Communication from Public

Name: Sunlight Medical LLC PCN application
Date Submitted: 10/23/2020 03:22 PM
Council File No: 20-0420
Comments for Public Posting: On September 3, 2019 10:13am. Sunlight Medical filed for Retail license under the PCN process. At that time Sunlight was advised by DCR in order for more licensing in Central City it would be imperative for me to get my councilmember Jose Huizar's support. However, as it is well known this would be impossible due too his arrest for Bribery. This arrest puts into question every license out there in Central City especially when you have X-Mayor sitting on the Board of Directors of Med Men, which I believe was granted one of the last retail licenses available in Central City there is only 5 in total. Sunlight Medical has jumped every hoop to file Social Equity and maintain zoned property that we cannot keep unless granted a license. As Sunlight Medical is already a Social Equity Tier One applicant, we have already overcome great obstacles just to be here now! Sunlight is begging the City Council Members to Join in Today and open more licensing in Central City. Our District 14 councilmember is not available, so I am asking City Council to step in and review Sunlight's PCN application as a group and vote for more licensing. Unfortunately, now with zoned areas in high demand Sunlight Medical is now facing price gouging by my landlords They Double the rent for October even with Covid. They did so because people with approved licensing can move in and take over what I have work for over five years to build. This should not be tolerated if a company has been paying high rent payments for zoned areas for several years, and this is clearly documented. Filing for any Cannabis License should be given to the person who has been renting the property for more than one year. Now when the time is here landlords are being offered secret deals and crazy high rents for properly zoned areas. With doubling my rent for no reason, it forces people who have well documented history OUT. In favor of companies who want to simply move their license to a zoned or more favorable property. Sunlight has invested in a lease for several years for the purpose of Cannabis Licensing only. Now when it is finally time to apply for a license, I am about to lose my lease while awaiting word on PCN application. Sunlight plans to file for Delivery, Manufacturing, and Distribution October 20th Now I might not have a lease for the final round of licensing. I thought this was all about Social Equity!! If so, there should be something to protect Social Equity

people from such price gouging on rents and gangster activity. I am begging for advocates from City Council to step up to the plate and take a close look at Sunlight Medical for licensing under the PCN process. Social Equity starts with Social Justice. Sunlight Medical is a Tier One Social Equity applicant for the Cannabis Retail License in Central City. Sunlight Medical has been in service since November of 2015 in both Retail and Delivery. Sunlight Medical (DBA) Metro Green Meds has operated in Central City for over 5 years without any violations and we are also in the top Ten Deliveries in Los Angeles area. We are completely zoned, OSHA inspected, obey all laws, and pay taxes. MGM has been a notable presence in the community for years. MGM's commitment to help with the clearing of sidewalks homeless tents, and discarded debris is well documented. Sunlight Medical (DBA) Metro Green Meds managed to clear & maintain entire blocks of trash filled sidewalks. Sunlight did so by Employing the homeless men and women to help clean & maintain city streets an parking lots. We also worked with LAPD Community Police, and Fashion District Security with our camera surveillance to help with the illegal dumping on our city streets. Sunlight Medical is and always has been in touch with our community on a street level! Sunlight and its stakeholders have been in the Fashion District serving the community for three generations in the garment industry. So we have great insight to community needs. Sunlight started in 2015 because of the opioid crisis especially in people over 50. Sunlight understands addiction on a first hand basis. I Michael Federici had to fight addiction one more time after 30 years of being sober from prescription medication. If granted a license Sunlight would like to support housing for families who are fighting addiction. Sunlight has consistently offered food, and jobs on a regular basis in the DTLA area. Sunlight does not turn anyone away hungry or cold on our city streets. Sunlight has learned a lot about homeless situation over its 75 years in DTLA. Sunlight medical known as Metro Green Meds is rated in the top ten deliveries in six cites. This was a five star company with a 70% return rate until were asked to close in April of 2019. We are asking City Council, and DCR for some help getting this through so we don't loose out to giant companies. Please! allow us to continue our service in the community and remain in the city another 75 years. Thank you Sunlight Medical

CITY OF LOS ANGELES DEPARTMENT OF
CANNABIS REGULATION

OWNERSHIP AND FINANCIAL INTEREST HOLDER FORM

LIC-4008-FORM

General Instructions. Applicants shall disclose all ownership and financial interest holder information as instructed below. In addition, please attach a chart(s), using the format below, that discloses the ownership of the Applicant until only individuals remain. Please note that providing false or misleading information, or failing to disclose a material fact, may be grounds for denial of the license application. Additionally, if after licensure, DCR determines that a Licensee provided false or misleading information, or omitted material facts, DCR may suspend or revoke the License, or take other administrative action permitted by law.

