

MEDICAL CANNABIS PERMIT APPLICATION

1. Address of Proposed Medical Cannabis Operation:

5901 San Leandro Street, Oakland, California

☒ Not yet secured a location¹

2. Right to Occupy Proposed Medical Cannabis Location:

☐ Owner ☐ Tenant ☐ Intend to Lease/Purchase ☐ Not yet secured a location

Please provide a copy of the supporting documents:

☐ Deed ☐ Lease Agreement ☐ Letter of intent to lease/purchase property

If applicant is not the owner, please provide the following information for the property owner:

Last Name: YU	First Name: Micheal	Middle Initial:
Phone: [REDACTED]	Email:	
Residential Address [REDACTED]		
City: [REDACTED]	State [REDACTED]	Zip: [REDACTED]

3. Applicant Information:

a. **Name:** The Higher Collection _____

b. Type of Corporate Structure:

☒ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Individual

☐ Collective Other: _____

c. **Doing Business As:** _____

d. **Please Attach a Copy of State registration**

e. Partner/Owner/Manager Information:

Please list all persons directly or indirectly interested in the permit sought, including all officers, directors, general partners, managing members, stockholders, and partners. Please attach additional pages if necessary (additional pages should be on 8½ x 11" paper; single sided, and include a Header with the applicant's name on the top right corner of each page).

¹ Applicants who have not yet secured a location may submit an application and be conditionally approved, however, in order to obtain a permit, Applicants will eventually have to identify their business location so that it can be reviewed and inspected.

Last Name: Fluker	First Name: Samuel	Middle Initial: L
Alias(es):		
Date of Birth: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]
Residential Address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Business Address: 5901 San Leandro		
City: Oakland	State: CA	Zip:

Last Name: Alexander	First Name: Kern	Middle Initial: K
Alias(es):		
Date of Birth: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]
Residential Address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Business Address: 5901 San Leandro Street,		
City: Oakland	State: CA	Zip:

Last Name:	First Name:	Middle Initial:
Alias(es):		
Date of Birth:	Phone:	Email:
Residential Address:		
City:	State:	Zip:
Business Address:		
City:	State:	Zip:

Last Name:	First Name:	Middle Initial:
Alias(es):		
Date of Birth:	Phone:	Email:
Residential Address:		
City:	State:	Zip:
Business Address:		
City:	State:	Zip:

Last Name:	First Name:	Middle Initial:
Alias(es):		
Date of Birth:	Phone:	Email:
Residential Address:		
City:	State:	Zip:
Business Address:		
City:	State:	Zip:

Last Name:	First Name:	Middle Initial:
Alias(es):		
Date of Birth:	Phone:	Email:
Residential Address:		
City:	State:	Zip:
Business Address:		
City:	State:	Zip:

4. Permit Revocations

Have any of the persons directly or indirectly interested in the permit sought ever had a permit revoked?

☐ Yes ☒ No

If yes, please describe below the circumstances of such revocation.

5. Equity

The Equity Permit Program described under OMC 5.80.045 and OMC 5.81.060 defines an "Equity Applicant" as an Applicant whose ownership/owner²:

1. Is an Oakland resident; and
2. Has an annual income at or less than 80 percent of Oakland Average Medium Income (AMI) adjusted for household size ([click here for 80 percent Oakland AMI thresholds](#)); and
3. Either
 - (i) has lived in any combination of Oakland police beats 2X, 2Y, 6X, 7X, 19X, 21X, 21Y, 23X, 26Y, 27X, 27Y, 29X, 30X, 30Y, 31Y, 32X, 33X, 34X, 5X, 8X and 35X for at least ten of the last twenty years OR
 - (ii) was arrested after November 5, 1996 and convicted of a cannabis crime committed in Oakland.

☒ Yes, I fulfill the equity criteria ☐ No, I do not fulfill the equity criteria³

If yes, please provide supporting documentation as described below.

