

CANNABIS RETAILER LICENSE APPLICATION
APPLICATION FEE \$1000 (NON-REFUNDABLE)

To pay the application fee by cash, contact the Bureau to schedule an appointment.

SECTION A - APPLICANT/BUSINESS INFORMATION Please provide the below business information for your cannabis license.

1. License Type Designation (Please check ALL that apply):

- Adult-Use (A-license) Medicinal (M-license)

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 conducts sales exclusively by delivery.
A Retailer may conduct sales in a licensed premises open to the public and may conduct sales by delivery.

3. Business Organizational Structure (Please check ONE)

- Sole Proprietorship Limited Liability Company General Partnership
 Corporation (or foreign corporation) Limited Partnership Limited Liability Partnership

4. Name (sole proprietor first and last, all other business types legal business name)

MOM WEHO LLC

Doing Business As (DBA)

Megan's Organic Market

5. Business Premises Address

4901 Melrose Avenue

City

Los Angeles

State

CA

Zip Code

90029

Mailing Address (if different from premises address)

City

State

Zip Code

6. Business Website

www.maryjanesmelrose.com

Business Email Address

la@megansorganicmarket.com

Business Phone Number

323-466-6636

7. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN); or Business's Federal Employer Identification Number (FEIN)

SECTION B - PRIMARY CONTACT PERSON This will be the contact for any questions regarding this application and the Bureau staff will only be able to discuss the application with this person or an owner of the business.

8. Name

Mark Cardona

Title

Chief Legal Officer

Phone Number

[REDACTED]

Email Address

mark@megansorganicmarket.com

SECTION C - DECLARATIONS

9. Is the proposed premises located within a 600-foot radius of a school (K-12), day care center, or youth center?

10. Are you a federally recognized tribe or other sovereign entity?

11. Do you have evidence of California Environmental Quality Act (CEQA) compliance or exemption?

12. Applicant's California Department of Tax and Fee Administration Seller's Permit Number, if applicable. 207585472-00001

If no Seller's Permit, do you attest that you (applicant) are currently applying for one?

13. Number of employees? (not counting owners) [REDACTED]

If more than one employee, provide State Employment Identification Number (SEIN). N/A

14. If your company **has 20 or more employees** (not including supervisors) for the cannabis business, you must attest to **one** of the following:

I have entered into and will abide by a labor peace agreement and have attached a notarized statement and a copy of the signature page of the agreement.

I have not yet entered into a labor peace agreement but have attached a notarized statement that I will enter into and abide by one as soon as reasonably practicable.

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 hiring your 20th non-supervisory employee.

15. If your company has one or more employees (not including supervisors) do you attest that you have or will have within one year of licensing, one supervisor and one employee that have completed a Cal-Osha 30-hr general industry course offered and provided by an OSHA Training Institute Education Center?

SECTION D - LIST OF OWNERS An owner is defined as a person with an aggregate ownership interest of 20% or more, chief executive officer, member of the board of directors of a nonprofit, or an individual participating in the direction, control, or management of the applicant. All business owners must be listed, including yourself. Attach additional pages if needed. Each owner is required to submit an Owner Submittal form.

16. Name Phoebe Lipari	Email [REDACTED]	Ownership % [REDACTED]	Title Owner	
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Mailing Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
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Social Security Number [REDACTED]	Date of Birth [REDACTED]
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Name Megan Souza	Email megan@megansorganicmarket.com	Ownership % [REDACTED]	Title Owner/CEO	
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Mailing Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
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Social Security Number [REDACTED]	Date of Birth [REDACTED]
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SECTION E - ENTITY OWNERSHIP An entity is anything other than an individual. If an entity is an owner of the commercial cannabis business pursuant to Business and Professions Code section 26001(a), you will need to complete the following information. Attach additional pages if needed.