Please review all definitions and instructions contained in this form. Any terms not defined herein shall have the meanings set forth in Los Angeles Municipal Code (LAMC) Section 104.01. For example, "individual" means a natural person as defined in LAMC Section 104.01(a)(26).

A. Application Information. . If the Applicant is a business entity, complete Sections A through D. If the Applicant is an individual, check the box for "Individual," select "Sole Proprietorship" from the drop-down menu for "Business Structure," and complete Sections A, C and D

Applicant Name: SUNLIGHT MEDICAL ☑ Individual ☐ Entity

Business Entity Structure: Limited Liability Partnership CA Entity No. 201524510571

Accela Contact Reference ID No. _____ FEIN No. 47-5171921

Business Premises Location: 1616 S LOS ANGELES ST UNIT B LOS ANGELES CA. 90015

B. Application Ownership Disclosure. Please provide the Applicant's ownership information in the tables provided in this form. Please see Figure 1 for a sample business structure organization chart. If additional tables are necessary to disclose entities and/or individuals, please make the necessary number of copies, number each page and provide the total number of pages on the bottom right-hand corner of each page. **You must provide both: (1) a table or tables that comport with the format of Figure 1 and provide detail down to the individual level; and (2) the information requested on later pages of this form.**

- **Ownership Level:** Please provide information about the Applicant's ownership level(s) in accordance with Figure 1. For example, using Figure 1, two rows in the table would be required to disclose the Applicant's ownership at level 1, one for Entity A1 and another for Entity B1; and, four rows in the table would be required to disclose the Applicant's ownership at level 2.

- **Business Entity Name:** Enter the name of the business entity at the top of each row. Each business entity which is identified as an Owner requires a separate row.

- **Business Entity Structure**: From the drop-down menu, select the business entity's structure type, e.g., sole proprietorship, corporation, limited liability company (LLC), partnership, or other type of business entity.

- **Accela Contact Ref. ID:** Every Owner (entities and individuals) is required to have a user profile in Accela that is linked to the application record. Each individual and business entity will have a unique Accela Contact Reference Identification Number. Please provide the Accela Contact Reference ID for every individual and business entity.

- **Name**: State the name of each individual or business entity who meets the definition of an "Owner" under Los Angeles Municipal Code (LAMC) Section 104.01(a)(36). If an entity is being added as an Owner, please provide the entity's ownership information in a separate table, as the next level ownership. For example, using Figure 1, Entity A1 is a Level 1 Owner of the Applicant, and Entity B2 is a Level 2 Owner of Entity A1.

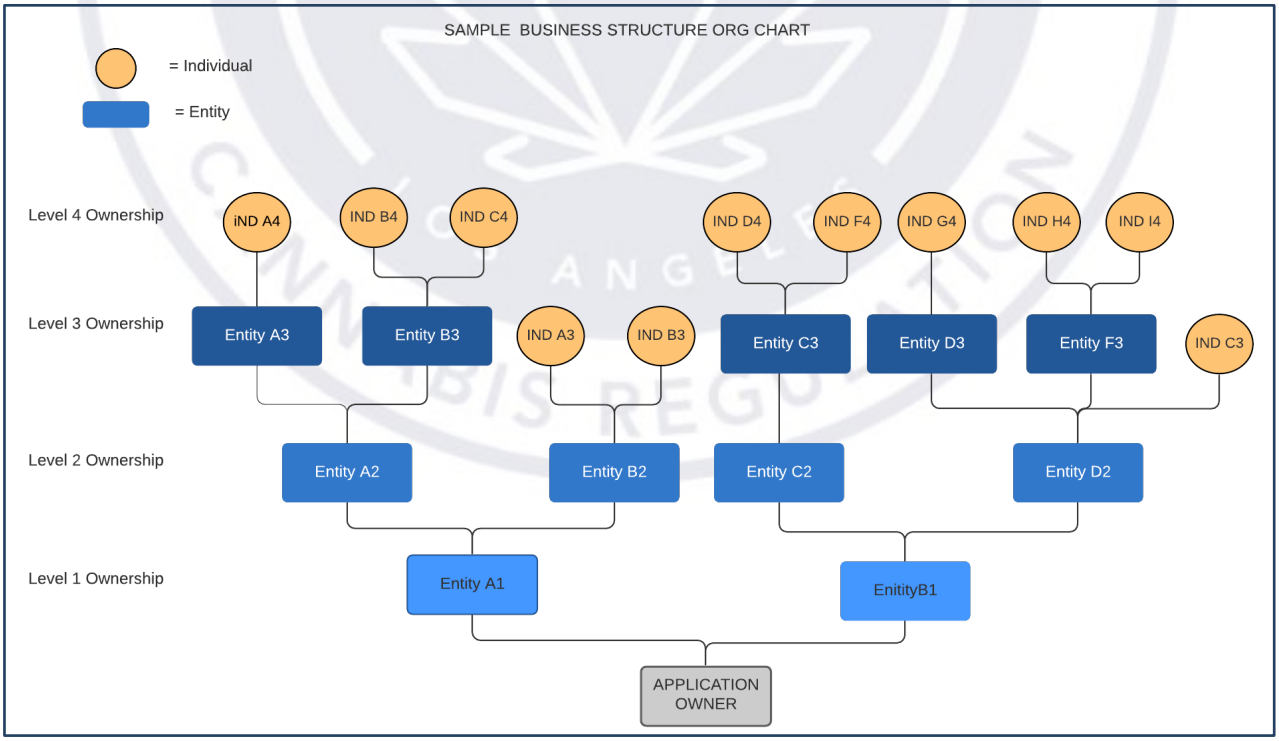
- **Owner Type:** Identify whether the Owner on the individual level is a verified Social Equity Individual Applicant.

