MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:	SS 190,19 am 10:36
Entity Number (if applicable):	
DBA (if applicable)	
Mailing Address: 40335 Winchester RD SHEE-289 City/State: Temecula	zip: 92591
Telephone: 951-331-9735 Email: Hillsiclepharms2gmail	1.com
Location of Proposed Medical Cannabis Business:	
Address: 1017 Sycamore, Vista, CA 92081	
Zone: Commercia / C.1 Assessor's Parcel No.: 217-211-	-13
Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):	
Property Owner Name: White Squirre!	
Mailing Address: 1017 Sycamore, Vista, CA City/State: CA	_ Zip: <u>9208</u>]
Telephone: 213-880-3314 Email:	
Designated Primary Contact Person for Proposed Medical Cannabis Business: Name: Jesse Ruger Telephone: 951-331-9735 Email: Hillside pha	rms4200gmuil.com
Signatures	
I request to be registered and placed on the medical cannabis business registration list (VMC § 5.94.0 under penalty of perjury that the foregoing is true, correct, accurate and complete, and that all document connection with this application are true, correct, accurate and complete. I realize that this application evaluated based on the data I am submitting.	ments supplied
Name of Applicant: Jesse Ruger	
Person Signing for Applicant: Date: 1-	21-2019
Printed Name of Person Signing: Jesse Roger	G:
(Must be President, Chief Executive Officer, or Chair of the Board) 2. Measure 3-4. Submitta	nis Form Z Application Form Z Required Documents I Application Instructions for Live Scan Form

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS JAN '19 AM 10:38

Riverside County Dispensary and Delivery,	· ·
Entity Number (if applicable): C3814410	
DDA (if analisable).	
Mailing Address: PO Box 2190	City/State: Temecula, CA Zip: 92593
Telephone: <u>951-708-0955</u>	
Location of Proposed Medical Cannabis Business:	
Address: 1275 S Santa Fe Ave Suite 101/102 Vi	sta CA 92083
Zone: M-U	Assessor's Parcel No.: <u>180-150-09-00</u>
Operating Name(s) of Proposed Medical Cannabis Busines	
Property Owner Name: Primrose Park Apartme	nts, LLC
Mailing Address: PO Box 2312	City/State: Oceanside, CA Zip: 92051
Telephone: <u>760-945-9526</u>	
Designated Primary Contact Person for Proposed Medical	
Name: Paul Tossonian Teleph	one: 951-212-2141 Email: ptossonian@gmail.com
Signatures	
under penalty of perjury that the foregoing is true, of	al cannabis business registration list (VMC § 5.94.050.B.1). I declare correct, accurate and complete, and that all documents supplied accurate and complete. I realize that this application will be
Name of Applicant: Riverside County Dispensa	ary and Delivery, Inc
Person Signing for Applicant:	Date: January 21, 2019
Printed Name of Person Signing: Paul Tossonian	l
Title of Person Signing: Chief Executive Officer (Must be President, Chief Executive Officer, or Chair of the	1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS JBN '19 AM LOS ARECUD

G1 Perez, LLC	
Entity Number (if applicable):	
DBA (if applicable): Harvest of Vista	
Mailing Address: 1155 W. Rio Salado Parkway Suite 2	O1 City/State: Lempe, AZ Zip: 85281
Telephone: 480-417-6781 Ema	ail: amcbride@harvestinc.com
Location of Proposed Medical Cannabis Business:	
Address: 1365 W. Vista Way Suite 100 Vista, CA, 92083	
Zone: C-1	Assessor's Parcel No.: 166-130-29
Operating Name(s) of Proposed Medical Cannabis Business (if different	ent than Legal Name):
Property Owner Name: Tacha Development, LLC (Ran	dy Pickering)
hailing Address: 1365 W Vista Way Suite 200	City/State: Vista, CA Zip: 92083
Telephone: 760-758-9800 Ema	ail: randy@pickeringinsurance.com
Designated Primary Contact Person for Proposed Medical Cannabis B	ncinace.
Name: Megan Summers Telephone: 520	
Signatures	
I request to be registered and placed on the medical cannabis under penalty of perjury that the foregoing is true, correct, acc in connection with this application are true, correct, accurate a evaluated based on the data I am submitting.	curate and complete, and that all documents supplied
Name of Applicant: G1 Perez, LLC	
Person Signing for Applicant:	Date: 1/18/2019
Printed Name of Person Signing: Steve White	<i>i</i> .
Title of Person Signing: CEO Must be President, Chief Executive Officer, or Chair of the Board)	1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions 5-6. Request for Live Scan Form

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS 194 '19 AM 10:42

Full Legal Name of the Medical Cannabis Business that is pr Calgen Trading Inc.	oposed to operate in Vista:	
Entity Number (if applicable): 3836041		
DBA (if applicable): Urbn Leaf		
	City/State:_SE	D/CA Zip: 92110
Telephone: 619-346-0587	Email: will@urbnleaf.com	
Location of Proposed Medical Cannabis Business:		
Address: 909 W Vista Way, Vista CA. 92083		
Zone: C-1	Assessor's Parcel No.:	164-091-20-00
Operating Name(s) of Proposed Medical Cannabis Business	(if different than Legal Name):	
Property Owner Name: James A. Meredith		
	City/State: Sa	in Marcos, CA _{Zip:} <u>92078</u>
Telephone: <u>760-271-5153</u>	Email: meredithja@aol.com	m
Designated Primary Contact Person for Proposed Medical Ca	nnabis Business:	
Name: Willie Senn Telephor	ne: 619-3460587 Email: \	will@urbnleaf.com
I request to be registered and placed on the medical cunder penalty of perjury that the foregoing is true, coin connection with this application are true, correct, ac evaluated based on the data I am submitting.	rrect, accurate and complete, and	that all documents supplied
Name of Applicant: Willie Senn		
Person Signing for Applicant: Willie Senn	ill S	Date: <u>1/21/19</u>
Printed Name of Person Signing: Willie Senn		
Title of Person Signing: Chief Executive Officer (Must be President, Chief Executive Officer, or Chair of the B	oard)	1 Measure Z Application Form 2 Measure Z Required Documents 3-4 Submittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

