

LOCAL REGULATION OF MEDICAL CANNABIS IN CALIFORNIA: MAKING PUBLIC HEALTH A PRIORITY

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I. INTRODUCTION

California has embarked on an ambitious experiment to establish a cannabis industry that is legal under state law. Medical cannabis has been available in California since the passage of the Compassionate Use Act of 1996, a voter approved initiative.¹ The initiative, enabling legislation and Attorney General Guidelines permit patients who receive medical recommendations and their caregivers to cultivate and possess medical cannabis provided that the transactions involved were made on a not-for-profit basis and direct contacts between patients and caregivers were maintained.^{2,3} In 2015, the state legislature enacted comprehensive legislation designed to transform this structure into a commercial, regulated, for-profit industry.⁴ The new structure is scheduled to go into effect January 1, 2018.

One year later, in 2016, California voters enacted a second voter initiative, Proposition 64, this time legalizing non-medical use of cannabis. It also establishes a parallel, for-profit regulated industry, with the same start date as the medical cannabis legislation.⁵

Previous research has documented three key findings regarding California's new approach to cannabis legalization:^{4,5}

1. The state's new structures for both medical and non-medical cannabis legalization do not adequately address public health concerns likely to emerge in a rapidly expanding, consolidating, commercial market;
2. Local governments have extensive authority to regulate cannabis – they can establish stricter regulations than those established at the state level and can ban commercial cultivation and use altogether; and
3. Cities and counties therefore need to become actively engaged in the development of the new cannabis market if public health concerns associated with widespread cannabis use and marketing are to be addressed, especially related to the health and safety of young people.

Several local governments have been active during the last two decades in developing local regulatory structures for the medical cannabis industry, seeking to fill the void left by the state prior to the enactment of the 2015 legislation. There has been little analysis of these local provisions, particularly from a public health perspective.

This report seeks to fill this void. We reviewed 121 local municipal codes and identified 27 cities and counties with key medical cannabis provisions. Using secondary sources that rely primarily on lessons learned from alcohol policy and tobacco control we selected 14 high-priority public health policies for analysis focusing particularly on policies designed to protect youth. We then analyzed the local provisions to determine the extent

to which the selected prevention policies had been enacted with best practices standards. Our goal is to provide guidance to local governments as they examine the new state legislation and debate policy options within their own jurisdictions for regulating or banning a commercial cannabis industry.

II. METHODOLOGY

In Phase 1 of a four-phase methodology, we developed a convenience sample of medical cannabis local ordinances from 27 California cities and counties (“localities”) using the following protocols. We conducted original legal research in a total of 121 California localities for restrictions on commercial medical cannabis cultivation and dispensing. This included all 58 of the state’s counties, the 25 largest cities by population, and all 10 cities located within Ventura County. We conducted a review of secondary sources, including the League of California Cities⁶ and California State Association of Counties⁷ and selected the remaining 28 cities which these sources suggested might have medical cannabis regulations that met our coding criteria.* Although a convenience sample (limited resources precluded a search and analysis of all 482 California incorporated cities), we believe the selection methodology captured a high percentage of medical cannabis ordinances that are of interest to the public health community.

In Phase 2, we identified 16 variables within four categories of public health policies designed to prevent youth cannabis problems based on analyses conducted in secondary sources. Best practices are identified based on these same sources:^{†,8,9,10,11}

A. Cultivation Provisions

1. Maximum Cultivation Limits (square footage and/or number of plants)
Best practice: Limited based on size of local jurisdiction; no more than 2,000 square feet.
2. Number of permits (limit on number of cultivation permits)
Best practice: Limited based on size of local jurisdiction.
3. Indoor/Outdoor Bans
Indoor Prohibited
Outdoor Prohibited
Best practice: Dependent on agricultural makeup of local jurisdiction.
4. Employee Training
Best practice: training in public health and safety aspects of cultivation required.

B. Dispensary Provisions

1. Number of permits (limit on number of dispensary permits)
Best practice: Limited based on size of local jurisdiction.
2. Consume on premises
Best practice: No consumption allowed.
3. Operating hours (hours when dispensary operation is allowed)
Best practice: No Sunday sales; no late night or early morning sales.
4. Employee training
Best practice: Training in public health and safety aspects of cultivation required.

