REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 1
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

because the information contained therein is exempt from disclosure under the following Government Code provisions:

Mark with "X" where applicable	Government Code provision:	Examples of information that may be withheld pursuant to each government code section:
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	Section 6254, subd. (f)	Investigatory or security files compiled by a local agency for licensing purposes
	Section 6254, subd. (n)	Licensee's personal financial data
X	Section 6255, subd. (a)	Personal contact information (business contacts should not be redacted)
	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

Explanation for redaction:

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City of Nevada City

Planning Department
317 Broad Street, Nevada City CA 95959

Phone: 530-265-2496
Email: Amy.Wolfson@NevadaCityCA.gov

Staff Use

Fee:$_____

Date Paid:_____

MEDICAL CANNABIS BUSINESS PERMIT APPLICATION FORM

(dispensary applicants, use other specific application form)

Please submit a minimum of **five (5) bound hard copies** and **one (1) digital copy** (usb drive or CD) of all application material`

Check business type being proposed. If multiple types are proposed, eac type` will need to be distinctly addressed in te supplemental documentation and on` this form. A separate form may be submitted if it will help provide clarity.

X _ Manufacturing

_____ Cultivation

_____ Testing Laboratory

X___ Distribution

_N/A_ Dispensary (use separate form)

**** See attached definitions of the above categories to ensure appropriate selection***

Business Name: Revive

Business Primary Contact: Jacob Carlson

Contact Title: CEO

Contact's Mailing Address: 138 New Mohawk, Suite 172 & 173

Nevada City, CA 95959

Phone#: [redacted] **E-mail:** [redacted]

24-Hour Contact Information: Jacob Carlson, [redacted]

For details about the information required as part of the application process, please see the Implementation Procedures to Operate a Medical Cannabis Business in Nevada City, Ordinance No. 2017-06 and additional requirements in order to complete the application process. All these documents can be found on the Nevada City webpage: www.NevadaCityCA.gov

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Section A: Principal Background Information (Must be signed by all Principals)

(Add more pages as necessary to accommodate signatures of all Medical Cannabis Business Principals.)

Under penalty of perjury, I acknowledge that I have personal knowledge of the information stated in this application and that the information contained herein is true. I also understand that the information provided in this application, except the Safety and Security Plan in Section C and certain confidential information such as driver's license and social security number, which can be redacted, may be public information and subject to disclosure under the California Public Records Act.

Principal Name: Jacob Carlson

Principal Title: Chief Executive Officer

Principal Home or Cell Phone: [redacted]

Principal Home Address: [redacted]

Principal Signature: _____ Date: 02-13-2018

Attachments:

____If business will operate as a collective/cooperative provide proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

_x_Receipt from Live Scan check

_x_Picture of applicant (two passport quality photographs 2X2)

_x_Copy of Social Security Card

_x_Copy of Driver's License, OMV issued ID Card or Passport

_x_Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check_____

****

Principal Name: Sara Laurin

Principal Title: Owner/Distrubution

Principal Home or Cell Phone: [redacted]

Principal Home Address: [redacted]

Principal Signature: _____ Date: 02-13-2018

Attachments:

____If business will operate as a collective/cooperative provide proof of status as a qualified patient or primary caregiver (State card or doctor recommendation)

_x_Receipt from Live Scan check

_x_Picture of applicant (two passport quality photographs 2X2)

_x_Copy of Social Security Card

_x_Copy of Driver's License, OMV issued ID Card or Passport

_x_Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check_____

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	Other	(Provide explanation below)

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****

Principal Name: Scott Wellman

Principal Title: Owner/Manufacturing

Principal Home or Cell Phone: [redacted]

Principal Home Address: [redacted]

Principal Signature:_____ Date: 02-13-2018

Attachments:

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_x_Receipt from Live Scan check

_x_Picture of applicant (two passport quality photographs 2X2)

_x_Copy of Social Security Card

_x_Copy of Driver's License, OMV issued ID Card or Passport

_x_Proof of address (DMV-issued ID/driver's license, and/or recent utility bill under Principal's name)

Staff use only: Pass background check_____

Principal/Partner History:

1. List whether, the applicant(s) has other licenses and/or permits issued to and/or revoked from the applicant, in the three years prior to the year of the permit application, such other licenses and or permits relating to similar business activities as in the permit application. If yes, please list the type, current status, issuing/denying for each license/permit. (Please attach a separate document explanation if necessary)

   N/A

2. List any and all partners who have been found guilty of a violent felony, a felony or misdemeanor involving fraud, deceit, embezzlement, or moral turpitude, or the illegal use, possession, transportation, distribution or similar activities related to controlled substances, as defined in the Federal Controlled Substance Act, with the exception of medical cannabis related offenses for which the conviction occurred after the passage of the Compassionate Use Act of 1996. (Please attach a separate document explanation if necessary)

   N/A

Section B: Business Organization Status

1. Describe the Medical Cannabis Business organizational status:

   Revive is a Limited Liability Corporation (LLC). See: Exhibit 1, Articles of Incorporation

   ☑ Attach proof of status, such as articles of incorporation, by-laws, partnership agreements, and other documentation as may be appropriate or required by the City.

Section C: Medical Cannabis Business Description and Location

1. Statement of Purpose of Medical Cannabis Business (a separate sheet may be attached, labeled Section C.1):

   Revive manufactures, packages, and distributes cannabis concentrates within the regulated California Medical Cannabis Industry.

2. Proposed Location of Business: _____

138 New Mohawk, Suite 172 & 173; Nevada City, CA; 95959

3. Name and address of property owner: _____

Lance Amaral; Terra Alta Development; PO Box 1657; Nevada City, CA 95959 (see rental agreement, Exhibit 2)

4. Name and address of school(s) and/or public park(s) closest to Proposed Location: _____

Schools: Twin Ridges Home Study Charter (beyond 600 feet), Forest Charter School (beyond 600 feet); Park: Pioneer Park (beyond 600 feet)

5. Have you received a Zoning Verification Letter? (Please check the appropriate response)
Yes_____(If yes, include documentation with this section of the application) No X

Fee has been paid, application submitted, waiting for verification letter; receipt: See Exhibit 3

6. Description of neighborhood around the proposed location surrounding uses, nearby sensitive uses (such as schools, churches, parks, daycares, or residents), transit access to site, etc. A separate sheet may be attached and labeled Section C.6.

There are no sensitive uses within 600 feet of our location. Surrounding our location are complexes of industrial businesses including Vital Garden Supply and Gyro-Stabalized Systems.

7. Site plan must be dimensioned and show the entire parcel including parking and additional structures [recommended scale of **1"= 20'**]. In addition, please attach elevations and photos of proposed location. If any exterior alterations are proposed for the existing building, also attach a *proposed* site plan that is accurate, dimensioned and to-scale for each potential location and include elevation details. The scale should accommodate an accurate site plan on a sheet of paper no larger than 11X17. See Exhibit 4

8. Floor Plans shall be attached and shall be accurate, dimensioned and to-scale [recommended scale of **1/4"= 1'**] for each potential location. If any interior alterations are proposed for the existing building, also attach *proposed* floor plans. The scale should accommodate an accurate floor plan on a sheet of paper no larger than 11X17. See Exhibit 5

9. Signage Plan. Our company name will be added to current building directory with a simple 8x3 wooden name tag.Company name will be on Suite Doors inside building.No plans for further signage because company is not open to the public. See Exhibit 7

10. Vicinity Map. See Exhibit 6

11. Photos of the site and building(s). See Exhibit 7

Section D: Required supplemental information

This information is required for this application to be considered complete. Attach the following reports to the application.

- ☐ **Business and Parking Plan**
- ☐ **Neighborhood Compatibility Plan**
- ☐ **Safety and Security Plan**
- ☐ **Environmental Benefits (Water/Energy Efficiency Measures)**
- ☐ **Community Benefits**
- ☐ **Labor and Employment**
- ☐ **Local Enterprise**
- ☐ **Qualifications of Principals**

STAFF USE ONLY:

Date of initial application:_____

File Number assigned to application:

_____

Date fee received _____

Date application reviewed for completeness:

_____

☐ Complete ☐ Incomplete

Date Proof of ownership was verified or a signed and notarized statement from the property owner was received

_____

Date application reviewed by Planning Commission:_____

☐ Approved ☐ Denied

Revive Organics
138 New Mohawk, Suite 172 & 173
Nevada City, CA 95959

May 30, 2018

Amy Wolfson
City Planner
City of Nevada City
317 Broad Street
Nevada City, CA 95959

Dear Ms. Wolfson:

Revive Organics is requesting a two-fold amendment to our application, which was approved on April 19th. Firstly, Revive has leased additional space in our manufacturing and distribution facility.This adjustment is simply adding 150 square feet to the existing approved floor plan. This also gives us more allotted parking. Please see the attached, revised floor plan.

Secondly, Revive is looking to position ourselves to best meet future needs of our customers in a constantly changing and expanding marketplace. We have currently been approved for manufacturing and distribution of medical cannabis products including non-volatile cold-water extractions, edibles and topical salves. We would like to add pre-packaged flower to our product line which at this time would take the form of cannabis pre-rolls and cannabis pre-rolls infused with our in-house manufactured extractions. The machine we plan to use for our pre-rolls is called the Futurola Knockbox and involves no hazardous materials or processes. It is a machine that mechanically shakes raw cannabis flower into pre-rolled cones.

Please let me know if you need any additional information.

Sincerely,

Jacob Carlson,
Chief Executive Officer

Pertinent Medical Cannabis Definitions pursuant to the Nevada City Municipal Code

"Cultivation" means any activity, whether occurring indoors or outdoors, involving the propagation, planting, growing, harvesting, drying, curing, grading, and/or trimming of cannabis plants or any part thereof for any purpose, including medical marijuana.

"Dispensary" means a medical cannabis business facility where cannabis, medical cannabis products, or devices for the use of medical cannabis or medical cannabis products are offered, either individually or in any combination, for retail sale, including an establishment (whether fixed or mobile) that delivers, pursuant to express authorization, medical cannabis and medical cannabis products as part of a retail sale.

"Distribution" means the procurement, sale, and transport, of medical cannabis or medical cannabis products between entities licensed pursuant to the MCRSA and any subsequent State of California legislation regarding the same.

"Manufacturer" means a person that conducts the production, preparation, propagation, or compounding of manufactured medical cannabis, as defined in this section, or medical cannabis products either directly or indirectly or by extraction methods, or independently by means of chemical synthesis at a fixed location that packages or repackages medical cannabis or medical cannabis products or labels or relabels its container.

"Testing laboratory" means a facility, entity, or site that offers or performs tests of medical cannabis or medical cannabis products and that is both of the following:

(1) Accredited by an accrediting body that is independent from all other persons involved in the medical cannabis industry in the state.

(2) Registered with the State Department of Public Health.

Revive
138 New Mohawk, Suite 172 & 173
Nevada City, CA 95959

February 13, 2018

Amy Wolfson
City Planner
City of Nevada City
317 Broad Street
Nevada City, CA 95959

Dear Ms. Wolfson:

Revive is pleased to submit our application for a medical cannabis manufacturing and distribution permit.

We have researched the new state cannabis regulations regarding the application process for a state cannabis manufacturing license and distribution license.

The state will offer temporary licenses as of January 1, 2018. The prerequisite for applying for a state license is a local permit or other form of authorization. In regards to the other form of authorization, our interpretation of the state's language is that a letter written by the city will meet the state's requirements. We would greatly appreciate your writing a letter to the state that would include the following:

- Nevada City has received an application from Revive for a local permit to manufacture and distribute cannabis products
- The application is currently under review
- Provided Revive meets all the city's Medical Cannabis Business Permit requirements, the city intends to grant a cannabis manufacturing and distribution permit to Revive.

We have no intention of circumventing Nevada City's permit requirements. We simply want to comply with the state's process and a temporary license is the first step in obtaining a full license. We acknowledge that Revive will still have to meet all the city's requirements before we will be issued approvals to operate.

Please let me know if you need any additional information.

Sincerely,

Jacob Carlson,
Chief Executive Officer

Revive

Manufacturing & Distribution Permit Application

February 13, 2018

Nevada City, CA

—

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Revive Medical Cannabis Business Permit Application

See application form in application binder.

Scope of Application

1. **Cannabis Manufacturing Permit:** Revive is applying for a permit to manufacture medical cannabis products, including non-volatile cold-water extractions, chocolate edibles; and topical salves. Upon approval from the City of Nevada for our local Cannabis Manufacturing license, we will be pursuing a Type 6, Type N Manufacturing License from the State of California.
2. **Distribution Permit:** Revive is also applying for a distribution permit. Upon approval from the City of Nevada for our local Cannabis Distribution license, Revive will be pursuing a Tier II Distribution license from the State of California.

Business and Parking Plan

Description of Day-to-Day Operations

Manufacturing Component: Revive manufactures medical cannabis products for sale to permitted dispensaries in California. This includes chocolate edibles (THC and CBD) and topical salves.

Revive procures dried cannabis flower as a raw material from permitted cultivators and converts the cannabis flower to a concentrate through a cold-water extraction. Our concentrates is then added to Revive chocolate edibles and topical salves.

Our small-batch chocolate edibles are handcrafted with fair trade certified organic chocolate in our commercial kitchen at our manufacturing facility. Chocolate is melted and homogenized with THC or CBD concentrate, then tempered, and cast into candy molds. Each batch is laboratory titrated and tested.

Our small-batch topicals are made with high-grade organic seed oil, beeswax, essential oil, and our THC or CBD concentrate. These ingredients are then mixed and poured into tamper-proof/child proof glass jars.

All Revive Medicinal Cannabis products are sealed, packaged, and labeled to meet both city and state requirements.

All of our products will be inventoried to meet compliance standards with the State Track-and-Trace system.

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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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Security details.

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The specific strains of high CBD and THC cannabis are grown under contract by permitted cultivators using seeds, seedlings, and/or clones recommended by Revive.

Upon approval from Nevada City for our local Cannabis Manufacturing license, we will be pursuing a Type 6, Type N Manufacturing License from the State of California.

Distribution Component: Revive plans to distribute our medical cannabis products to licensed dispensaries in California. In addition, as our company grows, Revive will pursue licensing agreements with other California medical cannabis brands.

Revive anticipates minimum production levels for 2018 to be:

- 8,000 to 10,000 individual medicinal cannabis chocolate bars, or 350 cases
- 2,000 individual medicinal cannabis salve jars, or 167 cases

Revive plans to follow State recommendations for safe distribution practices.

- All Revive drivers will be licensed.
- All Revive delivery vehicles will meet State recommended safety and security requirements.
- All Revive outgoing product will have a complete electronic manifest as prescribed by the licensing authority. The shipping manifest shall include the unique identifier pursuant to Section 26069, issued by the Department of Food and Agriculture for the original cannabis product. Securely transmit the manifest to the bureau and also the licensee that will receive the cannabis product. The bureau shall inform the Department of Food and Agriculture of information pertaining to the commercial cannabis activity for the purpose of the Track and Trace program.
- We will be implementing security measures to ensure the safe transport of the medical cannabis products from our manufacturing facility, to the transport vehicle, during transport, and during delivery of product from the transport vehicle to the licensed dispensary including:
    - [redacted]
    - [redacted]
    - [redacted]
    - [redacted]
    - [redacted]
    - [redacted]

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[redacted]

- [redacted]
- [redacted]

Upon approval from the City of Nevada for our local Cannabis Distribution license, Revive will be pursuing A Tier II Distribution license from the State of California.

How Revive Will Conform to Local and State Law

Revive will comply fully with local and state laws. Revive's legal counsel, Robert Finkle & Associates specializes in California cannabis law and his services included detailed knowledge of state and local regulatory codes. Revive's owners currently follows the emerging cannabis regulations very thoroughly and continually monitors changes made to California law. Revive will first obtain a permit from Nevada City and then apply for a state license.

How Medical Cannabis Will Be Tracked And Monitored to Prevent Diversion—Track-and-Trace System

Revive will purchase and utilize software that will interface with the State of California's METRC track-and-trace system to ensure compliance and prevent diversion. Revive plans to use Viridian Sciences software designed specifically for cannabis seed-to-sale applications including manufacturing and distribution. Their software directly connects with the state's track and trace system, METRC. Vividian is very familiar with California's compliance requirements. Viridian uses SAP as their software platform which is used extensively in Fortune 1000 companies throughout the world. (Please see attached METRC information.)

Physical security will be aided by a video surveillance system to satisfy the monitoring requirements of state law.

Parking Plan

There are four parking spaces available for Revive employees and visitors. Our manufacturing facility is not a dispensary and not open to the public. We are a "Business-to-Business" enterprise and we will only be servicing compliant, licensed cannabis operators. In addition, there are a pool of spaces in the back of the building that are available on a first-come, first-served basis. We believe that exceeds our requirements for daily parking needs.

A Schedule For Beginning Operation

Revive is proposing a three-phased process for our cannabis operations.

Phase I-Infrastructure:

- February-(Accomplished)
  - Complete Business plan
  - Secure a site
  - Complete architectural plans
  - Apply for Zoning Verification Letter from Nevada City's Planning Department
  - Submit permit application to Nevada City Planning Department
- March
  - Request review of Safety and Security plan from Nevada City Police Chief
  - Implement Security plan including any needed additional parameter lighting and surveillance cameras
  - Develop fire suppression plan
  - Request review of Fire Suppression plan from Nevada City Fire Chief
  - Obtain permit from Nevada City Planning Department
  - Begin build-out of distribution packaging and storage rooms
  - Apply to The California Department of Public Health's Manufactured Cannabis Safety Branch (MCSB) and Bureau of Cannabis Control for temporary state Manufacturing and Distribution licenses
- April
  - Order equipment
  - Make manufacturing leasehold improvements
  - Install manufacturing equipment
  - Complete local inspections
  - Obtain temporary State licenses and apply for annual State licenses

Phase II-Distribution:

- March
  - Stock storage rooms with 2017 inventory (as per State defined transition period described in subchapter 7, Section 40600 of the Cannabis Regulations)
  - Implement Customer Relationship Management software (CRM) such as Salesforce
  - Implement necessary transport vehicle modifications
  - Establish licensed Medical Cannabis Businesses (MCBs) as new clients
  - Establish distribution territories and routes and deliver inventory to licensees

Phase III-Manufacturing:

- May
  - Begin manufacturing to bring inventory levels to meet projected supply demands
- August
  - Begin acquisition and implementation of METRC Track and Trace System for readiness by January 1, 2019; as per State of California requirements.
  - Develop IIP plan in preparation for hiring employees

Budget

See Exhibit 9 for detailed pro forma financial statements.

Neighborhood Compatibility Plan

The building complex in which Revive is located contains service businesses and wholesale manufacturers. The building is bordered by New Mohawk Road, Kidder Court with the Nevada County Narrow Gauge Railroad Museum and Inn Town Campground, and Gold Flat Court with Kelly Bike Company and Vital Garden Supply. Our visible activity and traffic levels will be minimal and should be far less than existing neighboring businesses.

Categorically, we will practice an open-door policy with our neighbors making our plans transparent. We plan to contact each of our immediate business neighbors to inform them of our plans and identify any concerns they may have.

Safety and Security Plan

Safety Plan

General Statements: Revive will be installing a commercial kitchen that follows all California Department of Public Health (CDPH), Food and Drug Branch (FDB) requirements necessary to be licensed under CDPH's Manufactured Cannabis Safety Branch (MCSB). Specifically Revive will meet all requirements for permissible cannabis extraction methods including mechanical extraction and chemical extraction using non-volatile solvents such as water and/or food-grade glycerin as outlined in Article 2 of the *California Code of Regulations, Title 17, Division 1, Chapter 13: Manufactured Cannabis Safety, Subchapter 1. General Provisions and Definitions.* Revive will also strictly adhere to guidelines outlined in

said *Code of Regulations*, Article 3, for Good Manufacturing Practices; maintenance of Grounds; Facility Construction and Design; Sanitary Operations; Sanitary Facilities and Controls; and handling of Equipment and Utensils. Revive will also meet all requirements outlined in Article 4 regarding Production and Process Controls including: Maintenance of Quality of Raw Materials and Ingredients; maintenance of Manufacturing Operations; conducting and preparing a written Hazard Analysis; developing written Preventive Controls; establishing and implementing written procedures to ensure Equipment and Machinery Qualification for safe use; establishing and following a written Master Manufacturing Protocol; maintaining a written batch production record for every cannabis product manufactured; establishing and implementing written procedures to handle Product Complaints; and establishing and implementing written procedures for Recalls.

Package Safety

In general, Revive will comply with Section 40415 of the California Cannabis Licensing Regulations covering packaging. We are actively working with Sungrown Packaging out of Oakland to design compliant packaging. We will bring packaging prototype to the Planning Commission upon request. Each Revive chocolate bar will two stages of packaging. The first being a tamper-proof heat-sealed mylar sleeve. We are currently in the planning stages with Sungrown Packaging to develop the outside box container which will be childproof. All products will contain a unique identification number for track and trace and a batch number for lot control in the case of a product recall. For topical salves, Revive will be using glass jars with child-proof lids.

Packaging: In addition to the statutory requirements (not attractive to children and tamper-proof), Revive will meet the packaging standards recommended by the California Department of Public Health: (1) prohibit packaging from resembling traditionally available food packages; (2) require packaging to be resealable if it includes more than one serving; and (3) require edible products to be packaged in opaque packages. All Revive manufactured products will be packaged in their final form prior to release to a distributor.

Labels: In addition to the statutory requirements (not attractive to individuals under age 21, mandated warning statements, THC content) Revive will adhere to CDPH requirements for each label including: (1) a listing of all ingredients in descending order; (2) the amount of sugar, sodium, and fat per serving; and (3) a cannabis product symbol. The proposal will prohibit labels from making any claims of health or other physical benefit. Revive labeling will also clarify what is considered "attractive to individuals under age 18" – no cartoons, no images popularly used to advertise to individuals under age 18, no imitations of candy packaging or labeling, etcetera.

Employee Safety

Revive's top company priority is to provide a safe, secure and healthy work environment. Revive's safety plan is built around the following principles:

- Prevention
- Mitigation
- Response

The core of Revive's safety plan is training and adherence to the following:

- Equipment operation and safety procedures
- Emergency procedures
- Security plan

Revive will develop a written Injury and Illness Prevention (IIP) plan using CAL-OSHA guidelines. The IIP will contain the following elements:

- Responsibility—the employer's written IIP Program must provide the name and/or job title of the person(s) with the authority and responsibility for its implementation. Employees must be able to give the name of the individual whose title is designated as responsible for the IIP Program
- Compliance—a system must be set forth in writing to ensure that employees comply with safe and healthful work practices.
- Communication—a system for communicating with employees about safety and health matters in a form easily understood such as meetings, training programs, posted or written notification must be part of the employer's written IIP Program. Employees must be encouraged to inform their employer of hazards at the work site without fear of reprisal.
- Hazard assessment—procedures for identifying and evaluating workplace hazards-such as periodic inspections performed by a competent observer-must be provided in the IIP Program. In addition, we will have written Standard Operating Procedures (SOPS) for all major manufacturing processes.
- Accident/exposure investigation—a procedure to investigate workplace injuries or illnesses will be provided in the IIP. Hazard correction-methods and procedures for correcting all existing workplace hazards, and unsafe or unhealthful work conditions or work practices in a timely manner must be provided in the IIP, and specific abatement methods must also be included.
- Training and instruction—an effective program of instructing employees on general safe work practices and hazards specific to each job assignment must be provided in the IIP, and the required training must be given.

