

# CITY OF VISTA



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 10:38  
MEAS Z APPLICATION REC'D

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:

Hillside Holistic

Entity Number (if applicable):

DBA (if applicable):

Mailing Address: 40335 Winchester RD STE 289 City/State: Temecula Zip: 92591

Telephone: 951-331-9735 Email: Hillsidepharms@gmail.com

Location of Proposed Medical Cannabis Business:

Address: 1017 Sycamore, Vista, CA 92081

Zone: Commercial / C1 Assessor's Parcel No.: 217-211-13

Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):

Property Owner Name: White Squirrel

Mailing Address: 1017 Sycamore, Vista, CA City/State: CA Zip: 92081

Telephone: 213-880-3314 Email:

Designated Primary Contact Person for Proposed Medical Cannabis Business:

Name: Jesse Ruger Telephone: 951-331-9735 Email: Hillsidepharms420@gmail.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: Jesse Ruger

Person Signing for Applicant:  Date: 1-21-2019

Printed Name of Person Signing: Jesse Ruger

Title of Person Signing: CEO

(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



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 10:38 AM  
AS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Riverside County Dispensary and Delivery, Inc

Entity Number (if applicable): C3814410

DBA (if applicable): \_\_\_\_\_

Mailing Address: PO Box 2190 City/State: Temecula, CA Zip: 92593

Telephone: 951-708-0955 Email: rcddr039@gmail.com

**Location of Proposed Medical Cannabis Business:**

Address: 1275 S Santa Fe Ave Suite 101/102 Vista CA 92083

Zone: M-U Assessor's Parcel No.: 180-150-09-00

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Primrose Park Apartments, LLC

Mailing Address: PO Box 2312 City/State: Oceanside, CA Zip: 92051

Telephone: 760-945-9526 Email: unk

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Paul Tossonian Telephone: 951-212-2141 Email: ptossonian@gmail.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: Riverside County Dispensary and Delivery, Inc

Person Signing for Applicant:  Date: January 21, 2019

Printed Name of Person Signing: Paul Tossonian

Title of Person Signing: Chief Executive Officer

(Must be President, Chief Executive Officer, or Chair of the Board)

### Inside This Form

1. Measure Z Application Form
2. Measure Z Required Documents
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## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 10:41  
MEAS Z APPLICATION REC'D

**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 100 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)

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 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)*

### Inside This Form

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## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 10:42  
MEAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Calgen Trading Inc.

Entity Number (if applicable): 3836041

DBA (if applicable): Urbn Leaf

Mailing Address: 1028 Buenos Ave. City/State: SD/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

Mailing Address: 1446 La Habra Dr City/State: San Marcos, CA Zip: 92078

Telephone: 760-271-5153 Email: meredithja@aol.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Willie Senn Telephone: 619-3460587 Email: will@urbnleaf.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: Willie Senn

Person Signing for Applicant: Willie Senn  Date: 1/21/19

Printed Name of Person Signing: Willie Senn

Title of Person Signing: Chief Executive Officer

(Must be President, Chief Executive Officer, or Chair of the Board)

**Inside This Form**

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## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

F-H

22 JAN 19 AM 10:44  
EAS Z APPLICATION RECD

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: 1010 E. Vista Way Unit F-H Vista, CA 92084

Zone: C-1 Assessor's Parcel No.: 173-260-3000

Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):

Property Owner Name: Sam Attisha

Mailing Address: 3304 Wentworth Dr City/State: Jamul, CA Zip: 91935

Telephone: 619-916-7148 Email: sam@attishainvestments.com

Designated Primary Contact Person for Proposed Medical Cannabis Business:

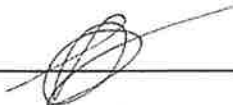
Name: Megan Summers Telephone: 520-780-7021 Email: msummers@harvestinc.com

### 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*

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## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 10:46  
EAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Bruce Harkness Collective

Entity Number (if applicable): G155754

DBA (if applicable): \_\_\_\_\_

Mailing Address: 721 E. 5th Street City/State: Los Angeles, CA Zip: 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.: 166-630-25-00

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Yim Chun B & Gloria Family 1991 Trust; ATTN: Chun B. Yim, Trustee

