



Completed applications must be submitted to  
 Development Services Department at:  
 135 N 'D' Street Perris, CA 92570  
 Telephone (951) 943-5003

OFFICE USE ONLY	
Case No.	PLN 17-05171
Application Submittal Date	8/22/2017
Fee	\$13,008.45
Accepted By	<i>[Signature]</i>

## MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT APPLICATION

### Pursuant to City of Perris Ordinance Nos. 1330 and 1339

Upon receipt of a completed application and payment of the application and fee, the Director of Development Services shall investigate the information contained in the application to determine whether the applicant shall be issued the requested permit. The purpose of the review is to ensure that the medical marijuana dispensary will be conducted in a secure, safe and business-like manner consistent with all applicable local and state laws, rules and regulations governing medical marijuana dispensaries, including without limitation the Compassionate Use Act as set forth in California Health & Safety Code Section 11362.5, the Medical Marijuana Regulation and Safety Act of 2015, and the Medical Marijuana Program Act as set forth in the California Health and Safety Code Sections 11362.7 et seq.

Check one only:

- Check here if **NEW** Medical Marijuana Dispensary  
 Check here if **RENEWAL** of a Medical Marijuana Dispensary

PROJECT LOCATION: 4605 Wade Ave, Perris, CA 92571  
 ASSESSORS' PARCEL NO.: (<http://www.cityofperris.org/city-hall/zoning.html>): 314100068  
 EXISTING LAND USE OF PROPERTY: C1LI Perris Valley Commerce Center Specific plan

**ZONING:** Permitted medical marijuana dispensaries may locate and/or operate in either the Commercial Neighborhood (CN) Zone (Section 19.36 of the Perris Municipal Code), the Commercial Community (CC) Zone (Section 19.38 of the Perris Municipal Code), or the Industrial Zone (Section 19.44 of the Perris Municipal Code), as defined more fully in Title 19 (Zoning) of the Perris Municipal Code.

EXISTING ZONING OF PROPERTY: C1LI-PVCCSP

**LOCATION**

Is the site and/or property located within 1,000 hundred feet of a school, park, place of worship, youth-oriented facility or community center, as defined in PMC Section 5.54.030?

YES  NO

Is the site and/or property located within 600-feet of a residential zone, as defined in PMC Section 5.54.030?

YES  NO

**STAFF USE ONLY:**

	Signature	Complies	Notes
Zoning Verified	<i>[Signature]</i>	yes	
Location Verified	<i>[Signature]</i>	yes	

A. APPLICANT INFORMATION (to be completed by applicant):

APPLICANT: Alfonso Luera, SR.

Mailing Address: 31101 Montgomery Ave Phone No. 951-415-0904

City, State, Zip: Nuevo, CA 92567 E-Mail: DM Inc. Perris@gmail.com

OWNER (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

LEGAL REPRESENTATIVE: Glew + KIM

Mailing Address: 1851 E 1st St., #840 Phone No. 714) 648-0004

City, State, Zip: Santa Ana, CA 92705 E-Mail: jmagattorney@gmail.com

(Attach additional sheets as necessary)

B. PROPERTY OWNER CONSENT:

In the event that neither the applicant or owner are the legal owners of the subject property contemplated by this application, the application must be accompanied with a "MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT APPLICATION PROPERTY OWNER'S STATEMENT OF CONSENT" stating and acknowledging that a medical marijuana dispensary will be operated on the subject property contemplated by this application and containing the notarized signature from the legal owner of the property.

If either applicant or owner are the legal owners of the subject property contemplated by this application, then evidence of such legal ownership shall be submitted in a form that is satisfactory to the Director.

PROPERTY OWNER: Laurie Barres and Cherokee Funding, LLC

Mailing Address: 26786 Ironwood Ave Phone No. 951-212-3406

City, State, Zip: Moreno Valley, CA 92555 E-Mail: socalmhc2@msn.com

(Attach additional sheets as necessary)

C. BUSINESS OPERATIONS:

Estimated Number of Qualified Patients and Primary Caregivers (as defined in PMC Section 5.54.030): 4,000

Days/Hours of Operation: 9:00 AM to 10:00 PM

Delivery Service to be provided:  Yes  No Not at this time

Hours of Delivery Service: \_\_\_\_\_

Name of all owners, employees, and managers, as defined in PMC Section 5.54.030 (attach additional sheets if necessary):

1. NAME/TITLE: Alfonso Luera Sr /owner / Manager PHONE NO.: 951-415-0904  
ADDRESS: 31101 Montgomery Ave, Nuevo, CA 92562
2. NAME/TITLE: ERIC Luera /office <sup>assistant</sup> Manager PHONE NO.: 951-532-8977  
ADDRESS: 31101 Montgomery Ave, Nuevo, CA 92562
3. NAME/TITLE: Thomas Cody Bills /Floor Manager PHONE NO.: \_\_\_\_\_  
ADDRESS: 229103 Via Santana, Nuevo, CA 92567  
See attached.

**D. APPLICANT AUTHORIZATION**

I hereby authorize and consent to the City Manager and the Director of Development Services of the City of Perris, including their designees, to seek verification of the information contained in this application and any attachments.

NAME OF APPLICANT: Alfonso Luera, SR

SIGNATURE OF APPLICANT: *Alfonso Luera* DATE: 8-4-17

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF OWNER: *[Signature]* DATE: \_\_\_\_\_

**E. TERMS AND CONDITIONS**

I hereby certify that I have reviewed the contents of Chapter 5.54 of the Perris Municipal Code and acknowledge, understand, and agree to be bound by its terms and conditions.

NAME OF APPLICANT: Alfonso Luera, SR

SIGNATURE OF APPLICANT: *Alfonso Luera* DATE: 8-4-17

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

**F. FURTHER INFORMATION AND INSPECTIONS**

I agree to submit any additional and further information as deemed necessary by the City Manager or the Director of Development Services, including their designees, in order to process this application.

I further agree to permit the City Manager, Director of Development Services, the Perris Police Department, and their respective designees to conduct reasonable inspections, for the purpose of ensuring compliance with local and State laws, of the proposed medical marijuana dispensary at the discretion of the City, including inspection of:

- Security recordings made by security cameras required by Chapter 5.54 of the Perris Municipal Code,
- Security records and files,
- Inventory records and files, and
- Other written records and files pertaining to the proposed medical marijuana dispensary.

NAME OF APPLICANT: Alfonso Luera SR.

SIGNATURE OF APPLICANT: Alfonso Luera DATE: 8-4-17

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

---

---

**G. INDEMNIFICATION AND RELEASE**

I release the City of Perris, its agents, officers, elected officials, and employees from any and all claims, injuries, damages, or liabilities of any kind arising from (a) any repeal or amendment of Chapter 5.54 of the Perris Municipal Code or any provision of the Planning and Development Code relating to medical marijuana dispensaries and/or deliveries, and (b) any arrest or prosecution of me, my managers, employees, or members for violation of State or federal laws; and I will defend, indemnify, and hold harmless the City of Perris and its agents, officers, elected officials, and employees from and against any and all claims or actions: (a) brought by adjacent or nearby property owners or any other parties for any damages, injuries, or other liabilities of any kind arising from operations at the subject property contemplated by this application, and (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of marijuana produced at the subject property contemplated by this application.

NAME OF APPLICANT: Alfonso Luera, SR.

SIGNATURE OF APPLICANT: Alfonso Luera DATE: 8-4-17

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

---

---



H. APPLICANT CERTIFICATION

I certify under penalty of perjury, under the laws of the State of California, that I have personal knowledge of the information contained in this application and its attachments, if any, and that the information contained herein is true and correct.

NAME OF APPLICANT: Alfonso Luera, SR.

SIGNATURE OF APPLICANT: Alfonso Luera DATE: 5-4-17

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

---

---

**SUBMITTAL REQUIREMENTS**

**(Must be submitted at time of application submittal)**

**INCOMPLETE APPLICATION SUBMITTALS WILL NOT BE ACCEPTED**

		SUBMITTED		
		YES	NO	
1.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Fee</u> : Payment for the application fee.
2.	G	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Property Owner's Statement of Consent</u> : A statement and acknowledgement from the legal owner of the subject property contemplated by this application consenting to the proposed operation of a medical marijuana dispensary at his/her property as contemplated by this application shall be submitted. If either applicant or owner are the legal owners of the subject property contemplated by this application, then evidence of such legal ownership shall be submitted in a form that is satisfactory to the Director. (PMC 5.54.050(B)(8))
3.	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Background Investigation</u> : Results of City of Perris background investigation for all owners, current or prospective employees, and current or prospective managers, as defined in PMC Section 5.54.030 and in compliance with State law requirements. Application for each personnel must be submitted concurrently with the MMD permit application at the time of filing. Fee for each background investigation application is \$300.00 payable to the City of Perris.
4.	H	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Identification</u> : For each applicant/owner, current or prospective employee, and current or prospective manager (as those terms are defined in PMC Section 5.54.030), a color photocopy of a valid government-issued photo identification, such as a valid California Driver's License, as approved by the Director. (PMC 5.54.050(B)(2))
5.	I	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Compliance with State Law</u> : Evidence satisfactory to the Director of Development Services with all state law requirements governing medical marijuana dispensaries. (PMC 5.54.050(B)(3))
6.	J	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Insurance</u> : Evidence satisfactory to the Director showing compliance with all insurance requirements, minimum \$1,000,000 General Liability policy. (PMC 5.54.050(B)(4))
7.	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Interior Site/Floor Plan</u> : Drawn to scale and fully dimensioned, showing the proposed use of areas on the premises, including storage, exterior lighting, restrooms, and signage. (PMC 5.54.050(B)(5))
8.	A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Site Plan</u> : A site plan and floor plan of the premises denoting all the use of areas on the premises of the medical marijuana dispensary, including storage, exterior lighting, restrooms, air treatment system and signage. (PMC 5.54.050(B)(5)) See attached page 9 for site plan information requirements.
9.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Business Plan</u> : Management staff with experience and skills relevant to this project; primary applicants experience and ability to manage operations of proposed facility, scheduling of work, cost estimating and budget management plan; a 3-year performance plan, a point of sale and management inventory system of all products; and a track and trace system per State requirements.
10.	C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Odor Control Plan</u> : A medical marijuana dispensary shall have an air treatment system that ensures off-site odors shall not result from its operations. This requirement at a minimum means that the medical marijuana dispensary shall be designed to provide sufficient odor absorbing ventilation and exhaust systems so that any odor generated inside the location of the medical marijuana dispensary is not detected outside the building, on adjacent properties or public rights-of-way, or within any other unit located within the same building as the medical marijuana

See attached

11. ✓  
see  
attached  
E

Security Plan: A security plan which includes the following measures:

- a. Security cameras shall be installed and maintained in good condition, with at least 30 days of digitally recorded documentation in a format approved by the Police Department. The cameras shall be in use 24 hours per day, 7 days per week. The areas to be covered by the security cameras include storage areas, all doors and windows, and such other areas required by the Police Department.
- b. The lease/business space site 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 Business & Professions Code section 7590 et seq. and whose agents are properly licensed and registered under applicable law.
- c. Entrance to the dispensing area and any storage areas shall be locked at all times, and under the control of employees.
- d. Interior Lighting. The premises within which the medical marijuana dispensary is operated shall be equipped with and, at all times during which is open to the public, shall remain illuminated with overhead lighting fixtures of sufficient intensity to illuminate every place to which members of the public or portions thereof are permitted access with an illumination of not less than two foot-candles as measured at the floor level.
- e. Exterior Lighting. The exterior of the premises upon which the medical marijuana dispensary is operated shall be equipped with and, at all times between sunset and sunrise, shall remain illuminated with fixtures of sufficient intensity and number to illuminate every portion of the property with an illumination level of not less than one foot-candle as measured at the ground level, including, but not limited to, landscaped areas, parking lots, driveways, walkways, entry areas, and refuse storage areas.
- f. All windows on the building that houses the dispensary shall be secured against entry from the outside.
- g. All marijuana present or kept at the premises shall be securely stored against both unauthorized access as well as theft. (PMC 5.54.050(B)(6))

**MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT APPLICATION  
PROPERTY OWNER'S STATEMENT OF CONSENT**

If the applicant/owner is not the property owner of record of the subject site, the following Statement of Consent must be completed by the property owner of record or the property owner's authorized representative, granting the applicant permission to apply for a medical marijuana dispensary regulatory permit. This form must be notarized.

To: City of Perris  
Planning Division  
135 N 'D' Street  
Perris, CA 92570

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: Alfonso Luera Phone: 951)415-0904

Mailing Address: 31101 Montgomery Ave., Nuevo, CA 92567

to operate a medical marijuana dispensary on the property described below

The subject property is located at: 4605 Wade Ave, Perris CA 92571

Assessor's Parcel Number: 314 100068

Printed Name of Owner of Record: Laurie Barnes and Cherokee Funding, LLC

Address of Owner of Record: 26786 Ironwood Ave, Moreno Valley, CA

Phone: 951-212-3406 Email address: SocalMHC2@msn.com  
92555

Signature of Owner of Record: see attached Date: \_\_\_\_\_

Notarized document  
and Lease agreement  
Exhibit G

Plans attached to exhibit "A"

## **INFORMATION REQUIRED ON SITE PLAN**

**Additional information may be required on site plan if deemed appropriate by the Director of Community Development**

### **Site Plan Requirements**

- Assessor's parcel no.
- Acreage
- Building eaves, canopies
- Building foot prints and gross building area by use
- Drainage plan to control both on and off site drainage (if new development)
- Driveways, parking backup (dimensioned)
- Easements
- Employee amenity areas
- Fences, walls (location & design)
- Fire - Location of fire hydrants
- Land - Existing land uses adjacent to the site
- Landscape - Area calculation of landscaped areas, common open space
- Landscape percentage of parking area, excluding setbacks and parking overhang (max 2' into landscaped area)
- Loading area/spaces (include dimensions)
- Lot - Percentage of lot coverage
- Lot Dimensions
- North arrow & Scale (no. of feet per inch)
- Open space areas
- Applicant name and address
- Parking spaces (include dimensions) parking overhang maximum 2 feet
- Paved areas delineated
- Patios, Balconies (show square footage)
- Pedestrian walkways and paseos
- Power poles
- Recreational amenities
- School District(s)
- Scale of plans
- Setback dimensions
- Signature & license number of architect, landscape architect, civil engineer or land surveyor (where required)
- Street lights (existing if any)
- Street status (adjacent)
- Streets, names, locations and widths of rights-of-way of proposed streets, street cross sections, alleys and easements,
- Trash - Location of trash enclosures
- Utility lines, sewer access
- Utility Purveyors
- Zoning

**RECEIPT** No. 08/23/2017 207829

RECEIVED FROM: Medical Marijuana Dispensary (Dynamic Meds) \$16,608.45 DOLLARS

FOR RENT: PLN111-05171

FOR:  CASH  CHECK  MONEY ORDER  CREDIT CARD

ACCOUNT: FROM: TO: BY: *[Signature]*

PAYMENT: 16,608.45

BALANCE: 3.11

Record Type: Medical Marijuana Dispensary  
 Property Address: 4605 Wade AVE, Perris, CA 92571  
 Description of Work: New dispensary in 1,440 s f industrial building at 4605 Wade Avenue  
 Applicant:

City of Perris  
**PAID**  
 AUG 23 2017

Finance Department

**FEE DETAIL**

Fee Description	Quantity	Account Number	Fee Amount
Medical Marijuana Dispensary Application Fee	1	2160	\$13,000.00
Data Processing Fee	1	4145	\$8.45
Additional Deposit	3,600	2160	\$3,600.00
			<b>\$16,608.45</b>

*[Signature]*  
*[Signature]*



**City of Perris**  
135 N. D Street  
Perris CA 92570

Invoice No : 8101  
Invoice Date 08/22/2017

## INVOICE

### RECORD INFORMATION

Record ID: PLN17-05171  
Record Type: Medical Marijuana Dispensary  
Property Address: 4605 Wade AVE. Perris CA 92571  
Description of Work: New dispensary in 1,440 s f industrial building at 4605 Wade Avenue  
Applicant:

City of Perris  
**PAID**  
AUG 23 2017

Finance Department

### FEE DETAIL

Fee Description	Quantity	Account Number	Fee Amount
Medical Marijuana Dispensary Application Fee	1	2160	\$13,000.00
Data Processing Fee	1	4146	\$8.45
Additional Deposit	3,600	2160	\$3,600.00
			\$16,608.45





**City of Perris**  
135 N. D Street  
Perris, CA 92570

Invoice No.: **8101**  
Invoice Date: **08/22/2017**

## INVOICE

---

### RECORD INFORMATION

Record ID: PLN17-05171  
Record Type: Medical Marijuana Dispensary  
Property Address: 4605 Wade AVE, Perris, CA 92571  
Description of Work: New dispensary in 1,440 s.f. Industrial building at 4605 Wade Avenue  
Applicant:

---

### FEE DETAIL

Fee Description	Quantity	Account Number	Fee Amount
Medical Marijuana Dispensary Application Fee	1	2160	\$13,000.00
Data Processing Fee	1	4146	\$8.45
Additional Deposit	3,600	2160	\$3,600.00
			<b>\$16,608.45</b>

RECEIPT

City of Perris  
PERRIS  
135 N. D Street

**Application:** PLN17-05171  
**ApplicationType:** Planning/Medical Marijuana Dispensary/NA/NA  
**Address:** 4605 Wade AVE, Perris, CA 92571

Receipt No.	8223					
Payment Method	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
Cash		\$16,608.45	08/23/2017	BMUHU		Paid at Finance.

**Owner Info:** Alfonso Luera, Sr.  
31101 Montgomery Avenue  
Nuevo, CA 92567

**Work Description:** New dispensary in 1,440 s.f. industrial building at 4605 Wade Avenue

## **OVERALL BUSINESS PLAN**

### **MISSION STATEMENT**

At Dynamic Meds, Inc., our first and foremost model is to provide a safe and affordable access to medical marijuana to those who are in dire need of medical marijuana to alleviate all medical and physical ailments. We want to strive to establish a first class medical marijuana dispensary that will not only retail medical marijuana, but also make available a wide range of generic and branded pharmaceutical grade medical marijuana and infused products and at affordable prices to the residents of Perris and other cities in California .

Dynamic Meds, Inc. is a dispensary that will be built on a solid foundation. From the outset, we will recruit only qualified people to oversee various job positions in our organization. We will implement a rigid structured policy that will eliminate nuisance and unsafe environment. Safety is our number one goal, not only to our community, but also our family and our patrons at our dispensary. Our goal is to strive for wellness, health, safety and happiness.

### **BUSINESS MODEL**

Our dispensary, located at 4605 Wade Ave., Perris, Ca 92571 is a C1, Commercial Property in a PVCC SP zone area. The School District is Val Verde Unified School District. Our family at Dynamic Meds, Inc. will operate in conformance with the standards established by the City of Perris and the Laws of the State of California, and any additional terms and conditions imposed by the City of Perris as it deems just and appropriate.

This property is ideal to cater to our residents in the City of Perris as this property provides 12 parking spaces and additional two spaces to accommodate handicaps as required under Americans for Disabilities Act. Built in 1986, our facility comprises of 840 Sq. Ft. of medical marijuana suited building on .74 acre lot. We have designed our facility to be safe, efficient and environmentally friendly. Attached hereto is a true and correct copy of our site plan, site map, plot map, collectively marked as **Exh. "A."**

The Business hours will be strictly adhered to as established by the City of Perris, and state guidelines.

### **BUSINESS OWNERS**

Dynamic Meds, Inc., consists of one owner and two to three active managing officers.

**Office manager:** At least one of the Managing Officers will be appointed to be the operations manager. He or she will be responsible for overseeing the day to day operation of the dispensary. Part of his or her duties is to ensure that all the employees are all dressed appropriately and that they are conducting themselves professionally and appropriately to all of our patrons.

**Financial Manager:** Another Managing Officer will be responsible for daily finances of the business and keep accurate accounting of accounts receivables/payables. He or she will keep a daily tally of daily receipts and keep an accurate accounting that will be transparent and presentable to the City upon request. In the interest of all parties, transparency will be paramount. We will implement a state of the art software to track all of the accounts payable and receivable. There will be one person designated at the POS and held accountable for daily sales.

Marketer: Another Managing Officer will be responsible for marketing our dispensary on a daily basis where we can reach all medical patients in the City Perris. We also want to reach out to nursing homes, and hospitals whose patients suffer from cancer, insomnia, or other chronic illnesses for which medical marijuana will substantially alleviate their symptoms and illness. By reaching out to our community we would like for them to achieve a better health regimen toward a better life. Studies after studies have shown that Medical Marijuana is a natural and affordable alternative to synthetic chemical pharmaceuticals. Furthermore, part of our model is to provide affordable or free medical marijuana to those who are indigent.

Our Marketer will work very hard to spread our vision, reach out and help our community to create a more affordable alternatives as opposed to harsh pharmaceuticals.

There will be twelve 12 employees. Five (5) of whom will be designated to undertake the duties as Managing Officers, the rest will take on other duties as budtenders, assistants, etc... Attached hereto is a true and correct copy of the list of employees, marked as **Exh. "B."** Four of the employees are residents of Perris while the rest all reside in the neighboring cities of Perris. Part of our Business Model is to hire more residents of Perris. This will be our ongoing goal. All of our employees have extensive knowledge, skill, experience and expertise to handle and manage our day to day operation of our dispensaries, which are critical and vital to the growth of our dispensary. Attached hereto are true and correct copies of their Curriculum Vitae marked as **Exh. "B."**

Furthermore, we have set out our financial portfolio, (PRO FORMA) as attached to this business plan.

We plan on delivering Medical Marijuana to our residents in the City of Perris in the near future. When we do, we will abide by all the rules and regulations as set forth by the City of Perris and the State of California.

## MENUS

According to the institute of Medicine of National Academies, approximately 100 million Americans suffer from chronic pain. As defined in the Institute of Medicine of National academics pain is defined as “persisting pain that lasts for weeks or months.” Chronic pain is often a symptom of underlying medical issues such as inflammation, muscle soreness, migraine, fibromyalgia or spinal injury, just to name a few. There are a number of medical organizations that have acknowledged the benefits of medical marijuana for pain management. In fact, several studies support marijuana’s efficacy in relieving pain.

See (<http://jama.jamanetwork.com/article.aspx>) In this particular study, Dr. Kevin Hill from Harvard Medical School, conducted six trials of cannabis involving patients who are suffering from chronic pain, neuropathic pain and multiple sclerosis. Findings of this clinical trial suggest that using medical marijuana for these medical conditions may be effective.

Therefore, our dispensary will be focusing on, among other things, a wide spectrum of medical marijuana strains to alleviate not only chronic pain, but other symptoms such as insomnia, arthritis, cancer etc...

Ideally, formulation of our menu items, will consists of at least 10 sativas, 10 indicas, 5 hybrids and 5 OGs. As there are constant and numerous developments of strains and hybrids, the contents in the menus will always change.

\*\*\*Our menu of medical marijuana will start with:

**Black Diamond OG:** this strong Indica almost narcotic feeling of sedation can effectively numb aches and pains, whether temporary as due to injury or chronic as due to diseases like arthritis or lupus. Its mellow euphoria may also take the edge off of mild to moderate cases of stress, anxiety, and depression. Finally, Black Diamond can be an antidote for insomnia, pulling users into a deep and restful sleep. Because the frantic feeling of “mind race” is not often reported with this strain, it can be a good choice for those who are prone to panic or paranoia.

**SFV OG:** This pure Indica strain starts in the head, relieving worries, and slowly washes over the rest of the body, numbing out pain. For most the strain does not start out overtly heavy but as it tapers off, after two to three hours, it may cause users to become weighed down and tired. Some users also get the munchies from this strain which can help with people going through chemotherapy who have trouble eating and holding down food,

**Skywalker OG:** This strain is great for relaxation as the other cerebral effects follow, uplifting users and making them feel happy. The body high that accompanies these effects is mild in comparison to some pure Indicas.

**Kosher OG:** this strain is a mostly Indica hybrid that is effective for treating insomnia and restlessness caused by anxiety and stress. Patients dealing with pain may also find it helpful due to its numbing body effects.

**Pre-98 Bubba:** An Indica dominant hybrid strain of cannabis that is great in the treatment of insomnia, the buds commonly lulling users into a deep sleep. It can also stave off feelings of anxiety or depression with the feelings of mood elevation it offers. The effects are long lasting, so it's also a good strain when used to alleviate pain at the onset of a migraine. Those who suffer



symptoms of Post Traumatic Stress Disorder (PTSD), Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and Bipolar Disorder.

**Cherry Pie:** A popular and potent Indica-leaning hybrid. It has both psychological and physiological applications. It can help those plagued by anxiety, depression, and PTSD to spend their time more presently and mindfully. Its unique combination of mental acuity and physical relaxation can also benefit those with attention deficit disorders to devote great concentration to single tasks. Anti-inflammatory properties can soothe anything from headaches to chronic, disease-related aches and pains. In enough doses, Cherry Pie's sedative tendencies can also relieve insomnia.

**Gorilla Glue #4:** This strain has a reputation for being able to treat disorders that are more mental in origin such as stress, anxiety, and depression. In particular, people with Obsessive Compulsive Disorder (OCD) have made Gorilla Glue #4 their go-to girl.

**Tangie:** Is a versatile Sativa due to its balanced nature. It is known for its sedative effect that may alleviate pain, stress, depression, and insomnia. Some have reported that it is good appetite stimulant; use it for digestive problems, lack of appetite, and nausea.

**Blue Dream:** A very popular Sativa dominant Hybrid that's relaxing Indica effects make it an effective analgesic for troubling aches and pains - whether incidental, as in cases of injury, or chronic, due to conditions like arthritis or fibromyalgia . Its mellow euphoric sativa effects can also relieve some symptoms of depression, anxiety, and PTSD. Many users have also described improvement in the severity of migraines. Finally, in large enough doses, Blue Dream can have semi-narcotic properties to help treat those suffering from insomnia.

**ACDC:** A High CBD extremely low THC strain that has almost no psychoactive effect. An early study at New York University's Langone Comprehensive Epilepsy Center studied a preparation of CBD in an agent called Epidiolex. Investigators found that the drug was safe, well-tolerated, and effective. Due to the balance in Sativa/Indica, which may edge towards a Sativa, users should feel an uplifting effect including euphoria, peace, and happiness. You may feel more focused and more sociable. Some have described the sensation as completely relaxing without a worry on the horizon. The items on this menu are likely to change as we will add more varieties of marijuana or delete from the menu depending on availability and the demands of the public. There will also be a wide variety of options on our menu for those that choose not to smoke the cannabis plant in its raw flower state:

**Edibles:** Including but not limited to cannabis infused chocolates, candy, pastries, beverages, honey, snacks, cooking oils and butters, medicinal soft-gel capsules and non-psychoactive CBD dog treats.

**Topicals:** Cannabis infused Body lotions, muscle rubs, body butters, massage oils, raw oils, balms, salves, and patches.

**Concentrates:** Concentrated cannabis oils that are effective in delivering high doses of either THC or CBD to patients that require a more powerful dosage to alleviate symptoms of more severe conditions such as early and late stage cancers, reducing tumor size, and helping with controlling seizures. In a study by The Journal of National Cancer Institute found that THC was found to kill cancer cell in mice so many look to get what is called Rick Simpson Oil or RSO for short to deliver a potent enough dose of THC to kill as many cancer cells as possible per dose. There have also been many improvements in products since this RSO was introduced and many

of the new options, we plan on carrying for those looking for this type of delivery system for treating severe and debilitating conditions.

\*\*\*The items on these menus will not be constant and will change as the demands of the public will dictate which edibles are more appropriate and popular.

We like to provide not just cannabis but cannabis infused products to accommodate those audiences who prefer other forms of ingestion as opposed to smoking. All of our edible products will have no more than 10 mg THC/serving as required under SB94, or MAUCRSA and be in full compliance with Business and Professions Code Section 26130(c).

### **ODOR CONTROL**

Dynamic Meds, Inc. will have at least five charcoal filters in the facility. First in the safe room; second in the Display room; third in the lobby; fourth in the management office; and fifth in the hallway by the South door. We intend on using Can-Filters, which has the state of the art capacity to trap terpenes as air passes through the filter. These filters are simple to install, effective and reliable, if changed regularly. We will replace these filters every three to four months to ensure and maximize filtering process to prevent and alleviate marijuana odors. Also, we plan on installing carbon scrubber in the ducting before air moves through the exhaust fans to maximize the filtering process. Furthermore, we will install “mufflers” at the end of the nozzle to substantially alleviate the noise coming from the filtration process. Attached hereto are true and correct copy of the filters, and its specs that we intend on installing, marked as **Exh. “C”**.

These types of filters are highly effective for medical marijuana dispensary.

## TRACK AND TRACE

In conformity with SB 94 or MAUCRSA, Dynamic Meds, Inc will be implementing state of the art software to track from Seed to Sale program. Attached hereto is a true and correct copy of the Letter of Intent from Biotrack THC and their comprehensive Inventory Control Plan Report, marked as **Exh. "D"** for your review.

## FACILITY SECURITY

Dynamic Meds, Inc. has contracted with MPS Security Company, a company founded in 1967 to handle all of the security needs and requirement of the City.

There will be cameras at every entry point and window of the facility. The Security Company will be using a high definition 1080P resolution (full HD) live display 24 hours per day, 7 days per week. The areas that will be covered are including but not limited to :

The public areas, storage areas, employee areas, all doors and windows, outside perimeter and any other areas as determined to be necessary by the director or Police Department. For an extensive and comprehensive report by MPS Security Company, a true and correct copy of which is, marked as **Exh. "E"** **For all the appropriate lightings, please see Exh. "F"**.

In the event of disruption of power or internet by a perpetrator, the facility will have a back up power supported by battery pack which will allow all the surveillance cameras to continue storing footage of the perpetrator.

This will allow a continuous streamline recordation of the perpetrator in action until all cameras are destroyed by the perpetrator.

Dynamic Meds, Inc. will be installing (3) three panic buttons at the premises. One under the desk of receptionist area, another in the display room where he POS where be and a third one in the management office. The panic buttons will be connected directly to Perris Law Enforcement.

All medical marijuana will be displayed in the back of the building in the display room where marijuana will be purchased. It is only in the display rooms that we would display medical marijuana for our patrons. No marijuana will be displayed anywhere else.

Our facility will be designed where our prospective customers will wait in the lobby. The doors leading to the medical marijuana display room will always be closed and secured from the lobby. Marijuana will never be viewable or visible to the public or our patrons prior to entering our display room.

We will have a burglar alarm system that will be active after business hours. We will also install fire alarms in each room of the building and install all the necessary fire extinguisher that will be required by the Fire Department.