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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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<insert unique page identifier, or identifier range>

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Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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	Section 6254	General public interest exemption (provide explanation below)
X	Other	(Provide explanation below)

Explanation for redaction:
Security details.

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- Keeping records-there must be adequate written documentation of the steps taken to establish and maintain the employer's IIP Program. For the IIP Program to be effective, you need to make the program to be specific to your workplace and:
    - Involve all employees, supervisors, and management
    - Identify all of the workplace hazards
    - Correct the identified hazards in a timely manner
    - Provide effective training
    - Regularly review and update the IIP Program

Fire Suppression

Revive will develop a fire suppression plan in conjunction with a certified fire suppression company and Nevada City's fire chief. This plan will comply with the National Fire Protection Association (NFPA). There is a new section, Chapter 38 in the 2018 regulations that specifically covers cannabis manufacturing. The fire suppression plan will be designed considering the specific equipment, and specific layout of manufacturing facility we will use in out New Mohawk location. We will use our locally approved fire suppression plan that meets NFPA regulations in order to obtain a state license.

Our tenancy at 138 Mohawk includes a fire suppression sprinkler system that meets commercial building fire codes. Revive uses a cold-water extraction system which requires no heat or solvents other than water, we feel that the current fire suppression system will be adequate for meeting the State of California safety standards for cannabis manufacturing.

Odor Mitigation Plan

There are three stages of manufacturing in our facility that have the potential for odor: During extraction, cannabis flower storage, in edibles kitchen, and during packaging. We will use an activated carbon odor control system in room that has an odor content. Based on our experience in the cannabis industry, these carbon filters are very effective for odor mitigation.

Security Plan

[redacted]

Video Surveillance: Revive will install a security alarm system to notify and record incidents where physical barriers have been breached. The section of California cannabis regulations that cover video surveillance is DPH-17-010E, Section 40205 and it specifies the following minimum requirements:

- 1280x720 pixels minimum
- 24 hours/day at a minimum of 15 frames/second
- All recordings kept for minimum 90 days
- Capable of supporting remote access
- Installed in a manner that prevents obstruction, tampering, and disabling
- Installed to cover anywhere cannabis is weighed, packed, stored, quarantined, loaded, unloaded prepared, or moved within the premises; security rooms, limited-access areas, inside & outside building; areas containing surveillance-system storage devices, in which case, at least one camera will record the access points to such areas; the interior and exterior of all entrances and exits to the premises
- Display time and date

The video surveillance system will be capable of supporting remote access by Revive.

The surveillance systems will record continuously 24 hours per day and at a minimum rate of 15 frames per second.

All recording and monitoring equipment will be located in secure rooms or areas of the premises in an access-controlled environment.

All surveillance recordings will be kept on the licensee's recording device for a minimum of 90 days.

All video surveillance recordings are subject to inspection by the state's cannabis bureau and will be copied and sent, or otherwise provided, to the bureau upon request.

The video recordings will display the current date and time of recorded events and their display will not specifically obstruct the view of the recorded images.

Revive will secure and backup electronic records in a manner that prevents unauthorized access while ensuring the integrity of the records maintained. Revive will have on-site and Cloud backups of the recorded data.

There are many systems to choose from that will meet the state's requirements, e.g. iVideon, Honeywell, ADT, Samsung and others. We have not made our final determination of the type of system or brand we will purchase, but we can commit that our selection will meet all of the requirements listed above. We are currently assessing our options in conjunction with our security consultants including on-premise solutions, cloud solutions and hybrid solutions.

Limited Personnel Access: Revive will implement an identification and sign-in/sign-out procedure for authorized personnel including vendors, visitors and customers. The outside

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area of the manufacturing premises will be maintained to ensure visibility for security monitoring. Revive will also establish procedures for the investigation of suspicious activities.

Inventory System: To prevent theft or loss of cannabis and cannabis products, Revive will establish an inventory system to track cannabis material and the personnel responsible for processing it throughout the manufacturing process that is compatible with the state's track and trace system, METRC. Personnel access will be limited within the premises to those areas necessary to complete job duties, and to those time-frames specifically scheduled for completion of job duties. Tasks with high potential for diversion (including the loading and unloading of cannabis transportation vehicles will be supervised by Revive's management team.

Employees will be provided an area where they can store and access personal items.

Environmental Benefits

Revive uses organic materials throughout its process, beginning with its cultivators who use organic materials and methods and grow outdoors. The plant material is processed using water. Any spent materials from the extraction process will be incinerated. All cannabis and chocolate ingredients are grown without use of toxic synthetic pesticides or toxic synthetic fertilizers. All ingredients are also grown with sustainable land-use practices and according to Fair Trade standards. Revive is proud to be directly investing in the sustainable future of our planet.

Revive will choose PG&E's alternative for 100% renewable energy sources, including LED lighting. The manufacturing process uses modern equipment with high energy efficiency.

We also plan to implement a green program within the facility that includes in-house recycling, banning single-use disposable bottles and products whenever possible, Cloud-based document storage instead of office paper storage, and power conservation to reduce our carbon footprint.

Community Benefits

I. Tax Revenue

Nevada City is in the process of establishing local sales tax structure for permitted cannabis businesses. Revive fully supports the city's current tax plan proposal for cannabis businesses. A two percent cannabis business tax levied on our net revenue would contribute approximately [redacted] to the city from Revive over a five-year period.

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Explanation for redaction:
Organizations to receive donations are not finalized and have not been offered yet.

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II. Local Employment

All the founders of Revive live in Nevada City, Grass Valley, or Nevada County. We have a fundamental commitment to hiring locally. Because of the existing pool of cannabis expertise and other required skill sets, we expect no problems filling our open positions locally.

III. Charitable Donations

Revive has established a track record over the past five years of giving generously and volunteering to local charitable organizations. It is our intent to continue this practice increasing our donations in line with profit growth. At this time we are choosing three organizations to receive our charitable giving: [redacted]

IV. Local Commerce

Revive will invest over [redacted] in a new production facility and pay more than [redacted] per year in local and state license annual renewal fees. There are many small local cannabis businesses that will not be able to afford such facilities. Our bulk medicinal edible and topical salve production capacity will enable licensed dispensaries and dispensaries to obtain the products they need to provide clients with needed medicinal and compassionate-use products. A supply of cannabis products to local dispensaries and distributors will help build an overall licensed cannabis industry in Nevada City and contribute to the overall economy.

In addition, there will be major investment made to grow the Revive brand of Cannabis products. As Revive grows its brand, not only will the city receive tax revenue, the community will benefit from the positive, healing focus of Revive.

Labor and Employment

General Considerations

In year of one of operations, Revive Owners will handle all aspects of manufacturing and distribution of Revive products. We hope that by year two we will be in a position to hire employees. Upon reaching said goals we implement the following:

Our employees are instrumental to the success of the business and providing a healthy and satisfying environment is a high priority. Most of the jobs we create will be skilled. Our

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goal is to hire locally, and we believe we can accomplish this because of the talented cannabis labor pool in Nevada County.

Revive will employ four people initially and grow that base as the business develops. In 2019 we expect to hire 2 to 4 additional employees.

- Revive is an equal opportunity employer.
- Employees must be 21 years of age, a California resident, and a verifiable medical cannabis patient to work at Revive.
- All employees are required to comply with the City of Nevada City Ordinance regulating Medical Cannabis Businesses, the regulations from the Bureau of Cannabis Control, and all applicable federal laws.
- Employment candidates residing in Nevada County will receive preferential treatment in line with Revive's policy on supporting local businesses.
- Revive will comply with all employment and labor laws.

Workplace Environment and Culture

Revive will cultivate a positive, high energy, and challenging work environment. We will encourage open communications and transparency in our business activities. In protecting a safe and healthy working environment where everyone feels secure and supported, Revive prohibits violence of any kind. Any threats or acts of violence are not allowed. Acts of violence include but are not limited to threats, carrying and/or displaying any weapon, fighting, or harassing. Any employee found threatening or participating in any violence toward themselves or another person will be disciplined and possibly terminated.

Hiring and Background Checks

Revive is dedicated to hiring competent, detail-oriented local residents that can comply with the strict regulations that govern cannabis businesses. When reviewing background check results, the hiring manager will verify that applicants have not been convicted of any crimes listed in Business and Professions Code section 19323.

Compensation

Revive's hourly employees will earn, at a minimum, a wage of [redacted] per hour. Employees with the specialized skill sets will start at [redacted]/hour. Raises will be granted on an annual basis or when performance merits a raise, whichever is sooner. All employees will receive an annual performance review from their manager to assess their performance and development needs.

Revive will retain a payroll service company to administer all payroll related activities including the withholding of taxes. Time cards will be collected on the 1st and the 15th of

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each month. Pay dates are the 5th and 20th of each month. Pay advances are available on an emergency basis if approved by the manager.

Employee Benefits

Revive will provide a group health insurance policy option to its employees. The company will cover 50% of the cost of each employee's insurance premiums.

[redacted]

Employees of Revive shall receive appropriate training for their intended duties to ensure understanding of rules and procedures related to the cannabis industry in compliance with state and local law. Revive will conduct initial training for our staff to include general policies and procedures, as well as training on the laws and science of medical cannabis.

All employees will receive initial hire and ongoing training in Revive's products, policies, and compliance practices. Initial hire training will include:

- Company Policies and Standard Operating Procedures
- Specialized safety and security training
- Certification and safety training for equipment operation and safety procedures
- Proper product handling and storage
- Proper sanitation procedures

Continuing Education: Revive will cover up to 50% of the cost of employee's continuing education that is relevant to Revive's business and approved by the employee's manager.

Employee Communications

Revive will conduct weekly managers' meetings and a monthly all-employee team meeting. These meetings are a time to receive updates on new policies, brainstorm on ways to improve the business operations and conduct team building exercises.

Anti-Discrimination Policy

Revive is committed to providing a workplace where all individuals are treated with respect and professionalism. The policy of Revive is to provide equal employment opportunities for all employees and applicants without consideration to race, ethnicity, religion, sex, age, national origin, marital status, physical or mental disability, as pertaining to the extent of the law. Consistent with this commitment is to give employees the right to work in an environment free from discrimination, harassment or retaliation based on the factors stated above as well as pregnancy, non-work affecting medical conditions, ancestry, political affiliations, sexual orientation, veteran status and gender identity. Revive prohibits

any form of discrimination; treating a person less favorably than others have been treated based on the previously stated characteristics protected by law.

Sexual Harassment Policy

Sexual harassment is a violation of the law and Revive's anti-discrimination policy. Sexual harassment will not be tolerated by any employee in the workplace. Any conduct of a sexual nature including words and/or physical acts that interferes with an employee's work performance, or creates an intimidating, hostile, uncomfortable or offensive work environment is prohibited. If any form of sexual harassment takes place within the workplace of Revive then a manager needs to be notified as soon as possible, preferably within twenty-four hours.

Drug Free Workplace

The use and presence of illegal drugs at Revive is prohibited. Employees may not work when impaired by any drug that is prescribed or recommended by a doctor including medical cannabis. The distribution, possession, use or sale of controlled substances such as drugs or alcohol is strictly against the law and Revive's drug-free policy.

All employees are restricted from unlawfully distributing, dispensing, manufacturing, possessing and/or using controlled substances in the workplace.

Any employee convicted of violating a criminal drug law or policy within or outside of the workplace must notify their manager within seven days of conviction. Revive supports employee rehabilitation through education and/or counseling services. Rehabilitation may be given or made mandatory to those who violate any of the drug policies to continue employment at Revive. Rehabilitation is not guaranteed as a stipulation of preserving employment.

Safety and Security: Standards and Expectations

Revive top priority is to provide a safe and healthy work environment. Supporting secure working conditions where positive communication, clear business practices and overall employee safety and wellness is important. We expect employees to be aware of any unsafe working conditions or circumstances that may interfere with the health and safety of others. It is an employee's responsibility to confront or report any situations that is in any way harmful or disruptive to the flow of business.

Collective Bargaining Rights

Revive will comply with the National Labor Relations Act and will not interfere with, restrain, or coerce employees in the exercise of rights relating to organizing, forming, joining or

assisting a labor organization for collective bargaining purposes, or from working together to improve terms and conditions of employment, or refraining from any such activity.

Local Enterprise

Local Employment Strategy

Revive's founders reside in Nevada City and Grass Valley and are the company's managers and shareholders. We will seek out and hire our personnel needs from Nevada County. By hiring locally, we can lessen the environmental impact of commuting, direct tax revenue back into Nevada City's economy, and cultivate community involvement.

Revive intends to provide its products to approved dispensary and distribution businesses in Nevada City.

Hiring locally is a major priority for Revive. We intend to hire all employees from Nevada City and Nevada County, and we expect to find sufficient talent and experience from this local labor pool. We have already received expressions of interest from prospective employees.

Supporting Local Business

Revive has already been consciously supporting our local businesses by buying supplies for our business and food and services in the nearby area. We have already used the services of or have received bids from the following Nevada County businesses:

- House of Print & Copy
- The Real Graphic Source
- API Graphics, Steve Reynolds
- The Clinic of Dr. Toy and Dr. Vassar
- Briar Patch
- South Pine Cafe
- Curly Wolf Cafe
- David Franco, CPA
- Gold Country Security
- Hills Flat Lumber
- Forever Flowering
- Vital Garden Supply
- Ag Natural
- Grass Valley Hydrogarden
- Peaceful Valley Farm Supply
- California Organics

- SPD Markets
- B&C Hardware
- Sweetland Garden Supply
- Summer Thyme's Bakery Deli

Promise to Secure Local Products

One of Revive's core values is to contribute to our local economy. Revive will pledge to prioritize cannabis products from locally permitted businesses. As Nevada City, Nevada County, and Grass Valley produce business permits, Revive will give local businesses preference when selecting its product vendors. This means more local jobs and added revenue for the city and county. At this time Nevada City is the only local jurisdiction that has a cannabis ordinance allowing commercial activities. We expect this to change in the next few years, at which time we will consider other regional licensed vendors.

Qualification of Principals

Jacob Carlson, **Chief Executive Officer**, a resident of Nevada County for over twenty years, has devoted his career to all facets of the cannabis industry. Since personally discovering the medical benefits of cannabis twenty five years ago while recovering from a debilitating back injury, Jacob's portfolio of cannabis skills start in the laboratory and end on the farm. He has won national awards for his cannabis clones and managed full farm cultivation operations. He launched the Flavor Savor Project to protect rare strains and distributed his clones to many licensed cooperatives. He has extensive experience in indoor cultivation including greenhouse construction, light deprivation, compost tea preparation, automated irrigation systems and soil compositions. Jacob has also perfected his skills in the kitchen-laboratory where he's produced a variety of medicinal, topical and edible products using various processes including cold-water extraction techniques.He is a successful entrepreneur, building both a well-known art-glass studio and a production facility.

Sara Laurin, Owner/Distribution, has been a resident of Nevada County for almost twenty years with fifteen years of owner/operator experience. Sara brings many skills to the Revive team including oversight of daily operations; team management; finance; marketing; and maintenance and eventual selling of businesses. She has owned, operated, and sold three thriving restaurants in the area: Summer Thyme's Bakery Deli, Caleb's Creamery & Coffee, and Blue Cow Deli. She has also served on several non-profit boards, including Penn Valley Chamber of Commerce and Haute Trash Art Collective in Nevada City. Sara will be overseeing the Sales and Distribution of all Revive products.

Scott Wellman, Owner/Manufacturing, has been a resident and business owner in Nevada County for 30 years. He has owned and operated Economy Chimney Sweeps cleaning service;

Express Gourmet wholesale deli and baked goods; is currently co-owner of both the the Truffle Shop retail outlet in Nevada City and De Groot Desserts wholesale confectionery kitchen in Grass Valley. His culinary background, confectionery artistry, and knowledge of chocolate makes him an essential component of the Revive team to provide the necessary expertise and skills for their line of products as well as the development and manufacturing of edibles for other companies' branding.

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Annual budget tracker

Plan and track your monthly spending for the entire year.

How to use this template

1. Get started by entering your starting balance in Row 13 below.
2. Then, fill out the 'Expenses' and 'Income' tabs.
3. Feel free to rename or delete categories in these tabs. Your changes will automatically be reflected on the 'Summary' tab, which shows an overview of your projected/actual spending.

Configure

Starting balance: [redacted]

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	Projected Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Cost of Goods: Chocolate Bars & Salves	*Monthly totals:*	$0	$0	$0	$3,344	$1,273	[redacted]	$0	$18,761	$0	$0	$3,753	[redacted]	$42,139	$3,512
	[redacted]														
Manufacturing Facility	*Monthly totals:*														
	Rent/Utilities														
	Equipment														
	Build-Out Cost for Leasehold Imrovements														
	Equipment Service, Janitorial, and Maintenance														
Marketing	*Monthly totals:*														
	Trade Shows														
	Booth Costs: Banners, Signage, Flowers, Espresso, Water														
	Schwag:stickers, teeshirts, hats, etc.														
	Graphic Design/Printing: Identity System, Business Cards, etc.														
	Advertising: magazine ads, underwriting, etc.														
	Automobile Expenses--Delivery Costs														

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	Projected Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
	[redacted]														
Administration	*Monthly totals:*	[redacted]													
	Payroll	[redacted]													
	Postage & Delivery	[redacted]													
	Office Supplies	[redacted]													
	Professional Fees	[redacted]													
	Liability Insurance	[redacted]													
	Permits/Licensing Fees	[redacted]													
	Banking Fees	[redacted]													
	Telephone & Internet Bundle	[redacted]													
	Credit Card Fees	[redacted]													
	Computer Software & Services, Website/Domain Hosting	[redacted]													
	Track and Trace Software/Hardware—Will Implement once State makes available													$0	$0
	Taxes-State and City—Will implement once regulations are released by City/State	-[1]													

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The following page(s): ROE-M.nv.D.f- 32
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

because the information contained therein is exempt from disclosure under the following Government Code provisions:

Mark with "X" where applicable	Government Code provision:	Examples of information that may be withheld pursuant to each government code section:
	Section 6254, subd. (c)	Personal, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of privacy
	Section 6254, subd. (f)	Investigatory or security files compiled by a local agency for licensing purposes
X	Section 6254, subd. (n)	Licensee's personal financial data
	Section 6255, subd. (a)	Personal contact information (business contacts should not be redacted)
	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

Explanation for redaction:

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[redacted]

Projected Income	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Cannabis Products	[redacted]													
Licensing Agreements	*Monthly totals:* [redacted]													
													[redacted]	
													[redacted]	
Cannabis Concentrates	*Monthly totals:* [redacted]													
	Monthly totals: [redacted]													

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 33
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

Explanation for redaction:

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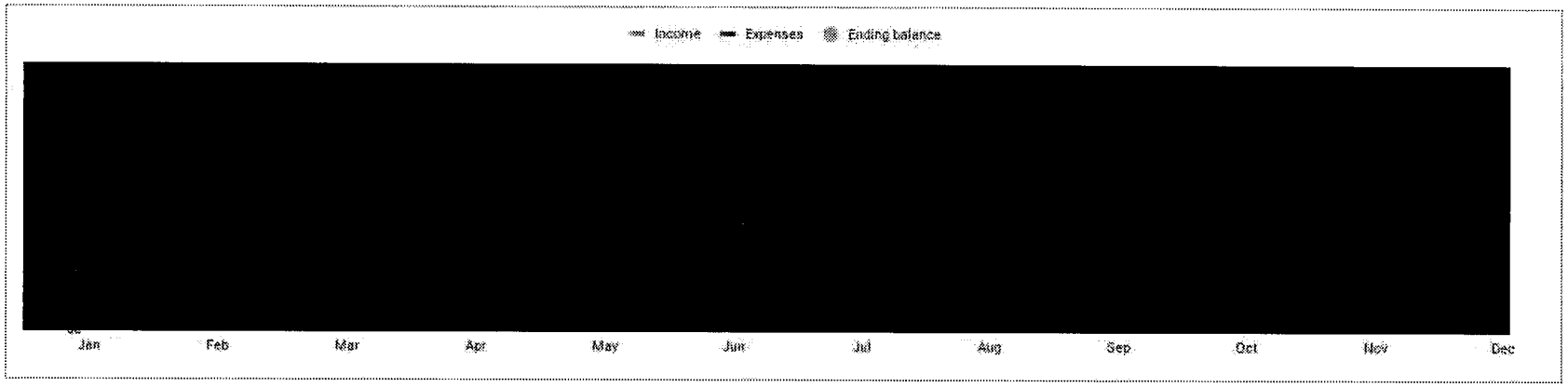
[redacted]

ABOUT THIS SHEET

This sheet generates a summary of your spending based on data in the 'Expenses' and 'Income' tabs.
Make sure you've set a starting balance in the 'Setup' tab before beginning.

NOTE

Please don't edit this sheet.
It contains formulas and will update automatically.



Summary 2018

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Income	[redacted]													
Expenses	[redacted]													
Net savings [2]	[redacted]													
Ending balance [:	[redacted]													

Income

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Cannabis Produc	[redacted]													
Licensing Agreen	[redacted]													
Cannabis Concer	[redacted]													

Expenses

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 34
<insert unique page identifier, or identifier range>

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Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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	Section 6255, subd. (a)	Personal contact information (business contacts should not be redacted)
	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

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	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Cost of Goods: Cl	[redacted]													
Manufacturing F	[redacted]													
Marketing	[redacted]													
Administration	[redacted]													

Average $ spent per category

[redacted]

[1] Cannabis Tax laws still in formation, we are staying abreast and will implement requirements when they are available

[2] Total of Income - Expenses

[3] This total includes the 'Starting Balance' from the 'Setup' tab.

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 37
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

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Annual budget tracker

Plan and track your monthly spending for the entire year.

How to use this template

1. Get started by entering your starting balance in Row 13 below.
2. Then, fill out the 'Expenses' and 'Income' tabs.
3. Feel free to rename or delete categories in these tabs. Your changes will automatically be reflected on the 'Summary' tab, which shows an overview of your projected/actual spending.