F-H

SS 194 19 AM 10:44

Full Legal Name of the Medical Cannabis Business that is propo G1 Perez, LLC	sed to operate in Vista:
Entity Number (if applicable):	
DBA (if applicable): Harvest of Vista	
	201City/State: Tempe, AZZip: 85281
Telephone: 480-417-6781	•
Location of Proposed Medical Cannabis Business:	
Address: 1010 E. Vista Way Unit F-H Vista, CA 92084	4
Zone: <u>C-1</u>	Assessor's Parcel No.: 173-260-3000
Operating Name(s) of Proposed Medical Cannabis Business (if d Property Owner Name: Sam Attisha	ifferent than Legal Name):
	City/State: Jamul, CA Zip: 91935
Telephone: 619-916-7148	
Designated Primary Contact Person for Proposed Medical Canna	
Name: Megan Summers Telephone:	520-780-7021 Email: msummers@harvestinc.com
Signatures	
, ,	nabis business registration list (VMC § 5.94.050.B.1). I declare it, accurate and complete, and that all documents supplied rate and complete. I realize that this application will be
Name of Applicant: G1 Perez, LLC	
Person Signing for Applicant:	Date: 1/18/2019
Printed Name of Person Signing: Steve White	
Title of Person Signing: CEO Must be President, Chief Executive Officer, or Chair of the Boar	d) Inside This Form 1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:	SS JAN '19 AMIO: GE SAS ZAPPLICATION RECUD
Bruce Harkness Collective	
Entity Number (if applicable):	
DBA (if applicable):	
Mailing Address: 721 E. 5th Street City/State: Los Angeles, CA	Z _{ip} : 90013
Telephone: (323) 997-9914 Email: barrywalker67@me.com	
Location of Proposed Medical Cannabis Business: Address: 1929 W. Vista Way, Vista, CA 92083	
Zone: Commercial (C-3) Assessor's Parcel No.: 166-630-2	5-00
Property Owner Name: Yim Chun B & Gloria Family 1991 Trust; ATTN: Chun B. Yi Mailing Address: 555 N. Vulcan Avenue City/State: Encinitas, CA Telephone: (760) 518-4826 Email: sierraopad@aol.com	
Designated Primary Contact Person for Proposed Medical Cannabis Business: Name: Damian A. Martin, Esq. Telephone: (757) 652-0460 Email: damian.mart	in.esq@gmail.com
Signatures I request to be registered and placed on the medical cannabis business registration list (VMC § 5.94.0 under penalty of perjury that the foregoing is true, correct, accurate and complete, and that all documents in connection with this application are true, correct, accurate and complete. I realize that this application evaluated based on the data I am submitting.	ments supplied
Name of Applicant: Bruce Harkness Collective	
Person Signing for Applicant:	/21/2019
Printed Name of Person Signing: Barry Walker	
Title of Person Signing: Chief Executive Officer (Must be President, Chief Executive Officer, or Chair of the Board)	nis Form Z Application Form

3-4. Submittal Application Instructions 5-6. Request for Live Scan Form

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

EUS Z DUN . TO UM TO: 48

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:
Survivormedz, a Cooperative Corporation
Entity Number (if applicable): 3692487
DBA (if applicable): Releaf Meds
Mailing Address: 1440 Coolidge Que City/State: National City Zip: 91950
Telephone: 619-917-1223 Email: + cioe e yahoo. com
Location of Proposed Medical Cannabis Business:
Address: 1102 Hacienda Drive Vista CA.92081
Zone: 6 C-2 Assessor's Parcel No.: 166-440-32-00
Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):
Property Owner Name: Anthony M Cioe
Mailing Address: 1440 Coolidge Av. City/State: National City Zip: 91950
Telephone: 619 917-1223 Email: +cioc Eynhoo.com
Designated Primary Contact Person for Proposed Medical Cannabis Business:
Name: Anthony M Cioe Telephone: 619-917-1223 Email: +cioce ynhos.com
Signatures
I request to be registered and placed on the medical cannabis business registration list (VMC § 5.94.050.B.1). I declare under penalty of perjury that the foregoing is true, correct, accurate and complete, and that all documents supplied in connection with this application are true, correct, accurate and complete. I realize that this application will be evaluated based on the data I am submitting.
Name of Applicant: Survivormedz a Coorperative Corporation
Person Signing for Applicant: Anthomy M Cioe At War Date: 1/21/19
Printed Name of Person Signing: Anthony M Croe
Title of Person Signing: President, Chief Executive Officer, or Chair of the Board) Inside This Form Measure Z Application Form Measure Z Required Documents 3-4. Submittal Application Instructions 5-6. Request for Live Scan Form

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

EUS Y UPP 119 AM 10:50

Full Legal Name of the Medical Cannabis Business that is prop Frank Zimmerman Collective	osed to operate in Vista:
Entity Number (if applicable): G156259	
DBA (if applicable):	
Mailing Address: 1900 Main Street, #500	City/State: Irvine, CA Zip: 92614
Telephone: (562) 370-3780	Email: elewisbroker@gmail.com
Location of Proposed Medical Cannabis Business: Address: 1215 S. Santa Fe Avenue, Vista, C	CA 92083
Zone: Mixed Use (M-U)	Assessor's Parcel No.: 180-150-12-00
Mailing Address: 5755 Oberlin Drive, Suite 301 Telephone: (858) 519-4202	nt, LLC; ATTN: Michael Epstein, Managing Member City/State: San Diego, CA Zip: 92121 Email: mike@mgeprop.com
Designated Primary Contact Person for Proposed Medical Canroname: Damian A. Martin, Esq. Telephone	: (757) 652-0460 Email: damian.martin.esq@gmail.com
Signatures	
under penalty of perjury that the foregoing is true, correin connection with this application are true, correct, accievaluated based on the data I am submitting.	T T
Name of Applicant: Frank Zimmerman Collecti	ve
Person Signing for Applicant:	01/21 20 3 6
Printed Name of Person Signing: Elliot Lewis	V m Z
Title of Person Signing: Chief Executive Officer (Must be President, Chief Executive Officer, or Chair of the Boo	

