HISTORY OF A CHARTER RIGHT

The Ontario Court of Appeal's seminal decision in *R. v. Parker*[1] issued in 2000, held that legal possession by, and access to, marihuana for those with a legitimate medical need is a *Charter* right. Over the past 16 years, the Federal government has attempted to provide legal access by promulgating regulations that strike the appropriate balance between reasonable access for those in need and the public's right to protection in regard to health and safety.

Health Canada's first attempt at regulating medical marihuana was the *Marihuana Medical Access Regulations* ("MMAR") issued in 2001. In 2013 Health Canada issued the *Marihuana for Medical Purposes Regulations* ("MMPR") that were intended to replace the MMAR with a system of licenced commercial producers. In response, many municipalities passed zoning by-laws to regulate the location of such uses.

In February 2016 the MMPR were struck down by the Federal Court as an unjustified infringement on the *Charter* right to possess and access medical marihuana. In response to the MMPR being struck down, in August 2016 Health Canada issued the *Access to Cannabis for Medical Purposes Regulations* ("ACMPR").

The cases outlined below provide an overview of the Court decisions that ultimately led to enactment of the ACMPR.

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[1] *R. v. Parker*, 2000 CanLII 5762 (ON CA)

R. v. Parker

Parker held that the prohibition against cultivation and possession of medical marihuana, under the threat of fine or imprisonment pursuant to the *Controlled Drugs and Substances Act* (the "CDSA"), breached section 7 of the *Canadian Charter of Rights and Freedoms* (the "Charter"). Section 7 protects the right to life, liberty and security of the person and the right not to be deprived of those rights, except in accordance with the principles of fundamental justice.[2] The Court found that forcing users of medical marihuana to choose between their health needs and imprisonment violated Section 7. The right to security of the person in Section 7 encompassed the right to reasonable access to medical marihuana.

Therefore, the Court declared the prohibition against medical marihuana to be without legal effect, absent a constitutionally acceptable medical exemption from the CDSA prohibition. The declaration of invalidity was suspended for one year to allow the government time to respond.

Marihuana Medical Access Regulations

In response to *Parker*, in 2001 Health Canada issued the *Marihuana Medical Access Regulations* ("MMAR").[3] The MMAR authorized individuals with a declaration from a medical practitioner, to possess marihuana for medical purposes. Once issued an authorization to possess

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[2] *Canadian Charter of Rights and Freedoms*

[3] *Marihuana Medical Access Regulations*, SOR/2001-227

("ATP"), such individuals could lawfully obtain access to medical marihuana in one of three ways:

(i) by purchasing dried marihuana directly from Health Canada;

(ii) through a Personal-Use Production Licence ("PUPL") that permitted the license holder to produce and keep a specified amount of marihuana for his or her own medical use; or

(iii) through a Designated Person Production Licence ("DPPL") that permitted a third party to produce and keep a specified amount of marihuana at a designated site, for an individual with an ATP.

In general, municipalities did not enforce zoning by-laws with respect to the growing and keeping of medical marihuana for sites with a valid PUPL or DPPL. The restrictions in regard to use of the site were:

(a) production could not take place simultaneously indoors and outdoors; and

(b) outdoor production could not be adjacent to a school, public playground, daycare facility or other public place frequented by persons mainly under 18 years of age; and

(c) dried marihuana could only be stored indoors.[4]

Hitzig v. Canada

Following *Parker*, in 2003 the Ontario Court of Appeal released its decision in *Hitzig v. R.*[5] *Hitzig* considered the constitutional validity of the newly-enacted MMAR and concluded that the regulation failed to satisfy the requirement of *Parker* to provide a constitutionally acceptable exemption.

The appellants argued that restrictions limiting the persons designated to grow to one licence and allowing them to grow for only one ATP led to supply issues which unreasonably restricted access. The result was that persons with an ATP were forced to resort to the black market to obtain the product. The government relied on access to the black market to argue that access was reasonable. The Court disagreed.