Dynamic Meds, Inc. plans on employing at least one security officer during business hours. He or she will be monitoring activities outside of the facility, including the parking lot to ensure that no loitering, smoking and any unusual activities will be taking place. He or she will have a hand mobile metal detector device which will be used to detect any suspicious metal devices or weapons of incoming patrons prior to entering the facility. Our security officer will also control the number of patrons that enter the building for safety purposes.

Our security guard will also monitor the inside of the facility to maintain a safe and secured environment. In no event will there be any more than 4 customers in the display room of

marijuana. The remaining patrons will remain in the lobby until the 4 customers have finished their purchases.

Any excess marijuana during the business hours and all marijuana after business hours will be kept in a bolted secured safe. Such safe will be bolted down in the designated secured room.

The room containing the safe shall be reinforced with all the necessary walls and doors to prevent any theft. Only authorized personnel shall have access to the safe room.

### **RECORDS**

Dynamic Meds, Inc. will implement a software system to keep records of all the following:

- a. the names, addresses and phone numbers of the owner and lessee of the property, all employees, including all members who participates in the cultivation of marijuana for our dispensary.
- b. all the live scans of our employees.
- c. all state issued identification card number of all of our members. For members who don't have a state issued identification card number, then a unique identifying number for us to track our members and keep a copy of the physician's referral for each member.
- d. Source information including name, location and contract of our cultivator and/or producer of all medical marijuana being dispensed, sold or stored by Dynamic Meds, Inc.
- e. Written accounting of all expenditures, costs, revenues and profits of Dynamic Meds, Inc.

- f. Written accounting or all cash and in-kind contribution, reimbursement, and compensation provided by the management members and members to the medical marijuana dispensary.
- g. A copy of all insurance policies related to the operation of the medical marijuana dispensary.
- h. An inventory record to document the date and amounts of medical marijuana received at Dynamic Meds, Inc., including the daily amounts of medical marijuana stored at Dynamic Meds, Inc. and the daily amounts distributed to its members.
- i. When Dynamic Meds, Inc. starts the delivery process, we will have all documentation showing the location of the delivery, identity of the recipients and all other necessary information as required by the City of Perris and under MAUCRSA and under Business and Professions Code Section 26090.
- j. Proof of a valid and current permit issued by the City of Perris and will be display in the receptionist area where such permit is visible to all patrons.

Dynamic Meds, Inc. will keep an accurate record of all Commercial Cannabis Activity for a minimum of seven years as required under to Business and Professions Code 26160(a).

### **COMMUNITY SERVICE**

We encourage all our staff, including our management as we lead by example to participate in as many nonprofit organization as possible. We want to devote some of our time to giving back to our city and community. For instance, Boys and Girls Club of America 227 N. "D" St., Suite C, Perris, CA 92570, a nonprofit charitable organization. Their mission statement is to "*provide public benefit to the children and families of the Perris Valley Communities*" through programs



that will enable youth to engage in positive behaviors, develop good character, nurture their own well-being and set personal goals that will allow for them to live successfully as self-sufficient adults.

We are committed to providing all the necessary needs of the Boys and Girls Club. We firmly believe that children are our future and our best investment. We will maintain regular contacts with the liason of the Boys and Girls Club on a monthly basis and donate all the necessary needs of the children and their family.

We are financially committed to the betterment of our community and will work in conjunction with the City of Perris to ensure that our community benefits from our venture.

### **FIRE PLAN**

The first and foremost concerns is the safety of our patrons and our family at the dispensary. Preservation of life and security is paramount to everything else. As stated before, there will be at least one security guard, (3) three panic buttons, and intensive and comprehensive security plan.

We will install fire and carbon monoxide alarm system in each room and any and all additional fire extinguishers at appropriate areas as required by the Fire Department. We will also train our staff in the event of a fire and conduct fire drills on a regular basis.

## LABOR RELATIONS

Each employee will be provided an Employee Handbook to provide general guidelines about our policies and procedures for employees.

All employees are expected to abide by it. The highest standards of personal and professional ethics and behavior are expected of all our employees. Further, we expect each employee to display good judgment, diplomacy and courtesy in their professional relationships with members of our organization, our patrons and the general public.

We will follow the spirit and intent of all federal, state and local employment law and is committed to equal employment opportunity. To that end, the Board of Directors and Executive Director of our organization will not discriminate against any employee or applicant in a manner that violates the law. We are committed to providing equal opportunity for all employees and applicants without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, disability, political affiliation, personal appearance, family responsibilities, matriculation or any other characteristic protected under federal, state or local law.

Each person is evaluated on the basis of personal skill and merit. Our policy regarding equal employment opportunity applies to all aspects of employment, including recruitment, hiring, job assignments, promotions, working conditions, scheduling, benefits, wage and salary administration, disciplinary action, termination, and social, educational and recreational programs. We will not tolerate any form of unlawful discrimination. All employees are expected to cooperate fully in implementing this policy. In particular, any employee who believes that any other employee of our organization may have violated the Equal Employment Opportunity Policy, he or she should report the possible violation to management.

We it will take appropriate disciplinary action against the offending party, which can include counseling, warnings, suspensions, and termination.

We are also committed to complying fully with applicable disability discrimination laws, and ensuring that equal opportunity in employment exists at our organization for qualified persons with disabilities. All employment practices and activities are conducted on a non discriminatory basis. Reasonable accommodations will be available to all qualified disabled employees, upon request, so long as the potential accommodation does not create an undue hardship on our organization.

#### **POLICY AGAINST WORKPLACE HARASSMENT**

Our organization is committed to providing a work environment for all employees that is free from sexual harassment and other types of discriminatory harassment. Employees are expected to conduct themselves in a professional manner and to show respect for their co-workers. Our commitment begins with the recognition and acknowledgment that sexual harassment and other types of discriminatory harassment are, of course, unlawful.

To reinforce this commitment, we will develop a policy against harassment and a reporting procedure for employees who have been subjected to or witnessed harassment. This policy applies to all work related settings and activities, whether inside or outside the workplace, and includes business trips and business related social events.

## **CONCLUSION**

The owner and the managing members of Dynamic Meds, Inc. are experts in this industry as they have many years of knowledge and experience in the Medical Marijuana field in the City of Perris. They are more than familiar with the needs of the residents of the City of Perris. The location of Dynamic Meds, Inc. is perfectly and ideally situated to accommodate all the sick and the needy of the residents of the City of Perris. We have twelve (12) parking stalls to alleviate any and all traffic nuisance and two (2) handicapped parking to accommodate those who are physically disadvantaged and to comply with ADA, American with Disabilities Act.

We at Dynamic Meds, Inc., are looking forward to working with the City of Perris in not only being able to provide safe and affordable access to medical marijuana to our residents in the City of Perris, but also to work with our non-profit organizations to better our communities.

# Dynamic Meds, Inc.

## Projected expenses for 2018

Planned Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YEAR
<b>Employee Costs</b>													
Employee Wages***	\$14,000.00	\$14,000.00	\$14,000.00	\$14,000.00	\$14,000.00	\$16,000.00	\$16,000.00	\$16,000.00	\$16,000.00	\$16,000.00	\$16,000.00	\$16,000.00	\$182,000.00
Employee Benefits ***	\$2,800.00	\$2,800.00	\$2,800.00	\$2,800.00	\$2,800.00	\$3,200.00	\$3,200.00	\$3,200.00	\$3,200.00	\$3,200.00	\$3,200.00	\$3,200.00	\$36,400.00
Armed Security	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$96,000.00
<b>Subtotal</b>	<b>\$24,800.00</b>	<b>\$24,800.00</b>	<b>\$24,800.00</b>	<b>\$24,800.00</b>	<b>\$24,800.00</b>	<b>\$27,200.00</b>	<b>\$27,200.00</b>	<b>\$27,200.00</b>	<b>\$27,200.00</b>	<b>\$27,200.00</b>	<b>\$27,200.00</b>	<b>\$27,200.00</b>	<b>\$314,400.00</b>

<b>Operating Costs</b>													
Lease	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$54,000.00
Electricity	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$13,200.00
Phone/Internet	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$2,640.00
Trash	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$90.00	\$1,080.00
Cable TV	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$1,200.00
Packaging/containers	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$43,800.00
Point of Sale License	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Office Supplies	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$310.00	\$310.00	\$310.00	\$310.00	\$310.00	\$310.00	\$310.00	\$4,000.00
Alarm and monitoring	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$4,800.00
Liability Insurance	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$3,600.00
Worker's Comp	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$3,600.00
Charity Donations	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Misc. expenses	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
<b>Subtotal</b>	<b>\$11,720.00</b>	<b>\$11,720.00</b>	<b>\$11,720.00</b>	<b>\$11,720.00</b>	<b>\$11,720.00</b>	<b>\$12,180.00</b>	<b>\$12,180.00</b>	<b>\$12,180.00</b>	<b>\$12,180.00</b>	<b>\$12,180.00</b>	<b>\$12,180.00</b>	<b>\$12,180.00</b>	<b>\$157,730.00</b>

<b>Marketing Costs</b>													
Web Site costs	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Marketing Events	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Collateral Costs	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Workshops	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$24,000.00
Printed Media	\$180.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
<b>Subtotal</b>	<b>\$4,580.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$54,000.00</b>

<b>TOTAL EXPENSES</b>													
Monthly projected expenses	\$41,020.00	\$41,020.00	\$41,020.00	\$41,020.00	\$41,020.00	\$41,780.00	\$41,780.00	\$41,780.00	\$41,780.00	\$41,780.00	\$41,780.00	\$41,780.00	\$506,130.00
<b>TOTALS</b>													
Monthly Projected Gross	\$82,000.00	\$90,000.00	\$96,800.00	\$101,000.00	\$106,000.00	\$111,000.00	\$117,000.00	\$124,000.00	\$130,000.00	\$140,000.00	\$150,000.00	\$155,000.00	\$1,102,800.00
Cost of Goods***	\$32,800.00	\$36,000.00	\$38,720.00	\$40,400.00	\$42,400.00	\$44,400.00	\$46,800.00	\$49,600.00	\$52,000.00	\$56,000.00	\$60,000.00	\$62,000.00	\$561,120.00

Monthly projected expenses \$41,020.00 \$41,020.00 \$41,020.00 \$41,020.00 \$41,020.00 \$41,780.00 \$41,780.00 \$41,780.00 \$41,780.00 \$41,780.00 \$41,780.00 \$41,780.00 \$506,130.00

\*\*\* Assumptions: As a new start up company growth will be stagnant the first six months. Therefore, increase in Employee's wages and benefits will not occur until after six months.

\*\*\* Cost of Goods: The cost of Good is an approximation and based on 60% mark-up price.

All other expenses are anticipated to grow over a period of six months, based on the growth of the company.

The monthly projected gross income is an estimation based on applicant's personal experience, knowledge, skills and expertise with his other medical marijuana dispensary in other areas.

Total net 315550

# Dynamic Meds, Inc.

Projected Revenues and expenses 2019

*Shaded cells are calculations*

Planned Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YEAR
Employee Costs													
Wages***	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$16,480.00	\$197,760.00
Benefits***	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$39,600.00
Armed Security	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$96,000.00
<b>Subtotal</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$27,780.00</b>	<b>\$333,360.00</b>

Office Costs													
Office lease***	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$60,000.00
Electric	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$13,200.00
Phone/Internet	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$2,640.00
Trash	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$600.00
Cable TV	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$1,200.00
Packaging/Container	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$60,000.00
Point of Sale License	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Alarm and Monitoring	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$4,800.00
Liability Insurance	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$2,400.00
Water	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$720.00
Worker's Comp	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$3,600.00
Charity Donations	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Misc. Expenses	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
<b>Subtotal</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$14,930.00</b>	<b>\$179,160.00</b>

Marketing Costs													
Web site costs	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Marketing events	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Collateral Costs	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Webinars	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$24,000.00
Printed Media	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
<b>Subtotal</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$54,000.00</b>

TOTAL PROJECTED EXPENSE:													
Monthly Planned expenses	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$47,210.00	\$566,520.00
<b>Subtotal</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$47,210.00</b>	<b>\$566,520.00</b>

TOTALS													
Monthly Projected Gross	\$160,000.00	\$165,000.00	\$170,000.00	\$175,000.00	\$180,000.00	\$185,000.00	\$190,000.00	\$195,000.00	\$200,000.00	\$205,000.00	\$210,000.00	\$215,000.00	\$2,250,000.00
Cost of goods***	\$64,000.00	\$66,000.00	\$68,000.00	\$70,000.00	\$72,000.00	\$74,000.00	\$76,000.00	\$78,000.00	\$80,000.00	\$82,000.00	\$84,000.00	\$86,000.00	(\$453,216.00)

Monthly Projected expenses \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00

Net Profit \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00 \$47,210.00

(556,520.00) 1,230,264

\*\*\*Assumptions: A rate of inflation is adjusted by 3% per year to Employee Wages. Employee benefits is adjusted by \$500.00 per month each year to reflect inflation.  
 \*\*\*Office Lease: Per Lease Agreement, monthly rent is increased by \$500.00 each year.  
 \*\*\*Cost of Goods: The cost of goods is an approximation and based on 60% mark-up.  
 All other anticipated expenses are fixed expenses and are averaged out monthly with a 10% margin of error.

The monthly projected gross income is an estimation of growth as a new business at a growth rate of 55,000.00/month to plateau in the third year, and also based on personal experience, skill and knowledge.



# Dynamic Meds, Inc.

Projected revenues and expenses 2020

Model built on data from:

Planned Expenses

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YEAR
<b>Employee Costs</b>													
Wages	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$16,950.00	\$203,400.00
Benefits	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$3,800.00	\$45,600.00
Armed Security	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$96,000.00
<b>Subtotal</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$28,750.00</b>	<b>\$345,000.00</b>

<b>Office Costs</b>													
Office Lease ***	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$66,000.00
Electric	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$13,200.00
Phone/Internet	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$2,640.00
Trash	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$600.00
Cable TV	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$1,200.00
Packaging/containers	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	\$60,000.00
Point of Sale License	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Office Supplies	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$550.00	\$6,600.00
Alarm and Monitoring	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$4,800.00
Liability Insurance	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$2,400.00
Water	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$720.00
Workers Comp	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$3,600.00
Charity donations	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Misc. expenses	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
<b>Subtotal</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$15,980.00</b>	<b>\$191,760.00</b>

<b>Marketing Costs</b>													
Web Site Costs	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Marketing events	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Collateral costs	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Wedmaps	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$24,000.00
Printed media	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
<b>Subtotal</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$4,500.00</b>	<b>\$54,000.00</b>

<b>TOTAL EXPENSES</b>													
Monthly planned expenses	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$49,230.00	\$590,760.00
<b>TOTALS</b>													
Monthly projected gross	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$225,000.00	\$2,700,000.00
Cost of goods	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$90,000.00	\$1,080,000.00

Monthly planned expenses \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00 \$49,230.00

Assumptions: A rate of inflation is adjusted by 3% per year to Employee wages. Employee Benefit is adjusted by \$500.00 each year to reflect inflation.

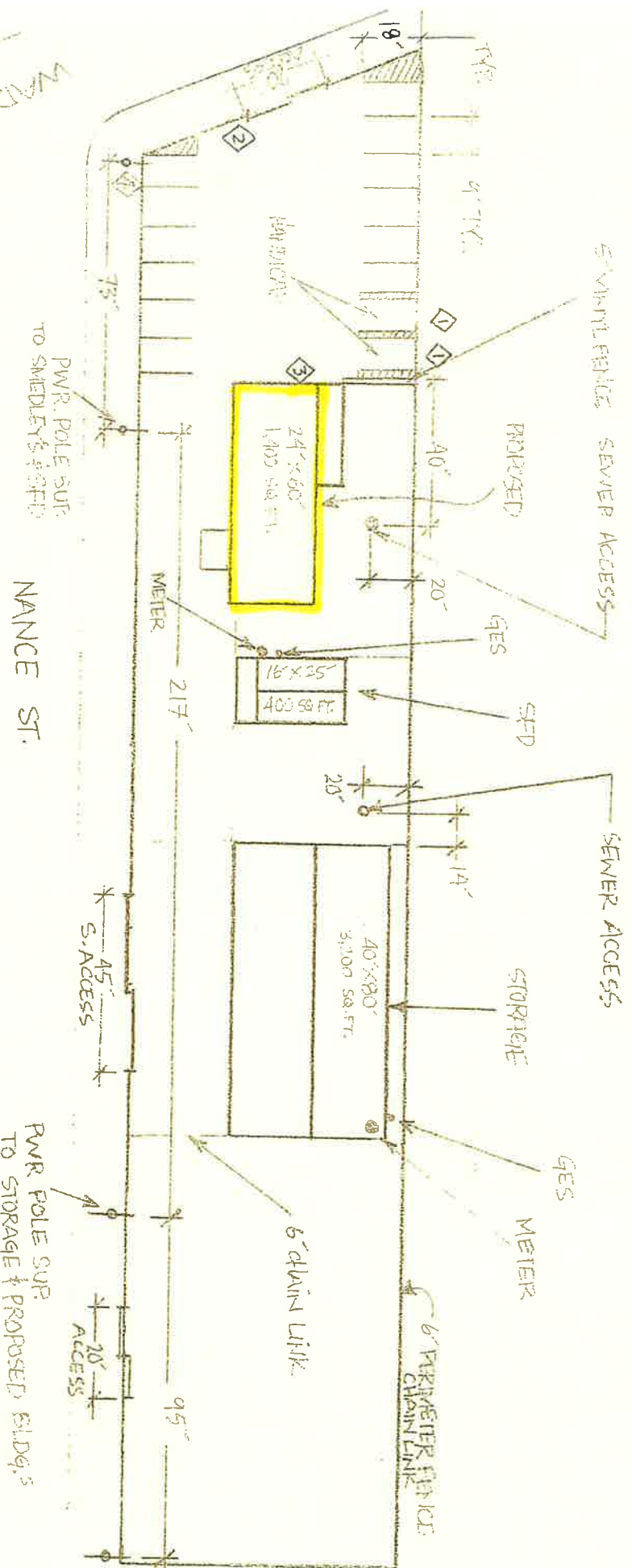
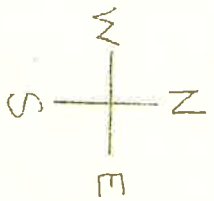
Office Lease: Per Lease Agreement, monthly rent is increased by \$500.00 each year.

The Cost of goods: The cost of good is an approximation and based on 60% mark-up to our patients. All other exp anticipated to be a fixed expenses and are averaged out monthly, with a 10% margin.

The Monthly projected gross income is an estimation based on applicant's knowledge, skill and experience with his other dispensaries in other areas.

total net 1,029,240

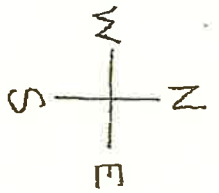




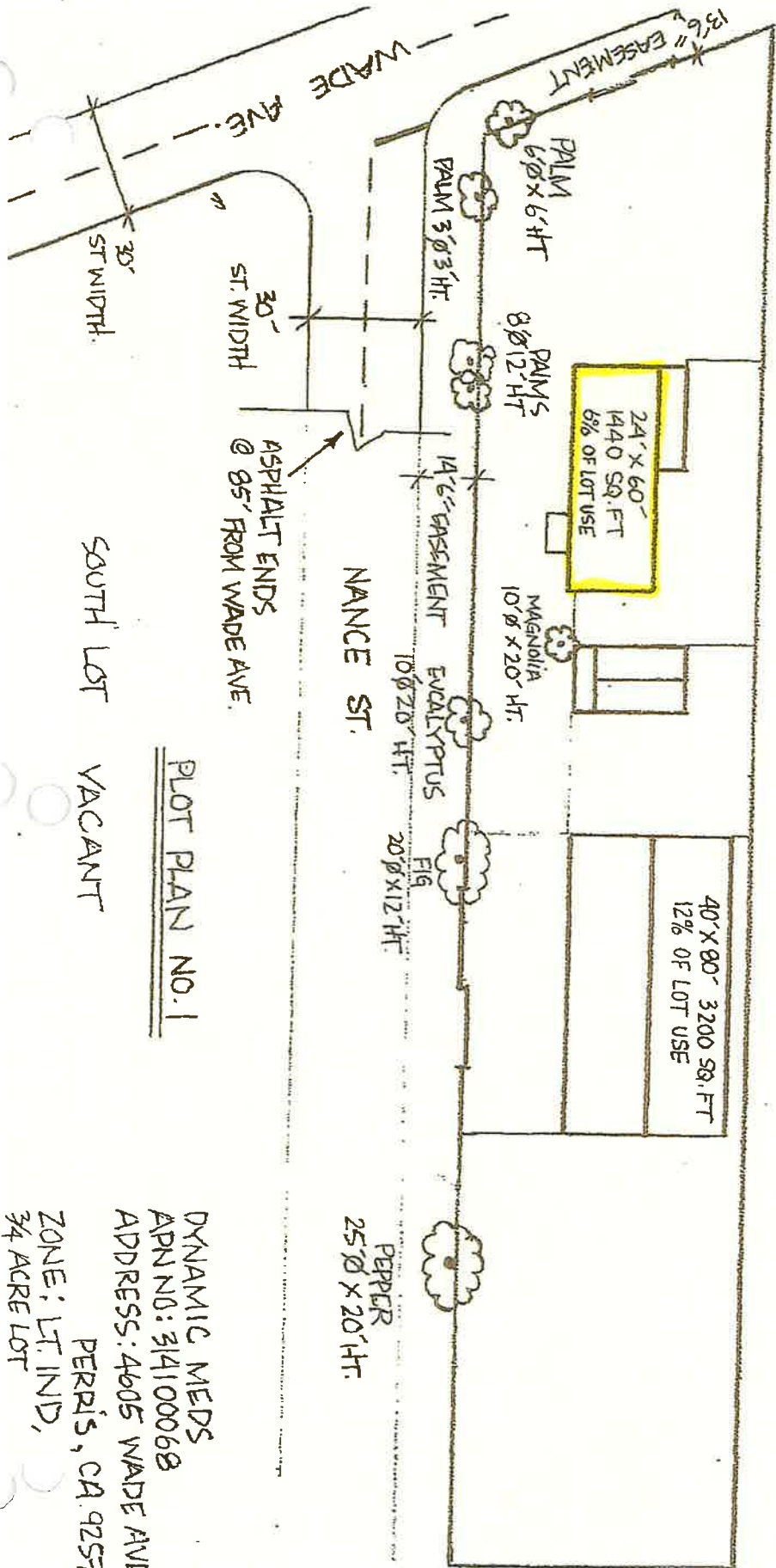
**PLOT PLAN NO. 2**

①	HANDICAP SIGN
②	ENTRANCE SIGN
③	MAIN ENTRANCE SIGN
④	DYNAMIC MEDS SIGN

DYNAMIC MEDS  
 APR. NO. 341100068  
 ADDRESS: 14605 WAIDE AVE.  
 PERRIS, CA. 92571  
 ZONE: LOT 1 AND  
 VAL. / ERFD. SCHOOLS. DIS  
 3/4 ACRE LOT



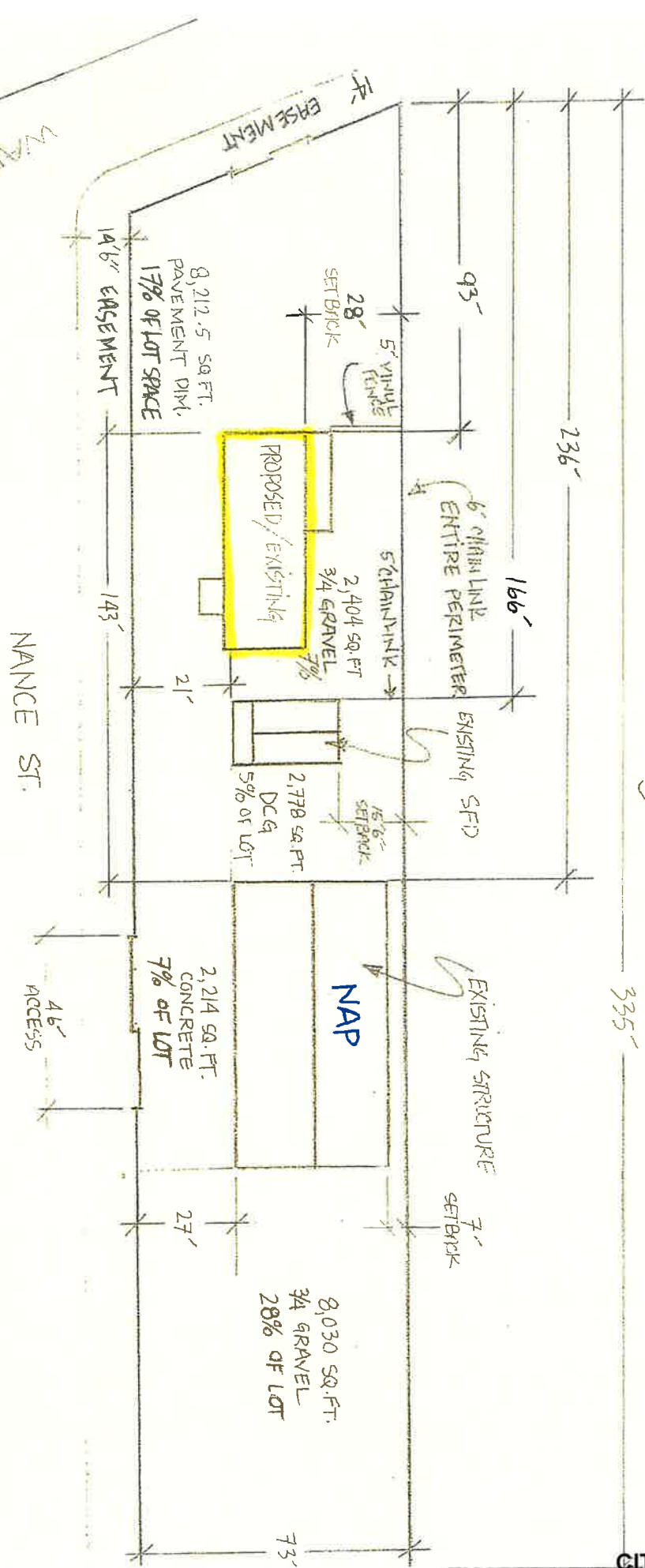
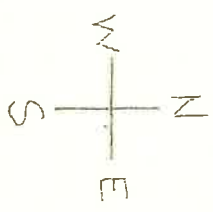
NORTH LOT SMEDLEY'S TOWING



LOT PLAN NO. 1

SOUTH LOT VACANT

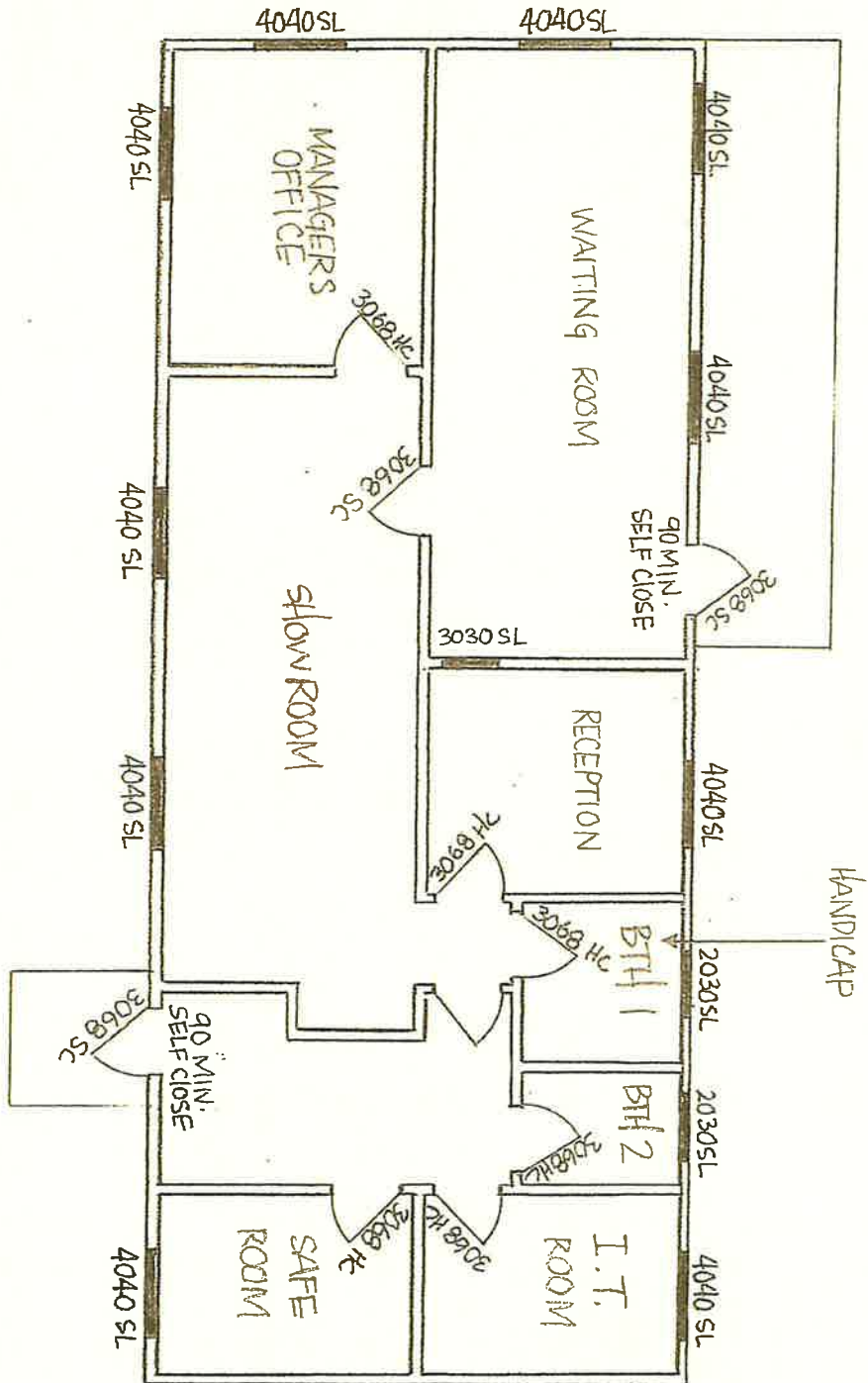
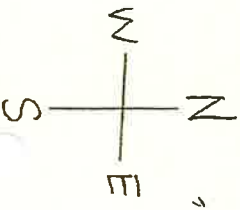
DYNAMIC MEDS  
 APN NO: 314100068  
 ADDRESS: 4605 WAIDE AVE.  
 PERPIS, CA. 92571  
 ZONE: LT. IND,  
 3/4 ACRE LOT



**SITE PLAN**

SCALE 1/8" = 1'-0"

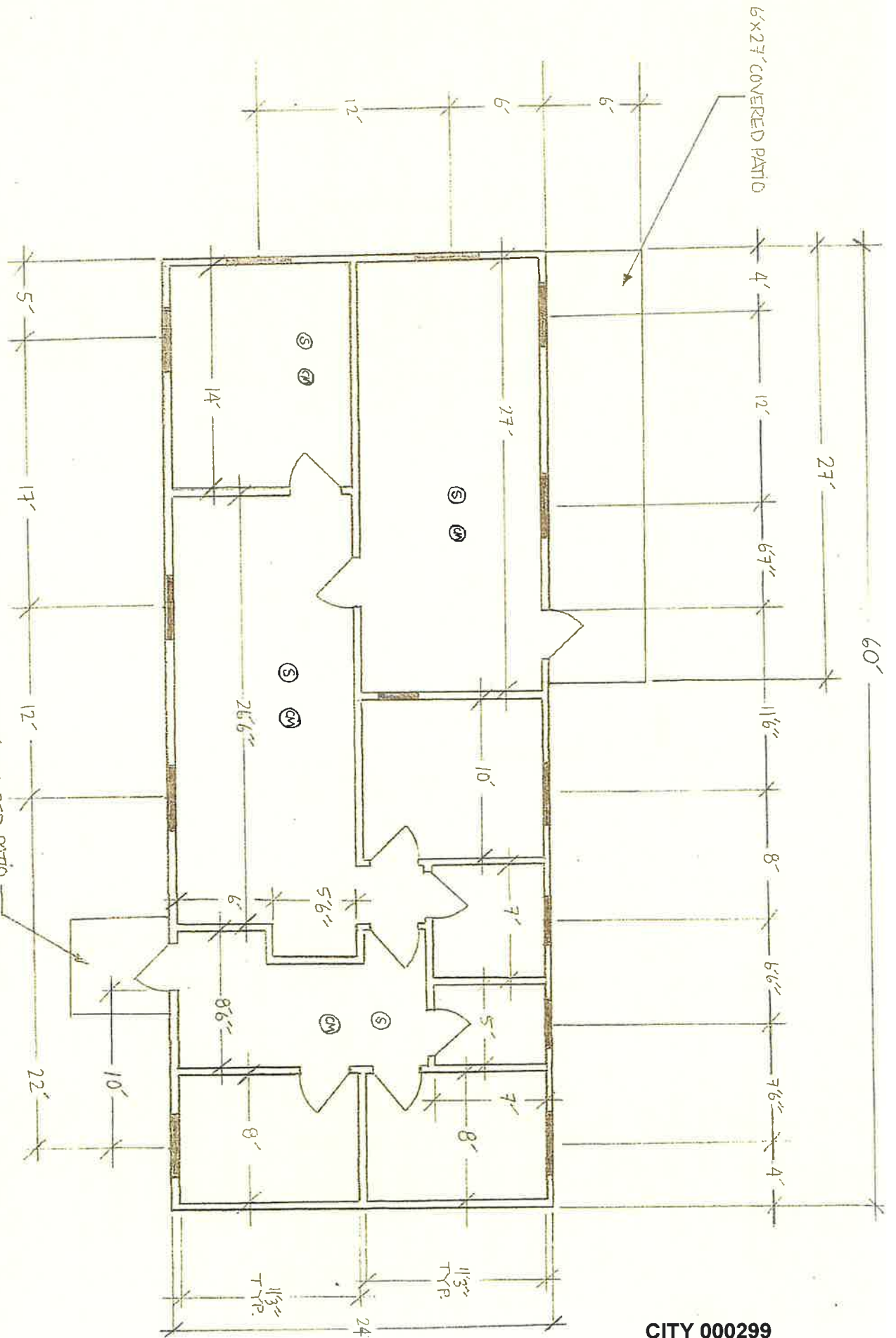
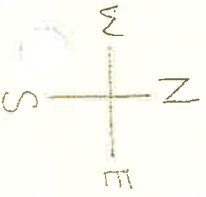
School District: VAL VERDE UNIFIED  
 DYNAMIC MEDS.  
 APN NO. 314100068  
 ADDRESS: 4605 WAIDE AVE.  
 PERRIS, CA. 92571  
 ZONE: LT. IND.