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

EUS SUBBLICULION BECAD SS 180.18 UNIO:23

Full Legal Name of the Medical Ca Coastal Wellness	nnabis Business tl	hat is prop	posed to operate in '	Vista:		
Entity Number (if applicable):	3650763	EIN:	46-5020246			
DBA (if applicable): N/A						
Mailing Address: 1275 El Pa	iseo			City/State: VIST	A	Zip: 92804
Telephone: <u>760.717.8678</u>			Email: mmme			
Location of Proposed Medical Cana	nahie Rucinaec		*			
Address: 1044 La Mirada U		CA				
Zone: SPI - Vista Buisiness			Assessor's	Parcel No.: 21	7 251 46 07	7
Operating Name(s) of Proposed M	edical Cannabis B	usiness (i	f different than Lega	ıl Name):		
Property Owner Name: Mike	Erwin					
Mailing Address: 5901 Pries	tly Dr Suite 1	00		City/State: Carls	sbad	Zip: 92008
Telephone: <u>760.930.7971</u>			_ Email: Mike.E	rwin@Colliers	.com	
Designated Primary Contact Person	•				mmmallana	@amail.com
Name: Mike Mellano	To	elephone	e: /60./1/.86/8	Email: ^r	ilminellario	@gmail.com
Signatures						
I request to be registered and punder penalty of perjury that the in connection with this applicate evaluated based on the data I at	ne foregoing is t ion are true, co am submitting.	rue, corr rrect, acc	rect, accurate and curate and comple	complete, and th	at all docum	ents supplied
Name of Applicant: Mike Me	llano for Coas	tal Wel	Iness			
Person Signing for Applicant:			~		Date: Janu	uary 17, 2019
Printed Name of Person Signin	g: Mike Mella	no				
Title of Person Signing: Chair (Must be President, Chief Executive			pard)		2. Measure 2	is Form Application Form Required Documents Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

JEWS Z WASHICHTION RECAD

Full Legal Name of the Medical Cannabis Business that is propo Oswald Chavez Collective	sed to operate in Vista;	
Entity Number (if applicable): G156309		
DBA (if applicable):		
Mailing Address: 4217 Sepulveda Boulevard	City/State:	Culver City, CA Zip: 90230
Telephone: (310) 779-7147	Email: joseph.lifschutz	
Location of Proposed Medical Cannabis Business: Address: 984 E. Vista Way, Vista, CA 92084		
Zone: Commercial (C-1)		176-030-03-00
Operating Name(s) of Proposed Medical Cannabis Business (if of Property Owner Name: John L Marks Trust; ATT 3555 Promontory Street	N: John Marks, Truste	
(619) 523-222	City/State: San Diego, CA Zip: 92109	
Telephone: (619) 523-2222	Email: johnnymarks92109@yahoo.com	
Designated Primary Contact Person for Proposed Medical Canna Name: Damian A. Martin, Esq. Telephone:		damian.martin.esq@gmail.com
Signatures		
I request to be registered and placed on the medical can under penalty of perjury that the foregoing is true, correct in connection with this application are true, correct, accu evaluated based on the data I am submitting.	ct, accurate and complete, an	d that all documents supplied
Name of Applicant: Oswald Chavez Collective	2	
Person Signing for Applicant:	7	_{Date:} 01/21/2019
Printed Name of Person Signing: Joseph Lifschutz		
Title of Person Signing: Chief Executive Officer		Inside This Form 1. Measure 2 Application Form
(Must be President, Chief Executive Officer, or Chair of the Boar	rd)	Measure Z Required Documents A Submittal Application Instructions

CITY OF VISTA CARREST

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS JAN '19 AM 10:56

Full Legal Name of the Medical Cannabis Business that is propo G1 Perez, LLC	sed to operate in Vista:		
Entity Number (if applicable):			
DBA (if applicable): Harvest of Vista			
Mailing Address: 1155 W. Rio Salado Parkway Suite	201 City/State: Tempe, AZ Zip: 85281		
Telephone: 480-417-6781			
Location of Proposed Medical Cannabis Business:			
Address: 1010 E. Vista Way Unit A-B Vista, CA 9208	4		
Zone: C-1	Assessor's Parcel No.: 173-260-3000		
Operating Name(s) of Proposed Medical Cannabis Business (if o			
Property Owner Name: Sam Attisha	interent tilan tegai Haine).		
	City/State: Jamul, CA Zip: 91935		
Telephone: 619-916-7148	Email: sam@attishainvestments.com		
*			
Designated Primary Contact Person for Proposed Medical Canna	bis Business:		
Name: Megan Summers Telephone:	520-780-7021 Email: msummers@harvestinc.com		
Signatures			
	nabis business registration list (VMC § 5.94.050.B.1). I declare ct, accurate and complete, and that all documents supplied rate and complete. I realize that this application will be		
Name of Applicant: G1 Perez, LLC	· · · · · · · · · · · · · · · · · · ·		
Person Signing for Applicant:	Date: 1/18/2017		
Printed Name of Person Signing: Steve White			
Title of Person Signing: CEO Must be President, Chief Executive Officer, or Chair of the Boar	1. Measure Z Application Form 2. Measure Z Required Documents 3.4 Submittal Application Instructions		

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS 104.19 AM 104 RECUD

Full Legal Name of the Medical Cannabis Business that is prop	osed to operate	in Vista:		
G1 Perez, LLC				
Entity Number (if applicable):				
DBA (if applicable): Harvest of Vista				
Mailing Address: 1155 W. Rio Salado Parkway Su	uite 201	City/State:	empe, AZ	Zip: 85281
Telephone: <u>480-417-6781</u>	Email: amcl	oride@harvesti	nc.com	
Location of Proposed Medical Cannabis Business:	0000			
Address: 1365 W. Vista Way Suite 201 Vista, CA, 92				
Zone: C-1	Assesso	or's Parcel No.:	166-130-29	9
Operating Name(s) of Proposed Medical Cannabis Puripose (if	different than L	and Namali		
Operating Name(s) of Proposed Medical Cannabis Business (if Property Owner Name: Tacha Development, LLC				
			/ista CΔ	02083
Mailing Address: 1365 W Vista Way Suite 200				
Telephone: 760-758-9800	Email: rand	y@pickeringir	nsurance.co	<u>m</u>
Designated Primary Contact Person for Proposed Medical Cann	ahis Rusinass			
Name: Megan Summers Telephone:)21	msummers	@harvestinc.com
relephone.	020 100 10	Ellidii.	mouninord	<u>Griai Vocinio.com</u>
Signatures				
I request to be registered and placed on the medical can under penalty of perjury that the foregoing is true, corre in connection with this application are true, correct, accu evaluated based on the data I am submitting.	ect, accurate an	id complete, an	d that all docu	ments supplied
Name of Applicant: G1 Perez, LLC			··	
Person Signing for Applicant:			Date: <u> </u>	18/2019
Printed Name of Person Signing: Steve White			大学 的复数形式	
Title of Person Signing: CEO Must be President, Chief Executive Officer, or Chair of the Boa	nrd)		1. Measure 2. Measure	his Form e Z Application Form e Z Required Documents al Application Instructions