Configure

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 38
<insert unique page identifier, or identifier range>

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	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

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[redacted]

	Projected Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Cost of Goods: Chocolate Bars & Salves	*Monthly totals:*	[redacted]													
	[redacted]														
Manufacturing Facility	*Monthly totals:*	[redacted]													
	Rent/Utilities	[redacted]													
	Equipment	[redacted]													
	Leasehold Imrovements	[redacted]													
	Equipment Service, Janitorial, and Maintenance	[redacted]													
		[redacted]													
Marketing	*Monthly totals:*	[redacted]													
	Trade Shows	[redacted]													
	Booth Costs: Banners, Signage, Flowers, Espresso, Water	[redacted]													
	Schwag:stickers, teeshirts, hats, etc.	[redacted]													
	Graphic Design/Printing: Identity System, Business Cards, etc.	[redacted]													
	Advertising: magazine ads, underwriting, sponsorships,etc.	[redacted]													
	Automobile Expenses--Delivery Costs	[redacted]													
	Travel: Gas, Hotels, per diem-Trade Shows	[redacted]													

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 39
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	Other	(Provide explanation below)

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[redacted]

	Projected Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Administration	*Monthly totals:*	[redacted]													
	Payroll	[redacted]													
	Postage & Delivery	[redacted]													
	Office Supplies	[redacted]													
	Professional Fees	[redacted]													
	Liability Insurance	[redacted]													
	Permits/Licensing Fees	[redacted]													
	Banking Fees	[redacted]													
	Telephone & Internet Bundle	[redacted]													
	Credit Card Fees	[redacted]													
	Computer Software & Services, Website/Domain Hosting	[redacted]													
	Track and Trace Software/Hardware	[redacted]													

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 40
<insert unique page identifier, or identifier range>

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	Section 6254	General public interest exemption (provide explanation below)
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[redacted]

Projected Income	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Cannabis Products														
Monthly totals:	[redacted]													
Licensing Agreements														
Monthly totals:	[redacted]													
Cannabis Concentrates														
Monthly totals:	[redacted]													
Monthly totals:	[redacted]													

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 41
<insert unique page identifier, or identifier range>

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[redacted]

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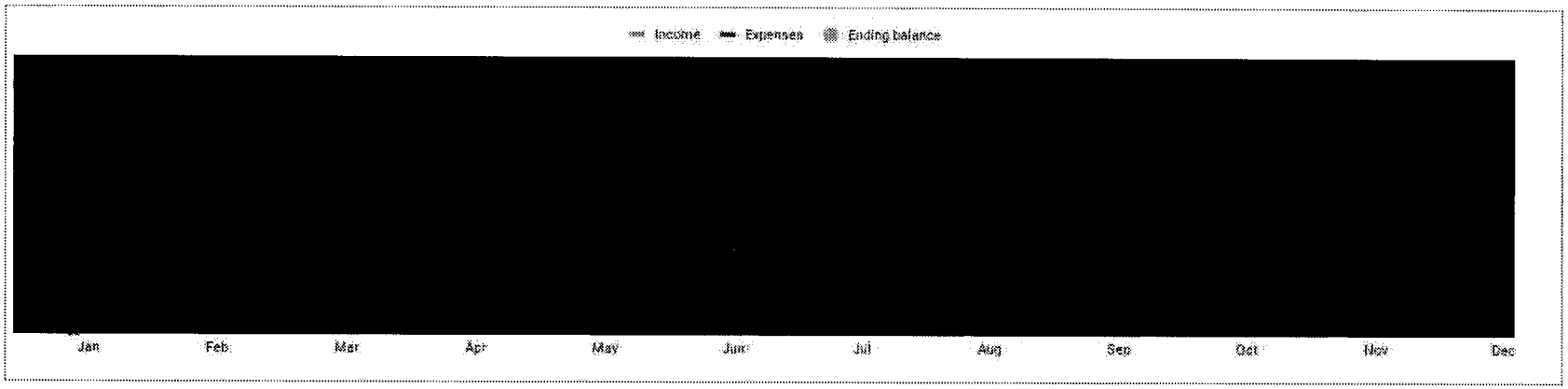

Summary 2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Income	[redacted]													
Expenses	[redacted]													
Net savings [1]	[redacted]													
Ending balance [2	[redacted]													

Income

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Cannabis Produc	[redacted]													
Licensing Agreen	[redacted]													
Cannabis Concer	[redacted]													

Expenses

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 42
<insert unique page identifier, or identifier range>

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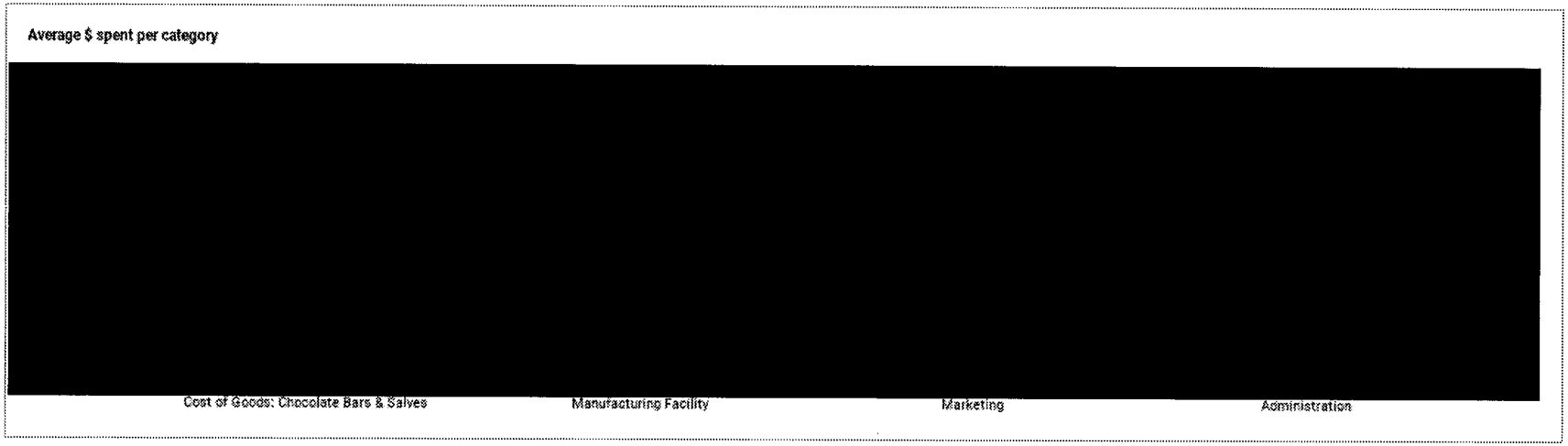
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Cost of Goods: Cl	[redacted]													
Manufacturing F	[redacted]													
Marketing	[redacted]													
Administration	[redacted]													



[1] Total of Income - Expenses

[2] This total includes the 'Starting Balance' from the 'Setup' tab.

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 45
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Annual budget tracker

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Configure

Starting balance: [redacted]

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 46
<insert unique page identifier, or identifier range>

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[redacted]

	Projected Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Cost of Goods: Chocolate Bars & Salves	*Monthly totals:*	[redacted]													
Manufacturing Facility	*Monthly totals:*	[redacted]													
	Rent/Utilities	[redacted]													
	Equipment	[redacted]													
	Leasehold Improvements	[redacted]													
	Equipment Service, Janitorial, and Maintenance	[redacted]													
		[redacted]													
Marketing	*Monthly totals:*	[redacted]													
	Trade Shows	[redacted]													
	Booth Costs: Banners, Signage, Flowers, Espresso, Water	[redacted]													
	Schwag:stickers, teeshirts, hats, etc.	[redacted]													
	Graphic Design/Printing: Identity System, Business Cards, etc.	[redacted]													
	Advertising: magazine ads, underwriting, sponsorships,etc.	[redacted]													
	Automobile Expenses--Delivery Costs	[redacted]													
	Travel: Gas, Hotels, per diem-Trade Shows	[redacted]													

REDACTION JUSTIFICATION INSERT
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Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 47
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[redacted]

	Projected Expenses	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Administration	*Monthly totals:*	[redacted]													
	Payroll	[redacted]													
	Postage & Delivery	[redacted]													
	Office Supplies	[redacted]													
	Professional Fees	[redacted]													
	Liability Insurance	[redacted]													
	Permits/Licensing Fees	[redacted]													
	Banking Fees	[redacted]													
	Telephone & Internet Bundle	[redacted]													
	Credit Card Fees	[redacted]													
	Computer Software & Services, Website/Domain Hosting	[redacted]													
	Track and Trace Software/Hardware	[redacted]													
		[redacted]													

REDACTION JUSTIFICATION INSERT
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Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 48
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Projected Income	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Cannabis Products														
Monthly totals:														
Licensing Agreements														
Monthly totals:														
Cannabis Concentrates														
Monthly totals:														
Monthly totals:														

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 49
<insert unique page identifier, or identifier range>

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[redacted]

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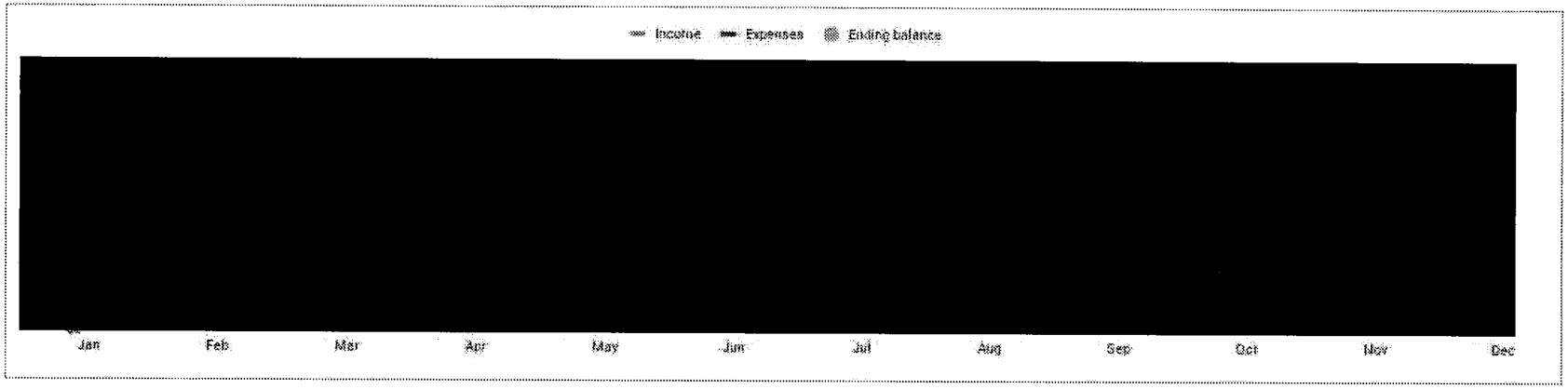
Please don't edit this sheet.

It contains formulas and will update automatically.



Summary 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Income	[redacted]													
Expenses	[redacted]													
Net savings [1]	[redacted]													
Ending balance [2	[redacted]													

Income

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Cannabis Produc	[redacted]													
Licensing Agreen	[redacted]													
Cannabis Concer	[redacted]													

Expenses

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 50
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

because the information contained therein is exempt from disclosure under the following Government Code provisions:

Mark with "X" where applicable	Government Code provision:	Examples of information that may be withheld pursuant to each government code section:
	Section 6254, subd. (c)	Personal, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of privacy
	Section 6254, subd. (f)	Investigatory or security files compiled by a local agency for licensing purposes
X	Section 6254, subd. (n)	Licensee's personal financial data
	Section 6255, subd. (a)	Personal contact information (business contacts should not be redacted)
	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

Explanation for redaction:

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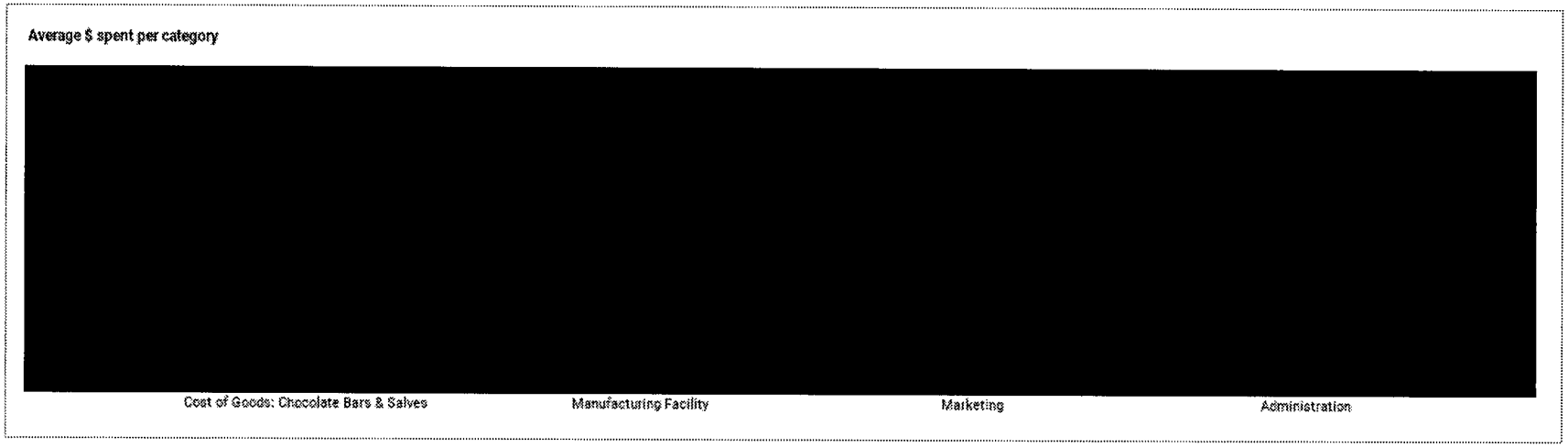
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total*	*Average*
Cost of Goods: Cl	[redacted]													
Manufacturing F	[redacted]													
Marketing	[redacted]													
Administration	[redacted]													



[1] Total of Income - Expenses

[2] This total includes the 'Starting Balance' from the 'Setup' tab.

COE-M.nv.D.f-5

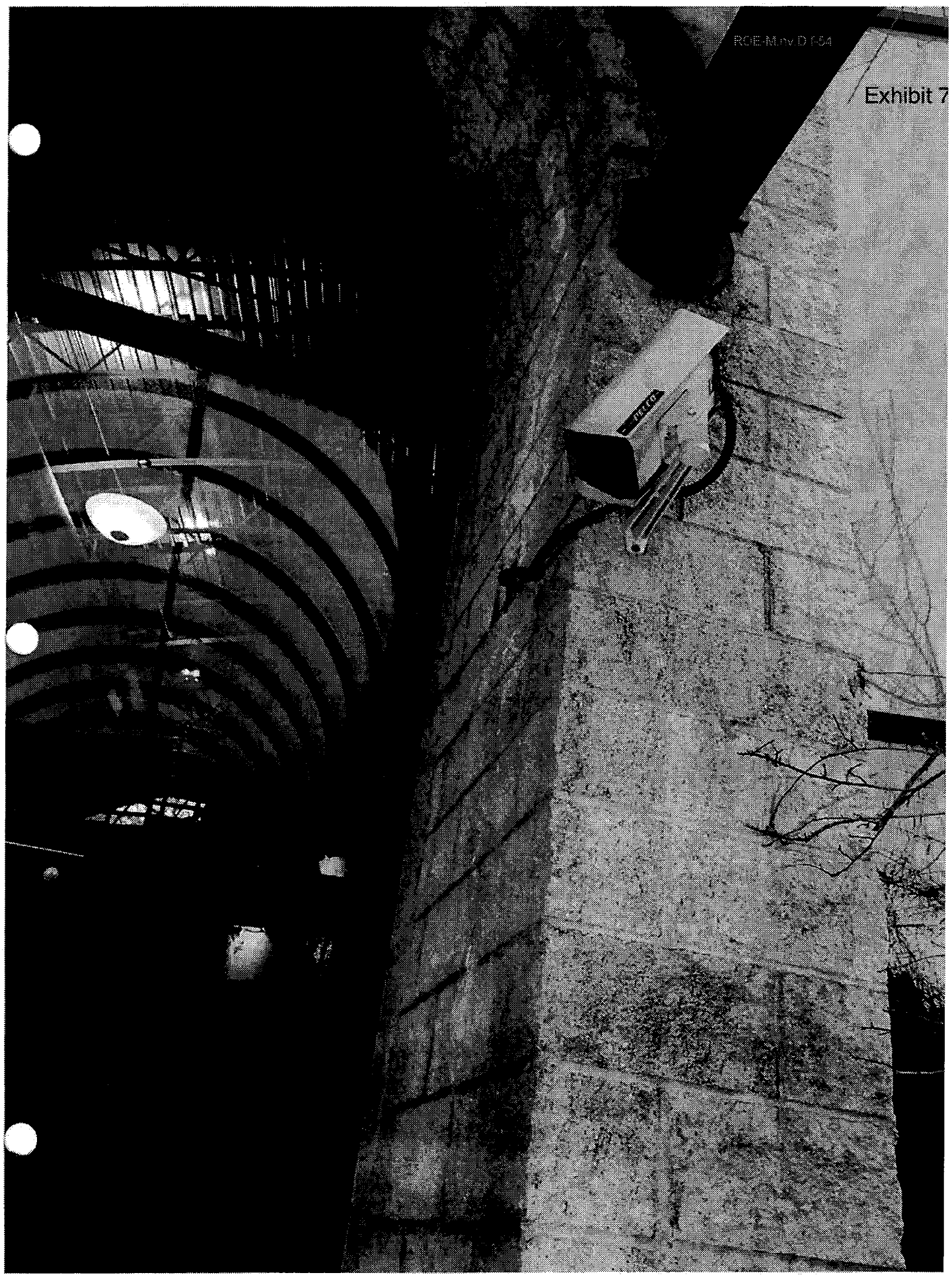
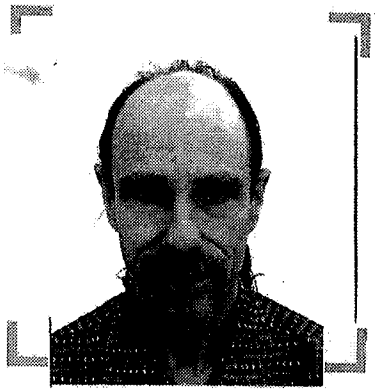
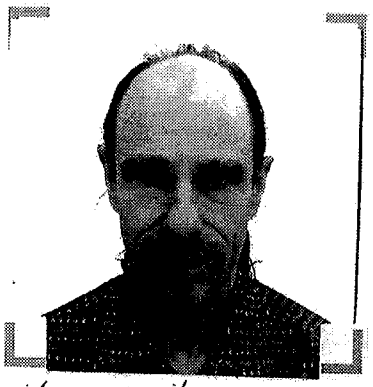

ROE-M.nv D f-54
Exhibit 7

Exhibit 7

Sara Laurin

Jacob Carlson





Scott Wellman

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 57
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	Other	(Provide explanation below)

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CITY OF NEVADA CITY

Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Laurin	Sara	Michael

APPLICANT INFORMATION

Social Security Number ⇨ [redacted]	LAST NAME ON SOCIAL SECURITY CARD: Laurin	FIRST NAME ON SOCIAL SECURITY CARD: Sara	MIDDLE NAME ON SOCIAL SEC. CARD: Michael
California Driver's License ⇨ [redacted]	LAST NAME ON CALIFORNIA DRIVER'S LICENSE: Laurin	FIRST NAME ON CAL. DRIVER'S LICENSE: Sara	MIDDLE NAME ON CAL. DRIVER'S LIC.: Michael

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☐ Male ☒ Female	[redacted]	[redacted]	W	[redacted]	[redacted]	light brown	green

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (*NO P.O. BOXES ALLOWED*): [redacted]

CELL PHONE #: [redacted]

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.): Sara Michael Perale

BIRTH COUNTRY/STATE: Butte, CA

LANGUAGES SPOKEN: English

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

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

STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
[signature]	owner / distribution	2.11.18

CITY STAFF USE ONLY

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

CITY OF NEVADA CITY

Medical Cannabis Dispensary
Employee/Owner Background Information

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

ADDITIONAL ARREST INFORMATION

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

LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant/employee with a Medical Cannabis Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Nevada City, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Medical Cannabis Dispensary Permit to operator or to be employed with such business as required by the City Municipal Code and/or State Law.

I agree to provide any information requested or deemed necessary to provide to the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Nevada City, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a records check, and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Medical Cannabis Dispensary Permit or Employee Permit.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Nevada City Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
[signature]	2.11.18		

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 59
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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Social Security Administration
Important Information

Social Security Administration
SOCIAL SECURITY
11855 EDGEWOOD ROAD
AUBURN, CA 95603-3407
Date:February 9, 2018

SARA MICHAEL LAURIN
[redacted]

This is a receipt to show that you applied for a Social Security card on February 9, 2018. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

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CITY OF NEVADA CITY

Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Carlson	Jacob	Lee

APPLICANT INFORMATION

	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
Social Security Number ⇨ [redacted]	Carlson	Jacob	Lee
California Driver's License ⇨ [redacted]	LAST NAME ON CALIFORNIA DRIVER'S LICENSE: Carlson	FIRST NAME ON CAL. DRIVER'S LICENSE: Jacob	MIDDLE NAME ON CAL. DRIVER'S LIC.: Lee

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☒ Male ☐ Female	[redacted]					brown	green

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (*NO P.O. BOXES ALLOWED*) [redacted]

CELL PHONE # [redacted]

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

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
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I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF NEVADA CITY, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
	CEO	2-1-18

CITY STAFF USE ONLY

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

CITY OF NEVADA CITY
Medical Cannabis Dispensary
Employee/Owner Background Information

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

ADDITIONAL ARREST INFORMATION

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I am an applicant/employee with a Medical Cannabis Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Nevada City, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Medical Cannabis Dispensary Permit to operator or to be employed with such business as required by the City Municipal Code and/or State Law.

I agree to provide any information requested or deemed necessary to provide to the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Nevada City, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a records check, and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Medical Cannabis Dispensary Permit or Employee Permit.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Nevada City Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
	2-1-18		

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 62
<insert unique page identifier, or identifier range>

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Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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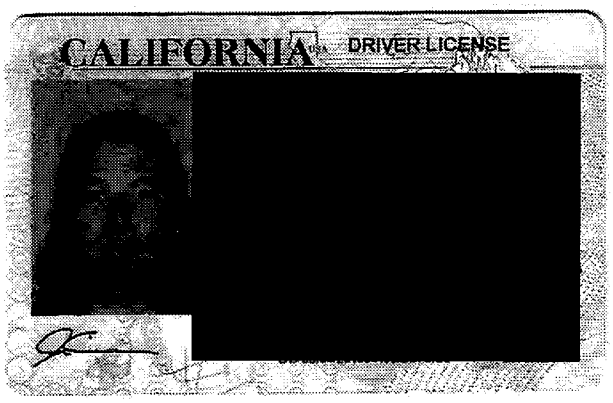
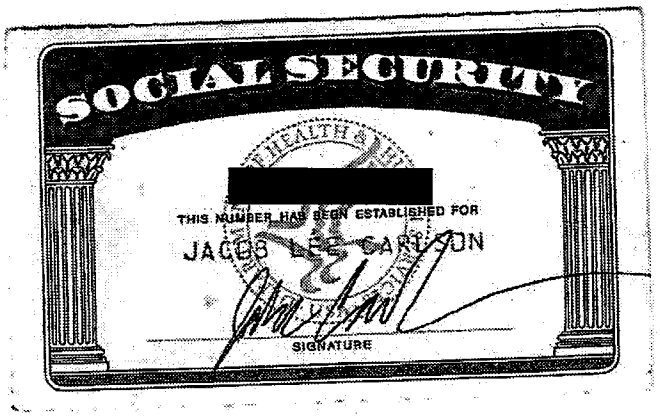

CALIFORNIA
DRIVER LICENSE


SOCIAL SECURITY
THIS NUMBER HAS BEEN ESTABLISHED FOR
JACOB LEE CARLSON
SIGNATURE

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 63
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Jacob Carlson, CEO
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AmeriGas - 0070
13045 Grass Valley Ave
Grass Valley CA 95945-9325
530-273-7968
www.amerigas.com

Invoice

ROE-M.nv.D.f-63

AmeriGas

ACCOUNT NUMBER: [redacted]
INVOICE AMT DUE: [redacted]
DUE DATE:

INVOICE NO: 3074664865 **INVOICE DATE:** 01/31/201

NAME: JACOB CARLSON
SERVICE ADDRESS: [redacted]

Previous Balance	Payments	Adjustments/Credits	New Charges	Account Balance Due	Invoice Amount Du
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Account Activity

Date	Ref No.	Description	Quantity	Price	Amo
01/31/18	627336989	Propane	[redacted]		[redacted]
		SITE:395766			
		HazMat Fee - T			[redacted]
		Fuel Recovery Fee-T			[redacted]
		Will-Call Conv.Fee-T			[redacted]
		TOTAL NEW CHARGES			[redacted]

Account Balance Due includes all outstanding charges for which we have not received payment and may not reflect payments sent.