* A Santa Cruz County draft ordinance was also included although not finally enacted because it contained several provisions that may be of interest to other local jurisdictions. Final enactment is anticipated following a California Environmental Quality Act review.

† Consult the secondary sources provided in the reference list for further discussion of the key public health variables and the best practices standards, topics beyond the scope of this report.

5. Dispensary Delivery (indicates whether home delivery is allowed, prohibited for dispensaries licensed by the locality, or prohibited entirely)

Best practice: Commercial delivery prohibited.

6. Prohibited Products

Best practice: Prohibit products potentially attractive to youth; limit potency.

7. Advertising & Exterior Signage

Best practice: Prohibit billboards; limit signage and advertising targeting youth.

C. Distance Requirements (listed in number of feet)

1. Cultivation Sites

a) Schools

b) Youth sensitive (spaces other than schools, such as parks, churches, etc.)

c) Residential (residential structures or residential zones)

d) Dispensaries

Best practice: 1,000 foot limit.

2. Dispensaries

a) Schools

b) Youth sensitive (spaces other than schools, such as parks, churches, etc.)

c) Residential (residential structures or residential zones)

d) Other Dispensaries

Best practice: 1,000 feet limit.

D. Age Provisions

1. Cultivation Employees

Best practice: minimum 21 years of age

2. Dispensary Employees

Best practice: minimum 21 years of age

3. Dispensary customers and customer exceptions (persons under the age requirement are permitted under the following circumstances):

a) Accompanied by a Parent (indicated by 'X')

b) Qualified Patient (indicated by 'X' or '+parent' when a parent must also be present with the Qualified Patient)

c) Primary Caregiver (indicated by 'X' or '+parent' when a parent must also be present with the Primary Caregiver)

Best practice: minimum 21 years of age with parent/guardian exception.

In Phase 3, we conducted a search in each locality's code using keywords ("marijuana" and "cannabis") as well as manual review as needed to identify any language pertaining to medical cannabis. All 121 localities make their municipal codes available online.

We then classified the 121 localities into one of three categories, as follows: (1) "silent" – code had no regulation of medical cannabis (14 localities – although the code included a key term, there were no relevant regulatory provisions included); (2) "prohibition" – code explicitly banned medical cannabis (61 localities); and (3) "regulation" – code included regulation of medical cannabis (46 localities).

In Phase 4, we examined the local ordinances in the 46 localities with regulations to determine whether they met our coding criteria for including provisions that address key public health variables identified in Phase 2.

Of the 46 localities that we identified as having regulations of medical cannabis, 27 ultimately met our coding criteria. We then coded the relevant provisions as appropriate.

The ordinances we examined address commercial cannabis cultivation, delivery and retailing. State law permits caregivers and patients to cultivate enough plants to meet the patients' medical needs, and caregivers can deliver cannabis to patients directly without using a dispensary as an intermediary. Localities that prohibit medical cannabis must still allow this form of cultivation and delivery, a topic beyond the scope of this research.‡

The research was conducted between September 2016 and January 2017. Note that many of the online municipal codes may have differing dates for their most recent updates, so it is possible that new ordinances or provisions enacted before our start date may not be included.

One researcher conducted the initial searches and analyses; a second researcher conducted a quality assurance review. In several instances, coding criteria were revised based on findings in Phase 4. Consensus was reached on all coding decisions.

III. FINDINGS

A. Public Health Cultivation Provisions (Table 1, p.9)

As shown in Table 1, of the 121 localities we reviewed, 8 localities (4 cities and 4 counties) have restrictions that meet our coding criteria for the commercial cultivation of cannabis. Five localities shown on Table 1 prohibit commercial cultivation (Alameda County, Modoc County, San Leandro, Santa Ana, and Santa Barbara).