In its decision, the Court recognized that imposing regulatory constraints on access to medical marihuana can infringe the *Charter* right to security of the person. In this regard, the Court stated:

> *In this case, the MMAR, with their strict conditions for eligibility and their restrictive provisions relating to a source of supply, clearly present an impediment to access to marihuana by those who need it for their serious medical*

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[4] *Marihuana Medical Access Regulations*, sections 52.1 - 55

[5] *Hitzig v. R.*, 2003 CarswellOnt 3795

conditions. By putting these regulatory constraints on that access, the MMAR can be said to implicate the right to security of the person even without considering the criminal sanctions which support the regulatory structure. Those sanctions apply not only to those who need to take marihuana but do not have an ATP or who cannot comply with its conditions. They also apply to anyone who would supply marihuana to them unless that person has met the limiting terms required to obtain a DPL. As seen in Rodriguez v. British Columbia (A. G.), 1993 CanLII 75 (SCC), [1993] 3 S.C.R. 519, a criminal sanction applied to another who would assist an individual in a fundamental choice affecting his or her personal autonomy can constitute an interference with that individual's security of the person. Thus, we conclude that the MMAR implicate the right of security of the person of those with the medical need to take marihuana.[6]

…

It is undeniable that the effect of the MMAR is to force individuals entitled to possess and use marihuana for medical purposes to purchase that medicine from the black market. As Lederman J. put it at para. 159:

> *As a result, the regulatory system set in place by the MMAR to allow people with a demonstrated medical need to obtain marijuana simply*

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[6] See *Hitzig*, supra at para. 95.

> *cannot work without relying on criminal conduct and lax law enforcement…*

Lederman J. found that the absence of a legal supply of marihuana for people entitled to possess and use it under the MMAR resulted in a breach of s. 7, holding at para. 160:

> *To my mind, this aspect of the scheme offends the basic tenets of our legal system. It is inconsistent with the principles of fundamental justice to deny a legal source of marijuana to people who have been granted ATPs and licences to produce. Quite simply, it does not lie in the government's mouth to ask people to consort with criminals to access their constitutional rights…*

We agree with the conclusion reached by Lederman J[7]

…

The MMAR provide a viable medical exemption to the prohibition against possession of marihuana only as long as there are individuals who are prepared to commit a crime by supplying the necessary medical marihuana to the individuals that the Government has determined are entitled to use the drug. At

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[7] See *Hitzig*, supra at paras. 109 - 111

> *the same time, the MMAR force seriously ill individuals who have been found to be in need medical marihuana to consort with criminals to fill that medical need. Forcing sick people to go to the black market to get their medicine can only discourage respect for the rule of law and at the same time signal that the medical needs of the se people are somehow not worthy of the same kind of consideration as other medical needs.*[8]

Ultimately, the Court struck down five provisions of the MMAR, including prohibitions on compensation of DPPL producers and limitations on the number of persons for which a producer could grow. In accordance with the Court's holding, state action which restricts the supply of medical marihuana, to the extent that patients who require it cannot reasonably obtain it without resorting to the black market, results in a *Charter* breach which is not justified.

Sfetkopoulos v. Canada (Attorney General)

In 2008, five years after *Hitzig*, the question of what constitutes reasonable access pursuant to the MMAR was again considered, this time by the Federal Court in *Sfetkopoulos v. Canada (Attorney General)*.[9] At issue was the same provision struck down by the Court in *Hitzig* which limited the number of persons for which a DPPL could produce. The same access restriction, subsection 41(b.1) of the MMAR, previously declared unconstitutional in *Hitzig*, had

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[8] See *Hitzig*, supra at para. 116.

[9] *Sfetkopoulos v. Canada (Attorney General)*, 2008 CarswellNat 376

been re-enacted by Health Canada in virtually identical terms in an updated version of the regulation.[10] In striking down the restriction, the Court stated:

> *Fourthly, the government says that paragraph 41(b.1) is necessary to "maintain an approach that is consistent with movement toward a supply model" whereby medical marihuana would be produced and made available like other therapeutic drugs, on prescription and through pharmacies. That may well be a laudable goal and if ever reached would make unnecessary litigation such as the present case. But we do not know when this new age will dawn and in the meantime the courts, in their wisdom, have concluded that persons with serious conditions for which marihuana provides some therapy should have reasonable access to it. It is no answer to say that someday there may be a better system. Nor does the hope for the future explain why a designated producer must be restricted to one customer.*
>
> *Consequently, I have concluded that the restraint on access which paragraph 41(b.1) provides is not in accordance with the principles of fundamental justice.*[11]

…

> *In my view it is not tenable for the government, consistently with the right established in other courts for qualified medical users to have reasonable access to marihuana, to force*

[10] See *Sfetkopoulos*, supra at para. 5.