Mailing Address: 555 N. Vulcan Avenue City/State: Encinitas, CA Zip: 92024

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.martin.esq@gmail.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: Bruce Harkness Collective

Person Signing for Applicant:  Date: 01/21/2019

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)

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2. Measure Z Required Documents
- 3-4. Submittal Application Instructions
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## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 10:48  
EAS Z APPLICATION REC'D

**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): Relief Meds

Mailing Address: 1440 Coolidge Ave City/State: National City Zip: 91950

Telephone: 619-917-1223 Email: tcioe@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: tcioe@yahoo.com


**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Anthony M Cioe Telephone: 619-917-1223 Email: tcioe@yahoo.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 Cooperative Corporation

Person Signing for Applicant: Anthony M Cioe  Date: 1/21/19

Printed Name of Person Signing: Anthony M Cioe

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

## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 10:50  
BAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Frank Zimmerman Collective

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, CA 92083

Zone: Mixed Use (M-U) Assessor's Parcel No.: 180-150-12-00

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: SD Property Management, LLC; ATTN: Michael Epstein, Managing Member

Mailing Address: 5755 Oberlin Drive, Suite 301 City/State: San Diego, CA Zip: 92121

Telephone: (858) 519-4202 Email: mike@mgeprop.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Damian A. Martin, Esq. Telephone: (757) 652-0460 Email: damian.martin.esq@gmail.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: Frank Zimmerman Collective

Person Signing for Applicant: 

Printed Name of Person Signing: Elliot Lewis

Title of Person Signing: Chief Executive Officer

(Must be President, Chief Executive Officer, or Chair of the Board)



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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)

22 JAN 19 AM 10:53  
THE Z APPLICATION RECORD

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Coastal Wellness

Entity Number (if applicable): 3650763 EIN: 46-5020246

DBA (if applicable): N/A

Mailing Address: 1275 El Paseo City/State: VISTA Zip: 92804

Telephone: 760.717.8678 Email: mmmellano@gmail.com

**Location of Proposed Medical Cannabis Business:**

Address: 1044 La Mirada Unit 4A Vista, CA

Zone: SPI - Vista Business Park - Area B Assessor's Parcel No.: 217 251 46 07

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Mike Erwin

Mailing Address: 5901 Priestly Dr Suite 100 City/State: Carlsbad Zip: 92008

Telephone: 760.930.7971 Email: Mike.Erwin@Colliers.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Mike Mellano Telephone: 760.717.8678 Email: mmmellano@gmail.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: Mike Mellano for Coastal Wellness

Person Signing for Applicant:  Date: January 17, 2019

Printed Name of Person Signing: Mike Mellano

Title of Person Signing: Chairman of the Board

(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



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 10:55  
MEASURE Z APPLICATION RECEIVED

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Oswald Chavez Collective

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@gmail.com

**Location of Proposed Medical Cannabis Business:**

Address: 984 E. Vista Way, Vista, CA 92084

Zone: Commercial (C-1) Assessor's Parcel No.: 176-030-03-00

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: John L Marks Trust; ATTN: John Marks, Trustee

Mailing Address: 3555 Promontory Street City/State: San Diego, CA Zip: 92109

Telephone: (619) 523-2222 Email: johnnymarks92109@yahoo.com

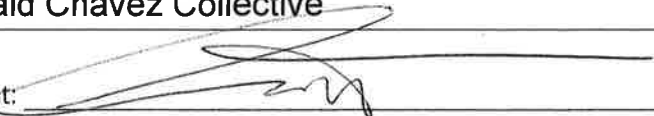
**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Damian A. Martin, Esq. Telephone: (757) 652-0460 Email: damian.martin.esq@gmail.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: Oswald Chavez Collective

Person Signing for Applicant:  Date: 01/21/2019

Printed Name of Person Signing: Joseph Lifschutz

Title of Person Signing: Chief Executive Officer

(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

## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 10:55  
MEASURE Z APPLICATION RECORD

**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: 1010 E. Vista Way Unit A-B Vista, CA 92084

Zone: C-1 Assessor's Parcel No.: 173-260-3000

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Sam Attisha

Mailing Address: 3304 Wentworth Dr City/State: Jamul, CA Zip: 91935

Telephone: 619-916-7148 Email: sam@attishainvestments.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)*

