



12/14/18

OFFICE USE ONLY	
Case No.	
Application Submittal Date	
Permit Fee	\$13,008.45
Background Application Fee	\$300.00/person
Accepted By	

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

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.

Check one only:

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

LOCATION

Is the site and/or property located within 1,000-feet of a school, park, place of worship, youth-oriented facility, youth center, day care center, or community center, as provided in PMC Section 5.58.127(f)(2)(a)?

YES NO

Is the site and/or property located within 600-feet of a residential zone, as provided in PMC Section 5.58.127(f)(2)(b)?

YES NO

STAFF USE ONLY:

	Signature	Complies	Notes
Zoning Verified			
Location Verified			

A. APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT):

APPLICANT: Dynamic Meds, Inc.

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

City, State, Zip: Nuevo, CA 92567 E-Mail: LueraEnterprises@gmail.com

OWNER (IF DIFFERENT FROM APPLICANT): _____

Mailing Address: _____ Phone No. _____

City, State, Zip: _____ E-Mail: _____

LEGAL REPRESENTATIVE: Joshua D. Naggar, Esq.

Mailing Address: 445 S. D St Phone No. 951 287 8518

City, State, Zip: Perris, CA 92571 E-Mail: Joshua@JDNAAttorney.com

(Attach additional sheets as necessary)

B. PROPERTY OWNER CONSENT:

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

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

PROPERTY OWNER: Cherokee Funding LLC Michael Lane

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

City, State, Zip: Moreno Valley, CA 92555 E-Mail: MMLane45@gmail.com

(Attach additional sheets as necessary)

C. BUSINESS OPERATIONS AND INFORMATION:

Days/Hours of Operation: Mon-Sun 8 am 9 pm and/or PMC/BCC

Delivery Service to be provided: YES NO Hours of Delivery Service: Mon-Sun 8 am 9 pm and/or PMC/BCC

Name of all owners, employees, and managers, as defined in PMC Section 5.58.030 (attach additional sheets if necessary):

NAME/TITLE: See Attached. PHONE NO.: _____

ADDRESS: _____

NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

NAME/TITLE: _____ PHONE NO.: _____

ADDRESS: _____

E. APPLICANT AUTHORIZATION

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

NAME OF APPLICANT: Dynamic Meds, Inc.

SIGNATURE OF APPLICANT: [Signature] DATE: 12/14/2018

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF OWNER: _____ DATE: _____

F. TERMS AND CONDITIONS

I hereby certify that I have reviewed the contents of Chapter 5.58 of the Perris Municipal Code, including any regulations promulgated thereunder, and acknowledge, understand, and agree to be bound by its terms and conditions.

NAME OF APPLICANT: Dynamic Meds, Inc.

SIGNATURE OF APPLICANT: [Signature] DATE: 12/14/2018

NAME OF OWNER (IF DIFFERENT FROM APPLICANT): _____

SIGNATURE OF OWNER: _____ DATE: _____

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.



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 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 Valley, 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 Palms, 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 92223



12. Jacqueline Garcia-Bud Tender 951 423 0978
2079 Delphinum Dr., Perris, CA 92571
13. Jasadela Alvarado-Bud Tender 951 563 7767
23869 Blue Bill Ct., Moreno Valley, CA 92557
14. Jason Allen-Bud Tender 760 409 0010
77419 Michigan Dr., Palm Desert, CA 92211
15. 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: *Refonso Lora* DATE: 12/14/2018

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 from any and all claims, injuries, damages, or liabilities of any kind arising from (a) any repeal or amendment of Chapter 5.58 of the Perris Municipal Code or any provision of the Planning and Development Code relating to medical marijuana dispensaries and/or deliveries, and (b) any arrest or prosecution of me, my managers, employees, or members for violation of State or federal laws; and I will defend, indemnify, and hold harmless the City of Perris and its agents, officers, elected officials, and employees from and against any and all claims or actions: (a) brought by adjacent or nearby property owners or any other parties for any damages, injuries, or other liabilities of any kind arising from operations at the subject property contemplated by this application, and (b) brought by any party for any problems, injuries, damages, or other liabilities of any kind arising out of the distribution of marijuana produced at the subject property contemplated by this application.

NAME OF APPLICANT: Dynamic Meds, Inc.

SIGNATURE OF APPLICANT: *Refonso Lora CEO* DATE: 12/14/2018

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 have personal knowledge of the information contained in this application and its attachments, if any, and that the information contained herein is true and correct.

NAME OF APPLICANT: Dynamic Meds, Inc.

SIGNATURE OF APPLICANT: *Refonso Lora CEO* 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

SUBMITTED		
YES	NO	
1.	<u>x</u>	_____
		<u>Fee</u> : Payment for the application fee.
2.	<u>x</u>	_____
		<u>Medical Marijuana Dispensary Permit</u> : 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.	<u>x</u>	_____
		<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.	<u>x</u>	_____
		<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>	_____
		<u>Identification</u> : 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>	_____
		<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>	_____
		<u>Insurance</u> : 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>	_____
		<u>Interior Site/Floor Plan</u> : Drawn to scale and fully dimensioned, showing the proposed use of areas on the premises, including storage, exterior lighting, restrooms, and signage. (PMC 5.58.070(B)(1); 5.58.127(D)(2)(a))
9.	<u>x</u>	_____
		<u>Site Plan</u> : 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)) <i>See attached page 9 for site plan information requirements.</i>
9.	<u>x</u>	_____
		<u>Business Plan</u> : Management staff with experience and skills relevant to this project; primary applicants experience and ability to manage operations of proposed facility, scheduling of work, cost estimating and budget management plan; a 3-year performance plan, a point of sale and management inventory system of all products; and a track and trace system per State requirements.
10.	<u>x</u>	_____
		<u>Odor Control Plan</u> : 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.

11.

X

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 foot-candles 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 12/14/18



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

Nathan Perez
Planning Division

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.

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

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

Applicant: Alfonso Lvera, Dynamic Meds, Inc. **Phone:** (951) 415-0904

Mailing Address: 31101 Montgomery Ave., 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 92571

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:** MMLANE45
@GMAIL.COM

Signature of Owner of Record: Michael Lane **Date:** 12-13-18

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 Riverside }

On 12/14/2018 before me, Nancy Erives Notary Public
(Here insert name and title of this officer)

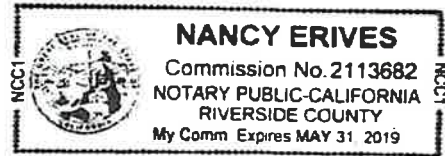
personally appeared Michael Douglas,
who proved to me on the basis of satisfactory evidence to be the person~~(s)~~ whose
name~~(s)~~ is/~~are~~ subscribed to the within instrument and acknowledged to me that
he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity~~(ies)~~, and that by
his/~~her/their~~ signature~~(s)~~ on the instrument the person~~(s)~~, or the entity upon behalf of
which the person~~(s)~~ acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that
the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Nancy Erives
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT
Adult-Use Marijuana Retailer
Permit Application
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date 12/13/18

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)
 Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

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.

- 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 must 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.
- 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.
 - ❖ 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).
- Securely attach this document to the signed document with a staple.