For proof of ownership please provide entity formation documents or documents filed with the California Secretary of State (e.g. articles of incorporation, stock issuance records, operating agreements, partnership agreements).

² “Ownership” shall mean the individual or individuals who:

- i. With respect to for-profit entities, including without limitation corporations, partnerships, limited liability companies, has or have an aggregate ownership interest (other than a security interest, lien, or encumbrance) of 50% or more of the entity.
- ii. With respect to not for-profit entities, including without limitation a non-profit corporation or similar entity, constitutes or constitute a majority of the board of directors.
- iii. With respect to collective has or have a controlling interest in the collective’s governing body.

³ Applicants who do not satisfy the Equity criteria will be reviewed as General Applicants and their applications will be processed subject to the restrictions of OMC 5.80.045 and 5.80.060.

For proof of income please provide federal tax returns and at least one of the following documents: two months of pay stubs, current Profit and Loss Statement, or Balance Sheet.

For proof of residency a minimum of two of the documents listed below, evidencing 10 years of residency shall be considered acceptable proof of residency. All residency documents must list the applicant's first and last name, and the Oakland residence address in applicable police beats.

- California driver's record; or
- California identification card record; or
- Property tax billing and payments; or
- Verified copies of state or federal income tax returns where an Oakland address is listed as a primary address; or
- Utility company billing and payment covering any month in each of the ten years.

Proof of Conviction should be demonstrated through Court documents, Probation documents, Department of Corrections or Federal Bureau of Prisons documentation.

6. Equity Incubator

General applicants that serve as incubators for equity applicants by providing free rent or real estate are entitled to permitting priority.

In order to receive this permitting priority, the General Applicant must comply with the following conditions:

- a. The free real estate or rent shall be for a minimum of three years.
- b. The Equity Applicant shall have access to a minimum of 1,000 square feet to conduct its business operations.
- c. The General Applicant must provide any City required security measures, including camera systems, safes, and alarm systems for the space utilized by the Equity Applicant.
- d. The General Applicant is otherwise compliant with all other requirements of OMC Chapter 5.80 or 5.81.

☐ Yes, I fulfill the Incubator criteria and the name of the Equity Applicant receiving free rent/real estate is listed below:

--

If yes, please submit supporting documents, including a copy of the lease and/or contractual agreements between General and Equity Applicants.

- ☐ No, I do not satisfy incubator criteria

- ☐ I am interested in being part of the Equity Incubator Program but have not yet connected with a matching Equity/General Applicant. Please share my contact information (name, phone number and email) and business type with other applicants seeking Incubator partners.

7. Type of License:⁴

- ☐ Dispensary⁵ ☒ Delivery Only-Dispensary ☐ Indoor Cultivator ☐ Outdoor Cultivator
- ☐ Distributor ☐ Transporter ☐ Testing Laboratory
- ☐ Manufacturing with volatile solvents ☐ Manufacturing with non-volatile solvents

If manufacturing, please list all solvents applicant intends on using:

8. Projected Annual Gross Receipts:

- ☐ Medical Cannabis sales <\$500,000
- ☒ Medical Cannabis sales between <\$500,001 - \$999,999
- ☐ Medical Cannabis sales >\$999,999

9. Security

- a. Please submit a floor plan, drawn to scale on 8 1/2 x 11" paper that includes:
- layout of the establishment, including parking lots;
 - principal uses of each section;
 - limited access areas;
 - safes;
 - alarms;
 - security cameras.
- b. Describe (in no more than two pages) what measures Applicant will take
- to prevent a burglary or armed robbery; and
 - to minimize the loss of product in the case of a burglary or armed robbery.

c. If utilizing a private security service, please provide

⁴ Separate application must be submitted for each type of license, even if multiple licenses are proposed for the same property.

⁵ PLEASE NOTE: Dispensary Applications are not being accepted at this time.

