



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.			
Application Submittal Date			
Permit Fee	\$13,008.45		
Background Application Fee	\$300.00/person		
Accepted By			

ADULT-USE MARIJUANA RETAILER REGULATORY PERMIT APPLICATION

Pursuant to Chapter 5.58 of the City of Perris Municipal Code

Upon receipt of a completed application and payment of required fees, the Director of Planning and Economic Development 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 adult-use marijuana retailer will be conducted in a secure, safe and business-like manner consistent with all applicable local and state laws, rules and regulations governing adult-use marijuana dispensaries, including without limitation the Medicinal and Adult-Use Cannabis Regulation and Safety Act, Proposition 64 (Adult Use of Marijuana Act), and the regulations promulgated by the Bureau of Cannabis Control, the California Department of Food and Agriculture, and the California Department of Public Health.

X Check here if NEW Adult-Use Marijuana Retailer Check here if RENEWAL of an Adult-Use Marijuana Retailer						
Application Acceptance Requirement:						
Approval of an Adult-Use Marijuana Retailer License requires that the applicant or owner currently hold and maintain a valid medical marijuana dispensary permit issued pursuant to Chapter 5.54 of Title 5 of the Perris Municipal code. Please provide the below information for which the medical marijuana dispensary application/permit is in process or has been issued:						
CASE NUMBER: PLN 17-05171 BUSINESS LICENSE NO./EXPIRATION DATE: TBD						
ADDRESS: 4605 Wade Ave. CITY, STATE, ZIP: Perris, CA , 92571						
NOTE: If a Medical Marijuana Dispensary application is not already in process with the City, the application will not be accepted.						
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: Commercial						
ZONING: Permitted adult-use marijuana retailers may locate and/or operate in either the Commercial Neighborhood (CN) Zone (Chapter 19.36 of the Perris Municipal Code), the Commercial Community (CC) Zone (Chapter 19.38 of the Perris Municipal Code), or the Industrial Zone (Chapter 19.44 of the Perris Municipal Code), as defined more fully in Title 19 (Zoning) of the Perris Municipal Code. EXISTING ZONING OF PROPERTY: Commercial						
LAISTING LOTTING CONTROLLETT. Commercial						



Check one only:

	LOCATION				
	Is the site and/or prop care center, or comm	perty located within 1,00 unity center, as provided	0-feet of a schoo in PMC Section	l, park, place of wor 5.58.127(f)(2)(a)?	ship, youth-oriented facility, youth center, day
	☐YES ☑NO				
	Is the site and/or prop	erty located within 600-fe	eet of a residentia	ıl zone, as provided i	in PMC Section 5.58.127(f)(2)(b)?
	□YES ⊠NO				
	STAFF USE ONLY:				
	STAFF USE ONLY.	Signature	Complies	Notes	
	Zoning Verified				
	Location Verified	J			
				DV ADDUGANTY	**************************************
		INFORMATION (TO BE	- COMPLETED	BY APPLICANT):	
	APPLICANT: Dyna				
		1101 Montgomery A			_Phone No. 951 415 0904
	City, State, Zip: Nu				
	OWNER (IF DIFFER	ENT FROM APPLICAN	IT):		
	Mailing Address:				_Phone No
,					_E-Mail:
	LEGAL REPRESEN	ITATIVE: Joshua D.	Naggar, Esq.		
	Mailing Address: 44	15 S. D St			_Phone No. 951 287 8518
	City, State, Zip: Per	rris, CA 92571			_E-Mail: _Joshua@JDNAttorney.com
	(Attach additional s	sheets as necessary)			
	B. PROPERTY C	OWNER CONSENT:			
	In the event that ne application, the ap PERMIT APPLICAT adult-use marijuan	either the applicant or plication must be action PROPERTY OW	companied wit NER'S STATEM erated on the	h a "ADULT-USE MENT OF CONSE! subject property	e subject property contemplated by this MARIJUANA RETAILER REGULATORY NT" stating and acknowledging that an contemplated by this application and
					r contemplated by this application, then sfactory to the Director.
	PROPERTY OWNE	R: Cherokee Fundii	ng LLC Micha	iel Lane	
	Mailing Address: 26	6786 Ironwood Ave.			Phone No. 951 212 3406

(Attach additional sheets as necessary)

City, State, Zip: Moreno Valley, CA 92555

Page 2 of 8

E-Mail: MMLane45@gmail.com

_		
	USINESS OPERATIONS AND INFO	15.0
Days/Ho	ours of Operation: Mon-Sun 8 am 9	pm and/or PMC/BCC
		NO Hours of Delivery Service: Mon-Sun 8 am 9 pm and/or PMC/BC
	f all owners, employees, and manage	rs, as defined in PMC Section 5.58.030 (attach additional sheets if
N	AME/TITLE: See Attached.	PHONE NO.:
A	DDRESS:	
N	AME/TITLE:	PHONE NO.:
Al	DDRESS:	
N	AME/TITLE:	PHONE NO.:
Al	DDRESS:	
E. Al	PPLICANT AUTHORIZATION	
I hereby City of any atta	y authorize and consent to the City Perris, including their designees, achments.	Manager and the Director of Planning and Economic Development of the to seek verification of the information contained in this application and
I hereby City of I	y authorize and consent to the City Perris, including their designees, achments.	to seek verification of the information contained in this application and
I hereby City of I	y authorize and consent to the City Perris, including their designees, achments.	to seek verification of the information contained in this application and
I hereby City of any atta NAME C	y authorize and consent to the City Perris, including their designees, achments. OF APPLICANT: Dynamic Meds, TURE OF APPLICANT:	to seek verification of the information contained in this application and
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G. **FURTHER INFORMATION AND INSPECTIONS**

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

I further agree to permit the City Manager, Director of Planning and Economic Development, 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 adult-use marijuana retailer at the discretion of the City, Page 3 of 8

01006.0005/517125.2



Attachment to Owners and Employees

1. Alfonso Luera-Owner	951 415 0904
31101 Montgomery Ave., Nuevo, CA	92567
2. Eric Luera-Ass't Mngr	951 532 8977
31101 Montgomery Ave., Nuevo, CA	92567
3. Thomas Bills-Floor Mngr	951 259 4412
33520 Willowhaven Ln., Murrieta, CA	X 92563
4. Cynthia Valencia-Ass't Floor Mngr	424 332 3098
22280 Lopez Rd., Perris, CA 92571	
5. Jasmine Luera-Quality Control Mngr	951 415 0739
31101 Montgomery Ave., Nuevo, CA	92567
6. Esthela Luera-Lead Bud Tender	951 751 4951
31101 Montgomery Ave., Nuevo, CA	92567
7. Alexandra Nava-Bud Tender	951 445 3865
13689 Red Mahogany Dr., Moreno Va	alley, CA 92553
8. Migelangel Coria-Bud Tender	951 591 1578
178 Turquoise Dr., Perris, CA 92571	
9. Amberly Alcaraz-Bud Tender	760 682 8623
73586 Black Eagle Dr., Thousand Palr	ns, CA
10. Britany Ochoa-Bud Tender	760 393 1902
53821 Slate Dr., Coachella, CA 92236	
11. Eryn Hebentan-Bud Tender	909 672 9900
38619 Florence St., Beaumont, CA 92	223



Jacqueline Garcia-Bud Tender 951 423 0978 2079 Delphinum Dr., Perris, CA 92571
 Jasadela Alvarado-Bud Tender 951 563 7767 23869 Blue Bill Ct., Moreno Valley, CA 92557
 Jason Allen-Bud Tender 760 409 0010 77419 Michigan Dr., Palm Desert, CA 92211
 Venessa Castro-Bud Tender 760 989 3165 43921 Tracy Circle, Indio, CA 92201

including inspection of:

- Security recordings made by security cameras required by Chapter 5.58 of the Perris Municipal Code,
- Security records and files,
- Inventory records and files, and Other written records and files pertaining to the proposed adult-use marijuana retailer.

NAME OF APPLICANT: Dynamic Meds, Inc.	
SIGNATURE OF APPLICANT: Colfenso Lura	DATE: 17/14/2018
NAME OF OWNER (IF DIFFERENT FROM APPLICANT):	
SIGNATURE OF OWNER:	DATE:
H. INDEMNIFICATION AND RELEASE	
I release the City of Perris, its agents, officers, elected officials, and employees damages, or liabilities of any kind arising from (a) any repeal or amendment of Ch Code or any provision of the Planning and Development Code relating to medic deliveries, and (b) any arrest or prosecution of me, my managers, employees, or federal laws; and I will defend, indemnify, and hold harmless the City of Perris officials, and employees from and against any and all claims or actions: (a) broug owners or any other parties for any damages, injuries, or other liabilities of any ki subject property contemplated by this application, and (b) brought by any p damages, or other liabilities of any kind arising out of the distribution of marijuana contemplated by this application.	napter 5.58 of the Perris Municipal all marijuana dispensaries and/or members for violation of State or and its agents, officers, elected ht by adjacent or nearby property ind arising from operations at the party for any problems, injuries,
NAME OF APPLICANT: Dynamic Meds, Inc.	115
SIGNATURE OF APPLICANT: (Myonso Suem (F)	/ /
NAME OF OWNER (IF DIFFERENT FROM APPLICANT):	
SIGNATURE OF OWNER:	DATE:
I. APPLICANT CERTIFICATION I certify under penalty of perjury, under the laws of the State of California, that I h	ave personal knowledge of the
information contained in this application and its attachments, if any, and that the true and correct.	information contained herein is
NAME OF APPLICANT: Dynamic Meds, Inc.	
SIGNATURE OF APPLICANT: Dynamic Meds, Inc. SIGNATURE OF APPLICANT: Dynamic Meds, Inc.	DATE: 12/14/2018
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

TWO (2) SETS OF THE FOLLOWING ITEMS ARE REQUIRED AND ONE PDF COPY

	SUBM	ITTED	
	YES	NO	K.
1,	x		Fee: Payment for the application fee.
2.	<u>x</u>		Medical Marijuana Dispensary Permit: Proof to the satisfaction of the Director that the applicant/owner has been issued a medical marijuana dispensary permit pursuant to Chapter 5.54 of Title 5 of the Perris Municipal Code for the intended Project Location.
3.	X	:	<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 an adult-use marijuana retailer 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.
4.	X	2	<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 5.58.070 and in compliance with State law requirements. Application for each personnel must be submitted concurrently with the permit application at the time of filing. Fee for each background investigation application is \$300.00 payable to the City of Perris.
5.	<u>x</u>	9 *	Identification: For each applicant/owner, current or prospective employee, and current or prospective manager (as those terms are defined in PMC Chapter 5.58), a color photocopy of a valid government-issued photo identification, such as a valid California Driver's License, as approved by the Director. (PMC 5.58.070(B)(2))
6.	<u>x</u>	Y	<u>Compliance with State Law</u> : Evidence satisfactory to the Director of Planning and Economic Development with all state law requirements governing medical marijuana dispensaries. (PMC 5.58.070(B)(3))
7	<u>x</u>	-	Insurance: Evidence satisfactory to the Director showing compliance with all insurance requirements, minimum \$1,000,000 General Liability policy. (PMC 5.58.070(B)(3))
8.	<u>x</u>		Interior Site/Floor Plan: Drawn to scale and fully dimensioned, showing the proposed use of areas on the premises, including storage, exterior lighting, restrooms, and signage. (PMC 5.58.070(B)(1); 5.58.127(D)(2)(a))
9	<u>x</u>		Site Plan: A site plan and floor plan of the premises denoting all the use of areas on the premises of the adult-use marijuana retailer, including storage, exterior lighting, restrooms, air treatment system and signage. (PMC 5.58.070(B)(1); 5.58.127(D)(2)(a)) See attached page 9 for site plan information requirements.
9.	X		Business Plan: 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.	<u>×</u>		Odor Control Plan: An adult-use marijuana retailer 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 adult-use marijuana retailer shall be designed to provide sufficient odor absorbing ventilation and exhaust systems so that any odor generated inside the location of the adult-use marijuana retailer 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 adult-use marijuana retailer, if the use only occupies a portion of a building.