- **Contact and Business Entity Information:** Provide the contact information, such as the mailing address, phone number and email address, and business entity information, including California Secretary of State entity number and the entity's FEIN number.

- **Ownership Interest**: State the Owner's equity or profit-sharing interest in the Applicant or in the Person who is an Owner of the Applicant and provide the entity name. If an individual is an Owner but not but does not have an equity or profit-sharing interest, write "N/A."

- **Other Information.** If necessary, attach additional records or charts to complete disclosure of Owners and/or Financial Interest Holders.

Figure 1.



Applicant Name: SUNLIGHT MEDICAL

Provide the following Information for each Business Entity identified in the organization chart.

No. 1 Business Entity Name: **DOUGLAS SAMUELS/ SUNLIGHT MEDICAL** Business Entity Structure: Limited Liability Company Mailing Address: **1616 S LOS ANGELES ST UNIT B** Phone No. 310-261-8827 Email: **douglassamuels@aol.com** Owns 51 % of distribution delivery and distribution	Ownership Level: 51% CA Entity No. **20152451057** FEIN No. **47-5171921** Accela Contact Ref. ID: **317280310**
No. 2 Business Entity Name: MICHAEL FEDERICI / SUNLIGHT MEDICAL Business Entity Structure: Limited Liability Company Mailing Address: 1616 S LOS ANGELES ST. UNIT B Phone No. 310-804-0567 Email: michaelfed2@yahoo.com Owns 19 % of distribution delivery and distribution	Ownership Level: 19% CA Entity No. 20152451057 FEIN No. 47-5171921 Accela Contact Ref. ID: 317280310
No. 3 Business Entity Name: SHAWN MANSHOORY Business Entity Structure: Limited Liability Company Mailing Address: 1616 S LOS ANGELES ST. UNIT B Phone No. 213-944-4434 Email: Owns 7.5 % of distribution delivery and distribution	Ownership Level: 7.5% CA Entity No. 20152451057 FEIN No. 47-5171921 Accela Contact Ref. ID: 317280310
No. 4 Business Entity Name: MARK MANSHOORY Business Entity Structure: Limited Liability Company Mailing Address: 1616 S LOS ANGELES ST. UNIT B Phone No. 213-840-2500 Email: Owns 7.5 % of distribution delivery and distribution	Ownership Level: 7.5% CA Entity No. 20152451057 FEIN No. 47-5171921 Accela Contact Ref. ID: 317280310
No. 5 Business Entity Name: ALEX MANSHOORY Business Entity Structure: Limited Liability Company Mailing Address: 1616 S LOS ANGELES ST. UNIT B Phone No. 424-535-3060 Email: Owns 7.5 % of distribution delivery and distribution LICENSE	Ownership Level: 7.5% CA Entity No. 20152451057 FEIN No. 47-5171921 Accela Contact Ref. ID: 317280310
No. 6 Business Entity Name: MICHAEL MANSHOORY Business Entity Structure: Limited Liability Company Mailing Address: 1616 S LOS ANGELES ST. UNIT B213-944-4434 Phone No. 213-926-7070 Email: Owns 7.5 % of distribution delivery and distribution license	Ownership Level: 7.5% CA Entity No. 20152451057 FEIN No. 47-5171921 Accela Contact Ref. ID: 317280310