17. Name of Entity MOM USA LLC	Organizational Structure Limited Liability Company	Ownership % [REDACTED]	Phone Number [REDACTED]	Email Address usa@megansorganicmarket.com
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SECTION F - NON-OWNERS WITH A FINANCIAL INTEREST IN THE BUSINESS (attach additional pages if needed)

18. Name Allison Borges	Date of Birth [REDACTED]
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Government ID Type California Driver License	Government ID Number [REDACTED]
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Name	Date of Birth
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Government ID Type	Government ID Number
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SECTION G - FICTITIOUS BUSINESS NAMES

19. Business Name MOM WEHO LLC dba Megan's Organic Market

Address 4901 Melrose Avenue	City Los Angeles	State CA	Zip Code 90029
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Business Name

Address	City	State	Zip Code
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SECTION H - LICENSING FEE DETERMINATION

Identify the appropriate tier category in which your expected gross revenue for the 12-month license period belongs as provided in Bureau Regulations section 5014 listed below.

Retailer-Non-Storefront Type 9 & Retailer Type 10
 [REDACTED]

SECTION 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 jurisdiction, 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 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

AFFIRMATION AND CONSENT

Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued.

Signature

DocuSigned by:

Megan Souza

Printed Name Megan Souza

Date Signed
3/29/2022

Office Use Only - CLEaR Application Record Number:

See Disclosures on the Next Page

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)

**Section D. List of Owners
Additional Owners**

Name: Mark Cardona
Email: mark@megansorganicmarket.com
Ownership %: [REDACTED]
Title: Chief Legal Officer
Mailing Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip Code: [REDACTED]
Social Security Number: [REDACTED]
Date of Birth: [REDACTED]

Name: Tarrah Graves
Email: tarrah@megansorganicmarket.com
Ownership %: [REDACTED]
Title: Owner/Chief Creative Officer
Mailing Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip Code: [REDACTED]
Social Security Number: [REDACTED]
Date of Birth: [REDACTED]

Name: Nicholas Andre
Email: nick@megansorganicmarket.com
Ownership %: [REDACTED]
Title: Chief Operations Officer
Mailing Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip Code: [REDACTED]
Social Security Number: [REDACTED]
Date of Birth: [REDACTED]

**Section D. List of Owners
Additional Owners**

Name: John Buerger
Email: john@megansorganicmarket.com
Ownership %: [REDACTED]
Title: Chief Financial Officer
Mailing Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip Code: [REDACTED]
Social Security Number: [REDACTED]
Date of Birth: [REDACTED]

Name: Eric Powers
Email: eric@megansorganicmarket.com
Ownership %: [REDACTED]
Title: Vice President
Mailing Address: [REDACTED]
City: [REDACTED]
State: [REDACTED]
Zip Code: [REDACTED]
Social Security Number: [REDACTED]
Date of Birth: [REDACTED]



MOM WEHO LLC, Business, , la@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
3234666636		Mailing				
3234666636		Premise	4901 MELROSE AVE		LOS ANGELES	900293731

MOM WEHO LLC, Business Owner, Eric Powers, eric@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
		Mailing				

MOM WEHO LLC, Business Owner, John Buerger, john@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
		Mailing				

MOM WEHO LLC, Business Owner, Mark Cardona, mark@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
		Mailing				

MOM WEHO LLC, Business Owner, Megan Aubrey Souza, megan@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
		Mailing				

MOM WEHO LLC, Business Owner, Nicholas Andre, nick@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
		Mailing				

MOM WEHO LLC, Business Owner, Phoebe Lipari, [REDACTED]

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
		Mailing				

MOM WEHO LLC, Business Owner, Tarrah Graves, tarrah@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
		Mailing				

MOM WEHO LLC, Owner Applicant, Megan Aubrey Souza, megan@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
		Mailing				