### 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)

22 JAN 19 AM 10:58  
MEAS Z APPLICATION REC'D

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 201 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)

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 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)*

### Inside This Form

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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)

22 JAN 19 AM 10:55  
EAS Z APPLICATION REC'D

**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: 1010 E. Vista Way Unit D-E Vista, CA 92084

Zone: C-1 Assessor's Parcel No.: 173-260-3000

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Sam Attisha

Mailing Address: 3304 Wentworth Dr City/State: Jamul, CA Zip: 91935

Telephone: 619-916-7148 Email: sam@attishainvestments.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*

### 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)

22 JAN 19 AM 11:00  
MEASURE Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Monex Place Wellness, Inc.

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 Business (if different than Legal Name):**

Property Owner Name: Joshway Investment Holdings, LLC

Mailing Address: 730 E. Dyer Rd. City/State: Santa Ana, CA Zip: 92705

Telephone: (949) 750-9579 Email: pacpointrealty@gmail.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Joseph Martin Telephone: (949) 750-9579 Email: joe@crestwest.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: Joseph Martin

Person Signing for Applicant:

Date:

1/21/19

Printed Name of Person Signing: Joseph Martin

Title of Person Signing: President

(Must be President, Chief Executive Officer, or Chair of the Board)

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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

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22 JAN 19 AM 11:02  
EAS Z APPLICATION REC'D

**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 101 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)

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 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)

### Inside This Form

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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)

22 JAN 19 AM 11:04  
EAS Z APPLICATION REC'D

### Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:

Red Rhino Remedies

Entity Number (if applicable): C3942355

DBA (if applicable): \_\_\_\_\_

Mailing Address: 1630 Sagewood Way City/State: San Marcos, CA Zip: 92078

Telephone: 480-389-8681 Email: Justin.Christman@gmail.com

### Location of Proposed Medical Cannabis Business:

Address: 954 S. Santa Fe Ave, Vista, CA 92084

Zone: Commercial; C2 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@gmail.com

### Designated Primary Contact Person for Proposed Medical Cannabis Business:

Name: Justin Christman Telephone: 480-389-8681 Email: Justin.Christman@gmail.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: Red Rhino Remedies

Person Signing for Applicant: Justin Christman

Date: 1/22/2019

Printed Name of Person Signing: Justin Christman

Title of Person Signing: Chief Executive Officer

(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



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:05  
EAS Z APPLICATION REC'D

**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)

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 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*

### 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)

22 JAN 19 AM 11:07  
EAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

VETERAN MEDICAL ALTERNATIVES, a California Corporation, not for profit,

Entity Number (if applicable): C3882449, California SOS corporate number

DBA (if applicable): \_\_\_\_\_

Mailing Address: 5102 Wisteria Dr City/State: Oceanside Zip: 92056

Telephone: 909-910-0520 Email: jim@vos.vet daniel@vos.vet

**Location of Proposed Medical Cannabis Business:**

Address: 1945 W Vista Way, Vista, CA 92084

Zone: \_\_\_\_\_ Assessor's Parcel No.: \_\_\_\_\_

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Emerald Alliance Corporation

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: 760-917-2244 Email: assi2244@gmail.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Jim Sullivan Telephone: 909-910-0520 Email: jim@vos.vet daniel@vos.vet

### 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: VETERAN MEDICAL ALTERNATIVES,

Person Signing for Applicant: Daniel A Wise  Date: 01/22/2019

Printed Name of Person Signing: Daniel A Wise

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

## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:08  
EAS Z APPLICATION REC'D

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:

Honey Oil Collective

Entity Number (if applicable): \_\_\_\_\_

DBA (if applicable): March and Ash

Mailing Address: 2835 Camino Del Rio S. #100 City/State: San Diego, CA Zip: 92108

Telephone: (619) 890-4588 Email: Blake@marchandash.com

Location of Proposed Medical Cannabis Business:

Address: 2465 Dogwood Way

Zone: Vista Business Park Specific Plan (RLI) Assessor's Parcel No.: 217-253-12-00

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: 92081

Telephone: (760) 727-1300 Email: mboyd@leemarpct.com

Designated Primary Contact Person for Proposed Medical Cannabis Business:

Name: Blake Marchand Telephone: (619) 890-4588 Email: Blakc@marchandash.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: 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: CEO

(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

## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:10  
MEAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Dr. GreenRx, Inc.

