

City of San Diego Development Services (619) 446-5000

Cannabis Business Criminal Background Check

FORM **DS-192**

March 2020

Responsible Person:	Telephone No.:	E-Mail Addre	ess:			
Teresa D. Tucker						
Mailing Address:	City:	State:	Zip Co	de:		
Signature: Juster		Date: 6/9/.	21			
Designated Responsible Managing Operator: Telephone No.: E-Mail Address: Gregg S. Holda, The Reserve Holdings LLC 619-373-7473 Gregg@reservesd.com						
Signature: Alakes	4	Date: 6/20/2	1/		a	
Each responsible person(s) for a Cannabis Outlet (Outlet) or Cannabis Production Facility (Facility) shall undergo fingerprinting and criminal background check. Information regarding this process and definition of terms are clarified in San Diego Municipal Code Chapter 4, Article 2, Division 15.						
Submit this form along with the items listed below in person to the San Diego Police Department (SDPD) Permits & Licensing, located at 1401 Broadway, at the rear of the SDPD building. The office faces 15th Street and E Street. Business hours are Monday through Friday, between 9:00 a.m. and 4:30 p.m. Please provide the following:						
 Valid and current government-issued photo ID Request for Live Scan Service Form (BCIA 8016) completed at a governmental agency SDPD Permits and Licensing Application for Background & Criminal History Check (3 pages) 						
FOR DSD USE ONLY						
Approved CUP for: ☐ Outlet ☐ Facility	Operational P	al Permit Expiration Date:pending				
Outlet/Facility Name: Balboa Ave Cooperative	Outlet/Facility	Outlet/Facility Address: 8863 Balboa Avenue, Suite E			<u>E</u> _	
Conditional Use (CUP) No.: 2416173	CUP Project N	o.:661	1880	-		_
CUP Approval Date: December 15, 2020	CUP Expiration	n Date: July 9,	, 2026	ž.	51. 16	
FOI Background Check:	R SDPD USE ONLY			[1]]>		
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₿ Local	Passed	•			7	
Federal (Criminal History)	☐ Failed			S.D.P	1	
DMV Photo	Comments:			Ö	0	
SDPD Officer: As HEARDN DE 450 Print Name	579					_
Signature	Date: ® 8	hohom				_
0	SDPD: E-mail DS	SDCannabis@sandie	ego.gov			