FLOOR PLAN A1  
 SCALE: 1/8" = 1'-0"

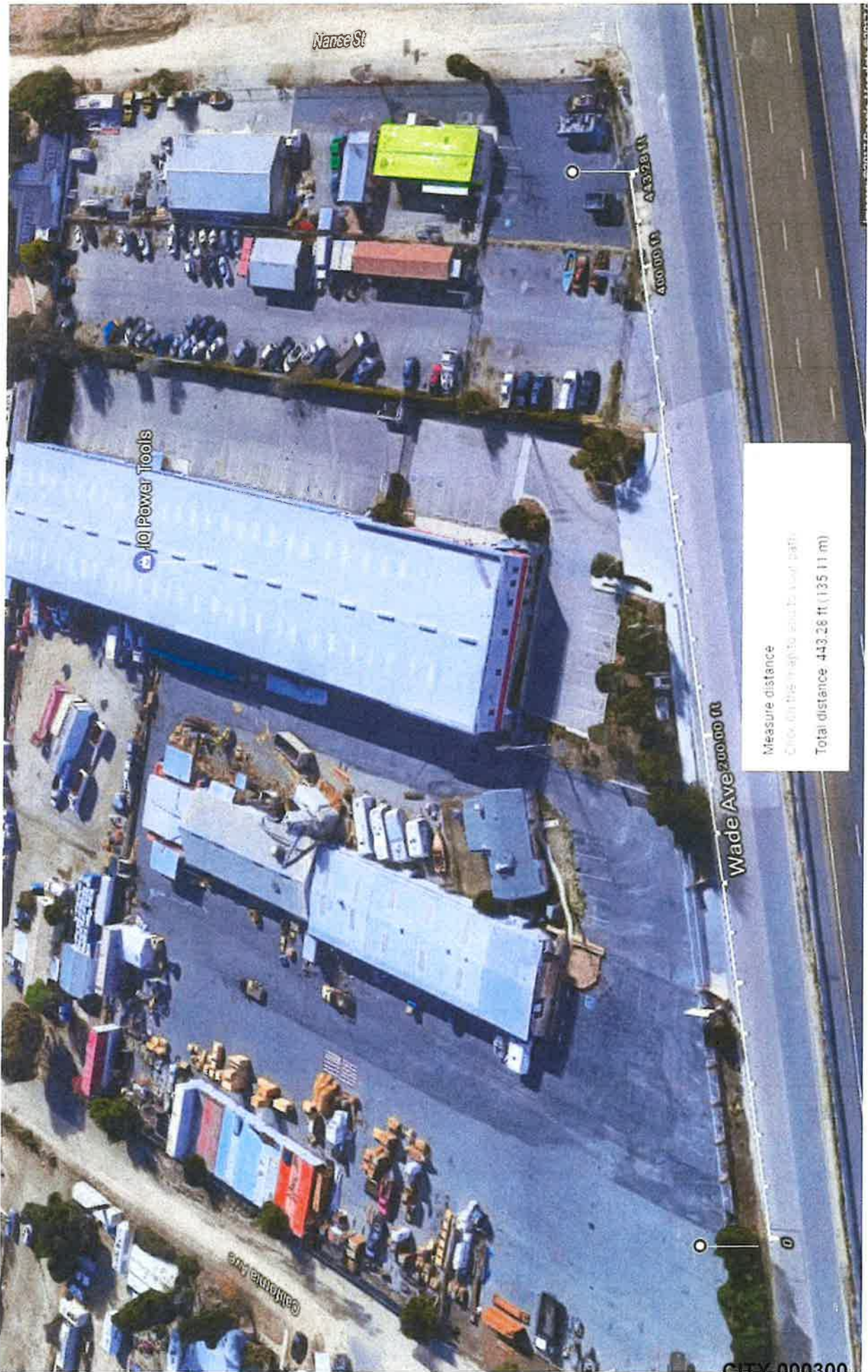
DYNAMIC MEDS.  
 APN NO. 34100068  
 ADDRESS: 4605 WADE AVE  
 PERRIS, CA 92571  
 ZONE: IT. IND





FLOOR PLAN A  
SCALE: 1/8" = 1'-0"

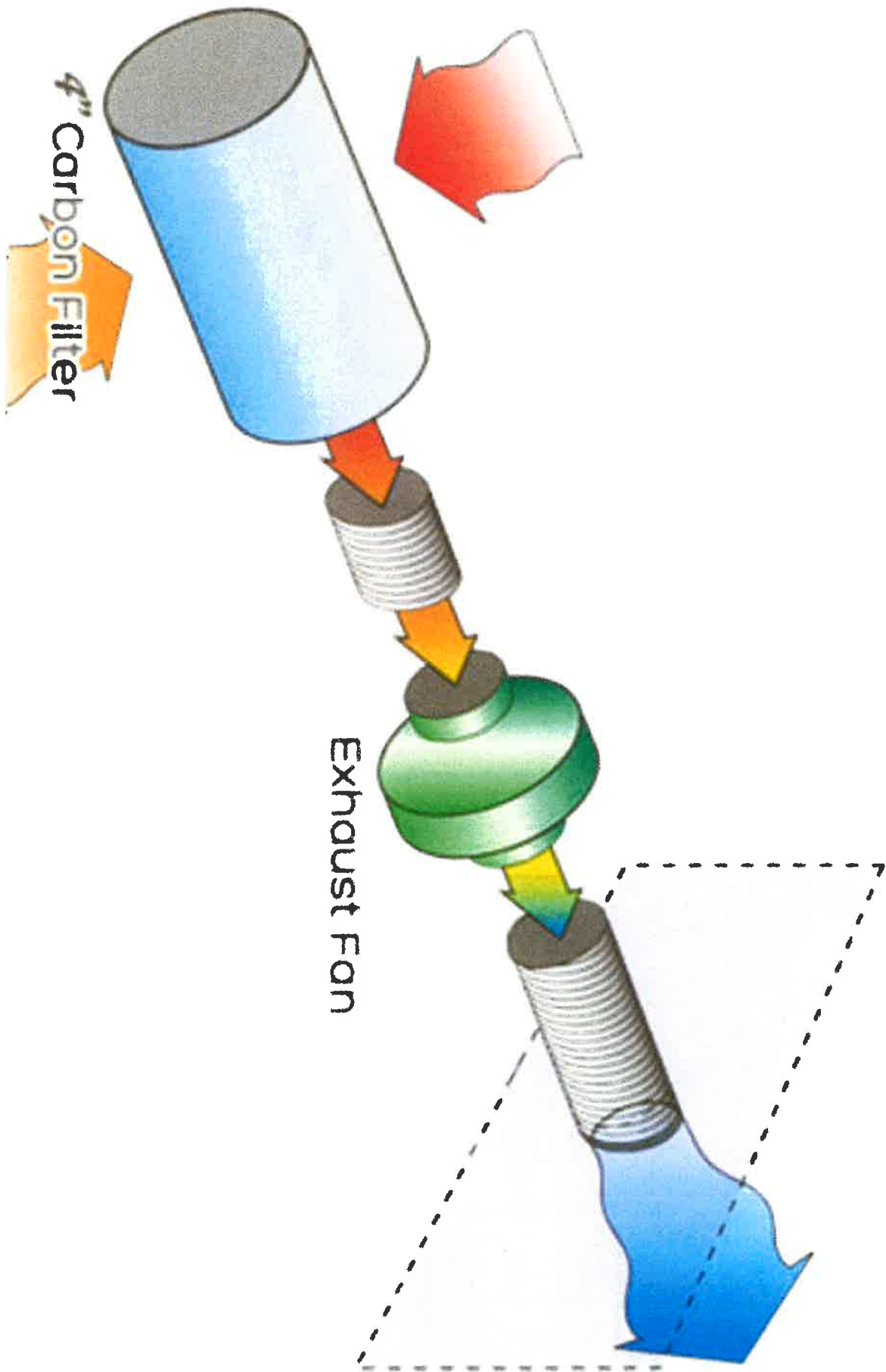
DYNAMIC MEDS  
APN NO. 314100068  
ADDRESS: 4605 WADE AVE  
PERRIS, CA, 92571  
ZONE: LT. 11



Measure distance  
Click on the map to establish path  
Total distance 443.26 ft (135.11 m)

Fire Hydrant Distance





# SUPERIOR PERFORMANCE

Simply the Best  
Accept No Imitations



[Home](#) > [Filters](#) > [Can-Filters](#) > [Max-Filter 2500](#)



- Power Cord Attached
- German Engineered
- Reliable Swiss Motor
- Powder Coat Finish
- Easy installation
- 5-year warranty
- Available in sizes from 4" - 12"

Technical Data:

CFM:	766 at 0wg
RPM:	2811
Max Watts:	277
Amps:	2.32 @ 120v AC 60 Hz
Diameter	15.2"
Length:	9.4"
Blade Design:	Centrifugal
Weight:	12.4 lbs.
Inlet/Outlet:	8"

FAN MODEL	RPM	VOLTS	MAX WATTS	MAX 0"	.125"	.25"	.375"	.5"	.75"	1.0"	1.25"	1.5"	MAX DUCT in. wg DIA.
4" HO	2849	120	80	.71	165	155	146	135	126	105	86	67	43 1.84 4"
6" HO	2694	120	134	1.19	427	398	368	338	304	255	207	170	128 2.05 6"
8" HO	2811	120	277	2.32	766	730	696	662	620	544	467	400	343 3.24 8"
10" HO	2923	120	286	2.41	806	777	749	722	690	623	548	475	408 3.30 10"
12" HO	3115	120	352	2.98	1031	1004	979	952	925	859	802	740	672 3.39 12"

Recommended Filters:

Exhaust:      Recirculating:

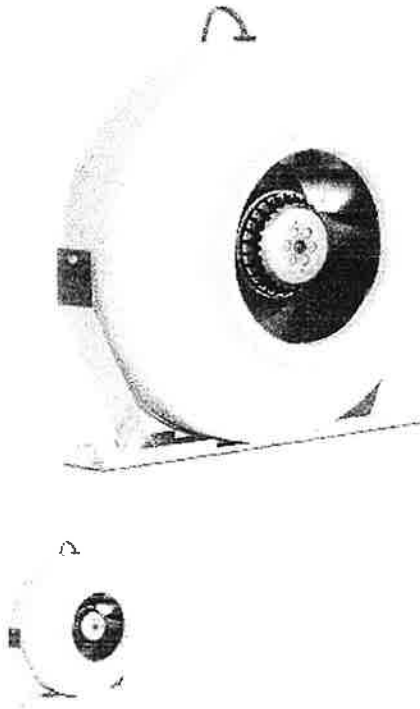
Can 75          Can-Lite 8x25

Can 100        Can 66

Can 125        Can 50

Can-Lite 8x40

Home > 8" HO Can-Fan™



## 8" HO Can-Fan™

sku: 340045

msrp:  
**\$230.96**

### At a Glance

Can-Fan High Output fans are centrifugal fans that utilize our proven German design, Swiss components, and precision manufacturing with an upgraded motor for improved performance. They have carried AMCA certified numbers longer than most other fans have been around and you can be sure you're getting every CFM we claim to deliver. Can-Fans can be easily installed in minutes using the included mounting bracket. They have a powder coat finish and carry a 5-year warranty.

### Details:

- AMCA Certified performance
- Proven Centrifugal Design



## Max-Filter 2500

sku: 358608

### At a Glance

The Original Can-Filters are designed for the control of VOCs (paint fumes, hydrocarbons, ect...), odors, and other gaseous contaminants. Built with the same proven packed bed design and pelletized virgin activated carbon we've used for 30 years, this line of time tested activated carbon air filters sets the standard for long life, consistent performance, and low presure drop. Rated at a conservative 0.1 sec contact time, the Original Can-Filters provide excellent value and confidence.

### Details:

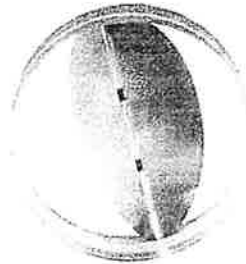
- Made in North America
- 8 sizes from 33-150cm, largest in industry
- You pick the flange that's right for you
- Low pressure drop even on smaller sizes
- Pelletized carbon delivers the cleanest filter available
- 2.5" Carbon bed, thickest in industry
- Flange comes seperate to fit a wide range of fans and applications

### Technical Data:

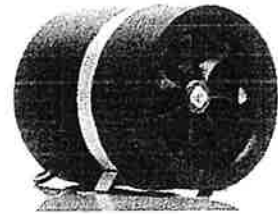
YOU MAY ALSO BE INTERESTED IN THE FOLLOWING PRODUCT(S)



Can 75



8" Backdraft Damper



8" Max-Fan™

United States ▼

- Max Exhaust CFM: 1250 cfm / 2123 m<sup>3</sup>h @ 0.1 sec contact time
- Max Recirculating (Scrubbing) CFM: 2500 cfm / 4247 m<sup>3</sup>h
- Recommended Min Airflow: 625 cfm / 1147 m<sup>3</sup>h
- Prefilter: Yes
- Flange: 14" - 16"
- Dimensions: (with pre-filter)
- Outside Diameter: 50 cm / 20"
- Height: 100 cm / 39.4"
- Total Weight: 47 kg / 103 lbs.
- Carbon Weight: 37 kg / 81.5 lbs.
- Carbon Bed Depth: 6.5 cm / 2.5"
- Max Operating Temp: 80°C
- Pressure drop at max CFM: 180pa / .75"wg

### Recommended Fans:

**Exhaust:**

Max-Fan 14"

**Recirculating:**

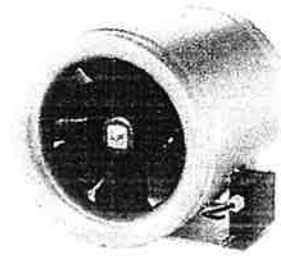
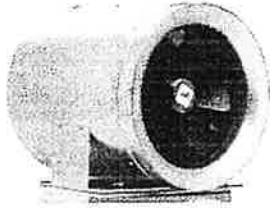
Max-Fan 14" HO

Pro-Series 16" (speed 1, 2, 3)

Max-Fan 16"

YOU MAY ALSO BE INTERESTED IN THE FOLLOWING PRODUCT(S)





United States ▼

### **Inventory Control Plan Report**

BioTrackTHC's inventory control system ensures that every aspect of the plant is tracked from seed-to-sale. The system maintains the capability to convert lots into packages, sell marijuana to patients who hold valid identification cards, and track the disposal of unusable marijuana. Additionally, the software system develops and documents patient records that include all of the necessary information to remain compliant.

BioTrackTHC enables businesses to collect, store, and retrieve all data and activity related to inventory records, patient records, recall reports, sales/transaction records, product disposal records, and all scanned documents can be accessed at any time (real time), either in-system or through the report creation tool. Though system actions can be adjusted or voided, at no time is any data ever fully deleted as BioTrackTHC maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and report ability of the system data enables the said entity to produce any information necessary for the Department during an inspection or at the Department's request.

BioTrackTHC automatically assigns a globally unique and non-repeatable 16-digit barcode number to every plant. Furthermore, the system auto-generates a globally unique and non-repeatable 16-digit barcode number at every stage where dried marijuana must be separately identifiable from the original plant due to processing and packaging. These serial numbers, once generated are assigned, cannot be changed. In the event of a recall, BioTrackTHC contains a "Plant/Inventory History Report" that can track everything about the plants and products from the time it was introduced to your facility. Tracking every gram contained in the lot, including but not limited to all purchases containing matter from the plant or product, the contact information for the purchaser, all vendor information and transport logs.

Prior to any transaction taking place a certified patient or designated caregiver must be verified and checked into the system. The system tracks all items dispensed for a patient and automatically deducts from their purchase limit. If a patient attempts to purchase any products beyond their limitations the system will prevent the sale from occurring.

BioTrackTHC maintains a patient history log that can be accessed either directly from the patient profile or from the backend reporting. Within the system each plant grown, as well as products created can be assigned to a specific patient within the system. The 16 digit identifier for any given product can be selected upon fulfillment of an order.

Furthermore, BioTrackTHC has the ability to list the strain-specific benefits, giving the registered employees the needed education material at their fingertips, thus enabling them to relay the appropriate information to the patient. The Daily Patient Sales Report documents all of the sales to patients in a medical marijuana facility. This report must be ran by date range but users can also sort by location to show weighable or non-weighable products. When ran it will show the Transaction #, Patient id #, Strain, Batch #, Weight, Employee license number and employee initials.

BioTrackTHC's reporting module can generate daily reports for an establishment's inventory, acquisitions, harvests, sales, disbursements, and disposals. These records are kept indefinitely. Whether the establishment is wholesaling or receiving product from another establishment, the system can keep full record of who is providing the marijuana and/or marijuana infused products. The system will keep record of the following, and much more: dates of transfers and transactions, batch numbers, quantity, product weight, usable amount in each infused product, and the agent's registration card number. These records can be pulled up for any time period in the reporting module.

Within BioTrackTHC there are numerous sales and inventory reports that can identify the exact time a sale was made, the items dispensed and the employee that made the transaction. Additionally the system requires that each patient be added to the system with all relevant information before a sale can be made. This information includes the quantity that a given patient is allowed to purchase. Patient sales amounts can be automatically set within the system to prevent any transaction outside of permitted limits. The time sales occur can be set in the system to prevent sales outside of hours of operation.

BioTrackTHC's wholesaling and growhouse management tools allow for robust information collection. Examples of the information collected include, but are not limited to: name of originating marijuana establishment, batch number, original plant(s) that batch is derived from, if it was a cutting (clone) or seed, dates planted, yield reports, date of harvest, and all non-organic pesticides, herbicides, and fertilizers used to grow the plants. Instantaneously, upon generation of a wholesale, all of the information including name, strain, quantity, registry identification card, name of establishment, and even associated tax is available on wholesale reports which can be run for any specified time period.

BioTrackTHC Inventory Management System offers users with a unique solution that tracks every level of the growth process from cultivation to distribution. Every plant, seed or clone is assigned a unique non-repeatable 16 digit barcode number. Once the flower is batched after being harvested, each batch is given a new barcode while still being associated with the original source barcode. Every batch of product is separated in the inventory control module by the individual barcode for complete accountability and recall protocol.

BioTrackTHC technology allows the producer to monitor differentiations in the growth process by entering production notes or information that doesn't have pre-defined fields within the software. The real-time feature tracks any data changes made to the system, the person responsible for making the changes and the time it was made.

Every step of the supply chain is tracked with real-time solutions. The inventory conversion features are fully tracked and documented by the Inventory Forensics Report, dispensed logs and Sales Reports. Once the product is selected for distribution, it is priced and sold to a patient using the customer point-of-sale screen within the system. The system's internal network consistently allows real-time reporting across multiple terminals.

BioTrackTHC's growhouse management tools allow for complete tracking of any plant or plant material product as well as its disposal, while keeping record of the disposal explanations. The



system will also keep record of the agent who disposed of it, and the number of failed or unusable marijuana plants.

BioTrackTHC can adjust inventory and always requires a reason for removal when utilizing the inventory adjustment feature. Product in need of quarantine can be separated from bulk and placed in the designated area. Inventory destruction can be initiated through the system requiring documentation of destruction purpose and/or approved method as well as the employee performing the action. Although the inventory can be adjusted or voided, at no time is any data ever fully deleted as BioTrackTHC maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and report ability of the system data enables the said entity to produce any information necessary for the Department during an inspection or at the Department's request.

BioTrackTHC has the ability to create detailed shipping manifests that will provide the following transport documentation:

1. Employee identity and badge number
2. Vehicle VIN number
3. Time stamped batch/lot number
4. Total quantity being transported

A shipping manifest will be generated by the system, this may be electronically transferred to the department and the dispensing organization. This information will be retained in the system and will be available indefinitely.

The system can adjust inventory and always require a reason for removal when utilizing the inventory adjustment feature, also it has an auditing feature that can be used to track loss of product due to diversion or theft.

BioTrackTHC's label creation tool enables licensed producers to create custom container-client labels with any fields necessary to comply with applicable law. All aforementioned required fields can be added as variables. In addition to this a user can add custom disclaimers and warnings. The system will automatically print the container-client specific label upon completion of the sale. Reports are retained within the system and can be accessed indefinitely. In addition to storing information, the system also has the ability to create custom labels for cultivation, manufacturing and testing results.

The dispensing facility has the ability to print a label for approved medical marijuana product packages that lists a patient specific dispensing label approved by the Department that is easily readable, and firmly affixed and includes:

1. The name and registry identification number of the certified patient and designated caregiver, if any;
2. The certifying practitioner's name;
3. The dispensing facility name, address and phone number;
4. The dosing and administration instructions;

5. The quantity and date dispensed; and
6. Any recommendation or limitation by the practitioner as to the use of medical marijuana.

The BioTrackTHC label creation tool generates transaction specific information including all aforementioned criteria.

BioTrackTHC is a server based program that is password protected and also can be set for biometric fingerprint scanning to ensure only authorized personnel will be able to access secure documentation within the system. All the information is stored on a local server that is firewall protected from any outside presence.

Each receipt that BioTrackTHC produces at the conclusion of a sale has a unique barcode that can easily be scanned to view the details of that sale. After a refund the items are returned to the inventory count. You have the ability to separate your inventory in the system in order to quarantine the returned items. The system's reporting abilities allow you to track and monitor these actions. It also has the ability to contact patients via email or SMS text message that have purchased a particular product in the past.

BioTrackTHC has the inclusive capability to track all measurable aspects of a marijuana plant. In addition to the literal weights of the cannabis, the system can associate 'usable marijuana' quantities with any created infused marijuana products. The system's product conversion tools enable the quantities of usable marijuana as well as associated conversion wastes to be tracked with ease. This ensures that whether the plants and/or plant products are in their relative cultivation or processing phases, they can be fully accounted for and tracked.

Within the system there are a number of functions designed specifically for use with laboratory testing. This includes but is not limited to the following:

- Laboratory facility detail information options to notate lab credentials
- Log and directly associate lab results with a specific lot or batch of product
- Inventory adjustment logging for testing from available inventory
- Direct porting of lab results to product labels

Within BioTrackTHC there are a number of functions designed specifically for use with laboratory testing. The system captures all necessary quality assurance info, approved testing laboratory information, and test results. All of this information is easily ported on to the inventory or product label for accuracy.

If a product must be destroyed the system will document the destruction in accordance with the registered organization's approved operating plan.

Specified hours of operation can be put in place to prevent sales from occurring outside of these hours. The BioTrackTHC system has the ability to generate point-to-point directions and estimated travel times using the predetermined addresses of the manufacturing facility and the dispensing organization.

BioTrackTHC also has a built-in training environment that simulates the actual live system so trainees can practice using the system without affecting actual live inventory data.

Administrators can access this environment as well to verify the trainee's comprehension of the functionality of the system.

**Marijuana Dispensary License Application  
Security Plan**

**Dynamic Meds**



**Security-MPS.com**

**866-678-4408**

**PPO 14788**

**July11, 2017**

# Security Plan

## 1 TABLE OF CONTENTS

---

2	Facility .....	4
2.1	Location of Business.....	4
2.2	Outside Overview.....	4
2.3	Parking Lot .....	5
2.4	Lighting.....	5
2.5	Ingress/Egress .....	5
2.6	Inside Overview.....	5
3	Operations .....	6
3.1	Policies and Procedures .....	6
3.1.1	Non- Employees in Product and Processing Area .....	6
3.1.2	Opening and Closing Procedures .....	6
3.1.3	Hours of Operation .....	6
3.1.4	Violence – Zero Tolerance.....	6
3.1.5	Sexual Harassment.....	7
3.1.6	Investigations .....	7
4	Safety .....	7
4.1	Intoxication .....	7
4.2	Drugs .....	7
4.3	Theft.....	7
4.4	Robbery/Assault.....	8
4.5	Emergency procedure training .....	8
4.5.1	Fire .....	8
4.5.2	Earthquake/Tornado.....	8
4.5.3	Medical.....	8
4.5.4	Injury or Accident.....	8
5	Security .....	9
5.1	Security Mechanisms .....	9
5.1.1	Electronic Surveillance (Cameras).....	9
5.1.2	Alarms .....	10
5.1.3	Access Control.....	10

5.1.4 Lighting - The following City Ordinances will be fully complied with: ..... 10

5.1.5 Windows - The following City Ordinance will be fully complied with: ..... 11

5.1.6 Marijuana Storage - The following City Ordinance will be fully complied with:..... 11

5.1.7 Perimeter ..... 11

5.1.8 Physical Security..... 11

6 Diagrams ..... 15

6.1 Access Control – Interior / Exterior..... 16

6.2 Exterior Camera Layout ..... 17

6.3 Interior Camera Layout ..... 18

6.4 Intrusion Detection Systems (IDS) ..... 19

7 About the Author ..... 20



## 2 FACILITY

### 2.1 LOCATION OF BUSINESS

4605 Wade Ave, Perris, CA 92571, Parcel ID 314100068, Subdivision GOLDEN VALLEY FARMS 2

### 2.2 OUTSIDE OVERVIEW

Acreage: 0.74

Property class: Commercial Properties (C1)

Zoning: Perris Valley Commerce Center Specific Plan (PVCC SP)

Buildings on lot: 2 - manufactured doublewide and manufactured singlewide

Square footage: 840

Year built: 1986



### 2.3 PARKING LOT

There will be parking on the Westside of the building with a minimum of 12 parking spaces plus two more designated for handicap. The area will be under 24-hour video surveillance covering all areas of the parking lot as noted in the security surveillance coverage diagram. At no time will anyone, especially under-aged and non-medical card holders, be permitted to congregate and/or loiter outside the cultivation, operations, or parking area.

### 2.4 LIGHTING

There will be flood lamps installed over the Northside and Southside entrances, with smaller lamps being placed over each of the four windows on both the North and South sides, and two windows on the West side of the building.

### 2.5 INGRESS/EGRESS

The property can be accessed from the West through a dual swing gate or from the South through a rolling gate near a warehouse at the rear of the property. The South gate will be kept closed and locked at all times and accessed only by employees. The building has one single-door entrance on the Northside and one on the Southside of the building.

### 2.6 INSIDE OVERVIEW

Entrance to the building by the public will be through the Northside door after approaching from the front of the building, up a wheelchair accessible ramp that stretches two fifths the length of the building. Entrance by employees will be through the Southside door.

The public entrance door opens into a waiting room with a bulletproof security reception window to the left after entrance.