Continues on next page.

MESSAGES

Your safety is our priority! For helpful tips for a worry-free winter, visit the Propane/Consumer Safety section of our company website.
We periodically review and revise our standard Terms & Conditions. Visit our company website to read the T&C that apply.
Tired of calling for propane? Enroll in automatic delivery and get our no run-out promise. Call your local office for details.
Earn $100 for new residential customer referrals and $150 when you refer a new business. Visit our company website to learn how.

Contact Us: Billing, Service & Delivery: 530-273-7968
Pay Online or Enroll in our Automatic Payment program: www.amerigas.com

THANK YOU FOR YOUR BUSINESS!

Account No.	Invoice No.	Invoice Date	Due Date	Amount D
202784284	3074664865	01/31/2018		$0

AMERIGAS - 0070
13045 GRASS VALLEY AVE
GRASS VALLEY CA 95945-9325

TOTAL AMOUNT ENCLOSED $

Please return this portion with your payment

☐ **Account or user address change?**
If yes, please check box and complete reverse side.

440 1 AB 0.408 E0276X I0504 D3298846587 S2 P5059679 0001:0002 H1

JACOB CARLSON
8239 CREEK WAY
SMARTSVILLE CA 95977-9704

REMIT TO
PO BOX 7155
PASADENA CA 91109-7155

0202784284000307466486500000000419553

0001:0002

REDACTION JUSTIFICATION INSERT
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Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 64
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CITY OF NEVADA CITY

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Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Scott Wellman	Scott	T.

APPLICANT INFORMATION

Social Security Number	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
[redacted]	Wellman	Scott	T
California Driver's License	**LAST NAME ON CALIFORNIA DRIVER'S LICENSE**	**FIRST NAME ON CAL. DRIVER'S LICENSE**	**MIDDLE NAME ON CAL. DRIVER'S LIC.**
[redacted]	Wellman	Scott	Timothy

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☒ Male ☐ Female	[redacted]					BRN	HZL

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (*NO P.O. BOXES ALLOWED*): [redacted]

CELL PHONE #: [redacted]

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.):

BIRTH COUNTRY/STATE: USA/MN

LANGUAGES SPOKEN: English

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

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

STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
Scott Wellman	Owner/manufacturer	2/11/18

CITY STAFF USE ONLY

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

CITY OF NEVADA CITY

Medical Cannabis Dispensary
Employee/Owner Background Information

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

ADDITIONAL ARREST INFORMATION

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

LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant/employee with a Medical Cannabis Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Nevada City, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Medical Cannabis Dispensary Permit to operator or to be employed with such business as required by the City Municipal Code and/or State Law.

I agree to provide any information requested or deemed necessary to provide to the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Nevada City, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a records check, and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Medical Cannabis Dispensary Permit or Employee Permit.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Nevada City Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
Scott Wellman	2/11/18		

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 66
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

because the information contained therein is exempt from disclosure under the following Government Code provisions:

Mark with "X" where applicable	Government Code provision:	Examples of information that may be withheld pursuant to each government code section:
X	Section 6254, subd. (c)	Personal, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of privacy
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	Section 6254, subd. (n)	Licensee's personal financial data
X	Section 6255, subd. (a)	Personal contact information (business contacts should not be redacted)
	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

Explanation for redaction:

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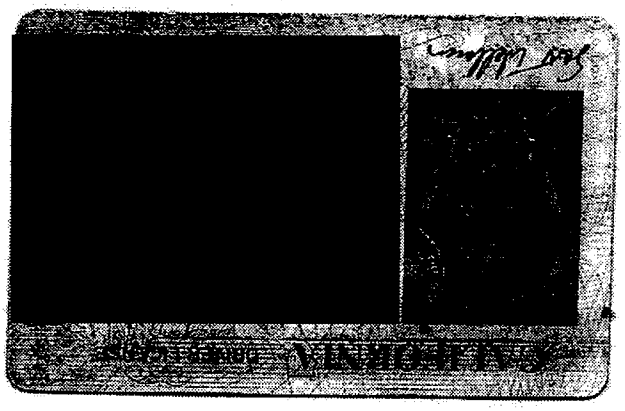

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

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<insert name, professional title, affiliation with applicant>

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	Other	(Provide explanation below)

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ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 6261367305-2

Statement Date: 01/05/2018

Due Date: 01/26/2018

Service For:

SCOTT WELLMAN

[redacted]

Questions about your bill?

24 hours per day, 7 days per week
Phone: 1-800-743-5000
www.pge.com/MyEnergy

Local Office Address

127 E MAIN ST
GRASS VALLEY, CA 95945

Your Enrolled Programs

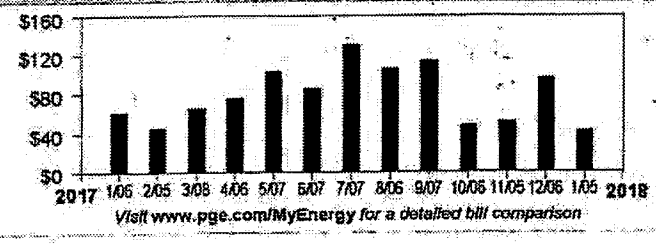
[redacted]

Your Account Summary

Amount Due on Previous Statement	[redacted]
Payment(s) Received Since Last Statement	[redacted]
Previous Unpaid Balance	[redacted]
Current Electric Charges	[redacted]
Total Amount Due by 01/26/2018	[redacted]

[redacted]

Electric Monthly Billing History



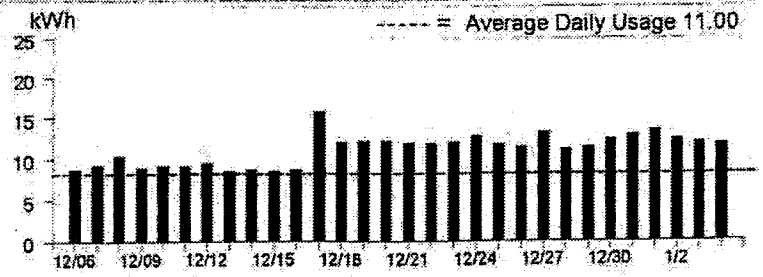
Visit www.pge.com/MyEnergy *for a detailed bill comparison*

Important Messages

Your account has an unpaid balance from a prior bill. To avoid missing a future payment, you may wish to sign up for our recurring payment service. Please visit **www.pge.com/waystopay** for all your payment options.

Find Ways to Save. The combination of colder weather, more time indoors and fewer daylight hours can increase your energy costs. For energy savings tips, visit **www.pge.com/saveenergymoney**.

Electric Usage This Period: 330.000000 kWh, 30 billing days



Visit www.pge.com/MyEnergy *for a detailed bill comparison.*

Recyclable

Form 61-0622_17

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 68
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	Section 6255, subd. (a)	Personal contact information (business contacts should not be redacted)
	Section 6254	General public interest exemption (provide explanation below)
X	Other	(Provide explanation below)

Explanation for redaction:
Floor plans are related to security features.

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REVIVE ORGANICS

FACILITY LAYOUT

138 NEW MOHAWK RD
SUITES 172 & 173
GRASS VALLEY, CA
SCALE 1/4" = 1'-0"

EXISTING WALLS

PROPOSED WALLS

[redacted]

172

HALL

BUSINESS SIGN
"REVIVE ORGANICS"
SUITE 173

REVISED SHEET

REVIVE ORGANICS

FACILITY LAYOUT

138 NEW MOHAWK RD.
SUITES 172, 173, 174

SCALE 1/4" = 1'

EXISTING WALL

PROPOSED WALL

[redacted]

EXTERIOR HALL

BUSINESS SIGN

"REVIVE ORGANICS"
SUITE 174

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

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★ macy's star rewards

ROE-Mnv D1-69

Macy's Account statement

Questions or lost/stolen card? Call Customer Service 1-866-593-2543

Go to macys.com/credit to manage and pay your account online.

SARA LAURIN
Account Number: 6035-3400-7235-3606

Summary of Account Activity

Previous Balance	[redacted]
Payments	[redacted]
Other Credits	[redacted]
Purchases/Other Debits	[redacted]
Fees Charged	[redacted]
Interest Charged	[redacted]
New Balance	[redacted]
Past Due Amount	$0.00

Credit Limit	[redacted]
Available Credit	[redacted]
Statement Closing Date	02/02/2018
Next Statement Closing Date	03/06/2018
Days in Billing Cycle	8

Payment Information

New Balance	[redacted]
Minimum Payment Due	[redacted]
Payment Due Date	March 2, 2018

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee up to $38.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	2 years	[redacted]

If you would like information about credit counseling services, call 1-877-337-8187.

Macy's account transactions

Transaction Date	Description	Location	Amount
Jan 26	[redacted]		[redacted]
Jan 26	[redacted]	MONTEREY	[redacted]
	SALES TAX		[redacted]
	RECEIPT TOTAL		[redacted]

★ macy's star rewards

PLEASE SEE IMPORTANT INFORMATION ON REVERSE SIDE.

This Account is Issued by Department Stores National Bank.

★ macy's
P.O. BOX 8058
MASON, OH 45040-8058

Please return this slip with payment. Write account number on front of check. You can pay at any Macy's store, online at **macys.com/credit**, or by mail.

Payments received by mail by 5:00 pm local time at the address shown below will be credited as of the date received.

Use reverse side for address changes.

Account Number: [redacted]

Payment Due Date	March 2, 201
New Balance	[redacted]
Minimum Payment Due	[redacted]

Your Statement Enclosed

Amount Enclosed: $

Make Check Payable to: Macy's
▼ Mail to address below ▼

RX00348839 2 AB 0.408 SB193019 TMN 005491 1633

SARA LAURIN
[redacted]

Macy's
PO BOX 9001094
LOUISVILLE, KY 40290-1094

01404978
P102

[redacted]

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 70
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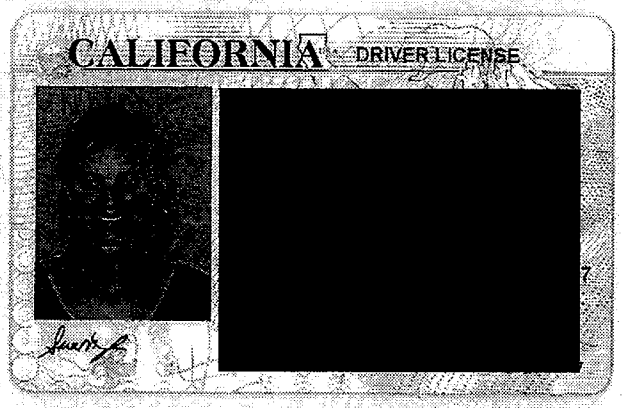

CALIFORNIA
DRIVER LICENSE

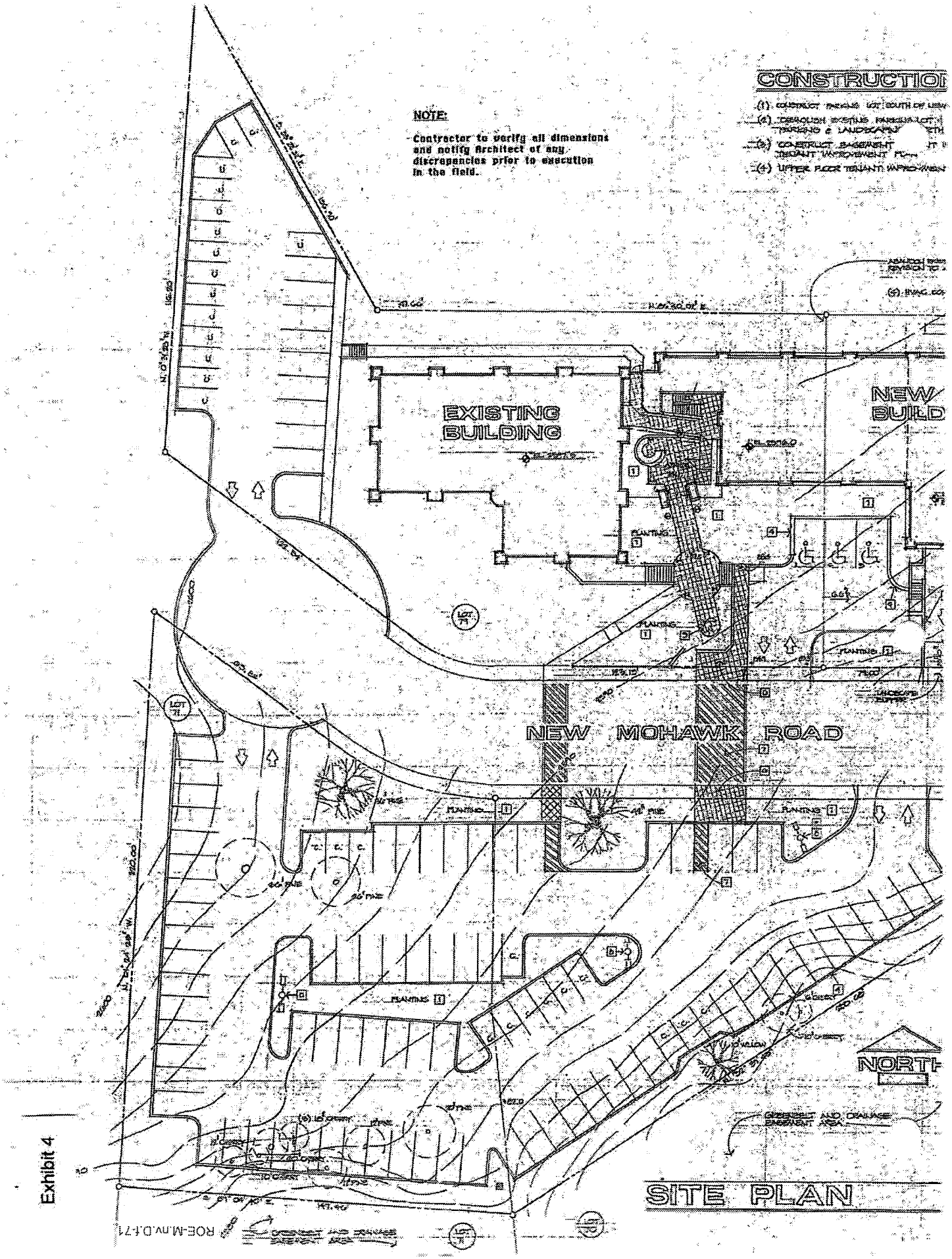
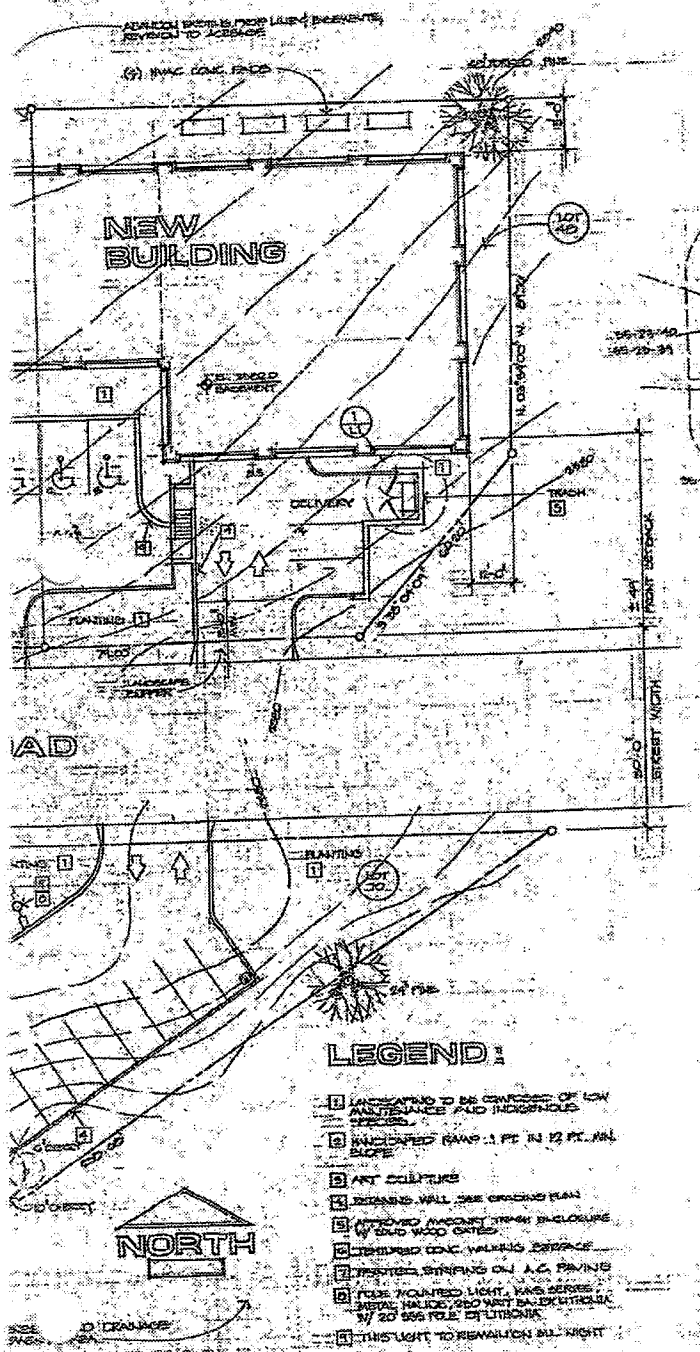

CONSTRUCTION
NOTE:
Contractor to verify all dimensions and notify Architect of any discrepancies prior to execution in the field.
EXISTING BUILDING
NEW BUILD
NEW MOHAWK ROAD
NORTH
SITE PLAN

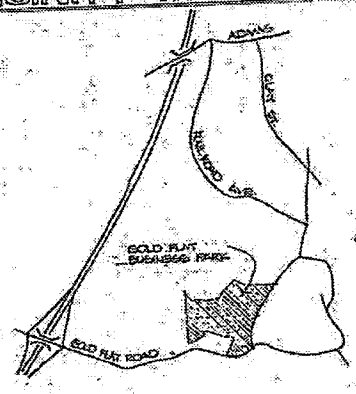
Exhibit 4

STRUCTION PHASES:

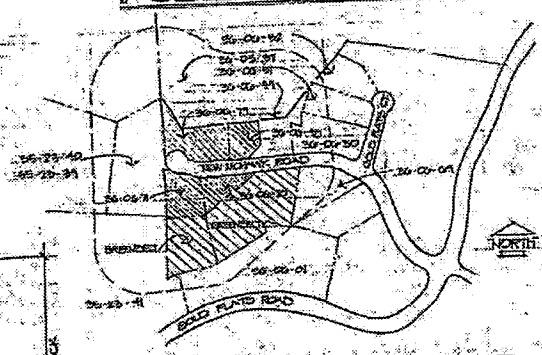
PHASE 1 OF SOUTH OF NEW MOHAWK RD.
PARKING LOT & CONSTRUCT NEW BUILDING, ATRIUM & LANDSCAPING, NORTH SIDE OF NEW MOHAWK RD.
T BASEMENT TENANT IMPROVEMENT PLAN & MAIN FLOOR IMPROVEMENT PLAN
OOR TENANT IMPROVEMENT PLAN TO REMAIN UNFINISHED



VICINITY MAP



PUBLIC NOTICE MAP



PROJECT ADDRESS: 155 NEW MOHAWK RD. NEVADA CITY, CA. 95959

PROJECT DATA:

ZONING: L-1		
BUILDING SIZE:	NEW	23,680 S.F.
	EXISTING	10,650 S.F.
	TOTAL	34,330 S.F.
	ATRIUM	1,292 S.F.
	TOTAL	35,622 S.F.
SITE AREA:	4.88 ACRES ≈	212,580 S.F.
BUILDING FOOTPRINT:		16,074 S.F. = 7.8 %
PAVING AREA:		44,239 S.F. = 20.8 %
LANDSCAPING AREA:		34,045 S.F. = 16.0 %
GREENBELT AND OPENSPACE:		117,622 S.F. = 55.4 %
PARKING SPACES PROVIDED:		116, 22 % COMPACT

TREE COUNT:

TOTAL TREE COUNT (INCLUDES GREENBELT AREA) 280 - 350
TOTAL TREES TO BE REMOVED 11 = 5 % MAX.

PARKING CALCS.:

RESEARCH & DEVELOPMENT APPLICABLE FLOOR AREA	
NEW BUILDING	16,840 S.F.
EXISTING BUILDING	9,756 S.F.
TOTAL	26,596 S.F.
NEW ATRIUM AREA	1292 S.F.
NEW WAREHOUSE & STORAGE APPLICABLE FLOOR AREA	
	4,832 S.F.
TOTAL	6,124 S.F.

$\left[\left(\frac{26,596 - 1000}{250}\right) + 8\right] + \left(\frac{6,124}{2,000}\right) = 114$ PARKING SPACES REQD.