Item 4: Background Investigation

Please find the enclosed Background Investigation forms



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION <i>LUBRA</i>	FIRST NAME ON APPLICATION <i>AIRONSO</i>	MIDDLE NAME ON APPLICATION	BUSINESS NAME ON APPLICATION <i>Dynamic Meds</i>
--	---	----------------------------	---

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>LUBRA</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>AIRONSO</i>	MIDDLE NAME ON SOCIAL SECURITY CARD
California Driver's License <i>N0404090</i>	LAST NAME ON CAL. DRIVER'S LICENSE <i>LUBRA</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>AIRONSO</i>	MIDDLE NAME ON CAL. DRIVER'S LICENSE
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE <i>60</i>	DATE OF BIRTH <i>4/7/58</i>	RACE <i>H</i>
HEIGHT <i>5'8"</i>	WEIGHT <i>175</i>	HAIR <i>Brown</i>	EYES <i>Blue</i>
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) <i>31101 MONTGOMERY AVE NUEVO, CA 92567</i>			CELL PHONE # <i>951-415-0904</i>
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)		BIRTH COUNTRY/STATE <i>MEXICO, CALIFORNIA</i>	LANGUAGES SPOKEN <i>English</i>

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

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 <i>02/25/2008</i>	ARRESTING AGENCY / LOCATION / COURT NAME <i>CASO RIVERSIDE</i>	REASON FOR ARREST / VIOLATION CODE <i>490.5 (A)</i>
1 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
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? Did you have to pay a fine? Probation? Parole? Etc.)		
ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
4 DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

CITY STAFF USE ONLY

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



**CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application**

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE <i>Alfonso Ruiz</i>	JOB TITLE (POSITION ON THE APPLICATION) OWNER	DATE 12/13/2018
--	--	--------------------

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE <i>Alfonso Ruiz</i>	APPLICANT NAME (PRINT) ALFONSO RUIZ	DATE 12/13/2018
--	--	--------------------

Pre-Employment Background Check Disclosure & Authorization Form

In connection with my application for employment (including contract for services or volunteer services) or tenancy with DYNAMIC MEVS. 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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

AFONSO LUERA
Print Name

[REDACTED]
Social Security #

07, 07, 1958
Date of Birth

Alfonso Luera
Applicant's Signature

12, 13, 18
Date

mail (required in order to receive legal notices)

Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION Luera	FIRST NAME ON APPLICATION Eric	MIDDLE NAME ON APPLICATION _____	BUSINESS NAME ON APPLICATION Dynamic Meds
--	--	--	---

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD Luera	FIRST NAME ON SOCIAL SECURITY CARD Eric	MIDDLE NAME ON SOCIAL SECURITY CARD _____
California Driver's License D5565206	LAST NAME ON CAL DRIVER'S LICENSE Luera	FIRST NAME ON CAL DRIVER'S LICENSE Eric	MIDDLE NAME ON CAL DRIVER'S LICENSE _____

SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE 31	DATE OF BIRTH 01/25/87	RACE Mex	HEIGHT 270	WEIGHT 6'1	HAIR Brn	EYES Brn
---	------------------	----------------------------------	--------------------	----------------------	----------------------	--------------------	--------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 31101 Montgomery Ave Nuevo CA 92567	CELL PHONE # 951-532-8977
--	-------------------------------------

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

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
4			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE <i>Eric Luera</i>	JOB TITLE (POSITION ON THE APPLICATION) <i>Assistant Manager</i>	DATE <i>12/13/18</i>
--	---	-------------------------

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE <i>Eric Luera</i>	APPLICANT NAME (PRINT) <i>Eric Luera</i>	DATE <i>12/13/18</i>
--	---	-------------------------

Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with Dynamic Medc. 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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Eric Luera
Print Name

[REDACTED]
Social Security #

01/25/87
Date of Birth

[Signature]
Applicant's Signature

12/13/18
Date

Eric.Luera87@gmail.com
Email (required in order to receive legal notices)

Any other names used



CITY OF PERRIS

Cannabis Permit Employee/Owner Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION	BUSINESS NAME ON APPLICATION
Valencia	Cynthia	Michelle	Dynamic Meds

APPLICANT INFORMATION

	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SECURITY CARD
	Valencia	Cynthia	Michelle
California Driver's License	LAST NAME ON CAL DRIVER'S LICENSE	FIRST NAME ON CAL DRIVER'S LICENSE	MIDDLE NAME ON CAL DRIVER'S LICENSE
F2854593	Valencia	Cynthia	Michelle
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE	DATE OF BIRTH	RACE
	26	09-29-1992	H
HEIGHT	WEIGHT	HAIR	EYES
5ft	130	Blk	Brown
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED)			CELL PHONE #
22280 Lopez Rd. Perris CA 92571			424 332 3098
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)		BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
		U.S. C.A.	English / Spanish

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

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	REASON FOR ARREST / VIOLATION CODE
1			
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
2			
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
3			
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			
4			
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)			

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
* Cynthia Valencia	Assistant Floor Manager	12-13-18

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
Cynthia Valencia	Cynthia Valencia	12-13-18

Pre-Employment Background Check Disclosure & Authorization Form

In 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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Cynthia Valencia  09, 29, 1992
Print Name Social Security # Date of Birth

Cynthia Valencia 12, 13, 18
Applicant's Signature Date

Cynthia michelle@gmail.com
Email (required in order to receive legal notices) Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION Lvera	FIRST NAME ON APPLICATION Esthela	MIDDLE NAME ON APPLICATION Selena	BUSINESS NAME ON APPLICATION Dynamic Meads
--	---	---	--

APPLICANT INFORMATION

Social Security Number [REDACTED]		LAST NAME ON SOCIAL SECURITY CARD Lvera	FIRST NAME ON SOCIAL SECURITY CARD Esthela	MIDDLE NAME ON SOCIAL SECURITY CARD Selena			
California Driver's License F7314802		LAST NAME ON CAL. DRIVER'S LICENSE Lvera	FIRST NAME ON CAL. DRIVER'S LICENSE Esthela	MIDDLE NAME ON CAL. DRIVER'S LICENSE Selena			
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 20	DATE OF BIRTH 03/09/1998	RACE H	HEIGHT 5'0	WEIGHT 125	HAIR Brown	EYES Brown
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 31101 Montgomery Ave Nuevo 92547						CELL PHONE # (951) 751-4951	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)			BIRTH COUNTRY/STATE USA CA		LANGUAGES SPOKEN English		

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
* <i>Esther L</i>	Lead Budtender	12/12/18

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
<i>Esther L</i>	Esthela Lvera	12/12/18

Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with Dynami 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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Esthela Luera
Print Name

[REDACTED]
Social Security #

03/09/1998
Date of Birth

Esthela Luera
Applicant's Signature

12/11/18
Date

esthela.luera.07@gmail.com
Email (required in order to receive legal notices) Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application


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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION Luera	FIRST NAME ON APPLICATION Jasmine	MIDDLE NAME ON APPLICATION Monique	BUSINESS NAME ON APPLICATION Dynamic Meds
--	---	--	---

APPLICANT INFORMATION

 California Driver's License E420595U	LAST NAME ON SOCIAL SECURITY CARD Luera	FIRST NAME ON SOCIAL SECURITY CARD Jasmine	MIDDLE NAME ON SOCIAL SECURITY CARD Monique
	LAST NAME ON CAL. DRIVER'S LICENSE Luera	FIRST NAME ON CAL. DRIVER'S LICENSE Jasmine	MIDDLE NAME ON CAL. DRIVER'S LICENSE Monique
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 26	DATE OF BIRTH 07/23/1992	RACE H
	HEIGHT 5'6"	WEIGHT 190 lbs	HAIR Brown
		EYES Brown	
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 31101 Montgomery Ave. N Verd 92507			CELL PHONE # 951 415 0739
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)		BIRTH COUNTRY/STATE USA CA	LANGUAGES SPOKEN English

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
<i>Jasmine Lvera</i>	Quality control manager	12/12/18

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
<i>Jasmine Lvera</i>	Jasmine Lvera	12/12/18

Pre-Employment Background Check Disclosure & Authorization Form

In 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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Jasmine M Luera
Print Name

[Redacted]
Social Security #

07 / 23 / 1992
Date of Birth

[Signature]
Applicant's Signature

12 / 12 / 2018
Date

jasmine.luera92@gmail.com
Email (required in order to receive legal notices) Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION Bills	FIRST NAME ON APPLICATION Thomas	MIDDLE NAME ON APPLICATION Cody	BUSINESS NAME ON APPLICATION Dynamic Meds
--	--	---	---

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD Bills	FIRST NAME ON SOCIAL SECURITY CARD Thomas	MIDDLE NAME ON SOCIAL SECURITY CARD Cody
California Driver's License D8089360	LAST NAME ON CAL DRIVER'S LICENSE Bills	FIRST NAME ON CAL DRIVER'S LICENSE Thomas	MIDDLE NAME ON CAL DRIVER'S LICENSE Cody
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE 32	DATE OF BIRTH 07/30/86	RACE W
HEIGHT 6'2"	WEIGHT 200	HAIR Brown	EYES Hazel
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 33520 Willowhaven Ln Murrieta Ca 92563			CELL PHONE # 951 259 4412
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) Tammy		BIRTH COUNTRY/STATE USA/CA	LANGUAGES SPOKEN English