An electronically secured door into the showroom will open near the reception window upon patient verification by the receptionist.

Upon entry to the showroom, directly to the right is a door into the manager's office. Product display cases run the length of the room along the Southern wall.

Doorways into the reception office, public bathroom and back rooms are accessible to the far left of the room. Access to the manager's office, reception office and backrooms will be restricted and access controlled.

The backrooms consist of an employee bathroom, IT room and safe/vault room. A hallway connecting those three rooms ends at the Southside entrance/exit door.

Security monitors of the entire system will be displayed in the reception office, manager's office, IT room and safe/vault room so management and employees can observe the entire premises, which will be under 24-hour video surveillance.



## 3 OPERATIONS

---

### 3.1 POLICIES AND PROCEDURES

This section provides a very specific outline on proper policies and procedures to follow as they pertain to the security of the facility, product and employees. This information will be given to each employee upon employment and they will be expected to follow the policies and procedures from the onset. Every item contained herein is set for a reason. Additional policies and procedures will be added to the list as needed to provide for a more safe and secure workplace.

#### 3.1.1 Non-Employees in Product and Processing Area

People who have not been verified as employees, qualified vendors or authorized visitors will not be permitted in the cultivation, product, or processing areas.

#### 3.1.2 Opening and Closing Procedures

Opening will be performed by a manager, supervisor or security personnel, and procedures will be strictly enforced.

- i. Access the business from the outside, taking note of any suspicious activities, loiterers, disrupted windows, doors, landscaping, etc.
- ii. Disarm alarm and lock door behind you. Lock yourself and staff inside while setting up the operation for the day or until the security officer arrives.
- iii. Turn on all lights/electronics.
- iv. Do a visual inspection of the entire premises for attempted or successful intrusions.
- v. Check the safe and make sure all product is secured and without disturbance.
- vi. Make sure all employees know their positions and duties for the day.
- vii. Closing procedure will be a reverse of opening paying very close attention to any loitering, automobiles parked with people inside waiting.
- viii. Call 911 if suspicious activity is noticed.
- ix. Product will all be accounted for and secured in accordance with City Ordinance 5.50.110.
- x. Facility will be cleaned and organized for opening staff the next day.
- xi. Manager, supervisor, or security will set the alarm as everyone exits. No one will be left behind in the facility to work alone.

#### 3.1.3 Hours of Operation

As neither Perris City Ordinance 1330 or the license application mention limited hours of operation, the hours of operation are yet to be determined by the dispensary owners and managers.

#### 3.1.4 Violence – Zero Tolerance

Violence toward anyone is NEVER tolerated and will result in immediate termination of employment and possible civil and/or criminal charges if committed for any reason other than in the event of an attack and self-defense is necessary.

### **3.1.5 Sexual Harassment**

Sexual harassment occurs when an employee makes continued, unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, to another employee, against his or her wishes. Per the U.S. Equal Employment Opportunity Commission (EEOC), sexual harassment occurs, "when submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment." Sexual Harassment is not tolerated and may result in termination of employment depending upon review of complaint and validity of accusations.

### **3.1.6 Investigations**

In addition to the City mandated LiveScan, pre-employment background investigations may be conducted on all employees involved in management and/or tasked with handling money, prior to employment with follow-up investigations every 18 months thereafter. The background information to be verified and/or discovered will include:

- Social Security Verification (pre-hire)
- Criminal
- Civil
- Bankruptcies, Liens, Judgments, Notices of Default
- Driving Record if Involved in Transport
- Credit History
- Drug test

## **4 SAFETY**

---

### **4.1 INTOXICATION**

Any employee of the businesses who appears to be intoxicated will be asked to leave the premises immediately. This will include alcohol, drug and marijuana intoxication. This will be counted as a shift missed and can be written up with a reprimand in their file. If an intoxicated employee refuses to leave the property the authorities will be called and they may be arrested for trespassing.

### **4.2 DRUGS**

Drugs (non-cannabis) of any kind are not welcome in the workplace. Anyone caught using, providing, sharing, or selling drugs will be terminated and could be subject to criminal or civil prosecution.

### **4.3 THEFT**

Any employee caught stealing will be terminated immediately, they will be banned from the premises, and management will press charges against them.

#### **4.4 ROBBERY/ASSAULT**

Employees will be instructed to never try and disarm or attack an assailant, to remain calm and comply with all requests. Upon exit of the suspect they are to immediately call 911 and write down all facts they remember regarding the assailant. They will be told to try and see which direction the assailant fled and, if in a car, the color, type of car and license plate if possible. They will be instructed to take note of the assailant's height, eye color, hair color, skin color, visible tattoos and piercings, clothes being worn and accomplices, and to write down all items taken including cash and product. They should then immediately lock down the entire facility until law enforcement arrives. Written statements by all witnesses including their names and addresses should be taken for use by the authorities.

#### **4.5 EMERGENCY PROCEDURE TRAINING**

##### **4.5.1 Fire**

- Call 911 immediately if fire is uncontrollable.
- Use fire extinguisher to put out smaller fires.
- Evacuate the building immediately and allow the fire department full access to the facility.
- Have staff and witnesses fill out incident reports.
- Assist in clean up after fire has been extinguished properly. Management is to secure product in the safe if available.

##### **4.5.2 Earthquake/Tornado**

- All employees find a safe spot during the event and exit store, if possible, in calm fashion.
- Manager on duty is to lock up doors and shut off gas line to business if accessible.
- Manager is to account for all employees and vendors after the event is over and facilitate cleaning up the business if needed. No employee is to leave without contacting the manager first and receiving authorization to do so.
- Manager is to call the owner and inform him of any damage. Owner is to contact insurance company in the event of damage and facilitate the repairs.

##### **4.5.3 Medical**

Any type of serious life-threatening medical emergency such as seizure, asthma attack, epilepsy, diabetic episodes, etc. is to be handled by medical professionals and 911 should be called immediately. Only management will handle incidents involving bodily fluids. In such instances, proper cleaning supplies and gloves will be utilized. If in abundance, use of professional cleaning service may be deemed necessary. Business will have a stocked first-aid kit in case of minor injuries at work. Employees will have access to this kit at all times.

##### **4.5.4 Injury or Accident**

Remain calm and assess the situation. Ask the person if they believe they need medical attention (unless it is obvious) if so dial 911. If they state they do not need medical attention and they are okay fill out an incident report and have them sign it. Basic first-aid procedures can be used on employees in the event of a minor injury.

## 5 SECURITY

---

### 5.1 SECURITY MECHANISMS

#### 5.1.1 Electronic Surveillance (Cameras)

"Perris City Ordinance 1330, Sections 5.54.050(B)(6a) – Security cameras shall be installed and maintained in good condition with at least 30 days of digitally recorded documentation in a format approved by the Director or Police Department. The cameras shall be in use 24 hours per day, 7 days per week. The areas to be covered by the security cameras include, but are not limited to, the storage areas, all doors and windows, and any other areas as determined by the Director or Police Department."

Security cameras shall be installed and maintained in good condition, and used in an on-going manner with at least 720 concurrent hours of digitally recorded documentation in a format approved by the Director or Police Department. The cameras shall be in use 24 hours per day, 7 days per week. 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, outside perimeter, and any other areas as determined to be necessary by the Director or Police Department.

The following equipment will be utilized to provide electronic security surveillance of the operation in and around the dispensary and exterior grounds. See detailed diagrams of the systems later in this report.

- 1 PELCO Network Evideo Recorder, Supports up to 128 IP Camera Streams
- 2 High Definition 1080p resolution (Full HD) live display equivalent to Mega Pixel IP System/Audio/ D1 Full Resolution Recording /FAST INTERNET REMOTE VIEW/ H.264CODEC/ Pentaplex / HDMI
- 1 Video Printer
- 2 1 TBSATAHard Drive
- 16 Low Light, HighDefinition1080presolution equivalent to 4Mega Pixel IP camera with 3.7mmMegapixellens, 3DDNR, SENS-UP, BLC, DC12V
- 4 IC Real-time 360 Degree, 6 Mega Pixel Dome Cameras
- 9 High Definition 1080p resolution equivalent to 4 Mega Pixel IP camera, Waterproof Large Bullet IR with 2.8~12mmVF Megapixel lens, low light, 80 IR LED range up to 200 ft, 3DDNR,SENS-UP,BLC,DC12V.
- 2 40"LCD VGA Monitor with1680x1050
- 2 24"LCD VGA Monitor with1680x1050
- 2 Distributed Power Supply,12VDC, 16Ch, 30A, Max, Channel, Fuse-Free Design-
- 1 7Power Outlet Surge Protector UPS Battery Backup to protect the system against wiring faults, over voltage, Power failure and other catastrophic event occurrences.
- 1 Miscellaneous, screws, signs, Repeaters, Adapters including fittings, stickers and other parts (per Camera)
- 1 Cable RG-59/RG-6/CAT-5e/CAT-6/RG-6 and power adapters

- 1 Lock Box with keys and internal fan to Keep System Cool and last long Standard (BW-20020"Wx20"Dx8"H)

### **5.1.2 Alarms**

"Perris City Ordinance 1330, Sections 5.54.050(B)(6b) - The lease/business space site 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 Business & Professions Code section 7590 et seq. and whose agents are properly licensed and registered under applicable law."

An Intrusion Detection (Alarm) System will be installed in the facility as an immediate, electronic notification to a 24-hour monitoring/dispatch and law enforcement agencies of an unauthorized breach of security at the establishment. The system will be connected to the local telephone network and have cellular capabilities if communication from the unit to monitoring/law enforcement is lost. The following equipment will be utilized and diagram of placement is included in the diagram section below. Again, the numbers below represent one half of the entire building and will double at build-out.

- 1 Interior/Exterior Security Protection Brain w/ backup cellular capability
- 7 Interior Motion Detectors
- 12 Glass Break Sensors
- 2 Door Sensors
- 2 Keypad Alarm Controls
- 4 Hold-Up Alarms/Panic Buttons
- 1 24 Hr UL Certified Station Monitoring (Alarm Monitoring Center)
- 1 UPS Battery Backup

### **5.1.3 Access Control**

"Perris City Ordinance 1330, Sections 5.54.050(B)(6c) - Entrance to the dispensing area and any storage areas shall be locked at all times. and under the control of employees."

Entrance to the dispensing or cultivation areas and any storage areas shall be locked always, and under the control of medical marijuana facility staff.

Key Entry- Designated employees will be issued keys for specific locks, i.e. exterior doors to limit access to management and key employees, and some operations areas so that access will be available to non-product handling personnel.

Key Card Entry- Management and designated employees will be issued Key Cards to scan at the key card readers located at specific interior doors. Only those with key cards will be allowed access to use that door. Each door can be individually set to allow or deny specific individuals access.

### **5.1.4 Lighting** - The following City Ordinances will be fully complied with:

Interior - "Perris City Ordinance 1330, Sections 5.54.050(B)(6d) - Interior Lighting. The premises within which the medical marijuana dispensary is operated shall be



equipped with and, at all times during which is open to the public, shall remain illuminated with overhead lighting fixtures of sufficient intensity to illuminate every place to which members of the public or portions thereof are permitted access with an illumination of not less than two foot-candles as measured at the floor level.”

Exterior - “Perris City Ordinance 1330, Sections 5.54.050(B)(6e) - Exterior Lighting. The exterior of the premises upon which the medical marijuana dispensary is operated shall be equipped with and, at all times between sunset and sunrise, shall remain illuminated with fixtures of sufficient intensity and number to illuminate every portion of the property with an illumination level of not less than one foot-candle as measured at the ground level, including, but not limited to, landscaped areas, parking lots, driveways, walkways, entry areas, and refuse storage areas.”

**5.1.5 Windows** - The following City Ordinance will be fully complied with:

“Perris City Ordinance 1330, Sections 5.54.050(B)(6f) - All windows on the building that houses the dispensary shall be secured against entry from the outside.

**5.1.6 Marijuana Storage** - The following City Ordinance will be fully complied with:

“Perris City Ordinance 1330, Sections 5.54.050(B)(6g) - All marijuana present or kept at the premises shall be securely stored against both unauthorized access as well as theft.

**5.1.7 Perimeter**

The entire property is surrounded by a 6-foot-high chain link fence with 3-strand barbed wire topper. There are rolling gates at the driveway entrances on the West and South sides of the property.

**5.1.8 Physical Security**

A California licensed security company will be utilized to monitor the facility, employees and patrons during the hours of operation. The physical premises will be secured using a security guard, licensed by the California Department of Consumer Affairs, and shall be present at the medical marijuana facility during all hours of operation. The officer shall always possess a valid Security Guard Card and Firearms Permit, if the security guard is to be armed, issued by the California Department of Consumer Affairs.

The following internal controls, policies and procedures will apply and be enforced.

Job Description – Security Officer Duties and Responsibilities (This list is not conclusive)

1. Maintain a professional appearance and dress appropriately always.
2. Security Issues
  - i. Always remain calm in the face of confrontation and never overreact. Your business is safety and security.
  - ii. Ensure the facility is in legal compliance and all employees are abiding by the requirements set forth in employment guidelines.
    - i. No one under 21

- ii. No smoking on premises
  - iii. No diversion or resale of medicine
  - iv. No loitering
  - v. All other applicable requirements
- 3. Conduct access control of vehicles and pedestrians to the designated facility or area, by insuring a proper ingress and egress from the property.
  - i. Access shall be controlled to limit entry to appropriately cleared and/or authorized individuals.
  - ii. No person can enter a secured area that does not possess a required State registry card or facility access authorization (e.g. service contractors) that will be escorted and observed by an authorized individual per State and County regulations.
  - iii. Controls shall be established to detect, assess, deter, and (in certain cases) prevent unauthorized access to limited areas.
  - iv. Access control requirements will be layered as appropriate for the situation.
  - v. A personnel identification system (e.g. security badge system) will be used to control access into designated limited areas with keypad access control systems for safeguards and security.
  - vi. Report all significant findings to the dispensary manager and note serious incidents in the incident log.
  - vii. In case of an EMERGENCY call 911 and alert the store manager.
  - viii. Provide written reports immediately of any thefts or suspicions of theft.
  - ix. Report all altercations and issues having to do with the facility to the facility manager and note all finding in incident log.
  - x. Robbery
    - i. Never try do disarm or attack and armed assailant.
    - ii. Comply with all requests of the individual, wait for them to leave and immediately call 911. This goes for all staff members.
    - iii. Observe and Report
- 4. In the event any responsibilities are unclear, it is the Employee's sole responsibility to immediately notify the supervisor for clarification.
- 5. Responsibilities may be changed and/or modified by the Employer as needed.
- 6. Visitor control system
  - i. Visitors will be checked before entering the facility for proper identification per State and County regulations.
  - ii. Trespassing signs, if applicable, shall be posted. Signs prohibiting trespassing shall be posted around the perimeter and at each entrance to an area designated as limited access.
  - iii. Additional requirements are as follows:
    - i. Entrance inspections of personnel, vehicles, and hand-carried items shall be conducted to deter and detect the unauthorized introduction of prohibited articles.
    - ii. Exit inspections of personnel, vehicles, and hand-carried items shall be conducted to deter and detect the unauthorized removal of facility property.

iii. Exits shall be alarmed or controlled always.

- 7 Employee control system
  - i. Badge / ID control which will be a check of the State issued registry cards and proper employee identification access cards.
  - ii. Entrance/exit inspections, as required, shall be made by designated personnel to detect prohibited articles. Inspections of personnel, hand-carried items, shall provide reasonable assurance that prohibited articles are not introduced or removed from the facility without authorization.
  - iii. Inspection procedures, requirements, and frequencies shall be developed based on a graded approach and included in the security procedures.
  - iv. Any dangerous weapon, other dangerous instruments or material likely to produce substantial injury or damage is prohibited from designated areas.
    - i. The following privately owned articles are not permitted in a designated limited area without prior authorization: Recording equipment (audio, video, optical, or data), cellular telephone, radio frequency transmitting equipment, computers and associated media, controlled substances (e.g., illegal drugs and associated paraphernalia, except prescription medicine) and other items prohibited by law.
- 8 Patrol the designated perimeter area with the on duty static security officer, if applicable. Physical barriers, such as fences, walls, and doors, shall be used to define the boundary of the designated secured area. Barriers shall meet the following requirements, as well as supplementary requirements:
  - i. Barriers shall direct the flow of personnel and vehicles through designated entry control portals.
  - ii. Barriers and entry control portals, supplemented by other systems such as patrols or surveillance, shall be used to deter and detect introduction of prohibited articles or removal of safeguards.
  - iii. Barriers shall be used to deter and/or prevent penetration by motorized vehicles where vehicular access could significantly enhance the likelihood of a successful malevolent act.
  - iv. Barriers shall be capable of controlling, impeding, or denying access to a secured area.
- 9 Identify and report suspicious persons or objects which may cause a security concern to the local law enforcement agency. Contain or remove suspicious persons that may cause a security concern after proper assessment of trespass or detain for local law enforcement.
- 10 Maintain security post records and logs, and preparation of incident reports to facilitate any warranted investigation.
- 11 First responder trained officers for medical assistance in the event of an incident.
- 12 Maintain communication with facility management and other authorities.
- 13 Provide escort protection on transportation of product or currency with the designated vehicle, mandatory lock box and routes provided by the designated supervisor.



- i. Grow facility to dispensary with two security officers within the designated transport vehicle or with the security officers following in an unmarked secondary vehicle.
- ii. Currency to financial institution with
- iii. two security officers within the designated transport vehicle or with the security officers following in an unmarked secondary vehicle.

14 Provide preliminary security training to new employees of the facility:

- i. Rules and Procedures pertaining to – theft prevention, product transportation and delivery, entry and exiting of the establishment and the mandatory requirements of State issued registry cards and the facility identification cards.
- ii. Security Measures Protocol and Procedures for – security officer interaction, situational awareness, surveillance techniques, delivery and transport of product and theft or burglary.
- iii. Emergency Procedures and Instructions to include – fire evacuation, active shooter, first aid and CPR/AED.

15 Maintain relationship with local law enforcement through scheduled meetings.

16 Protect personnel, premises and property within the designated area in accordance with the Use of Force Policy of (POST), Police Officer Standards and Training curriculum.

\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*  
\*

## 6 DIAGRAMS

---

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

\*

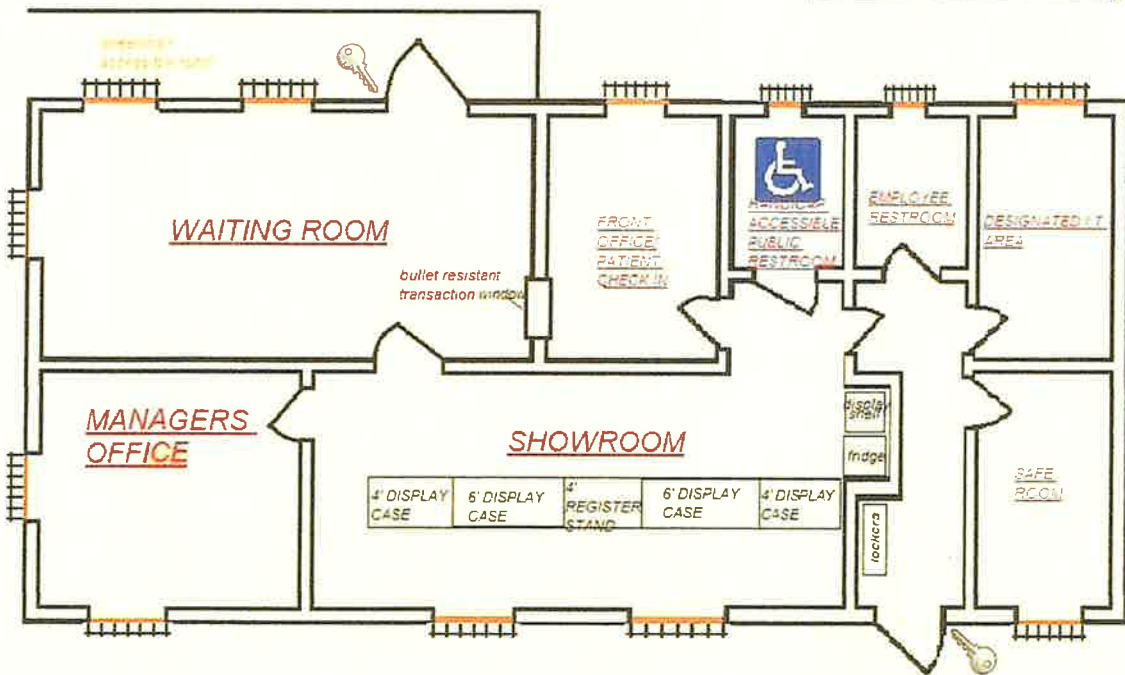
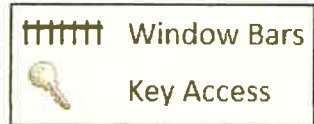
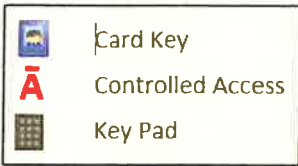
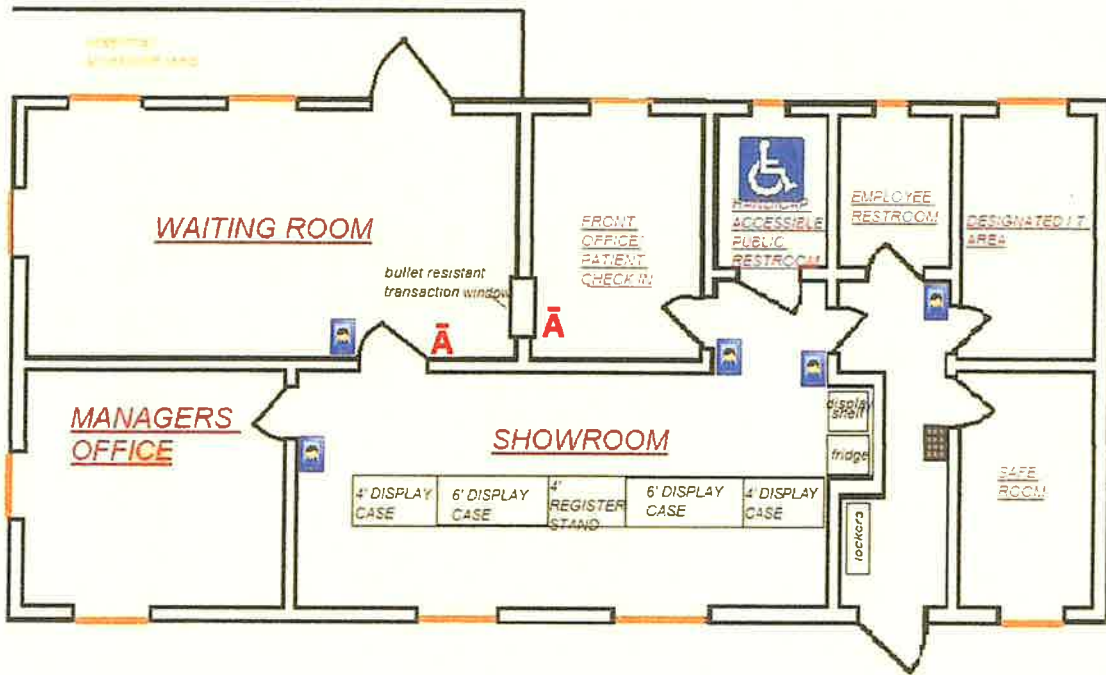
\*

\*

\*

\*

## 6.1 ACCESS CONTROL - INTERIOR / EXTERIOR

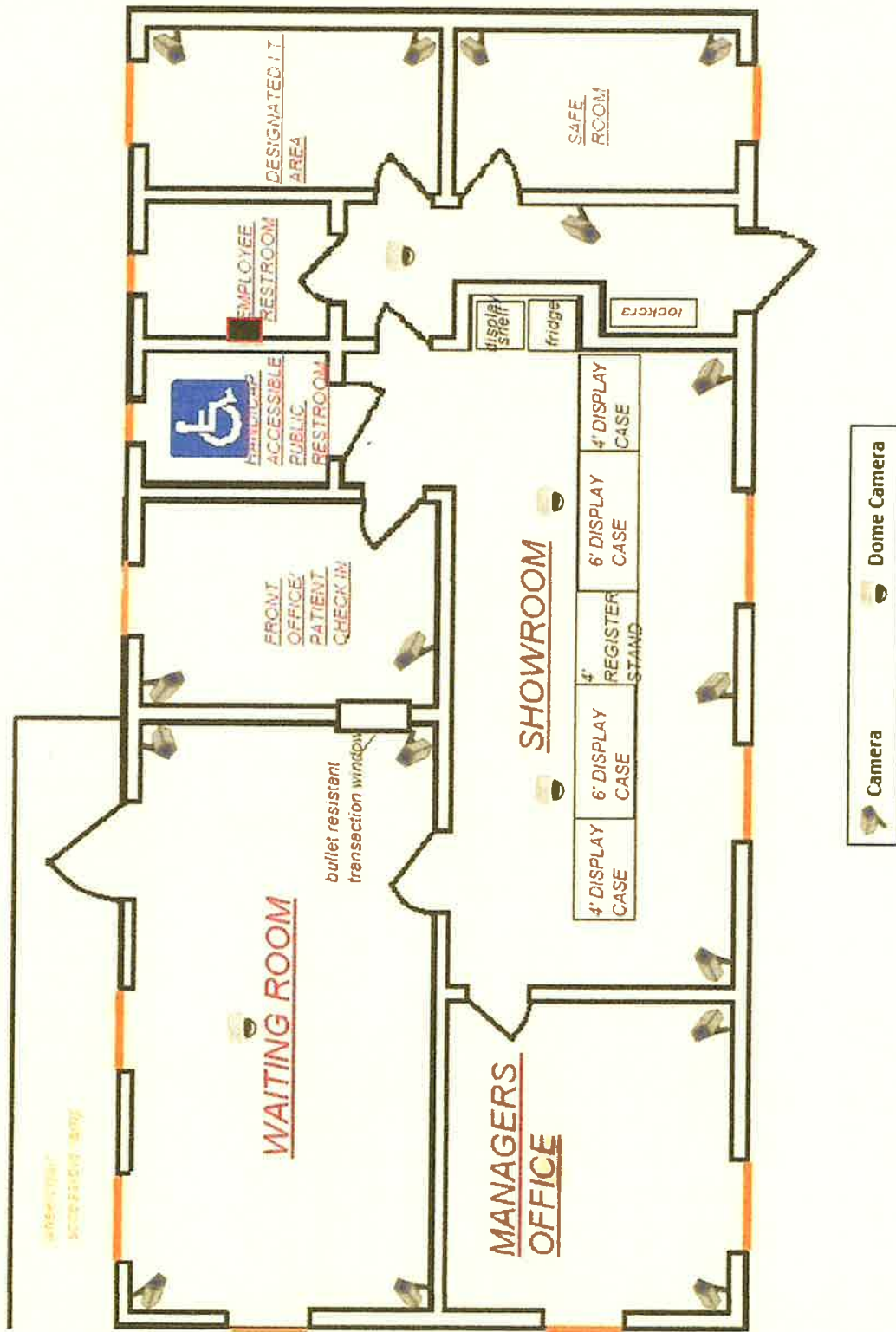


## 6.2 EXTERIOR CAMERA LAYOUT

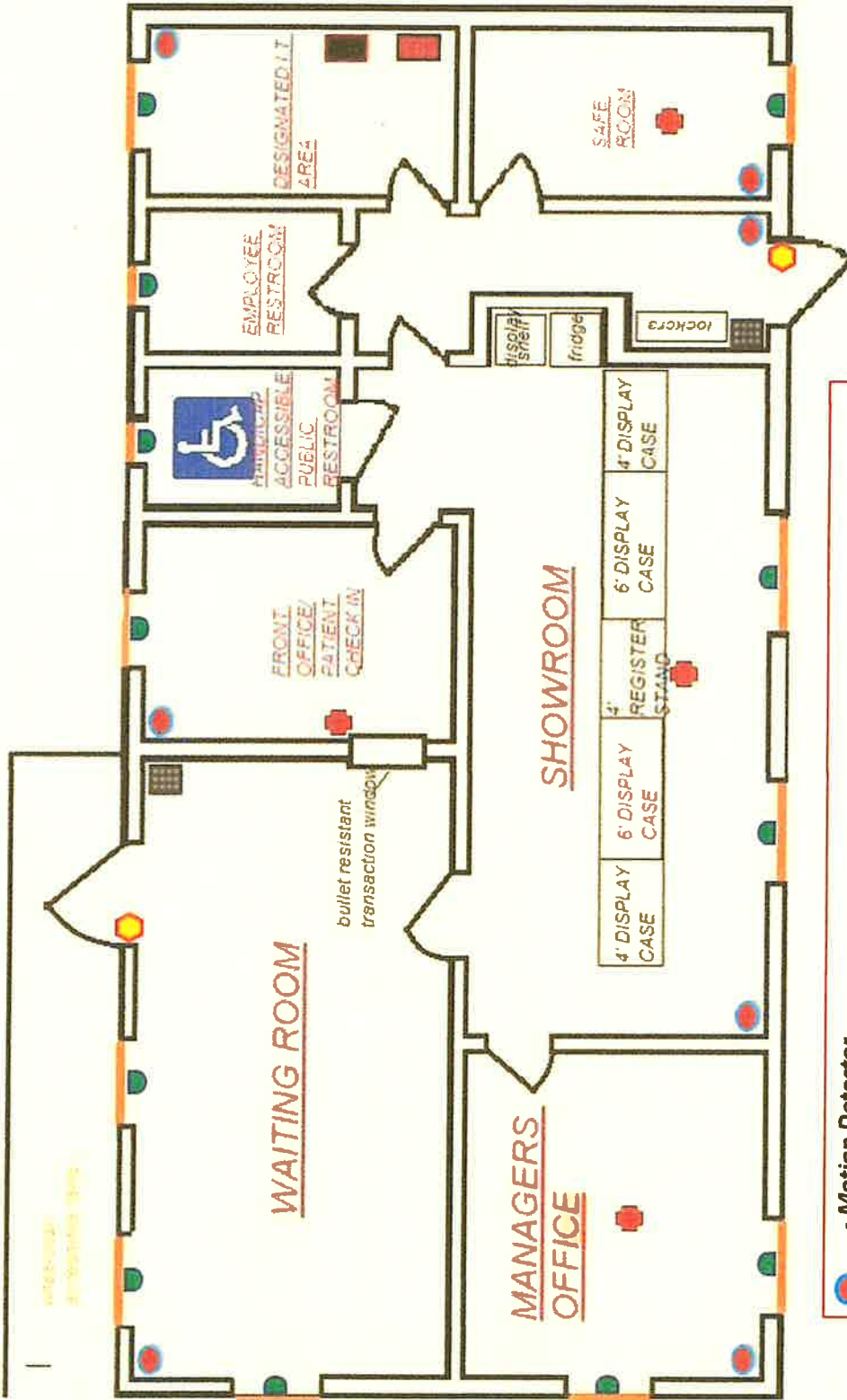




### 6.3 INTERIOR CAMERA LAYOUT



## 6.4 INTRUSION DETECTION SYSTEMS (IDS)



Please contact Michael Julian at 951-677-3500 ext. 26 with inquiries, revision requests or to discuss any required changes to the security layout or procedures.