[11] See *Sfetkopoulos*, supra at para. 18.

> *them either to buy from the government contractor, grow their own or be limited to the unnecessarily restrictive system of designated producers. At the moment, their only alternative is to acquire marihuana illicitly and that, according to Hitzig, is inconsistent with the rule of law and therefore with the principles of fundamental justice.*[12]

Not surprisingly, the Court's rationale and conclusion mirrored the decision in *Hitzig.*

R. v. Beren

A year later, in 2009, in *R. v. Beren*, the Supreme Court of British Columbia considered whether the section 7 *Charter* right to liberty and security was infringed when a producer, supplying medical marihuana to members of a compassion club, was charged with production, possession and control of marihuana for the purpose of trafficking pursuant to the CSDA.[13] Adopting the analysis from *Hitzig*, the court found that the defendant's section 7 interests were engaged by restrictions imposed on producing marihuana for persons with a medical need.[14] Quoting *Rodriguez v. British Columbia (Attorney General),* the Court stated:

> *…a criminal sanction applied to another who would assist an individual in a fundamental choice affecting his or her personal autonomy, can constitute an interference with that*

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[12] See *Sfetkopoulos*, supra at para. 19.

[13] *R. v. Beren*, 2009 BCSC 429 (CanLII)

[14] See *Beren*, supra at para. 86.

individual's security of the person. Thus, we conclude that the MMAR implicate the right of security of the person of those with the medical need to take marihuana.[15]

R. v. Smith

In 2015, the Supreme Court released its decision in *R. v. Smith*.[16] The defendant in *Smith* worked at a cannabis compassion club and was charged under the CSDA with possession and trafficking of cannabis derivatives. The MMAR only provided an exemption for possession of dried marihuana and there was evidence before the Court that derivatives provided better relief and were less harmful than smoking dried marihuana. The Court struck down sections 4 (possession) and 5 (trafficking) of the CSDA, to the extent that the law prohibited a person with medical authorization from possessing cannabis derivatives for medical purposes.

As a threshold matter, *Smith* confirmed that a person has standing to raise a constitutional challenge with respect to restrictions on access to medical marihuana and does not need to be a user of medical marihuana or a licensed producer. [17]

The Court found that the *Charter* was engaged in three ways. First, Smith's liberty interest was infringed by exposing him to the threat of imprisonment for possession of cannabis

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[15] See *Beren*, supra at para. 95.

[16] *R. v. Smith*, 2015 SCC 34 (CanLII)

[17] See *Smith*, supra at para. 12.

derivatives. Second, the prohibition on derivatives limited the liberty interest by foreclosing reasonable medical choices under the threat of prosecution. Third, by forcing a person to choose between a legal but inadequate treatment and an illegal but more effective choice, the law infringed security of the person. [18]

The Court also determined that the infringement was arbitrary in that it did not further the stated objective of protecting health and safety. In that regard it was contrary to principles of fundamental justice.[19] Similarly, because the restriction was arbitrary, it could not be rationally connected to the stated objective and therefore, could not be a justified infringement under section 1 of the *Charter*.[20]

Marihuana for Medical Purposes Regulations

In 2013, in response to ongoing litigation concerning the constitutionality of the MMAR, Health Canada issued the *Marihuana for Medical Purposes Regulations* ("MMPR"). The MMPR was intended to replace the MMAR with an entirely new regime that limited production of medical marihuana to licensed producers. All users of medical marihuana would be required to submit their prescriptions to a licensed producer who would ship a 30 day supply of medical marihuana. The MMPR provided a transition period, after which the MMAR would be repealed.

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[18] See *Smith*, supra at para. 17.

[19] See *Smith*, supra at para. 28.

[20] See *Smith*, supra at para. 29.

Once the MMAR was repealed, patients would no longer be permitted to grow their own supply or pay a designated producer to grow it for them.

The MMPR required that all production take place indoors and prohibited production in a dwelling place. Prior to applying for a licence to produce ("LTP"), a producer was required to notify the municipality of the address of the proposed facility.