- 1. Maximum Cultivation Limits:** Six localities impose specific limits on the commercial cultivation of cannabis. Two localities (Calaveras County and Santa Cruz County's draft ordinance) limit outdoor cultivation at a single location to a canopy size of no more than 22,000 square feet, one locality (Berkeley) allows up to 180,000 square feet to be used for cultivation (an aggregate of multiple licensees at a single location, a single licensee is limited to 22,000 square feet), and one locality (Sonoma County) limits cultivation to 43,560 square feet outdoors and 22,000 square feet indoors. One locality (Butte County) limits cultivation based on the size of the cultivation site and one locality (Mendocino County) limits indoor cultivation to no more than 100 square feet and no more than 99 plants.
- 2. Number of Permits:** Two localities impose limits on the number of commercial cultivation permits that may be issued (Richmond, no more than three per square mile; Sonoma County, 1 per contiguous parcel except in certain zones).
- 3. Indoor/Outdoor Bans:** Four localities imposed bans on either indoor or outdoor cultivation. One locality prohibits indoor (Modoc County), two localities prohibit outdoor cultivation (Arcata and Marysville), and one locality prohibits outdoor cultivation on lots that are half (0.5) an acre or less in size (Butte County).
- 4. Employee Training:** One county (Santa Cruz County's draft ordinance) proposes to require training for employees between the ages of 18 and 20.

B. Public Health Dispensary Provisions (Table 2, p.10)

Of the 121 localities we reviewed, 25 localities have at least one restriction that met our coding criteria for commercial retailing commercial medical cannabis. Of these 25, 12 localities have policies addressing 3 or more of the 7 variables we coded for this topic. Two of the localities shown on Table 2 prohibit dispensaries (Butte County and Tehama County).

‡ San Mateo County's ordinance permits marijuana collectives and prohibits commercial cultivation and dispensaries. It is included because it contains examples of several public health variables identified in Phase 2 that apply to those collectives.

1. **Number of Permits:** Seven localities limit the total number of permits within their jurisdiction (Alameda County, 3; Fairfax, 3; Marysville, 2; Oakland, 8; Richmond, 3; San Leandro, 2; and Santa Barbara, 3).
2. **Consume on Premises:** One locality specifically allows the consumption of medical cannabis at dispensaries (Los Angeles County). Thirteen localities specifically prohibit the consumption of medical cannabis at dispensaries, with one (Alameda County) authorizing the health care services agency to allow consumption by a vaporization device at individual dispensaries.
3. **Operating Hours:** Eighteen localities impose restrictions on when dispensaries may operate. These restrictions on hours generally apply to all dispensaries within the jurisdiction, with exceptions in San Francisco City and County (2 dispensaries may operate 24 hours per day) and Sonoma County (hours at certain small dispensaries are further restricted). The hours of operation varied by open and close times, hours of operation allowed in a day, and days of operation. The earliest opening time is 7am (Sacramento, Santa Cruz City, and Sonoma), the latest closing is 10pm (Los Angeles City, Marysville, and San Francisco City and County), and 14 hours of operation is the most allowed in a day (Los Angeles City and Marysville). A majority of the localities allow dispensaries to operate seven days a week, with only one limiting hours on Sunday (Santa Ana) and four prohibiting sales on Sunday (Modoc County, San Jose, Santa Barbara, and Sonoma County).
4. **Employee Training:** No locality requires training for dispensary employees.
5. **Dispensary Delivery:**[§] Four jurisdictions specifically allow deliveries (Arcata, Oakland, Richmond, and San Francisco City and County). Six localities prohibit deliveries. Two of the six apply the prohibition only to deliveries by dispensaries licensed by the locality (Marysville and Sacramento); the remaining four localities prohibit all deliveries of commercial medical cannabis without regard to the location of the dispensary (Alameda County, Los Angeles City, San Jose, and Santa Ana).
6. **Prohibited Products:** Two localities prohibit specific medical cannabis products. One locality (San Mateo County) prohibits products that are cannabis enhanced, edible, or drinkable, and one locality (San Leandro) prohibits edibles requiring refrigeration or hot-holding.
7. **Advertising & Exterior Signage:** One locality prohibits medical cannabis advertising (San Mateo County). Six localities restrict the placement of signage. One locality restricts all signage (San Mateo County), two localities restrict the placement of any signage visible from the outside of the dispensary advertising the availability of medical cannabis (Modoc County and Sonoma County), and three limit the number of signs a dispensary may display on the exterior of the location (Fort Bragg, 1 sign; San Francisco City and County, 2 signs; and Santa Cruz City, 2 signs).