CITY OF VISTA CALLED RALA

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

EAS Z APPLICATION RECUD

Full Legal Name of the Medical Cannabis Business that is propo G1 Perez, LLC	osed to operate in Vista:
Entity Number (if applicable):	
DBA (if applicable): Harvest of Vista	
Mailing Address: 1155 W. Rio Salado Parkway Suite	201 City/State: Tempe, AZ Zip: 85281
	Email: amcbride@harvestinc.com
Location of Proposed Medical Cannabis Business:	
Address: 1010 E. Vista Way Unit D-E Vista, CA 9208	4
Zone: C-1	Assessor's Parcel No.:173-260-3000
Operating Name(s) of Proposed Medical Cannabis Business (if o	different than Local Name)
•	umerent than Legal Name).
Property Owner Name: Sam Attisha 3304 Wentworth Dr	lamul CA 91935
	City/State: Jamul, CA Zip: 91935
Telephone: 619-916-7148	Email: sam@attishainvestments.com
Designated Primary Contact Person for Proposed Medical Canna	abis Business:
Name: Megan Summers Telephone:	
Signatures	
under penalty of perjury that the foregoing is true, correction connection with this application are true, correct, accuevaluated based on the data I am submitting.	nabis business registration list (VMC § 5.94.050.B.1). I declare ct, accurate and complete, and that all documents supplied rate and complete. I realize that this application will be
Name of Applicant: G1 Perez, LLC	
Person Signing for Applicant:	Date: 1/18/2019
Printed Name of Person Signing: Steve White	
Title of Person Signing: CEO Must be President, Chief Executive Officer, or Chair of the Boar	1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions

CITY OF VISTA CALLERA

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

EAS Z JAN '19 AMII:00

Full Legal Name of the Medical Cannabis Business that is Monex Place Wellness, Inc.	s proposed to operate in Vista:
Entity Number (if applicable): 47-3650840	
DBA (if applicable): Mr. Nice Guy	
Mailing Address: 730 E. Dyer Rd.	City/State: Santa Ana, CA Zip: 92705
Telephone:(949) 750-9579	Email:joe@crestwest.com
Location of Proposed Medical Cannabis Business:	
Address: 1080 Joshua Way, Vista, CA 92081	
Zone: Vista Business Park SP, Area B	Assessor's Parcel No.: 2190131000
Operating Name(s) of Proposed Medical Cannabis Busine	
Property Owner Name:Joshway Investment Holding	gs, LLC
	City/State: Santa Ana, CA Zip: 92705
Telephone:(949) 750-9579	Email:pacpointrealty@gmail.com
Designated Primary Contact Person for Proposed Medical	
Name: Joseph Martin Teleph	none: (949) 750-9579 Email: joe@crestwest.com
Signatures	
under penalty of perjury that the foregoing is true, (al cannabis business registration list (VMC § 5.94.050.B.1). I declare correct, accurate and complete, and that all documents supplied , accurate and complete. I realize that this application will be
Name of Applicant:	
Person Signing for Applicant:	Date: 1/21/19
Printed Name of Person Signing: Joseph Martin	Proper with the second control of the second
Title of Person Signing: <u>President</u> Must be President, Chief Executive Officer, or Chair of the	Inside This Form 1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS JAN'19 AMII:02 SP JAN'19 AMII:02

Full Legal Name of the Medical Cannabis Business that is proper G1 Perez, LLC	osed to operate in Vista:
Entity Number (if applicable):	
DBA (if applicable): Harvest of Vista	
	ite 201City/State: Tempe, AZZip: 85281
_	
Telephone: 480-417-6781	Email: amcbride@narvestinc.com
Location of Proposed Medical Cannabis Business:	
Address: 1365 W. Vista Way Suite 101 Vista, CA, 92	083
Zone: C-1	Assessor's Parcel No.: 166-130-29
Operating Name(s) of Proposed Medical Cannabis Business (if	
Property Owner Name: Tacha Development, LLC	
Mailing Address: 1365 W Vista Way Suite 200	City/State: Vista, CA Zip: 92083
Telephone: 760-758-9800	Email: randy@pickeringinsurance.com
Designated Primary Contact Person for Proposed Medical Canna	<u>@</u>
Name: Megan Summers Telephone:	520-780-7021 Email: msummers@harvestinc.com
Signatures	
• • • • • • • • • • • • • • • • • • • •	nabis business registration list (VMC § 5.94.050.B.1). I declare ct, accurate and complete, and that all documents supplied rate and complete. I realize that this application will be
Name of Applicant: G1 Perez, LLC	
Person Signing for Applicant:	Date: 1/18/2019
Printed Name of Person Signing: Steve White	
Title of Person Signing: CEO (Must be President, Chief Executive Officer, or Chair of the Board)	1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS JAN'19 AMILOG EAS Z APPLICATION RECUD

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista: Red Rhino Remedies
Entity Number (if applicable): <u>C3942355</u>
DBA (if applicable):
Mailing Address: 1630 Sagewood Way City/State: 50- Marco, CA Zip: 92078
Telephone: 480-389-8681 Email: Justin . Christman@gnail. com
Location of Proposed Medical Cannabis Business:
Address: 954 5. Santa Fe Ave, Vista, CA 92084
Zone: Commercial; Ca Assessor's Parcel No.: 179-080-45-00
Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):
Property Owner Name: 954 S. Santa Fe, LLC j Arun Sanghavi
Mailing Address: 2433 Indian Creek Rd City/State: Diamond Bar, CA Zip: 91765
Telephone: 951-712-6333 Email: Arun2433 Egmail.com
Designated Primary Contact Person for Proposed Medical Cannabis Business:
Name: Justin Christman Telephone: 480-389-8681 Email: Justin. Christman Cymail. co.
Signatures
I request to be registered and placed on the medical cannabis business registration list (VMC § 5.94.050.B.1). I declare under penalty of perjury that the foregoing is true, correct, accurate and complete, and that all documents supplied in connection with this application are true, correct, accurate and complete. I realize that this application will be evaluated based on the data I am submitting.
Name of Applicant: Red Phino Remedies
Person Signing for Applicant: Jati Clite Date: 1/22/2019
Printed Name of Person Signing: Justin Christman
Title of Person Signing: Livef Executive Officer, or Chair of the Board) Inside This Form 1. Measure Z Application Form 2. Measure Z Required Documents