Entity Number (if applicable): C3950377

DBA (if applicable): \_\_\_\_\_

Mailing Address: 1542 S. Santa Fe Ave, City/State: Vista Zip: 92084

Telephone: 760-421-4522 Email: jonmjesssee72@gmail.com

**Location of Proposed Medical Cannabis Business:**

Address: 1406 S. Santa Fe Ave, Vista, CA 92084

Zone: \_\_\_\_\_ Assessor's Parcel No.: 180-210-26-00

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Chris & Evelyn Seretis 2009 Family Trust

Mailing Address: 7326 Starboard St. City/State: Carlsbad, CA Zip: 92009

Telephone: 442-244-0092 Email: 2843@msn.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Jon Jessee Telephone: 760-421-4522 Email: jonmjesssee72@gmail.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: Dr. GreenRX, Inc.

Person Signing for Applicant:  Date: 1-21-19

Printed Name of Person Signing: Jon Jessee

Title of Person Signing: Chief Executive Officer

(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

# CITY OF VISTA



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:12  
MEAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

TERP, Inc., a California nonprofit mutual benefit corporation

Entity Number (if applicable): C3946463

DBA (if applicable):

Mailing Address: 600 F St, Suite 3 #217, Arcata City/State: CA Zip: 95521

Telephone: 805-712-5492 Email: shannon@agins4@gmail.com

**Location of Proposed Medical Cannabis Business:**

Address: SWC of Hacienda Dr and La Tortuga Dr, Vista, CA

Zone: C-1 City Council District 3 Assessor's Parcel No.: 166-150-70 & 166-150-91

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Pacifica Companies, LLC (under purchase agreement with current owner: WLT Land Co.)

Mailing Address: 1775 Hancock St, #200 City/State: San Diego, CA Zip: 92110

Telephone: 619-296-9000 ext. 160 Email: pgibbs@pacificacompanies.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Charlie Copelan Telephone: 619-206-4761 Email: ccopelan@cbisre.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: TERP, Inc., a California nonprofit mutual benefit corporation

Person Signing for Applicant:  Date: 1-21-19

Printed Name of Person Signing: Patrick M. Shannon

Title of Person Signing: Chief Executive Officer  
(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

# CITY OF VISTA



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:13  
EAS Z APPLICATION RECORD

### Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:

Vista Greenhouse Collective, Inc.

Entity Number (if applicable): C4228792

DBA (if applicable):

Mailing Address: 1151 S. Santa Fe Avenue City/State: Vista, CA Zip: 92083

Telephone: (619) 929-5856 Email: AMEERLANDA@YAHOO.COM

### Location of Proposed Medical Cannabis Business:

Address: 1151 S. Santa Fe Avenue, Vista, CA 92083

Zone: M-U (Mixed Use) Assessor's Parcel No.: 180-150-05-00

### Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):

Property Owner Name: Santa Fe Ave Properties, LLC

Mailing Address: 3456 Wentworth Drive City/State: Jamul, CA Zip: 91935

Telephone: (619) 929-5988 Email: YYOULIYAN@YAHOO.COM

### Designated Primary Contact Person for Proposed Medical Cannabis Business:

Name: Micah Bailey, Attorney Telephone: (858) 564-0136 Email: mbailey@purdybailey.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: Vista Greenhouse Collective, Inc.

Person Signing for Applicant:  Date: 1/21/2019

Printed Name of Person Signing: Lena Yousif

Title of Person Signing: Chair of the Board

(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



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:15  
MEASURE Z APPLICATION RECEIVED

Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:

SC22 collective inc.

