State of California Gavin Newsom, Governor

BCC-LIC-006 (Rev. 2/2020)
California Department of Consumer Affairs
Bureau of Cannabis Control
www.bcc.ca.gov

CANNABIS RETAILER LICENSE APPLICATION

APPLICATION FEE \$1000 (NON-REFUNDABLE)

To pay the application fee by cash, co					
SECTION A - APPLICANT/BUSINESS INFORMATION Please	provide the below business	information for your car	nnabis lic	ense.	
License Type Designation (Please check ALL that apply):					
Adult-Use (A-license) Medicinal (M-li	icense)				
2. License Type (Please check ONE):					
Retailer - Non-Storefront (Type 9) Retailer (Type	10)				
A Retailer Non-Storefront must have a licensed premises, but	is not open to the public. It con-	ducts sales exclusively by	delivery.		
A Retailer may conduct sales in a licensed premises open to t	he public and may conduct sale	es by delivery.			
Business Organizational Structure (Please check ONE)					
	ability Company	General Partner	rship		
			-	la in	
	artnership	Limited Liability	Partners	inip	
 Name (sole proprietor first and last, all other business types legal business) MOM WEHO LLC 	siness name) Doing Business Megan's C	s As (DBA))rganic Market			
5. Business Premises Address	City		State	Zip Code	
4901 Melrose Avenue	Los Angeles		CA	90029	
Mailing Address (if different from premises address)	Citv	l	State	Zip Code	
6. Business Website Business Email Address	_	Rusiness	Phone N	umber	
www.maryjanesmelrose.com la@megansorganic	market.com		66-663		
7. Social Security Number (SSN) or Individual Taxpayer Identification N		deral Employer Identificati	ion Numbe	er (FEIN)	
The second second, runner (second second sec	(1111), 01 20011000010	aorai Empioyor raoriinoaa		. ()	
SECTION B - PRIMARY CONTACT PERSON This will be the	contact for any questions red	parding this application	and the E	Bureau staff	
will only be able to discuss the application with this person or an		,a. ag appa			
8. Name Title	Phone Number	Email Addr mark@mega	ess Insorganiem	narket.com	
Mark Cardona Chief Legal Offi	cer	a.n.oga			
SECTION C - DECLARATIONS					
9. Is the proposed premises located within a 600-foot radius of a school	l (K-12), day care center, or you	ith center?			
10. Are you a federally recognized tribe or other sovereign entity?					
11. Do you have evidence of California Environmental Quality Act (CEQ	A) compliance or exemption?				
12. Applicant's California Department of Tax and Fee Administration	If no Seller's Permit, do you att	est that you (applicant)			
Seller's Permit Number, if applicable. 207585472-00001	are currently applying for one?				
13. Number of employees? (not counting owners)	If more than one employee, pro	ovide State Employment			
	Identification Number (SEIN).	N/A			
14. If your company has 20 or more employees (not including supervise	ors) for the cannabis business,	you must attest to <u>one</u> of	the followi	ing:	
I have entered into and will abide by a labor peace agreement ar	nd have attached a notarized sta	atement and a copy			
of the signature page of the agreement.		at Levill and an interpret			
I have not yet entered into a labor peace agreement but have att as soon as reasonably practicable.	ached a notanzed statement th	at i will enter into and abid	e by one		
If your company has less than 20 employees (not including supervisors), you must attach a notarized statement indicating that you					
will enter into and abide by a labor peace agreement within 60 days of		-	, -		
15. If your company has one or more employees (not including supervisor	ors) do you attest that you have	or will have within one ye	ar		
of licensing, one supervisor and one employee that have completed a	a Cal-Osha 30-hr general indust	ry course offered and pro	vided by		
an OSHA Training Institute Education Center?					