3-4. Submittal Application Instructions 5-6. Request for Live Scan Form

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

EAS Z JAN '19 AMIL:OS

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:
G1 Perez, LLC
Entity Number (if applicable):
DBA (if applicable): Harvest of Vista
Mailing Address: 1155 W. Rio Salado Parkway Suite 201 City/State: Tempe, AZ Zip: 85281
Telephone: 480-417-6781 Email: amcbride@harvestinc.com
Location of Proposed Medical Cannabis Business:
Address: 1365 W. Vista Way Suite 200 Vista, CA, 92083
Zone: C-1 Assessor's Parcel No.: 166-130-29
Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):
Property Owner Name: Tacha Development, LLC (Randy Pickering)
hailing Address: 1365 W Vista Way Suite 200 City/State: Vista, CA Zip: 92083
Telephone: 760-758-9800 Email: randy@pickeringinsurance.com
Designated Primary Contact Person for Proposed Medical Cannabis Business:
Name: Megan Summers Telephone: 520-780-7021 Email: msummers@harvestinc.com
Signatures
I request to be registered and placed on the medical cannabis business registration list (VMC § 5.94.050.B.1). I declare under penalty of perjury that the foregoing is true, correct, accurate and complete, and that all documents supplied in connection with this application are true, correct, accurate and complete. I realize that this application will be evaluated based on the data I am submitting.
Name of Applicant: G1 Perez, LLC
Person Signing for Applicant: Date: 1/18/2019
Printed Name of Person Signing: Steve White
Title of Person Signing: CEO Must be President, Chief Executive Officer, or Chair of the Board) Must be President, Chief Executive Officer, or Chair of the Board) 3-4, Submittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SZ JAN J B PMIT:OY RECUD

VETERAN MEDICAL ALTERNATIVES, a Cali	0.05	
Entity Number (if applicable): C3882449, Ca	alifornia SOS corporate number	
DBA (if applicable):		
Mailing Address: 5102 Wisteria Dr	City/State: Oceanside	Zip: 92056
Telephone: 909-910-0520		
Location of Proposed Medical Cannabis Business:		
Address: 1945 W Vista Way, Vista, CA 9	92084	
Zone:	Assessor's Parcel No.:	
Operating Name(s) of Proposed Medical Cannabis Bus	iness (if different than Legal Name):	
Property Owner Name: Emerald Alliance Co		
	City/State:	Zip:
_	Email: assi2244@gmail.com	
Designated Primary Contact Person for Proposed Medi		
	ephone: 909-910-0520 Email: jim@vos.v	vet daniel@vos.
Signatures		
I request to be registered and placed on the med under penalty of perjury that the foregoing is tru	dical cannabis business registration list (VMC § 5.9 ie, correct, accurate and complete, and that all do ect, accurate and complete. I realize that this appl	cuments supplied
Name of Applicant: VETERAN MEDICAL AL	LTERNATIVES,	
Person Signing for Applicant: Daniel A Wise	Della Date:	01/22/2019
Printed Name of Person Signing: Daniel A Wise	B	
Fitle of Person Signing: President Must be President, Chief Executive Officer, or Chair of	f the Board) Inside 1. Meas 2. Meas	This Form ure Z Application Form ure Z Required Documents ittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

An regulate of the discussions and the proposed to abstract in state.	THN TEG
Honey Oil Collective	
Entity Number (if applicable):	
DBA (if applicable): March and Ash	
Mailing Address: 2835 Camino Del Rin S. # 100 City/State: San Dieco, CA Zip: 9210	28
Mailing Address: 2835 Camino Del Rin S. # 100 City/State: San Dieso, CA zip: 9210 Telephone: (619) 890-4588 Email: Blake Omarch and ash Com	
Location of Proposed Medical Cannabis Business:	
Address: 2465 Dogwood Way	
Zone: Vista Business Park Specific Plan Assessor's Parcel No.: 217-253-12-00	<u> </u>
Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):	
Property Owner Name: Lee Mar Aquarium * Pet Supplies Mailing Address: 2459 Dogwood Way City/State: Vista, CA zip: 9208 Telephone: (760) 727-1300 Email: Mboyd @ Leema pct.com	
Mailing Address: 2459 Dogwood Way City/State: Vista; CA Zip: 9208	1
Telephone: (760) 727-1300 Email: Mboyd a leema pct. com	
Designated Primary Contact Person for Proposed Medical Cannabis Business: Name: Blake Marchand Telephone (619) 890-4588 Email: Blake G marchand as Signatures	sh·com
I request to be registered and placed on the medical cannabis business registration list (VMC § 5.94.050.B.1). I de under penalty of perjury that the foregoing is true, correct, accurate and complete, and that all documents supplication with this application are true, correct, accurate and complete. I realize that this application will be evaluated based on the data I am submitting.	
Name of Applicant: Evan Serling (Honey Oil Collective)	
Person Signing for Applicant: Evan Serling Date: 1/22/2019	
Printed Name of Person Signing: Evan Serling	
Title of Person Signing: (Must be President, Chief Executive Officer, or Chair of the Board) Inside This Form Measure Z Application Form Measure Z Regulred Doc 3-4. Submitted Application Ins 5-6. Reguest for tive Scan Fo	uments tructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS JAN 119 AMII:10 MEAS Z JAN 119 AMII:10

Dr. GreenRx,	Inc.	osed to operate in Vista:		
Entity Number (if applica	ble): C3950377	· · · · · · · · · · · · · · · · · · ·	***************************************	
DBA (if applicable):				
Mailing Address:15	42 S. Santa Fe Ave,	City/State:	Vista	Zip: 92084
	522	· ·		•
Location of Proposed Medic Address: 1406 S. San	al Cannabis Business: ta Fe Ave, Vista, CA 92084			
Zone:		Assessor's Parcel No.:	180-210-26-0	00
Operating Name(s) of Propo	sed Medical Cannabis Business (if Chris & Evelyn Seretis 2009	,		
Mailing Address:		City/State:	Carlsbad, CA	Zip: 92009
	14-0092			
Designated Primary Contact	Person for Proposed Medical Cann	abis Business:		
Name: <u>Jon Jessee</u>	Telephone:	Email:	jonmjessee72	2@gmail.com
Signatures				
under penalty of perjury t	and placed on the medical can that the foregoing is true, corre pplication are true, correct, accu ata I am submitting.	ct, accurate and complete, and	that all docume	ents supplied
Name of Applicant:	Dr. GreenRX, Inc.			
Person Signing for Applica	ant:	2	Date:1-21	-19
Printed Name of Person S	Signing: Jon Jessee			
Fitle of Person Signing: _ Must be President, Chief Exe	Chief Executive Officer ecutive Officer, or Chair of the Boa	erd)	2. Measure Z	Application Form Required Documents pplication Instructions



MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN '19 AMII:12 MEAS ZAPPLICATION RECUD

Full Legal Name of the Medical Cannabis Business that TERP, Inc., a California nonprofit mutual be		/ista:	and the state of t
Entity Number (if applicable): C3946463			
DBA (if applicable):			
Mailing Address: 600 F St, Suite 3 #217, Arc			Zip: 95521
Telephone: 805-712-5492	Email;shan	non@agins4@gmail.c	com
Location of Proposed Medical Cannabis Business:			
Address: SWC of Hacienda Dr and La Tortug	ga Dr, Vista, CA	- x	
Zone: C-1 City Council District 3	Assessor's	Parcel No.: 166-150	-70 & 166-150-91
Operating Name(s) of Proposed Medical Cannabis Busi Property Owner Name: Pacifica Companies, I Mailing Address: 1775 Hancock St, #200	J.C (under purchase ag	reement with current	
Telephone: 619-296-9000 ext. 160			- 24
Designated Primary Contact Person for Proposed Medic		Email:ccopela	n@chisre.com
Signatures			
I request to be registered and placed on the mediunder penalty of perjury that the foregoing is true in connection with this application are true, correevaluated based on the data I am submitting.	e, correct, accurate and c ct, accurate and complet	omplete, and that all c e. I realize that this ap	focuments supplied
Name of Applicant: TERP, Inc., a California	nonprofit mutual bene	lil corporation	-
Person Signing for Applicant:	19	Date:	1-21-19
Printed Name of Person Signing: Patrick M. Sh	annon		
Title of Person Signing: Cheif Executive Office Must be President, Chief Executive Officer, or Chair of t		1. Me. 2. Me.	e This Form asure Z Application Form asure Z Required Documents mittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SAS APPLICATION RECUD

Entity Number (if applicable): C4228792			
DBA (if applicable):			
Mailing Address:1151 S. Santa Fe Avenue			Zip: 92083
Telephone: (619) 929-5856	Email: _A	MEERLANDA@YAHOO.COM	1001
Location of Proposed Medical Cannabis Business:			
Address: 1151 S. Santa Fe Avenue, Vista, CA 92	2083		
Zone: M-U (Mixed Use)	Asse	essor's Parcel No.: 180-150-05	i-00
Operating Name(s) of Proposed Medical Cannabis	s Business (if different tha	n Legal Name):	
Property Owner Name: Santa Fe Ave Proper			
Mailing Address: _3456 Wentworth Drive		City/State: Camul, CA	Zip:_91935
Telephone:(619) 929-5988			
Designated Primary Contact Person for Proposed Name: Micab Bailey, Attorney			1.7
Name: Micah Bailey, Attorney	Telephone. (636) 304-	o130 Email: mbailey@p	ourdybaney.com
Signatures			
request to be registered and placed on the funder penalty of perjury that the foregoing is n connection with this application are true, cevaluated based on the data I am submitting	s true, correct, accurate correct, accurate and co	and complete, and that all do	cuments supplied
Name of Applicant:Vista Greenhouse Collecti	ve, Inc.		
Person Signing for Applicant:	an	Date: _	1/21/2019
Printed Name of Person Signing:Lena You	sif		
itle of Person Signing: Chair of the Board			This Form
Must be President, Chief Executive Officer, or Cha	ir of the Board)		sure Z Required Documer

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

VEAS Z APPLICATION RECUD

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:	
Entity Number (if applicable): 4133 201	
DBA (if applicable):	
Mailing Address: 1093 E. Main 5t. #243 City/State: e1	Caion / C.A.Zin: 97020
Telephone: 619-955-9288 Email: Norman yousif!	6 gmail. com
Location of Proposed Medical Cannabis Business:	
Address: 1745 east vista way suite # 7,8,9,10 vista,	C.A. 92084
Zone: Assessor's Parcel No.:	173-070-40
Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):	
Property Owner Name: GGS Realty LLC / Gueino Sabat	· À
Mailing Address: 1640 Elm Drive City/State: Vis	
Telephone: 760-224-7791 Email: John Orlando @	
	*
Designated Primary Contact Person for Proposed Medical Cannabis Business:	
Name: Norman Yousif Telephone: 619-955-9288 Email: 1	norman yourit 11 6 gmail.
Signatures	
I request to be registered and placed on the medical cannabis business registration list (Vunder penalty of perjury that the foregoing is true, correct, accurate and complete, and the in connection with this application are true, correct, accurate and complete. I realize that evaluated based on the data I am submitting.	nat all documents supplied
Name of Applicant: SC22 collective inc.	
Person Signing for Applicant: Norman Yousif Municipality	Date: 1-19-19
Printed Name of Person Signing: Norman Yousif	
Title of Person Signing: President (Must be President, Chief Executive Officer, or Chair of the Board)	1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