Entity Number (if applicable):

4133201

DBA (if applicable):

Mailing Address: 1093 E. Main St. #243 City/State: El Cajon / C.A. Zip: 92020

Telephone: 619-955-9288 Email: NormanYousif11@gmail.com

Location of Proposed Medical Cannabis Business:

Address: 1745 east vista way suite #7,8,9,10 Vista, C.A. 92084

Zone: C-1 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 / Goerino Sabatini

Mailing Address: 1640 Elm Drive City/State: Vista, C.A. Zip: 92084

Telephone: 760-224-7791 Email: JohnOrlando@att.net

Designated Primary Contact Person for Proposed Medical Cannabis Business:

Name: Norman Yousif Telephone: 619-955-9288 Email: normanYousif11@gmail.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: SC22 collective inc.

Person Signing for Applicant: Norman Yousif  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)

### 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)

22 JAN 19 AM 11:17  
MEAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Entity Number (if applicable): C3854604  
DBA (if applicable): NATIVE BLISS  
Mailing Address: 113 NORTH SAN VICENTE BLVD City/State: BEVERLY HILLS Zip: 90211  
Telephone: 310-710-4666 Email: STEVEN@THESTANDARD OIL.COM

**Location of Proposed Medical Cannabis Business:**

Address: 1754 LAGUNA DR VISTA, CA 92084  
Zone: C-1 Assessor's Parcel No.: 17030-706-600

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: C M G Real Estate Investments, LLC.  
Mailing Address: 1502 INDEPENDENCE WAY City/State: VISTA, CA Zip: 92084  
Telephone: 6199179000 Email: \_\_\_\_\_

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Steven Bohbot Telephone: 310-710-4666 Email: STEVEN@THESTANDARD OIL.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: STEVEN BOHBOT

Person Signing for Applicant:  Date: 1/20/19

Printed Name of Person Signing: \_\_\_\_\_

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



# CITY OF VISTA



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:19  
MEASURE Z APPLICATION RECORD

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Manuel Migueles Collective

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 different than Legal Name):**

Property Owner Name: Vista Property Ventures, LLC; ATTN: James Henschel, Manager

Mailing Address: 4872 Hartwick Street City/State: Los Angeles, CA Zip: 90041

Telephone: (818) 987-5697 Email: sierraopad@aol.com

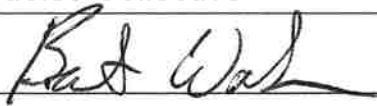
**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Damian A. Martin, Esq. Telephone: (757) 652-0460 Email: damian.martin.esq@gmail.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: Manuel Migueles Collective

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 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)

22 JAN 19 AM 11:21  
EAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Gregory Ahlrich Collective

Entity Number (if applicable): G157054

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 92084

Zone: Commercial (C-1) Assessor's Parcel No.: 171-250-48-00

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Eustachio Family Trust dated August 22, 1990; ATTN: Joseph Eustachio and Santa Eustachio, Trustees

Mailing Address: 1825 E. Vista Way City/State: Vista, CA Zip: 92084

Telephone: (760) 758-1870 Email: saleust@yahoo.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

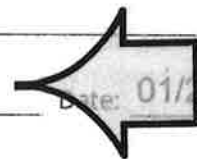
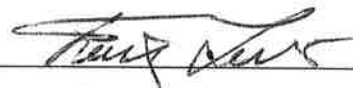
Name: Damian A. Martin, Esq. Telephone: (757) 652-0460 Email: damian.martin.esq@gmail.com

**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: Gregory Ahlrich Collective

Person Signing for Applicant: \_\_\_\_\_



**SIGN  
&  
DATE**

Printed Name of Person Signing: Timothy Lewis

Title of Person Signing: Chief Executive Officer

(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

## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:25  
MEAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

South Bay Dreams Cooperative, Inc.

Entity Number (if applicable): C3690181

DBA (if applicable):

Mailing Address: 4254 Loma Del Sur City/State: La Mesa Zip: 91941

Telephone: 619-456-8928 Email: noel.shamoun@gmail.com

**Location of Proposed Medical Cannabis Business:**

Address: 1589 East Vista Way, Suites A-B, San Diego, CA 92084

Zone: Assessor's Parcel No.: 173-065-23-00

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: DPKY, LLC c/o Salem Yaldo

Mailing Address: 1987 Corona Vista City/State: El Cajon, CA Zip: 92019

Telephone: 619-922-1581 Email: pierreyaldo619@gmail.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Noel Shamoun Telephone: 619-456-8928 Email: noel.shamoun@gmail.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: South Bay Dreams Cooperative, Inc.