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	11/08/2011	CASO Riverside	11359
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) Case was dropped, no charges pressed		
2	11/08/2011	CASO Riverside	11360 (A)
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) Case was dropped, no charges pressed		
3	11/08/2011	CASO Riverside	182(A)(1)
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.) Case was dropped, no charges pressed		
4			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
	Floor Manager	12.12.18

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
	Thomas Bills	12.12.18

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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Thomas Bills
Print Name

[Redacted]
Social Security #

07 / 30 / 86
Date of Birth

[Signature]
Applicant's Signature

12 / 12 / 18
Date

Darkmorey15@gmail.com
mail (required in order to receive legal notices)

Tommy
Any other names used



CITY OF PERRIS

Cannabis Permit Employee/Owner Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION <i>Nava</i>	FIRST NAME ON APPLICATION <i>Alexandra</i>	MIDDLE NAME ON APPLICATION <i>Rosett</i>	BUSINESS NAME ON APPLICATION <i>Dynamic Meads</i>
---	---	---	--

APPLICANT INFORMATION

	LAST NAME ON SOCIAL SECURITY CARD <i>Nava</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Alexandra</i>	MIDDLE NAME ON SOCIAL SECURITY CARD <i>Rosett</i>
California Driver's License <i>F5055471</i>	LAST NAME ON CAL. DRIVER'S LICENSE <i>Nava</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>Alexandra</i>	MIDDLE NAME ON CAL. DRIVER'S LICENSE <i>Rosett</i>
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE <i>24</i>	DATE OF BIRTH <i>03-22-1994</i>	RACE <i>H</i>
HEIGHT <i>5'7</i>	WEIGHT <i>210</i>	HAIR <i>Brown</i>	EYES <i>Brown</i>
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) <i>13689 Red Mangonny Dr Moreno Valley CA 92553</i>			CELL PHONE # <i>(951) 445-3865</i>
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)		BIRTH COUNTRY/STATE <i>USA CA</i>	LANGUAGES SPOKEN <i>English, Spanish</i>

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
4			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
<i>Alexandra Nava</i>	Budtender	12-13-2018

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
<i>Alexandra Nava</i>	Alexandra Nava	12-13-2018

Pre-Employment Background Check Disclosure & Authorization Form

In 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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your interview. 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.

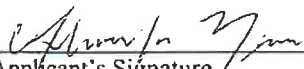
Notice to New York Residents: I acknowledge receiving a copy of Article 23A of the NY Correction Law

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.

Alexandra Nava
Print Name


Social Security #

03 / 22 / 1994
Date of Birth


Applicant's Signature

12 / 13 / 2018
Date

alex.nava94@yanac.com
Email (required in order to receive legal notices)

Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION CORIA	FIRST NAME ON APPLICATION MIGELANGEL	MIDDLE NAME ON APPLICATION R	BUSINESS NAME ON APPLICATION DYNAMIC MEDS
--	--	--	---

APPLICANT INFORMATION

California Driver's License E1062279	LAST NAME ON SOCIAL SECURITY CARD CORIA	FIRST NAME ON SOCIAL SECURITY CARD MIGELANGEL	MIDDLE NAME ON SOCIAL SECURITY CARD R
	LAST NAME ON CAL. DRIVER'S LICENSE CORIA	FIRST NAME ON CAL. DRIVER'S LICENSE MIGELANGEL	MIDDLE NAME ON CAL. DRIVER'S LICENSE R

SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE 28	DATE OF BIRTH 11-26-1990	RACE H	HEIGHT 5'7"	WEIGHT 150 LBS	HAIR BRN	EYES HZL
---	------------------	------------------------------------	------------------	-----------------------	--------------------------	--------------------	--------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 178 TURQUOISE DR. PERRIS CA 92571	CELL PHONE # 951 591 1578
--	-------------------------------------

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) Migel	BIRTH COUNTRY/STATE U.S.A / CA	LANGUAGES SPOKEN ENGLISH / SPANISH
--	--	--

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE <i>[Signature]</i>	JOB TITLE (POSITION ON THE APPLICATION) Budtender	DATE 12/12/18
---	--	------------------

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE <i>[Signature]</i>	APPLICANT NAME (PRINT) Miguel Angel Peric	DATE 12/12/18
---	--	------------------

Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with Dynamic Mels. 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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Miguel Angel _____ [REDACTED] _____ 11 / 26 / 1990
Print Name Social Security # Date of Birth

[Signature] _____ 12 / 12 / 18
Applicant's Signature Date

Miggcorita@MSN.Com _____ Migel
Email (required in order to receive legal notices) Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION Alcaraz	FIRST NAME ON APPLICATION Amberly	MIDDLE NAME ON APPLICATION Yazmin	BUSINESS NAME ON APPLICATION Dynamic Meds
--	---	---	---

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD Alcaraz	FIRST NAME ON SOCIAL SECURITY CARD Amberly	MIDDLE NAME ON SOCIAL SECURITY CARD Yazmin
California Driver's License Y2472948	LAST NAME ON CAL DRIVER'S LICENSE Alcaraz	FIRST NAME ON CAL DRIVER'S LICENSE Amberly	MIDDLE NAME ON CAL DRIVER'S LICENSE Yazmin

SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 21	DATE OF BIRTH 07-27-1997	RACE H	HEIGHT 5'2	WEIGHT 130	HAIR Brown	EYES Brown
---	------------------	------------------------------------	------------------	----------------------	----------------------	----------------------	----------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 73586 Black Eagle Dr. Thousand Palms, CA	CELL PHONE # 760-682-8623
---	-------------------------------------

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

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	REASON FOR ARREST / VIOLATION CODE
5		
DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
<i>Amberly Alcaraz</i>	Bud tender	12-12-18

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
<i>Amberly Alcaraz</i>	Amberly Alcaraz	12-12-18

Pre-Employment Background Check Disclosure & Authorization Form

In 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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Amberly Alcaraz
Print Name

[REDACTED]
Social Security #

07.27.1997
Date of Birth

Amberly Alcaraz
Applicant's Signature

12.12.2018
Date

Amberlyalcaraz2@yahoo.com
Email (required in order to receive legal notices) Any other names used



CITY OF PERRIS

Cannabis Permit Employee/Owner Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION <i>OCHOA</i>	FIRST NAME ON APPLICATION <i>Britany</i>	MIDDLE NAME ON APPLICATION <i>Monique</i>	BUSINESS NAME ON APPLICATION <i>Dynamic Med.</i>
--	---	--	---

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Ochoa</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Britany</i>	MIDDLE NAME ON SOCIAL SECURITY CARD <i>monique</i>
California Driver's License <i>F4937211</i>	LAST NAME ON CAL DRIVER'S LICENSE <i>Ochoa</i>	FIRST NAME ON CAL DRIVER'S LICENSE <i>Britany</i>	MIDDLE NAME ON CAL DRIVER'S LICENSE <i>monique</i>
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE <i>22</i>	DATE OF BIRTH <i>09-21-96</i>	RACE <i>H</i>
HEIGHT <i>5'6</i>	WEIGHT <i>130</i>	HAIR <i>Black</i>	EYES <i>Brown</i>
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) <i>53821 state dr coachella 92234</i>			CELL PHONE # <i>(760) 393-1902</i>
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) <i>Brit</i>		BIRTH COUNTRY/STATE <i>USA / CA</i>	LANGUAGES SPOKEN <i>English, Spanish</i>

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
2			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
3			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		
4			
	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)		

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
<i>Britany Ochoa</i>	<i>Broker</i>	<i>11-13-18</i>

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
<i>Britany Ochoa</i>	<i>Britany Ochoa</i>	<i>11-13-18</i>

Pre-Employment Background Check Disclosure & Authorization Form

In connection with my application for employment (including contract for services or volunteer services) or tenancy with dynamic 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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Britany Ochoa
Print Name


Social Security #

09, 21, 96
Date of Birth

Britany Ochoa
Applicant's Signature

11, 13, 18
Date

OchoaBritany7@gmail.com
Email (required in order to receive legal notices)

Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION Hebenton	FIRST NAME ON APPLICATION ERYN	MIDDLE NAME ON APPLICATION Nicole	BUSINESS NAME ON APPLICATION Dynamic Meds
---	--	---	---