## **7 ABOUT THE AUTHOR**

---

Michael Julian, CPI PPS CSP  
CEO/President  
National Business Investigations, Inc. & MPS Security Services

Michael trained under his father, a former law enforcement officer and the founder of National Business Investigations, Ron Julian. National Business Investigations, Inc (NBI) founded in 1967, is a full-service investigations firm focused on corporate, legal, business intelligence, theft, personal and criminal background investigations, insurance and financial investigations and fraud.

Michael majored in Administration of Justice in college where he was inducted into the Phi Theta Kappa International Scholastic Order of Academic Excellence. After growing up in the family business and assisting his father in investigations during and after high school, he began working full time for NBI in 1990 specializing in surveillance operations. Michael obtained his Private Investigators license in 1994 and continued his education by completing the California Department of Justice reserve law enforcement academy. Michael assumed leadership of the company when his father passed away suddenly in 1997.

Michael established and licensed MPS Security as a division of NBI in 2003 to provide additional protection and security services not allowed under a private investigator license. MPS Security provides uniformed physical and asset security for events, residential communities and commercial properties, access control, security patrols, loss prevention, fraud detection and undercover operations as well as plain clothed risk mitigation and management services for corporate, executive and asset protection, labor action strike security, workplace violence mitigation, hostile termination, estate security and travel escorts.

Michael is licensed in multiple states as a Private Investigator and Security Professional and as a graduate of the Executive Protection Institute and Executive Security International; Michael received the designation of Personal Protection Specialist (PPS) and membership into an elite international fraternity of specialized professionals known as the Nine Lives Associates. His security training includes defensive and evasive driving, close protection, aviation security, protective surveillance and counter surveillance, and covert protection. He frequently attends and teaches training courses in Executive and Asset Protection.

Michael conducts Threat, Risk and Vulnerability Assessment consulting for large and small privately held and public companies, utilities districts and municipalities. He created, trademarked and frequently teaches an Active Shooter Survival course entitled A.L.I.V.E. – Assess, Leave, Impede, Violence, Expose to large groups of employees.

Some of NBI and MPS' clients include:

Coca Cola Refreshments Inc., BP North America, Kaiser Permanente, Sutter Health, Northrop Grumman, Fidelity Investments, UCI Medical Center, Warner Bros. Studios, Eastern Municipal Water District, Rancho Water District, DreamWorks Entertainment, California Pacific Medical Centers, General Electric, Intuit, Shaklee, Pacific Hospital Supply, Toys-R-Us, The Gates Foundation, University of California San Diego.

Marijuana Dispensary License Application  
Security Plan

Dynamic Meds

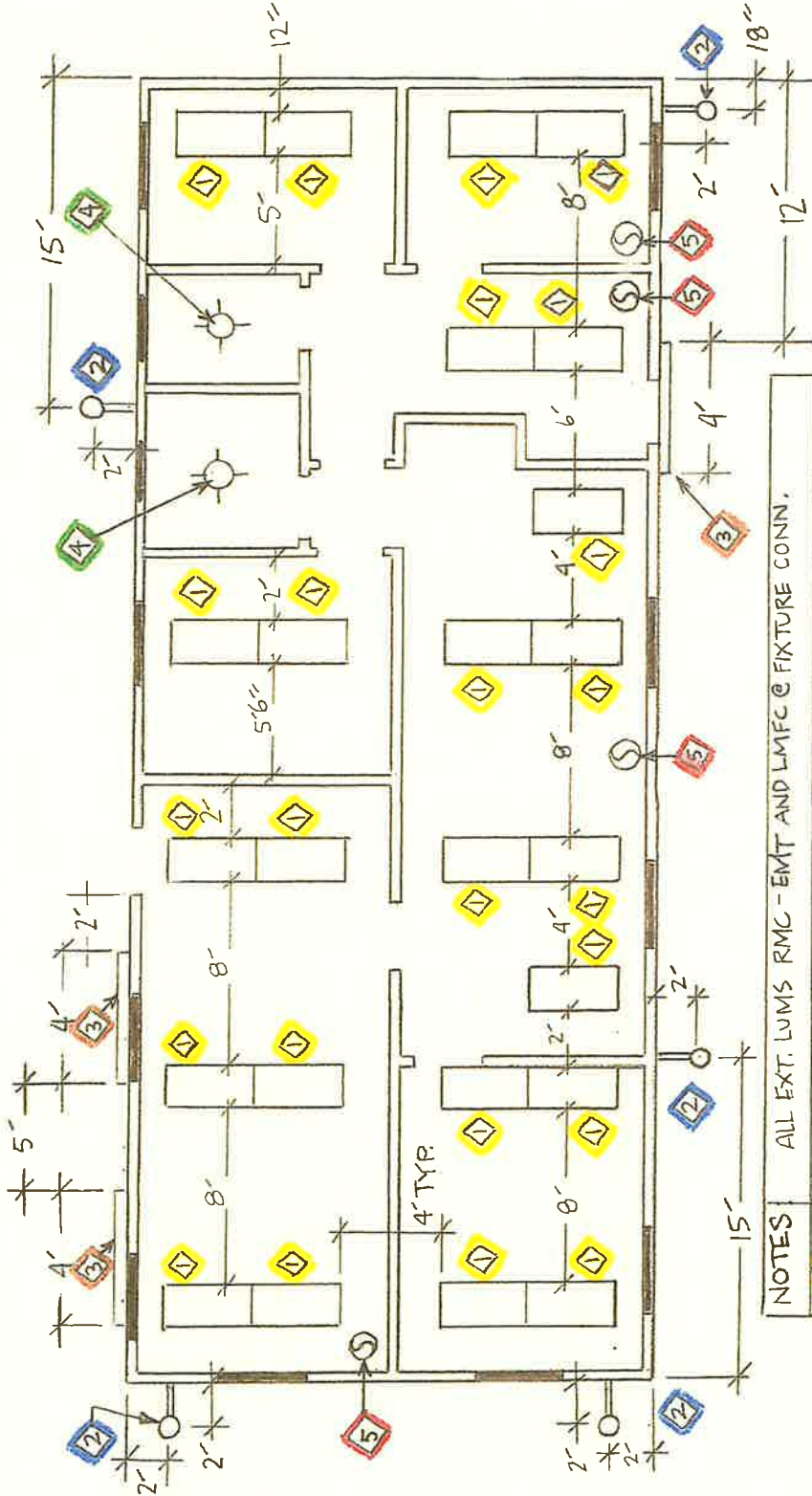
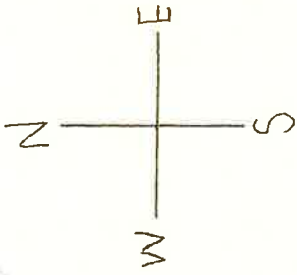


**Security-MPS.com**

**866-678-4408**

**PPO 14788**





NOTES	
1	ALL EXT. LUMS RMC - EMT AND LMFC @ FIXTURE CONN.
2	(4) 40 WATT BULBS, 2,600 LUMENS EA. 20,800 LUMEN A SET. (24) SETS
3	DUSK TO DAWN 150 WATT BULB 10,000 LUMEN A SET (5) SETS
4	4 FT. 2 BULBS 5200 LUMENS @ WHEEL CHAIR RAMP & REAR ENTRY STEPS
5	12" DIAMETER FLUSHMOUNT FIXTURES (2) 65 WATT BULBS EA.
	MAX FAN 10" DIAMETER FAN W/ 3/6" X 14" Ø CHARCOAL CAN
	WITH NORDIC PURE CARBON WRAP & 10" Ø X 24" VOLUME SUPPRESSOR



# JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.


State of California

County of Riverside

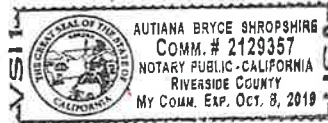
Subscribed and sworn to (or affirmed) before me on this 30 day of June

20 17 by Laurie Barnes, Michael D. Lane

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

  
Signature

(Seal)



## OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Property manager / Landlord agreement  
(Title or description of attached document)

for inspection & right to operate a  
(Title or description of attached document continued)  
medical marijuana business

Number of Pages 1 Document Date 6-30-17

Additional information

## INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

SO. CAL'S BEST INSURANCE SERVICES  
5015 W. AVE L14 NO.4 QUARTZ HILL CA 93536  
P.(661)943-777 F.(661)943-8877 LIC. 0F82096  
[www.socalsbestinsurance.com](http://www.socalsbestinsurance.com)

08/02/2017

From: Benjamin Landaverde

email: [Ben@ogcannabisinsurance.com](mailto:Ben@ogcannabisinsurance.com)

Re: **Dynamic Meds, Inc**

To whom it may concern:

Please accept this letter for the above referenced business.

So.Cal's Best Insurance can provide the business with general liability insurance with limits up to \$4,000,000 if needed as it relates to the operations and industry of **Dynamic Meds, Inc.** as soon as a license is issued to the business by the City of Perris and can be made effective for one year.

Thank You,

Benjamin Landaverde

Benjamin Landaverde

Lic. # 0G80102





Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Kevin Leyba</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	Yes	Traffic and Other; see Additional Comments below
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	No	
Corporate Affiliation	No	

**Additional Comments:**

The comprehensive background report for Kevin Leyba, dated 09/15/17, revealed a traffic violation, several unspecified offenses, and a 2009 arrest for receiving known stolen property \$400+. The arrest for receiving known stolen property (case #SWF028057LEYBAKEVIN880402) was classified as a felony, however it is possible the offense was later reduced to a misdemeanor and therefore would not be a disqualifying factor. The Social Security number and Driver’s License number provided at the time of application matched the information in the background report.

**Recommendation:**

HdL recommends the City request a final copy of case #SWF028057LEYBAKEVIN880402 to determine whether the arrest or conviction was later reduced to a misdemeanor and is therefore not a disqualifier. No other potential disqualifiers per State or Local law were found.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.



Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Cynthia Valencia</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	Yes	Traffic and Other; see Additional Comments below
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	No	
Corporate Affiliation	No	

**Additional Comments:**

Although the comprehensive background report for Cynthia Valencia, dated 09/15/17, revealed a traffic violation and subsequent failure to appear violation, there was no conviction that was a disqualifying factor. The Social Security number provided at the time of application matched the information in the background report. The Applicant provided a passport number in lieu of a Driver’s License number. Although HdL compared the passport number to the photocopied passport provided in the Application and confirmed it was a match, the background report found a CA Driver’s License #F2854593.

**Recommendation:**

Request a copy of CA Driver’s License #F2854593 to confirm identity. No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.



Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Thomas Bills</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	Yes	Traffic and Other; see Additional Comments below
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	No	
Corporate Affiliation	No	

**Additional Comments:**

Thomas Bills self-reported a 2011 arrest for possession of marijuana for sale; selling, furnishing, etc. marijuana/hash; and conspiracy to commit a crime. He indicated he was never charged or sentenced. Although the comprehensive background report, dated 09/15/17, revealed a traffic violation, there was no conviction that was a disqualifying factor. The Social Security number and Driver's License number provided at the time of application matched the information in the background report.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.





Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Alexandrea Contreras</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	No	
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	Not indicated	
Corporate Affiliation	No	

**Additional Comments:**

The comprehensive background report for Alexandria Contreras, dated 09/15/17, revealed no derogatory comments. The Social Security number and Driver’s License number provided at the time of application matched the information in the background report.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.





Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Celine Coria</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	No	
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	Not indicated	
Corporate Affiliation	No	

**Additional Comments:**

The comprehensive background report for Celine Coria, dated 09/15/17, revealed no derogatory comments. The Social Security number provided at the time of application matched the information in the background report. The Driver’s License number provided at the time of application was unable to be matched to the background report because the report did not return any Driver’s License information, however HdL compared it to the photo ID provided in the application and confirmed it was a match.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.



Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Marlene Coria</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	Yes	Traffic and Other; see Additional Comments below
Professional License	No	
Bankruptcy	Yes	1998 – Chapter 7, Discharged
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	No	
Corporate Affiliation	No	

**Additional Comments:**

Although the comprehensive background report for Marlene Coria, dated 09/15/17, revealed multiple traffic violations and unspecified violations, there were no convictions that were disqualifying factors. The Social Security number and Driver’s License number provided at the time of application matched the information in the background report.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.



Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	Jacqueline Garcia
<b>Business Name:</b>	Dynamic Meds – 4605 Wade Ave.
<b>Reviewer Name:</b>	Elizabeth Eumurian – HdL Companies

**Summary Report:**

Indicators	Record(s) Found	Comments
Criminal Conviction	No	
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	Not indicated	
Corporate Affiliation	No	

**Additional Comments:**

The comprehensive background report for Jacqueline Garcia, dated 09/15/17, revealed no derogatory comments. The Social Security number provided at the time of application matched the information in the background report. The Driver’s License number provided at the time of application was unable to be matched to the background report because the report did not return any Driver’s License information, however HdL compared it to the photo ID provided in the application and confirmed it was a match.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.



Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Alfonso Luera</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	Yes	Traffic and Other; see Additional Comments below
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	Yes	Filed 2011
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	No	
Corporate Affiliation	Yes	Cannabliss Cooperative Inc.

**Additional Comments:**

Alfonso Luera self-reported a 2008 conviction for petty theft retail merchandise. Although the comprehensive background report, dated 09/15/17, also revealed multiple traffic violations, there was no conviction that was a disqualifying factor. The Social Security number provided at the time of application matched the information in the background report. The Driver’s License number provided at the time of application was unable to be matched to the background report because the report did not return any Driver’s License information, however HdL compared the number to the photo ID provided in the application and confirmed it was a match.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.



Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	Eric Luera
<b>Business Name:</b>	Dynamic Meds – 4605 Wade Ave.
<b>Reviewer Name:</b>	Elizabeth Eumurian – HdL Companies

**Summary Report:**

Indicators	Record(s) Found	Comments
Criminal Conviction	Yes	Unspecified offense
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	No	
Corporate Affiliation	Yes	Cannabliss Cooperative Inc.

**Additional Comments:**

Although the comprehensive background report for Eric Luera, dated 09/15/17, revealed a 2009 unspecified offense, there was no conviction that was a disqualifying factor. The Social Security number and Driver’s License number provided at the time of application matched the information in the background report.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.



Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Esthela Luera</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	No	
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	Not indicated	
Corporate Affiliation	No	

**Additional Comments:**

The comprehensive background report for Esthela Luera, dated 09/15/17, revealed no derogatory comments. The Social Security number and Driver’s License number provided at the time of application matched the information in the background report.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.





Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	Jasmine Luera
<b>Business Name:</b>	Dynamic Meds – 4605 Wade Ave.
<b>Reviewer Name:</b>	Elizabeth Eumurian – HdL Companies

**Summary Report:**

Indicators	Record(s) Found	Comments
Criminal Conviction	Yes	Traffic and Other; see Additional Comments below
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	No	
Corporate Affiliation	No	

**Additional Comments:**

Although the comprehensive background report for Jasmine Luera, dated 09/15/17, revealed a traffic violation and several unspecified offenses, there was no conviction that was a disqualifying factor. The Social Security number and Driver’s License number provided at the time of application matched the information in the background report.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.



Delivering Revenue,  
Insight and Efficiency  
To Local Government

1340 Valley Vista Drive  
Suite 200  
Diamond Bar, CA 91765

909.861.4335  
Fax 909.861.7726  
888.861.0220  
www.hdlcompanies.com

**CITY OF PERRIS  
MEDICAL CANNABIS BUSINESS PERMIT APPLICATION**

**BACKGROUND CHECK REVIEW**

<b>Applicant Name:</b>	<b>Alexandra Nava</b>
<b>Business Name:</b>	<b>Dynamic Meds – 4605 Wade Ave.</b>
<b>Reviewer Name:</b>	<b>Elizabeth Eumurian – HdL Companies</b>

**Summary Report:**

<b>Indicators</b>	<b>Record(s) Found</b>	<b>Comments</b>
Criminal Conviction	Yes	Traffic and Other; see Additional Comments below
Professional License	No	
Bankruptcy	No	
Lien	No	
Property	No	
Eviction	No	
Global Watch List	No	
Pilot License	No	
Hunting/Weapons Permit	No	
Sexual Offender	No	
Corporate Affiliation	No	

**Additional Comments:**

Although the comprehensive background report for Alexandra Nava, dated 09/15/17, revealed a traffic violation and subsequent failure to appear violation, there was no conviction that was a disqualifying factor. The Social Security number and Driver’s License number provided at the time of application matched the information in the background report.

**Recommendation:**

No disqualifying factors per State or Local law.

Comprehensive Background Report Disclaimer: Please note the Public Records and commercially available data sources used on reports have errors. Data is sometimes entered poorly, processed incorrectly and is generally not free from defect. Therefore, this review should not be relied upon as definitively accurate on its own merit and it is recommended that a secondary source be used which will incorporate a DOJ and FBI Live Scan report as part of the background process.

4039826



Secretary of State  
Articles of Incorporation of a  
Nonprofit Mutual Benefit Corporation

ARTS-MU

FILED  
Secretary of State  
State of California  
JUN 28 2017

**IMPORTANT** — Read instructions before completing this form.

Filing Fee — \$30.00

Copy Fees — First page \$1.00; each attachment page \$0.50;  
Certification Fee — \$5.00

Note: A separate California Franchise Tax Board application is required to obtain tax exempt status. For more information, go to <https://www.ftb.ca.gov>.

This Space For Office Use Only

**1. Corporate Name** (Go to [www.sos.ca.gov/business/ba/name-availability](http://www.sos.ca.gov/business/ba/name-availability) for general corporate name requirements and restrictions.)

The name of the corporation is Dynamic Meds, Inc.

**2. Business Addresses** (Enter the complete business addresses. Item 2a cannot be a P.O.Box or "in care of" an individual or entity.)

a. Initial Street Address of Corporation - Do not enter a P.O. Box 4605 Wade Ave.	City (no abbreviations) Perris	State Ca	Zip Code 92571
b. Initial Mailing Address of Corporation, if different than Item 2a	City (no abbreviations)	State	Zip Code

**3. Service of Process** (Must provide either Individual OR Corporation.)

**INDIVIDUAL** — Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation) Alfonso	Middle Name	Last Name Luera	Suffix Sr.
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 4605 Wade Ave.	City (no abbreviations) Perris	State CA	Zip Code 92571

**CORPORATION** — Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 3a or 3b

**4. Purpose Statement** (Do not alter the Purpose Statement.)

This corporation is a nonprofit **Mutual Benefit Corporation** organized under the Nonprofit Mutual Benefit Corporation Law. The purpose of this corporation is to engage in any lawful act or activity, other than credit union business, for which a corporation may be organized under such law.

**5. Additional Statements** (The following statements are for tax-exempt status in California. See Instructions and Filing Tips.)

a. The specific purpose of this corporation is to See Attachment

b. Notwithstanding any of the above statements of purposes and powers, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the specific purposes of this corporation.

**6. Read and Sign Below** (This form must be signed by each incorporator. See Instructions. Do not include a title.)

Alfonso Luera  
Signature

Alfonso Luera, Sr.  
Type or Print Name

4039826


**Attachment to Articles of Incorporation**

**for**

**Dynamic Meds, Inc.**

**Article 5a**

The specific purpose of this corporation is to facilitate herbal or natural remedies for chronically ill patron members who are California residents with HIV, AIDS, chronic pain, chronic spasticity, glaucoma, arthritis, cancer, migraine, and/or such other conditions for which licensed medical physicians may recommend such herbal or natural remedies pursuant to California law.

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 07-07-2017

Employer Identification Number:  
82-2090581

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

DYNAMIC MEDS INC  
% ALFONSO LUERA  
4605 WADE AVE  
PERRIS, CA 92571

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-2090581. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

04/15/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

**CITY 000378**

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA STATE BOARD OF EQUALIZATION

**SELLER'S PERMIT**



09/01/2017 SR EH 103-116023

DYNAMIC MEDS INC.  
4605 WADE AVE  
PERRIS, CA 92571-7494

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).  
For information on your rights, contact the Taxpayers' Rights Advocate office at 1-888-324-2798 or 1-916-324-2798.**

BOE-442-R REV. 16 (11-14)

**A MESSAGE TO OUR NEW PERMIT HOLDER**

**As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:**

- Visiting our website at
- Visiting a field office
- Attending a Basic Sales and Use Tax Law class offered at one of our field offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

**As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,**

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California State Board of Equalization (BOE)
- You are responsible for following the regulations set forth by the BOE

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a BOE representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a BOE office, or giving it to a BOE representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the BOE, please contact the Taxpayers' Rights Advocate office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

**Please post this permit at the address for which it was issued and at a location visible to your customers.**

CALIFORNIA STATE BOARD OF EQUALIZATION  
Sales and Use Tax Department

**CITY 000379**



CALIFORNIA DRIVER LICENSE



*Alfonso Luera*

DL **N6404090**

EXP. **04/07/2022**

LN **LUERA**  
FN **ALFONSO**  
31101 MONTGOMERY AVE  
NUEVO, CA 92567

DOB **04/07/1958**

RSTR NONE

CLASS C  
END NONE



04071958

SEX M HAIR BRN EYES BRN  
HGT 5'-08" WGT 170 lb  
DD 04/06/201763524/CCFD/22 ISS 04/06/2017



# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION <i>Luera</i>	FIRST NAME ON APPLICATION <i>Alfonso</i>	MIDDLE NAME ON APPLICATION
-------------------------------------	--	---	----------------------------

### APPLICANT INFORMATION

<b>Social Security Number</b> [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Luera</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Alfonso</i>	MIDDLE NAME ON SOCIAL SEC. CARD
<b>California Driver's License</b> <i>N6404090</i>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE <i>Luera</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>Alfonso</i>	MIDDLE NAME ON CAL. DRIVER'S LIC.

SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE <i>59</i>	DATE OF BIRTH <i>04/07/1958</i>	RACE <i>His</i>	HEIGHT <i>5'8"</i>	WEIGHT <i>170</i>	HAIR <i>BRN</i>	EYES <i>BRN</i>
---	------------------	------------------------------------	--------------------	-----------------------	----------------------	--------------------	--------------------

LIST YOUR CURRENT HOME ADDRESS, CITY/ZIP CODE (NO P.O. BOXES ALLOWED) <i>31101 Montgomery Ave. Nuevo, CA 92567</i>	CELL PHONE # <i>(951) 415-0904</i>
---	---------------------------------------

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE <i>Mexico, Sonora</i>	LANGUAGES SPOKEN <i>English &amp; Spanish</i>
--	--	--

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

	ARREST DATE - Citation	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1	<i>2/25/2008</i>	<i>Riverside County Sheriff Perris, CA</i>	<i>PC - Petty Theft Retail Merch.</i>
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) <i>Sentenced to pay \$150 fine</i>		
2	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
	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	CHARGE / REASON FOR ARREST
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE <i>Alfonso Luera</i>	JOB TITLE (POSITION ON THE APPLICATION) <i>Owner/Manager</i>	DATE <i>8-7-17</i>
---	---	-----------------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------



**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE <i>Alfonso Leon</i>	DATE 8-7-17	PERSON REVIEWING APPLICATION:	DATE
--	----------------	-------------------------------	------

**XAVIER BECERRA**  
*Attorney General*

*State of California*  
**DEPARTMENT OF JUSTICE**



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 11, 2017

ALFONSO LUERA  
31101 MONTGOMERY AVE  
NUEVO, CA 92567

RE: California Criminal History Information

Dear Applicant:

This letter is in response to your record review request concerning the existence of information maintained in the California state summary criminal history files, as defined in subdivision (a) of Section 11105. Your fingerprints did identify to a record maintained in these files, and as such, a copy of that record is enclosed. If you wish to challenge the accuracy or completeness of your record, please complete and return the enclosed form (BCIA 8706) and supporting documentation to the address noted above.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General

Enclosure(s)  
BCIA 8711 (Rev. 02/17)

**CITY 000383**

4CMTDP646896.IH

RE: QHY.CA0349400.29094580.APPUSR. DATE:20170711 TIME:16:57:55  
RESTRICTED-DO NOT USE FOR EMPLOYMENT,LICENSING OR CERTIFICATION PURPOSES  
ATTN:APPUSR

\*\* PALM PRINT ON FILE AT DOJ FOR ADDITIONAL INFORMATION PLEASE E-MAIL

ALM.PRINT@DOJ.CA.GOV

\* III CALIFORNIA ONLY SOURCE RECORD

CII/A29094580

DOB/19580407 SEX/M RAC/HISPANIC

HGT/507 WGT/170 EYE/BRO HAI/BRO POB/MX

NAM/001 LUERA,ALFONSO

FBI/991229VC1

DMV/N6404090

SOC/

\* \* \* \*

ARR/DET/CITE: NAM:001 DOB:19580407  
20080225 CASO RIVERSIDE

CNT:001 #5308056017-330622897

-BOOK / RELEASE

490.5(A) PC-PETTY THEFT RETAIL MERCHANDISE/ETC TOC:M

ADR:20080225 (31101,MONTGOMERY, , ,NUEVO,CA,92567)

SCN:999B0560099

\* \* \* END OF MESSAGE \* \* \*

CALIFORNIA DRIVER LICENSE



DL **D5565206**

EXP **01/25/2022**

LN **LUERA**

FN **ERIC**

31101 MONTGOMERY AVE

NUEVO, CA 92567

DOB **01/25/1987**

RSTR NONE

CLASS C  
END NONE



01251987

*Eric Luera*

SEX **M**

HGT **8'-01"**

DD **01/04/2017**

HAIR **BRN**

WGT **240 lb**

CDI/BBFDV22

EYES **BRN**

ISS **01/04/2017**





# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION <i>Luera</i>	FIRST NAME ON APPLICATION <i>Eric</i>	MIDDLE NAME ON APPLICATION
-------------------------------------	--	--	----------------------------

### APPLICANT INFORMATION

Social Security Number <div style="background-color: black; width: 100px; height: 15px;"></div>	LAST NAME ON SOCIAL SECURITY CARD <i>Luera</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Eric</i>	MIDDLE NAME ON SOCIAL SEC. CARD
California Driver's License <i>D5565206</i>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE <i>Luera</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>ERIC</i>	MIDDLE NAME ON CAL. DRIVER'S LIC.

SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE <i>30</i>	DATE OF BIRTH <i>1/25/1987</i>	RACE <i>H</i>	HEIGHT <i>6'1"</i>	WEIGHT <i>260</i>	HAIR <i>BRN</i>	EYES <i>BRN</i>
---	------------------	-----------------------------------	------------------	-----------------------	----------------------	--------------------	--------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) <i>31101 Montgomery Ave Nuevo, CA 92567</i>	CELL PHONE # <i>(951) 632-8977</i>
---	---------------------------------------

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE <i>United States, CA</i>	LANGUAGES SPOKEN <i>English</i>
--	---	------------------------------------

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE <i>Eric Luera</i>	JOB TITLE (POSITION ON THE APPLICATION) <i>Asst. Manager</i>	DATE <i>8-7-17</i>
--	---	-----------------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------





**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE <i>[Signature]</i>	DATE 8-7-17	PERSON REVIEWING APPLICATION:	DATE
---	----------------	-------------------------------	------

**XAVIER BECERRA**  
*Attorney General*

*State of California*  
**DEPARTMENT OF JUSTICE**



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 11, 2017

ERIC LUERA  
31101 MONTGOMERY AVE  
NUEVO, CA 92567

RE: California Criminal History Information

Dear Applicant:

This letter is in response to your record review request concerning the existence of information maintained in the California state summary criminal history files, as defined in subdivision (a) of Section 11105. Your fingerprints did identify to a record maintained in these files, and as such, a copy of that record is enclosed. If you wish to challenge the accuracy or completeness of your record, please complete and return the enclosed form (BCIA 8706) and supporting documentation to the address noted above.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General

Enclosure(s)  
BCIA 8711 (Rev. 02/17)

**CITY 000388**

4CMTDP647019.IH  
RE: QHY:CA0349400.32096468.APPUSR. DATE:20170711 TIME:17:08:11  
RESTRICTED-DO NOT USE FOR EMPLOYMENT,LICENSING OR CERTIFICATION PURPOSES  
ATTN:APPUSR

CII/A32096468  
OB/19870125 SEX/M RAC/UNKNOWN  
HGT/601 WGT/205 EYE/BRO HAI/BRO POB/CA  
NAM/001 LUERA,ERIC

DMV/D5565206  
SOC/ [REDACTED]  
\* \* \* \*

APPLICANT: NAM:001  
20110622 CASG SECURITY & INVEST SERV, SACRAMENTO

CNT:001  
APPLICANT SECURITY GUARD WITH FIREARM TOC:N  
SCN:FL3E1730009 ATI-G173LUE332  
\* \* \* END OF MESSAGE \* \* \*

CALIFORNIA

DRIVER LICENSE



DL **E4205956**

EXP 07/23/2018

DOB 07/23/1992

AGE 21 IN 2013

CLASS C  
END NONE  
RSTR CORR LENS

07231992

*Jasmine*

LN LUERA  
FN JASMINE MONIQUE  
31101 MONTGOMERY AVE  
MUEVO, CA 92567

SEX F  
HAIR BRN EYES BRN  
HGT 5-06" WGT 138 lb

DD 07/08/2009 03SRBICCE014  
CS  
032112013



# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b> →	LAST NAME ON APPLICATION <i>Lvera</i>	FIRST NAME ON APPLICATION <i>Jasmine</i>	MIDDLE NAME ON APPLICATION <i>Monique</i>
---------------------------------------	--	---	--

### APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Lvera</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Jasmine</i>	MIDDLE NAME ON SOCIAL SEC. CARD <i>Monique</i>
California Driver's License <i>E4205956</i>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE <i>Lvera</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>Jasmine</i>	MIDDLE NAME ON CAL. DRIVER'S LIC. <i>Monique</i>

SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE <i>25</i>	DATE OF BIRTH <i>07/23/1992</i>	RACE <i>His.</i>	HEIGHT <i>5'6"</i>	WEIGHT <i>175</i>	HAIR <i>Brown</i>	EYES <i>Brown</i>
---	------------------	------------------------------------	---------------------	-----------------------	----------------------	----------------------	----------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE <b>(NO P.O. BOXES ALLOWED)</b> <i>31101 Montgomery Ave Nuevo, CA 92567</i>	CELL PHONE # <i>9514150739</i>
--	-----------------------------------

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE <i>U.S.A (CA)</i>	LANGUAGES SPOKEN <i>English / Spanish</i>
--	--	--

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE <i>Jasmine Lvera</i>	JOB TITLE (POSITION ON THE APPLICATION) <i>Quality Control Supervisor</i>	DATE <i>08/21/17</i>
---	--	-------------------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------



**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 2 of 2

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE <i>Jasmine Wells</i>	DATE 8/21/17	PERSON REVIEWING APPLICATION:	DATE
---	-----------------	-------------------------------	------

**CALIFORNIA**  
 DRIVER LICENSE  
 DL **F7314802**  
 EXP 03/09/2018  
 DOB 03/09/1998  
 AGE 21 IN 2019  
 PROVISIONAL UNTIL  
 AGE 18 IN 2016  
 CLASS C  
 END NONE  
 RSTR 47 59  
 03091998



*Esthela Luera*

LN LUERA  
 FN ESTHELA SELENA  
 31101 MONTGOMERY AVE  
 NUEVO, CA 92567  
 SEX F  
 HAIR BRN EYES BRN  
 HGT 5-01" WGT 112 LB  
 ISS 10/30/2014  
 DD 01/14/20146583043103014







# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION <i>Luera</i>	FIRST NAME ON APPLICATION <i>Esthela</i>	MIDDLE NAME ON APPLICATION <i>Selena</i>
-------------------------------------	--	---	---

### APPLICANT INFORMATION

<b>Social Security Number</b> [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Luera</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Esthela</i>	MIDDLE NAME ON SOCIAL SEC. CARD <i>Selena</i>
<b>California Driver's License</b> <i>F7314802</i>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE <i>Luera</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>Esthela</i>	MIDDLE NAME ON CAL. DRIVER'S LIC. <i>Selena</i>

SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE <i>19</i>	DATE OF BIRTH <i>03/09/1998</i>	RACE <i>His</i>	HEIGHT <i>5'0"</i>	WEIGHT <i>119</i>	HAIR <i>Brown</i>	EYES <i>Brown</i>
---	------------------	------------------------------------	--------------------	-----------------------	----------------------	----------------------	----------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE ( <u>NO P.O. BOXES ALLOWED</u> ) <i>3101 Montgomery Ave Nuevo CA 92567</i>	CELL PHONE # <i>(951) 915-0581</i>
--	---------------------------------------

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE <i>CA USA</i>	LANGUAGES SPOKEN <i>English</i>
--	--------------------------------------	------------------------------------

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE <i>* Esthela Luera</i>	JOB TITLE (POSITION ON THE APPLICATION) <i>Budtender</i>	DATE <i>8/21/17</i>
---	---	------------------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------



**CITY OF PERRIS**  
**Medical Marijuana Dispensary**  
**Employee/Owner**  
**Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE <i>Esthela Lu</i>	DATE 8/21/17	PERSON REVIEWING APPLICATION:	DATE
--	-----------------	-------------------------------	------

CALIFORNIA DRIVER LICENSE



*POB*

DL **D8089360**

EXP **07/30/2019**

LN **BILLS**  
FN **THOMAS CODY**  
22913 VIA SANTANA  
NUEVO, CA 92587

DOB **07/30/1986**  
RSTR NONE

CLASS C  
END NONE



**07301986**

SEX M HAIR BRN EYES HZL  
HGT 6'-02" WGT 190 lb ISS  
DD 07/10/2014656C8/DDFD/19 07/10/2014



# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION <i>Bills</i>	FIRST NAME ON APPLICATION <i>Thomas</i>	MIDDLE NAME ON APPLICATION <i>Cody</i>
-------------------------------------	--	--	---

### APPLICANT INFORMATION

<b>Social Security Number</b> [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Bills</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Thomas</i>	MIDDLE NAME ON SOCIAL SEC. CARD <i>Cody</i>				
<b>California Driver's License</b> <i>D8089360</i>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE <i>Bills</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>Thomas</i>	MIDDLE NAME ON CAL. DRIVER'S LIC. <i>Cody</i>				
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE <i>31</i>	DATE OF BIRTH <i>07/30/1986</i>	RACE <i>W</i>	HEIGHT <i>6'2"</i>	WEIGHT <i>195</i>	HAIR <i>Brown</i>	EYES <i>Hazel</i>
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) <i>22913 Via Santana Nuevo Ca 92567</i>						CELL PHONE # <i>(951) 259-4412</i>	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) <i>Tommy</i>				BIRTH COUNTRY/STATE <i>Ca</i>		LANGUAGES SPOKEN <i>English</i>	

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.

	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1	<i>11/08/2011</i>	<i>Allicd Riverside Cities Narcotics enforcement Team</i>	<i>Possession of Marijuana for sale</i>
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) <i>Never charged or sentenced, statute of limitations has passed</i>			
2	<i>11/08/2011</i>	<i>A.R.C.N.E.T. NUEVO, CA Riverside County</i>	<i>Sell/Furnish/Etc Marijuana/Hash</i>
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) <i>Never charged or sentenced, statute of limitations has passed</i>			
3	<i>11/08/2011</i>	<i>A.R.C.N.E.T., NUEVO, CA, Riverside County</i>	<i>Conspiracy: Commit Crime</i>
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) <i>Never charged or sentenced, statute of limitations has passed</i>			

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE <i>[Signature]</i>	JOB TITLE (POSITION ON THE APPLICATION) <i>Floor Manager</i>	DATE <i>08 05 2017</i>
---	---	---------------------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------





**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 2 of 2

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**


To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE 	DATE 08.05.2017	PERSON REVIEWING APPLICATION:	DATE
--	--------------------	-------------------------------	------

**XAVIER BECERRA**  
*Attorney General*

*State of California*  
**DEPARTMENT OF JUSTICE**



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 18, 2017

THOMAS CODY BILLS  
22913 VIA SANTANA  
NUEVO, CA 92567

RE: California Criminal History Information

Dear Applicant:

This letter is in response to your record review request concerning the existence of information maintained in the California state summary criminal history files, as defined in subdivision (a) of Section 11105. Your fingerprints did identify to a record maintained in these files, and as such, a copy of that record is enclosed. If you wish to challenge the accuracy or completeness of your record, please complete and return the enclosed form (BCIA 8706) and supporting documentation to the address noted above.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General

Enclosure(s)  
BCIA 8711 (Rev. 02/17)

**CITY 000399**



4CMTDP708132.IH

RE: QHY.CA0349400.32415548.APPUSR. DATE:20170718 TIME:20:22:18  
RESTRICTED-DO NOT USE FOR EMPLOYMENT,LICENSING OR CERTIFICATION PURPOSES  
ATTN:APPUSR

\*\*\*\*\*  
A SAMPLE NOT VERIFIED BY FINGERPRINT HAS BEEN RECEIVED, TYPED, AND  
UPLOADED INTO THE CAL-DNA DATA BANK. FOR INFO (510) 620-3300 OR  
PC296.PC296@DOJ.CA.GOV.

\*\*\*\*\*  
\*\* PALM PRINT ON FILE AT DOJ FOR ADDITIONAL INFORMATION PLEASE E-MAIL  
PALM.PRINT@DOJ.CA.GOV  
\*\* III CALIFORNIA ONLY SOURCE RECORD  
CII/A32415548  
DOB/19860730 SEX/M RAC/WHITE  
HGT/602 WGT/200 EYE/HAZ HAI/BRO POB/CA  
NAM/001 BILLS,THOMAS CODY

FBI/55518ND4  
DMV/D8089360  
\* \* \* \*

ARR/DET/CITE: NAM:001 DOB:19860730  
20111108 CASO RIVERSIDE

CNT:001 #201146738-330707282  
11359 HS-POSSESS MARIJUANA FOR SALE TOC:F

CNT:002  
11360(A) HS-SELL/FURNISH/ETC MARIJUANA/HASH TOC:F

CNT:003  
182(A)(1) PC-CONSPIRACY:COMMIT CRIME TOC:F  
ADR:20111108 (22913,VIA SANTANA, , ,NUEVO,CA, , )  
SCN:999E3120149

\* \* \* \* \*  
END OF MESSAGE \* \* \*

CALIFORNIA

IDENTIFICATION CARD



ID **F5678096**

EXP **12/19/2018**

DOB **12/19/1993**

AGE **21 IN 2014**

*Jacqueline Garcia*

12191993

LN GARCIA  
FN JACQUELINE  
2079 DELPHINIUM DR  
PERRIS, CA 92571

SEX F  
HAIR BRN EYES BRN  
HGT 5'-10" WGT 180 lb

DD 07/09/2013 55634/DDFD/13

ISS  
07/09/2013



**CITY OF PERRIS**  
**Medical Marijuana Dispensary**  
**Employee/Owner Background**  
**Application**

135 N. "D" Street  
 Perris, CA 92570  
 (951) 943-5003

**MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION**

<b>Name as Shown On Application</b> ⇒	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Garcia	Jacqueline	

**APPLICANT INFORMATION**

<b>Social Security Number</b> [REDACTED]		LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD			
		Garcia	Jacqueline				
<b>California Driver's License</b> E5678096		LAST NAME ON CALIFORNIA DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.			
		Garcia	Jacqueline				
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 23	DATE OF BIRTH 12-19-1993	RACE HI	HEIGHT 5'11	WEIGHT 185	HAIR Brown	EYES Brown
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE ( <b>NO P.O. BOXES ALLOWED</b> )						CELL PHONE #	
2079 Delphinium Drive Perris, CA 92571						951-423-0978	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)				BIRTH COUNTRY/STATE	LANGUAGES SPOKEN		
Jaky				CA	spanish/english		

**CRIMINAL HISTORY**

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.

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

**STATEMENT OF PERJURY**

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

APPLICANT'S SIGNATURE * <i>Jacqueline Garcia</i>	JOB TITLE (POSITION ON THE APPLICATION) Budtender	DATE 8-5-17
---	--	----------------

**CITY STAFF USE ONLY**

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------



**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE <i>Jakylla</i>	DATE 8/5/17	PERSON REVIEWING APPLICATION:	DATE
---	----------------	-------------------------------	------

**XAVIER BECERRA**  
**Attorney General**

*State of California*  
**DEPARTMENT OF JUSTICE**



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 14, 2017

JACQUELINE GARCIA  
2079 DELPHINIUM DR  
PERRIS, CA 92571

RE: California Criminal History Information

Dear Applicant:

This is in response to your inquiry concerning the existence of a California criminal history record within the files of the Department of Justice's Bureau of Criminal Information and Analysis. As of the date of this letter, a search of your fingerprints did not identify with any criminal history record maintained by this Bureau as provided by the California Penal Code Sections 11120-11127.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General

BCIA 8708 (Rev. 02/17)

**CITY 000404**

CALIFORNIA DRIVER LICENSE

DL **A1551876**

CLASS C  
END NONE

EXP **06/17/2018**

LN **CORIA**  
FN **MARLENE**  
29590 CALLE DE CABALLOS  
ROMOLAND, CA 92585

DOB **06/17/1969**

RSTR CORR LENS

06171969



*Marlene Coria*

SEX : F    HAIR : BLK    EYES : BRN  
HGT : 5'-06"    WGT : 190 lb  
DD 05/16/2008845RB/CCFD18    ISS 06/19/2013





# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION Coria	FIRST NAME ON APPLICATION Marlene	MIDDLE NAME ON APPLICATION —
-------------------------------------	-----------------------------------	--------------------------------------	---------------------------------

### APPLICANT INFORMATION

<b>Social Security Number</b> [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD Coria	FIRST NAME ON SOCIAL SECURITY CARD Marlene	MIDDLE NAME ON SOCIAL SEC. CARD —
<b>California Driver's License</b> A1551876	LAST NAME ON CALIFORNIA DRIVER'S LICENSE Coria	FIRST NAME ON CAL. DRIVER'S LICENSE Marlene	MIDDLE NAME ON CAL. DRIVER'S LIC. —

SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 48	DATE OF BIRTH 6.17.69	RACE Native Amer.	HEIGHT 5'7"	WEIGHT 180	HAIR Blk	EYES BRWN.
---	-----------	--------------------------	----------------------	----------------	---------------	-------------	---------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 29590 calle de Caballos Romoland 92585	CELL PHONE # 951-306-8166
--	------------------------------

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) Marlene Ramirez	BIRTH COUNTRY/STATE USA/CA	LANGUAGES SPOKEN English
---	-------------------------------	-----------------------------

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

#	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1			
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
2			
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
3			
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE 	JOB TITLE (POSITION ON THE APPLICATION) Budtender	DATE 8.7.17
---------------------------	--	----------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------



**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 2 of 2

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**


To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE 	DATE 8-7-17	PERSON REVIEWING APPLICATION:	DATE
--	----------------	-------------------------------	------

**XAVIER BECERRA**  
*Attorney General*

*State of California*  
**DEPARTMENT OF JUSTICE**



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 14, 2017

MARLENE CORIA  
29590 CALLE DE CABALLOS  
ROMOLAND, CA 92585

RE: California Criminal History Information

Dear Applicant:

This letter is in response to your record review request concerning the existence of information maintained in the California state summary criminal history files, as defined in subdivision (a) of Section 11105. Your fingerprints did identify to a record maintained in these files, and as such, a copy of that record is enclosed. If you wish to challenge the accuracy or completeness of your record, please complete and return the enclosed form (BCIA 8706) and supporting documentation to the address noted above.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General

Enclosure(s)  
BCIA 8711 (Rev. 02/17)

**CITY 000408**

4CMTDP682103.IH

RE: QHY.CA0349400.27305694.APPUSR. DATE:20170714 TIME:18:27:49  
RESTRICTED-DO NOT USE FOR EMPLOYMENT,LICENSING OR CERTIFICATION PURPOSES  
ATTN:APPUSR

CII/A27305694

DOB/19690617 SEX/F RAC/UNKNOWN  
HGT/506 WGT/190 EYE/BRO HAI/BLK POB/CA  
NAM/001 CORIA,MARLENE  
002 RAMIREZ,MARLENE

DMV/A1551876

SOC/

\* \* \* \*

APPLICANT: NAM:001  
20060413 CAPV DIOCESE OF SAN BERDO, SAN BERNARDINO

CNT:001 #1524

APPLICANT VOLUNTEER/VCA

TOC:N

SCN:N8961030007 ATI-I103COM523

\* \* \* \* \*  
END OF MESSAGE \* \* \*







# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Valencia	Cynthia	Michelle

### APPLICANT INFORMATION

<b>Social Security Number</b>	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
[REDACTED]	Valencia	Cynthia	Michelle
<b>California Driver's License</b>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.
474696168	Valencia	Cynthia	Michelle
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 24	DATE OF BIRTH 09-29-1992	RACE [ ]
HEIGHT 5ft	WEIGHT 120	HAIR Black	EYES Brown
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED)			CELL PHONE #
1741 Jade Ave Perris CA 92571			424-332-3098
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)		BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
		USA / CA	English / Spanish

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
*Cynthia Valencia	Asst. Floor Manager	08-07-17

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT





**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 2 of 2

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE <i>Cynthia Valencian</i>	DATE	PERSON REVIEWING APPLICATION:	DATE 08-07-17
---	------	-------------------------------	------------------

**XAVIER BECERRA**  
**Attorney General**

*State of California*  
**DEPARTMENT OF JUSTICE**



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 19, 2017

CYNTHIA VALENCIA  
1741 JAE AVE  
PERRIS, CA 91571

RE: California Criminal History Information

Dear Applicant:

This is in response to your inquiry concerning the existence of a California criminal history record within the files of the Department of Justice's Bureau of Criminal Information and Analysis. As of the date of this letter, a search of your fingerprints did not identify with any criminal history record maintained by this Bureau as provided by the California Penal Code Sections 11120-11127.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For **XAVIER BECERRA**  
Attorney General

CALIFORNIA

DRIVER LICENSE



DL **F3622682**

EXP **02/20/2019**

DOB **02/20/1996**

**AGE 21 IN 2017**

CLASS C  
END NONE  
RSTR CORR LENS

02201996

LN **CORIA**  
FN **CELINE RAMIREZ**  
29590 CALLE DE CABALLOS  
ROMOLAND, CA 92585



SEX **F**  
HAIR **BLK** EYES **BRN**  
HGT **5'-07"** WGT **172 lb**

DL **04/29/2014635A5/C2FD19**

ISS **09/10/2014**



# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION <i>Coria</i>	FIRST NAME ON APPLICATION <i>Celine</i>	MIDDLE NAME ON APPLICATION <i>Ramirez</i>
-------------------------------------	--	--	--

### APPLICANT INFORMATION

<b>Social Security Number</b> [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Coria</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Celine</i>	MIDDLE NAME ON SOCIAL SEC. CARD <i>Ramirez</i>
<b>California Driver's License</b> <i>F3622682</i>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE <i>Coria</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>Celine</i>	MIDDLE NAME ON CAL. DRIVER'S LIC. <i>Ramirez</i>

SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE <i>21</i>	DATE OF BIRTH <i>02-20-1996</i>	RACE <i>N/A</i>	HEIGHT <i>5'7"</i>	WEIGHT <i>150</i>	HAIR <i>Black</i>	EYES <i>Brown</i>
---	------------------	------------------------------------	--------------------	-----------------------	----------------------	----------------------	----------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE ( <b>NO P.O. BOXES ALLOWED</b> ) <i>29590 Calle de Caballos, Romoland, CA, 92585</i>	CELL PHONE # <i>(951)322-9015</i>
--	--------------------------------------

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) <i>N/A</i>	BIRTH COUNTRY/STATE <i>USA / CA</i>	LANGUAGES SPOKEN <i>English</i>
--	--	------------------------------------

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

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

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE <i>[Signature]</i>	JOB TITLE (POSITION ON THE APPLICATION) <i>Budtender</i>	DATE <i>08/05/17</i>
---	---	-------------------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------





**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 2 of 2

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**


To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE 	DATE 08/05/17	PERSON REVIEWING APPLICATION:	DATE
--	------------------	-------------------------------	------

**XAVIER BECERRA**  
*Attorney General*

*State of California*  
**DEPARTMENT OF JUSTICE**



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 13, 2017

CELINE RAMIREZ CORIA  
29590 CALLE DE CABALLOS  
ROMOLAND, CA 92585

RE: California Criminal History Information

Dear Applicant:

This is in response to your inquiry concerning the existence of a California criminal history record within the files of the Department of Justice's Bureau of Criminal Information and Analysis. As of the date of this letter, a search of your fingerprints did not identify with any criminal history record maintained by this Bureau as provided by the California Penal Code Sections 11120-11127.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General



CALIFORNIA DRIVER LICENSE



DL **F5055471**

EXP **03/22/2022**

LN **NAVA**

FN **ALEXANDRA ROSETT**  
13689 RED MAHOGANY DR  
MORENO VALLEY, CA 92553

DOB **03/22/1994**

RSTR **NONE**

CLASS: C  
END NONE



03221994

*Alexandra Rosett*

SEX F HAIR BRN EYES BRN  
HGT 5-07 WGT 210 lb  
DD 03/20/201758522/BBFD/22 ISS 03/20/2017



# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION ⇒ Nava	FIRST NAME ON APPLICATION Alexandra	MIDDLE NAME ON APPLICATION Rosett
-------------------------------------	------------------------------------	--	--------------------------------------

### APPLICANT INFORMATION

<b>Social Security Number</b> [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD NAVA	FIRST NAME ON SOCIAL SECURITY CARD Alexandra	MIDDLE NAME ON SOCIAL SEC. CARD Rosett				
<b>California Driver's License</b> FS055471	LAST NAME ON CALIFORNIA DRIVER'S LICENSE NAVA	FIRST NAME ON CAL. DRIVER'S LICENSE Alexandra	MIDDLE NAME ON CAL. DRIVER'S LIC. Rosett				
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 23	DATE OF BIRTH 03-22-94	RACE H	HEIGHT 5'7	WEIGHT 200	HAIR Brown	EYES Brown
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 13089 Red Mahogany Dr Moreno Valley CA 92553						CELL PHONE # (951) 445-3965	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) Alex				BIRTH COUNTRY/STATE CA	LANGUAGES SPOKEN Spanish English		

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE * [Signature]	JOB TITLE (POSITION ON THE APPLICATION) Budtender	DATE August 7th, 2017
--	--	--------------------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------



**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE 	DATE August 7th, 2017	PERSON REVIEWING APPLICATION:	DATE
---------------------------	--------------------------	-------------------------------	------

*XAVIER BECERRA*  
*Attorney General*

*State of California*  
*DEPARTMENT OF JUSTICE*



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 14, 2017

ALEXANDRA ROSETT NAVA  
1218 WILLOWSPRINGS LN  
CORONA, CA 92882

RE: California Criminal History Information

Dear Applicant:

This letter is in response to your record review request concerning the existence of information maintained in the California state summary criminal history files, as defined in subdivision (a) of Section 11105. Your fingerprints did identify to a record maintained in these files, and as such, a copy of that record is enclosed. If you wish to challenge the accuracy or completeness of your record, please complete and return the enclosed form (BCIA 8706) and supporting documentation to the address noted above.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General

Enclosure(s)  
BCIA 8711 (Rev. 02/17)

CITY 000421

4CMT:DP678487.IH

RE: QHY.CA0349400.35863151.APPUSR. DATE:20170714 TIME:13:47:42  
RESTRICTED-DO NOT USE FOR EMPLOYMENT,LICENSING OR CERTIFICATION PURPOSES  
ATTN:APPUSR

CII/A35863151

DOB/19940322 SEX/F RAC/UNKNOWN  
HGT/508 WGT/210 EYE/BRO HAI/BRO POB/CA  
CTZ/UNITED STATES  
NAM/001 NAVA,ALEXANDRA ROSETT

DMV/F5055471

SOC/

\* \* \* \*

APPLICANT: NAM:001  
20160311 CAUD TEMECULA VALLEY, TEMECULA

CNT:001

APPLICANT CLASSIFIED SCHOOL EMPLOYEE

TOC:N

SCN:V42J0710004 ATI-G071NAA872

\* \* \* \* \*  
END OF MESSAGE \* \* \*

**CALIFORNIA** DMV **DRIVER LICENSE**



DL **D8783436**  
Exp. **04/02/2021**  
CLASS C  
END NONE

LN **LEYBA**  
FN **KEVIN THOMAS**  
22580 HAYES ST  
PERRIS, CA 92570

DOB **04/02/1988**  
RSTR NONE

SEX **M** HAIR **BRN** EYES **BRN**  
HGT **6'-00"** WGT **174 lb**  
DOB **04/02/2016** ISS **04/02/2016**  
DD **04/03/2016** 16556037/CCHD/21







# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION <i>Leyba</i>	FIRST NAME ON APPLICATION <i>Kevin</i>	MIDDLE NAME ON APPLICATION <i>Thomas</i>
-------------------------------------	--	---	---

### APPLICANT INFORMATION

<b>Social Security Number</b> [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Leyba</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Kevin</i>	MIDDLE NAME ON SOCIAL SEC. CARD <i>Thomas</i>
<b>California Driver's License</b> <i>D8783436</i>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE <i>Leyba</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>Kevin</i>	MIDDLE NAME ON CAL. DRIVER'S LIC. <i>Thomas</i>
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE <i>29</i>	DATE OF BIRTH <i>April 2, 1988</i>	RACE <i>NA</i>
HEIGHT <i>6ft</i>	WEIGHT <i>174</i>	HAIR <i>DRK BRN Brown</i>	EYES <i>Brown</i>
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) <i>22580 Hayes St. Perris CA, 92570</i>			CELL PHONE # <i>951-970-1422</i>
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) <i>N/A</i>		BIRTH COUNTRY/STATE <i>California USA</i>	LANGUAGES SPOKEN <i>English</i>

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

#	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) <i>See attached Record Search</i>		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE <i>[Signature]</i>	JOB TITLE (POSITION ON THE APPLICATION)	DATE <i>8/5/17</i>
---	---	-----------------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------



**CITY OF PERRIS**  
**Medical Marijuana Dispensary**  
**Employee/Owner**  
**Background Information**

135 N. "D" Street  
 Perris, CA 92570  
 (951) 943-5003

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

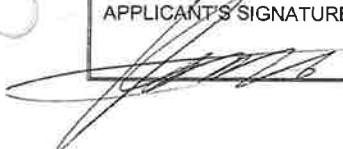
To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE 	DATE 8/5/17	PERSON REVIEWING APPLICATION:	DATE
---	----------------	-------------------------------	------

XAVIER BECERRA  
Attorney General

State of California  
DEPARTMENT OF JUSTICE



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 14, 2017

KEVIN THOMAS LEYVA  
22580 HAYES ST  
PERRIS, CA 92570

RE: California Criminal History Information

Dear Applicant:

This letter is in response to your record review request concerning the existence of information maintained in the California state summary criminal history files, as defined in subdivision (a) of Section 11105. Your fingerprints did identify to a record maintained in these files, and as such, a copy of that record is enclosed. If you wish to challenge the accuracy or completeness of your record, please complete and return the enclosed form (BCIA 8706) and supporting documentation to the address noted above.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General

Enclosure(s)  
BCIA 8711 (Rev. 02/17)

CITY 000426

4CMTDP679030.IH

RE: QHY.CA0349400.30076226.APPUSR. DATE:20170714 TIME:14:22:48  
RESTRICTED-DO NOT USE FOR EMPLOYMENT,LICENSING OR CERTIFICATION PURPOSES  
ATTN:APPUSR

\*\*\*\*\*

DO NOT COLLECT DNA. DNA SAMPLE HAS BEEN RECEIVED, TYPED, AND UPLOADED  
INTO THE CAL-DNA DATA BANK. FOR INFO (510) 620-3300 OR  
PC296.PC296@DOJ.CA.GOV

\*\*\*\*\*

\*\* PALM PRINT ON FILE AT DOJ FOR ADDITIONAL INFORMATION PLEASE E-MAIL  
PALM.PRINT@DOJ.CA.GOV

\*\* III CALIFORNIA ONLY SOURCE RECORD

CII/A30076226

DOB/19880402 SEX/M RAC/WHITE

HGT/600 WGT/164 EYE/BRO HAI/BRO POB/CA

NAM/001 LEYBA,KEVIN THOMAS

002 LEYBA,KEVIN T

FBI/402482DD2

DMV/D8783436

SOC/

\* \* \* \*

ARR/DET/CITE: NAM:001 DOB:19880402  
20090330 CASO RIVERSIDE

CNT:001 #200914456-330650449  
459 PC-BURGLARY

TOC:F

CNT:002

496(A) PC-RECEIVE/ETC KNOWN STOLEN PROPERTY TOC:F  
ADR:20090330 (22580,HAYES STREET, , ,PERRIS,CA,92570)  
SCN:999C0890137

COURT: NAM:001  
20090515 CASC PERRIS

CNT:001 #SWF028057  
459 PC-BURGLARY:FIRST DEGREE

TOC:F

DISPO:DISMISSED/FURTHERANCE OF JUSTICE

CNT:002

487(A) PC-GRAND THEFT:MONEY/LABOR/PROP TOC:M  
DISPO:DISMISSED/FURTHERANCE OF JUSTICE

CNT:003

496(A) PC-RECEIVE/ETC KNOWN STOLEN PROPERTY TOC:M

\*DISPO:CONVICTED

CONV STATUS:MISDEMEANOR

SEN: 036 MONTHS PROBATION, 120 DAYS JAIL, FINE, IMP SEN SS

DISPO:CONVICTION CERT BY CLERK OF THE COURT  
DISPO:FOR CERT INFO SEE AUTOMATED ARCHIVE SYS

\* \* \* \*

APPLICANT: NAM:002  
20141023 CACB RIVERSIDE IHSS PA, MORENO VALLEY

CNT:001

APPLICANT ELDER CARE

TOC:N

SCN:CZ4H2970014 ATI-G296LEK805

\* \* \* \* \*  
END OF MESSAGE \* \* \*

**CALIFORNIA** IDENTIFICATION CARD

id : **F1332987**

EXP **10/01/2022**

LN **CONTRERAS**

FN **ALEXANDREA RENE**

332 W 10TH ST  
PERRIS, CA 92570

DOB **10/01/1991**

10011991

SEX : F HAIR BRN EYES BRN

HGT 5-04" WGT 120 lb

ISS 05/10/2017

DD 06/10/2017 88817/CCFD22







# CITY OF PERRIS

## Medical Marijuana Dispensary Employee/Owner Background Application

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 1 of 2

### MEDICAL MARIJUANA DISPENSARY APPLICANT INFORMATION

<b>Name as Shown On Application</b>	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Contreras	Alexandrea	Renee

### APPLICANT INFORMATION

<b>Social Security Number</b>	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
[REDACTED]	Contreras	Alexandrea	Renee
<b>California Driver's License</b>	LAST NAME ON CALIFORNIA DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.
#F1332987	Contreras	Alexandrea	Renee
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 25	DATE OF BIRTH 10-1-1991	RACE His
		HEIGHT 5'4	WEIGHT 125
		HAIR BRN	EYES BRW
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED)			CELL PHONE #
251 W 4th St Perris CA 92570			951-3704537
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)		BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
Alley, Alex		Riverside CA	English

### CRIMINAL HISTORY

**List all arrest or convictions other than infractions for traffic violations** IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR THE MEDICAL MARIJUANA DISPENSARY REGULATORY PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

#	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) Reference Record Search on attached page		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

### STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE 	JOB TITLE (POSITION ON THE APPLICATION)	DATE 8-5-17
---------------------------	---	----------------

### CITY STAFF USE ONLY

DATE / TIME	\$ FEE AMOUNT PAID	\$ RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT
-------------	--------------------	--------------	-------------------	-----------------





**CITY OF PERRIS  
Medical Marijuana Dispensary  
Employee/Owner  
Background Information**

135 N. "D" Street  
Perris, CA 92570  
(951) 943-5003

Page 2 of 2

**ADDITIONAL ARREST INFORMATION**

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

**LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY**

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

**BACKGROUND INVESTIGATION RELEASE**

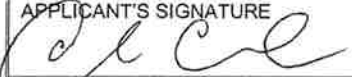
To Whom It May Concern:

I am an applicant/employee with a Medical Marijuana Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Perris, 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 background check to verify that I meet the qualifications required to obtain a Medical Marijuana Dispensary Permit to operate or to be employed with such business as required by the City Municipal 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 Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

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 City of Perris, 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 records check, and/or obtaining access to any other documentation which pertains to meeting the qualification for a Medical Marijuana Dispensary Permit or Employee Permit.