Person Signing for Applicant:  Date: 1-21-19

Printed Name of Person Signing: Noel Shamoun

Title of Person Signing: Chief Executive Officer

(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



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

22 JAN 19 AM 11:28  
EAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

Oro Verde Vida, Inc

Entity Number (if applicable): C3620636

DBA (if applicable): \_\_\_\_\_

Mailing Address: PO Box 2190 City/State: Temecula, CA Zip: 92593

Telephone: 760-239-7829 Email: orovvo@gmail.com

**Location of Proposed Medical Cannabis Business:**

Address: 759-761 E Vista Way

Zone: C-1 Assessor's Parcel No.: 176-300-29-00

**Operating Name(s) of Proposed Medical Cannabis Business (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 Medical Cannabis Business:**

Name: Jon Bartlett Telephone: 323-314-8079 Email: bartlettjon@hotmail.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: 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 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)

22 JAN 19 AM 11:29  
MEAS Z APPLICATION REC'D

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

The Laughing Leaf

Entity Number (if applicable): C3654849

DBA (if applicable): \_\_\_\_\_

Mailing Address: 550 West Vista Way #410 City/State: Vista, CA Zip: 92084

Telephone: (951) 704-5516 Email: Rodneyallen@me.com

**Location of Proposed Medical Cannabis Business:**

Address: 1020 East Vista Way, Vista, CA 92084

Zone: C-1 Commercial Assessor's Parcel No.: 173-260-26-00

**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: Vista, CA Zip: 92084

Telephone: (951) 704-5516 Email: Rodneyallen@me.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Rodney Allen Telephone: (951) 704-5516 Email: Rodneyallen@me.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: The Laughing Leaf

Person Signing for Applicant: Rodney Allen

Date: 1/22/19

Printed Name of Person Signing: Rodney Allen

Title of Person Signing: Chief Executive Officer

(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

# CITY OF VISTA



## 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 Inc.

Entity Number (if applicable): 3807076

DBA (if applicable): \_\_\_\_\_

Mailing Address: 1350 Columbia ST, STE 603 City/State: San Diego CA

Telephone: 619-239-3015 Email: tuoker.k@cox.net

2019 JAN 29 PM 4:43  
RECEIVED  
CITY OF VISTA  
CITY CLERK'S DEPT.  
92107

Location of Proposed Medical Cannabis Business:

Address: 108 E. Vista, Vista CA 92083

Zone: N-U mixed use Assessor's Parcel No.: 161-240-65-00

Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):

Property Owner Name: Prodigious Collective LLC

Mailing Address: 8690 Aero Drive #387 City/State: SAN DIEGO CA Zip: 92123

Telephone: 858-999-4521 Email: Kevin@Canyon-oil.com

Designated Primary Contact Person for Proposed Medical Cannabis Business:

Name: Teresa D. Tucker Telephone: 858 864 4190 Email: TTucker5380@cox.net

### 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: Teresa D. Tucker - CalGrow Trading Inc.

Person Signing for Applicant: Teresa D. Tucker Date: 1/29/19

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



## MEASURE Z APPLICATION FORM

(See Instructions For Additional Information)

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CITY OF VISTA  
MY CLERK'S DEPT.

2019 JAN 29 P 4:46

**Full Legal Name of the Medical Cannabis Business that is proposed to operate in Vista:**

MLR Holdings, LLC

Entity Number (if applicable): EIN: 35-2528938

DBA (if applicable): Indian Joe Trading Post & Smoke Shop

Mailing Address: 2123 Industrial Ct. 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 92081

Zone: C3 Assessor's Parcel No.: 182-260-54-00

**Operating Name(s) of Proposed Medical Cannabis Business (if different than Legal Name):**

Property Owner Name: Industrial Court Building, LLC

Mailing Address: 2450 Impala Dr. City/State: Carlsbad, CA Zip: 92010

Telephone: 760-519-8346 Email: gorobinson@myronl.com

**Designated Primary Contact Person for Proposed Medical Cannabis Business:**

Name: Max Moran Telephone: 760-443-2355 Email: Max@Indianjoebrewing.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: 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 Officer

(Must be President, Chief Executive Officer, or Chair of the Board)

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