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD Hebenton	FIRST NAME ON SOCIAL SECURITY CARD ERYN	MIDDLE NAME ON SOCIAL SECURITY CARD Nicole
California Driver's License D1890535	LAST NAME ON CAL. DRIVER'S LICENSE Hebenton	FIRST NAME ON CAL. DRIVER'S LICENSE ERYN	MIDDLE NAME ON CAL. DRIVER'S LICENSE Nicole
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 34	DATE OF BIRTH 04-12-84	RACE X
HEIGHT 5'3"	WEIGHT 135	HAIR Brown	EYES Green
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 3319 Florence St. Beaumont CA 92223			CELL PHONE # 909-672-9900
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)		BIRTH COUNTRY/STATE USA	LANGUAGES SPOKEN English

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION


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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE 	JOB TITLE (POSITION ON THE APPLICATION) Bud-tender	DATE 12-17-18
--	---	------------------

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE 	APPLICANT NAME (PRINT) ERIN Heberten	DATE 12-17-18
--	---	------------------

Pre-Employment Background Check Disclosure & Authorization Form

In 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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Frey N Heberton [REDACTED] 01, 12, 1984
Print Name Social Security # Date of Birth

[Signature] 12, 12, 10
Applicant's Signature Date

hazydayz212@gmail.com
Email (required in order to receive legal notices) Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION <i>Garcia</i>	FIRST NAME ON APPLICATION <i>Jacqueline</i>	MIDDLE NAME ON APPLICATION _____	BUSINESS NAME ON APPLICATION <i>Dynamic Meds</i>
---	--	-------------------------------------	---

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Garcia</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Jacqueline</i>	MIDDLE NAME ON SOCIAL SECURITY CARD _____
California Driver's License <i>F5678096</i>	LAST NAME ON CAL. DRIVER'S LICENSE <i>Garcia</i>	FIRST NAME ON CAL. DRIVER'S LICENSE <i>Jacqueline</i>	MIDDLE NAME ON CAL. DRIVER'S LICENSE _____

SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE <i>24</i>	DATE OF BIRTH <i>12-19-1993</i>	RACE <i>H</i>	HEIGHT <i>5'11"</i>	WEIGHT <i>180</i>	HAIR <i>Brown</i>	EYES <i>Brown</i>
---	------------------	------------------------------------	------------------	------------------------	----------------------	----------------------	----------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) <i>20791 Delphinium Drive Perris CA 92571</i>	CELL PHONE # <i>951-423-0978</i>
---	-------------------------------------

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

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
* <i>Jakyllee</i>	<i>Buchtender</i>	<i>12-12-18</i>

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
<i>Jakyllee</i>	<i>Jacqueline Garcia</i>	<i>12-12-18</i>

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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Jacqueline Garcia
Print Name

[REDACTED]
Social Security #

12, 19, 93
Date of Birth

Jaky Lee
Applicant's Signature

12, 12, 18
Date

jakygee1@gmail.com
Email (required in order to receive legal notices)

Jaky
Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION Alvarado	FIRST NAME ON APPLICATION Jasadela	MIDDLE NAME ON APPLICATION Evita	BUSINESS NAME ON APPLICATION Dynamic Meds
---	--	--	---

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD Alvarado	FIRST NAME ON SOCIAL SECURITY CARD Jasadela	MIDDLE NAME ON SOCIAL SECURITY CARD Evita				
	LAST NAME ON CAL. DRIVER'S LICENSE Alvarado	FIRST NAME ON CAL. DRIVER'S LICENSE Jasadela	MIDDLE NAME ON CAL. DRIVER'S LICENSE Evita				
California Driver's License Y2662421							
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE 20	DATE OF BIRTH 04-10-18	RACE H	HEIGHT 4"11	WEIGHT 109	HAIR Blk	EYES BROWN
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 23869 Blue Bill Ct, Moreno Valley, 92557						CELL PHONE # 951 563 7767	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) Andy				BIRTH COUNTRY/STATE USA, CA		LANGUAGES SPOKEN English	

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE <i>Jasadela</i>	JOB TITLE (POSITION ON THE APPLICATION) Budtender	DATE 12-12-18
--	--	------------------

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE <i>Jasadela</i>	APPLICANT NAME (PRINT) Jasadela Alvarado	DATE 12-12-18
--	---	------------------

Pre-Employment Background Check Disclosure & Authorization Form

In 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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Jasadela Alvarado
Print Name

[REDACTED]
Social Security #

04 / 10 / 18
Date of Birth

[Signature]
Applicant's Signature

12 / 12 / 18
Date

Jasadela10@gmail.com Andy
Email (required in order to receive legal notices) Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION Allen	FIRST NAME ON APPLICATION Jason	MIDDLE NAME ON APPLICATION Christopher	BUSINESS NAME ON APPLICATION Dynamic Meds
--	---	--	---

APPLICANT INFORMATION

Social Security Number [REDACTED]		LAST NAME ON SOCIAL SECURITY CARD Allen	FIRST NAME ON SOCIAL SECURITY CARD Jason	MIDDLE NAME ON SOCIAL SECURITY CARD Christopher			
California Driver's License D8674134		LAST NAME ON CAL DRIVER'S LICENSE Allen	FIRST NAME ON CAL DRIVER'S LICENSE Jason	MIDDLE NAME ON CAL DRIVER'S LICENSE Christopher			
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	AGE 31	DATE OF BIRTH 04/04/87	RACE W	HEIGHT 6'0"	WEIGHT 170	HAIR BRN	EYES BLU
LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) 77419 Michigan Dr Palm Desert CA 92211						CELL PHONE # (760) 109-0010	
LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)			BIRTH COUNTRY/STATE US / CA		LANGUAGES SPOKEN English		

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
<i>[Signature]</i>	Buattender	12/12/18

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
<i>[Signature]</i>	Jason Allen	12/12/18

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.

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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Jason Allen
Print Name

[REDACTED]
Social Security #

04/07/1987
Date of Birth

[Signature]
Applicant's Signature

12/12/18
Date

danec@tbb-lead@gmail.com
mail (required in order to receive legal notices)

Any other names used



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 1 of 2

CANNABIS PERMIT APPLICANT INFORMATION

LAST NAME ON APPLICATION <i>Castro</i>	FIRST NAME ON APPLICATION <i>Venessa</i>	MIDDLE NAME ON APPLICATION <i>Elene</i>	BUSINESS NAME ON APPLICATION <i>Dynamic Meds.</i>
---	---	--	--

APPLICANT INFORMATION

Social Security Number [REDACTED]	LAST NAME ON SOCIAL SECURITY CARD <i>Castro</i>	FIRST NAME ON SOCIAL SECURITY CARD <i>Venessa</i>	MIDDLE NAME ON SOCIAL SECURITY CARD <i>Elene</i>
	LAST NAME ON CAL DRIVER'S LICENSE <i>Castro</i>	FIRST NAME ON CAL DRIVER'S LICENSE <i>Venessa</i>	MIDDLE NAME ON CAL DRIVER'S LICENSE <i>Elene</i>
California Driver's License <i>D3355504</i>			

SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	AGE <i>34</i>	DATE OF BIRTH <i>8.20.1984</i>	RACE <i>H.</i>	HEIGHT <i>51</i>	WEIGHT <i>120</i>	HAIR <i>Brown</i>	EYES <i>Brown</i>
---	------------------	-----------------------------------	-------------------	---------------------	----------------------	----------------------	----------------------

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED) <i>43921 Tracy Circle, Indio, CA 92201</i>	CELL PHONE # <i>760 989 3165</i>
--	-------------------------------------

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

CRIMINAL HISTORY

List all arrests or convictions other than infractions for traffic violations.

IF 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	REASON FOR ARREST / VIOLATION CODE
1	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
2	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
3	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	
4	DISPOSITION (WHAT WAS THE OUTCOME OF THE CASE: Were you sentenced? Did you have to pay a fine? Probation? Parole? Etc.)	

CITY STAFF USE ONLY

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



CITY OF PERRIS
Cannabis Permit Employee/Owner
Background Application

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

Page 2 of 2

ADDITIONAL ARREST INFORMATION

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

PRIOR REGULATED CANNABIS EMPLOYERS

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

STATEMENT OF PERJURY

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

APPLICANT SIGNATURE	JOB TITLE (POSITION ON THE APPLICATION)	DATE
<i>Denissa Castro</i>	Bud Tender	12.12.18

CRIMINAL BACKGROUND & CREDIT HISTORY INVESTIGATION RELEASE

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 termination of employment per the Perris Ordinance.