Allard v. Canada

A number of constitutional challenges were filed in Federal Court against the MMPR. In 2016, the Federal Court issued its decision determining that the regulation infringed section 7 Charter rights and was not justified under section 1.[21]

In defending the MMPR, Health Canada justified the restrictions, in part, on the basis of ameliorating risks associated with cannabis production in dwellings. The risks identified by the government included mould and other contamination, fire, home invasion, violence and diversion of product and community impacts. All such assertions were rejected by the Court. The government's roster of witnesses included an RCMP corporal about whom the Court stated:

> *[101] Many "expert" witnesses were so imbued with a belief for or against marihuana - almost a religious fervour - that the Court had to approach such evidence with a significant degree of caution and scepticism.*
>
> …

[21] *Allard v. Canada, 2016 FC 236*

> *[Corporal] Holmquist was the most egregious example of the so-called expert discussed earlier in paragraph 101. He was shown, in cross examination, to be so philosophically against marihuana in any form or use that his Report lacked balance and objectivity. He possessed none of the qualifications of the usual expert witness. His assumptions and analysis were shown to be flawed. His methodologies were not shown to be accepted by those working in his field. The factual basis of his various opinions was uncovered as inaccurate. I can give this evidence little or no weight. It does not establish that there was a sound basis for the new regulatory scheme.*[22]

The Court concluded that the restrictions in the MMPR that required users to purchase medical marihuana from licensed producers imposed restrictions that were arbitrary and overbroad and bore no connection to the stated objective of reducing risks to health and safety and improving access.[23] The Court found that the cost of obtaining product from licensed producers would cause some patients to choose between medication and basic necessities.[24]

In terms of remedy, the Court declared the MMPR invalid but suspended the declaration of invalidity for six months to allow the government to enact a new or parallel medical marihuana regime.[25]

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[22] See *Allard*, supra at para. 126.

[23] See *Allard*, supra at para. 270.

[24] See *Allard*, supra at para. 236.

[25] See *Allard*, supra at para. 296.

Access to Cannabis for Medical Purposes

In response to the Court's ruling in *Allard*, on August 24, 2016 Health Canada issued the Access to Cannabis for Medical Purposes Regulations ("ACMPR"). The ACMPR repealed the MMPR and allows patients with a valid medical document to access dried marihuana or cannabis oil from: (i) a licensed commercial producer; (ii) a health care practitioner; or (iii) a hospital.

Licensed producers may not be located in a dwelling place and production must take place only indoors. Prior to applying for a production licence, an applicant must provide written notice to a municipality identifying the location of the proposed production site. Within 30 days of a licence being issued, the licensed producer must provide written notice to the municipality confirming the name of the producer and address of the production site. The ACMPR does not allow for any on-site dispensing of product. All product must be shipped directly to patients.

Alternatively, patients with a valid medical document may produce their own supply or designate a person to produce it for them by registering with Health Canada. Production may take place indoors or outdoors. However, if any outdoor production is involved, it may not take place in a dwelling that is adjacent to a school, public playground, daycare facility or other public place frequented mainly by persons under 18 years of age. In addition, a site may not produce for more than four registrations. There is no requirement to notify a municipality that a site is being used for production. If the production site is not owned by the producer, the application for registration with Health Canada must include a declaration from the owner of the site consenting to the production of medical marihuana.

Municipal Approaches to Regulating Medical Marihuana Production Facilities

Many municipalities have enacted zoning by-laws to regulate the location of commercial medical marihuana production facilities ("MMPF"). In general, the municipal approach to regulating MMPF's can be divided into three categories.

In the first category are municipalities such as West Lincoln that have passed zoning by-law amendments that define the use, specify the zone in which the use must be located and in all cases require an additional site-specific zoning by-law amendment to permit the use. A copy of the West Lincoln zoning by-law is attached to these materials as **Appendix "A"**.

In the second category are municipalities such as the City of Toronto that have approved or enacted zoning by-law amendments that define MMPF's and permit them "as of right" in specified zones. A copy of the City of Toronto zoning by-law is attached to these materials as **Appendix "B"**.

In the third category are municipalities such as the City of Windsor that determined that the use fit within existing definitions of an industrial or manufacturing use.

ISSUES TO CONSIDER

1. What setbacks, if any, from MMPFs are appropriate?

2. Are storefront dispensaries necessary to provide reasonable access in light of the personal production provisions in the ACMPR?