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 Perris City Ordinance.

APPLICANT'S SIGNATURE 	DATE 8.5.17	PERSON REVIEWING APPLICATION:	DATE
--	----------------	-------------------------------	------

XAVIER BECERRA  
Attorney General

State of California  
DEPARTMENT OF JUSTICE



BUREAU OF CRIMINAL INFORMATION AND ANALYSIS

P.O. Box 903417  
SACRAMENTO, CA 94203-4170

July 14, 2017

ALEXANDREA RENE CONTRERAS  
251 W 4TH T  
PERRIS, CA 92570

RE: California Criminal History Information

Dear Applicant:

This letter is in response to your record review request concerning the existence of information maintained in the California state summary criminal history files, as defined in subdivision (a) of Section 11105. Your fingerprints did identify to a record maintained in these files, and as such, a copy of that record is enclosed. If you wish to challenge the accuracy or completeness of your record, please complete and return the enclosed form (BCIA 8706) and supporting documentation to the address noted above.

Pursuant to California Penal Code section 11121, the purpose of a record review request is to afford an individual with a copy of their record and to refute any erroneous or inaccurate information contained therein. The intent is not to be used for licensing, certification or employment purposes.

Additionally, California Penal Code sections 11125, 11142, and 11143 does not allow for a person or agency to make a request to another person to provide them with a copy of an individual's criminal history or notification that a record does not exist; does not allow an authorized person to furnish the record to an unauthorized person; nor does it allow an unauthorized person to buy, receive or possess the record or information. A violation of these section codes is a misdemeanor.

Record Review and Challenge Program  
Applicant Record and Certification Branch  
Bureau of Criminal Information and Analysis

For XAVIER BECERRA  
Attorney General

Enclosure(s)  
BCIA 8711 (Rev. 02/17)

CITY 000431

4CMTDP680271.IH

RE: QHY.CA0349400.34026879.APPUSR. DATE:20170714 TIME:15:52:43  
RESTRICTED-DO NOT USE FOR EMPLOYMENT,LICENSING OR CERTIFICATION PURPOSES  
ATTN:APPUSR

\*\* PALM PRINT ON FILE AT DOJ FOR ADDITIONAL INFORMATION PLEASE E-MAIL  
ALM.PRINT@DOJ.CA.GOV

\* III CALIFORNIA ONLY SOURCE RECORD  
CII/A34026879  
DOB/19911001 SEX/F RAC/HISPANIC  
HGT/504 WGT/122 EYE/BRO HAI/BRO POB/CA  
NAM/001 CONTRERAS,ALEXANDRIA RENE  
002 CONTRERAS,ALEXANDREA RENE  
003 CONTRERAS,ALEXANDRA RENE

FBI/188352XD4  
DMV/F1332987  
SOC/ [REDACTED]  
\* \* \* \*

ARR/DET/CITE: NAM:001 DOB:19911001  
20131211 CASO RIVERSIDE

CNT:001 #2813345003-330748828  
503 PC-EMBEZZLEMENT TOC:M  
ADR:20131211 (251,W 4TH, , ,PERRIS,CA,92570)  
SCN:999G3450060  
\* \* \* \*

ARR/DET/CITE: NAM:002 DOB:19911001  
20140123 CASO RIVERSIDE

CNT:001 #201403658-330748828  
503 PC-EMBEZZLEMENT TOC:F  
ADR:20140123 (251,4TH STREET, , ,PERRIS,CA,92570)  
SCN:999H0230154

\*\*\*\*\*  
\*\* THE ENTRIES PROVIDED BELOW ARE BASED UPON AN ARREST OR COURT \*\*  
\*\* DISPOSITION REPORT. THE SUBJECT OF THE ENTRY HAS BEEN IDENTIFIED \*\*  
\*\* WITH THIS RECORD BASED UPON SOFT CRITERIA CONSISTING OF A NAME \*\*  
\*\* OR NUMBER MATCH. POSITIVE IDENTIFICATION HAS NOT BEEN MADE \*\*  
\*\* BECAUSE FINGERPRINTS WERE NOT RECEIVED FOR THE ENTRIES. USE OF \*\*  
\*\* THIS INFORMATION IS THE RECEIVERS RESPONSIBILITY. \*\*  
\*\* \*\*\*\*\*  
\* \* \* \*

ARR/DET/CITE: NAM:003  
20101004 CASO RIVERSIDE

CNT:001 #00000000  
NO ARREST RECEIVED TOC:N  
COM: DOA MISSING

CNT:002  
484G(B) PC-THEFT BY MISREP AS ACCESS CARD HLDR TOC:M  
20101027  
DISPO:PROS REL-DET ONLY-LACK OF SUFF EVID  
\* \* \* \*

ARR/DET/CITE: NAM:003  
20130925 CASO RIVERSIDE

CNT:001 #ME132680034  
NO ARREST RECEIVED

TOC:N

CNT:002 #ME132680034  
503 PC-EMBEZZLEMENT

TOC:M

COURT: NAM:003  
0140106 CASC MCRIVERSIDE

CNT:001 #RIM1316512  
503 PC-EMBEZZLEMENT

TOC:M

\*DISPO:CONVICTED

CONV STATUS:MISDEMEANOR

SEN: 036 MONTHS PROBATION, 025 DAYS JAIL, FINE, IMP SEN SS

DISPO:FOR CERT INFO SEE AUTOMATED ARCHIVE SYS  
COM: CONVICTION CERTIFIED BY W SAMUEL HAMRICK,  
JR,CLERK OF COURT,CASC MCRIVERSIDE  
DCN:L1121520081497000722  
\* \* \* END OF MESSAGE \* \* \*

# Commercial Lease

This lease is made between MICHAEL LANE + LAURIE BARNES of 5188 WESTERN WAY, PERRIS, CA 92571, herein called Lessor, and ALFONSO LUERA SR. of 4605 WADE AVE. PERRIS, CA 92571, herein called Lessee. Lessee hereby offers to lease from Lessor the premises situated in the City of PERRIS, County of RIVERSIDE State of CA, described as 4605 WADE AVE., PERRIS CA 92571

upon the following TERMS and CONDITIONS:

**1. Term and Rent.** Lessor demises the above premises for a term of 1 years, commencing July 1, 2017, and terminating on JUNE 31, 2018, or sooner as provided herein at the annual rental of FIFTY FOUR THOUSAND Dollars (\$54,000.00) payable in equal installments in advance on the first day of each month for that month's rental, during the term of this lease. All rental payments shall be made to Lessor, at the address specified above.

**2. Use.** Lessee shall use and occupy the premises for \_\_\_\_\_ . The premises shall be used for no other purpose. Lessor represents that the premises may lawfully be used for such purpose. Lessee shall not use the premises for the purposes of storing, manufacturing or selling any explosives, flammables, or other inherently dangerous substance, chemical, thing, or device.

**3. Care and Maintenance of Premises.** Lessee acknowledges that the premises are in good order and repair, unless otherwise indicated herein. Lessee shall, at his own expense and at all times, maintain the premises in good and safe condition, including plate glass, electrical wiring, plumbing and heating installations and any other system or equipment upon the premises and shall surrender the same, at termination hereof, in as good condition as received, normal wear and tear excepted. Lessee shall be responsible for all repairs required, excepting the roof, exterior walls, structural foundations, and:

PROPERTY AT EAST OF WAREHOUSE WILL REMAIN TO BE USED BY SO-CAL CONST

which shall be maintained by Lessor. Lessee shall also maintain in good condition such portions adjacent to the premises, such as sidewalks, driveways, lawns and shrubbery, which would otherwise be required to be maintained by Lessor.

**4. Alterations.** Lessee shall not, without first obtaining the written consent of Lessor, make any alterations, additions, or improvements, in, to or about the premises.

**5. Ordinances and Statutes.** Lessee shall comply with all statutes, ordinances and requirements of all municipal, state and federal authorities now in force, or which may hereafter be in force, pertaining to the premises, occasioned by or affecting the use thereof by Lessee.

**6. Assignment and Subletting.** Lessee shall not assign this lease or sublet any portion of the premises without prior written consent of the Lessor, which shall not be unreasonably withheld. Any such assignment or subletting without consent shall be void and, at the option of the Lessor, may terminate this lease.

**7. Utilities.** All applications and connections for necessary utility services on the demised premises shall be made in the name of Lessee only, and Lessee shall be solely liable for utility charges as they become due, including those for sewer, water, gas, electricity, and telephone services. In the event that any utility or service provided to the premises is not separately metered, Lessor shall pay the amount due and separately invoice Lessee for Lessee's pro rata share of the charges. Tenant shall pay such amounts within fifteen (15) days of invoice. Lessee acknowledges that the leased premises are designed to provide standard office use electrical facilities and standard office lighting. Lessee shall not use any equipment or devices that utilize excessive electrical energy or that may, in Lessor's reasonable opinion, overload the wiring or interfere with electrical services to other tenants.

**8. Entry and Inspection.** Lessee shall permit Lessor or Lessor's agents to enter upon the premises at reasonable times and upon reasonable notice, for the purpose of inspecting the same, and will permit Lessor at any time within sixty (60) days prior to the expiration of this lease, to place upon the premises any usual "To Let" or "For Lease" signs, and permit persons desiring to

lease the same to inspect the premises thereafter.

**8. Parking.** During the term of this lease, Lessee shall have the nonexclusive use in common with Lessor, other tenants of the building, their guests and invitees, of the nonreserved common automobile parking areas, driveways, and foot ways, subject to rules and regulations for the use thereof as prescribed from time to time by Lessor. Lessor reserves the right to designate parking areas within the building or in a reasonable proximity thereto, for Lessee and Lessee's agents and employees. Lessee shall provide Lessor with a list of all license numbers for the cars owned by Lessee, its agents and employees. Separated structured parking, if any, located about the building is reserved for Lessees of the building who rent such parking spaces. Lessee hereby leases from Lessor N/A spaces in such a structural parking area, such spaces to be on a first-come first-served basis. In consideration of the leasing to Lessee of such spaces, Lessee shall pay a monthly rental: N/A Dollars (\$ \_\_\_\_\_) per space throughout the term of the lease. Such rent shall be due and payable each month without demand at the time herein set for the payment of other monthly rentals, in addition to such other rentals.

**10. Possession.** If Lessor is unable to deliver possession of the premises at the commencement hereof, Lessor shall not be liable for any damage caused thereby, nor shall this lease be void or voidable, but Lessee shall not be liable for any rent until possession is delivered. Lessee may terminate this lease if possession is not delivered within 15 days of the commencement of the term hereof.

**11. Indemnification of Lessor.** To the extent of the law, Lessor shall not be liable for any damage or injury to Lessee, or any other person, or to any property, occurring on the demised premises or any part thereof. Lessee agrees to indemnify and hold Lessor harmless from any claims for damages which arise in connection with any such occurrence. Said indemnification shall include indemnity from any costs or fee which Lessor may incur in defending said claim.

**12. Insurance.** Lessee, at his expense, shall maintain plate glass and public liability insurance including bodily injury and property damage insuring Lessee and Lessor with minimum coverage as follows:

Lessee shall provide Lessor with a Certificate of Insurance showing Lessor as additional insured. The Certificate shall provide for a ten-day written notice to Lessor in the event of cancellation or material change of coverage. To the maximum extent permitted by insurance policies which may be owned by Lessor or Lessee, Lessee and Lessor, for the benefit of each other, waive any and all rights of subrogation which might otherwise exist.

If the leased premises or any other part of the building is damaged by fire or other casualty resulting from any act of negligence of Lessee or any of Lessee's agents, employees or invitees, rent shall not be diminished or abated while such damages are under repair, and Lessee shall be responsible for the costs of repair not covered by insurance.

**13. Eminent Domain.** If the premises or any part thereof or any estate therein, or any other part of the building materially affecting Lessee's use of the premises, shall be taken by eminent domain, this lease shall terminate on the date when title vests pursuant to such taking. The rent, and any additional rent, shall be apportioned as of the termination date, and any rent paid for any period beyond that date shall be repaid to Lessee. Lessee shall not be entitled to any part of the award for such taking or any payment in lieu thereof, but Lessee may file a claim for any taking of fixtures and improvements owned by Lessee, and for moving expenses.

**14. Destruction of Premises.** In the event of a partial destruction of the premises during the term hereof, from any cause, Lessor shall forthwith repair the same, provided that such repairs can be made within sixty (60) days under existing governmental laws and regulations, but such partial destruction shall not terminate this lease, except that Lessee shall be entitled to a proportionate reduction of rent while such repairs are being made, based upon the extent to which the making of such repairs shall interfere with the business of Lessee on the premises. If such repairs cannot be made within said sixty (60) days, Lessor, at his option, may make the same within a reasonable time, this lease continuing in effect with the rent proportionately abated as aforesaid, and in the event that Lessor shall not elect to make such repairs which cannot be made within sixty (60) days, this lease may be terminated at the option of either party. In the event that the building in which the demised premises may be situated is destroyed to an extent of not less than one-third of the replacement costs thereof, Lessor may elect to terminate this lease whether the demised premises be injured or not. A total destruction of the building in which the premises may be situated shall terminate this lease.

**15. Lessor's Remedies on Default.** If Lessee defaults in the payment of rent, or any additional rent, or defaults in the performance of any of the other covenants or conditions hereof, Lessor may give Lessee notice of such default and if Lessee does not cure any such default within 10 days, after the giving of such notice (or if such other default is of such nature that it cannot be completely cured within such period, if Lessee does not commence such curing within such 30 days and thereafter proceed with reasonable diligence and in good faith to cure such default), then Lessor may terminate this lease on not less than 30 days' notice to Lessee. On the date specified in such notice the term of this lease shall terminate, and Lessee shall then quit and surrender the premises to Lessor, without extinguishing Lessee's liability. If this lease



shall have been so terminated by Lessor, Lessor may at any time thereafter resume possession of the premises by any lawful means and remove Lessee or other occupants and their effects. No failure to enforce any term shall be deemed a waiver.

**16. Security Deposit.** Lessee shall deposit with Lessor on the signing of this lease the sum of Four Thousand Dollars (\$ 4000.00 ) as security for the performance of Lessee's obligations under this lease, including without limitation the surrender of possession of the premises to Lessor as herein provided. If Lessor applies any part of the deposit to cure any default of Lessee, Lessee shall on demand deposit with Lessor the amount so applied so that Lessor shall have the full deposit on hand at all times during the term of this lease.

**17. Tax Increase.** In the event there is any increase during any year of the term of this lease in the City, County or State real estate taxes over and above the amount of such taxes assessed for the tax year during which the term of this lease commences, whether because of increased rate or valuation, Lessee shall pay to Lessor upon presentation of paid tax bills an amount equal to 25 % of the increase in taxes upon the land and building in which the leased premises are situated. In the event that such taxes are assessed for a tax year extending beyond the term of the lease, the obligation of Lessee shall be proportionate to the portion of the lease term included in such year.

*m. e.* **18. Common Area Expenses.** In the event the demised premises are situated in a shopping center or in a commercial building in which there are common areas, Lessee agrees to pay his prorata share of maintenance, taxes, and insurance for the common area. N/A

**19. Attorney's Fees.** In case suit should be brought for recovery of the premises, or for any sum due hereunder, or because of any act which may arise out of the possession of the premises, by either party, the prevailing party shall be entitled to all costs incurred in connection with such action, including a reasonable attorney's fee.

**20. Waiver.** No failure of Lessor to enforce any term hereof shall be deemed to be a waiver.

**21. Notices.** Any notice which either party may or is required to give, shall be given by mailing the same, postage prepaid, to Lessee at the premises, or Lessor at the address specified above, or at such other places as may be designated by the parties from time to time.

**22. Heirs, Assigns, Successors.** This lease is binding upon and inures to the benefit of the heirs, assigns and successors in interest to the parties.

**23. Option to Renew.** Provided that Lessee is not in default in the performance of this lease, Lessee shall have the option to renew the lease for an additional term of 12 months commencing at the expiration of the initial lease term. All of the terms and conditions of the lease shall apply during the renewal term except that the monthly rent shall be the sum of \$ 5175.00 . The option shall be exercised by written notice given to Lessor not less than 30 days prior to the expiration of the initial lease term. If notice is not given in the manner provided herein within the time specified, this option shall expire.

**24. Subordination.** This lease is and shall be subordinated to all existing and future liens and encumbrances against the property.

**25. Radon Gas Disclosure.** As required by law, (Landlord) (Seller) makes the following disclosure: "Radon Gas" is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in NJ . Additional information regarding radon and radon testing may be obtained from your county public health unit.

**26. Entire Agreement.** The foregoing constitutes the entire agreement between the parties and may be modified only by a writing signed by both parties. The following Exhibits, if any, have been made a part of this lease before the parties' execution hereof:

27. In addition Michael D. Lane is a member of Cherokee Funding and has the authority to bind the company.

Signed this 1 day of July, 2017.

Lessor: Michael Lane  
Michael Lane, Member and officer of Cherokee Funding

Lessor: Laurie Barnes  
Laurie Barnes

Lessee: Alfonso Luera  
Alfonso Luera



Go paperless at [www.sce.com/ebilling](http://www.sce.com/ebilling). It's fast, easy and secure.

P.O. Box 300  
Rosemead, CA  
91772-0001  
[www.sce.com](http://www.sce.com)

# Your electricity bill

LUERA, ALFONSO / Page 1 of 8

For billing and service inquiries call 1-800-990-7788

Customer account 2-39-818-5942

Date bill prepared: Jun 28 '17

4605 WADE AVE  
PERRIS, CA 92571-7494

## Your account summary

**PAID**



Balance forward	\$0.00
Your new charges	\$308.72
<b>Total amount you owe by Jul 17 '17</b>	<b>\$308.72</b>

*W*

## Summary of your billing detail

Service account	Service address	Billing period	Your rate	New charges
3-046-7514-95	4605 WADE AVE PERRIS, CA	Jun 15 '17 to Jun 27 '17	TOU-GS-1-A	\$82.41
3-046-7515-19	4605 WADE AVE PERRIS, CA	Jun 15 '17 to Jun 27 '17	TOU-GS-1-A	\$226.31
				<b>\$308.72</b>

(14-574)

Tear here

Please return the payment stub below with your payment and make your check payable to Southern California Edison.  
If you want to pay in person, call 1-800-747-8908 for locations, or you can pay online at [www.sce.com](http://www.sce.com).

Tear here

## Contact Information

### Customer service numbers

General Services (U.S. & Canada)	1-800-655-4555
Account Balance & Extensions	1-800-950-2356
Emergency Services & Outages	1-800-611-1911
California Alternate Rates for Energy (CARE)	1-800-447-6620
Electric Industry Restructuring	1-800-799-4723
Energy Theft Hotline	1-800-227-3901
Hearing & Speech Impaired (TTY)	1-800-352-8580

### Multicultural services

Cambodian / ខ្មែរ	1-800-843-1309
Chinese / 中文	1-800-843-8343
Korean / 한국어	1-800-628-3061
Vietnamese / Tiếng Việt	1-800-327-3031
Spanish / Español	1-800-441-2233

Correspondence: Southern California Edison (SCE)  
P. O. Box 8400, Rancho Cucamonga, CA 91729-6400

## Important information

### Rotating outages

A rotating outage is a controlled electric outage that lasts approximately one hour for a group of circuits, which is used during electric system emergency conditions to avoid widespread or uncontrolled blackouts. Each SCE customer is assigned a rotating outage group, shown on the upper part of the SCE bill. If your rotating outage group begins with the letters A, M, R, S, or X, you are subject to rotating outages. If it begins with N or Exempt, you are not. Your rotating outage group may change at any time. For more information, and to see which rotating outage groups are likely to be called in the event of a system emergency, visit [www.sce.com](http://www.sce.com) or call 1-800-655-4555.

### Options for paying your bill

On-line	www.sce.com or Electronic Fund Transfer	
Mail-in	Check or Money order	
In Person	Authorized payment locations	1-800-747-8908
Phone	QuickCheck	1-800-950-2356
	Credit Card-Visa/MasterCard*	1-800-254-4123
	Debit Card-ACCEL/NYCE/Pulse/Star*	1-800-254-4123

\*The Credit/Debit card payment options are not available for payment of commercial services or security deposits for commercial services.

You may call us for electronic payment options, to make payment arrangements, or for information on agencies to assist you in bill payment. If service has been disconnected, on the day of the service reconnection, be sure all appliances and other electric devices are turned off. For additional home safety tips, visit [www.sce.com/safety](http://www.sce.com/safety) or you may call SCE Customer Service at 1-800-655-4555.

### Past due bills

Your bill was prepared on June 28, 2017. Your bill is due when you receive it and becomes past due 19 days after the date the bill was prepared. You will have 15 days at your new address to pay a bill from a prior address before your service will be terminated. SCE does not terminate residential service for non-payment of bills for other classes of service. Termination of electric service requires a Service Connection charge. If you are a residential customer, and claim an inability to pay and payment arrangements have not been extended to you by SCE pursuant to SCE's filed tariffs, you may contact the California Public Utilities Commission (CPUC).

### Rules and rates

SCE's rules and rates are available in full at [www.sce.com](http://www.sce.com) or upon request.

### Late Payment Charge (LPC)

A late payment charge of 0.8% will be applied to the total unpaid balance on your account if full payment is not received by the due date on this bill (except for CARE and state agency accounts).

### Disputed bills

If you think your bill is incorrect, call us and speak with a customer service representative, or if necessary, with a manager. If you feel unsatisfied with the result of such discussion(s), contact the CPUC, Consumer Affairs Branch by mail at: 505 Van Ness, Room 2003, San Francisco, CA 94102; or at: [www.cpuc.ca.gov](http://www.cpuc.ca.gov), 1-600-649-7570, TTY: 1-800-229-8946. Include a copy of your bill, why you believe SCE did not follow its rules and rates, and a check or money order made out to the CPUC for the disputed amount. You must pay the disputed amount, or send it to the CPUC, before the past-due date to avoid disconnection. The CPUC accepts payment only for matters relating directly to bill accuracy. While the CPUC is investigating your complaint, you must pay any new SCE bills that become due.

### Electronic Fund Transfers (EFT)

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment. You will not receive your check back from your financial institution, but the transaction will appear on your financial institution statement. If you do not wish to authorize an electronic fund transfer, please call the 800 number on the front of your bill.

### Definitions

- DWR Bond Charge: Bonds issued by the Department of Water Resources (DWR) to cover the cost of buying power for customers during the energy crisis are being repaid through this charge.
- SCE Generation: These charges recover energy procurement and generation costs for that portion of your energy provided by SCE. Beginning April 11, 2010, pursuant to CPUC Decision 10-03-022, Direct Access (DA) is again open to all non-residential customers, subject to annual limits during a four year phase-in period, and absolute limits following the phase-in. All residential customers currently returning to Bundled Service may not elect to return to DA service.
- CA Climate Credit: Credit from state effort to fight climate change. Applied monthly to eligible businesses and semi-annually to residents.

To change your contact information or enroll in SCE's payment option, complete the form below and return it in the enclosed envelope.



An EDISON INTERNATIONAL® Company

Go paperless at [www.sce.com/ebilling](http://www.sce.com/ebilling). It's fast, easy and secure.

LUERA, ALFONSO / Page 3 of 8

## Things you should know

### **WELCOME TO SOUTHERN CALIFORNIA EDISON**

*In the box at the top right hand corner of this billing statement you will find your CUSTOMER ACCOUNT NUMBER. When paying your bill, please write this number on your check or money order. Please note that you also have a separate SERVICE ACCOUNT NUMBER. This number identifies the specific location being served. In addition, please take a minute to read the back of this bill for more important information about your billing and service.*

*We value you as a customer and appreciate the opportunity to serve you.*

### **You Received a California Climate Credit**

*California is fighting climate change and so can you! Your bill includes a Climate Credit from a state program to cut carbon pollution while also reducing your energy costs. Find out how at [EnergyUpgradeCA.org/credit](http://EnergyUpgradeCA.org/credit).*

### **You may notice a change in your billing statement.....**

*Effective 6/1/2017, the billing rates used to calculate your bill have been modified. For more information, please visit [www.sce.com/bill\\_change](http://www.sce.com/bill_change).*

**Service account** 3-046-7514-95  
**Service address** 4605 WADE AVE  
 PERRIS, CA 92571

**Rotating outage** Group A043

## Compare the electricity you are using

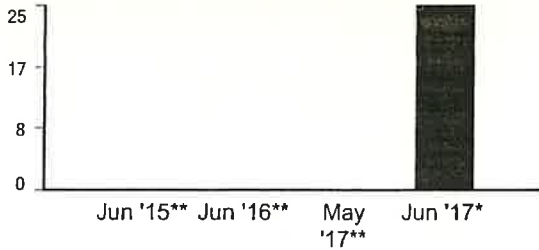
For meter 222011-640039 from Jun 15 '17 to Jun 27 '17  
**Total electricity you used this month in kWh** **302**

Your next billing cycle will end on or about Jul 27 '17.

Maximum demand is 3 kW

	Electricity (kWh)	Demand (kW)	
<b>Summer Season</b>			
On peak	29	1	(Jun 21 '17 17:00 to 17:15)
Mid peak	84	3	(Jun 19 '17 19:45 to 20:00)
Off peak	189	3	(Jun 25 '17 11:30 to 11:45)
<b>Total</b>	<b>302</b>		

### Your daily average electricity usage (kWh)



\* Irregular billing period  
 \*\* No data available

### Usage comparison

	Jun '15	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17
Total kWh used	**	**	**	**	**	**	**	**	**	**	**	**	**	302
Number of days														12
Appx. average kWh used/day														25

## Details of your new charges

Your rate: TOU-GS-1-A  
 Billing period: Jun 15 '17 to Jun 27 '17 (12 days)

### Delivery charges

<b>Energy-Summer</b>	
On peak	29 kWh x \$0.07169
Mid peak	84 kWh x \$0.07169
Off peak	189 kWh x \$0.07169
DWR bond charge	302 kWh x \$0.00549
Service Connection charge	
Customer charge	12 days x \$0.77700
CA Climate Credit	302 kWh x -\$0.00454

### Your Delivery charges include:

- \$2.08 • \$4.03 transmission charges
- \$6.02 • \$18.69 distribution charges
- \$13.55 • \$3.82 public purpose programs charge
- \$1.66 • \$2.94 new system generation charge
- \$25.00

### Your Generation charges include:

- \$9.32 • -\$0.08 competition transition charge
- \$1.37

### Generation charges

<b>SCE</b>	
<b>Energy-Summer</b>	
On peak	29 kWh x \$0.13640

### Your overall energy charges include:

- \$3.96 • \$0.52 franchise fees

### Additional information:

- Service voltage: 240 volts

(Continued on next page)



**Details of your new charges** (continued)

Mid peak	84 kWh x \$0.09843	\$8.27
Off peak	189 kWh x \$0.07317	\$13.83
<hr/>		
Subtotal of your new charges		\$82.32
State tax	302 kWh x \$0.00029	\$0.09
<hr/>		
<b>Your new charges</b>		<b>\$82.41</b>



**Service account** 3-046-7515-19  
**Service address** 4605 WADE AVE  
 PERRIS, CA 92571

**Rotating outage** Group A043

## Compare the electricity you are using

For meter 259000-023424 from Jun 15 '17 to Jun 27 '17  
**Total electricity you used this month in kWh**

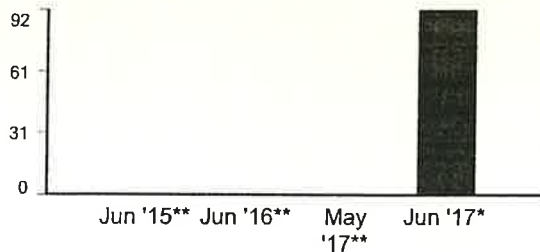
**1,098**

Your next billing cycle will end on or about Jul 27 '17.

	Electricity (kWh)	Demand (kW)	
Summer Season			
On peak	362	11	(Jun 19 '17 13:15 to 13:30)
Mid peak	316	11	(Jun 21 '17 10:45 to 11:00)
Off peak	420	10	(Jun 25 '17 14:15 to 14:30)
<b>Total</b>	<b>1,098</b>		

Maximum demand is 11 kW

### Your daily average electricity usage (kWh)



\* Irregular billing period  
 \*\* No data available

### Usage comparison

	Jun '15	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17
Total kWh used	**	**	**	**	**	**	**	**	**	**	**	**	**	1,098
Number of days														12
Appx. average kWh used/day														91

## Details of your new charges

Your rate: TOU-GS-1-A  
 Billing period: Jun 15 '17 to Jun 27 '17 (12 days)

### Delivery charges

Energy-Summer	
On peak	362 kWh x \$0.07169
Mid peak	316 kWh x \$0.07169
Off peak	420 kWh x \$0.07169
DWR bond charge	1,098 kWh x \$0.00549
Service Connection charge	
Customer charge	12 days x \$0.77700
3 phase service chg	12 days x \$0.05800
CA Climate Credit	1,098 kWh x -\$0.00454

### Your Delivery charges include:

\$25.95	• \$14.63 transmission charges
\$22.65	• \$44.09 distribution charges
\$30.11	• \$0.01 nuclear decommissioning charges
\$6.03	• \$13.89 public purpose programs charge
\$25.00	• \$10.67 new system generation charge
\$9.32	
\$0.70	
-\$4.98	

### Generation charges

SCE  
 Energy-Summer

**Your Generation charges include:**  
 • -\$0.31 competition transition charge

(Continued on next page)

(Continued on next page)



**Details of your new charges** (continued)

On peak	362 kWh x \$0.13640	\$49.38
Mid peak	316 kWh x \$0.09843	\$31.10
Off peak	420 kWh x \$0.07317	\$30.73
<hr/>		
Subtotal of your new charges		\$225.99
State tax	1,098 kWh x \$0.00029	\$0.32
<b>Your new charges</b>		<b>\$226.31</b>

**Your overall energy charges include:**

- \$1.83 franchise fees

**Additional information:**

- Service voltage: 240 volts

Employee Contact List

Name	Date of Birth	Social Sec. #	Current Address	DL#/PASS.#	Position	Phone Number
Cynthia Michelle Valencia	9/29/1992	[REDACTED]	1741 Jade Ave, Perris, CA 92571	474696168	Assistant Floor Manager	(424)332-3098
Thomas Cody Bills	7/30/1986	[REDACTED]	229103 Via Santana, Nuevo, CA 92567	D8089360	Floor Manager	(951)259-4412
Alexandra Rosett Nava	3/22/1994	[REDACTED]	13689 Red Mahogeny Dr. Moreno Valley, CA	F5055471	Budtender	(951)445-3865
Alexandrea Renee Contreras	10/1/1991	[REDACTED]	251 W. 4th St, Perris, CA 92570	F1332987	Budtender	(951)370-4537
Jacqueline Garcia	12/19/1993	[REDACTED]	2079 Delphinium Dr., Perris, CA 92571	F5678096	Budtender	(951)423-0978
Celine Ramirez Coria	2/20/1996	[REDACTED]	29590 Calle De Caballos, Romoland, CA 92585	F3622682	Budtender	(951)322-9015
Kevin Thomas Leyba	4/2/1988	[REDACTED]	22580 Hayes St., Perris, CA 92570	D8783436	Budtender	(951)970-1422
Marlene Ramirez Coria	6/17/1969	[REDACTED]	29590 calle De Caballos, Romoland, CA 92585	A1551876	Budtender	(951)306-8166
Eric Luera	1/25/1987	[REDACTED]	31101 Montgomery Ave., Nuevo, CA 92567	D5565206	Assistant Manager	(951)532-8977
Alfonso Luera, Sr.	4/7/1958	[REDACTED]	31101 Montgomery Ave., Nuevo, CA 92567	N6404090	Manager/ Owner	(951)415-0904
Jasmine Monique Luera	7/23/1992	[REDACTED]	31101 Montgomery Ave., Nuevo, CA 92567	E4205956	Quality Control Manager	(951)415-0739
Esthela Selena Luera	3/9/1998	[REDACTED]	31101 Montgomery Ave., Nuevo, CA 92567	F7314802	Budtender	(951)415-0581

# ALFONSO LUERA, SR.

## OBJECTIVE

---

To run a licensed Medical Marijuana Dispensary in the most respectable and legitimate fashion. To bring as many people into the city of Perris to enjoy the community and what Perris has to offer. With my experience helping to run a dispensary for many years, I believe we can shine a positive light on the city by showing that we can have a nice, clean and welcoming space for medical patients in need.