LEGEND:

1. LANDSCAPING TO BE COMPOSED OF LOW MAINTENANCE AND INDIGENOUS SPECIES.
2. HANDICAPED RAMP 1 FT. IN 12 FT. MIN. SLOPE
3. ART SCULPTURE
4. RETAINING WALL SEE GRADING PLAN
5. APPROVED MASONRY TRASH ENCLOSURE W/ SOLID WOOD GATES
6. TEXTURED CONC. WALKING SURFACE
7. PAINTED STRIPING ON A.C. PAVING
8. POLE MOUNTED LIGHT, KIMS SERIES, METAL HALIDE, 250 WATT BA. EX LITHONIA W/ 20' SSS POLE EX LITHONIA
9. THIS LIGHT TO REMAIN ON ALL NIGHT

AN

SCALE: 1" = 20'-0"

DAGGETT DESIGNS
An Architecture/ Planning Firm
Nevada City, California
916/265-0657

Architect

Job No.
Drawn
Checked
Printed
Revision

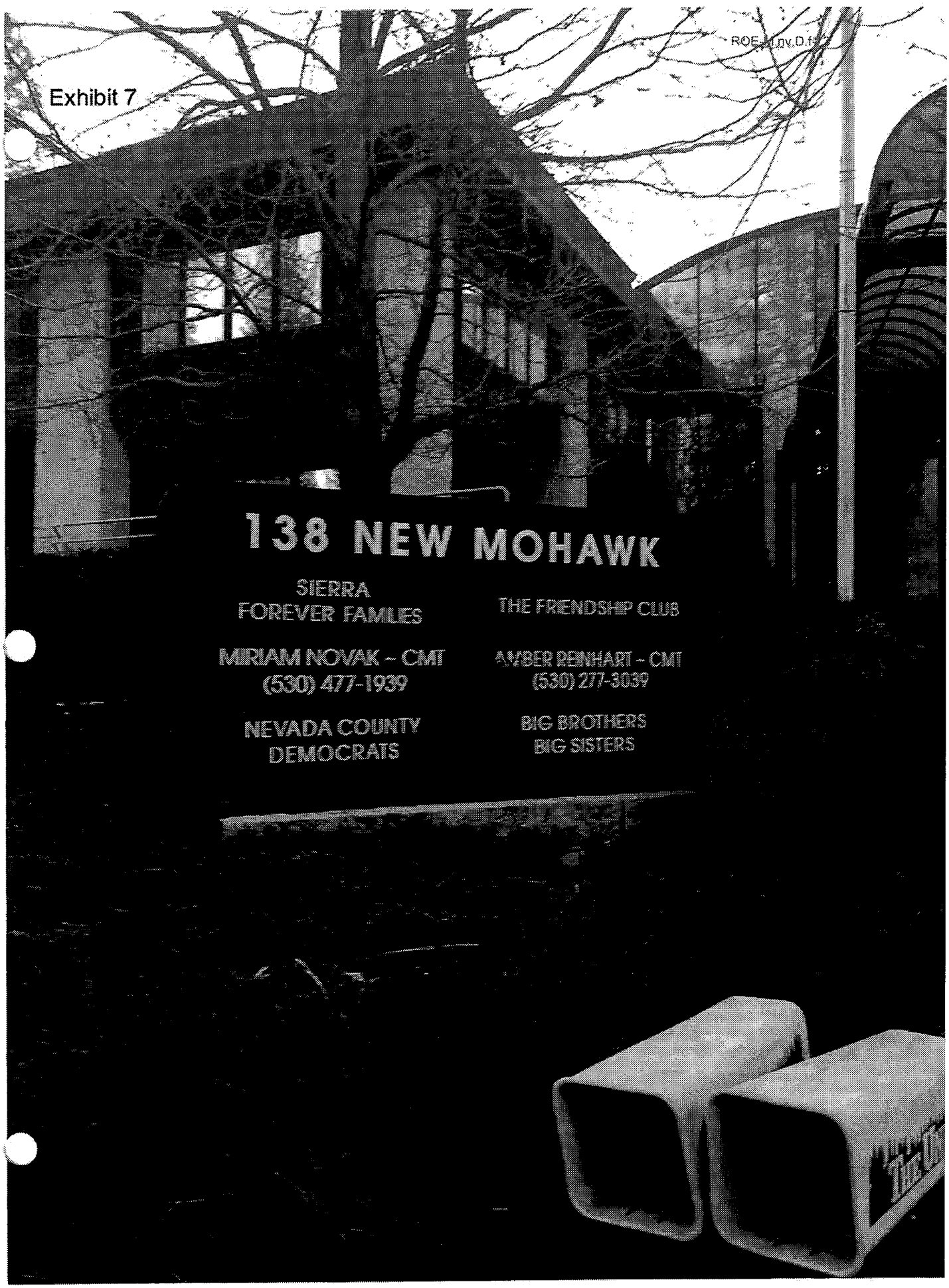
SILICON SYSTEMS INC.
gold flat park
nevada city, california

Contents:

©Daggett Designs 1991

Sheet:
A2
of:

Exhibit 7

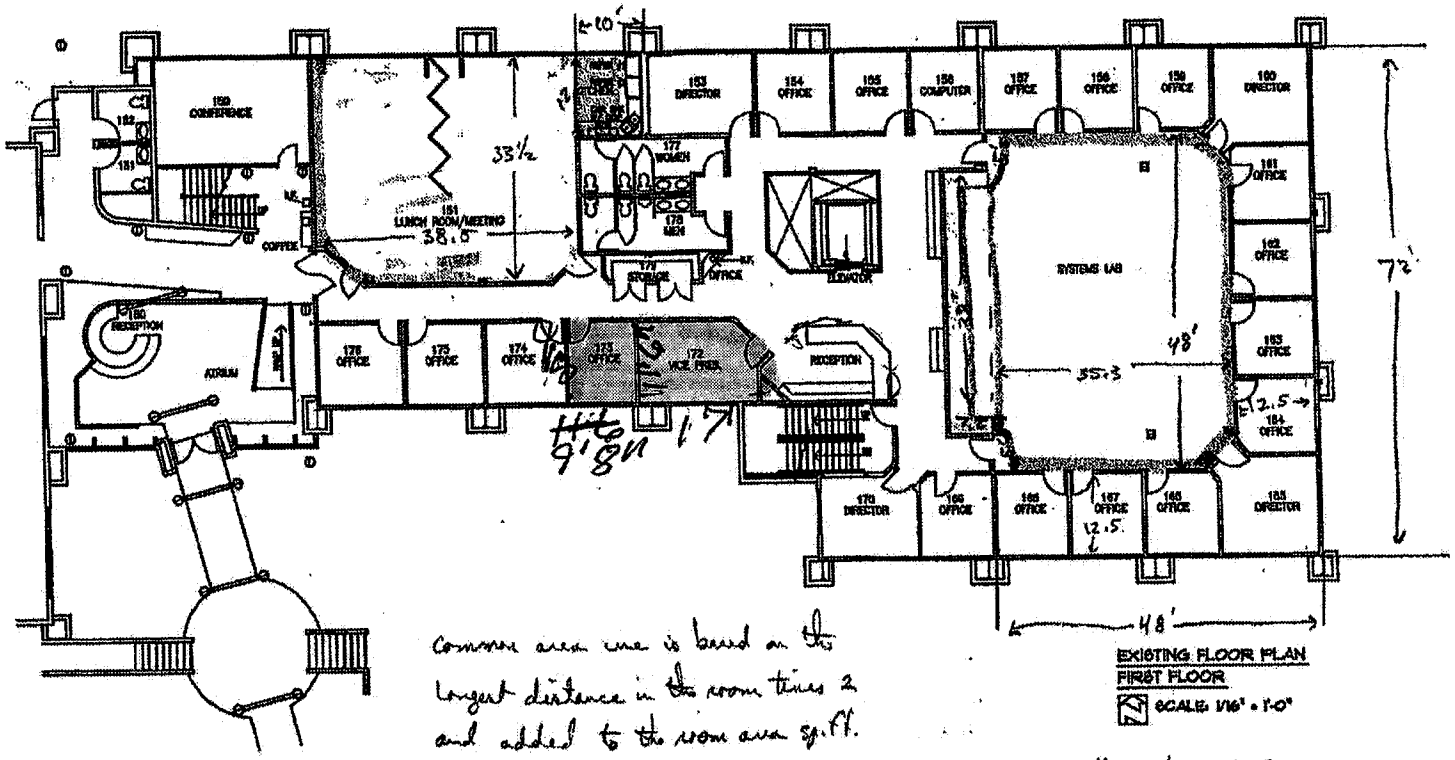

138 NEW MOHAWK
SIERRA
FOREVER FAMILES
THE FRIENDSHIP CLUB
MIRIAM NOVAK - CMT
(530) 477-1939
AMBER BENHART - CMT
(530) 277-3059
NEVADA COUNTY
DEMOCRATS
BIG BROTHERS
BIG SISTERS

= 96 sq.ft. cam area = 144 sq.ft. cam area

= 1964 sq.ft room area = 3728 sq.ft. room area

= 50 sq.ft cam area

= 1289.75 room area = 120 sq.ft room area



Common area cam is based on the longest distance in the room times 2 and added to the room area sq.ft.

EXISTING FLOOR PLAN
FIRST FLOOR
SCALE: 1/16" = 1'-0"

48' x 72' = 3456

38 x 7.16 = 272

48 x 35.25 = 1692

38 x 7.16 = 272

135 NEW MOHAWK ROAD

NEVADA CITY, CA 95959

Exhibit 4

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

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(EXHIBIT 4)

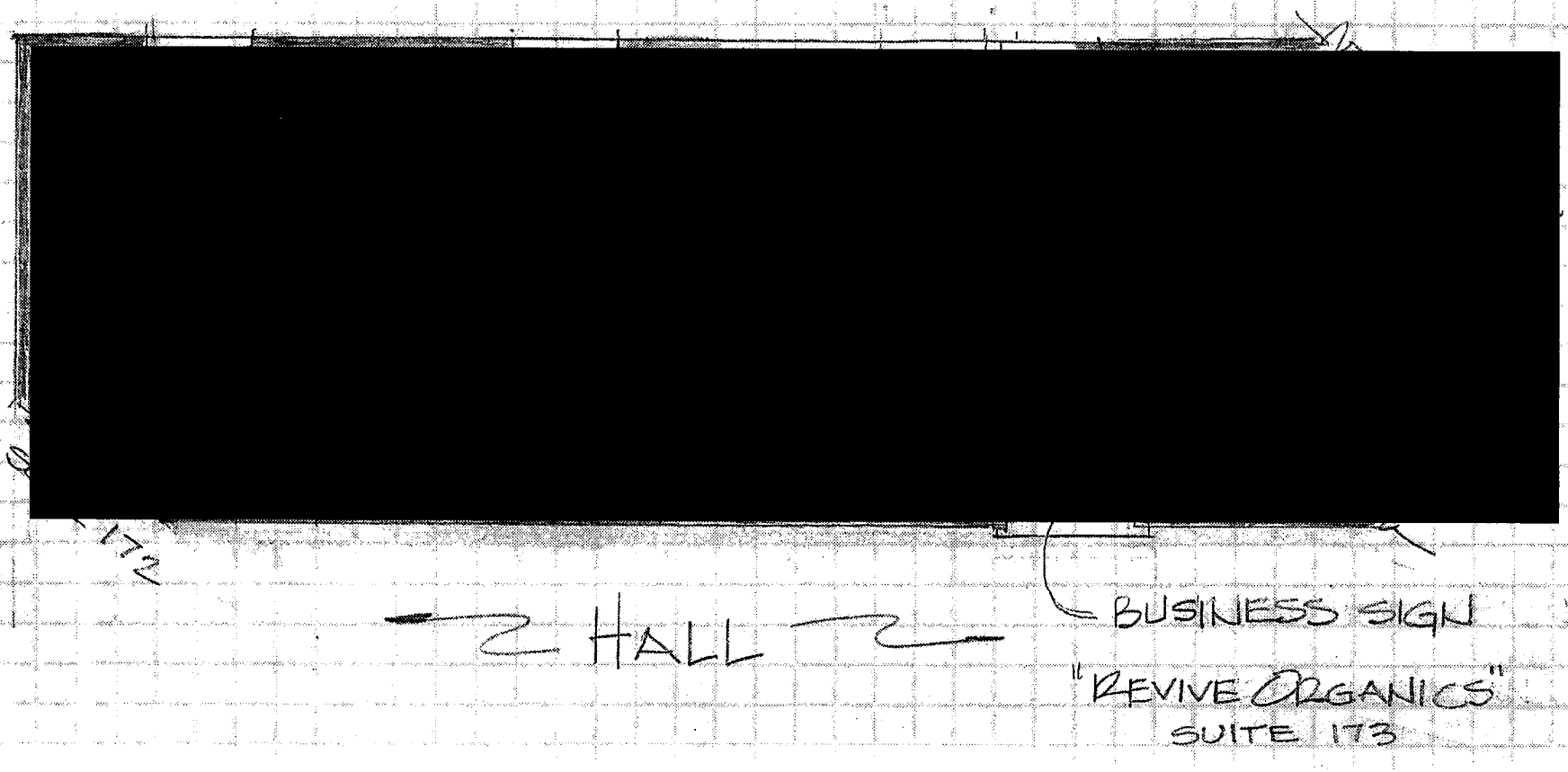
REVIVE ORGANICS

FACILITY LAYOUT

138 NEW MOHAWK RD
SUITES 172 & 173
GRASS VALLEY, CA
SCALE 1/4" = 1'-0"

EXISTING WALLS

PROPOSED WALLS



REVISED SHEET

REVIVE ORGANICS

FACILITY LAYOUT

138 NEW MOHAWK RD.
SUITES 172, 173, 174
GRASS VALLEY, CA.

SCALE 1/4" = 1'

EXISTING WALL

PROPOSED WALL

VENT O/S

[redacted]

EXTERIOR HALL

BUSINESS SIGN

"REVIVE ORGANICS"
SUITE 174

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 76
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	Section 6254	General public interest exemption (provide explanation below)
X	Other	(Provide explanation below)

Explanation for redaction:
Floor plans are related to security features.

******Please note that if objection is made for the redactions on a public document request, you may be called upon to more thoroughly justify the reason for redaction. Any costs incurred by the city attorney to determine whether items marked for redaction are in compliance with Government Code Sections 6254 and 6255 may be passed on to the applicant.******

(EXHIBIT 4)

REVIVE ORGANICS

FACILITY LAYOUT

138 NEW MOHAWK RD
SUITES 172 & 173
GRASS VALLEY, CA
SCALE 1/4" = 1'-0"

EXISTING WALLS

PROPOSED WALLS

[redacted]

172

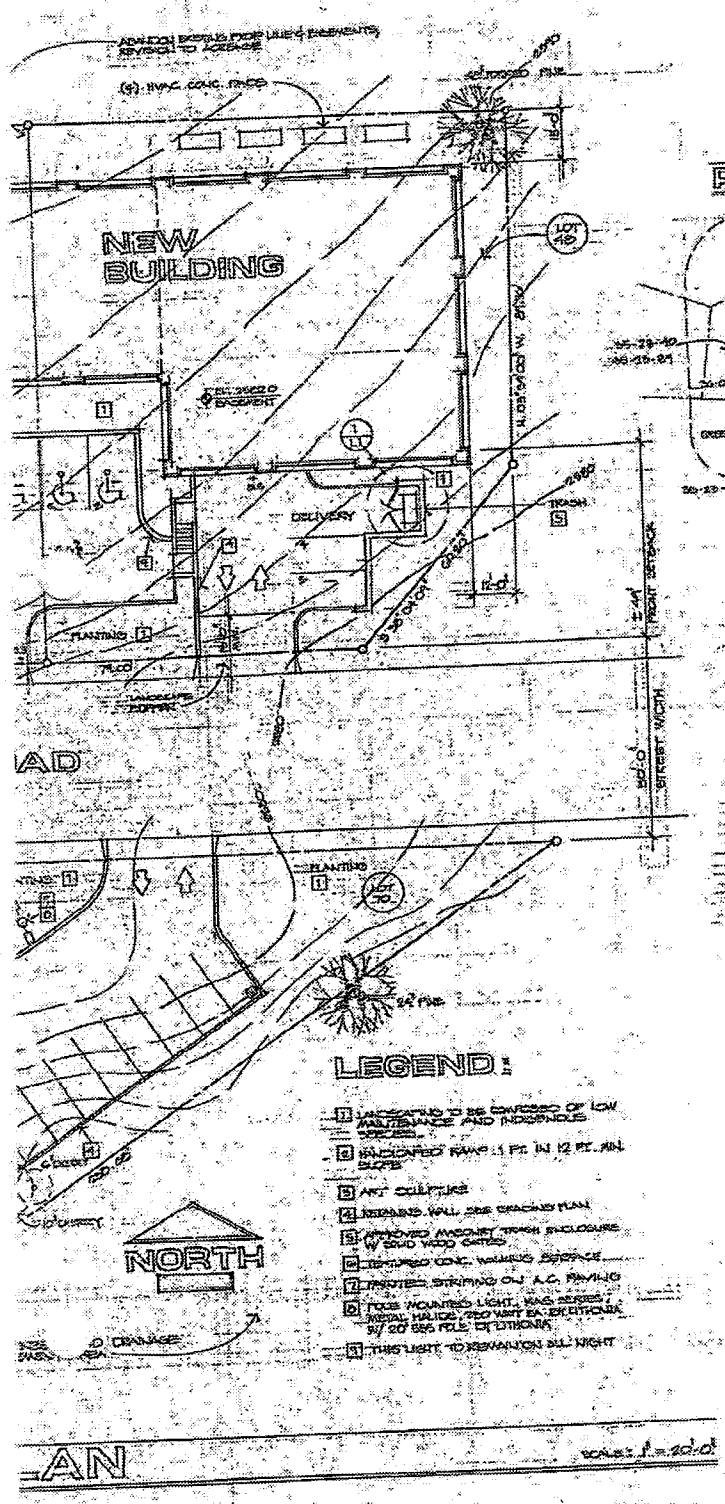
HALL

BUSINESS SIGN
"REVIVE ORGANICS"
SUITE 173

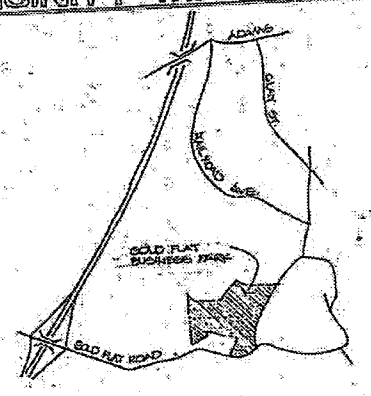
Exhibit 6 ROE-M

STRUCTION PHASES:

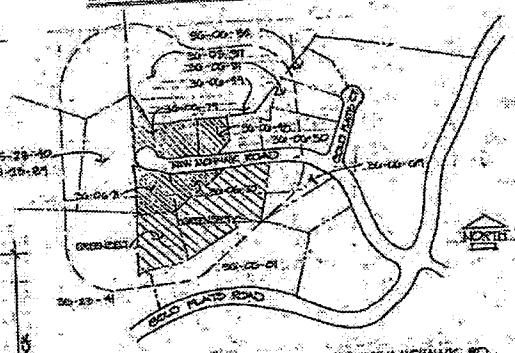
PAR OT SOUTH OF NEW MOHAWK RD.
PARKING LOT & CONSTRUCT NEW BUILDING, ATRIUM & LANDSCAPING, NORTH SIDE OF NEW MOHAWK RD.
CT BASEMENT TENANT IMPROVEMENT PLAN & MAIN FLOOR IMPROVEMENT PLAN
OOR TENANT IMPROVEMENT PLAN TO REMAIN UNFINISHED



VICINITY MAP



PUBLIC NOTICE MAP



PROJECT ADDRESS: 155 NEW MOHAWK RD. NEVADA CITY, CA 95959

PROJECT DATA:

ZONING: 1:1		
BUILDING SIZE:	NEW	23,680 S.F.
	EXISTING	10,630 S.F.
	TOTAL	34,330 S.F.
	ATRIUM	1,292 S.F.
	TOTAL	35,622 S.F.
SITE AREA:	4.88 ACRES ≈	212,580 S.F.
BUILDING FOOTPRINT:		16,074 S.F. = 7.5 %
PAVING AREA:		44,229 S.F. = 20.8 %
LANDSCAPING AREA:		34,015 S.F. = 16.0 %
GREENBELT AND OPENSPACE:		117,022 S.F. = 55.4 %
PARKING SPACES PROVIDED:		116, 22 % COMPACT

TREE COUNT:

TOTAL TREE COUNT (INCLUDES GREENBELT AREA) 280 - 380
TOTAL TREES TO BE REMOVED: 11 = 5% MAX.

PARKING CALCS.:

RESEARCH & DEVELOPMENT APPLICABLE FLOOR AREA	
NEW BUILDING	16,540 S.F.
EXISTING BUILDING	9,756 S.F.
TOTAL	26,596 S.F.
NEW ATRIUM AREA	1292 S.F.
NEW WAREHOUSE & STORAGE APPLICABLE FLOOR AREA	
TOTAL	4,832 S.F.
	6,124 S.F.

$\left[\left(\frac{26,596-1000}{250}\right)+8\right]+\left(\frac{6,124}{2,000}\right)=114$ PARKING SPACES REQD.

LEGEND:

1. LANDSCAPING TO BE COMPOSED OF LOW MAINTENANCE AND INDIGENOUS SPECIES.
2. HANDICAPED RAMP 1 FT. IN 12 FT. MIN. SLOPE
3. ART SCULPTURE
4. RETAINING WALL SEE GRADING PLAN
5. APPROVED MASONRY TRASH ENCLOSURE W/ SOLID WOOD GATES
6. TEXTURED CONC. WALKING SURFACE
7. PAINTED STRIPING ON A.C. PAVING
8. POLE MOUNTED LIGHT, KIAS SERIES, METAL HALIDE, 250 WATT EA. BY LITHONIA W/ 20' SSS POLE BY LITHONIA
9. THIS LIGHT TO REMAIN ON ALL NIGHT

AN SCALE: 1" = 20'-0"

DAGGETT DESIGNS
An Architecture/ Planning Firm
Nevada City, California
916/265-0657

Architect

Job No.
Drawn
Checked
Printed
Revision

SILICON SYSTEMS INC.
gold flat park
nevada city, california

Contents:

©Daggett Designs FFB

Sheet: A2

of:

