



OFFICE OF THE CITY ADMINISTRATOR

**APPLICATION FOR SPECIAL ACTIVITY PERMIT
MEDICAL CANNABIS DISPENSARY
PHONE: (510) 238-3294**

Application is hereby made by: Patients Mutual Assistance Collective Corp
☐ Individual ☐ Partnership ☒ Corporation

to operate a Medical Cannabis Dispensary at the following location:

1840 Embarcadero (510) 533.3146
Address Telephone No.

Email address: dress@harborsidehealthcenter.com Fax: (888) 214.4010

under the name of : Harborside Health Center

Additional information: ☐ New business ☐ Change of location ☐ Change of Ownership ☒ Renewal

The premises are owned by Ana Chretien and now used as
Name of building owner

Medical Cannabis Dispensary The person to be in charge of this operation will be

Stephen DeAngelo who resides at [REDACTED]

Phone (510) 533.0146 . Number of years experience in this type of operation 5

For access to premises, call: dave wedding dress [REDACTED]
Name (Telephone No.)

A previous permit (please check one) ☒ has never been revoked ☐ has been revoked

The names, residence address and business address of applicant (including all members of the firm or partnership and all officers and directors of the corporation) and of all persons interested in the permit, if granted, are as follows (attach additional sheet, if needed):

NAME	DATE OF BIRTH	RESIDENCE ADDRESS	BUSINESS ADDRESS
Stephen DeAngelo	[REDACTED]	[REDACTED]	1840 Embarcadero
dave wedding dress	[REDACTED]	[REDACTED]	1840 Embarcadero

I declare under the penalty of perjury that the foregoing is true and correct.

Dated at Oakland, California, this 25th day of April, 2011
Date Month Year

Signed: dave wedding dress
(Applicant or Authorized Representative)

Name (In Print) : dave wedding dress

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City Administrator's Office

Date

Receipt No.

Hearing Date: **JUNE 2, 2011**_(In Hearing Room 2, City Hall, **2:00 P.M.**)

Participating Departments:

- ☐ Fire Marshall
- ☐ Deputy Chief, Bureau of Field Operations, OPD
- ☐ Zoning/City Planning

Copy of application to:
(For information only)

- ☐ Office of the Mayor
- ☐ Council Member, District No. ☐
- ☐ Council Member At-Large
- ☐ ABAT, OPD
- ☐ Vice Control, OPD
- ☐ Neighborhood Services Coordinator, OPD

NOTE: Please return your recommendation to Special Activities, City Administrator's Office, City Hall, 11th Floor, #1 Frank Ogawa Plaza, Oakland, CA 94612 (Ph: 238-3294, FAX: 238-7084), no later than 4:00 P.M. 2 days before hearing.