C. Distance Requirements (Table 3, p.11)

1. **Distance Requirements, Cultivation:** Eight localities impose distance requirements between commercial cultivation sites and four types of land uses: schools, other youth sensitive locations, residences, and dispensaries. No locality imposes a distance requirement for all four types of distance requirements. Seven localities impose a distance requirement for schools (Butte County, 1000 feet; Calaveras County, 1,000 feet; Richmond, 600 feet; San Mateo County, 1,000 feet; Santa Cruz County's draft ordinance, 600 feet; Sonoma County, 1000 feet; and Tehama County, 1,000 feet). All eight of the localities impose a distance requirement for youth sensitive locations (six counties with 1,000 feet requirements; Richmond, 500 feet; Santa Cruz County's draft ordinance 600 feet). Two localities impose a distance requirement for residential zones or structures (Mendocino County, 100 feet; and Sonoma County, 1,000 feet) and one locality imposes a distance requirement for dispensaries (Calaveras County, 1,000 feet).

[§] These findings are solely with regard to medical cannabis that is delivered in the "commercial" context and not with regard to deliveries made by a primary caregiver to a qualified patient.

2. Distance Requirements, Retail: Thirteen localities impose distance requirements between dispensaries and four types of land uses: schools, other youth sensitive locations, residences, and other dispensaries. Five of the 13 localities impose distance requirements for all four of these categories (Marysville, Oakland, Santa Ana, Santa Cruz City, and Sonoma County). Fairfax is the only locality that imposes a distance requirement (600 feet) from schools but not from other youth sensitive locations. The remaining twelve localities impose distance requirements for both schools and other youth sensitive locations ranging from 500 to 1,000 feet, with the most common distance requirement being 1,000 feet. Six localities impose distance requirements for residential uses ranging from 100 to 1,000 feet. Five localities impose distance requirements between dispensaries, ranging from 400 to 1,000 feet.

D. Age Provisions (Table 4, p.12)

- 1. Cultivation Employees:** Two localities (Santa Cruz County's draft ordinance and San Mateo County) impose an 18-year-old age requirement for cultivation employees.
- 2. Dispensary Employees:** Three localities (San Jose, Santa Ana and Santa Cruz County's draft ordinance) impose a 21-year-old age requirement for dispensary employees and sixteen localities have an 18-year-old requirement.
- 3. Dispensary Customers:** Two localities (San Jose and Santa Ana) impose a 21-year-old age requirement for dispensary customers and seventeen localities have an 18-year-old requirement. Exceptions include:
 - a) **Accompanied by Parent:** Four localities allow those under 18 years of age to enter dispensaries if accompanied by a parent or guardian.
 - b) **Qualified Patients:** Three localities (Arcata, Calaveras County and San Francisco City and County) permit underage patients to enter dispensaries. Eight localities permit underage patients to enter dispensaries if accompanied by their parent or guardian. (Los Angeles City, Marysville, Richmond, Sacramento, San Diego, San Mateo County, Santa Ana, and Santa Barbara).
 - c) **Primary Caregivers:** One locality (Calaveras County) permits underage patients to enter dispensaries. Three localities (Marysville, Richmond, and Sacramento) permit underage primary caregivers to enter dispensaries if accompanied by their parent or guardian.

IV. DISCUSSION

Perhaps our most striking finding involves how little attention California local governments in our sample are giving to key public health policies in their medical cannabis regulations. Approximately half of our sample has imposed a ban. For the remaining 60 localities, 14 have no relevant regulations and 19 have minimal regulations (and none pertaining to key public health variables). In general, California localities that allow commercial medical cannabis operations have largely followed the State's lead and allowed them to emerge with minimal government oversight in terms of public health protections.

We found only limited public health protections in the 27 jurisdictions where any such regulations existed. For example, there is minimal attention to signage advertising, and product types despite reports of aggressive marketing tactics that may put young people at risk.¹² Of the 22 localities that do not ban cultivation, only eight have limitations on the amount of cultivation permitted, and three of these allow relatively large cultivation sites. Only Santa Cruz County's draft ordinance has any requirement for employee and management training (for cultivation employees only).