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 adult-use marijuana retailer 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 footcandles as measured at the floor level.
- e. Exterior Lighting. The exterior of the premises upon which the adult-use marijuana retailer 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 retailer 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 5.58.100(B); 5.58.127(E))



Item 1: Fee

Applicant has paid the fee on the following date 12/14/1.8



Item 2: Medical Marijuana Dispensary Permit

Please find the enclosed Medical Marijuana Dispensary Permit.



CITY OF PERRIS

DEVELOPMENT SERVICES DEPARTMENT PLANNING DIVISION

135 N. "D" Street, Perris, CA 92570-2200 TEL: (951) 943-5003 FAX: (951) 943-8379

November 13, 2018

Sal Hernandez 4605 Wade Avenue Perris, CA 92570

Subject:

Medical Marijuana Dispensary (MMD) Permit PLN17-05171 and Minor

Modification 18-05038 - 4605 Wade Avenue

Dear Applicant:

The City of Perris Planning Division approved the above referenced project on November 13. 2018, subject to the enclosed Conditions of Approval. Medical Marijuana Dispensary Permit PLN17-05171 (Minor Modification 18-05038) is a request to establish and operate a Medical Marijuana Dispensary located at 4605 Wade Avenue within the *Perris Valley Commerce Specific Plan*. Prior to operating, all Conditions of Approval attached to this letter shall be in compliance. Applicant shall sign the attached conditions of approval and return signed copy to the Planning Division prior to start of business. By signing and agreeing to the conditions of approval, the project applicant acknowledges the requirements of the City.

The decision regarding this approval or conditions of approval may be appealed to the Planning Commission by an applicant, a permit holder or interested party. The appellant must file a written appeal with the Perris City Clerk within ten calendar days of the decision. The written appeal shall specify the person making the appeal, the decision appealed from, shall state the reasons for the appeal, and shall include any evidence in support of the appeal which the applicant seeks to be considered by the Planning Commission.

If you have any questions or require additional information, please do not hesitate to contact me at (951) 943-5003, extension 279.

Sincerely,

Nathan Perez Planning Division

Nathan Perez

Attachment: Conditions of Approval PLN17-05171



Item 3: Property Owner's Statement of Consent

Please find the enclosed Property Owner's Statement of Consent.

ADULT-USE MARIJUANA RETAILER 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 an adult-use marijuana retailer regulatory permit. This form must be notarized.

I, the undersigned legal owner of record, hereby grant permission to:
Applicant: Alfonso Luera, Dynamic Meds, In. Phone: (951)415-0904
Mailing Address: 3110 (Montgomery Aver, Nuevo, CA 92567
to operate an adult-use marijuana retailer business on the property described below
The subject property is located at: 4605 WADE AVE. PERRIS, CA.9257
Assessor's Parcel Number: 314100068
Printed Name of Owner of Record: CHEROKEE FUNDING LLC - MICHAEL LANE
Address of Owner of Record: 26786 IRONWOOD AVE MORENO VALLEY CA 92555
Phone: 951-212-3406 Email address: MM LANE 45 @ GM411.Com
Signature of Owner of Record: Michael Fanc Date: 12-13-18

To:

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

CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 Zwerside	_ }
On 12 14/2018 before me,	Nancy Earles Notary Public
personally appeared <u>Michael</u> who proved to me on the basis of satis name(s) is/are subscribed to the within he/she/they executed the same in his/she/she/they	factory evidence to be the person(s) whose instrument and acknowledged to me that her/their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and co	Y under the laws of the State of California that rrect.
WITNESS my hand and official seal. Notary Public Signature (N	NANCY ERIVES Commission No.2113682 & NOTARY PUBLIC-CALIFORNIA SILVERSIDE COUNTY My Comm Expires MAY 31 2019 otary Public Seal)
ADDITIONAL OPTIONAL INCORMATI	INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT Adult - Use Marijuana Retailer Remot Application	On This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared which
(Title or description of attached document continued) Number of Pages Document Date_i2_13[18]	niust also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document signer(s) who personally appear at the time of notarization.
CAPACITY CLAIMED BY THE SIGNER Individual (s) Corporate Officer (Title) Partner(s)	 Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording. 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 acknowledgment form. Signature of the notary public must match the signature on file with the office of the county clerk.
☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other	 Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

2015 Version www NotaryClasses cont 6004773-9865

· Securely attach this document to the signed document with a staple.



Item 4: Background Investigation

Please find the enclosed Background Investigation forms



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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION					
LOST NAME ON APPLICATION LUERUS	FIRST NAM		MIDDLE NAME ON APPLICATION	BUSINESS NAME ON APPLICATION WHO WE CHE	
		APPLICANT INFORM	ATION		
Social Security Number		ON SOCIAL SECURITY CARD	RST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SECURITY CARD	
California Driver's License NOY04090	#	ON CAL DRIVER'S LICENSE	INST NAME ON CAL DRIVER'S LICENSE	MIDDLE NAME ON CALL DRIVER'S LICENSE	
SEX AGE	4/7	138 1912	EIGHT WEIGHT	BAIR BEDGE	
	GOMERY	AU NUI	EVO, CA 975E	757-415 3904	
LIST ANY OTHER NAMES YOU HAVE EVE	R USED (Maiden Oh ar	ned, Nicknames, etc.)	MEXICO, Sou	EiGlisu,	
		CRIMINAL HISTO	DRY		
THE INSTRUCTION SHEET PRIC OMISSIONS ON THIS APPLICA DISQUALIFICATION.	OR TO FILLING O	UT THE APPLICATION. A	ANY FALSE STATEMENTS, ABIS BUSINESS APPLICAT	LY READ THE INFORMATION ON MISLEADING STATEMENTS OR TION SHALL BE GROUNDS FOR	
ARREST DATE ARRESTING AGENCY/LOCATION/COURT NAME REASON FOR ARREST/VIOLATION CODE 1) 2/25/2008 (450 Plyersick 490.5 (4)					
DISPOSITION (WHAT WAS THE OU	TCOME OF THE CASE:	Were you sentenced? Did you h	nave to pay a fine? Probation? Pa	role? Etc.)	
ARREST DATE	ARRESTING AGE	NCY / LOCATION / COURT NAME	REASON FOR ARRES	(/ VIOLATION CODE	
2 DISPOSITION (WHAT WAS THE OU	2 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 REASON FOR ARREST / VIOLATION CODE					
3 DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Old you have to pay a fine? Probation? Parole? Etc.)					
ARREST DATE	ARRESTING AGE	NCY / LOCATION / COURT NAME	REASON FOR ARRES	F / VIOLATION CODE	
DISPOSITION (WHAT WAS THE OU	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)				
		CITY STAFF USE C	DNLY		
DATE / TIME \$ F	EE AMOUNT PAID	RECEIPT #	CITY STAFF'S NAME	CITY DEPARTMENT	



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

		Page 2 of 2		
	ADDITIONA	AL ARREST INFORM	NATION	
ARREST DATE	ARRESTING AGENCY / LOCAT	TION / COURT NAME	REASON FOR ARREST	T / VIOLATION CODE
S DISPOSITION (WHAT WAS	THE OUTCOME OF THE CASE: Were you	sentenced? Did you have	to pay a fine? Probation? P	arole? Etc.)
	PRIOR REGULA	ATED CANNABIS E	MPLOYERS	AND COMETRY TO
USINESS NAME	CITY / STATE	PHONE	START DATE	END DATE
	STAT	EMENT OF PERJU	RV	Lanting skings (Like
DECLARE UNDER THE PENALTY NOWLEDGE.	OF PERIURY, UNDER THE LAWS OF THE	The second second		JE AND CORRECT TO THE BEST OF MY
APPLICANT SIGN	ATURE JOB TIT	LE (POSITION ON THE APPL	ICATION)	12/13/2018
CI	RIMINAL BACKGROUND &	CREDIT HISTORY	INVESTIGATION F	RELEASE
Chief of Police of the C fingerprints or use the in meet the qualifications r as required by the City N I agree to provide any in	oyee of a Commercial Cannabis ity of Perris, and/or his/her agn formation in this application for equired to obtain a Commercial Municipal Code and State Law. formation requested or deemed vestigation, or any other law enformation.	gents, employee or la or the purpose of con Cannabis Business Pe d necessary to provide	wful representative(ducting a criminal ba rmit to operate or to b to the State of Califo	s) to take my photograph and ackground check to verify that I be employed with such business ornia Department of Justice and
agree to hold the City of whatsoever or at all whi- agency for a record che-	ve to disclose any record of arr Perris, its officers, agents, or la ch may result from the taking of ck and/or obtaining access to a usiness Permit or Employee Per	wfully delegated repr such fingerprints or f ny other documentat	esentatives, harmless orwarding them to th	s from any action(s) or damages se appropriate law enforcement
	authorize the City Manager or ain and review my consumer cre			
that falsifying and/or o	cknowledge and agree to comp mitting any information on th ent per the Perris Ordinance.	ly with all the conditi is application may bo	ons and terms of this egrounds for denial	application. I also understand of a permit or is grounds for
APPLICANT SIGNATURE	APPLICANT NA	ME (PRINT)	DATE /S	2/13/2018



Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with white the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

I have the right to make a request to the consumer-reporting agency: INTELIFI, Inc. 8730 Wilshire Blvd, Suite 412, Beverly Hills, California 90211; telephone (888) 409-1819 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view our privacy policy at our website: www.intelifi.com . I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota and Oklahoma Applicants: Check box if you request a copy of your consumer report

Notice to California Residents: You have the right under Section 1786.22 of the California Civil Code to contact the Agency ring reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your iew. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Residents: I acknowledge receiving a copy of Article 23A of the NY Correction Law

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION. I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

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

Page 1 of 2

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

Page 2 of 2

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Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with Dyncholo Med. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

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Eric Luera Print Name	Social Security #	01 / 25 / 87 Date of Birth
Applicant's Signature	12/13/18 Date	
Eric Luera 37 @	gmail. com notices) Any other name	es used



