVISIONS OF THIS STATEMENT, MAY RESULT IN CRIMINAL CHARGES AND/OR MAY BE GROUNDS FOR DISCIPLINARY ACTION INCLUDING, BUT NOT LIMITED TO, THE SUSPENSION OR REVOCATION OF MY CITY MEDICAL MARIJUANA PERMIT.

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LICENSEE'S BUSINESS NAME AND ADDRESS: \_\_\_\_\_

PRINCIPAL'S PRINTED NAME: \_\_\_\_\_ PRINCIPAL'S SIGNATURE: \_\_\_\_\_

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**ACKNOWLEDGMENT**

State of California  
County of \_\_\_\_\_ }  
On \_\_\_\_\_ (date) before me, \_\_\_\_\_ (insert name and title of the officer) personally appeared \_\_\_\_\_ (name of signer), who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)