JEAS Z APPLICATION RECUD

Entity Number (if applicable):		
DBA (if applicable): NATIVE BLISS		
Mailing Address: 113 NORTH SAN VICENTE	E BLVD Electric E	BEVERLY HILLS 90211
DBA (if applicable): NATIVE BLISS 113 NORTH SAN VICENTE Telephone: 310-710-4666	Email:City/state:STEVEN@THES	STANDARDOIL.COM
Location of Proposed Medical Cannabis Business: 1754 LAGUNA DR VISTA, CA 92		
Address:C-1		17030-706-600
Operating Name(s) of Proposed Medical Cannabis Business (C M G Real Estate Inverse Property Owner Name:		
Mailing Address:1502 INDEPENDENCE WAY	Y	VISTA, CA 92084
Telephone: 6199179000	City/State:	Zip;
Designated Primary Contact Person for Proposed Medical Car	nnabis Business:	
	010 710 4000	OMENIEN OF THE PROPERTY OF
Name: Steven Bohbot Telephon	e: 310-710-4666 Email:	STEVEN@THESTANDARDOIL.COM
	e: 310-710-4666 Email:	STEVEN@THESTANDARDOIL.CO
request to be registered and placed on the medical caunder penalty of perjury that the foregoing is true, con a connection with this application are true, correct, active based on the data I am submitting.	annabis business registration lis	t (VMC § 5.94.050.B.1). I declare d that all documents supplied
request to be registered and placed on the medical called and placed on the medical called placed on the medical called placed on the perjury that the foregoing is true, connection with this application are true, correct, activated based on the data I am submitting.	annabis business registration lis	t (VMC § 5.94.050.B.1). I declare d that all documents supplied
request to be registered and placed on the medical caunder penalty of perjury that the foregoing is true, con connection with this application are true, correct, activated based on the data I am submitting. STEVEN BOHBOT	annabis business registration lis	t (VMC § 5.94.050.B.1). I declare d that all documents supplied
request to be registered and placed on the medical caunder penalty of perjury that the foregoing is true, corn connection with this application are true, correct, activated based on the data I am submitting. STEVEN BOHBOT Person Signing for Applicant:	annabis business registration lis	t (VMC § 5.94.050.B.1). I declare d that all documents supplied at this application will be
Name: Steven Bohbot	annabis business registration lis	t (VMC § 5.94.050.B.1). I declare d that all documents supplied at this application will be

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS 194, 19 PM 11:19

Full Legal Name of the Medical Cannabis Business that is propo Manuel Migueles Collective	osed to operate in Vista:	
Entity Number (if applicable): G157635		
DBA (if applicable):		
Mailing Address: 721 E. 5th Street	City/State: Los Angeles, CA Zip: 90013	
Telephone: (702) 326-3586	Email: brentwalker28@gmail.com	
Location of Proposed Medical Cannabis Business: Address: 732 E. Vista Way, Vista, CA 92084		
Zone: Commercial (C-1)	Assessor's Parcel No.: 175-370-74-00	
Operating Name(s) of Proposed Medical Cannabis Business (if of Property Owner Name: Vista Property Ventures: 4872 Hartwick Street	-	
Telephone: (818) 987-5697	Email: sierraopad@aol.com	
Designated Primary Contact Person for Proposed Medical Cannon Name: Damian A. Martin, Esq. Telephone: Signatures	abis Business: (757) 652-0460 Email: damian.martin.esq@gmail.com	
under penalty of perjury that the foregoing is true, corre in connection with this application are true, correct, accuevaluated based on the data I am submitting.		
Name of Applicant: Manuel Migueles Collective	3	
Person Signing for Applicant:	Date: 01/21/2019	
Printed Name of Person Signing: Brent Walker		
Title of Person Signing: Chief Executive Officer (Must be President, Chief Executive Officer, or Chair of the Book	1. Measure Z Application Form 2. Measure Z Required Documents 3-4: Submittal Application Instructions	

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS JAN 19 AMII:ZI EAS ZAPPLICATION RECUD

Full Legal Name of the Medical Cannabis Business that is pro Gregory Ahlrich Collective	posed to operate in Vista:
Entity Number (if applicable): G157054	8
DBA (if applicable):	¥
Mailing Address: 1900 Main Street, #500	City/State: Irvine, CA Zip: 92614
Telephone: (562) 221-9392	Email: timrlewis@gmail.com
Location of Proposed Medical Cannabis Business: Address: 1825 E. Vista Way, Vista, CA 9208	84
Zone: Commercial (C-1)	Assessor's Parcel No.: 171-250-48-00
Operating Name(s) of Proposed Medical Cannabis Business (if Property Owner Name: Eustachio Family Trust dated Augustines Address: 1825 E. Vista Way	gust 22, 1990; ATTN: Joseph Eustachio and Santa Eustachio, Truste
Mailing Address: 1025 E. Vista VVay	City/State: Vista, CA Zip: 92084 Email: saleust@yahoo.com
Telephone: (700) 700=1070	Email: saleust@yahoo.com
Designated Primary Contact Person for Proposed Medical Cani	nabis Business:
Name: Damian A. Martin, Esq. Telephone	e: (757) 652-0460 Email: damian.martin.esq@gmail.co
iignatures	
under penalty of perjury that the foregoing is true, corr	nnabis business registration list (VMC § 5.94.050.B.1). I declare ect, accurate and complete, and that all documents supplied urate and complete. I realize that this application will be
Name of Applicant: Gregory Ahlrich Collective	1 80
erson Signing for Applicant:	te: 01/11/2816
Printed Name of Person Signing: Timothy Lewis	V
Title of Person Signing: Chief Executive Officer	Inside This Form 1. Measure 2 Application Form
Must be President, Chief Executive Officer, or Chair of the Boo	

3-4. Submittal Application Instructions 5-6. Request for Live Scan Form

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

WEGS Z APPLICATION RECUD

•	the Medical Cannabis Business Bay Dreams Cooperative,		erate in Vista:		
Entity Number (if	applicable):C3690181	9			
):		*		
	4254 Loma Del Sur			a Mesa	Zip: 91941
			Email: noel.shamoun@gmail.com		-
•	d Medical Cannabis Business: Description: East Vista Way, Suites A	B, San Diego, CA 9	2084		
Zone:		As:	sessor's Parcel No.:	173-065-23	-00
	of Proposed Medical Cannabis		nan Legal Name):		
	1987 Corona Vis		City/State:E	El Cajon, CA	Zip: 92019
	619-922-1581				
Name: <u>Noel Sh</u>	Contact Person for Proposed I			noel.shame	oun@gmail.com
under penalty of p n connection with evaluated based o	istered and placed on the erjury that the foregoing is this application are true, on the data I am submitting	s true, correct, accura correct, accurate and ;.	ite and complete, and	that all docui	ments supplied
lame of Applicant	: South Bay Dreams	Cooperative, Inc.			
Person Signing for	Applicant:	m		Date: <u>1</u> -	21-19
rinted Name of P	erson Signing: Noel Sha	amoun			
itle of Person Sigr		Officer			nis Form Z Application Form Z Required Document

CITY OF VISTA OR SEED OF NEW

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS JAN 19 AMII:28 EAS ZAPPLICATIONRECUD