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

Page 1 of 2

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

Page 2 of 2

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To Whom It May Concern: I am an applicant/employee of a Commercial Cannabis Business in the City of Perris. 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 criminal background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operate or to be employed with such business as required by the 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 of 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 record check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit. Furthermore, I hereby authorize the City Manager or Chief of Police of the City and/or his/her agents, employee or lawful representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me. By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for								
APPLICANT SIGNATURE	at ex	APPLICANT NAME (PR	unt) Valencia		TE 12-13-18			



Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with whom control of the consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

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Cynthia Valencia Print Name	Social Security #	00 , 29 , 1992 Date of Birth
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135 N. "D" Street Perris, CA 92570 (951) 943-5003

Page 1 of 2

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

Page 2 of 2

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Pre-Employment Background Check Disclosure & Authorization Form

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Esthela Lueva Social Security # Date of Birth

Esthela Zue 12/11/18

Applicant's Signature Date

Esthela lueva 07 9 gmail Com

Any other names used



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

Page 1 of 2

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

Page 2 of 2

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I am an applicant/employee of a Commercial Cannabis Business in the City of Perris. 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 criminal background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operate or to be employed with such business as required by the 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 of 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 record check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit. Furthermore, I hereby authorize the City Manager or Chief of Police of the City and/or his/her agents, employee or lawful representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me. By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand								
termination of employme		s Ordinance. APPLICANT NAME (PRINT)		DATE	a permit or is grounds for		
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Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with your Meds. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

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Tasmine M Luera

Social Security #

Date of Birth

Date of Birth

12 / 12 / 2018

Date

Jasmine · Luera 92@gmail · Com

Bail (required in order to receive legal notices)

Any other names used



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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION											
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LIST YOUR CURRENT HOME ADD					CELL PHONE #						
33520 Will	owhaven Ln	Murrieta C.	a 91	2563	951 259 4412						
LIST ANY OTHER NAMES YOU HA	VE EVER USED (Maiden, Mar	ried, Nicknames, etc.)		BIRTH COUNTRY/STATE	LANGUAGES SPOKEN						
lammy				USA/CA	English						
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THE ADDITIONAL SPACE IS NEEDED, ATTACH EXTRA SHEETS TO THIS APPLICATION. PLEASE CAREFULLY READ THE INFORMATION ON THE INSTRUCTION SHEET PRIOR TO FILLING OUT THE APPLICATION. ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE COMMERCIAL CANNABIS BUSINESS APPLICATION SHALL BE GROUNDS FOR DISQUALIFICATION. ARREST DATE ARRESTING AGENCY / LOCATION / COURT NAME ARREST DATE ARREST DATE											
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135 N. "D" Street Perris, CA 92570 (951) 943-5003

Page 2 of 2

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that falsifying and/or o	knowledge and agree to comp mitting any information on th ent per the Perris Ordinance.	oly with all the condition is application may be	ons and terms of thi e grounds for denia	s application. I also understan I of a permit or is grounds fo		
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Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with Dynamic Meds. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

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Thomas Bills Print Name	Social Security #	07 / 30 /86 Date of Birth
Applicant's Signature	12 / 12 / 18 Date	
Dakmorey 15 Damail Conail (required in order to receive legal notice	(cs) Tommy Any other names used	



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

Page 1 of 2

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

Page 2 of 2

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By signing this form, I ack that falsifying and/or om termination of employmen	itting any information on	this application may b	ons and terms of the grounds for denia	is application. I also understan Il of a permit or is grounds fo		
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Alexandra Nava Print Name	Social Security #		03 / 22 / 1994 Date of Birth
Applicant's Signature		12018	
alex.nava 94 @ yanoc com	s)	Any other names used	



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

CANNABIS PERMIT APPLICANT INFORMATION									
	LAST NAME ON APPLICATION		FIRST NAME ON APPLICATION			MIDDLE NAME ON APPLICATION		BUSINESS NAME ON APPLICATION	
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135 N. "D" Street Perris, CA 92570 (951) 943-5003

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CRIMII	NAL BACKGR	OUND & CREDIT		NVESTIGAT	ION R	ELEASE
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 criminal background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operate or to be employed with such business as required by the 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 of 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 record check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit. Furthermore, I hereby authorize the City Manager or Chief of Police of the City and/or his/her agents, employee or lawful representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me. By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for						
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Pre-Employment Background Check Disclosure & Authorization Form

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connection with my application for employment (including contract for services or volunteer services) or tenancy with Diamic Meds. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.
I have the right to make a request to the consumer-reporting agency: INTELIFI, Inc. 8730 Wilshire Blvd, Suite 412, Beverly Hills, California 90211; telephone (888) 409-1819 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view our privacy policy at our website: www.intelifi.com . I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.
California, Minnesota and Oklahoma Applicants: Check box if you request a copy of your consumer report
Notice to California Residents: You have the right under Section 1786.22 of the California Civil Code to contact the Agency ring reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.
Notice to New York Residents: I acknowledge receiving a copy of Article 23A of the NY Correction Law
I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION. I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.
Print Name Social Security # Date of Birth
Applicant's Signature Date
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135 N. "D" Street Perris, CA 92570 (951) 943-5003

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

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Pre-Employment Background Check Disclosure & Authorization Form
connection with my application for employment (including contract for services or volunteer services) or tenancy with NOIM C Need These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.
I have the right to make a request to the consumer-reporting agency: INTELIFI, Inc. 8730 Wilshire Blvd, Suite 412, Beverly Hills, California 90211; telephone (888) 409-1819 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view our privacy policy at our website: www.intelifi.com . I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.
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I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION. I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.
Amber y Alcerron 2 Print Name Social Security # Date of Birth
Applicant's Signature 12 12 2018 Date
ail (required in order to receive legal notices) Any other names used



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

		CANNA	BIS PERMIT APPL	ICANT I	NFORMATION				
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135 N. "D" Street Perris, CA 92570 (951) 943-5003

		ADDITIONAL AR	REST INFOR	MATION		
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Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with work to these consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

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California, Minnesota and Oklahoma Applicants: Check box if you request a copy of your consumer report

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Britany Ochoco.	Social Security #	Date of Birth
Applicant's Signature	11 , 13 , 18 Date	
ail (required in order to receive legal notice	Any other names used	



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

CANNABIS PERMIT APPLICANT INFORMATION							
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SEX AGE	DATE OF BIRTH RACE	HEIGHT	WEIGHT	HAIR EYES			
☐ Male ☐ Female 34	04-12-84 8	53	190 8	Rown Green			
LIST YOUR CURRENT HOME ADDRESS, CITY,	ZIP CODE (NO P.O. BOXES ALLOWED)	275	2	CELL PHONE #			
38619 Florence	St. Beaument (49222		909-672-990C			
LIST ANY OTHER NAMES YOU HAVE EVER US	ED (Maiden, Married, Nicknames, etc.)		H COUNTRY/STATE	LANGUAGES SPOKEN			
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135 N. "D" Street Perris, CA 92570 (951) 943-5003

	ADDITIONA	L ARREST INFOR	MATION				
ARREST DATE	ARRESTING AGENCY / LOCAT	ION / COURT NAME	REASON FOR ARRES	ST / VIOLATION CODE			
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APPLICANT SIGN		E (POSITION ON THE APPL - He Nobell		12-11-18			
CI	RIMINAL BACKGROUND &			RELEASE			
I am an applicant/employee of a Commercial Cannabis Business in the City of Perris. 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 criminal background check to verify that I meet the qualifications required to obtain a Commercial Cannabis Business Permit to operate or to be employed with such business as required by the 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 of 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 record check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit.							
Furthermore, I hereby authorize the City Manager or Chief of Police of the City and/or his/her agents, employee or lawful representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me.							
that falsifying and/or o	cknowledge and agree to complomitting any information on this nent per the Perris Ordinance.	y with all the conditi s application may b	ons and terms of thi e grounds for denia	s application. I also understand I of a permit or is grounds fo			
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Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with Manic Medic Me

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

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

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agree to hold the City of whatsoever or at all whice agency for a record chec	ve to disclose any record of arr Perris, its officers, agents, or la h may result from the taking of k and/or obtaining access to a siness Permit or Employee Per	wfully delegated repr f such fingerprints or t ny other documentat	esentatives, harmles forwarding them to t	s from any action(s) or damage he appropriate law enforcemer
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ail (required in order to receive legal notices)

Pre-Employment Background Check Disclosure & Authorization Form

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I have the right to make a request to the consumer-reporting agency: INTELIFI, Inc. 8730 Wilshire Blvd, Suite 412, Beverly Hills, California 90211; telephone (888) 409-1819 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view our privacy policy at our website: www.intelifi.com . I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.
California, Minnesota and Oklahoma Applicants: Check box if you request a copy of your consumer report
Notice to California Residents: You have the right under Section 1786.22 of the California Civil Code to contact the Agency ring reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your riew. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.
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Print Name Social Security # Date of Birth
Applicant's Signature Date
jaktagee/@amail.com jakt

Any other names used



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

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

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

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

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Jason Allen Print Name	Social Security #	04 1 07 1 1937 Date of Birth
Applicant's Signature	12 / 12 / 18 Date	
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135 N. "D" Street Perris, CA 92570 (951) 943-5003

	Page 1 of 2								
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CRI	MINAL BACK	GROUND & CREDI	T HISTORY	INVESTIGA	TION R	ELEASE
I am an applicant/employee of a Commercial Cannabis Business in the City of Perris. I desire and request the City Manager, of 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 criminal background check to verify that meet the qualifications required to obtain a Commercial Cannabis Business 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 of Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manage 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 furthe agree to hold the City of Perris, its officers, agents, or lawfully delegated representatives, harmless from any action(s) or damage whatsoever or at all which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcemen agency for a record check and/or obtaining access to any other documentation which pertains to meeting the qualification for a Commercial Cannabis Business Permit or Employee Permit. Furthermore, I hereby authorize the City Manager or Chief of Police of the City and/or his/her agents, employee or lawfur representative(s) to obtain and review my consumer credit report and/or any other credit related information pertaining to me. By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understant 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 Ordinance.						
APPLICANT SIGNATURE		APPLICANT NAME (PRIN	a Cas	ナハO	DATE	12-12-18



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Veness a Itene Castro Print Name 8, 20, 1924 Date of Birth
Applicant's Signature 12 12 18 Date
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ail (required in order to receive legal notices) Any other names used