APPLICANT SIGNATURE	APPLICANT NAME (PRINT)	DATE
<i>Denissa Castro</i>	Denissa Castro	12.12.18

Pre-Employment Background Check Disclosure & Authorization Form

connection with my application for employment (including contract for services or volunteer services) or tenancy with Mamie Mads. 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 during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. 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.

Venessa Ilene Castro
Print Name

[REDACTED]
Social Security #

8, 20, 1984
Date of Birth

Venessa Castro
Applicant's Signature

12, 12, 18
Date

ilene55@aol.com
Email (required in order to receive legal notices)

Venessa Ilene Limon
Any other names used



Item 5: Identification

Please find the enclosed Identifications.

CALIFORNIA DRIVER LICENSE



Alfonso Luera

DL **N6404090**

EXP **04/07/2022**

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

DOB **04/07/1958**

RSTR NONE

CLASS C
END NONE



0407195

SEX M HAIR BRN EYES BRN
HGT 5-08" WGT 170 lb ISS
DD 04/06/201703524/CCFD/22 04/06/20

CALIFORNIA DRIVER LICENSE



DL D5565206
Exp 01/25/2022
LN LUERA
FN ERIC
31101 MONTGOMERY AVE
NUEVO, CA 92567
DOB 01/23/1987
RSTR NONE

CLASS C
END NONE



Q1261987

Eric Luera

SEX M HAIR BRN
HGT 5'-01" WGT 240 lb
ID 01/09/2017564CD80FD12

EYES BRN
034
01/04/2017

California

USA

DRIVER LICENSE

FEDERAL
LIMITS
APPLY



Cynthia Valencia

DL **F2854593**

CLASS C

EXP **09/29/2022**

END NONE

LN VALENCIA

FN CYNTHIA MICHELLE

1741 JADE AVE

PERRIS, CA 92571

DOB **09/29/1992**

RSTR NONE

09291992



SEX F

HAIR BLK

EYES BRN

HGT 5-00"

WGT 120 lb

ISS

DD 02/26/201855610/BFFD:22

02/26 2011

California

DRIVER LICENSE



DL **F7314802**
EXP **03/09/2023**
DOB **03/09/1998**

CLASS C
END NONE
HSTR NONE

FEDERAL
LIMITS
APPLY

Esthela Sierra

ISS 03/09/23

LN LUERA
FN ESTHELA SELENA
31101 MONTGOMERY AVE
NUCMA, CA 92567



SEX F
HAIR BRN EYES BRN
HGT 5'01" WGT 112 LB

ISS 03/09/23

EXP 03/09/23

California

USA

DRIVER LICENSE

FEDERAL
LIMITS
APPLY



Monique Luera

DL **E4205956**

CLASS C

EXP **07/23/2023**

END NONE

LN LUERA

FN JASMINE MONIQUE

31101 MONTGOMERY AVE
NIEVO, CA 92567

DOB **07/23/1992**

RSTR CORR LENS

SEX F

HGT 5'-06"

DD 07/08/2009635RB/DDFD/23

HAIR BRN

WGT 135 lb

EYES BRN

ISS

07/10/2018



07231992

CALIFORNIA DRIVER LICENSE



PL **D80893360**

EXP **07/30/2019**

CLASS C
END NONE

LN **BILLS**

FN **THOMAS CODY**

22831 VIA SANTIANA
MORRO, CA 92957

DOB **07/30/1986**

SEX **M** HAIR **BROWN** EYES **BROWN**

HT **6-02** WT **196 lb**

07301986

07/30/2014

001 071023145440410000113

Pro

CALIFORNIA DRIVER LICENSE

DL F5056471
EXP 03/22/2022
LN MAVA
FN ALEXANDRA ROSETT
13689 RED MAHOGANY DR
MORENO VALLEY, CA 92553
DOB 03/22/1994

SEX F HAIR BRN EYES BRN
HGT 5-07 WGT 210 LB
DD 03/20/2017

CLASS C
END NONE
03221994

2



CALIFORNIA

DRIVER LICENSE



DL E4062279

EXP 11/26/2022

CLASS C
END NONE

JN CORIA
341 MIGEL ANGEL R

708 TURLOCK DR
PERRIS, CA 92571

DOB 11/26/1990

REST NONE

1:201990



SEX M HAIR BRN EYES HZL
HGT 5-07" WGT 150 LB

14032017

CALIFORNIA

DRIVER LICENSE



DL **Y2472948**

EXP 07/27/2020

DOB 07/27/1997

AGE 21 IN 2018

CLASS C
END NONE
RSTR NONE

Amberly Alcaraz

07271997

LN **ALCARAZ**
FN **AMBERLY YAZMIN**
73586 BLACK EAGLE DR
THOUSAND PLMS, CA 92276

SEX **F**
HAIR **BRN** EYES **BRN**
HGT **5'-03"** WGT **115 lb**

DD 08/25/201557815/05FDV20

ISS 08/25/2015

California USA DRIVER LICENSE 



DL **F4937211** CLASS C
EXP **09/21/2023** END NONE
LN OCHOA
FN BRITANY MONIQUE
53821 SLATE DR
COACHELLA, CA 92236
DOB **09/21/1996** 09211996
RSTR NONE
SEX: F HAIR BRN EYES BRN
HGT 5'-06" WGT 130 lb "" ISS
DD 09/24/201857807/DDFD/23 09/24/2018



California ^{USA} DRIVER LICENSE



Eryn

DL **D1890535**

EXP **04/12/2020**

LN **HEBENTON**
FN **ERYN NICOLE**
38619 FLORENCE AVE
BEAUMONT, CA 92223

DOB **04/12/1984**
RSTR NONE

CLASS **C**

END **NONE**



04121984

SEX **F**

HGT **5-03"**

WGT **133 lb**

HAIR **BRN**

EYES **GRN**

DD **06/28/2018** 04108.CCFD/20

ISS **06/28/2018**

California ^{USA} DRIVER LICENSE FEDERAL LIMITS APPLY



Signature

DL **F5678096**
EXP **12/19/2021**
LN GARCIA
FN JACQUELINE
2079 DELPHINIUM DR
PERRIS, CA 92571
DOB **12/19/1993**
RSTR CORR LENS