- i. Company name; and
 - ii. State license number.
- d. Please confirm Applicant will utilize real time IP cameras⁶ by providing the name(s) and contact info for the representative(s) available 24 hours on behalf of Applicant to provide the Oakland Police Department with access to this camera footage in case of an emergency:

Name(s): Kern Alexander

Phone(s): [REDACTED]

Email(s): [REDACTED]

10. Odor Mitigation

Please submit a plan (in no more than two pages) for how cannabis odors will not be detectable outside of the proposed facility, such as utilization of carbon filters.

11. Community Beautification Plan

Please submit a community beautification plan (no more than two pages) detailing specific steps your business will take to reduce illegal dumping, littering, graffiti and blight and promote beautification of the adjacent community.

12. Minimizing Environmental Impact (only Indoor Cultivators must complete)

Please follow the directions outlined in **Exhibit B** and submit a completed Statement of Energy Performance (also known as a benchmarking report) and Emissions Performance Report through the EPA ENERGY STAR Portfolio Manager website for each building in which indoor cultivation will take place.

13. Vehicle Insurance (only Delivery-Only Dispensaries and Transporters must complete)

Please provide the information requested below on all vehicles involved in Applicant's operation and provide proof of insurance.

Proof of insurance may include quotations from an insurance agency, a letter of intent/"will serve" letter⁷, and/or certificates of insurance. Please note, any quotation or letter of intent must be on

official agency letterhead and/or documents and a letter of intent must be signed by a qualified agent of an insurance company. Please attach additional pages if necessary.

⁶ Cameras that can send and receive data via a computer network and the Internet.

⁷ Please note, the while a quotation or letter of intent is sufficient at the time of application, the insurance policy must ultimately be in place prior to the issuance of the actual medical cannabis permit.

Insurance must minimally include:

- Commercial General Liability with a limit of \$1,000,000 per occurrence/aggregate
- Commercial/Business Auto Liability with a combined single limit of \$1,000,000
- Hired and Non-Owned Auto Liability coverage
- Worker's Compensation Coverage

REGISTERED OWNER:	
VEHICLE MAKE:	VEHICLE MODEL:
LICENSE NUMBER:	REGISTRATION EXPIRATION:
VIN:	
INSURANCE CARRIER & POLICY NUMBER:	

REGISTERED OWNER:	
VEHICLE MAKE:	VEHICLE MODEL:
LICENSE NUMBER:	REGISTRATION EXPIRATION:
VIN:	
INSURANCE CARRIER & POLICY NUMBER:	

14. Supporting Documents.

Please check the boxes below for each supporting document submitted with this application. Please ensure that all supporting documents include a Header with the applicant's name on the top right corner of each page.

- ☐ Proof of property ownership/lease agreement or letter of intent to rent/lease/purchase
- ☐ Copy of State Registration for corporate structure
- ☐ Floor plan
- ☐ Security plan
- ☐ Odor Mitigation Plan
- ☐ Community Beautification Plan

For Equity Applicants Only:

- ☒ Proof of Ownership
- ☒ Proof of Income
- And either
- ☒ Proof of Residency
- or
- ☐ Proof of Conviction

For Equity Incubator Applicants Only:

- ☐ Lease or other contract providing free real estate or rent for a minimum of three years indicating

square footage available to the Equity Applicant

- ☐ Proof of providing required security measures, including camera systems, safes, and alarm systems for the space utilized by the Equity Applicant.

For Indoor Cultivators only:

- ☐ Statement of Energy Performance and Emissions Performance Report

For Delivery-Only Dispensaries and Transporters

- ☐ Proof of Vehicle Insurance
or
☐ Letter of intent/"will"serve letter

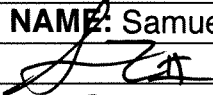
14. Oath of Application

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the City Administrator to properly evaluate the applicants qualifications for registration.

I, the undersigned further agree and acknowledge that I may be required to provide additional information as needed, for a complete investigation by the City Administrator.

I, the undersigned, further agree and recognize that I am responsible for obeying all Federal, State, County and local laws.