Item 5: Identification

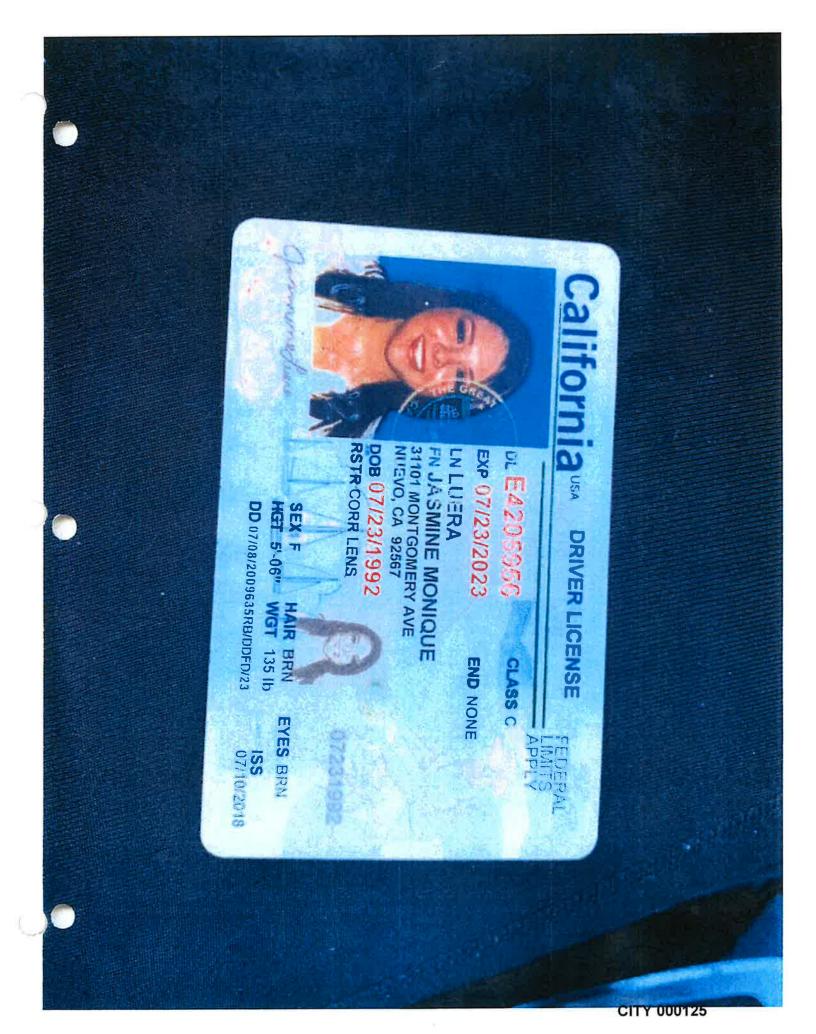
Please find the enclosed Identifications.

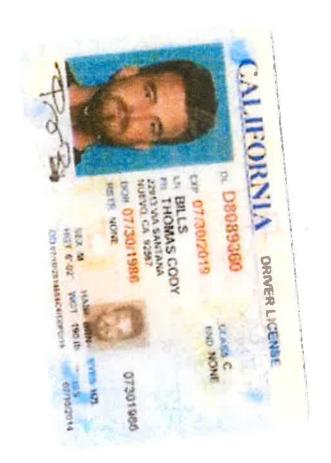


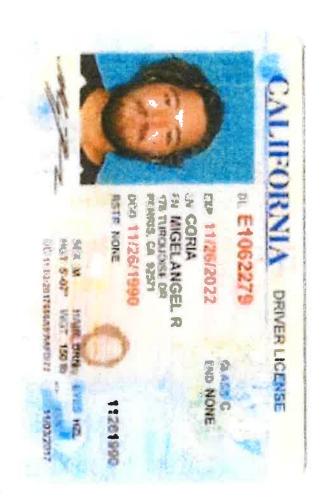


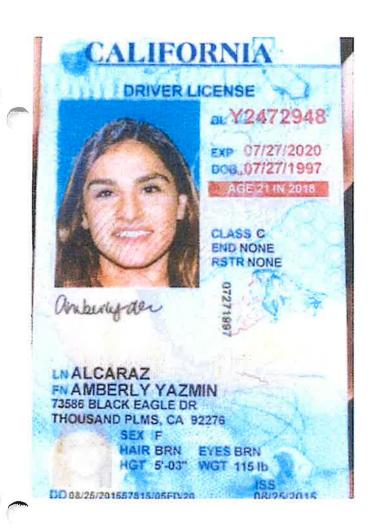














CITY 000130









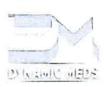




Item 6: Compliance with State Law (Adult-Use)

The Applicant herein applies for an Adult-Use Cannabis Dispensary Permit.

- Applicant will facilitate cannabis dispensing pursuant to Adult-Use Cannabis Laws of the State of California and regulations set forth by the BCC, PMC, and all other related agencies, etc.
 - a. Applicant will serve Adult-Use customers who are 21 years of age or older and have a valid government issued identification.
- 2. Applicant will comply with BPC § 19320.
 - a. Cannabis commerce between licensees only.
 - b. Mandatory local permit/authority- Applicant will only operate with local permission and herein is an application for local permission.
- 3. BPC § 19323 (8) Applicant has a valid seller's permit (Enclosed).
- 4. BPC § 19326 (d) cross referenced to § 19344- Applicant will have cannabis tested prior to dispensing.
 - a. Cannabis will be lawfully packaged as set forth by BCC.
- 5. BPC § 19327- Applicant will keep accurate records of commercial cannabis activity for a period of 7 years.
- 6. Applicant shall not allow cannabis use on site.
- 7. BPC § 19334- Applicant has sufficient security measures on site and will not permit customers to remain on premises if they are not conducting affairs related to the operations of the dispensary.
 - a. Applicant will have limited access areas where only employees can go.
 - b. Applicant will store all cannabis in a secured vault/safe.
- 8. Dispensary will not conduct deliveries of cannabis.
- 9. Applicant will be of a type and form of business entity allowed by law to be an Adult-Use cannabis dispensary.



Item 7: Insurance

Please find the enclosed Insurance documents.

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

08/02/2017

From: Benjamin Landaverde

email: 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,

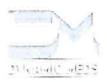
Benjamin Landaverde

Benjamin Landaverde

Lic. # 0G80102

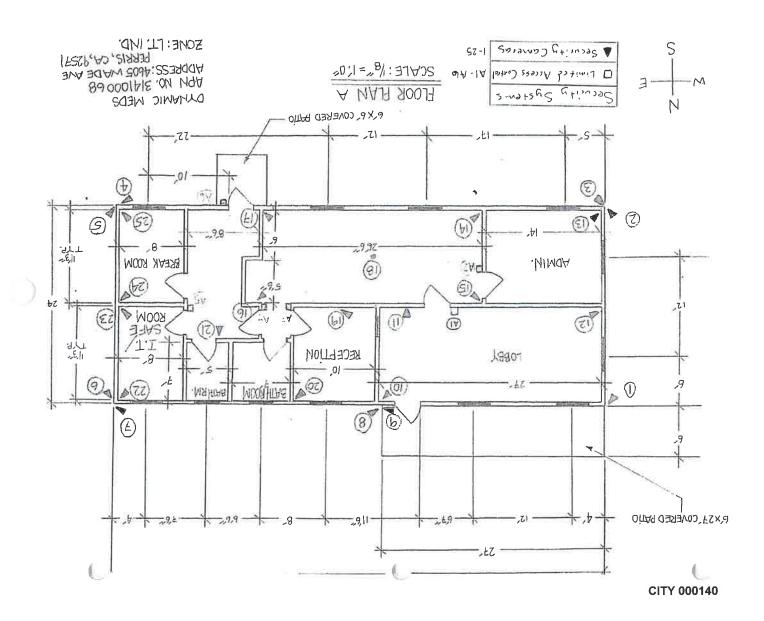






Item 8: Interior Plan

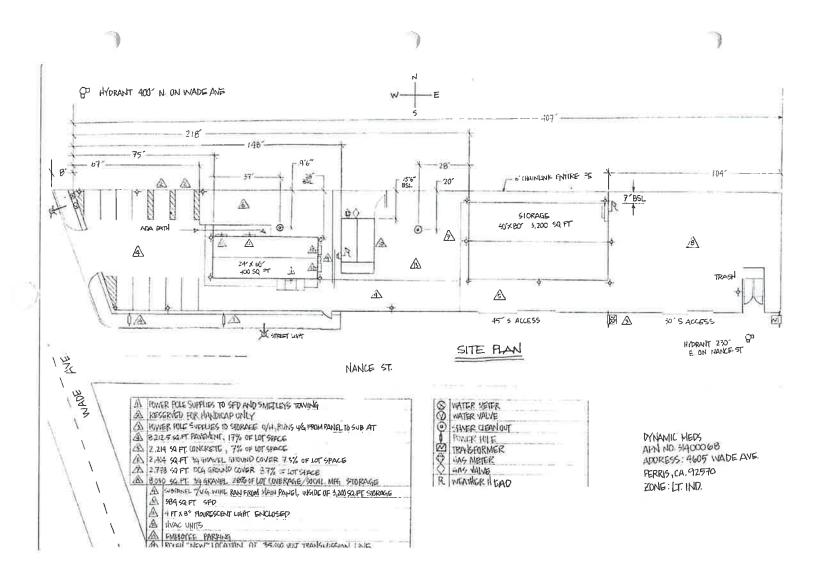
Please find the enclosed Interior Plan copy.





Item 9: Site Plan

Please find the enclosed Site Plan copy.



CITY 000142



Item 10 Business Plan CORPORATION

Dynamic Meds, Inc. is a California Corporation and is an allowable entity for commercial cannabis operations in California (Corporate Documents Attached).

1. Dynamic Meds, Inc. is proud to be a Perris licensee and looks forward to growing in the City of Perris.

Attached are:

- 1. Applicant's Articles of Incorporation,
- 2. Seller's Permit.

Contact: Joshua D. Naggar—951-287-8518.

MISSION STATEMENT

At Dynamic Meds, Inc., our first and foremost model is to provide a safe and affordable access to high quality cannabis.



GENERAL BUSINESS MODEL

Our dispensary, located at 4605 Wade Ave., Perris, CA 92571 is ZONED 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.

COMMERCIAL COMPLIANCE PLAN—Local/State

- 1. Commercial Cannabis Plan Submission Process.
 - a. Applicant submits to the City of Perris for permission to enter into commercial cannabis operation.
- 2. Acceptance of Commercial Cannabis Application.
 - a. Compliance with Local Municipal Codes and regulatory departments:
 - i. Planning, engineering, building, safety, occupancy, etc.
 - b. Begin Concurrent Compliance with related State Regulations.
- 3. City of Perris Cannabis Business Licensure/Occupancy (Local Compliance).



- 4. Local Occupancy Permit—State Temporary License Concurrence (if Applicable):
- 5. Permit for Operations Local, and Permit State (TEMP).
 - a. Operations—Compliant, Licensed, Operational.
- 6. Transition from TEMP to ANNUAL (Final Compliance).
- 7. Full Annual Licensure/Compliance—State Annual License Achieved/Perfected.

STAFF EXPERIENCE

The management level-staff members have years of experience in the cannabis industry, already have a licensed facility, and are supported by compliance counsel that has experience and knowledge in local and state commercial cannabis compliance.

Executive Team:

- 1. Owner: Alfonso Luera Sr.- Years of business and financial experience as well as years in the cannabis field running dispensaries. Resume attached.
- 2. Manager: Eric Luera. Years of cannabis management experience (retail). Resume attached.
- 3. Manager: Cynthia Michelle. Resume attached.
- 4. Manager: Thomas Bills. Resume attached.



ORGANIZATIONAL STRUCTURE

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.

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. 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.