CLASS C
END NONE



12191893

SEX: F HAIR: BRN EYES: BRN
HGT: 5'-11" WGT: 180 lb ... ISS
DD 02/20/2017656CD42FD21 ... 02/09/2018

California ^{USA}

DRIVER LICENSE



DL Y2662421
EXP 04/10/2022
DOB 04/10/1998
AGE 27th 2019

CLASS C
END NONE
RSTR NONE

FEDERAL
LIMITS
APPLY

Signature



04-01-018

LN ALVARADO
FN JASADELA EVITA
2389 BLUE DRILL CT
MORNING VALLEY, CA 92457



SEX F
HAIR BLK EYES BRN
HGT 5'07" WGT 114 lb

04-01-018
02-04-2019

CALIFORNIA DRIVER LICENSE



JA

DL **D8674134**

EXP **04/07/2020**

LN ALLEN

FN JASON CHRISTOPHER

PO BX 743
CABAZON, CA 92230

DOB **04/07/1987**

RESTR CORR LENS

CLASS C
END NONE



04071987

SEX M HAIR BRN EYES BLU
HGT 6'-00" WGT 170 lb ISS
DD 04/16/20165910/BSPD/20 03/22/2016

CALIFORNIA

DRIVER LICENSE



Venessa Castro

ID: **D3356604**

EXP: **08/20/2021**

LN: **CASTRO**

FN: **VENESSA A LENE**

RES: **EMERALD CIRCLE**

NOVATO, CA 94945

DOB: **08/20/1984**

SEX: **M**

HAIR: **BWN**

EYES: **BRN**

HT: **508**

WT: **115.10**

SSN: **08-10-1011**

CLASS: **C**

RESTRICTIONS: **0**

ISSUE DATE: **08/18/2018**



08201984

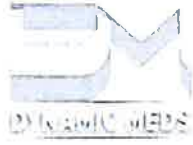
08182018



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

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

1. 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,

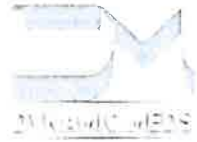
Benjamin Landaverde

Benjamin Landaverde

Lic. # 0G80102



CITY 000138



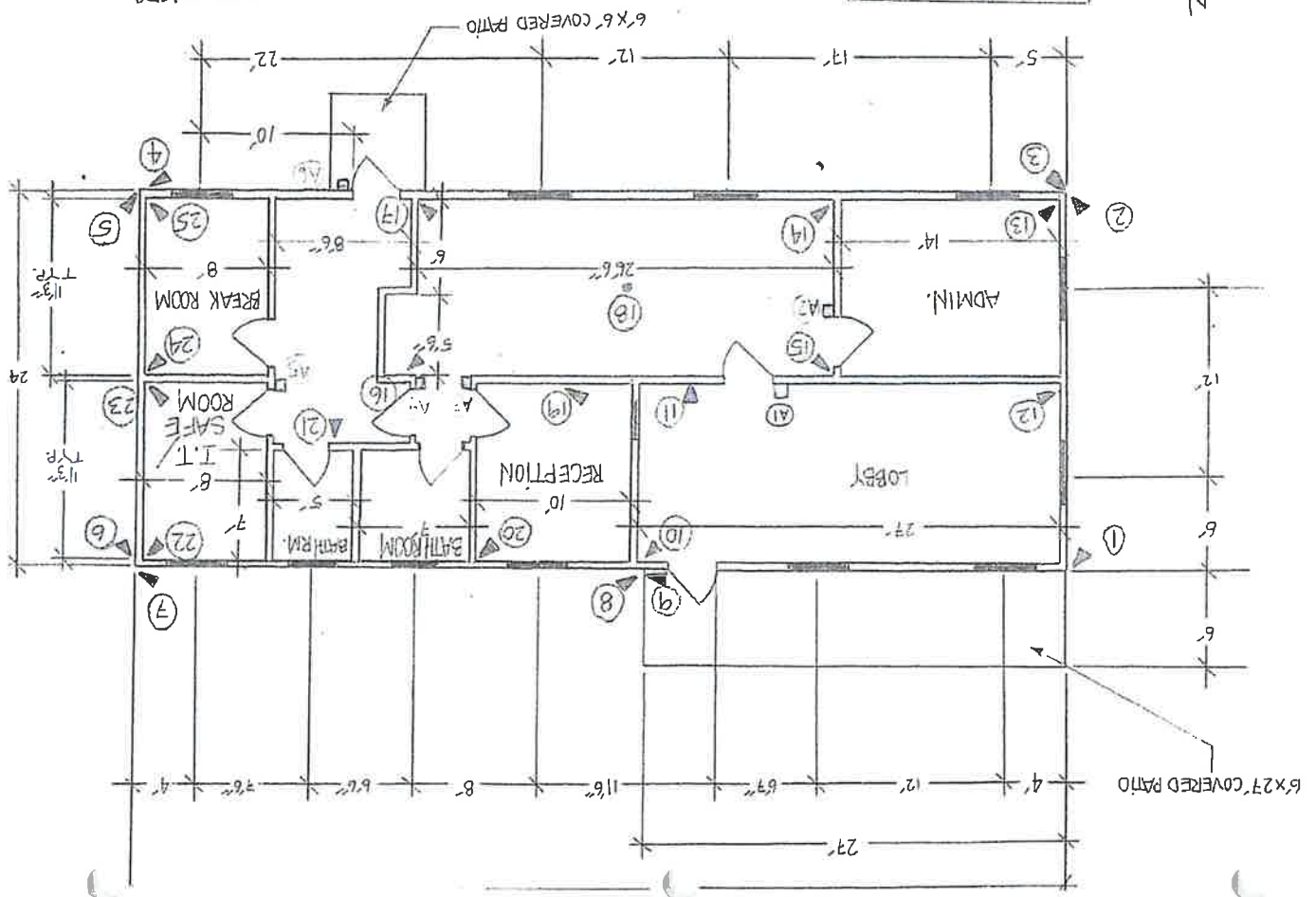
Item 8: Interior Plan

Please find the enclosed Interior Plan copy.

DYNAMIC MEDS
 APN NO. 31410068
 ADDRESS: 4605 WADE AVE
 PERRIS, CA, 92571
 ZONE: LT, IND.

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

▼ Security Cameras	I-25
□ Limited Access Control	A1-A6
Security Systems	

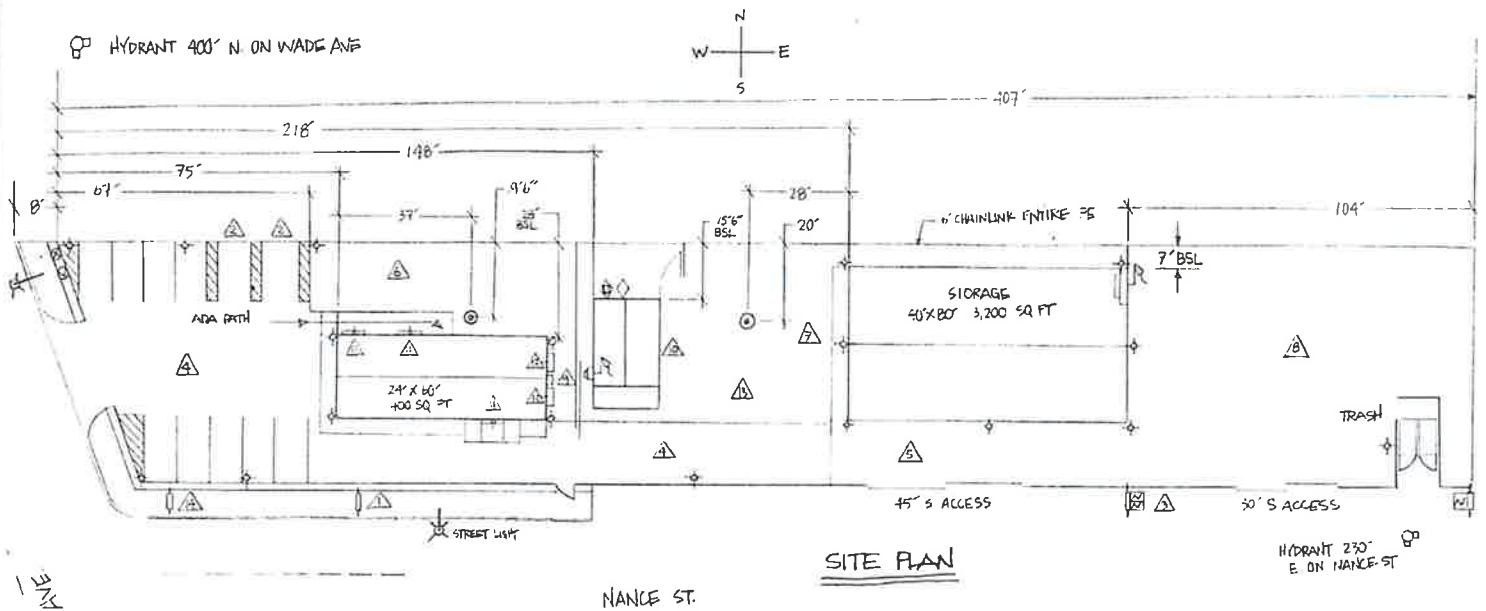


CITY 000140



Item 9: Site Plan

Please find the enclosed Site Plan copy.



SITE PLAN

- ▲ POWER POLE SUPPLIES TO SFD AND SMILEYS TOWING
- ▲ RESERVED FOR HANDICAP ONLY
- ▲ POWER POLE SUPPLIES TO STORAGE 0/11, RUNS 4/6 FROM PANEL TO SUB AT
- ▲ 8,212.5 SQ. FT. PAVEMENT, 17% OF LOT SPACE
- ▲ 2,214 SQ. FT. CONCRETE, 7% OF LOT SPACE
- ▲ 2,404 SQ. FT. 3/4 GRAVEL GROUND COVER 7.3% OF LOT SPACE
- ▲ 2,778 SQ. FT. DCA GROUND COVER 8.7% OF LOT SPACE
- ▲ 8,050 SQ. FT. 3/4 GRAVEL 20% OF LOT COVERAGE / 3000L MFG STORAGE
- ▲ SUBMERSED 7/8" WIRE RAN FROM MAIN PANEL, INSIDE OF 3,200 SQ. FT. STORAGE
- ▲ 389 SQ. FT. SFD
- ▲ 4 FT X 8" FLOURESCENT LIGHT ENCLOSED
- ▲ HVAC UNITS
- ▲ EMPLOYEE PARKING
- ▲ REVEAL "NEW" LOCATION OF 35,000 VOLT TRANSMISSION LINE

- ⊗ WATER METER
- ⊙ WATER VALVE
- ⊕ SEWER CLEAN OUT
- ⊖ POWER POLE
- ⊞ TRANSFORMER
- ⊗ GAS METER
- ⊘ GAS VALVE
- ⊙ WEATHER HEAD

DYNAMIC MEDS
 APN NO. 31400068
 ADDRESS: 4605 WADE AVE.
 FERRIS, CA. 92570
 ZONE: LT. IND.



