



City of San Diego  
 Development Services  
 1222 First Ave., MS-501  
 San Diego, CA 92101  
 (619) 446-5000

# Medical Marijuana Consumer Cooperative Permit

FORM  
**DS-191**  
 FEBRUARY 2015

Pursuant to Chapter 4, Article 2, Division 15 of the San Diego Municipal Code, a permit must be obtained once a Medical Marijuana Consumer Cooperative (MMCC) Conditional Use Permit (CUP) has been approved and prior to operating the MMCC. MMCC Permits issued pursuant to this Division shall be valid for **one year**. The MMCC must comply with San Diego Municipal Code, Chapter 4, Article 2, Division 15, the regulating CUP, and all applicable City, County, State and Federal Regulations. **Any other permits or licenses required by law must be obtained from the appropriate agency.**

Business Name:		Telephone No.:	
Balboa Avenue Cooperative			
Business Address:	City:	State:	Zip Code:
8863 Balboa Ave Unit E	San Diego	CA	92123
Conditional Use Permit No.:	Date of Approval:	Recordation Date of CUP:	
1296130	07/09/2015	07/29/2015	
Conditional Use Permit PTS No.:	CUP Expiration Date:		
368347	07/09/2020		

**The MMCC's responsible person or responsible managing officer must complete the following section and sign where indicated.**

I am aware that the business described above is subject to the Medical Marijuana Consumer Cooperative regulations in the San Diego Municipal Code Chapter 4, Article 2, Division 15, and the regulating Conditional Use Permit. MMCC Permits issued pursuant to this Division shall be valid for **one year**. I have a copy of the aforementioned codes, have read them, and certify that the proposed business will comply with all requirements including, but not limited to, required fingerprinting and criminal history checks of all responsible persons, and limitations related to age of responsible persons.

*Nivus Malan*

Responsible Managing Officer or Responsible Person Name:

<i>nivusmalan@yahoo.com</i>		<i>(619) 750-2024</i>	
E-mail Address:	Telephone No.:		
<i>5065 Logan Ave Suite 101</i>	<i>San Diego</i>	<i>CA</i>	<i>92113</i>
Mailing Address:	City:	State:	Zip Code:
<i>Nivus Malan,</i>	<i>01/18/17</i>		92105
Signature:	Date:		

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 Upon request, this information is available in alternative formats for persons with disabilities.

**FOR CITY USE ONLY**Conditional Use Permit No.: 1296130Recordation Date of CUP: 07/29/2015CUP Expiration Date: 07/09/2020**Staff shall check each box once the item is addressed.**

- The business address matches the address approved in the Conditional Use Permit for the Medical Marijuana Consumer Cooperative.
- The responsible person(s)<sup>1</sup> completed and submitted the Live Scan form and Form DS-192 to the San Diego Police Department (SDPD) for a criminal background check. Development Services has received the form back from SDPD verifying that the responsible persons(s) comply with SDMC Section 42.1507.
- The applicant has been provided copies of San Diego Municipal Code Chapter 4, Division 4, Article 15 and a copy of this permit.
- This permit and the following have been placed in the original Conditional Use Permit file:
- Recorded CUP.
  - Articles of Incorporation certified by the Secretary of State.
  - Form DS-192 for each responsible person(s) signed by the SDPD verifying that each responsible person(s) has passed the criminal background check.

**APPROVED**       **DENIED**

By: Frouzeh Tirandazi  
PRINT NAMEDate: January 30, 2017

1. Responsible persons includes an employee and each person upon whom a duty, requirement or obligation is imposed by this Division, or who is otherwise responsible for the operation, management, direction, or policy of a medical marijuana consumer cooperative. It also includes an employee who is in apparent charge of the medical marijuana consumer cooperative.