Oro Verde Vida, Inc Entity Number (if applicable): C3620636	
DBA (if applicable):	
	City/State: Temecula, CA Zip: 92593
Telephone: <u>760-239-7829</u>	
Location of Proposed Medical Cannabis Business:	9
Address: 759-761 E Vista Way	
Zone: <u>C-1</u>	Assessor's Parcel No.: <u>176-300-29-00</u>
Operating Name(s) of Proposed Medical Cannabis Busin	ess (if different than Legal Name):
Property Owner Name: CBD Coastal	
Mailing Address: 759 E Vista Way	City/State: Vista, CA Zip: 92084
Telephone: 760-237-8291	_{Email:} cbdcoast105@gmail.com
Designated Primary Contact Person for Proposed Medica	
Name: Jon Bartlett Telep	phone: 323-314-8079 Email: bartlettjon (whotmai
Signatures	201
under penalty of perjury that the foregoing is true,	cal cannabis business registration list (VMC § 5.94.050.B.1). I declare , correct, accurate and complete, and that all documents supplied it, accurate and complete. I realize that this application will be
Name of Applicant: Oro Verde Vida, Inc.	
Person Signing for Applicant:	Date: January 21, 2019
Printed Name of Person Signing: Jon Bartlett	
Title of Person Signing: Chief Executive Officer (Must be President, Chief Executive Officer, or Chair of the	the Board) Inside This Form 1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions

MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

SS 100.13 PM 11:SA

Full Legal Name of the Medical Cannabis Business that is prop	osed to operate in Vista:		
The Laughing Leaf		:	
Entity Number (if applicable): C3654849			
DBA (if applicable):			_
Mailing Address: 550 West Vista Way #410			
Telephone: <u>(951)</u> 704-5516	Email: <u>Rodneyallen@me.co</u>	om	-
Location of Proposed Medical Cannabis Business:			
Address: 1020 East Vista Way, Vista, CA 92084			
Zone: <u>C-1 Commercial</u>	Assessor's Parcel No.: <u>1</u>	73-260-26-00	_
Operating Name(s) of Proposed Medical Cannabis Business (if	different than Legal Name):		
Property Owner Name:The Laughing Leaf			
Mailing Address: 550 West Vista Way #410	City/State: Vist	a, CA Zip: 92084	_
Telephone:(951) 704-5516			
Designated Primary Contact Person for Proposed Medical Can			
Name: Rodney Allen Telephone		Rodneyallen@me.com	_
Signatures			
I request to be registered and placed on the medical cal under penalty of perjury that the foregoing is true, corre in connection with this application are true, correct, accievaluated based on the data I am submitting.	ect, accurate and complete, and t	hat all documents supplied	
Name of Applicant: The Laughing Leaf			_
Person Signing for Applicant:		Date: 1/22/19	-
Printed Name of Person Signing: <u>Rodney Allen</u>		1	
Title of Person Signing: <u>Chief Executive Officer</u> (Must be President, Chief Executive Officer, or Chair of the Boo	ard)	1. Measure Z Application Form 2. Measure Z Required Documents 3.4 Submittal Application Instruction	



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MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:	
CalGROW TRAding Fnc.	
Entity Number (if applicable): 3807076	29 R.F.
DBA (if applicable):	D. OAT SEE
Mailing Address: 1350 Columbia ST, STE 603 City/State San	Diego 24 92 101
Telephone: 619-239-3015 Email: +uoker. K@	Cox.net =
Location of Proposed Medical Cannabis Business:	
Address: 108 E. Vista, Vista CA 9208	
Zone: N-U mixed USE Assessor's Parcel No.:	
Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):	
Prodicious Collective MA	
Mailing Address: 8690 Aero Drive # 387 City/State: 54	85158 CA 2000
Mailing Address: 3670 Hero Di 172 City/State: -	in Dega Zip: 1-1-1-
Telephone: 858 999 4521 Email: Kevin @ Ca	nyon-oil.com
Designated Primary Contact Person for Proposed Medical Cannable Business: Name: Telephone: 858 864 4190 Email: Signatures	TTUCKOr 5380@ GOE.
Frequest to be registered and placed on the medical cannabis business registration list of under penalty of perjury that the foregoing is true, correct, accurate and complete, and in connection with this application are true, correct, accurate and complete. I realize that evaluated based on the data I am submitting.	that all documents supplied it this application will be
Name of Applicant: Teresa D. Tucker - CAIGRE	ow Trading Ina.
Person Signing for Applicant: Teresa D. Tucker	Date: 1/89/19
Printed Name of Person Signing: Teresa D. Tucker	
Title of Person Signing: President (Must be President, Chief Executive Officer, or Chair of the Board)	Inside This Form 1. Measure Z Application Form 2. Measure Z Required Documents 3-4. Submittal Application Instructions 5-6. Request for Live Scan Form
nga 1	Measure Z Application Form

CGT_APP_PROOF12.pdf 69

Page 1

CITY OF VISTA CALLED

MEASURE Z APPLICATION FORMY CLERK'S DEPT.

(See Instructions For Additional Information)

2019 JAN 29 P 4: 46

Full Legal Name of the Medical Cannabis Business that is MLR Holdings, LLC	proposed to operate in Vista:
Entity Number (if applicable): EIN: 35-2528938	
DBA (if applicable): Indian Joe Trading Post & S	moke Shop
	City/State: Vista, CA Zip: 92081
Telephone: 760-443-2355	Email: Max@Indianjoebrewing.com
Location of Proposed Medical Cannabis Business:	
Address: 2123 Industrial Ct. Ste. D Vista, CA 9	92081
Zone: C3	Assessor's Parcel No.: 182-260-54-00
Operating Name(s) of Proposed Medical Cannabis Busine	ess (if different than Legal Name):
Property Owner Name: Industrial Court Building	
	City/State: Carlsbad, CA Zip: 92010
	Email: gorobinson@myronl.com
Designated Primary Contact Person for Proposed Medical	
Name: Max Moran Teleph	hone: 760-443-2355 Email: Max@Indianjoebrewing.com
Signatures	
under penalty of perjury that the foregoing is true,	al cannabis business registration list (VMC § 5.94.050.B.1). I declare correct, accurate and complete, and that all documents supplied t, accurate and complete. I realize that this application will be
Name of Applicant: MLR Holdings, LLC	
Person Signing for Applicant: Max Moran	Date: 1-29-19
Printed Name of Person Signing: Max Moran	
Title of Person Signing: Chief Executive Office	Inside This Form
(Must be President, Chief Executive Officer, or Chair of th	1. Weasure 2 Application Form