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SECTION D - LIST OF OWNERS An owner is defined as a member of the board of directors of a nonprofit, or an individual	participating in	the direction, control, or manager	ment of the applic	ant. All business
owners must be listed, including yourself. Attach additional page 16. Name	es if needed. Ea Em		Ownership %	Title
Phoebe Lipari		all	TOWNERSHIP 76	Öwner
Mailing Address	City	/		State Zip Code
Social Security Number	Dat	e of Birth		
	_			T
Megan Souza	Em	all an@megansorganicmarket.com	Ownership %	Title Owner/CEO
Mailing Address	City	/		State Zin Code
Social Security Number	Dat	e of Birth		
SECTION E - ENTITY OWNERSHIP An entity is anythin business pursuant to Business and Professions Code sec				
additional pages if needed.			[Facail Add	
17. Name of Entity Organizational Struct MOM USA LLC Limited Liability Co		nership % Phone Number	Email Addr usa@megan	ess sorganicmarket.com
SECTION F - NON-OWNERS WITH A FINANCIAL INTE	REST IN THE		al pages if need	ed)
Allison Borges		Date of Birth		
Government ID Type California Driver License		Government ID Number		
Name		Date of Birth		
Government ID Type		Government ID Number		
SECTION G - FICTITIOUS BUSINESS NAMES				
19. Business Name MOM WEHO LLC dba Megan's Organic	Market			
Address City 4901 Melrose Avenue Los		eles	State	
Business Name				
Address	City		State	e Zip Code
OF OTHER WAY AND THE DETERMINATION				
SECTION H - LICENSING FEE DETERMINATION Identify the appropriate tier category in which your expected	gross rovonuo	for the 12-month license period h	olonge as provide	od in
Bureau Regulations section 5014 listed below.	gross revenue	ioi the 12-month license period t	ciongs as providi	50 III
Retailer-Non-Storefront Type 9 & Retailer Type 10				

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SECTIO	N I - REQUIRED ATTACHMENTS/DOCUMENTS					
	Evidence of legal right to occupy and use the proposed premises location.					
	Premises Diagram Form					
	Business formation documents, including all documents filed with the CA Secretary of State (SOS). Foreign corporations must include a copy of the Certificate of Qualification from the SOS.					
	Evidence of premises compliance with local jurison	diction, if answered "Yes" to question 9.				
	Limited sovereign immunity waiver, if answered "Yes" to question 10.					
	Evidence of exemption from, or compliance with, the California Environmental Quality Act.					
	Labor peace agreement document(s), related to o	question 14.				
	Financial Information Form					
	Proof of surety bond in the amount of \$5,000, payable to the State of California.					
	Transportation Procedures Form					
	Inventory Procedures Form					
	Non-laboratory quality control Procedures Form					
	Security Procedures Form					
	Delivery Procedures Form					
AFFIRM	IATION AND CONSENT					
and a		ation contained within and submitted with the application is co act is cause for rejection of this application, denial of a license,	•			
Signa	ature Docusigned by: Myan Sowya	Printed Name Megan Souza	Date Signed 3/29/2022			
Office U	se Only - CLEaR Application Record Number:					

See Disclosures on the Next Page

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DISCLOSURES

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the application. The Bureau of Cannabis Control (Bureau) will use the provided information to determine qualification for licensure, per section 26051.5 of the Business and Professions Code and the Information Practices Act. Failure to provide any of the requested information will result in the application being deemed incomplete by the Bureau. The Bureau will also use this information to enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Social Security Number/Individual Taxpayer Identification Number

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorizes the collection of an owner's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). The disclosure of an owner's SSN or ITIN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 17520 of the Family Code. If a SSN or ITIN is not provided, the Bureau will not process the application and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty.

State Tax Obligation

Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration (formerly the Board of Equalization (BOE)), and the Franchise Tax Board may share taxpayer information with the Bureau. A licensee or applicant must pay its state tax obligation; an applicant's license may be suspended if the state tax obligation is not paid.

Owner(s) Mailing Address(es)

The Bureau sends all official correspondence to an owner's mailing address. This mailing address may be the owner's primary place of employment, residence, post office box, or mail drop.

Mailing addresses are considered public information and are disclosable pursuant to the California Public Records Act (Government Code section 6250 et seq.). Owner names, mailing addresses, licensing statuses, as well as formal disciplinary actions may be accessed on the Bureau website through the License Lookup feature. Please consider this, especially when listing a mailing address.

Financial Information

To ensure accountability and preserve the State's ability to adequately enforce against all responsible parties, the Bureau is authorized to collect detailed information regarding individuals with a "financial interest" in the commercial cannabis operation under section 26051.5 of the Business and Professions Code. "Persons with a financial interest" means an investment into a cannabis business, a loan provided to a cannabis business, or any other equity in a cannabis business that is not qualified as an owner. It does not include persons whose only interest in a licensee is an interest in a diversified mutual fund, blind trust, or similar instrument. The applicant must provide the following information for all non-owners with a financial interest: their name, date of birth, and type of government issued identification and identification number.

Premises Location

Business and Professions Code section 26054(b) provides that a licensed premises "shall not be within a 600-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, day care center, or youth center that is in existence at the time the license is issued, unless a licensing authority or a local jurisdiction specifies a different radius." The Bureau will determine as to whether the proposed premises is located in an area as described in the application and required documents.