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.

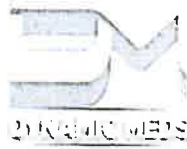
Attached are:

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.



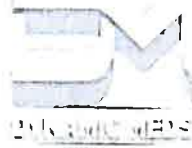
GENERAL BUSINESS MODEL

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

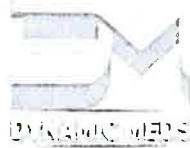
Applicant will be using software which integrates with METRC system on a daily basis in order to manage inventory and information in conformity with the State of California's Track and Trace system. Applicant's Inventory Plan will be conscious of cannabis diversion and designed to prevent it. Applicant 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.

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA STATE BOARD OF EQUALIZATION

SELLER'S PERMIT

09/01/2017 SR EH 103-116023

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

BOE-412-R-REV. 16(11-14)

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

THIS PERMIT IS VOID UNTIL REVOKED OR CANCELLED AND IS NOT TRANSFERABLE IF YOU STILL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP. NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWNED BY THE NEW OPERATOR OF THE BUSINESS.

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



A MESSAGE TO OUR NEW PERMIT HOLDER

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

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

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

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

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

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

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

CALIFORNIA STATE BOARD OF EQUALIZATION
Sales and Use Tax Department

ALFONSO LUERA, SR.

OBJECTIVE

To run a licensed Medical Marijuana Dispensary in the most respectable and legitimate fashion. To bring as many people into the city of Perris to enjoy the community and what Perris has to offer. With my experience helping to run a dispensary for many years, I believe we can shine a positive light on the city by showing that we can have a nice, clean and welcoming space for medical patients in need.

PERSONAL BACKGROUND

I first came to Perris in 1970 as a 12 year old legal Mexican immigrant who started school and work the fields after studying and on weekends. My whole family worked the onion fields for many years whenever we were free from our studies and on our every day off. I grew up in this town and have lived here for many years, even attending Perris High School. I have a lot of love for this city as do my brothers and sisters who grew up with me and are heavily involved in the schools and community. My sons and daughter have all gone to schools in this and the surrounding districts and we will be here for the remainder of our lives. I have coached little league on my sons teams and have offered much of my time to coaching other kids when I was able to in my younger years. Perris was my first home in America and it will always be special to me.

EXPERIENCE

2011-2017 CCI Medical Group Perris, CA

Operations Manager

- Supervised the day to day operations of the dispensary
- Managed multiple employees and floor managers
- Kept strict accounting and inventory of product and sales
- Trained managers and employees on customer service policies and also reception procedures including but not limited to verifying documents of member eligibility
- Overseeing assignment of employees including managers along with setting goals for each
- Purchasing of inventory and supplies from vendors
- Managing quality control procedures for new products
- Contribute towards reaching the company's strategic and operation objectives

2001-2011 Self Employed Nuevo, CA

Handyman

- Dealt with customer satisfaction and meeting stringent deadlines
- Developed problem solving skills
- Prepared job bids and delivered on those estimates with excellent budgeting and project management

1983-2001 Laborer's International Union Riverside, CA

Grading and Construction Laborer

- Leveling and grade checking of proposed job sites
- Learned strict safety rules in laying pipe for drainage
- Learned team working skills to finish projects in expedited time frames

EDUCATION

1972-1975 Perris High School Perris, CA

- High School Diploma
-

ERIC LUERA

OBJECTIVE

To assist in the day to day operations of a licensed dispensary in strict compliance with the state of California and City of Perris Guidelines. My main focus will be dealing with vendors and assisting in the tracking of growers and manufacturers of cannabis products. Making sure they are in compliance with all tracking and guidelines along with doing initial inspecting of product and facilitating our quality control procedures are being followed. Including but not limited to supervising our quality control department in getting products to the proper testing facilities in a timely manner and researching reputable companies with a extensive track record of providing clean and tested products.

PERSONAL BACKGROUND

I was born in Riverside, CA and have live in perris for a moajority of my life attending Temple Christian and ST. James in my younger years and eventually attending Perris High School , Graduating in the class of 2005. I then attended Riverside Community College for a period as a student athlete in their baseball program. After RCC I attended Sanbernardino Valley College to participate in their athletic program playing baseball as well. This period of college was from 2005-2010

EXPERIENCE

2011-2017 CCI Medical Group Perris, CA

CEO

- Supervised the day to day operations of the dispensary
- Managed multiple employees and floor managers
- Kept strict accounting and inventory of product and sales
- Trained managers and employees on customer service policies and also reception procedures including but not limited to verifying documents of member eligibility
- Overseeing assignment of employees including managers along with setting goals for each
- Purchasing of inventory and supplies from vendors
- Managing quality control procedures for new products
- Contribute towards reaching the company's strategic and operational objectives

EDUCATION

2001-2005 Perris High School Perris, CA

- High School Diploma
-

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

Operating Costs													
Lease	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$51,000.00
Electricity	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$1,100.00	\$13,200.00
Phone-Internet	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$220.00	\$2,640.00
Trucks	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$600.00
Cable TV	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$1,200.00
Racks/UPS/Converters	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00	\$2,600.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$3,300.00	\$43,800.00
Point of Sale License	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Office Supplies	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$250.00	\$3,000.00
Alarm and Monitoring	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$400.00	\$4,800.00
LabRite Supplies	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$200.00	\$2,400.00
Workers Comp	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$3,600.00
Charity Donations	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Travel Expenses	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Subtotal	\$11,720.00	\$11,720.00	\$11,720.00	\$12,170.00	\$12,480.00	\$12,700.00	\$13,520.00	\$13,770.00	\$14,020.00	\$14,270.00	\$14,720.00	\$14,920.00	\$157,730.00

Marketing Costs													
Web Site Costs	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Marketing Events	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$12,000.00
Collateral Costs	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
Woodlands	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$24,000.00
Printed Media	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$500.00	\$6,000.00
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	\$54,000.00

TOTAL EXPENSES													
Monthly Projected Expenses	\$41,020.00	\$41,020.00	\$41,020.00	\$41,170.00	\$41,780.00	\$44,400.00	\$45,220.00	\$45,470.00	\$45,720.00	\$45,970.00	\$46,420.00	\$46,920.00	\$521,130.00

REVENUE													
Monthly Projected Gross	\$82,000.00	\$90,000.00	\$96,800.00	\$101,000.00	\$106,000.00	\$111,000.00	\$117,000.00	\$124,000.00	\$130,000.00	\$140,000.00	\$150,000.00	\$155,000.00	\$1,402,800.00
Cost of Goods***	\$32,800.00	\$36,000.00	\$38,720.00	\$40,400.00	\$42,400.00	\$44,860.00	\$46,800.00	\$49,600.00	\$52,000.00	\$56,000.00	\$60,000.00	\$62,000.00	(\$526,120.00)
Monthly Projected Expenses	\$41,020.00	\$41,020.00	\$41,020.00	\$41,170.00	\$41,780.00	\$44,400.00	\$45,220.00	\$45,470.00	\$45,720.00	\$45,970.00	\$46,420.00	\$46,920.00	(\$526,130.00)
Total net													315550