There will be twelve approximately 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. Part of our Business Model is to hire more residents of Perris.

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



INVENTORY CONTROL/TRACK AND TRACE

Applicant will be using software which integrates with METRC system on a daily basis in order to manage inventory and information in conformity with the State of California's Track and Trace system. Applicant's Inventory Plan will be conscious of cannabis diversion and designed to prevent it. Applicant will only sell cannabis or cannabis products that are properly packaged and labelled as well as from a qualified/licensed cannabis distributor/licensee. Further, when applicable and allowable (likely in the next 90 days) Applicant has designated persons to attend Track and Trace training pursuant to California/BCC Law/Regs. Applicant will be using COVA as its POS/Tracking system.

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).

Attachment: PRO FORMA/3Year Projections

SCHEDULING OF WORK/HOURS

Per PMC. And Per BCC.



DAY-TO-DAY OPERATIONS—GENERAL

- 1. Onsite cannabis consumption will be prohibited.
- 2. No cannabis signs or cannabis products or packaging will be visible from the exterior of the building.
- 3. Applicant has indicated inventory control tracking procedures.
 - a. Applicant will not transfer/sell any products out of state.
- 4. Emergency/Community Contact: Elle Taj
- 5. Every Person Applicant has listed as an owner, manager, or employee has submitted to a background check.

DAY-TO-DAY OPERATIONS— SIGNAGE/NOTICES

- 1. All entrances and premises shall have posted signs indicating:
 - a. "smoking, ingesting, or otherwise consuming cannabis on the premises or in the areas adjacent to the commercial cannabis business is prohibited".
 - b. "no loitering".
 - i. Applicant will not allow loitering on the premises.
 - c. "this premise is monitored by cameras".



COMMUNITY SERVICE

We encourage all our staff, including our management as we lead by example, to participate in as many nonprofit organizations as possible. 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 will maintain regular contacts with the liaison of the Boys and 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.

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.



State of California Secretary of State

Statement of Information

(Domestic Nonprofit, Credit Union and General Cooperative Corporations)

Filing Fee: \$20.00. If this is an amendment, see instructions. IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME

DYNAMIC MEDS, INC.

N

FN69049

FILED

In the office of the Secretary of State of the State of California

JUL-07 2017

2. CALIFORNIA CORPORATE NUMBER

STREET ADDRESS OF PRINCIPAL OFFICE IN CALIFORNIA IF ANY

C4039826

Complete Principal Office Address (Do not abbreviate the name of the city, Item 3 cannot be a P.O. Box.)

This Space for Filling Use Only

ZIP CODE

STATE

4605 WADE AVI	E., PERRIS, CA 92571				
4. MAILING ADDRE	SS OF THE CORPORATION		CITY	STATE	ZIP CODE
ALFONSO LUEF	RA 4605 WADE AVE.,	PERRIS, CA 92571			
Names and Con officer may be adde	nplete Addresses of the	ne Following Officers (The titles on this form must not be a	corporation must list these three o	officers A compara	ble litle for the specific
5 CHIEF EXECUTIV	VE OFFICER/	ACDRESS	CITY	STATE	ZIP CODE
ALFONSO LUE	RA 4605 WADE AVE.	, PERRIS, CA 92571			
6. SECRETARY		ADDRESS	CITY	STATE	ZIP CODE
ALFONSO LUEF		, PERRIS, CA 92571			
7 CHIEF FINANCIA ALFONSO LUEF		ADDRESS , PERRIS, CA 92571	CITY	STATE	ZIP CODE
address, a P.O. Bo certificate pursuant	x address is not acceptable to California Corporations (FFOR SERVICE OF PROCES	le. If the agent is another corp Code section 1505 and Item 9 m	ust reside in California and Item 9 poration, the agent must have on flust be left blank.	must be completed ile with the Californ	with a California street a Secretary of State a
	SS OF AGENT FOR SERVICE E., PERRIS, CA 92571	OF PROCESS IN CALIFORNIA, IF	AN INDIVIDUAL CITY	STATE	ZIP CODE
Common Interes	t Developments				
— Developmei (California (nt Act, (California Civil C Civil Code section 6500, et	ode section 4000, at sec.) or seq.). The corporation must file	a common interest development under the Commercial and Indus a Statement by Common Interest e see instructions on the reverse sil	strial Common Inter Development Associ	est Development Act
11 THE INFORMATION	ON CONTAINED HEREIN IS T	RUE AND CORRECT			
07/07/2017	ALFONSO LUERA		PRESIDENT		
DATE	TYPE:PRINT NAME OF	PERSON COMPLETING FORM	TITLE	3IGNA*	URE
SI-100 (REV 01/2016)				APPROVED BY	SECRETARY OF STATE

MOITASILAUDE FOURAND OF EQUALITATION Sales sur line Tradocement

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

unapetra 1-619-353-3316 courset the Taxbayers, Biffura yerdesse big thickness on the secure of 1-898-351-5168 on the PC51-5168 Then tax If you would like to know done about your his as a taxbayer on if you stein his pictures at taxhe with the BOE! blease

If you would like to know more about your strains as a sapelyer or if you are unable to receive an interestable of the BOE offices, or diving it to a BOE office or an opposite of the BOE office of the BOE office of the BOE office of the BOE office of the BOE of th

As a seller, you are expected to maintain the normal books and records of a prudent ournessperson thou are required to maintain these books and records for no task that four years and maintain these books and records for no task to notify that you are cuying setting adding a location, or discontinuing your business adding or aropping a parmer officer or member to when you are moving any or all of your business locations. If it becomes adding or aropping a parmer officer or member to when you are nowing any or all of your business locations. If it becomes necessary to surrender this permit you should only do so by maining it to a BOE office, or giving it to a BOE representative

- Board of Equalization (BOE) You are responsible for following the regulations set form by the BOE •
- . You have the right to be treated in a tak and equitable harrenby the employees of the Caltorna State
 - Wernst 2000 Cast 620 One Seles how grided one gold from the respective are

As a seller, you have the right to issue resale certificates. While the sales tax is imposed upon the retaller, responsibility of not misusing resale certificates. While the sales tax is imposed upon the retaller,

- . Calling our tell-free Customer Service Center at 1-800-400-7115 (TFY 711)
 - בפעקונום אסתי מהפצונטעט ינו אענונעם נים פעם סוף סתי בלוליב septy באונים פעם אונים ביו פער בלוליב באונים ביו מיונים ביו ביונים ביו ביונים בי
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 - epiño blei s gnitiziv
 - is alisday ino gnitisiV .

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:

A MESSAGE TO OUR NEW PERMIT HOLDER

30E-442-R REV. 16 (11-14)

For general tax questions, please call our Customer Service Center at 1-888-324-2798 or 1-916-324-2798, For information on your rights, contact the Taxpayers' Rights Advocate office at 1-888-324-2798 or 1-916-324-2798,

OWED BY THE NEW OPERATOR OF THE BUSINESS
THIS PERMIT IS VALID ONLY AT THE KRONE COULD BY RESPONSIBLE FOR SALES AND USE TAXES
THIS PERMIT IS VALID ONLY AT THE KRONE OR CANDELED AND IS NOT TRANSFERABLE IF YOU SELLY YOUR BUSINESS
THIS PERMIT IS VALID ONLY AT THE KRONE CANDELS AND THE MOVE COUNTY OF THE YOUR BUSINESS.

SHING PEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX DAW TO ENGAGE IN THE SAUND USELLING TANGIBLE PERSONAL PROPESS OF THE ABOVE JODGATION THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS

EERRIS CA 92571-7494 07WARC AEDS 1WC.

09/01/2017 SR EH 103-116023

SETTES SEEWAIL



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 mexcian 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 haved 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 monajority 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

2001-2005

Perris High School

Perris, CA

High School Diploma

1741 Jade Ave Perris CA, 92571 (424) 332-3098 CynthiiaMiichelle@gmail.com

Perris High School Diploma /A.V.I.D. - 2010 MSJC Community College - 2013-2014

 Born and raised in Long Beach, CA. Moved to Perris, CA in 2005. Went to Hill Classical Middle school and transferred to Pinicate 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.
 - 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

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.

THOMAS BILLS

22913 Vía 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 trains to complete my AA (Associate Degree) 3.1 GPA

- 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.