Access to Personal Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Public Information

The Bureau makes every effort to protect the personal information provided by license applicants. Application information may be disclosed, however, as permitted in response to a California Public Records Act request (Government Code section 6250 et seq.), as permitted by the Information Practices Act (Civil Code section 1798 et seq.), to another government agency as required by state or federal law, in response to a court or administrative order, a subpoena, or a search warrant.

Pursuant to the California Public Records Act (Title 1, Division 7, Chapter 3.5, Government Code sections 6250-6277), on request, the Bureau discloses licensee information including, but not limited to:

- Name
- · Mailing address
- · License number
- · License status
- · Original license issue date

- · Last license renewal date
- · License expiration date
- Disciplinary action
- · Copy of license renewal applications
- Copy of license application (excluding personal information such as birth date and social security number)

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Section D. List of Owners Additional Owners

Name: Mark Cardona

Email: mark@megansorganicmarket.com

Ownership %:

Title: Chief Legal Officer

Mailing Address:

City: State: Zlp Code:

Social Security Number:

Date of Birth:

Name: Tarrah Graves

Email: tarrah@megansorganicmarket.com

Ownership %:

Title: Owner/Chief Creative Officer

Mailing Address:

City: State: Zlp Code:

Social Security Number:

Date of Birth:

Name: Nicholas Andre

Email: nick@megansorganicmarket.com

Ownership %:

Title: Chief Operations Officer

Mailing Address:

City: State: Zlp Code:

Social Security Number:

Date of Birth:

Section D. List of Owners Additional Owners

Name: John Buerger

john@megansorganicmarket.com Email:

Ownership %:

Chief Financial Officer Title:

Mailing Address:

City: State: ZIp Code:

Social Security Number:

Date of Birth:

Name: Eric Powers

Email: eric@megansorganicmarket.com

Ownership %:

Title:

Mailing Address:

City: State: ZIp Code:

Social Security Number:

Date of Birth:



Vice President





MOM WEHO LLC, Busir	ADDRESS TYPE	ganicmarket.com ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
3234666636 3234666636	Mailing Premise	4901 MELROSE AVE		LOS ANGELES	900293731
MOM WEHO LLC, Busin	ness Owner, Eric Pow ADDRESS TYPE	ers, eric@megansorga ADDRESS LINE1	anicmarket.com ADDRESS LINE2	CITY	ZIP
	Mailing				
MOM WEHO LLC, Busin	ness Owner John Rus	erger john@megansor	raanicmarket com		
PHONE1 ▲ PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	2 CITY	ZIP
	Mailing				
MOM WEHO LLC, Busir	ness Owner, Mark Cai	rdona, mark@megans	organicmarket.com		
PHONE1 ▲ PHONE2	ADDRESS TYPE Mailing	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
	Palling				
MOM WEHO LLC, Busin	ness Owner, Megan A		negansorganicma	rket.com	
PHONE1 ▲ PHONE2	ADDRESS TYPE Mailing	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
MOM WEHO LLC, Busin					710
PHONE1 ▲ PHONE2	ADDRESS TYPE Mailing	ADDRESS LINE1	ADDRESS LINE2	2 CITY	ZIP
MOM WEHO LLC, Busin	ness Owner, Phoebe I ADDRESS TYPE	Lipari, ADDRESS LINE1	ADDRESS LINE	2 CITY	ZIP
THOREE	Mailing	NOONESS EINEI	ADDRESS EINE	CITT	211
MOM WELLO LLO D					
MOM WEHO LLC, Busin	ADDRESS TYPE	raves, tarrah@megan ADDRESS LINE1	sorganicmarket.con ADDRESS LINE2		ZIP
	Mailing				
MOM WEHO LLC, Own	er Applicant Megan	Aubrey Souza megan	@megansorganicm	arket com	
PHONE1 ▲ PHONE2	ADDRESS TYPE	ADDRESS LINE1			Y ZIP
	Mailing				
MOM WEHO LLC, Prima	ary Contact Person, N	Mark Cardona, mark@	megansorganicmar	ket.com	
PHONE1 ▲ PHONE2					Y ZIP

CAN_RET_LIC_Local_Jurisdiction

LIST OF OWNERS

Title First Name	Last Name	Ownership Percentage (Number)	Phone Number	Email Address	Address Line 1	Address Line 2	City	State Zip Code Contact Sequence Number (Num
Other Megan	Souza			megan@megansorganicmar	_			
Other Phoebe	Lipari							
Other Mark	Cardona			mark@megansorganicmark.				
Other Tarrah	Graves			tarrah@megansorganicma				
Other Nicholas	Andre			nick@megansorganicmark				
Other John	Buerger			john@megansorganicmark				
Other Eric	Powers			eric@megansorganicmark				

NON CONTROLLING INTEREST

First Name Last Name Phone Number Email Address Date of Birth Government-issued Identification Type Government-issued Identification Number

Allison Borges Identification Number CA DL

FICTITIOUS BUSINESS NAME

Business Name Physical Address

MOM WEHO LLC dba Megan... 4901 Melrose Ave, Los ...