I, the undersigned, further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the City Administrator to deny this permit application and/or immediate grounds for revocation of a medical cannabis permit.

APPLICANT NAME:	Samuel Fluker
SIGNATURE:	
DATE:	3-12-18

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Last Name: Fluker		First Name: Samuel		Middle Initial: L	
Alias(es):					
Date of Birth: [REDACTED]		Phone: [REDACTED]		Email: [REDACTED]	
Residential Address: [REDACTED]					
City: [REDACTED]		State: [REDACTED]		Zip: [REDACTED]	
Business Address: 5901 San Leandro					
City: Oakland		State: CA		Zip:	

Last Name: Alexander		First Name: Kern		Middle Initial: K	
Alias(es):					
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Name(s): Kern Alexander

Phone(s):

Email(s):

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Insurance must minimally include:

- Commercial General Liability with a limit of \$1,000,000 per occurrence/aggregate
- Commercial/Business Auto Liability with a combined single limit of \$1,000,000
- Hired and Non-Owned Auto Liability coverage
- Worker's Compensation Coverage

REGISTERED OWNER:	
VEHICLE MAKE:	VEHICLE MODEL:
LICENSE NUMBER:	REGISTRATION EXPIRATION:
VIN:	
INSURANCE CARRIER & POLICY NUMBER:	

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VEHICLE MAKE:	VEHICLE MODEL:
LICENSE NUMBER:	REGISTRATION EXPIRATION:
VIN:	
INSURANCE CARRIER & POLICY NUMBER:	

14. Supporting Documents.

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- ☐ Proof of Income
- And either
- ☐ Proof of Residency
- or
- ☐ Proof of Conviction

For Equity Incubator Applicants Only:

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- ☐ Proof of providing required security measures, including camera systems, safes, and alarm systems for the space utilized by the Equity Applicant.

For Indoor Cultivators only:

- ☐ Statement of Energy Performance and Emissions Performance Report

For Delivery-Only Dispensaries and Transporters

- ☐ Proof of Vehicle Insurance
or
☐ Letter of intent/"will" serve letter

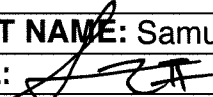
14. Oath of Application

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the City Administrator to properly evaluate the applicants qualifications for registration.

I, the undersigned further agree and acknowledge that I may be required to provide additional information as needed, for a complete investigation by the City Administrator.

I, the undersigned, further agree and recognize that I am responsible for obeying all Federal, State, County and local laws.

I, the undersigned, further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the City Administrator to deny this permit application and/or immediate grounds for revocation of a medical cannabis permit.

APPLICANT NAME: Samuel Fluker
SIGNATURE: 
DATE: 3-12-18

Community Beautification

Community Beautification Plan

We have a good neighbor policy to reduce odor mitigation and maintain a clean and appealing facility. We will establish a positive relationship with local police and authorities as part of our plan. We will join local groups and associations to participate in neighborhood clean-up activities to pick-up trash in the community. We will maintain our facilities exterior by doing a daily facility inspection and walk the perimeter to detect graffiti, trash and debris that needs immediate removal. Our owner and manager are responsible for managing our facility and getting involved with neighborhood activities that reduces illegal dumping activity, littering, graffiti, and blight and to promote community beautification in our community.

A summary of our community beautification plan

- o Implement our good neighbor policy
- o Establish a relationship with local police and authorities
- o Join a network, group or association to clean-up the neighborhood
- o Keep the exterior of our facility free of trash and debris
- o Engage in neighborhood involvement activities

Odor Mitigation Plan

We understand the City of Oakland's ordinance to mitigate odor and we fully intend to comply with the ordinance. As such, it is our firm commitment to cultivate in a warehouse in an industrial area. This will ensure that we can maintain control and eliminate the sight and smell of cannabis outside of our permitted facility.