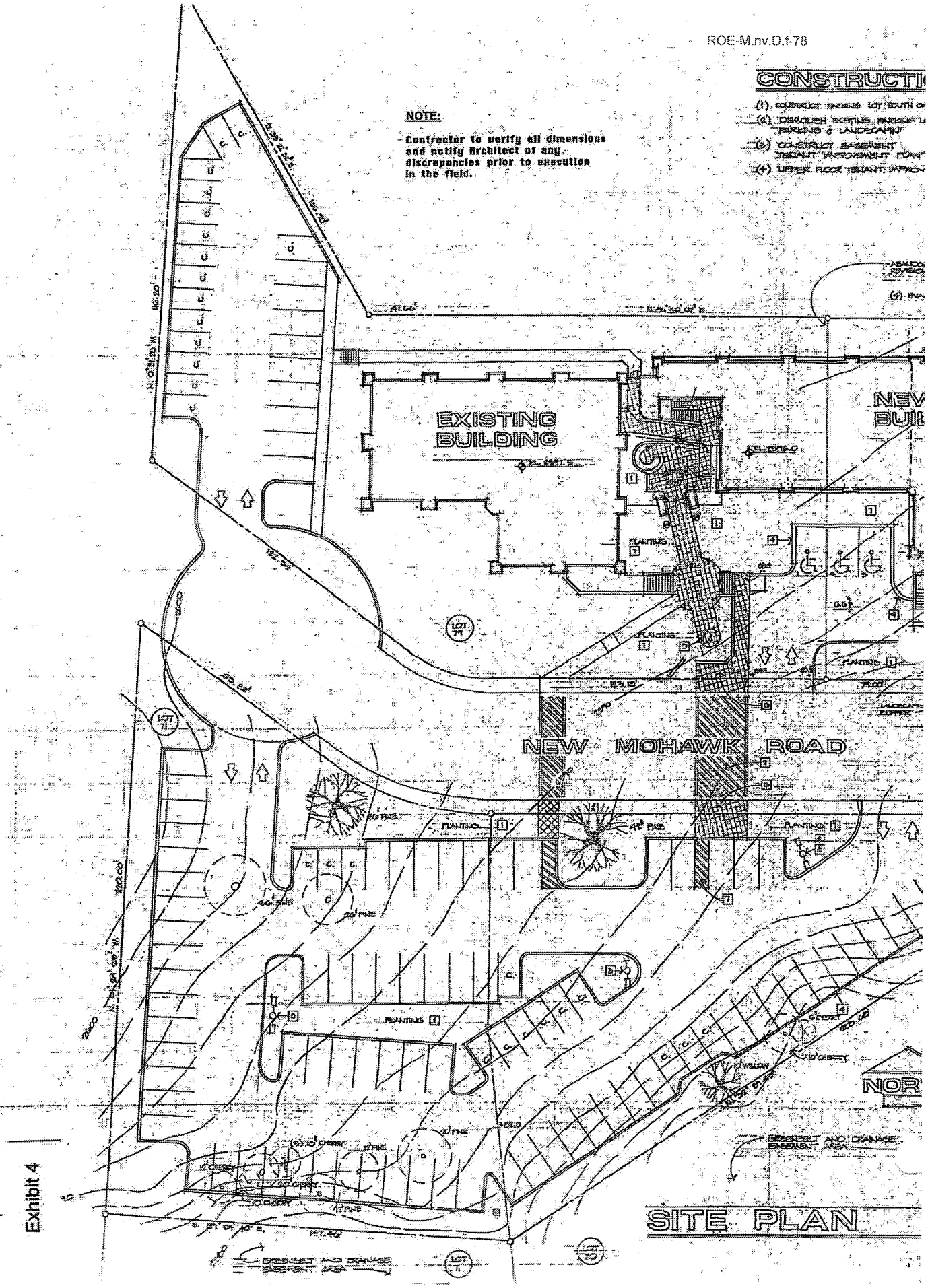
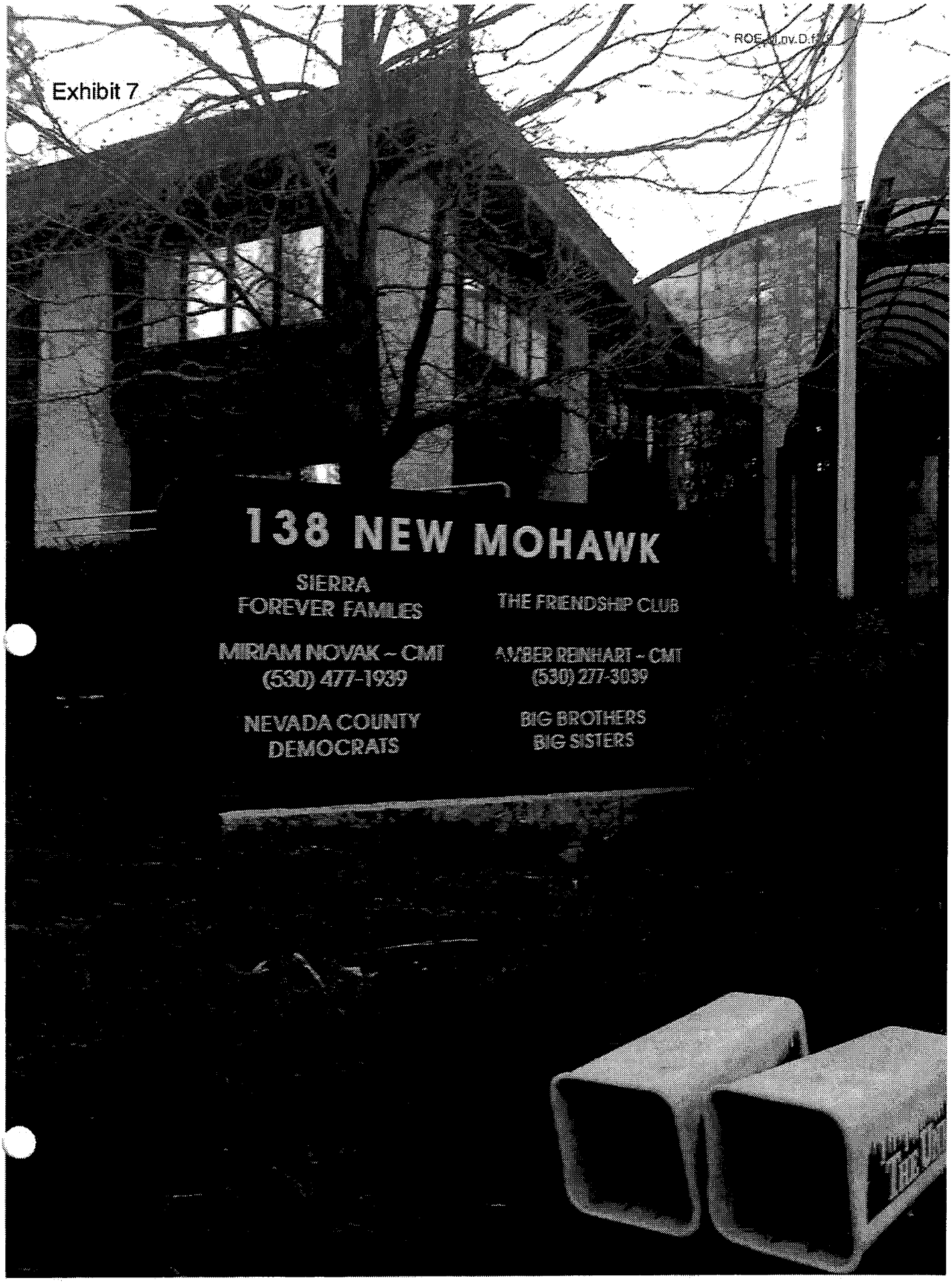

CONSTRUCTI
NOTE:
Contractor to verify all dimensions and notify Architect of any discrepancies prior to execution in the field.
EXISTING BUILDING
NEW MOHAWK ROAD
SITE PLAN

Exhibit 4

Exhibit 7


138 NEW MOHAWK
SIERRA FOREVER FAMILES
THE FRIENDSHIP CLUB
MIRIAM NOVAK ~ CMT (530) 477-1939
AMBER REINHART ~ CMT (530) 277-3039
NEVADA COUNTY DEMOCRATS
BIG BROTHERS BIG SISTERS

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 80
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

because the information contained therein is exempt from disclosure under the following Government Code provisions:

Mark with "X" where applicable	Government Code provision:	Examples of information that may be withheld pursuant to each government code section:
X	Section 6254, subd. (c)	Personal, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of privacy
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	Other	(Provide explanation below)

Explanation for redaction:

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CITY OF NEVADA CITY

Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Laurin	Sara	Michael

APPLICANT INFORMATION

Social Security Number ⇨ [redacted]	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
	Laurin	Sara	Michael
California Driver's License ⇨ [redacted]	LAST NAME ON CALIFORNIA DRIVER'S LICENSE	FIRST NAME ON CAL. DRIVER'S LICENSE	MIDDLE NAME ON CAL. DRIVER'S LIC.
	Laurin	Sara	Michael

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☐ Male ☑ Female	[redacted]					light brown	green

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (*NO P.O. BOXES ALLOWED*)	CELL PHONE #
[redacted]	[redacted]

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.)	BIRTH COUNTRY/STATE	LANGUAGES SPOKEN
Sara Michael Perale	Butte, CA	English

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

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STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
x [signature]	owner / distributor	2.11.18

CITY STAFF USE ONLY

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

CITY OF NEVADA CITY

Medical Cannabis Dispensary
Employee/Owner Background Information

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

ADDITIONAL ARREST INFORMATION

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LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant/employee with a Medical Cannabis Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Nevada City, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Medical Cannabis Dispensary Permit to operator or to be employed with such business as required by the City Municipal Code and/or State Law.

I agree to provide any information requested or deemed necessary to provide to the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Nevada City, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a records check, and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Medical Cannabis Dispensary Permit or Employee Permit.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Nevada City Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
[signature]	2-11-18		

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 82
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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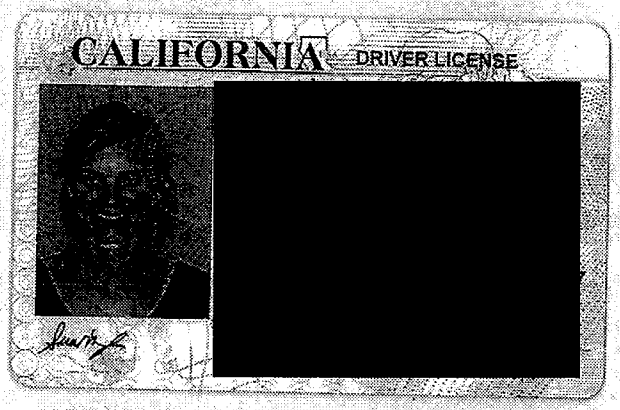
CALIFORNIA
DRIVER LICENSE

REDACTION JUSTIFICATION INSERT
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Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 83
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Social Security Administration
Important Information

Social Security Administration
SOCIAL SECURITY
11855 EDGEWOOD ROAD
AUBURN, CA 95603-3407
Date:February 9, 2018

SARA MICHAEL LAURIN
[redacted]

This is a receipt to show that you applied for a Social Security card on February 9, 2018. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 84
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<insert name, professional title, affiliation with applicant>

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★ macy's star rewards

Macy's Account statement

Questions or lost/stolen card? Call Customer Service 1-866-593-2543

Go to macys.com/credit to manage and pay your account online.

SARA LAURIN
Account Number: [redacted]

Summary of Account Activity

Previous Balance	[redacted]
Payments	[redacted]
Other Credits	[redacted]
Purchases/Other Debits	[redacted]
Fees Charged	[redacted]
Interest Charged	[redacted]
New Balance	[redacted]
Past Due Amount	[redacted]

Credit Limit	[redacted]
Available Credit	[redacted]
Statement Closing Date	02/02/2018
Next Statement Closing Date	03/06/2018
Days in Billing Cycle	8

Payment Information

New Balance	[redacted]
Minimum Payment Due	[redacted]
Payment Due Date	**March 2, 2018**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee up to $38.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	2 years	[redacted]

If you would like information about credit counseling services, call 1-877-337-8187.

Macy's account transactions

Transaction Date	Description	Location	Amount
Jan 26	[redacted]		[redacted]
Jan 26	[redacted]	MONTEREY	[redacted]
	SALES TAX		[redacted]
	RECEIPT TOTAL		[redacted]

★ macy's star rewards

PLEASE SEE IMPORTANT INFORMATION ON REVERSE SIDE.

This Account is Issued by Department Stores National Bank.

★ macy's
P.O. BOX 8058
MASON, OH 45040-8058

Your Statement Enclosed

Please return this slip with payment. Write account number on front of check. You can pay at any Macy's store, online at **macys.com/credit**, or by mail.

Payments received by mail by 5:00 pm local time at the address shown below will be credited as of the date received.

Use reverse side for address changes.

Account Number [redacted]

Payment Due Date	**March 2, 2018**
New Balance	[redacted]
Minimum Payment Due	[redacted]

Amount Enclosed: $ _____ . __

Make Check Payable to: Macy's
▼ Mail to address below ▼

RX00348839 2 AB 0.408 SB193019 TMN 005491 1633

SARA LAURIN
[redacted]

Macy's
PO BOX 9001094
LOUISVILLE, KY 40290-1094

01404978
P102

[redacted]

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 85
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CITY OF NEVADA CITY

Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Carlson	Jacob	Lee

APPLICANT INFORMATION

Social Security Number [redacted]	LAST NAME ON SOCIAL SECURITY CARD: Carlson	FIRST NAME ON SOCIAL SECURITY CARD: Jacob	MIDDLE NAME ON SOCIAL SEC. CARD: Lee
California Driver's License [redacted]	LAST NAME ON CALIFORNIA DRIVER'S LICENSE: Carlson	FIRST NAME ON CAL. DRIVER'S LICENSE: Jacob	MIDDLE NAME ON CAL. DRIVER'S LIC.: Lee

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☒ Male ☐ Female	[redacted]					brown	green

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE *(NO P.O. BOXES ALLOWED)* [redacted]

CELL PHONE # [redacted]

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

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

1	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
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I DECLARE UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE CITY OF NEVADA CITY, THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
	CEO	2/1/18

CITY STAFF USE ONLY

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

CITY OF NEVADA CITY

Medical Cannabis Dispensary
Employee/Owner Background Information

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

ADDITIONAL ARREST INFORMATION

ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
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LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY

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APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
	2-11-18		

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Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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	Section 6254, subd. (n)	Licensee's personal financial data
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	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

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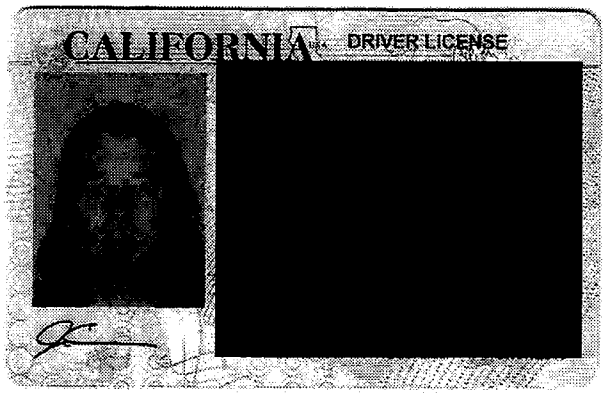
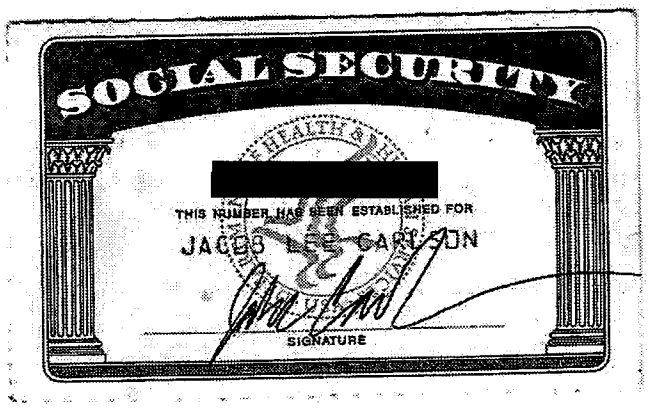

CALIFORNIA
DRIVER LICENSE


SOCIAL SECURITY
THIS NUMBER HAS BEEN ESTABLISHED FOR
JACOB LEE CARLSON
SIGNATURE

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 88
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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AmeriGas - 0070
13045 Grass Valley Ave
Grass Valley CA 95945-9325
530-273-7968
www.amerigas.com

ROE-M.nv.D.f-88

Invoice

AmeriGas®

ACCOUNT NUMBER: [redacted]
INVOICE AMT DUE: [redacted]
DUE DATE:

INVOICE NO: 3074664865 **INVOICE DATE:** 01/31/2018
NAME: JACOB CARLSON
SERVICE ADDRESS: [redacted]

Previous Balance	Payments	Adjustments/Credits	New Charges	Account Balance Due	Invoice Amount Due
[redacted]					

Account Activity

Date	Ref No.	Description	Quantity	Price	Amount
01/31/18	627336989	Propane	[redacted]		
		SITE:395766			
		HazMat Fee - T			[redacted]
		Fuel Recovery Fee-T			[redacted]
		Will-Call Conv.Fee-T			[redacted]
		TOTAL NEW CHARGES			[redacted]

Account Balance Due includes all outstanding charges for which we have not received payment and may not reflect payments sent.

Continues on next page.

MESSAGES

Your safety is our priority! For helpful tips for a worry-free winter, visit the Propane/Consumer Safety section of our company website.
We periodically review and revise our standard Terms & Conditions. Visit our company website to read the T&C that apply.
Tired of calling for propane? Enroll in automatic delivery and get our no run-out promise. Call your local office for details.
Earn $100 for new residential customer referrals and $150 when you refer a new business. Visit our company website to learn how.

Contact Us: Billing, Service & Delivery: 530-273-7968
Pay Online or Enroll in our Automatic Payment program: www.amerigas.com

THANK YOU FOR YOUR BUSINESS!

AMERIGAS - 0070
13045 GRASS VALLEY AVE
GRASS VALLEY CA 95945-9325

Account No.	Invoice No.	Invoice Date	Due Date	Amount Due
[redacted]	3074664865	01/31/2018		$0.00

TOTAL AMOUNT ENCLOSED $

Please return this portion with your payment

☐ **Account or user address change?**
If yes, please check box and complete reverse side.

440 1 AB 0.408 E0276X I0504 03298846587 S2 P5059879 0001:0002 H1

JACOB CARLSON
[redacted]

REMIT TO
PO BOX 7155
PASADENA CA 91109-7155

0202784284000307466486500000000419553

0001:0002

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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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CITY OF NEVADA CITY

Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Wellman	Scott	T.

APPLICANT INFORMATION

Social Security Number [redacted]	LAST NAME ON SOCIAL SECURITY CARD: Wellman	FIRST NAME ON SOCIAL SECURITY CARD: Scott	MIDDLE NAME ON SOCIAL SEC. CARD: T
California Driver's License [redacted]	LAST NAME ON CALIFORNIA DRIVER'S LICENSE: Wellman	FIRST NAME ON CAL. DRIVER'S LICENSE: Scott	MIDDLE NAME ON CAL. DRIVER'S LIC.: Timothy

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☒ Male ☐ Female	[redacted]						

LIST YOUR CURRENT HOME ADDRESS OR THE ADDRESS WHERE YOU PLAN TO LIVE WHEN YOU ARE ACCEPTED AS AN EMPLOYEE	CELL PHONE #
[redacted]	[redacted]

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

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

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

STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
Scott Wellman	Owner / manufacturer	2/11/18

CITY STAFF USE ONLY

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

CITY OF NEVADA CITY

Medical Cannabis Dispensary
Employee/Owner Background Information

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

ADDITIONAL ARREST INFORMATION

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

LIST ALL REGULATED ONLY COMMERCIAL CANNABIS EMPLOYMENT HISTORY

BUSINESS NAME	CITY / STATE	PHONE	START DATE	END DATE

BACKGROUND INVESTIGATION RELEASE

To Whom It May Concern:

I am an applicant/employee with a Medical Cannabis Dispensary in the City. I desire and request the City Manager, or Chief of Police of the City of Nevada City, and/or his/her agents, employee or lawful representative(s) to take my photograph and fingerprints or use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications required to obtain a Medical Cannabis Dispensary Permit to operator or to be employed with such business as required by the City Municipal Code and/or State Law.

I agree to provide any information requested or deemed necessary to provide to the State of California Department of Justice and the Federal Bureau Investigation, or any other law enforcement agency or third-party consultant authorized by the City Manager or Chief of Police.

I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction. I further agree to hold the City of Nevada City, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the taking of such fingerprints or forwarding them to the appropriate law enforcement agency for a records check, and/or obtaining access to any other documentation which pertains to meeting the qualifications for a Medical Cannabis Dispensary Permit or Employee Permit.

By signing this form, I acknowledge and agree to comply with all the conditions and terms of this application. I also understand that falsifying and/or omitting any information on this application may be grounds for denial of a permit or is grounds for termination of employment per the Nevada City Ordinance.

APPLICANT'S SIGNATURE	DATE	PERSON REVIEWING APPLICATION:	DATE
Scott Wellman	2/11/18		

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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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<insert name, professional title, affiliation with applicant>

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	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

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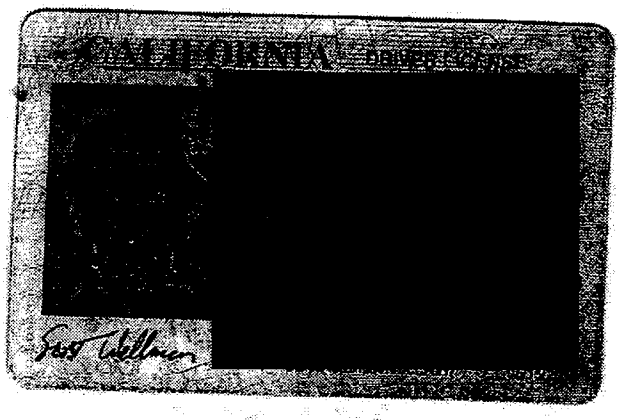
[redacted]



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ENERGY STATEMENT
www.pge.com/MyEnergy

Account No: [redacted]
Statement Date: 01/05/2018
Due Date: 01/26/2018

Service For:

SCOTT WELLMAN
[redacted]

Questions about your bill?

24 hours per day, 7 days per week
Phone: 1-800-743-5000
www.pge.com/MyEnergy

Local Office Address

127 E MAIN ST
GRASS VALLEY, CA 95945

Your Enrolled Programs

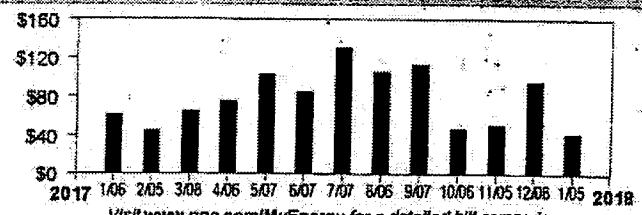
[redacted]

Your Account Summary

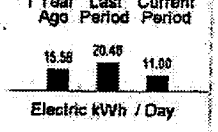
Amount Due on Previous Statement	[redacted]
Payment(s) Received Since Last Statement	[redacted]
Previous Unpaid Balance	[redacted]
Current Electric Charges	[redacted]
Total Amount Due by 01/26/2018	[redacted]

$ [redacted]

Electric Monthly Billing History



Daily Usage Comparison



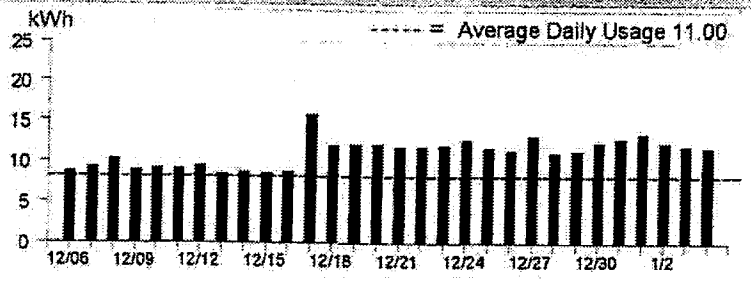
Visit **www.pge.com/MyEnergy** *for a detailed bill comparison*

Important Messages

Your account has an unpaid balance from a prior bill. To avoid missing a future payment, you may wish to sign up for our recurring payment service. Please visit **www.pge.com/waystopay** for all your payment options.

Find Ways to Save. The combination of colder weather, more time indoors and fewer daylight hours can increase your energy costs. For energy savings tips, visit **www.pge.com/saveenergymoney**.

Electric Usage This Period: 330.000000 kWh, 30 billing days



Visit **www.pge.com/MyEnergy** *for a detailed bill comparison.*

Recyclable

Form 61-0622_17

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ROE-M.nv.D.f-93

Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

19 56

FILED
Secretary of State
State of California
MAR 24 2017

IMPORTANT — Read instructions **before completing this form.**

Filing Fee – $20.00

Copy Fees – First page $1.00; each attachment page $0.50;
Certification Fee - $5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, see instructions.)
Revive Organics LLC

2. 12-Digit Secretary of State File Number
201707710054

3. State, Foreign Country or Place of Organization (only if formed outside of California)

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box: [redacted] City (no abbreviations): [redacted] State: [redacted] Zip Code: [redacted]

b. Mailing Address of LLC, if different than item 4a: [redacted] City (no abbreviations): State: Zip Code:

c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box: City (no abbreviations): CA Zip Code:

5. Manager(s) or Member(s) If no managers have been appointed or elected, provide the name and address of each member. At least one name and address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and address(es) on Form LLC-12A (see instructions).

a. First Name, if an individual - Do not complete Item 5b: Jacob Lee Carlson Middle Name: Lee Last Name: Carlson Suffix:

b. Entity Name - Do not complete Item 5a:

c. Address: [redacted] City (no abbreviations): [redacted] State: [redacted] Zip: [redacted]

6. Service of Process (Must provide either individual or corporate agent.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation): Jacob Middle Name: Lee Last Name: Carlson Suffix:

b. Street Address (if agent is not a corporation) - Do not list a P.O. Box: [redacted] City (no abbreviations): [redacted] State: CA Zip Code: [redacted]

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b:

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company: Management and Holding Compan

8. Chief Executive Officer, if elected or appointed

a. First Name: Jacob Middle Name: Lee Last Name: Carlson Suffix:

b. Address: [redacted] City (no abbreviations): [redacted] State: Zip Code: [redacted]

9. The Information contained herein, including any attachments, is true and correct.

3-24-17 Jacob L. Carlson C.E.O.
Date — Type or Print Name of Person Completing the Form — Title

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: Jacob Carlson
Company: Revive Organics [redacted]
Address: [redacted]
City/State/Zip: [redacted]

2017 California Secretary of State
www.sos.ca.gov/business/be

REDACTION JUSTIFICATION INSERT
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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-13-2017

Employer Identification Number:
82-1180689

Form: SS-4

Number of this notice: CP 575 G

REVIVE ORGANICS LLC
JACOB L CARLSON SOLE MBR
[redacted]

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-1180689. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is REVI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

REDACTION JUSTIFICATION INSERT
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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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Exhibit 1

ROE-M.nv.D.f-95

Secretary of State
Articles of Organization
Limited Liability Company (LLC)

LLC-1

20170771008 3

FILED
Secretary of State
State of California
MAR 08 2017

IMPORTANT — Read Instructions before completing this form.