The relatively lax approach to age restrictions is also noteworthy. State law requires caregivers to be 18 years of age and places no restrictions on the age of cultivation and dispensary employees and dispensary customers. Yet only Santa Cruz County, in its draft ordinance, has any restriction on the age of cultivation employees. Sixteen

localities require dispensary employees to be at least 18 years old and three requiring employees to be at least 21 years of age. Seventeen require customers to be 18 and two requires customers to be 21. Of the 25 localities that allow dispensaries, seven localities have no age restrictions at all and two cities allow patients and caregivers who are under 18 years old to enter dispensaries without a parent or guardian.

Despite the relative inattention to public health variables, many localities have exercised their authority and enacted provisions that meet public health best practices standards. Retail distance requirements, hours of sale and consumption on the premises are the most common best practices that have been adopted: Nine localities have 1,000 foot minimum requirements for at least one of the four categories, and Calaveras County, Santa Ana and Sonoma County have adopted the same 1,000 foot standard for three of the four categories. Eighteen localities have limited hours of sales to some degree and four cities prohibit Sunday sales. Thirteen localities ban consumption on the premises.

Additional examples of local regulations that may serve as models for other localities include:

- San Mateo’s ban on advertising (although a less stringent provision may be necessary due to commercial speech protections under the California and U.S. Constitutions);
- The seven cities that limit the number of dispensaries;
- San Jose and Santa Ana’s requirements that dispensary employees and customers be 21 years of age (with an exception for customers if accompanied by a parent or guardian);
- Santa Cruz County’s draft ordinance requirement that cultivation employees under 21 years of age receive employee training on public health issues, a provision that could be expanded to include all cultivation and dispensary employees;
- San Mateo County and San Leandro’s restriction on types of products, which could be expanded to include child-friendly and high potency products.

The limitations of our research design should be taken into account when interpreting these findings and discussion. The 27 ordinances that we analyzed are not a representative sample of all ordinances that may be in place in California localities and may not accurately reflect the extent to which best practices public health standards have been adopted across the State.

V. CONCLUSION

California’s cities and counties have extensive authority to design and manage the cannabis industry as it matures over time. Exercising this authority is important from a public health perspective given the limited attention to public health issues in the new state regulatory structures now being developed. Taking action early in the process is critical. An important lesson from alcohol policy is the difficulty of imposing public health provisions once a robust, highly concentrated industry has been established.^{8,9} The passage of Proposition 64, which will permit non-medical cannabis cultivation and sales, creates more urgency that localities develop a comprehensive regulatory structure that meets the needs and concerns of local communities, particularly as they relate to youth and creates a structure for the industry early in the development process.

Our research suggests that this local agenda is at best in its infancy, as most localities in our sample that are permitting medical cannabis cultivation and sales have taken only minimal steps toward adopting best practices standards for protecting public health. Nevertheless, many localities have adopted important provisions that may serve as models for developing a more comprehensive approach to cannabis regulation. We are hopeful that our findings provide guidance for local policy makers, public health professionals, industry members, and community groups as this effort progresses.