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

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

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

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

Dynamic Meds, Inc.
Projected Revenues and Expenses 2019

Projected Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YEAR
Employee Salaries	\$16,400.00	\$16,450.00	\$16,450.00	\$16,400.00	\$16,400.00	\$16,450.00	\$16,400.00	\$16,400.00	\$16,450.00	\$16,450.00	\$16,450.00	\$16,450.00	\$164,450.00
Utilities	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$1,300.00	\$13,000.00
Insurance	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$8,000.00	\$80,000.00
Subtotal	\$27,700.00	\$27,750.00	\$27,750.00	\$27,700.00	\$27,700.00	\$27,750.00	\$27,700.00	\$27,700.00	\$27,750.00	\$27,750.00	\$27,750.00	\$27,750.00	\$277,700.00
Advertising	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00	\$20,000.00
Travel	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$10,000.00
Professional Fees	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$10,000.00
Depreciation	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$10,000.00
Interest	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$10,000.00
Other	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$10,000.00
Subtotal	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$14,930.00	\$149,300.00
Cost of Goods Sold	\$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	\$45,000.00
Other	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00	\$15,000.00
Subtotal	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$6,000.00	\$60,000.00
Subtotal	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$172,100.00
Monthly Projected Gross	\$160,000.00	\$165,000.00	\$170,000.00	\$175,000.00	\$180,000.00	\$185,000.00	\$190,000.00	\$195,000.00	\$200,000.00	\$205,000.00	\$210,000.00	\$215,000.00	\$2,200,000.00
Cost of Goods Sold	\$64,000.00	\$66,000.00	\$68,000.00	\$70,000.00	\$72,000.00	\$74,000.00	\$76,000.00	\$78,000.00	\$80,000.00	\$82,000.00	\$84,000.00	\$86,000.00	\$876,000.00
Projected Expenses	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$17,210.00	\$172,100.00
Net Profit													\$1,251,900.00

*** Assumptions: A rate of inflation is adjusted by 3% per year to Employee wages. Employee benefits is adjust by \$500.00 per month each year to reflect inflation.
 *** Office Lease: Per Lease Agreement, monthly rent is increased by \$500.00 each year.
 *** Cost of Goods: The cost of goods is an approximation and based on 60% mark up.
 All other anticipated expenses are fixed expenses and are averaged out monthly with a 10% margin of error.
 This monthly and yearly gross revenue is an estimation of growth as a new business at a growth rate of \$5,000.00/month to plateau in the third year, and also based on personal experience, skill and market conditions.



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: TBD
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 **\$1,400.00**

* Plus taxes where applicable

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**

* Plus taxes where applicable

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) \$449
Additional Workstation Monthly Fee (1 x \$40 per workstation per month)- \$40

Part III: Total Workstation Monthly Subscription Fees **\$489.00**



1777 South. Harrison Street, Denver, CO 80210

Part IV: Support

The iQmetrix Customer Success Team provides support for RQ via telephone, chat, online form-based submission, and online community forum.

TOTAL Support Package Fees Inclusive

Part V: Professional Services

Professional Services - Hourly	0 hours	at \$250/hr.	\$0.00
Professional Services - Daily	0 hours	at \$2,000/day	\$0.00
TOTAL Professional Services Fees			\$0.00

Payment Details

Selected Payment Option:	Monthly		
TOTAL	One-Time Launch Costs	\$1,400.00	
TOTAL	Monthly Subscription Fees	\$489.00	
Initial One-Time Payment (Includes: License Fee and first month of service) Due Upon Signing			\$1889.00
Subsequent Re-occurring Monthly Fees			\$489.00
<small>* Plus taxes where applicable</small>			

Notes:

This offer is for the 1st location for Dynamic Meds. The 1x fee start-up fee of \$1889 can be paid with Credit Card (See last page here) to expedite your launch process. This is due upon agreement and no offer/promotions or work can start until full deposit is received.

Dynamic Meds can receive a 7% Discount off their monthly software service if they agree to pay 1st years service in advance for a total of \$5868 - 7% Discount (\$410.76) for a total due of \$5457.24 Plus \$1400 1x launch fee for a Grand Total of \$6857.24

This Quote Sheet is incorporated into and subject to the terms and conditions of the Software Subscription Agreement attached as Schedule "A".

Customer Signature

12/14/2018 date

Cova Signature

date

Alfonso Luera Printed Name

Printed Name



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 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 Through on this Credit Card: \$1889.00

Signature: _____

Today's Date: _____

A handwritten signature in black ink, appearing to read "Alfonso Luera", written over a horizontal line.

12/14/2018

Signature Certificate

Document Reference: EE4F7LJLKI5RP5FRAA6RSS

RightSignature
Easy Online Document Signing



Alfonso
Party ID: KCL649I38KTE4HV7WHX5K2
IP Address: 174.210.11.42
VERIFIED EMAIL: dminc.perris@gmail.com

Electronis B.C. 12.15

Multi-Factor
Digital Fingerprint Checksum

d713b78c76086f449d5ec07565517d38d3e120cc



Timestamp

2018-12-14 11:37:49 -0800

2018-12-14 11:37:49 -0800

2018-12-10 20:27:24 -0800

2018-12-08 19:56:49 -0800

Audit

All parties have signed document. Signed copies sent to: Alfonso and John Syroka.

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

Document created by John Syroka (johns@iqmetrix.com). - 68.96.78.42



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



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”**.

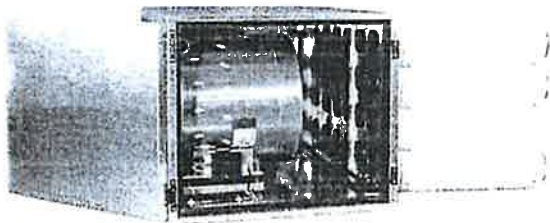
These types of filters are highly effective for medical marijuana dispensary.



[Home](#) > [Commercial Units](#) > [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.

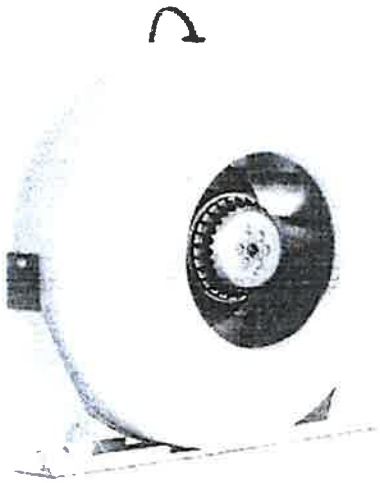


M5

CFM	3500 0wg*
RPM	1490*
Max Watts	1073
Amps	4. @ 240 VAC 60 Hz
Weight:	- lbs
Length	31.5"
Width	37.25"
Height	27.25"
Blade Design	Mixed Flow
Housing	Galvanized
Inlet/Outlet	20"

\$2,879.00

[LEARN MORE](#)

[Home](#) > [8" HO Can-Fan™](#)

8" HO Can-Fan™

sku: 340045

msrp:
\$230.96

At a Glance

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

Details:

- AMCA Certified performance
- Proven Centrifugal Design

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

Technical Data:

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

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

Recommended Filters:

Exhaust: Recirculating:

Can 75 Can-Lite 8x25

Can 100 Can 66

Can 125 Can 50

Can-Lite 8x40

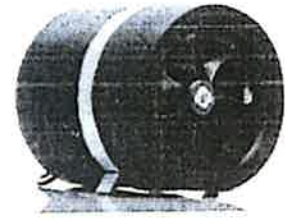
YOU MAY ALSO BE INTERESTED IN THE FOLLOWING PRODUCT(S)



Can 75



8" Backdraft Damper



8" Max-Fan™

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 apolications

Technical Data:



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

By: 
Lzebla 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 INFORMATION

Applicant Name	ALLEN, Jason Christopher
Date of Birth	04/07/1987
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	Allen reported that he is a Budtender for Dynamic Meds.

POTENTIAL AREAS OF RELEVANCE

The background investigation for Jason Christopher Allen showed the following:

CRIMINAL HISTORY

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.



COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION REVIEW
BACKGROUND CHECK REPORT

APPLICANT INFORMATION

Applicant Name	ALVARADO, Jasadela Evita
Date of Birth	04/10/1998
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, THEREFORE, 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.

Dated:

8/9/2021


Signature

List Property Owner Name and Mailing Address

31101 Montgomery Ave Nuevo CA 92567
Eric Luera

JURAT

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

State of California

County of Riverside

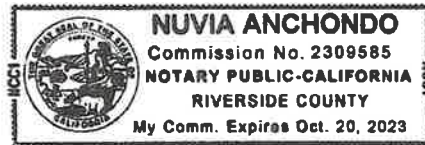
Subscribed and sworn to (or affirmed) before me on this 9 day of August,
2021 by Eric Luera

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

Nuvia Anchondo

Signature

(Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Consent and Waive City.

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional information

INSTRUCTIONS

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

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