3. Are housekeeping amendments to MMPF zoning by-laws necessary to recognize the ACMPR?

4. Can legally existing MMPFs become non-compliant as result of later-established as of

right uses?

Appendix "A"

THE CORPORATION OF THE TOWNSHIP OF WEST LINCOLN

BY-LAW NO. 2014-17

A BY-LAW TO AMEND ZONING BY-LAW NO. 79-14, AS AMENDED, OF THE TOWNSHIP OF WEST LINCOLN

WHEREAS THE TOWNSHIP OF WEST LINCOLN COUNCIL IS EMPOWERED TO ENACT THIS BY-LAW BY VIRTUE OF THE PROVISIONS OF SECTION 34 OF THE PLANNING ACT, 1990;

NOW THEREFORE, THE COUNCIL OF THE CORPORATION OF THE TOWNSHIP OF WEST LINCOLN HEREBY enacts as follows:

1. THAT Section 3 of Zoning By-law 79-14, as amended, is hereby amended by amending the following definition:

3.3 "Agricultural Use"

(a) means a use of land, building or structure for the purpose of animal husbandry, bee-keeping, dairying, fallow, field crops, forestry, fruit farming, horticulture, market gardening, **medical marihuana growth and accessory processing facilities (subject to a site specific zone amendment)**, pasturage, poultry keeping, farm greenhouses, or any other farming use, and

(b) includes the growing, raising, packing, treating, storing, and sale of produce produced on the premises and other similar uses customarily carried on in the field of general agriculture which are not obnoxious.

3.78aa "Medical Marihuana Growth and Accessory Processing Facility"

Means a wholly enclosed building or structure used for the cultivation of medical marihuana with the accessory processing, testing, destruction, packaging and shipping of marihuana used for medical purposes as permitted and licensed under the federal government's Marihuana for Medical Purposes Regulations (MMPR) as amended from time to time, or any successors thereto.

3.78ab "Medical Marihuana Processing Facility"

Means a wholly enclosed building or structure used for the processing, testing, destruction, packaging and shipping of marihuana used for medical purposes as permitted and licensed under the federal government's Marihuana for Medical Purposes Regulations (MMPR) as amended from time to time, or any successors thereto.

2. THAT Section 9 of Zoning By-law 79-14, as amended, is hereby amended by amending the following provisions:

9.1 Permitted Uses

(a) iv. Medical marihuana growth and accessory production facilities, subject to a site specific zoning amendment.

9.5 Supplementary Regulations for Medical Marihuana Growth and Production Facilities Permitted in Clause (a) of Subsection 9.1

(f) Supplementary Regulations

i. All medical marihuana growth and accessory processing facilities shall be located a minimum setback of 150 metres from neighbouring lot lines.

ii. No outside storage of goods, materials or supplies is permitted in association with medical marihuana growth and accessory processing facilities.

iii. Where a building or structure consists of more than 10% glass and where artificial lighting is required, a board on board fence of a minimum 1.8 metres in height shall be provided and maintained adjacent to every portion of any lot line that abuts a Residential Zone or residential use.

iv. Notwithstanding iii above, a 1.8 metre fully enclosed security fence shall be installed around the entire area used for the medical marihuana growth and accessory processing facility.

3. THAT Section 23 of Zoning By-law 79-14, as amended, is hereby amended by amending the following provisions:

23.1 Permitted Uses

(d) Medical marihuana growth and accessory processing facilities and medical marihuana processing facilities, subject to a site specific zoning amendment.

23.2 Open Air Operations, Storage and Display

Open air operations, storage and display of goods or materials are prohibited in any front yard, or in any side yard or rear yard which abuts a public highway.

All growing, production and storage associated with medical marihuana growth and accessory processing facilities and medical marihuana processing facilities must occur within a wholly enclosed building. All outside storage and production is prohibited.

23.3 Regulations for Permitted Uses in Subsection 23.1

(k) Where the buildings and structures for a medical marihuana growth and accessory processing facility or medical marihuana processing facility consists of more than 10% glass and where artificial lighting is required, a 1.8 metre high board on board fence shall be provided and maintained adjacent to every portion of any lot line that abuts a Residential Zone or residential use.

(l) All medical marihuana growth and accessory processing facilities and medical marihuana processing facilities shall be located a minimum distance of 45 metres from any residential or institutional use on an adjacent lot.