Dynamic Meds, Inc. Projected expenses for 2018

Planned Exponses	Hote	Fab	Mar	Apr	May	Jun	Jul	AND	Sep	Del .	Nov	thec	YEAR
Employee Costs										T		C	5402 000 C
Employee Wages***	\$14,000,60	\$14,000,00	\$14,000,00	\$14,000.00	\$14,030,00	\$16,000.00	\$16,000.00	\$16,000.00	516,000,00	\$16,000.00	\$16,000.00	\$16,000.00	\$182,000.0
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	536 100.0
Anned Security	CO.000.62	\$8,000.CO	5 3.000.00	\$8,000.00	\$8,000,00	58,000 CO	58,000,00	\$8,000.00	\$8,00,000	58,000,00	\$8,000.00	\$8,600.00	\$96,000_0
Sebtotal	\$24,800.00	\$24,800.00	524,800.00	\$24,800.00	\$24,800,00	\$27,200.00	\$27,200.00	\$27,200.00	\$27,200.00	\$27,200.00	\$27,200.00	\$27,200.00	5314,400.0
Operating Costs													
Lesse	\$4,500.00	51,500,00	\$ 1,500,00	\$4,500,00	\$4,500.00	54,500.00	\$4,500,00	\$4,500.00	54,500,00	54.500.CU	\$4,500.00	\$4,500.00	551,000 D
flectricity	\$1 100 M	\$1,100,60	\$1,100,00	51,100,00	\$1,100.00	\$1,100,00	\$1,100.60	\$1,100,00	51.100 00	\$1,100.00	\$1,100 00	\$1,100.09	513,200,0
Phone/internet	5220,00	\$220.00	\$220,00	\$220.00	\$220.00	\$220.00	5220.00	\$220,00	5220,00	\$220.00	\$220,00	\$220.00	\$2,640_6
fragi	550.00	550,00	550.00	\$50 DU	\$50.00	\$50 00	\$50 00	\$50.00	\$50.00	550.00	\$50.00	\$50.00	\$600.0
CalifeSty	\$100.00	5100,60	\$100 Ld	\$100.00	\$100.00	5100 00	\$100.00	\$100.00	\$100.00	\$100.03	\$1,50,00	5100 00	51,200.0
Pace a grang/Contamors	\$2,600.60	\$2,600,00	\$2,600,00	\$ 1,000,00	53.300.00	53 500 60	\$1,800.00	\$ 1,000,60	\$4.200 Oil	\$4, 100 to	34 800,00	\$5,000,00	543,500 0
Foretroil Sale License	\$500,00	\$500 co	\$5(K) (JD)	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.60	\$500.00	\$500.00	5500 00	\$5,600.0
Officer Supplies	5250.00	5250.00	\$250,00	\$ 300,00	5310.00	5330 00	\$350.00	\$ 100,60	\$450.00	\$500 co	\$550 CO	5550,00	\$4 490 6
Alarm and Monttorway	5,400,00	\$409 QU	\$ HVO CHI	\$ 100.00	\$ 400.00	5 (00 00	5 100,00	\$400.00	\$400.00	00,000 2	\$ 00.00	\$400.00	\$4,800.0
CODNIE NACIONAL	5200200	\$200,00	\$100.00	5200.00	\$200,00	\$200.00	5200.00	\$200.00	3200.00	\$100.00	27F0 N3	5200 (N)	25"400"0
winders Comp	\$ 300,00	53(4) (00	\$ 100,09	\$300,00	\$ 100.00	5300 60	\$300.00	UO CKIT, 2	\$300.00	5300.00	\$360.00	5300 100	\$3,600.0
Courty Doubless	\$50000	5500.00	\$500 vo	\$500 00	\$500.00	\$500.00	\$1,000.00	51,000,00	\$1,000,00	\$1,000,00	\$1,000 00	\$1,000.00	\$9,000,0
*a. ramo	\$1,000,00	\$1,000.00	51,000,G0	\$1,000.00	\$1,000.00	\$1,000,00	\$1,000,00	\$1,600,00	\$1,600 CO	\$1,000.00	\$1,600 LO	1,000,00	512,000.00
Subtotal	\$11,720.00	\$11,720.00	\$11,720,00	512,170.00	\$12,480.00	\$12,700.00	513,520.00	\$13,770.00	514,020,00	\$14,270.00	514,720.00	\$14,920.00	\$157,730.00
Scaling Costs													
Web Site costs	5500,00	\$500.00	\$500.00	\$500.00	\$500.00	\$500,00	\$500.00	5500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
	\$1,000.00	\$1,000,00	\$1,000.00	\$1,000,00	\$1,000.00	\$1.6-0.00	\$1,000.00	\$1,000.09	\$1,000.00	a) 600 (6	11,002.00	\$1,600.60	\$12,000,0
Varieting Events	2507,03	\$500.00	5500.00	\$500.00	55(h) (N)	\$500.00	\$500.00	\$500.00	\$500,00	(500.00	\$100.00	530000	\$5,000.0
Collateral Costs	52,000,63	52,000,00	\$2,000 00	\$2,000.00	52,000,00	\$2,000.00	\$2.000.00	\$20,402.00	\$2,000.00	\$2,000,00	52,000,00	\$2,000,09	\$24,000,00
Weedings	\$500,00	\$500.00	\$5uu (x)	\$500.00	\$500.00	5500.00	\$500.00	5500.00	5500.00	5500.00	\$500,00	\$5110 W	\$6,000.0
Political Media Subtotal	\$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	\$51,000.0
									- 14				
TOTAL EXPENSES	3-11.070.c0	\$41,020.00	\$41,020,00	\$41,170,00	511,790,00	\$44,470,00	\$15,220.00	515,470,00	\$45,720,00	545,970,80	\$46,450,60	\$46,520,00	5520.1,00.0
Committee Branch Committee				VERNOUS C		e 19 10 1 19 1	NEWS CHI	NEUS DE LA CONTRACTION DE LA C	TO THE OWNER OF THE OWNER	UIE ISON	Darker ber	SALES IN	A SECTION
TOYAUS	Sharing				AMERICA	A	5117,000.00	5124,000.00	5130,000.00	\$140,000.00	\$150,000.00	\$155,000.00	\$1,402,800.0
Monthly Projected Grass	\$62,000.00	\$90,000.00	596,800,00	hand below to be what the finding of the	THE RESERVE AND PERSONS ASSESSED.	\$111,000,00			552,000.00	556,000.00	560,000.00	562,000.00	(5961,120.0
Cust of Goods***	537,800.00	\$16,000,00	538,720,00	540,400,00	542,400.00	\$44,460,00	\$46,800,00	\$19,600.00	\$45,720.00	515,970.00	\$46,120.00	\$46,620.00	(5526,130.0
Monthly Projected expenses * Assumptions: As a new star	\$41,020.00	541,020.00	\$41,020.00	\$41,470,00	\$41,780.00	\$44,400.00	545,220.00	\$45,470.00				Total net	31555

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

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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.

Dynamic Meds, Inc.

Projected Revenues and expenses 2019

Special Superiors	UIT)	Hee	Mar	APT	May	Lin	nu,	Aug	Sep	To the same	Nev	100	
Logicals		411 181 191	516,480,00	516-180-001	\$16.4m) (li) [516 151.00 1	\$15 180,00	\$16,480 00	yla.48 lim.	456 (655.00)	(64) 88(9)	[H (91)]	; T=F. (+)
CARDON CO.	16, 407.71	\$16, 180,00	\$1,360.00	53,300.00	\$3,300,00	51,320,00	\$1,300.00	53,300.00	51,300 fr	\$1,541.0	10000	Zilla de Cook	100
Her	11,001001		\$ 8,000.00	58,000,00	\$8,000 00	\$8,000,00	\$8,000.00	58,000,00	\$3.860 dd	\$5,000,00	1.3(1.1.0)		
Cart multiple	527,780.00	527,780.00	527,780,00	527,780.00	\$27,760,00	527,780,00	527,780,00	527,780.00	\$27,760,00	527,710.90	527,780 00	\$27,780,00	2131 240 F
VI.144	200000	-	-				-						
993							55.00 t de 1	24,050,05	10.7200 (04.	5000000			- 51
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714 11-11	\$4,500.00	\$4,500.00 ;	\$4,500.00	\$1,500.00	\$4,500.00	\$4,500,00	\$4,500.00	\$4,500,00	51,500.00	\$ 1 500 00	14,500,00	F (500)	SELECT
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	1 De 1000 2000	547,219,00				547,210.00	\$47,210.00	\$47,210.00	517,210.00	\$17,210,49	247,210 -4	117,210 (10)	195 9711
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TOTAL CONTRACTOR	NUMBER OF	AL S. H.	STEPPER L	O TENNESSEE	September 1	出版が多数		LE CLASS	STATE OF THE PARTY		4440 000000	2211 000 00	52,250 (00)
444	\$160,000.00	\$165,000.00	\$170,000,00	5175,000.00	\$180,000.00	\$185,000.00	\$190,000.00	\$195,000.00	\$200,000.00	5205,600.00	\$210,000,00		32,2 70 (4)
adbly Printected Gross	\$64,000.00	\$64,000,00	\$88,000,00	\$7,000,00	\$71,000.00	\$74,060.00	\$76,000.00	\$78,000.00	\$10,002.00	\$82,000.00	2847000100	\$94 000 BB	
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ay transfed aspensi	547 210 00	547,210.00	\$47,210.00	\$47,210.00	547,210,00	547,210.00	\$47,210.00	\$ 17,210.00	547,210 150	34. 4.00		Net profit	1.230.3

[&]quot;"Office Lease: Per Lease Agreement, monthly rent is increast by \$500.00 each year.

CITY 000163

[&]quot;"Cost of Gowis: The cost of goods is an approximation and based on 60% marking.

all after anticipated expenses are fixed expenses and are averaged out monthly with a 10s margin of error

The it outstill and excited grows income in an estimation of growth as a new business at a growth nate of \$5,000 Mirmonth to plateau in the third year, and also based on personal experience. Still and since ted a

Dynamic Meds, Inc. Projected revenues and expenses 2020

Vanned Expenses	Jan	Foo	Mai	AΦI	May	Ulm	Jel	Aug	Stp	Oct	Nov	Dec	YEAR
epit, or Costs		1.11	· 10.0020000	The State of	\$10 950,00	\$16,950.00	\$16,950,00	\$16.950,00	516 750.CU	\$10,927.00	- 915,950.CV	\$14,393.00	5501,400.0
high.	510,950,00	510-750-00	516,990 60	316,950,60	\$3,800.00	\$3,800.00	\$3,890.00	\$3,800,00	\$3,800,00	\$1,800.00	\$3,860.03	\$3,800,00	545,600.0
50-884	\$1,860.00	23 PCO (M)	53,600,00	\$1,800.00	\$9,600.00	\$8,000.00	\$8,000.00	58.000.00	56,000,00	\$8 000 00	58,000.00	\$8,000,09	544,000,0
Library Del July	\$8,000.00	58,000.00	5 8,000,00	\$5,000.00		528,750.00	\$28,750.00	\$28,750,00	\$28,750,00	528,750,00	\$28,750.00	\$28,750,00	\$345,000.0
Subtotal	\$28,750.00	\$28,750.00	\$28,750,00	528,750.00	528,750.00 j	528,750.00	370,730.00	320,730,00	720,730.00	7713			
Ctra- Casty													
	55,56(00)	\$5,500.07	5% 500 00	\$5,500.00.	55.5mm int	55,500,00	\$5,500.00	\$5,500,00	\$5,990 to	\$5,360,00	53,500,00	35,390,01	\$55,000.0
HO X [A] (- 1	b	51 (69.00.1	31,300.00	51:00:00	\$1,100.00	51, fret, ub ;	51.169.00	\$1,100,00	\$1.102,00	\$1,460.00	51 (64.0)	51.100(a)	\$13,200,0
1000	2.1.160.00		Same	1420.00	5220.00	SINGE	\$2,0.00	\$120,00	1220 0	5224.62	1229.09	17211-0	\$2,640.0
	1420.46	1220.00	59/20	(10.40	\$50.ca	3'4660	550.00	550 cm	\$50000	579,577	550.04	(1) A	Dist
311/6	He Ma	20.01		274.04.04	2100 (0)	Steel or	\$100.03	\$102.00	\$100.00	2400.00	3490	1111	\$1,200.0
* ***	Morrie	5161601	759,50	5! (40.00	5 GW (1)	Same.	\$5.000.00	23.102.00	\$90000000	23,007,00	15 and 11	57,000	\$6500.0
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11 13 15	201711	2500000000	25,000.00		2150.00	\$570.00	2250,00	\$350.00	1999.00	3504.74	A(27k)	279.00	\$1.400.1
-m v - o Pes	2500		350 00 1	1516.42	Not too !	SPALIE	5406.00	\$4(V.80)	750.00	4916	199131	Stoom	14.000,4
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V-197 (c. 10.19)	32971(1)	the second second	1 de las	1410.00	120 90	5200,00	250.00	160.00	\$66.00	107.00	2000	para	5.000
48	Trough.	21/1/200	31.11.0	116.65	(4) (4)	200 16		y.co.cu	Louist	\$1997	120.0	1(2200)	71.800.0
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ing followers	r derich,	51,000,00	110000	\$ 350.00	[3,000.00.4	28 000.00		\$1.450.09	1 conse	14.47.40	11.000	11 49 (0)	\$12,000 0
N	1,015	\$1,000,00	\$1,00040	\$1,64,670	\$1,000,74	51.700,00	\$1,000.00	\$15,950.00	\$15,980.00	515,920.00	00.089,c12	\$15,980,00 {	\$191,700.0
\$465,000	\$15,980.00	\$15,980.00	\$15,980.00	515,940,00	\$15,980.00	\$15,780.00	313,350,00	313,300.00	2127.223			22.2	
Works of Control	0.4												
	351000)500ks).	\$100.00	5509.00	1969.69	\$500,000	\$500 00 T	5500 KM	\$161.0m	553100	(indiget	7.00344	\$1,000
The state of		= 1,1533,454	31,0110	\$7,000(6)	31 00d ou	51,000 50	\$1,000,00	11.000.00	21.100.00	1000000	11,097.02	0.1000	51.2 Child. C
A 10 TH 2 - 10A	1 part pri	1100	\$50,1300	\$300.03	Soul Ful	\$500.00	\$50000	\$500.640	3590.00	\$500 mt	4115.02	91.0	11800
1000 1000	5/100 (1)	350.00		\$1,000.00	\$7.550.60	2.0000	\$2,045.00	12,000,00	\$2,480,00	1255,0 (0)	14/2017	3 3 3 1 1 1	224 003.6
7178×-	12.000 (0)	150,000	7 (0)750	\$250.00	1960.00	5900.00	\$560.00	\$349.60	\$5.5.10	5500 (0)	5100.62	3/80,071	10.00%
opportunities.	112 531 4	11.00.00	\$4,500.00		\$4,500.00	\$4,500.00	\$4,500.00	\$1,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$54,000.0
5000	\$ 1,500,00	\$4,500.00	34, 1,2110	11,310,00									
TOTAL ENGINEES													200.0
w a thry planted expenses	519,210.00	\$49,230.00	549,230.00	549,220,00	\$49,230.00	547,230.00	549,230,00	\$49,210.00	549,230.00	\$49,230.00	543.230,03	519,230.00	5515,760.0
and the second s	CONTRACTOR IN	A PARTY OF THE PAR	THE RESERVE	COUNTY OF	NAMES OF TAXABLE	HAT WE		ALC: UNIO		CONTRACTOR	TO CHEST	AFTE TIME	THE RESERVE
iorais		The same of the same		\$225,000.00	C335 DOG DO	5 225 MID MI	5225,000.00	\$225,000,00	5225.000.00	\$226,000,00	\$225,000.00	\$225,000,00	52,700,000,0
winder to be before the party of the control of the		\$225,000,00			590.000.00	590,000.00	590,000.00	\$90,000.00	\$90,000.00	590,000,00	\$50,000.00	590,000.00	(\$1,080,000.0
	190,000.00	590,000,00	\$90,000,00	\$90,000.00			\$49,230.00	\$19,230,00	\$19,230.60	544,210.60	\$19,230.00	\$49,230,01	15590, 769,0
recording planted dependent	\$49,210 GU	\$19,230.00	\$49,210.00	\$49,210,00	\$19,230.00	\$49,230.00	347,230,00	317,230.00	2.1.,2.20.30			total net	1,029.24