Filing Fee - $70.00

Copy Fees - First plain copy free; Additional copies: First page $1.00 & .50 for each attachment page; Certification Fee - $5.00

Important! LLCs may have to pay an annual minimum $800 tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

1CC This Space For Office Use Only

1. Limited Liability Company Name (See Instructions – Must contain an LLC ending such as LLC or L.L.C. "LLC" will be added, if not included.)

Revive Organics LLC

2. Business Addresses

a. Initial Street Address of Designated Office in California - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
[redacted]	[redacted]	CA	[redacted]
b. Initial Mailing Address of LLC, if different than Item 2a	**City (no abbreviations)**	**State**	**Zip Code**

3. Agent for Service of Process

Item 3a and 3b: If naming an **individual**, the agent must reside in California and Item 3a and 3b must be completed with the agent's name and complete California street address.

Item 3c: If naming a California Registered **Corporate Agent**, a current agent registration certificate must be on file with the California Secretary of State and Item 3c must be completed (leave Item 3a-3b blank).

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
Jacob	Lee	Carlson	
b. Street Address (if agent is not a corporation) - Do not list a P.O. Box	**City (no abbreviations)**	**State**	**Zip Code**
[redacted]	[redacted]	CA	[redacted]
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b			

4. Management (Select **only** one box)

The LLC will be managed by:

☒ One Manager ☐ More than One Manager ☐ All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

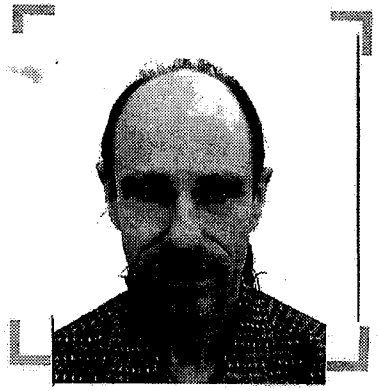
6. The information contained herein, including in any attachments, is true and correct.

Organizer sign here

Jacob Carlson
Print your name here

Sara Laurin

Jacob Carlson



Scott Wellman

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 97
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

because the information contained therein is exempt from disclosure under the following Government Code provisions:

Mark with "X" where applicable	Government Code provision:	Examples of information that may be withheld pursuant to each government code section:
X	Section 6254, subd. (c)	Personal, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of privacy
	Section 6254, subd. (f)	Investigatory or security files compiled by a local agency for licensing purposes
	Section 6254, subd. (n)	Licensee's personal financial data
X	Section 6255, subd. (a)	Personal contact information (business contacts should not be redacted)
	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

Explanation for redaction:

******Please note that if objection is made for the redactions on a public document request, you may be called upon to more thoroughly justify the reason for redaction. Any costs incurred by the city attorney to determine whether items marked for redaction are in compliance with Government Code Sections 6254 and 6255 may be passed on to the applicant.******

CITY OF NEVADA CITY

Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Laurin	Sara	Michael

APPLICANT INFORMATION

	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
Social Security Number ⇨ [redacted]	Laurin	Sara	Michael
California Driver's License ⇨ [redacted]	LAST NAME ON CALIFORNIA DRIVER'S LICENSE: Laurin	FIRST NAME ON CAL. DRIVER'S LICENSE: Sara	MIDDLE NAME ON CAL. DRIVER'S LIC.: Michael

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☐ Male ☑ Female	[redacted]					light brown	green

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (NO P.O. BOXES ALLOWED)
[redacted]

CELL PHONE #: [redacted]

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.): Sara Michael Perale

BIRTH COUNTRY/STATE: Butte, CA

LANGUAGES SPOKEN: English

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

	ARREST DATE	ARRESTING AGENCY / LOCATION / COURT NAME	CHARGE / REASON FOR ARREST
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STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
[signature]	owner / distribution	2.11.18

CITY STAFF USE ONLY

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

REDACTION JUSTIFICATION INSERT
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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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<insert name, professional title, affiliation with applicant>

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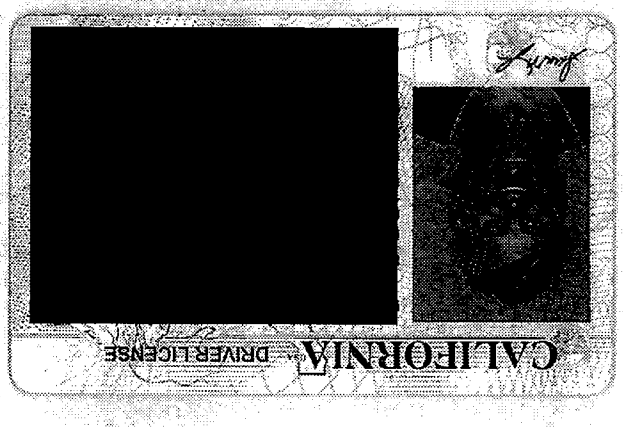
CALIFORNIA
DRIVER LICENSE

REDACTION JUSTIFICATION INSERT
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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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<insert name, professional title, affiliation with applicant>

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Social Security Administration
Important Information

Social Security Administration
SOCIAL SECURITY
11855 EDGEWOOD ROAD
AUBURN, CA 95603-3407
Date:February 9, 2018

SARA MICHAEL LAURIN
19415 MARTINSBURG LN
PENN VALLEY, CA 95946

This is a receipt to show that you applied for a Social Security card on February 9, 2018. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please let us know. You may call, write or visit any Social Security office. If you visit an office, please bring this receipt with you. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Field Office Manager

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

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Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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★ macy's star rewards

Macy's Account statement

Questions or lost/stolen card? Call Customer Service 1-866-593-2543

Go to macys.com/credit to manage and pay your account online.

SARA LAURIN
Account Number: [redacted]

Summary of Account Activity

Previous Balance	[redacted]
Payments	[redacted]
Other Credits	[redacted]
Purchases/Other Debits	[redacted]
Fees Charged	[redacted]
Interest Charged	[redacted]
New Balance	[redacted]
Past Due Amount	[redacted]

Credit Limit	$1,400.00
Available Credit	$879.00
Statement Closing Date	02/02/2018
Next Statement Closing Date	03/06/2018
Days in Billing Cycle	8

Payment Information

New Balance	[redacted]
Minimum Payment Due	[redacted]
Payment Due Date	**March 2, 2018**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee up to $38.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	2 years	[redacted]

If you would like information about credit counseling services, call 1-877-337-8187.

Macy's account transactions

Transaction Date	Description	Location	Amount
Jan 26	[redacted]		[redacted]
Jan 26	[redacted]	MONTEREY	[redacted]
	SALES TAX		[redacted]
	RECEIPT TOTAL		[redacted]

★ macy's star rewards

PLEASE SEE IMPORTANT INFORMATION ON REVERSE SIDE.

This Account is Issued by Department Stores National Bank.

★ macy's
P.O. BOX 8058
MASON, OH 45040-8058

Please return this slip with payment. Write account number on front of check. You can pay at any Macy's store, online at **macys.com/credit**, or by mail.

Payments received by mail by 5:00 pm local time at the address shown below will be credited as of the date received.

Use reverse side for address changes.

Account Number: [redacted]

Payment Due Date	**March 2, 2018**
New Balance	[redacted]
Minimum Payment Due	[redacted]

Amount Enclosed: $

Your Statement Enclosed

Make Check Payable to: Macy's
Mail to address below

RX00348839 2 AB 0.408 SB193019 TMN 005491 1633

SARA LAURIN
[redacted]

Macy's
PO BOX 9001094
LOUISVILLE, KY 40290-1094

01404978
P102

ROE-M.nv D.f-100 [redacted]

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 101
<insert unique page identifier, or identifier range>

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Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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CITY OF NEVADA CITY

Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Carlson	Jacob	Lee

APPLICANT INFORMATION

Social Security Number ⇨ [redacted]	LAST NAME ON SOCIAL SECURITY CARD: Carlson	FIRST NAME ON SOCIAL SECURITY CARD: Jacob	MIDDLE NAME ON SOCIAL SEC. CARD: Lee
California Driver's License ⇨ [redacted]	LAST NAME ON CALIFORNIA DRIVER'S LICENSE: Carlson	FIRST NAME ON CAL. DRIVER'S LICENSE: Jacob	MIDDLE NAME ON CAL. DRIVER'S LIC.: Lee

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☒ Male ☐ Female	[redacted]					brown	green

LIST YOUR CURRENT HOME ADDRESS, CI[redacted] CELL PHONE # [redacted]

LIST ANY OTHER NAMES YOU HAVE EVER USED (Maiden, Married, Nicknames, etc.) | [redacted]RTH COUNTRY/STATE: USA | LANGUAGES SPOKEN: English

CRIMINAL HISTORY

List all arrest or convictions other than infractions for traffic violations) IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS TO THE APPLICATION. **PLEASE NOTE ANY FALSE STATEMENTS, MISLEADING STATEMENTS OR OMISSIONS ON THIS APPLICATION OR ON THE MCD PERMIT SHALL BE GROUNDS FOR DISQUALIFICATION.**

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

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

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
	CEO	2-1-18

CITY STAFF USE ONLY

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

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 102
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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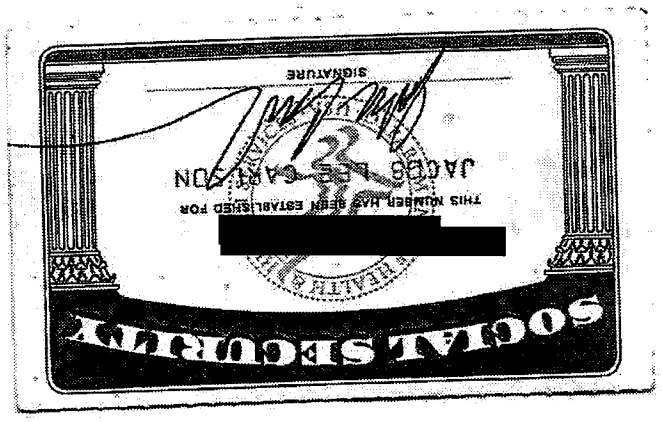
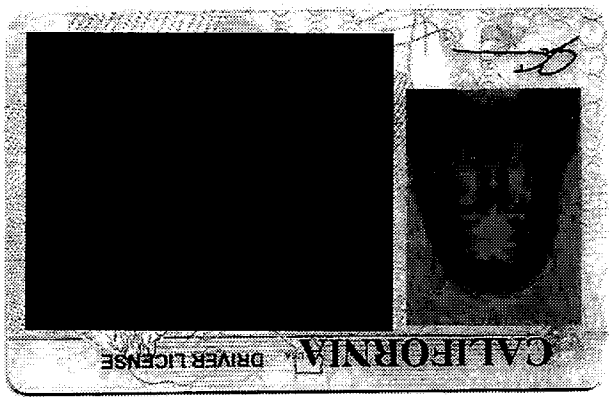

SOCIAL SECURITY
THIS NUMBER HAS BEEN ESTABLISHED FOR
[redacted]
JACOB LEE CARLSON
SIGNATURE


CALIFORNIA
DRIVER LICENSE
[redacted]

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 103
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

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	Other	(Provide explanation below)

Explanation for redaction:

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AmeriGas - 0070
13045 Grass Valley Ave
Grass Valley CA 95945-9325
530-273-7968
www.amerigas.com

Invoice

AmeriGas®

ACCOUNT NUMBER: [redacted]
INVOICE AMT DUE: $0.00
DUE DATE:

INVOICE NO: 3074664865 **INVOICE DATE:** 01/31/2018
NAME: JACOB CARLSON
SERVICE ADDRESS: [redacted]

Previous Balance	Payments	Adjustments/Credits	New Charges	Account Balance Due	Invoice Amount Due
[redacted]					

Account Activity

Date	Ref No.	Description	Quantity	Price	Amount
01/31/18	627336989	Propane	[redacted]		[redacted]
		SITE:395766			[redacted]
		HazMat Fee - T			
		Fuel Recovery Fee-T			
		Will-Call Conv.Fee-T			
		TOTAL NEW CHARGES			[redacted]

Account Balance Due includes all outstanding charges for which we have not received payment and may not reflect payments sent.

Continues on next page.

MESSAGES

Your safety is our priority! For helpful tips for a worry-free winter, visit the Propane/Consumer Safety section of our company website.
We periodically review and revise our standard Terms & Conditions. Visit our company website to read the T&C that apply.
Tired of calling for propane? Enroll in automatic delivery and get our no run-out promise. Call your local office for details.
Earn $100 for new residential customer referrals and $150 when you refer a new business. Visit our company website to learn how.

Contact Us: Billing, Service & Delivery: 530-273-7968
Pay Online or Enroll in our Automatic Payment program: www.amerigas.com

THANK YOU FOR YOUR BUSINESS!

AMERIGAS - 0070
13045 GRASS VALLEY AVE
GRASS VALLEY CA 95945-9325

Account No.	Invoice No.	Invoice Date	Due Date	Amount Due
[redacted]	074664865	01/31/2018		$0.00

TOTAL AMOUNT ENCLOSED $

Please return this portion with your payment

☐ **Account or user address change?**
If yes, please check box and complete reverse side.

440 1 AB 0.408 E0276X I0504 D3298846587 S2 P5059679 0001:0002 H1

JACOB CARLSON
[redacted]

REMIT TO
PO BOX 7155
PASADENA CA 91109-7155

[redacted]

ROE-M.nv D 1-103

1:0002

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

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CITY OF NEVADA CITY

Medical Cannabis Dispensary Employee/Owner Background Application

317 Broad Street
Nevada City, CA 95959
(530) 265-2496 Ext. 130

MEDICAL CANNABIS DISPENSARY APPLICANT INFORMATION

Name as Shown On Application ⇨	LAST NAME ON APPLICATION	FIRST NAME ON APPLICATION	MIDDLE NAME ON APPLICATION
	Scott Wellman	Scott	T.

APPLICANT INFORMATION

	LAST NAME ON SOCIAL SECURITY CARD	FIRST NAME ON SOCIAL SECURITY CARD	MIDDLE NAME ON SOCIAL SEC. CARD
Social Security Number ⇨ [redacted]	Wellman	Scott	T
California Driver's License ⇨ [redacted]	LAST NAME ON CALIFORNIA DRIVER'S LICENSE: Wellman	FIRST NAME ON CAL. DRIVER'S LICENSE: Scott	MIDDLE NAME ON CAL. DRIVER'S LIC.: Timothy

SEX	AGE	DATE OF BIRTH	RACE	HEIGHT	WEIGHT	HAIR	EYES
☒ Male ☐ Female	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	BRN	HZL

LIST YOUR CURRENT HOME ADDRESS, CITY, ZIP CODE (***NO P.O. BOXES ALLOWED***): [redacted]

CELL PHONE #: [redacted]

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

CRIMINAL HISTORY

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

STATEMENT OF PERJURY

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

APPLICANT'S SIGNATURE	JOB TITLE (POSITON ON THE APPLICATION)	DATE
* Scott Wellman	Owner / manufacturer	2/11/18

CITY STAFF USE ONLY

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

REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

The following page(s): ROE-M.nv.D.f- 105
<insert unique page identifier, or identifier range>

has (have) been redacted or withheld from public disclosure, as determined by

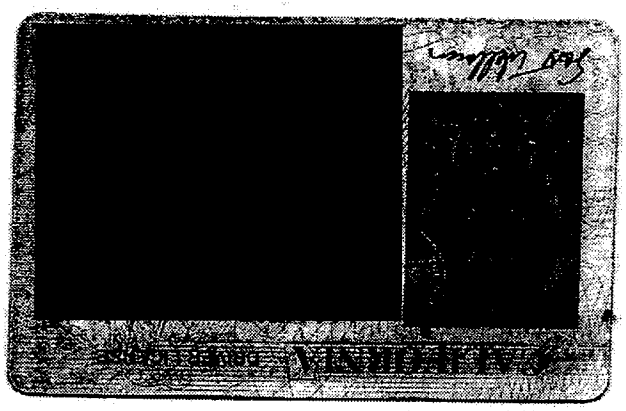
Jacob Carlson, CEO
<insert name, professional title, affiliation with applicant>

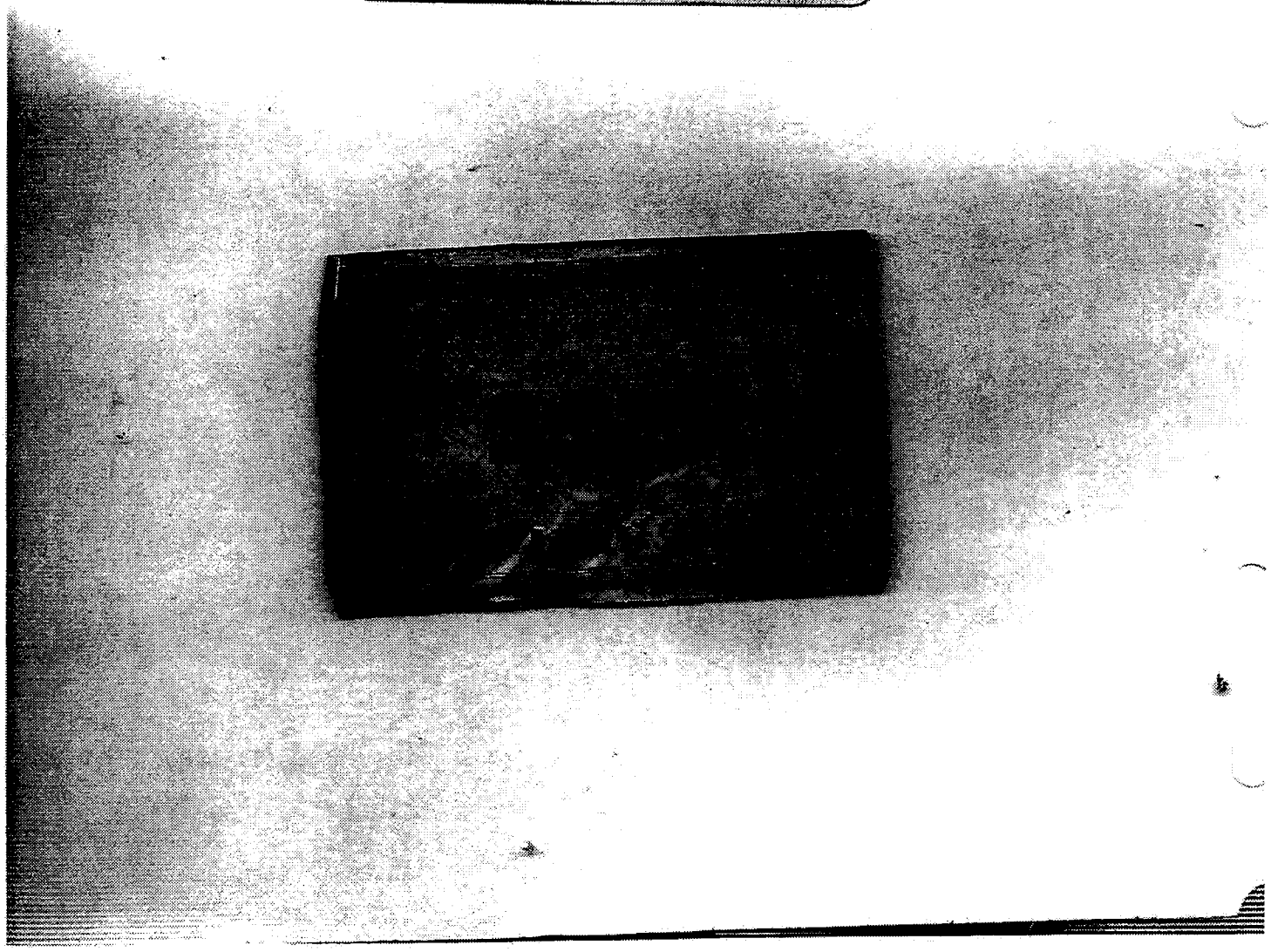
because the information contained therein is exempt from disclosure under the following Government Code provisions:

Mark with "X" where applicable	Government Code provision:	Examples of information that may be withheld pursuant to each government code section:
X	Section 6254, subd. (c)	Personal, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of privacy
	Section 6254, subd. (f)	Investigatory or security files compiled by a local agency for licensing purposes
	Section 6254, subd. (n)	Licensee's personal financial data
X	Section 6255, subd. (a)	Personal contact information (business contacts should not be redacted)
	Section 6254	General public interest exemption (provide explanation below)
	Other	(Provide explanation below)

Explanation for redaction:

******Please note that if objection is made for the redactions on a public document request, you may be called upon to more thoroughly justify the reason for redaction. Any costs incurred by the city attorney to determine whether items marked for redaction are in compliance with Government Code Sections 6254 and 6255 may be passed on to the applicant.******





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Nevada City Medical Cannabis Business Name: Revive Organics LLC

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ENERGY STATEMENT
www.pge.com/MyEnergy

Account No: [redacted]
Statement Date: 01/05/2018
Due Date: 01/26/2018

Service For:

SCOTT WELLMAN
[redacted]

Questions about your bill?