ENDNOTES

- 1 CA Health & Safety Code §11362.5.
- 2 California State Department of Justice (2008). *Guidelines for the Security and Non-Diversion of Marijuana Grown for Medical Use*. August 2008. Available at: http://www.ag.ca.gov/cms_attachments/press/pdfs/n1601_medicalmarijuanaguidelines.pdf (accessed February 23,2017).
- 3 CA Health & Safety Code §11362.7 et seq.
- 4 Mosher, J. and Treffers, R. (2015). *Medical Marijuana in California: An Analysis of the 2015 Legislation*. County of Ventura: Ventura County Behavioral Health. Available at: <http://www.venturacountylimits.org/resources/article/B19E38/medical-marijuana-in-california> (accessed February 17, 2017).
- 5 Mosher, J. (2016). *The 2016 California Marijuana Initiative and Youth: Lessons from Alcohol Policy*. County of Ventura: Ventura County Behavioral Health. Available at: http://venturacountylimits.org/resource_documents/VC-MJ-AUMA-FNL-REV-web.pdf (accessed February 17, 2017).
- 6 League of California Cities, *Medical Marijuana Safety Act: Ordinances*. Available at <http://www.cacities.org/medicalmarijuana> (accessed on February 1, 2017).
- 7 California State Association of Counties, *Medical Marijuana: County/City Ordinances*. Available at <http://www.counties.org/countycity-ordinances> (accessed on February 1, 2017).
- 8 Mosher, J. (2015). *Protecting our Youth: Options for Marijuana Regulation in California*. County of Ventura: Ventura County Behavioral Health Department. Available at: <http://venturacountylimits.org/en/resources/article/DFFA2C/protecting-our-youth>. (accessed February 17 2017).
- 9 Barry, R., Glantz, S. (2016). *A Public Health Analysis of Two Proposed Marijuana Legalization Initiatives for the 2016 California Ballot: Creating the New Tobacco Industry*. San Francisco, CA: Center for Tobacco Control Research and Education, UCSF. Available at: <http://escholarship.org/uc/item/4qg8k9wz#page-1> (accessed February 17, 2017).
- 10 Caulkins, J., Kilmer, B., Kleiman, M., MacCoun, R., Midgette, G., Oglesby, P., Pacula, R., Reuter, P. (2015). *Considering Marijuana Legalization: Insights for Vermont and Other Jurisdictions*. Santa Monica, CA: RAND Corporation. Available at: http://www.rand.org/pubs/research_reports/RR864.html (accessed February 17, 2017).
- 11 Mosher, J. and Sparks, M. (2016). *Safeguarding our Communities: Best Practices in Municipal Regulation of Medical Cannabis Cultivation*. County of Ventura: Ventura County Behavioral Health. Available at: http://venturacountylimits.org/fckimages/MJ_Safeguarding_2ndEd_FNL.pdf(accessed February 17, 2017).
- 12 Mosher, J. *Local Control of Marijuana: Lessons from Alcohol Policy*. Presentation at Mapping Marijuana Leadership Forum, January 7, 2016. County of Ventura: Ventura County Behavioral Health.

TABLE 1 • CULTIVATION PROVISIONS

LOCALITY				INDOOR / OUTDOOR BANS		
Name	Type	Maximum Cultivation Limits	# of Permits	Indoor Prohibited	Outdoor Prohibited	Employee Training
Alameda	County					
Arcata	City				X	
Berkeley	City	180,000 sq feet*				
Butte	County	150 sq feet			X**	
Calaveras	County	22,000 sq feet (outdoor)		X		
Fairfax	City					
Fort Bragg	City		3 per square mile			
Los Angeles	City					
Los Angeles	County					
Marysville	City					
Mendocino	County	100 sq feet (indoors) and 99 plants				
Modoc	County					
Oakland	City					
Richmond	City					
Sacramento	City					
San Diego	City					
San Francisco	Both					
San Jose	City				X	
San Leandro	City					
San Luis Obispo	County					
San Mateo	County					
Santa Ana	City					
Santa Barbara	City					
Santa Cruz	City					
Santa Cruz	County	22,000 sq feet (outdoor)				X***
Sonoma	County	43,560 sq feet (outdoor) 22,000 sq feet (indoor)	1 per contiguous parcel [^]			
Tehama	County					
* A licensee is limited to 22,000 sq feet; multiple licensees may be aggregated to 180,000 sq feet on the same location						
** Outdoor cultivation prohibited on lots sized 0.5 acres or less						
*** Training is only required for cultivation employees between the ages of 18 and 20d						
[^] More than one permit per parcel may be issued in agricultural and industrial zones						

TABLE 2 • DISPENSARY PROVISIONS

LOCALITY								
Name	Type	# of Permits	Consume on Premises	Operating Hours	Employee Training	Dispensary Delivery ^^	Prohibited Products	Advertising & Exterior Signage
Alameda	County	3	Prohibit*	9am - 9pm		Prohibit All Dispensaries		
Arcata	City		Prohibit	8am - 8pm		Allow		
Berkeley	City			9am - 9pm				
Butte	County							
Calaveras	County		Prohibit					
Fairfax	County	3		9am - 9pm				
Fort Bragg	City			8am - 6pm				1 sign limit
Los Angeles	City			8am - 10pm		Prohibit All Dispensaries		
Los Angeles	County		Allow					
Marysville	City	2	Prohibit	8am - 10pm		Prohibit Local Dispensaries		
Mendocino	County							
Modoc	County		Prohibit	8am - 5pm (Mon - Sat)				Signage Content Restricted^^^
Oakland	City	8	Prohibit			Allow		
Richmond	City	3	Prohibit	10am - 8pm		Allow		
Sacramento	City		Prohibit	7am - 9pm		Prohibit Local Dispensaries		
San Francisco	Both			8am - 10pm**		Allow		2 sign limit
San Diego	City							
San Jose	City		Prohibit	9am - 9pm		Prohibit All Dispensaries		
San Leandro	City	2	Prohibit	9am - 8pm			Edibles requiring refrigeration or hot-holding	
San Luis Obispo	County			11am - 6pm				
San Mateo***	County						Cannabis enhanced and edible and drinkable	No advertising and no signage
Santa Ana	City			10am - 8pm 11am - 7 pm (Sun)		Prohibit All Dispensaries		
Santa Barbara	City	3	Prohibit	8am - 6pm (Mon - Sat)				
Santa Cruz	City		Prohibit	7am - 7pm (Mon - Sat)****				2 sign limit
Santa Cruz	County							
Sonoma	County		Prohibit	7am - 7pm (Mon - Sat)^				Signage Content Restricted^^^
Tehama	County							