## PERSONAL BACKGROUND

---

I first came to Perris in 1970 as a 12 year old legal Mexican immigrant who started school and work the fields after studying and on weekends. My whole family worked the onion fields for many years whenever we were free from our studies and on our every day off. I grew up in this town and have lived here for many years, even attending Perris High School. I have a lot of love for this city as do my brothers and sisters who grew up with me and are heavily involved in the schools and community. My sons and daughter have all gone to schools in this and the surrounding districts and we will be here for the remainder of our lives. I have coached little league on my sons teams and have offered much of my time to coaching other kids when I was able to in my younger years. Perris was my first home in America and it will always be special to me.

## EXPERIENCE

---

2011-2017      CCI Medical Group      Perris, CA

### *Operations Manager*

- Supervised the day to day operations of the dispensary
- Managed multiple employees and floor managers
- Kept strict accounting and inventory of product and sales
- Trained managers and employees on customer service policies and also reception procedures including but not limited to verifying documents of member eligibility
- Overseeing assignment of employees including managers along with setting goals for each
- Purchasing of inventory and supplies from vendors
- Managing quality control procedures for new products
- Contribute towards reaching the company's strategic and operation objectives

2001-2011 Self Employed Nuevo, CA

*Handyman*

- Dealt with customer satisfaction and meeting stringent deadlines
- Developed problem solving skills
- Prepared job bids and delivered on those estimates with excellent budgeting and project management

1983-2001 Laborer's International Union Riverside, CA

*Grading and Construction Laborer*

- Leveling and grade checking of proposed job sites
- Learned strict safety rules in laying pipe for drainage
- Learned team working skills to finish projects in expedited time frames

EDUCATION

---

1972-1975 Perris High School Perris, CA

- High School Diploma
-

# ERIC LUERA

## OBJECTIVE

---

To assist in the day to day operations of a licensed dispensary in strict compliance with the state of California and City of Perris Guidelines. My main focus will be dealing with vendors and assisting in the tracking of growers and manufacturers of cannabis products. Making sure they are in compliance with all tracking and guidelines along with doing initial inspecting of product and facilitating our quality control procedures are being followed. Including but not limited to supervising our quality control department in getting products to the proper testing facilities in a timely manner and researching reputable companies with a extensive track record of providing clean and tested products.

## PERSONAL BACKGROUND

---

I was born in Riverside, CA and have live in perris for a moajority of my life attending Temple Christian and ST. James in my younger years and eventually attending Perris High School , Graduating in the class of 2005. I then attended Riverside Community College for a period as a student athlete in their baseball program. After RCC I attended Sanbernardino Valley College to participate in their athletic program playing baseball as well. This period of college was from 2005-2010

## EXPERIENCE

---

2011-2017      CCI Medical Group      Perris, CA

### *CEO*

- Supervised the day to day operations of the dispensary
- Managed multiple employees and floor managers
- Kept strict accounting and inventory of product and sales
- Trained managers and employees on customer service policies and also reception procedures including but not limited to verifying documents of member eligibility
- Overseeing assignment of employees including managers along with setting goals for each
- Purchasing of inventory and supplies from vendors
- Managing quality control procedures for new products
- Contribute towards reaching the company's strategic and operational objectives



EDUCATION

---

2001-2005      Perris High School      Perris, CA

- High School Diploma
-

**Jasmine Luera**  
31101 Montgomery Ave.  
Nuevo, CA 92567  
(951) 415-0739  
jasmine.luera92@gmail.com

---

Objective

To be a contributing member of a Medical Marijuana Dispensary acquiring knowledge and experience while conducting Managerial duties. To utilize this experience as preparation for my graduate and professional education while building a career in the Medical Marijuana Industry.

Education

2015-2017 University of California, Davis – B.S. in Biochemistry and Molecular Biology  
2011-2015 Riverside Community College – Associates Degree in Math & Science  
2007-2011 Heritage High School – High School Diploma

Research Experience

2014 University of California, Riverside, DNA barcoding:

- DNA barcoding of various fish species sold at local supermarkets through the use of mtDNA, PCR, and a DNA Subway database.
- 1 Month long project consisted of sample collection, several days in laboratory running experiments, followed by poster presentations.

Work Experience

2012 – 2013 Stater Bros.

- Experience as a Courtesy Clerk within the company.
- Assisted by answering customer questions, packing customer goods, monitoring the stores upfront inventory, and assisting elderly customers in loading their goods.

Internship Experience

2014 - 2015 Clinical Care Volunteer Program, Riverside Community Hospital

- 2 years of direct patient care experience in a clinical setting.
- Assisted health care professionals in basic patient care.
- Experience with patients within the Medical Surgery Department, Cardiovascular Unit, Sterile Storage Department, Emergency Department, and Maternity Department.
- Patient Experience Ambassador for 3 months within the program, speaking with patients to assist them in receiving the utmost care the hospital could offer.

Volunteer Experience

2016 UC Davis Pre-Health Student Alliance Conference

- Assisted with organizing and distributing Healthcare booklets and information.

Special Skills

- Fluent in Spanish.
- Proficient in Mac and PC programs; Microsoft Office programs (Word, Excel, PowerPoint).
- Experience with laboratory techniques such as PCR and gel electrophoresis.
- CPR and BLS Certified.

References

References available upon request.



## **Esthela Selena Luera**

31101 Montgomery Ave. Nuevo, Ca 92567 (951)415-0581

Esthela.luera07@gmail.com

### **Objectives**

To gain experience in the work force and learn about the growing field of Medical Marijuana Dispensaries.

### **Experience**

#### **CCI Medical, Perris**

July 2017 - Current

Budtender/Front Desk Receptionist

- Maintained front desk in a neat and organized fashion.
- Greet visitors, respond to telephone, and in person requests for information.

### **Education**

California Military Institute, Perris, High School Diploma 2013-2017

2.8 GPA

Riverside Community College, Riverside, 2017-Present

Currently studying for Associates Degree in Math and Science

### **Volunteer Experience**

Thomas the Train – November 2016

### **References**

Jasmine Luera

(951)415-0739

Alfonso Luera

(951)415-0904

# THOMAS BILLS

---

22913 Via Santana, Nuevo, CA 92567 • Home: 9512594412 • Cell: 9512594412 • CIF04champs@aol.com

## Summary

To be a contributing and dedicated member of the vastly growing Medical Marijuana industry willing to work hard and adapt to any type of working environment presented to me while acquiring knowledge and experience conducting the managerial duties on a daily basis.

## Skills

- Effective vocal leader
- Staff training and development
- Employee scheduling
- Efficient multi-tasker
- Organized
- Good Communication Skills
- Extremely Hard Worker
- Great Attitude
- Problem Solver
- Some QC Training
- HAZMAT Knowledgeable
- Microsoft Word/Excel/Outlook
- Cashier Experience

## Work History

**Sales Associate/Cook, 08/2004 to 09/2005**

**Sam's Club Food Court – Riverside, CA**

- Customer service.
- Daily inventory check to ensure freshness of the food.
- Very strict health code: hair nets, face guards, gloves etc.
- Worked at a very high pace to keep up the customer expectations.
- Handling and counting of money.
- HAZMAT certified (at time of employment)
- Cleaned and organized eating, service, and kitchen areas
- Cleaned and sterilized equipment and facilities
- Answered telephone calls and responded to any questions about products.

**Materials Handler, 09/2005 to 07/2006**

**Cardinal CG Co – Moreno Valley, CA**

- Measured and cut glass to precise lengths.
- Worked with RAW glass also Tempered glass.
- Exposed to QC (Quality Control)
- Assistant Lead Operator of own Glass Cutting Board.

**Clean Room Assembler/Packaging/Production, 08/2006 to 05/2007**

### **Abbott Vascular Inc – Temecula, CA**

- Worked three different areas in the Clean Room; Stent Weighing, Split Molding, and Stent Drug Spray.
- Stent Weighing: Calibrated scales, ensured correct drug was be sprayed as well as right amount, used microscopes and precision tweezers to remove excess drug/materials off the stent. Beginning and end stages of the stent.
- Split Molding: Weighed stents to make sure enough drug is still on the stent, Used microscope to place stent onto a catheter crimping the stent onto the catheter, Quality Control check, followed strict guidelines to ensure patient safety.
- Stent Drug Spray: Double gloved, putting stents onto a conveyor belt for proper drug spraying, Documented every step of the process to maintain consistency

### **Dump Truck & Excavator Operator, 04/2008 to 04/2009**

#### **Troy Vines Inc. Ready-mixed Concrete – Odessa, TX**

- Small tight group of 6 workers, very dedicated to filling all concrete orders
- Inspected the truck for defects and safe operating condition before, during and after trips.
- Maintenance on the truck: Greased the joints in the truck and cleaned everyday
- Loaded and unloaded dirt and rocks to assure safety and minimize risk of damage.
- Reported all accidents, damage and malfunctions involving company equipment to my supervisor.
- Driving to and from sites hauling large amounts of dirt to be separated into rock and sand.

### **Manager / Budtender / Receptionist, 03/2010 to Current**

#### **CCI Medical Group Perris – Perris, CA**

- CUSTOMER SERVICE Tending to every patients need to ensure they get exactly what is needed to ail their needs.
- Supervising of employees and everyday activities.
- Strict inventory guidelines followed.
- Training of ALL new employees and training of new Management.
- Keeping track of all products coming in and out of the business.
- Vendor interactions included: buying of new products, paying out of vendors, and placing phone calls to them directly to inquire about new products.
- Making and maintaining a consistent schedule for over ten employees.
- Payroll
- Cleanliness of every aspect of the business. (Offices, Lobby, Flower Room, Break Room, Bathroom)
- Using MMJ software to input all inventory, keep the number of units up to date, taking a "live reporting" every 2 hours, keep up with vendor information, staying up to date with patient renewals.

## **Education**

**High School Diploma: 2004**

**Perris High School - Perris, California**

- Diploma awarded upon successful completion of course study at a 3.6 GPA



- Three year letter in Varsity Baseball; Team Captain in 2004
- One year Varsity Basketball

**Associate of Arts: General Studies,**

**San Bernardino Valley College - San Bernardino, California**

- Still trying to complete my AA (Associate Degree) 3.1 GPA
- Two year starting Pitcher for Valley Baseball

## **References**

- Jonathan Santiago (Family Friend 18+ years) Internet Manager Honda : (951)741-0680
- Adrian Lopez (Family Friend 18+ years) Front End Manager LabCorp Graduate of Cal State San Bernardino : (951)500-2539
- Nathan Lynch (Family Friend 18+ years) Golf Pro Oceanside : (951)219-9993

## **Personal Background**

Living here in the City of Perris/Nuevo for over 20+ years. Played PONY baseball at Bob Long Field where my father was not only my coach but Commissioner of the league from 1998-2000 long before the renovations happen to the fields. Went to school at Mountain Shadows Middle School in Nuevo from 1998-2000 then onto Perris High School from 2000-2004 where I played Baseball and Basketball on the varsity teams while maintaining a 3.6 GPA! Now that I am older I still find myself attending Perris High School football games as well as Baseball games to be apart of the Alumni experience.

# Jacqueline Garcia

---

2079 Delphinium Drive, Perris, CA, 92571 | 951-423-0978 | jakygee1@gmail.com

## Objective

**Punctual, perky and professional team player looking to obtain permanent employment with a reputable company who will allow me to expand my customer service and office skills.**

## Education

**HIGH SCHOOL DEGREE | 2012 | RANCHO VERDE HIGH SCHOOL**

## Experience

### **CUSTOMER SERVICE | CCI MEDICAL GROUP PERRIS | 2016-CURRENT**

· Key responsibilities: customer service, update Weedmaps account, weighing out concentrates, organizing and restocking, making prerolls, manning reception and weighing out MMJ for patients.

### **MANAGER | CCI MEDICAL GROUP COACHELLA | 2017-2017**

· Key responsibilities: employee supervision, implementing safety measures, direct point of sales, balancing cash register, making sure inventory is on point, customer service/education

### **CUSTOMER SERVICE | RITCHIE BROTHERS AUCTIONEERS | 2010-2015**

Key responsibilities: heavy phone traffic, account look-up, processing payments, generate invoices, resolve disputes and billing inquiries, typical office activities such as e-mail, fax, scan, scheduling; mastery of QuickBooks, Word and Excel

### **FOOD PREPARATION SPECIALIST | DEL TACO | 2012-2014**

· Key responsibilities: in charge of the preparation and storage of all menu items while adhering to high standard of quality and hygiene

### **CUSTOMER SERVICE | DOLLAR TREE | 2014-PRESENT**

· Key responsibilities: facilitating sales and returns, managing heavy point of sale traffic, restocking shelves, making inventory, theft prevention activities, some accounting such as balancing cash register and making deposits ready for bank deposit

## **REFERENCES**

**Stephanie Buchweiser-** (619)496-1396. Friend- Lisenced Commercial Insurence Manager.  
Farmer's

**Carlos S. Gonzalez-** (619)496-5657. Friend- Bilingual Customer Service Representative. Beach  
Body

**Estefania Solorio-** (951)396-5899. Friend- Bank Teller. Wells Fargo

# MARLENE CORIA

29590 Calle De Caballos, Romoland, CA 92585 | (C) 951-306-8166 | marlencoria@gmail.com

## Professional Summary

---

Certified Medical Coder with 7 years experience working in the prepaid/ HMO department. Utilization and Quality Management department.

Medical Records technician with 15 years of experience. Knowledge of HIPPA and government regulatory guidelines.

Ability to analyze claims data, define problems, collect applicable data and facts to draw valid conclusions.

Prepare appropriate letters of denials, approval or financial information. Using databases for tracking purposes.

Able to work in fast paced environments. Good decision making. Meet deadlines and take pride in work.

## Skills

---

- Medical coding CPC
- Medical terminology
- Understands AB1455 regulations
- Billing and collection procedures -medical claims examiner
- Interprets provider contracts FFS RVU CAPITATION
- Working EDI reports
- Microsoft Word, Excel and Outlook
- Team player and fast learner
- Patient referrals
- Familiar with HMO/PPO/MediCare coverage
- Patient/Provider denials
- Prepare for UM/QM chart reviews
- Global packages/Case rates and coordination of benefits.
- Records management
- Prepare for chart audits compile statistical data

## Work History

---

**Provider Dispute/Appeals Auditor** 09/1991 to Current

**Riverside Medical Clinic** – 3660 Arlington Ave, Riverside, CA 92506

- Precisely completed appropriate claims paperwork, documentation and system entry for payment.
- Confidently and adeptly handled claim denials and/or appeals.
- Reviewed and resolved claim issues with electronic claims.
- Examined patients' insurance coverage, deductibles, possible insurance carrier payments and remaining balances not covered under their policies when applicable.
- Submit claims for UM review retroactive authorizations or other provider request.
- Audit each claim processed for correct adjudication both clerical and financial
- Pay balance dues with applicable interest if interest is due and/or request refunds for overpaid claims
- Work closely with the contracts and Utilization/Quality Management department.
- Assisted in the maintenance of medical charts and/or electronic medical record (filing, Op Reports, test results, correspondence).
- Prepared patient charts accurately and neatly for the clinic and health plan audits.
- Researched questions and concerns from HMO and out side providers and provided detailed responses.

**Coding Compliance Specialist** 01/2016 to 06/2016

**Epic Management** – Redlands, CA

Work with Risk Adjustment Management on any Data Validation and /or RADV coding audit to ensure completeness and coding accuracy of all submissions to CMS. Maintain a comprehensive tracking and management tool for assigned IPA's within Alignments Healthcare provider network. Ensures compliance with all applicable federal, state & local regulations, as well as with institutional/organizational standards, practices, policies & procedures.

**Customer Service Representative/Service Technician** 07/2016 to Current

**CCI Medical Group Perris – Perris, CA**

Greet and establish rapport with patients— Assist patients in identifying the medicines and methods of medication that best fit their individual needs; Adhere to strict distribution processes and maintain a professional and safe environment for customers and coworkers; Gather and process required patient documents and information, and perform detailed verification while maintaining client confidentiality; Continue to enhance your knowledge of medical cannabis, and continually hone your ability to explain and recommend treatment procedures and product uses; Unpack, sort, count and label merchandise as directed, including items requiring special handling or refrigeration; Maintain the professional appearance of the collective by restocking product on display and basic store clean-up; Perform clerical tasks including accurate filing, compiling, and maintaining inventory and records.

**Education**

---

**High School Diploma:** General

1987

**Riverside Community College - Riverside, CA**

**Certifications**

---

- Certified Professional Coder (CPC)

**Cynthia Michelle Valencia**  
1741 Jade Ave Perris CA, 92571  
(424) 332-3098  
CynthiiaMiichelle@gmail.com

### **Education**

Perris High School Diploma /A.V.I.D. - 2010  
MSJC Community College - 2013-2014

### **Background**

- Born and raised in Long Beach, CA. Moved to Perris, CA in 2005. Went to Hill Classical Middle school and transferred to Piniccate Middle School where I attended the remainder of 8th grade and continued to Perris High.

St. James Catholic Church - 2007-2011

- Teachers Aid for First Holy Communion Class
- Fundraising Events
- Cleaning the community in Perris

Palms Elementary S.H.I.N.E Afterschool Program - 2007-2009

- Supervising the children in the classroom and on the playground.
- Providing clerical assistance to the staff and assisting students with homework and school projects.

St. Martha's Catholic Church- Summer 2007

- Volunteered at their local thrift shop: Cleaning/Organizing and sorting donated items/handling the register/ Pricing inventory.

### **Skills**

- Bilingual in English and Spanish
- Excel, Microsoft Word and Outlook
- Register and cash management
- Customer Service
- Problem Solver, Organized, Time efficient
- Marketing, Advertisement, Promotion
- Team Building

### **Experience**

**Organic Roots/Juice Bar:** 2011-2012

40458 Winchester Rd. Temecula CA, 92571

Reference: Owner/Linda Watson- (951)296-3444

- Daily opening and closing duties.
- Operating cash register.
- Reporting daily cash amount to management.
- Educating customers on products to benefit their health.
- Providing excellent customer service to every customer.
- Preparing and maintaining stock of all fresh product.
- Weekly inventory count and report to head office.
- Responsible for operating, cleaning and maintaining all tools.
- Keeping a clean, safe environment at all times.

**Sprint Sales Representative:** 2013-2014

2560 N Perris Blvd. J3/J4 Perris CA, 92571

Reference: Manager/Monique Moreno- (951)383-4040



- Performing daily opening and closing duties.
- Changing seasonal promotion flyers throughout the store.
- Reporting daily inventory count to head office.
- Reporting daily cash management procedures.
- Reporting daily, weekly and monthly sales report.
- Exceeding assigned monthly sale targets on new activations, upgrades and accessories.
- Attending and completing multiple sales rep and communication trainings.
- Providing world class service to increase customer experience at all time.

**CCI Medical Group/Tender/Office Receptionist:** August 2014 - December 2016

115 E. 3rd St. Perris CA, 92571

- Checking in patients and verifying for a Valid I.D. and Medical recommendation for entry while keeping patient information confidential..
- Inputting new patients into the data base as well as updating information for renewal patients.
- Filling away patients records.
- Updating Weed maps daily to keep a consistent source available for the patients.
- Opening and closing duties like setting up all inventory for the day as well as putting everything away in an organized, timely fashion at night.
- Tending patients which comes along with not just ringing them up at the register but providing a guidance for them. with correct measurement disbursement.
- Explaining dosage guidelines to patients as well as providing information on any product we carry. Which vary from lotions, tinctures. oils, edibles, flower, concentrates and cartridges.
- Keeping a clean, sanitary. organized environment at all times.
- Giving outstanding customer service to every patient to ensure every patient walks out knowledgeable and satisfied.

**CCI Medical Group/Manager:** January 2016 - Current

- Practicing tender duties and front office duties daily.
- Supervising all CCI operations and procedures per hours of operation.
- Supervising employees along with managing their daily task assignments.
- Dealing with and solving customer service complaints.
- Understanding team dynamics and encouraging good relationships.
- Handling employee payroll.
- Managing a weekly schedule for all employees and handling employee call offs and shift replacements.
- Selecting and developing the right people for hire.
- Training all Employees for the position they are hired on as.
- Training team members in excellent customer service. Informing and educating them on new products.
- Keeping inventory control on all products fully in stock throughout the business day. Back stock organized and accounted for at all times. Gathering and reporting those numbers to the owners daily.
- Being available to communicate with employees and owners via text or phone at any moment.
- Managing Vendors. Constant communication via text, email or phone regarding inventory flow and invoices.
- keeping track of inventory flow in order to determine when to order more product from a vendor.
- Overseeing defect exchanges on the sales floor and handling items that go expired and keeping them off the shelf.
- Paying out invoices.
- Receiving orders from vendors. Sorting, counting, pricing and inputting all new inventory to the MMJ System.
- Adding new inventory or updating items to the MMJ system
- Scheduling Patient Appreciation Days with vendors for their company to help educate patients on products.
- Using marketing skills to make flyers and promote different companies.

- Using Excel and Microsoft word on a daily.
- Organizing and coordinating the supply room, sales floor, office and back stock room.
- Cleaning on a daily and making sure the entire business is a safe and clean environment at all times for patients and employees.
- keeping the store front clear of loiters and any trash throughout all business hours.

# Celine Coria

29590 Calle de Caballos, Romoland, CA 92585

Phone: (951)322-9015

E-mail: [crcoria12@gmail.com](mailto:crcoria12@gmail.com)

## Education

- High School Diploma
  - Obtained in 2014
  - Heritage High School, Menifee, CA
  
- University of California Riverside
  - 3<sup>rd</sup> year undergraduate pursuing Bachelor of Arts in Anthropology
  - Expected graduation: Fall 2018

## Work Experience

- Torres Martinez Tribal TANF, San Jacinto, CA 2013-2014
  - TYEP (TANF Youth Employment Program)
    - Culture Department Youth Employee
      - Gathered supplies for TANF Culture classes
      - Made fliers promoting classes
      - Set up classes and made sure classrooms were clean both before and after a class was held
      - Faxed, copied and filed paperwork
      - Clean and organize the office and supplies room
      - Supervised younger students when necessary
      - Assisted class instructors in transporting and putting away materials needed for classes
  
- CCI Medical Group, Perris, CA July 2016- Present
  - Budtender/Cashier
  - Assisting patients in selecting medicine that best suits their needs.
  - Extending experience in customer service
  - Reviewing and editing store website
  - Cleaning and maintaining an orderly appearance of the shop
  - Processing paperwork for new and renewal patients and updating files

# ALEXANDRA NAVA

---

13689 Red Mahogany Drive, Moreno Valley, CA 92553 | (C) 9514453865 | alex.nava94@yahoo.com

## PROFESSIONAL SUMMARY

---

To be able to find an internship where I can use my skills and knowledge and be part of a team that wants to expand and seek bigger opportunities in this field.

## SKILLS

---

- Problem-solving skills
- Excellent people skills
- Cash register operations
- Customer-oriented
- Quick learner

## WORK HISTORY

---

*General Labor/Warehouse Worker Kimco staffing | 1770 Iowa Ave #160 Riverside CA 92507*

- Received, stored and shipped goods and materials.
- Stacked and transported all overstock to storage areas.
- Reported all equipment failures and malfunctions to supervisor.
- Cleaned and maintained the warehouse in compliance with OSHA safety standards.

*Order Picker | Staffmark | Riverside, CA*

- Delivered proper material to production lines.
- Cleaned and maintained the warehouse in compliance with OSHA safety standards.
- Stacked and stored pallets at the end of the shift to keep warehouse clean and organized.
- Used item numbers to properly stock warehouse.

- Moved freight, stock and other materials to and from storage and production areas and loading docks.

*Budtender | CCI Medical Group Coachella | Coachella, CA*

- Described product to patients and accurately explained details and care of merchandise.
- Routinely answered patients questions regarding merchandise and pricing.
- Priced merchandise, stocked shelves and took inventory of supplies.
- Knowledge of the patients medical needs.

## EDUCATION

---

*High School Diploma:*

Heritage High School, 26000 Briggs Rd, Sun City, CA 92585

*Forklift License:*

OSHA, 464 W 4th st #332 San Bernardino, CA 92401

# KEVIN LEYBA

22580 Hayes ST., Perris, CA 92570 | (H) 951-657-6104 | (C) 951-970-1422 | ibanezshredd77@hotmail.com

## Professional Summary

---

- Most previous jobs that I have had consisted a lot of customer service and employee relations, this is a key element in all jobs. A lot of experience handling money and working a register. My experience working with the disabled as a caretaker is also something that has impacted my work ethic greatly. Motivated, consistent, friendly and enthusiastic.

## Skills

---

- Cash handling and management
- Goal-oriented
- Positive and friendly
- Detail-oriented
- Exceptional time management skills
- Team building expertise
- Excellent work ethic
- Most software

## Work History

---

- Cash Register , Drive-Through ,Serving The Food** 01/2006 to 10/2007  
**Jack in the Box** – Menifee Ca  
Customer service, handling food, working cash register.
- Cook, Delivery Driver, Cashier** 11/2007 to 02/2009  
**Lil Joes Pizza** – Menifee, Ca  
Delivering pizza, making pizza from scratch.
- Caretaker** 06/2014 to 02/2015  
**In Home Supportive Services** – Riverside, Ca  
Took care of a patient with MS.
- Collections** 02/2015 to 02/2016  
**JSR consulting** – Menifee, Ca
- Collected on outstanding accounts.
  - Defused volatile customer situations calmly and courteously.
  - Gathered and verified all required customer information for tracking purposes.
  - Answered a constant flow of customer calls with up to 2-3calls in queue per minute.

- Addressed and resolved customer product complaints empathetically and professionally.

**Budtender / Cashier**

03/2016 to Current

**OCI Medical – Perris**

Budtender, cashier, Patient service.

## **Education**

---

**High School Diploma:**

2006

**Paloma Valley High School - Menifee Ca**



---

# ALEXANDREA CONTRERAS

---

251 West 4th Street, Perris, CA 92570 H: 951-370-4537 ♦ C: 9513704537 ♦ alexandreacontreras4@gami.com

---

## PROFESSIONAL SUMMARY

---

I've lived in Perris for about 15 years now. CCI medical group was always my favorite spot for there knowledge and friendly personality .

Wanting to help this business thrive with knowledge and skills. Always looking to expand my knowledge about the business as well. Best part of my job is helping our patients in need and them coming back for more with good feed back.

---

## SKILLS

---

- Cash handling and management
- Positive and friendly
- Retail merchandising experience
- Excellent work ethic
- Team building expertise
- Strong conflict resolution skills
- verifying fake money
- People-oriented
- Goal-oriented
- Exceptional time management skills
- work well under pressure

---

## WORK HISTORY

---

**Sales Associate/Cashier**, 01/2007 to 01/2009

**Shoe Zone** – Perris, CA

- Prepared merchandise for sales floor.
- Suggested accessories and complementary purchases.
- Reported incidents to management.
- Updated computer inventory listings.
- Accepted and processed returns.
- Monitored entrances, exits and fitting rooms for signs of theft.

**Dispatcher**, 01/2005 to 12/2009

**Brothers Towing Inc** – Perris, CA

- Answered an average of 50 calls per day by addressing customer inquiries, solving problems and providing new information.
- Handled daily heavy flow of paperwork and cooperated with the accounting departments on invoicing and shipping problems.

- Managed wide variety of customer service and administrative tasks to resolve customer issues quickly and efficiently.

**Cashier/Server**, 03/2011 to 10/2013

**Chipotle Mexican Grill – Menifee, CA**

- Consistently provided friendly guest service and heartfelt hospitality.
- Promptly and empathetically handled guest concerns and complaints.
- Restocking and keeping the store clean
- Counting tilt / keeping an eye out for fake money
- Personal company orders

**Shift Manager**, 01/2013 to 01/2015

**Gus Jr – Perris, CA**

- Promptly and empathetically handled guest concerns and complaints.
- Maintained high standards of customer service during high-volume, fast-paced operations.
- Maintained clean and safe environment, including in the kitchen, bathrooms, building exterior, parking lot, dumpster and sidewalk.
- Performed all position responsibilities accurately and in a timely manner.
- Diligently restocked work stations and display cases.
- Paid bills for the store & counting tilt every night

**Budtender / Cashier**, 03/2015 to Current

**CCI Medical Group Perris – Perris, CA**

- Updating Weedmaps daily
- Excellent customer service
- Helping patients find exactly what fits their needs
- Giving our patients knowledge on the products we carry and how it will effectively work for them like CBD rubs and tinctures .
- Weighting out concentrates and flower.
- Restocking and organizing shop floor.
- Daily set up of the shop
- Keeping the shop Clean and Sanitary

---

## EDUCATION

---

**High School Diploma:** 2009

**Perris High School** - 175 E . Nuevo Rd Perris Ca 92571