ENTITY OWNERSHIP

Entity Name Organizational Structure Ownership Percentage (Number) Phone Number Email Address

MOM USA LLC Limited Liability Company usa@megansorganicmarke...

MILITARY STATUS

Date of Deployment Deployment Document Date of Discharge Discharge Document

ENTITY FINANCIAL INTEREST

Legal Business Name Tax ID Number First Name Last Name Phone Number Email Address



Department of Cannabis Control

PO Box 419106, Rancho Cordova, CA 95741-9106 P (844) 612-2322 | www.cannabis.ca.gov



April 27, 2022

Phoebe Lipari Other MOM WEHO LLC

Dear Ms./Mr. Lipari

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

- 1.Complete an owner submittal form by signing into the Bureau's online licensing system, selecting the owner submittal form button, and entering the application ID, which is **C10-22-0000108-APP**; or
- 2. Complete a paper owner submittal form, which is available on the Department's website and at the Department office.

In addition to the completed owner submittal form, you will be required to provide the following documents:

- Copy of a government-issued identification. Acceptable forms of identification are documents issued by the federal, state, county, or municipal government that include the name, date of birth, physical description, and your picture, such as a driver's license.
- A live scan form for fingerprint imaging must be submitted through a live scan operator to the Department of Justice. Please fill out the live scan form located here http://www.bcc.ca.gov/clear/live_scan.pdf. Take the live scan form with you to the live scan operator for fingerprint submissions to the DOJ and FBI. Keep a copy of the Live Scan form. The following is a link to the State of California Department of Justice's website to find live scan operator's. https://oag.ca.gov/fingerprints/locations.

For any questions, please contact the Department at (844) 612-2322.

Thank you,

Department of Cannabis Control



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY * GOVERNOR GAVIN NEWSOM Department of Cannabis Control

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April 27, 2022

Nicholas Andre Other MOM WEHO LLC

Dear Ms./Mr. Andre

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April 27, 2022

Megan Souza Other MOM WEHO LLC



Dear Ms./Mr. Souza

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April 27, 2022

Tarrah Graves Other MOM WEHO LLC

Dear Ms./Mr. Graves

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

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April 27, 2022

Eric Powers Other MOM WEHO LLC

Dear Ms./Mr. Powers

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

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April 27, 2022

Mark Cardona Other MOM WEHO LLC

Dear Ms./Mr. Cardona

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April 27, 2022

John Buerger Other MOM WEHO LLC



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Thank you,

Department of Cannabis Control

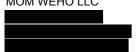


Department of Cannabis ControlPO Box 419106, Rancho Cordova, CA 95741-9106
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April 27, 2022

Megan Souza Other MOM WEHO LLC



Dear Ms./Mr. Souza

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

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Cannabis Control
PO Box 419106, Rancho Cordova, CA 95741-9106
P (844) 612-2322 | www.cannabis.ca.gov



April 27, 2022

Tarrah Graves Other MOM WEHO LLC

Dear Ms./Mr. Graves

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April 27, 2022

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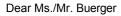


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April 27, 2022

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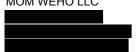


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Thank you,

Department of Cannabis Control



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Department of Cannabis Control

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April 27, 2022

Megan Souza Other MOM WEHO LLC



Dear Ms./Mr. Souza

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April 27, 2022

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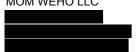


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April 27, 2022

Tarrah Graves Other MOM WEHO LLC

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April 27, 2022

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April 27, 2022

Mark Cardona Other MOM WEHO LLC

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BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY * GOVERNOR GAVIN NEWSOM Department of Cannabis Control

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April 27, 2022

John Buerger Other MOM WEHO LLC

Dear Ms./Mr. Buerger

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

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For any questions, please contact the Department at (844) 612-2322.

Thank you,

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Phoebe Lipari Other MOM WEHO LLC

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Nicholas Andre Other MOM WEHO LLC



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April 27, 2022

Megan Souza Other MOM WEHO LLC



Dear Ms./Mr. Souza

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April 27, 2022

Tarrah Graves Other MOM WEHO LLC

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Eric Powers Other MOM WEHO LLC



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