* Health care services agency may authorize on premise consumption by a vaporization device

** Two dispensaries are authorized to operate 24 hours per day

*** San Mateo County only permits collectives.

**** Dispensaries located within 50 feet of a residential unit are limited to 7am - 7pm (Mon - Fri)

^ Dispensaries with less than 300 patients & serve 20 patients or less per day are authorized to operate 8 am - 5pm (Mon - Sat)

^^ Deliveries by a qualified caregiver to qualified patient are not covered by these restrictions

^^^ No signage or symbols visible from the outside of the dispensary shall be displayed which advertises the availability of cannabis

TABLE 3 • DISTANCE REQUIREMENTS

LOCALITY		CULTIVATION				DISPENSARIES			
Name	Type	Schools	Youth Sensitive	Residential	Dispensaries	Schools	Youth Sensitive	Residential	Other Dispensaries
Alameda	County					1000	1000		
Arcata	City								
Berkeley	City								
Butte	County	1000	1000						
Calaveras	County	1000	1000		1000	1000	1000		1000
Fairfax	City					600			
Fort Bragg	City								
Los Angeles	City					1000	600		
Los Angeles	County								
Marysville	City					1000	500	500	400
Mendocino	County		1000	100					
Modoc	County								
Oakland	City					600	600	600	600
Richmond	City	600	500						
Sacramento	City					600	500		
San Diego	City								
San Francisco	Both								
San Jose	City								
San Leandro	City					1000	1000	500	
San Luis Obispo	County					1000	1000		
San Mateo*	County	1000	1000			1000	1000		
Santa Ana	City					1000	1000	1000	500
Santa Barbara									
Santa Cruz	City					600	600	600	600
Santa Cruz	County	600	600						
Sonoma	County	1000	1000	300		1000	1000	100	1000
Tehama	County	1000	1000						

*San Mateo County only permits collectives, where cultivation and distribution to patients are both permitted.

TABLE 4 • AGE PROVISIONS

LOCALITY		AGE PROVISIONS			CUSTOMER EXCEPTION(S)		
Name	Type	Cultivation Employees	Dispensary Employees	Dispensary Customers	Accompanied by Parent	Qualified Patient	Primary Caregiver
Alameda	County		18	18			
Arcata	City		18	18	X	X	
Berkeley	City		18	18	X		
Butte	County						
Calaveras	County		18	18		X	X
Fairfax	City		18	18			
Fort Bragg	City						
Los Angeles	City		18	18	X	+parent	
Los Angeles	County						
Marysville	City		18	18		+parent	+parent
Mendocino	County						
Modoc	County		18	18			
Oakland	City						
Richmond	City		18	18		+parent	+parent
Sacramento	City		18	18		+parent	+parent
San Diego	City		18	18		+parent	
San Francisco	Both		18	18		X	
San Jose	City		21	21			
San Leandro	City						
San Luis Obispo	County		21	18	X		
San Mateo*	County	18	18	18		+parent	
Santa Ana	City		21	21		+parent	
Santa Barbara	City		18	18		+parent	
Santa Cruz	County						
Santa Cruz	County	18**	18	18			
Sonoma	County		18	18			
Tehama	County						
San Mateo County only permits collectives; no one under 18 allowed on collective's premises.							
* Cultivation employees under 21 must also receive training							