^{***}Office Lease: Per Lease Agreement, monthly rent is increased by \$500,00 each year.

CITY 000164

[&]quot;The Cost of goods: The cost of good is an approximation and based on 60% mark-up to our patients,

all other expenses anticipated to be a fixed expenses and are averaged out monthly, with a 10% margin of error.

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



1777 South. Harrison Street, Denver, CO 80210

Schedule A

Quote Sheet

Prepared for:

Dynamic Meds 4605 Wade Ave. Perris,

Ca 92571

dminc.perris@gmail.com

951-238-7786 Alfonso

Cova Account Manager: John Syroka

Effective Date:

Commencement Date: TBD

This Quote Sheet includes pricing and details regarding Licensing, Professional Services and Support for Cova Software.

Pricing Summary

One-Time Initial Costs

POS Launch Fee

\$1,400,00

TOTAL One-Time Initial Costs

\$1400.00

*ipsa: takes who is appoint e

Monthly Subscription Fee

Total Location Monthly Subscription Fees (Includes 3 Workstations)

\$449.00

Extra Workstations

Total Additional Workstation Monthly Subscription Fees (1 x \$40 ea./mo.)

\$40.00

TOTAL Monthly Subscription Fees

\$489.00

* Propriate where replicable

Part I: POS Launch Fees

Initial Launch Fee Per Location (One-Time Cost)

\$1,400.00

Includes: The Cova Launch Team will work directly with your staff and assist in the initial set-up of our Software. A typical Cova launch process includes the following 3 stages: Information Gathering & Import, Database Config. & Training.

Additional Launch Fees for Locations added later \$1000 (per location) based on type

Launch fees are assessed on the number of locations and may be transferred with the closing/opening of locations. Additional license fees will incur if the addition of new locations surpasses the balance of paid license fees.

Part II: Monthly Subscription Fees

Monthly Subscription Fee per Location (include 3 workstations per location) Additional Workstation Monthly Fee (1 x \$40 per workstation per month)-

\$449

\$40

Part III: Total Workstation Monthly Subscription Fees

\$489.00

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Cova™ Software Subscription Agreement



TOTAL Support Package Fees	vides support for RQ via telephone	a, chat, online form-based sub	mission, and online community for	um. Inclusive
Part V: Professional Service	ces			
Professional Services - Hourly Professional Services - Daily TOTAL Professional Services Fees		0 hours	at \$250/hr at \$2,000/day	\$0.00 \$0.00 \$0.0 0
Payment Details				
Selected Payment Option:	Monthly		4	
TOTAL One-Time Laund			\$1,400.00 \$489.00	
TOTAL Monthly Subscri Initial One-Time Payment (Includes: Licen		Due Unon Signing	3465.00	\$1889.00
Subsequent Re-occurring Monthly Fe		and alton albumb		\$489.00
Notes:	ic Meds. The 1x fee start-up fee o	of \$1889 can be paid with Cred	it Card (See last page here) to expe	dite your launch
Notes: This offer is for the 1 st location for Dynam process. This is due upon agreement and Dynamic Meds can receive a 7% Discouni	no offer/promotions or work can s t off their monthly software service	tart until full deposit is receive te if they agree to pay 1st year	ed.	
Notes: This offer is for the 1" location for Dynam process. This is due upon agreement and	no offer/promotions or work can set off their monthly software service 57.24 Plus \$1400 1x launch fee for the and subject to the terms and c	tart until full deposit is receive te if they agree to pay 1* year ra Grand Total of \$6857.24	ed.	\$5868 – 7 %
Notes: This offer is for the 1" location for Dynam process. This is due upon agreement and Dynamic Meds can receive a 7% Discount Discount (\$410.76) for a total due of \$54	no offer/promotions or work can s t off their monthly software servic 57.24 Plus \$1400 1x launch fee for	tart until full deposit is receive te if they agree to pay 1* year ra Grand Total of \$6857.24	ed.	\$5868 – 7 %
Notes: This offer is for the 1 st location for Dynam process. This is due upon agreement and Dynamic Meds can receive a 7% Discount Olscount (\$410.76) for a total due of \$54	no offer/promotions or work can set off their monthly software service 57.24 Plus \$1400 1x launch fee for the and subject to the terms and c	tart until full deposit is receive te if they agree to pay 1* year ra Grand Total of \$6857.24	ed.	\$5868 – 7 %
Notes: This offer is for the 1 st location for Dynam process. This is due upon agreement and Dynamic Meds can receive a 7% Discount Discount (\$410.76) for a total due of \$54	no offer/promotions or work can set off their monthly software service 57.24 Plus \$1400 1x launch fee for the and subject to the terms and control of the service 12/14/2018	tart until full deposit is receive te if they agree to pay 1st year r a Grand Total of \$6857.24 onditions of the Software Sub	ed. s service in advance for a total of \$ oscription Agreement attached as \$	\$5868 – 7 %

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00311113.DOCX; 2

Cova™ Software Subscription Agreement



COVA Software

Credit Card Authorization

The undersigned hereby authorizes COVA Software to charge any and all amounts due, under the written

Agreement between Dynamic Meds, Inc. (insert name of subscriber. "Subscriber") and COVA Software, to the following credit card. By signing this Credit Card Authorization Form, please note that a 3% admin fee will be applied to all invoices charged on the below listed credit card.

Credit Card #:	
Type: MasterCard	VISA X AMEX
CVV/Security Digits:	_
Expiration Date:	
Name as it appears on card:	Alfonso Luera
Company Name:	Luera Enterprises
Credit Card Billing Address:	31101 Montgomery Ave., Nuevo, CA
Amount Authorized to be Put T	hrough on this Credit Card: \$1889.00
Signature:	allow no were
10day 3 Date.	12/14/2018

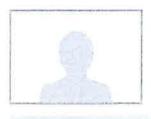
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Cova

Signature Certificate

Document Reference: EE4F7LJLKI5RP5FRAA6RSS





Alfonso Party ID: KCL649I38KTE4HV7WHX5K2 IP Address: 174.210.11.42

VERIFIED EMAIL: dminc.perris@gmail.com

Digital Fingerprint Checksum

d713b78c76086f449d5ec07565517d38d3e120cc



Timestamp Audit 2013-12-14 01 37 49 -0800 All parties have signed document. Signed copies sent to: Alfonso and John 2018-12-14 11 37 49 -0800 Document signed by Alfonso (dminc.perris@gmail.com) with drawn signature. -75.84.167.148 Document viewed by Alfonso (dminc.perris@gmail.com). - 174.210.11.42 2013-12-10 20 27 24 -0800 Document created by John Syroka (johns@iqmetrix.com). - 68.96.78.42 2013-12-08 19 56 49 -0800



This signature page provides a record of the online activity executing this contract.

Page 1 of 1



Item 11: 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. "A".

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

8/2/2017 Introducing the M5



United States ▼

Home > Commanisting > M5

M5

The M5 has been designed to effectively remove odors and keep airflow high for the industrial space or the greenhouse environment. The M5 is powered by the 20" Max-Fan and reliably delivers 3500 CFM of clean air on only 4.8 amps, 240v. The M5 uses 24 pieces of the Can-Lite 9000 filters. The 24 pieces of Can Lite 9000 easily connect to the M5 unit with twist style Bayonet mounts. The M5 comes fortified with a locking, insulated (sound proofed) maintenance door that opens the way to an extremely clean and easy to work with enclosure. Very compact in design the M5 can be stacked or mounted.



M5

CFM	3500 Owg*
RPM	1490*
Max Watts	1073
Amps	4. @ 240 VAC 50 Hz
Weight:	- Ibs
Length	31.5"
Width	37.25"
Height	27.25"
Blade Design	Mixed Flow
Housing	Galvanized
Inlet/Outlet	20"

\$2,879.00

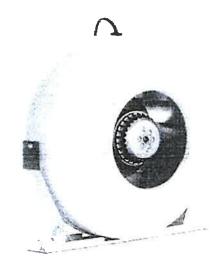
LEARN MORE

8/2/2017 8" HO Can-Fan ™



United States ▼

Home > 8" HO Can-Fan™





8" HO Can-Fan™

sku: 340045

\$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

8" HO Can-Fan™

8/2/2017

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

Technical Data:

CFM:	766 at Owg
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"

TAN RPMVOL	SMAX	MAX	0"	.125*	.25".375	* .5* .75*	1.0	1.25	1.5	MAX	DUCT
MODEL	TTAW	SAMPS	5							in. wg	DIA.
4" HO 2849;20	80	.71	165	155	146 135	126 105	86	67	43	1.84	4"
6" HO 2694120	134	1.19	427	398	368 338	304 255	207	170	128	2.05	6.
8" HO 2811120	277	2.32	766	730	696 662	620544	467	400	343	3,24	8"
10" HO 2923120	286	2.41	806	777	749 722	690623	548	475	408	3.30	10"
12" HO ₃₁₁₅₁₂₀	352	2.98	103	1004	979 952	925859	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

8/2/2017 8" HO Can-Fan™



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









5" Васкаган Дэтрек



8" Max Far "

United States ▼







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:

S = 0.