Controlling Cannabis Odors

Our primary approach to control odors is to implement best practices in our daily operations. Best practices to provide sufficient cooling and air circulation without exhausting untreated air outside. To ensure that odor is not smelled outside the facility we will do the following:

a. Ventilation System

We will use can-filters which, are activated carbon filters mounted to our exhaust fans for long-lasting, consistent filtering performance with minimal chance for odor to be detected. The can-filters will be attached to solid surfaces in container rooms walls or ceilings. The filters come with pre-filters to keep dust, mold, and other particles from clogging the activated charcoal in the filter itself to prevent odor from escaping.

b. Storage Methods

We will store cannabis products in air tight storage containers. The storage containers will be kept and locked inside of the facility for an extra layer of mitigating the smell of odor outside the facility.

c. Waste Disposal

Waste Management Procedures

- o Waste Disposal & Recycling Company- Bee Green Recycling & Supply at 5900 Coliseum, Oakland, CA

Our processing, handling and storage practices, and waste management procedures ensures that we will dispose of cannabis and cannabis products in a safe and efficient manner.

PROOF OF OWNERSHIP



**Secretary of State
Restated Articles of Incorporation
Nonprofit Mutual Benefit Corporation
to General Stock Corporation**

**RST
MU-GS**

A0807222

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$70.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00

Note: You must file a Statement of Information (Form SI-550) to change the Corporation's business address(es) or to change the name or address of the Corporation's agent for service of process, which can be filed online at bizfile.sos.ca.gov.

FILED
Secretary of State
State of California

DEC 22 2017 (a)

lu
Above Space For Office Use Only

The undersigned certify that:

1. They are the President and Secretary of the following corporation:

1a. Current Corporation Exact Name (Enter the exact name on file with the California Secretary of State.)

The Higher Collection

1b. 7-Digit Secretary of State Entity (File) Number, if Known (Enter the exact 7-Digit Entity (File) Number issued by the California Secretary of State. If you do not know the Secretary of State Entity (File) Number, leave this space blank.)

C3967360

2. The Articles of Incorporation of this corporation are amended and restated to read as follows:

- I. Corporation Name** (See instructions — If you are changing the name of your Corporation on file with the California Secretary of State, list the new proposed name. List the proposed new Corporation name exactly as it is to appear on the records of the California Secretary of State. If you are not changing the name, please list the name exactly as it currently appears on the records of the California Secretary of State.)

The Name of the Corporation is:

The Higher Collection

D. Authorized Shares (Enter the number of shares the corporation is authorized to issue. Do not leave blank or enter zero (0).)

The Corporation is authorized to issue only one class of shares of stock.
The total number of shares which this corporation is authorized to issue is 1000000

E. Impact to Existing Membership Interests, if Any (Check only one box.)

☐ The corporation currently has outstanding membership interests and upon the filing of these Restated Articles of Incorporation each outstanding membership interest shall be canceled without consideration.

OR

☐ The corporation currently has outstanding membership interests and upon the filing of these Restated Articles of Incorporation each one outstanding membership interest shall be converted into one share of common stock of the corporation.

OR

☒ The corporation has no outstanding membership interests at the time of filing of these Restated Articles of Incorporation.

IV. Purpose Statement and Incorporation of Any Attachments (Do not alter Purpose Statement.)

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code. Any attachment pages that may be filed along with this Form RST MU-GS are hereby incorporated by reference as if fully set forth herein.

— CONTINUE ON NEXT PAGE —

(Page 1 of 2)

NUMBER
05

SHARES



The Higher Collection

INCORPORATED UNDER THE LAWS OF THE STATE OF CALIFORNIA
Authorized To Issue 1,000,000 Shares Common Stock At \$ 0.00000001 Par Value

This Certifies That SAMUEL FLUKER
is hereby issued Five Hundred Thousand (500,000) fully paid
and non-assessable Shares of the Stock of the above named Corporation transferable only on the books
of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this
Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized
officers and its Corporate Seal to be hereunto affixed this 12TH day of MARCH A.D., 2018

Kern Alexander
TREASURER