24 hours per day, 7 days per week
Phone: 1-800-743-5000
www.pge.com/MyEnergy

Local Office Address

127 E MAIN ST
GRASS VALLEY, CA 95945

Your Enrolled Programs

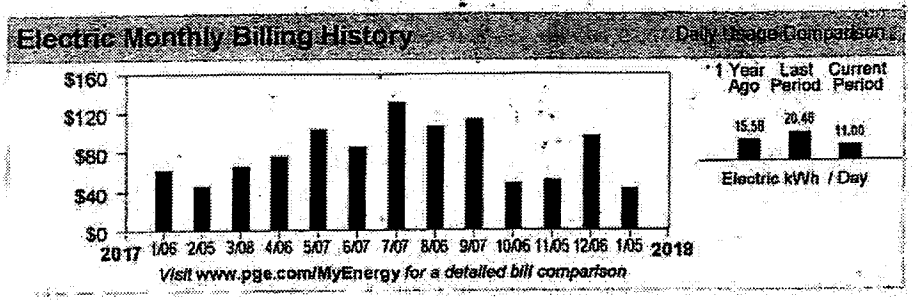
[redacted]

Your Account Summary

Amount Due on Previous Statement	[redacted]
Payment(s) Received Since Last Statement	[redacted]
Previous Unpaid Balance	[redacted]
Current Electric Charges	[redacted]
Total Amount Due by 01/26/2018	[redacted]

$ [redacted]

Electric Monthly Billing History

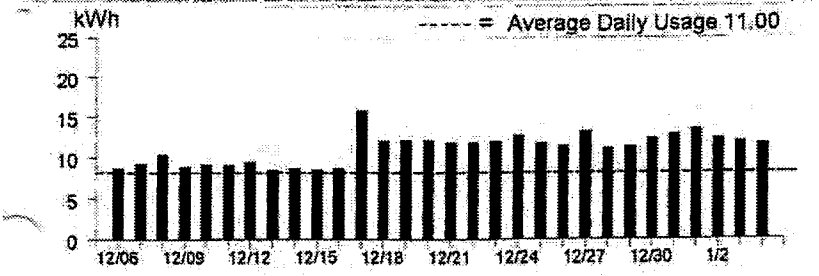


Important Messages

Your account has an unpaid balance from a prior bill. To avoid missing a future payment, you may wish to sign up for our recurring payment service. Please visit **www.pge.com/waystopay** for all your payment options.

Find Ways to Save. The combination of colder weather, more time indoors and fewer daylight hours can increase your energy costs. For energy savings tips, visit **www.pge.com/saveenergymoney**.

Electric Usage This Period: 330.000000 kWh, 30 billing days



REDACTION JUSTIFICATION INSERT
(To be inserted for every instance of redaction)

Nevada City Medical Cannabis Business Name: Revive Organics LLC

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New Mohawk Tenant

[redacted]

Name: Jacob Carlson Business Name: Revive Organics

Billing address: [redacted]

Business Phone: [redacted] Cell Phone: _____

Email: [redacted]

Monthly Rent: [redacted] Deposit: [redacted] Due on: 1st

Rent Period to Begin: [redacted] Rent Period to End: [redacted]

Tenant Signature: _____

Liability Insurance: Informed: ____ Tenant Initials: ____ 30-day grace ends: ____

Info:

Office/Room # 172-173 Keys Issued: * Room ____ Date Issued: _____

** Mail box #___ Date Issued: _____

*** Card key # __ Date Issued: _____

Notes: * Room key replacement cost $70-$100

** Mail box key replacement cost $5

*** Card key replacement cost $50

No open flames in the building (ie. Candles, etc.) Initials: _____

Property Management (Owner/Manager): _____

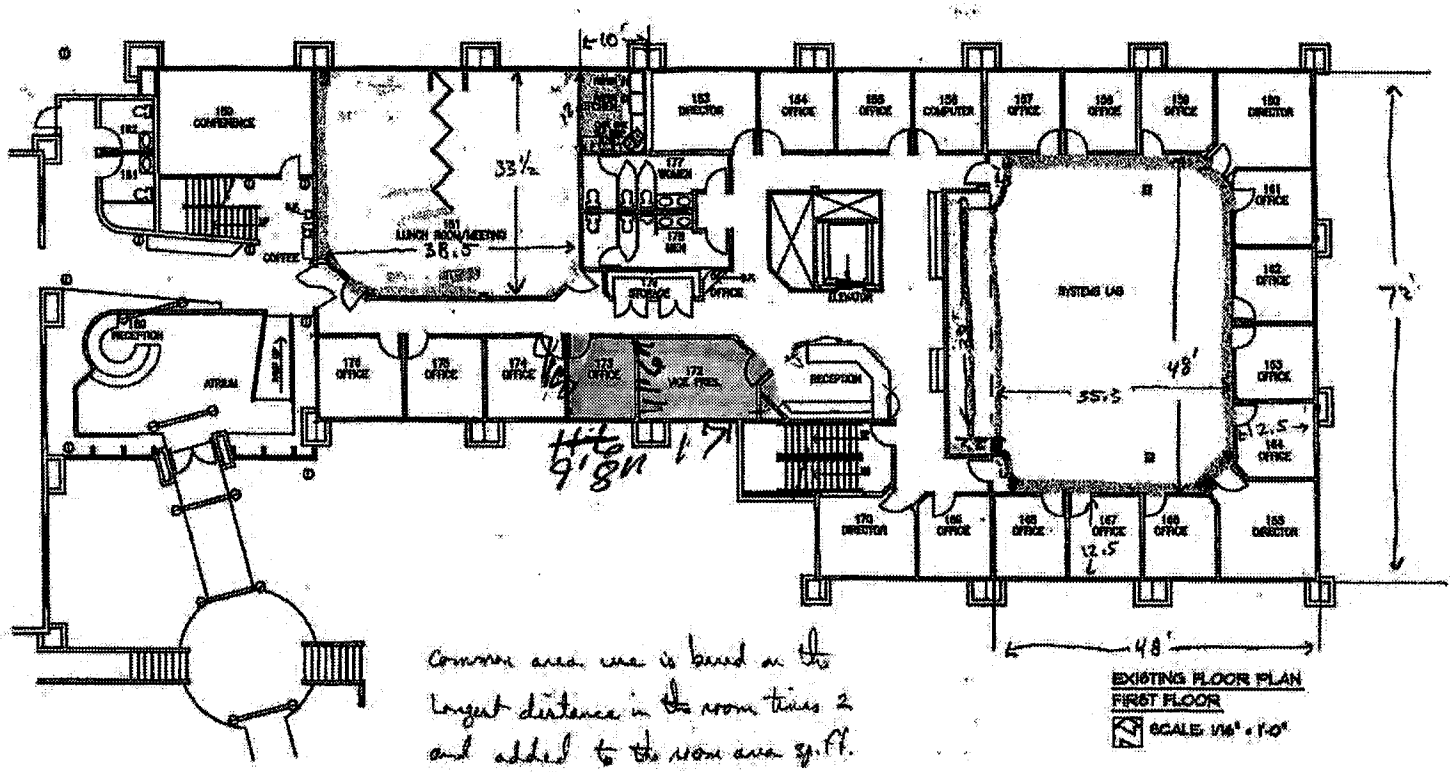
ROE-M.nv D.f-108

= 96 sq.ft. cam area = 144 sq.ft. cam area

= 1964 sq.ft. room area = 3728 sq.ft. room area

= 20 sq.ft. cam area

= 1289.75 room area = 120 sq.ft. room area



Common area use is based on the longest distance in the room times 2 and added to the room area sq.ft.

EXISTING FLOOR PLAN
FIRST FLOOR
SCALE: 1/16" = 1'-0"

48' x 72' = 3456

38 x 7.16 = 272

48 x 35.25 = 1692

38 x 7.16 = 272

135 NEW MOHAWK ROAD

NEVADA CITY, CA 95959

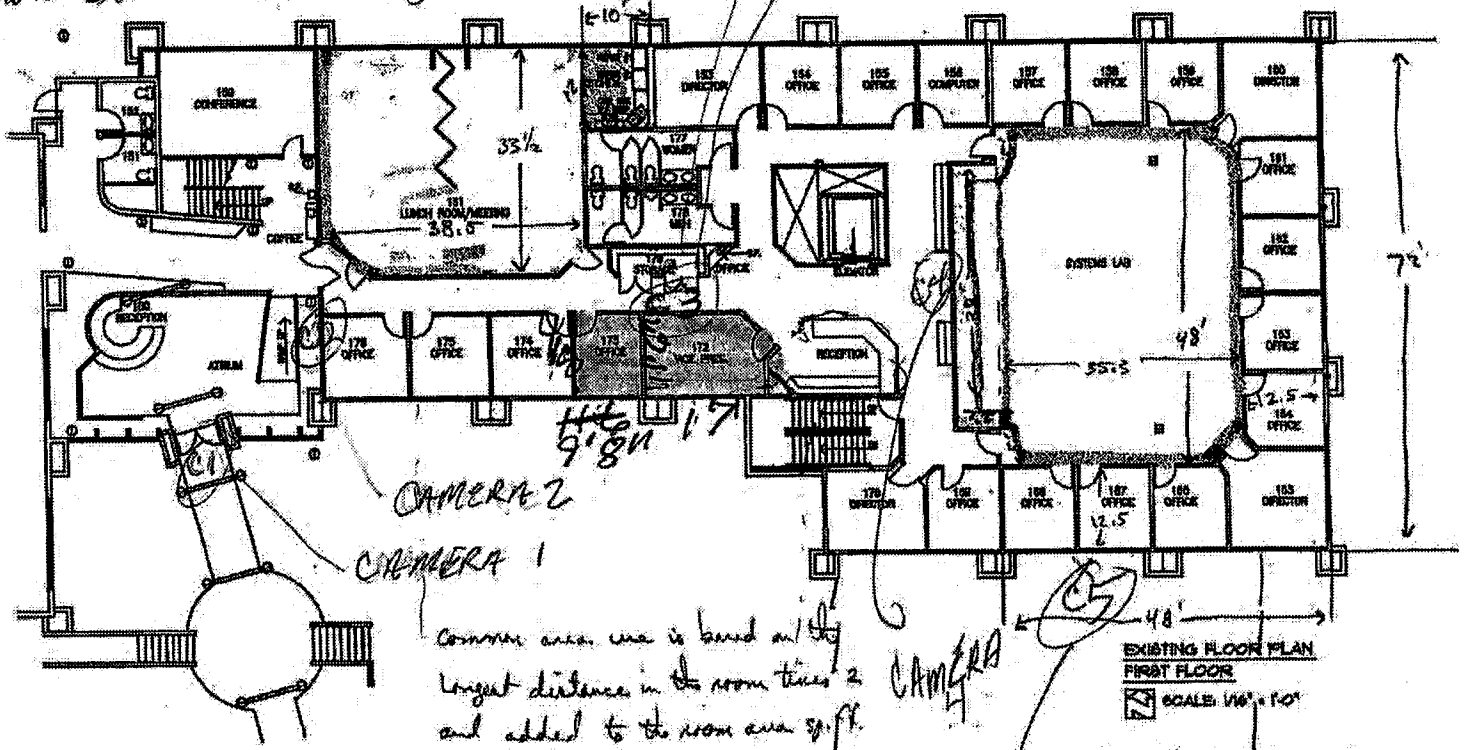
Exhibit 4

EXTRA SECURITY CAMERAS
C1 – C5
C1 FRONT DOOR
C2 2nd door to Hallway
C3 Hallway adjacent to office/Kitchen
C4 Elevator and exterior stairway
C5 Loading Dock

= 96 sq.ft. cam area = 144 sq.ft. cam area
= 1964 sq.ft room area = 3728 sq.ft. room area

= 20 sq.ft cam area
= 1289.75 room area = 120 sq.ft room area

Camera 3



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48" x 72' = 3456
38 x 7.16 = 272

48 x 35.25 = 1692
38 x 7.16 = 272

135 NEW MOHAWK ROAD

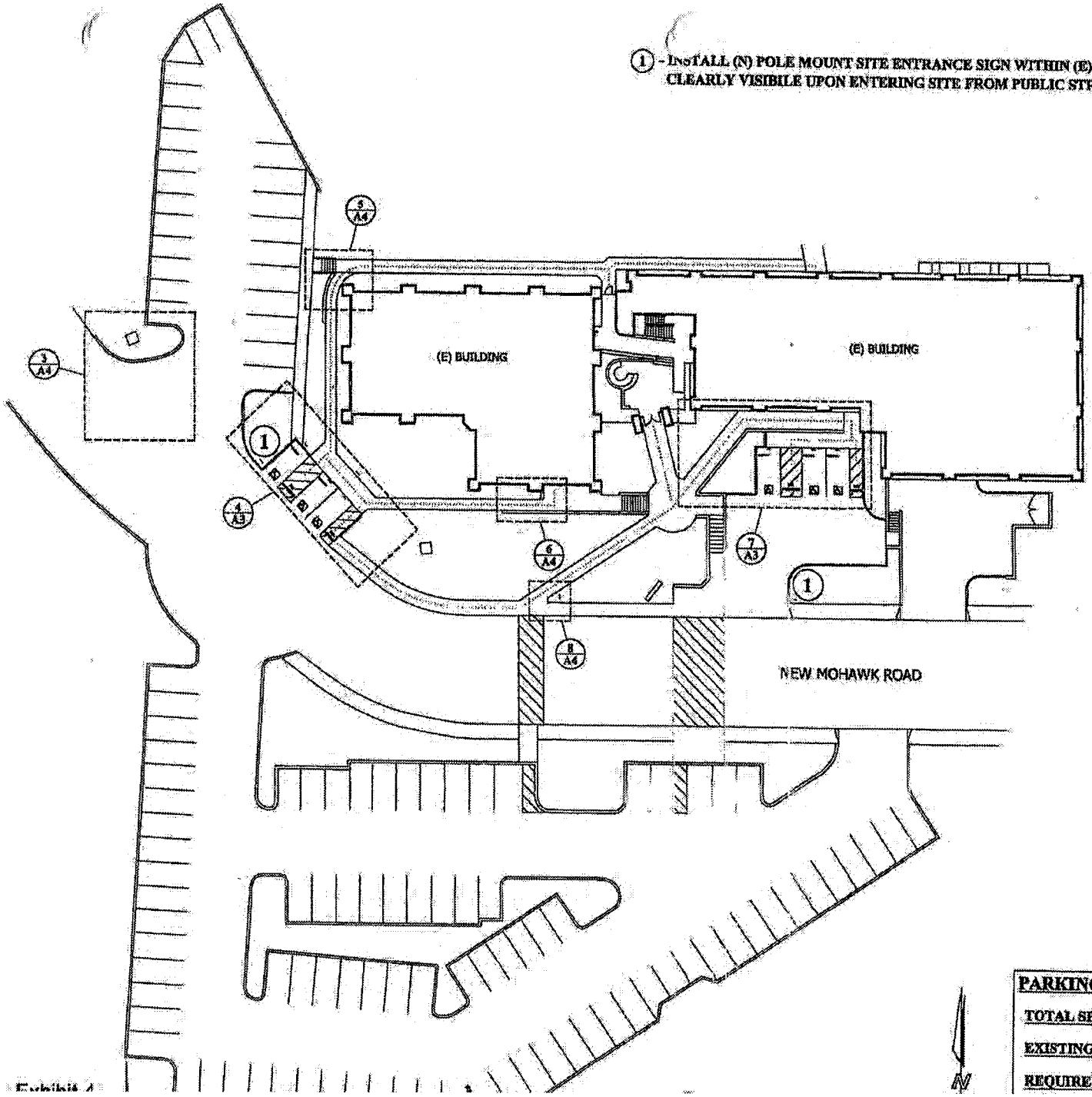
NEVADA CITY, CA 95959

EXTERIOR (LOADING DOCK)
CAMERA 5

Exhibit 4

ROE-M.nv D.f-109

1 - INSTALL (N) POLE MOUNT SITE ENTRANCE SIGN WITHIN (E) LANDSCAPE TO BE CLEARLY VISIBLE UPON ENTERING SITE FROM PUBLIC STREET - SEE 7B/A2.



PARKING STATISTICS	
TOTAL SPACES:	113
EXISTING ACCESSIBLE:	3
REQUIRED RATIO:	5

ACCESSIBILITY UPGRADES
GOLD FLAT BUSINESS PARK

PAGE TITLE:
SIT
PLA

Exhibit 4

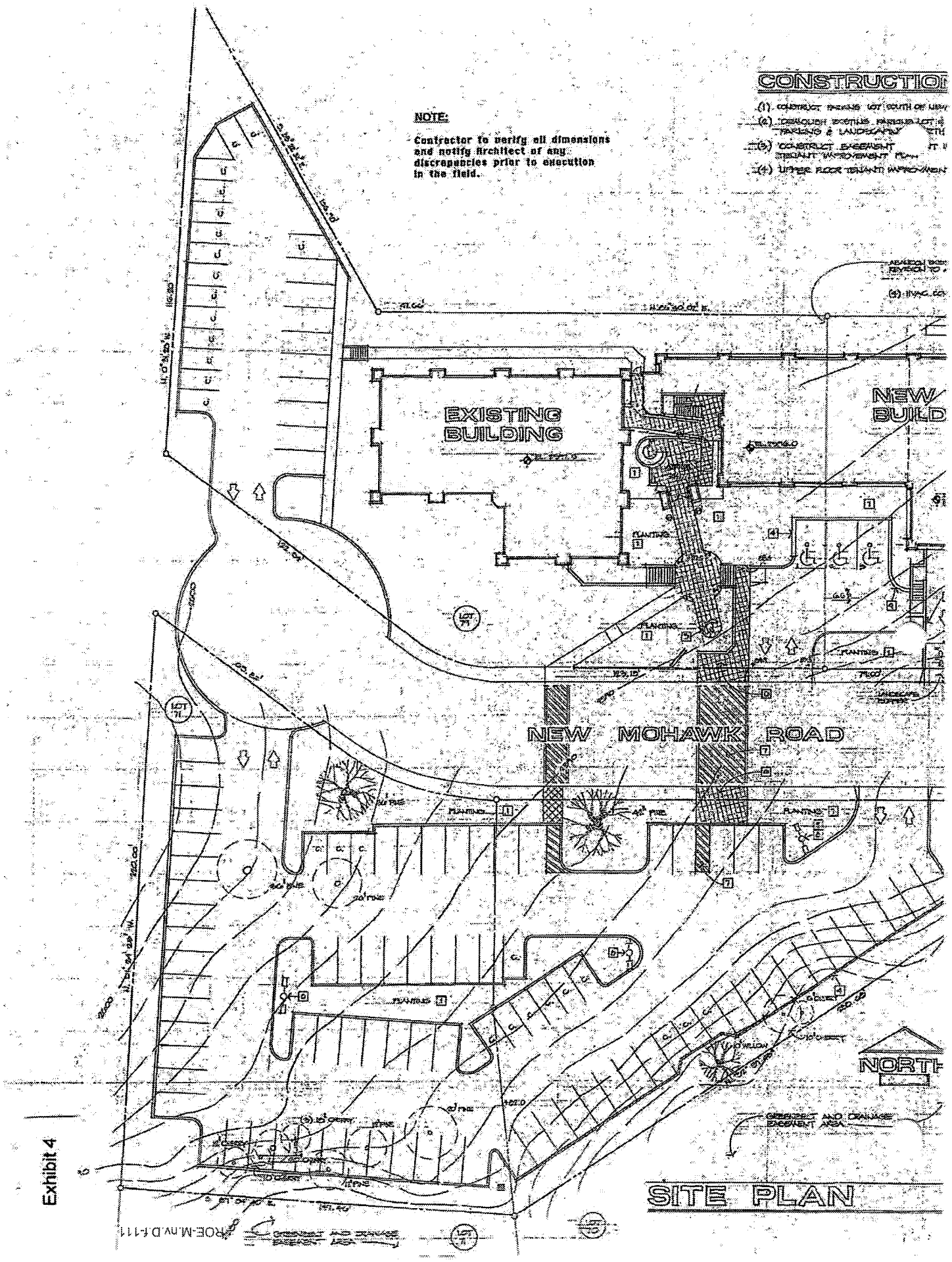
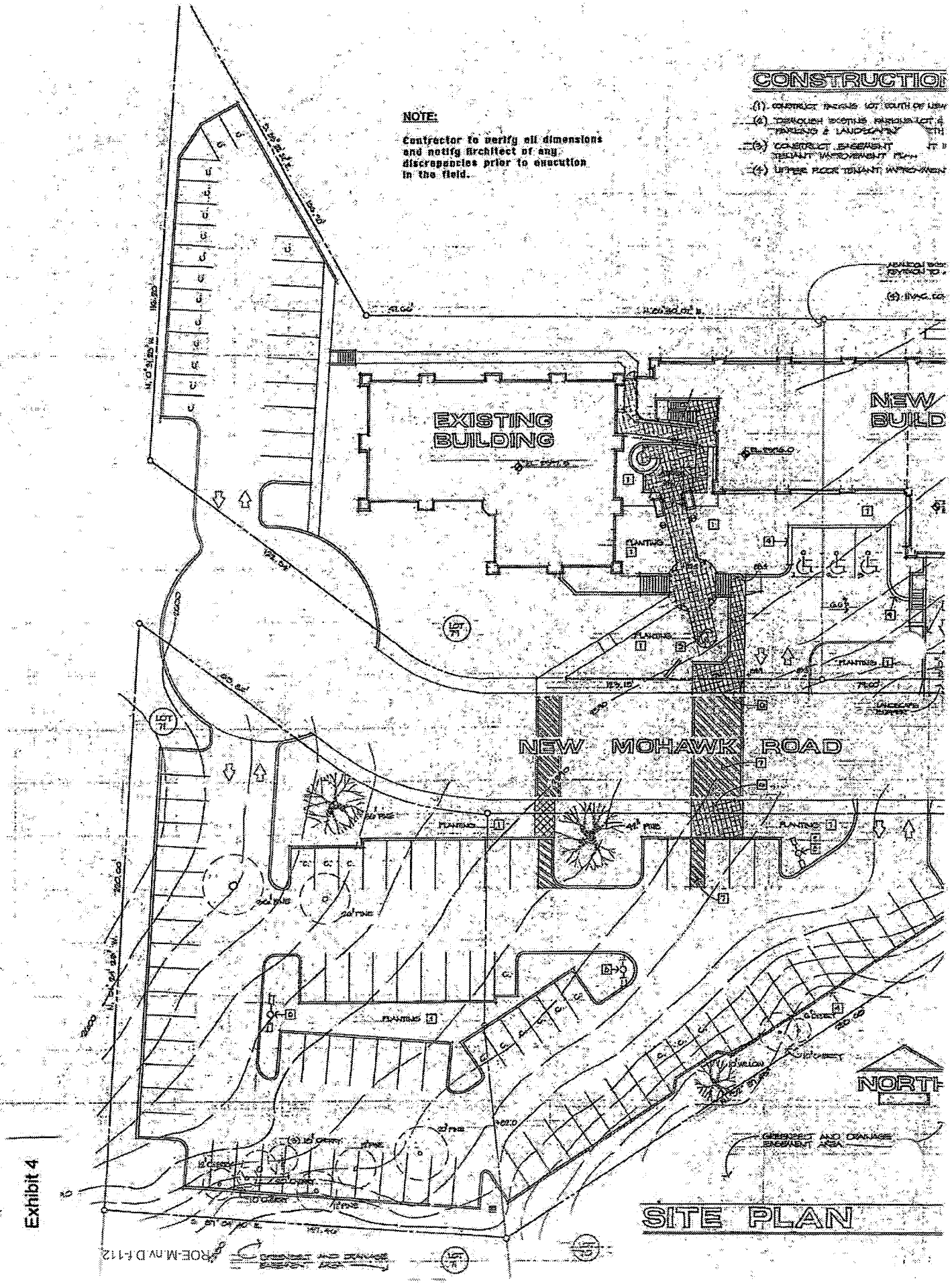

CONSTRUCTION
NOTE:
Contractor to verify all dimensions and notify architect of any discrepancies prior to execution in the field.
EXISTING BUILDING
NEW BUILD
NEW MOHAWK ROAD
NORTH
SITE PLAN

Exhibit 4


CONSTRUCTION
NOTE:
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EXISTING BUILDING
NEW BUILD
NEW MOHAWK ROAD
NORTH
SITE PLAN

Exhibit 4