Item 12 A: Security Cameras and Record

Applicant has security cameras as listed/shown/numbered on Interior Floor Plan and the same have been in operation for over a year or so as this is a renewal application. Applicant does record video 24/7 and retains the footage for 60 days.

Applicant's recording system can record in standard formats and/or other formats approved by the City of Perris. Cameras do cover all areas to include:

- 1. Storage areas,
- 2. Operation areas,
- 3. Doors/windows,
- 4. Parking lot,
- 5. Exterior sides of building, and
- 6. Will capture the faces of patrons.



Item 12 B: 24/7 Fire and Burglar Monitoring

Applicant has a licensed Medical Cannabis dispensary and it has 24/7 Fire and Burglar alarm monitoring. Applicant is using the same company and account to satisfy this condition as it did previously and attached is the contract related to the same.



This certificate is to certify that FrontPoint Security Solutions, LLC ("Frontpoint") is providing 100% wireless security monitoring services to the following person(s) or businesses.

All Frontpoint security systems include U.L. listed equipment manufactured by United Technologies Corporation and Qolsys Inc. In addition, all accounts are monitored by Rapid Response Monitoring, which is nationally recognized and U.L. listed. The address of this monitoring facility is:
400 West Division St, Syracuse, NY 13204.

Customer Name:	Eric Luera		
Premise Address:	4605 Wade Ave		
City, State, & Zip:	Perris, CA, 92571		
Date of Activation:	10 / 20 / 2017		

Description of Services Provided (as of December 14, 2018)

Burglar/Intrusion Protection

Smoke and Heat Sensor 2.0 Monitoring

Environmental Protection

Special Notes About Services Provided: Smoke and Heat Sensor 2.0

FRONTPOINT SECURITY SOLUTIONS, LLC

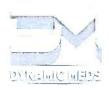
Leehla Huerta Director of Customer Care Date: 12/14/2018



Item 12 C: Locked and Employee Controlled Entrances

Applicant's dispensary has a lobby entrance that is open to the public. In the lobby no cannabis is present. In the lobby customer's IDs and other information are checked in conformity with law. All entrances to the dispensing areas are controlled by employees and are locked until a button is pushed by an employee which unlocks the door and allows a customer access.

All access to stored cannabis comes through a locked vault that is under the control of employees and is located in identified limited access area(s) marked also as "Storage" on the Interior Floor Plan.



Item 12D: Interior Lighting

Applicant has sufficient Interior Lighting pursuant to PMC. Applicant's premises plan has been approved by Perris City Officials. Applicant's Interior Lighting is sufficient to illuminate every portion of the Interior Premises that members of the public are permitted to. Applicant shall keep the Interior Premises lit at all times and members of the public are accessing the same.

Applicant's Interior illumination is not less than two foot candles as measure at the floor level.



Item 12 E: Exterior Lighting

Applicant's site has sufficient Exterior Lighting per PMC, and Applicant's Premises has been approved as planned.

Applicant's exterior lights are such that they automatically illuminate when light levels fall below certain thresholds, specifically, Applicant's Exterior Lighting will be illuminated from dusk to dawn.

The areas that will be included in Applicant's illumination plan include, but are not limited to:

- 1. Landscaped areas,
- 2. Parking lots,
- 3. Driveways,
- 4. Walkways,
- 5. Entry areas, and
- 6. Trash enclosures.



Item 12 F: Secured Windows

Applicant has properly secured all windows to the operation against entry from the outside pursuant to PMC. Applicant's premises plan has been approved by Perris City Officials.



Item 12 G: Secured Cannabis

Applicant will, and does, store all cannabis and/or monies inside a safe/vault, and the vault is inside of a designated "Storage" room as identified on Applicant's Interior Floor Plan, and the location of the "Storage" room and vaults are located in an area that is controlled by employees and is in a limited access area (specifically, limited access employees only no public).



CITY OF PERRIS

COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION REVIEW BACKGROUND CHECK REPORT

APPLICANT INFORMATION			
Applicant Name	ALCARAZ, Amberly Yazmin		
Date of Birth	07/27/1997		
Business Name	Dynamic Meds		
Reviewer Name	HdL Companies		

SUMMARY

Indicators	Record(s) Found	Comments
Criminal Convictions	No	
Bankruptcy/Lien	No	
Office of Foreign Asset Control, Office of Inspector General	No	
Registered Sex Offender	No	
Current Marijuana Industry Employee	No	Alcaraz reported that she is a Budtender for Dynamic Meds.

POTENTIAL AREAS OF RELEVANCE

The background investigation for Amberly Alcaraz showed the following:

CRIMINAL HISTORY

No felony arrest and/or convictions were disclosed, and none were found for Alcaraz that would disqualify her according to California state and local laws for the past 10 years. A national search showed Alcaraz is not listed as a registered sex offender and is not listed on the no-fly terrorist watch list. A search of three independent sources verified Alcaraz' social security number matches the social security number provided by Alcaraz. Ms. Alcaraz has no bankruptcies, liens or judgements.

RECOMMENDATIONS

Alcaraz' background investigation did not reveal any California State Cannabis Licensing Disqualifiers that would prevent her from acquiring a Cannabis Business License/Permit.



CITY OF PERRIS

COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION REVIEW BACKGROUND CHECK REPORT

Applicant Name ALLEN, Jason Christopher Date of Birth 04/07/1987 Business Name Dynamic Meds Reviewer Name HdL Companies

Indicators Found Comments Criminal Convictions No Bankruptcy/Lien No Office of Foreign Asset Control, Office of Inspector General Registered Sex Offender No

Meds.

Allen reported that he is a Budtender for Dynamic

POTENTIAL AREAS OF RELEVANCE

Current Marijuana Industry

The background investigation for Jason Christopher Allen showed the following:

No

CRIMINAL HISTORY

SUMMARY

Employee

No felony arrest and/or convictions were disclosed, and none were found for Allen that would disqualify him according to California state and local laws for the past 10 years. A national search showed Allen is not listed as a registered sex offender and is not listed on the no-fly terrorist watch list. A search of three independent sources verified Allen's social security number matches the social security number provided by Allen. Mr. Allen has no bankruptcies, liens or judgements.

RECOMMENDATIONS

Allen's background investigation did not reveal any California State Cannabis Licensing Disqualifiers that would prevent him from acquiring a Cannabis Business License/Permit.



CITY OF PERRIS

COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION REVIEW BACKGROUND CHECK REPORT

APPLICANT INFORMATION Applicant Name ALVARADO, Jasadela Evita Date of Birth 04/10/998 Business Name Dynamic Meds Reviewer Name HdL Companies

SUMMARY

Indicators	Record(s) Found	Comments
Criminal Convictions	No	
Bankruptcy/Lien	No	
Office of Foreign Asset Control, Office of Inspector General	No	
Registered Sex Offender	No	
Current Marijuana Industry Employee	No	Alvarado reported that she is a Budtender for Dynamic Meds.

POTENTIAL AREAS OF RELEVANCE

The background investigation for Jasadela Evita Alvarado showed the following:

CRIMINAL HISTORY

No felony arrest and/or convictions were disclosed, and none were found for Alvarado that would disqualify her according to California state and local laws for the past 10 years. A national search showed Alvarado is not listed as a registered sex offender and is not listed on the no-fly terrorist watch list. A search of three independent sources verified Alvarado's social security number matches the social security number provided by Alvarado. Ms. Alvarado has no bankruptcies, liens or judgements.

RECOMMENDATIONS

Alvarado's background investigation did not reveal any California State Cannabis Licensing Disqualifiers that would prevent her from acquiring a Cannabis Business License/Permit.

CONSENT AND WAIVER TO ANNEXATION

WHEREAS, the CITY COUNCIL of the CITY OF PERRIS, CALIFORNIA, has previously formed special maintenance districts pursuant to the terms of the "Landscaping and Lighting Act of 1972" (the "Act"), being Division 15, Part 2 of the Streets and Highways Code of the State of California, said special maintenance districts known and designated as LANDSCAPE MAINTENANCE DISTRICT NO. 1 and MAINTENANCE DISTRICT NO. 84-1 (hereinafter referred to as the "Maintenance Districts"); and,

WHEREAS, the provisions of Article II of Chapter 2 of the Act authorize the CITY COUNCIL of the CITY OF PERRIS, CALIFORNIA to order the annexation of territory to the Maintenance Districts; and,

WHEREAS, the CITY COUNCIL of the CITY OF PERRIS, CALIFORNIA may, pursuant to said provisions of the Act, order the annexation of territory to the Maintenance Districts without notice and hearing or filing of an Engineer's "Report" as would otherwise be required by the provisions of the Act if all of the owners of property within the territory proposed to be annexed, have given written consent to the proposed annexation; and,

WHEREAS, the undersigned, the owners of all property within the territory proposed to be annexed to the Maintenance Districts, acknowledge that pursuant to the provisions of the Act, the undersigned would be entitled to notice and hearing and the preparation of an Engineer's "Report" pertaining to the annexation of the property, acknowledge that they are aware of the proposed annexation to the Maintenance Districts of the property owned by the undersigned, and waives any and all right which the undersigned may now have to notice and hearing or the filing of an Engineer's "Report" pertaining to the annexation of the undersigned's property to the Maintenance Districts.

NOW, THERFORE, it is hereby declared by the undersigned property owners as follows:

SECTION 1. That the above recitals are all true and correct.

SECTION 2. That the undersigned, constituting the owners of the property described in Exhibit "A" attached hereto and incorporated herein by this reference and further constituting all of the property within the territory proposed to be annexed to the Maintenance Districts, hereby consent to the proposed annexation of said property to the Maintenance Districts without notice and hearing or filing of an Engineer's "Report" pertaining to such annexation.

8/9/2021 Dated:

Managing Member

List Property Owner Name and Mailing Address 31101 Montgomery Ave Nuevo CA 92567 Eric Lucra

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 Kiverside Subscribed and sworn to (or affirmed) before me on this 9 day of Aug ws+ 20 21 by Eric Luera proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. **NUVIA ANCHONDO** Commission No. 2309585 OTARY PUBLIC-CALIFORNIA S Andrand RIVERSIDE COUNTY Comm. Expires Oct. 20, 2023 Signature OPTIONAL INFORMATION INSTRUCTIONS

DESCRIPTION OF THE ATTACHED DOCUMENT onsent and waive citu

(Title or description of attached document continued)

Number of Pages _____ Document Date_

Additional information

The wording of all Jurals 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 with 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.

2015 Version www.NotaryClasses.com 800-873-9865