MOM WEHO LLC, Primary Contact Person, Mark Cardona, mark@megansorganicmarket.com

PHONE1 ▲	PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	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 (Nun
Other	Megan	Souza			megan@megansorganicmar...						
Other	Phoebe	Lipari									
Other	Mark	Cardona			mark@megansorganicmark...						
Other	Tarah	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		la@megansorganicmarket...		CA DL	

FICTITIOUS BUSINESS NAME

Business Name	Physical Address
MOM WEHO LLC dba Megan...	4801 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
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ENTITY FINANCIAL INTEREST

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



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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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Thank you,

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Owner Submittal Letter



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April 27, 2022

Tarah Graves
Other
MOM WEHO LLC

Dear Ms./Mr. Graves

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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:

Owner Submittal Letter

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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



Dear Ms./Mr. Buerger

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April 27, 2022

Megan Souza
Other
MOM WEHO LLC



Dear Ms./Mr. Souza

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

Thank you,

Department of Cannabis Control



Department of Cannabis Control
CALIFORNIA

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



April 27, 2022

Tarah Graves
Other
MOM WEHO LLC



Dear Ms./Mr. Graves

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April 27, 2022

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Other
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April 27, 2022

John Buerger
Other
MOM WEHO LLC
[REDACTED]
[REDACTED]

Dear Ms./Mr. Buerger

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April 27, 2022

Phoebe Lipari
Other
MOM WEHO LLC
[REDACTED]
[REDACTED]

Dear Ms./Mr. Lipari

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April 27, 2022

Nicholas Andre
Other
MOM WEHO LLC



Dear Ms./Mr. Andre

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April 27, 2022

Eric Powers
Other
MOM WEHO LLC



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April 27, 2022

Megan Souza
Other
MOM WEHO LLC

[REDACTED]
[REDACTED]
[REDACTED]

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April 27, 2022

Tarah Graves
Other
MOM WEHO LLC

[REDACTED]
[REDACTED]

Dear Ms./Mr. Graves

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April 27, 2022

Phoebe Lipari
Other
MOM WEHO LLC

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April 27, 2022

Nicholas Andre
Other
MOM WEHO LLC
[REDACTED]
[REDACTED]

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April 27, 2022

Mark Cardona
Other
MOM WEHO LLC
[REDACTED]
[REDACTED]

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April 27, 2022

John Buerger
Other
MOM WEHO LLC



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Other
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April 27, 2022

Phoebe Lipari
Other
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Thank you,

Department of Cannabis Control



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CALIFORNIA

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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

Dear Ms./Mr. Buerger

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April 27, 2022

Megan Souza
Other
MOM WEHO LLC



Dear Ms./Mr. Souza

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Owner Submittal Letter



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April 27, 2022

Tarah Graves
Other
MOM WEHO LLC



Dear Ms./Mr. Graves

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April 27, 2022

Megan Souza
Other
MOM WEHO LLC



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Tarah Graves
Other
MOM WEHO LLC



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April 27, 2022

Eric Powers
Other
MOM WEHO LLC

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April 27, 2022

Phoebe Lipari
Other
MOM WEHO LLC
[REDACTED]
[REDACTED]

Dear Ms./Mr. Lipari

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April 27, 2022

Nicholas Andre
Other
MOM WEHO LLC
[REDACTED]
[REDACTED]

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April 27, 2022

Mark Cardona
Other
MOM WEHO LLC



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April 27, 2022

John Buerger
Other
MOM WEHO LLC

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

Thank you,

Department of Cannabis Control



**Department of
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CALIFORNIA

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



April 27, 2022

Megan Souza
Other
MOM WEHO LLC



Dear Ms./Mr. Souza

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Owner Submittal Letter



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April 27, 2022

Tarah Graves
Other
MOM WEHO LLC



Dear Ms./Mr. Graves

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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

Dear Ms./Mr. Buerger

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April 27, 2022

Phoebe Lipari
Other
MOM WEHO LLC



Dear Ms./Mr. Lipari

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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

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Eric Powers
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