(m) Notwithstanding (l) above, a 1.8 metre fully enclosed security fence shall be installed around the entire area used for the medical marihuana growth and accessory processing facility.

4. AND THAT this By-law shall become effective from and after the date of passing thereof.

READ A FIRST, SECOND AND THIRD TIME AND FINALLY PASSED THIS 3rd DAY OF MARCH, 2014.

MAYOR DOUGLAS JOYNER

CAROLYN LANGLEY, CLERK

Appendix "B"

Authority: Planning and Growth Management Committee Item 31.1,
as adopted by City of Toronto Council on April 1, 2 and 3, 2014

CITY OF TORONTO

BY-LAW No. 403-2014

To amend Zoning By-law No. 569-2013, as amended, to include permission for a Medical Marihuana Production Facility.

Whereas authority is given to Council by Section 34 of the *Planning Act*, R.S.O. 1990, c. P.13, as amended, to pass this By-law; and

Whereas Council of the City of Toronto has provided adequate information to the public and has held at least one public meeting in accordance with the *Planning Act*;

The Council of the City of Toronto enacts:

1. By-law No. 569-2013, as amended, is further amended by adding new Regulation 800.50 (473) after Regulation 800.50(470), so that it reads:

(473) Medical Marihuana Production Facility
means **premises** used for growing, producing, testing, destroying, storing, or distribution of medical marihuana or cannabis authorized by a license issued by the federal Minister of Health, pursuant to section 12 of the *Marihuana for Medical Purposes Regulations*, SOR/2013-119, under the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19, as amended.

2. By-law No. 569-2013, as amended, is further amended by adding new Section 150.60 after Section 150.50 so that it reads:

150.60 Medical Marihuana Production Facility

150.60.20 Use Requirements

150.60.20.1 General

(1) All Activities in an Enclosed Building

A **medical marihuana production facility** must be in a wholly enclosed **building**.

(2) Open Storage

Open storage is not permitted with a **medical marihuana production facility**.

150.60.40 Building Requirements

150.60.40.1 General

(1) Separation Distance

A **lot** with a **medical marihuana production facility** must be:

(A) at least 70 metres from a **lot** in a:

(i) Residential Zone category;
(ii) Residential Apartment Zone category;
(iii) Commercial Zone category;
(iv) Commercial Residential Zone category;
(v) Commercial Residential Employment Zone category;
(vi) Institutional Zone category; and
(vii) Open Space Zone category; and

(B) at least 70 metres from a **lot** with a:

(i) **public school**;
(ii) **private school**;
(iii) **place of worship**; and
(iv) **day nursery**.

150.60.60 Ancillary Building

150.60.60.10 Location

(1) Location of Building or Structure Used for the Purpose of Site and Facility Security

A **building** or **structure** used for security purposes for a **medical marihuana production facility:**

(A) may be in the **front yard**; and

(B) is exempt from the required minimum **front yard setbacks**, **side yard setbacks** and **rear yard setbacks**.

150.60.90 Loading

150.60.90.10 Location

(1) Loading Space Location

Loading spaces for a **medical marihuana production facility** must be in a wholly enclosed **building**.

3. By-law No. 569-2013, as amended, is further amended by adding '**Medical marihuana production facility** (2)' to regulation 60.20.20.20(1) after '**Eating Establishment** (3,19,30)'.

4. By-law No. 569-2013, as amended, is further amended by adding the following new regulation to Clause 60.20.20.100 before '(3) Eating Establishment or Take-out Eating Establishment and Retail Service', so that it reads:

(2) Medical Marihuana Production Facility
In the E zone, a **medical marihuana production facility** must comply with the specific use regulations in Section 150.60.

5. By-law No. 569-2013, as amended, is further amended by adding '**Medical marihuana production facility** (3)' to regulation 60.30.20.20(1) after '**Crematorium** (14)'.

6. By-law No. 569-2013, as amended, is further amended by adding the following new regulation to Clause 60.30.20.100 after '(2) Outside Operations', so that it reads:

(3) Medical Marihuana Production Facility
In the E zone, a **medical marihuana production facility** must comply with the specific use regulations in Section 150.60.

Enacted and passed on May 8, 2014.

Frances Nunziata,
Speaker

Ulli S. Watkiss,
City Clerk

(Seal of the City)