No. 7 Business Entity Name: _____ Business Entity Structure: Select the Entity Structure Type Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ CA Entity No. _____ FEIN No. _____ Accela Contact Ref. ID: _____
No. 8 Business Entity Name: _____ Business Entity Structure: Select the Entity Structure Type Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ CA Entity No. _____ FEIN No. _____ Accela Contact Ref. ID: _____
No. 9 Business Entity Name: _____ Business Entity Structure: Select the Entity Structure Type Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ CA Entity No. _____ FEIN No. _____ Accela Contact Ref. ID: _____
No. 10 Business Entity Name: _____ Business Entity Structure: Select the Entity Structure Type Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ CA Entity No. _____ FEIN No. _____ Accela Contact Ref. ID: _____
No. 11 Business Entity Name: _____ Business Entity Structure: Select the Entity Structure Type Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ CA Entity No. _____ FEIN No. _____ Accela Contact Ref. ID: _____
No. 12 Business Entity Name: _____ Business Entity Structure: Select the Entity Structure Type Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ CA Entity No. _____ FEIN No. _____ Accela Contact Ref. ID: _____

Provide the following Information for each individual identified in the organization chart.

No. 1 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 2 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 3 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 4 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 5 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 6 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 7 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____

No. 8 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 9 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 10 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 11 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 12 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 13 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____
No. 14 Individual Name: _____ ☐ SEP Owner Mailing Address: _____ Phone No. _____ Email: _____ Owns _____% of _____	Ownership Level: _____ Accela Contact Ref. ID: _____

C. Financial Interest Holder Disclosure List. For the purposes of this form, a financial interest means any of the following:

1. An agreement to receive a portion of the profits of a commercial cannabis business;
2. An investment into a commercial cannabis business;
3. A loan provided to a commercial cannabis business; or
4. Any other equity interest in a commercial cannabis business.

Examples of a financial interest may include:

1. An employee who has entered into a profit share plan with the commercial cannabis business.
2. A landlord who has entered into a lease agreement with the commercial cannabis business for a share of the profits.
3. A consultant who is providing services to the commercial cannabis business for a share of the profits.
4. A person acting as an agent, such as an accountant or attorney, for the commercial cannabis business for a share of the profits.
5. A broker who is engaging in activities for the commercial cannabis business for a share of the profits.
6. A salesperson who earns a commission.

Notwithstanding the above, a Person does not need to be disclosed as a financial interest holder if it/she/he is:

1. A bank or financial institution whose interest constitutes a loan;
2. A Person whose only financial interest in the commercial cannabis business is through an interest in a diversified mutual fund, blind trust, or similar instrument;
3. A Person whose only financial interest in the commercial cannabis business is a security interest, lien, or encumbrance on property that will be used by the commercial cannabis business; or,
4. A Person who holds a share of stock that is less than 5 percent of the total shares in a publicly traded company.

Additionally, a Person already identified as an Owner does not need to be disclosed as a financial interest holder if it/she/he does not have a financial interest in the Applicant separate and apart from the financial interest disclosed in the Ownership Disclosure Form.

An Applicant may attach a separate sheet to provide all required financial interest holder information, but must follow the format reflected below.

Financial Interest Holders.

1. Name:_____

   Contact Information: _____

   Financial Interest in Applicant: _____

2. Name:_____
   Contact Information: _____
   Financial Interest in Applicant: _____

3. Name:_____
   Contact Information: _____
   Financial Interest in Applicant: _____

4. Name:_____
   Contact Information: _____
   Financial Interest in Applicant: _____

5. Name:_____
   Contact Information: _____
   Financial Interest in Applicant: _____

6. Name:_____
   Contact Information: _____
   Financial Interest in Applicant: _____

7. Name:_____
   Contact Information: _____
   Financial Interest in Applicant: _____

8. Name:_____
   Contact Information: _____
   Financial Interest in Applicant: _____

D. Entity Financial Interest Holder List

If a financial interest holder listed above is also a business entity, attach a separate table to disclose the identities and contact information of all the owners of that entity. Each entity disclosed as having a financial interest must disclose the identities of Persons holding financial interests until only individuals remain.