

CITY OF VALLEJO BUSINESS LICENSES

555 Santa Clara Street, Vallejo, CA 94590

Office: (707) 648-4310

Fax: (707) 649-5407

Attachment B
**2011-2012
APPLICATION**
www.ci.vallejo.ca.us

*****FOR OFFICIAL USE ONLY (Do not write in this section)*****

AMT DUE: \$ <u>00</u>	BUSINESS LIC # _____
Cash: _____	FEB 28 2012
Check #: <u>1243</u>	BUSINESS LICENSES
CC Auth #: _____	EXPIRATION DATE
Receipt # <u>90335</u>	

TYPE (please check one)

- New Business
 Non-Profit
 Out of Town
 Temporary Vendor

BUSINESS INFORMATION (please print clearly)

BUSINESS NAME: Better health group
 Bus Addr (not a PO box): 3611 Sonoma Blvd
 City/State/Zip Code: Vallejo CA 94590
 E-Mail Address: Betterhealthgroup@gmail.com
 Mailing Addr (if different): 3611 Sonoma Blvd #
 City/State/Zip Code: Vallejo CA 94590
 Business Phone #: 707-643-3767

OWNERSHIP (please check one)

- Sole Proprietorship
 Corporation
 Limited Liability Com
 Partnership
 Limited Partnership

OTHER BUSINESS INFORMATION

START DATE OF BUSINESS IN VALLEJO Dec 1 2009 No. of Employee(s) 6
 TYPE OF BUSINESS: Medical Cannabis (HES 11362.5 & 11562.75)

VALLEJO LOCATION ONLY

- Home Occupation
 Commercial

CONTRACTOR'S STATEMENT (Contractor ONLY)

Contractor Name: _____
 State Lic #: _____ Class: _____ Exp Date: _____

~~OWNER~~ Director CEO
 NAME: Jorge Espinoza
 E-Mail Address: Betterhealthgroup707@gmail.com
 Home Addr (not a PO box): 136 convent et San Rafael CA
 Home Phone #: 707 501-8259

SS# or FEIN/SEIN:

OWNER
 NAME: _____
 Home Addr (not a PO box): _____
 Home Phone #: _____

SS# or FEIN/SEIN:

EMERGENCY CONTACT

NAME: Mia Lavie Phone #: 415-847-5602
 Address: 136 convent et San Rafael CA 94901

VALLEJO LOCATION REQUIREMENTS BEFORE ISSUANCE OF BUSINESS LICENSE

- Home *I have received and read information about Ordinance #558 N.C. (2d) and hereby agree to comply. Failure to comply will result in revocation of license and possible legal action.*
 Signature: _____ Date: 7-27-2012
- Commercial
- 1) Final Occupancy is subject to inspection approval by Building Division. (707) 648-4374
 - 2) Zoning Permit approval is required by Planning Division. (707) 648-4326
 - 3) Fire and life safety inspection of your facility are required. (707) 648-4565

I declare under penalty of perjury that the foregoing is correct.

Signature: _____ Date: _____

***** APPROVAL AND SIGNATURES REQUIRED (Vallejo location ONLY) *****

Planning Div: N/A PER VMC Date: 2/27/12 Code Enforce: _____ Date: _____
 Building Div: Sec. 5.05.22C Date: _____ Fire Dept: _____ Date: _____
 Health Dept: (Please contact the Solano County Health Department at (707) 784-6765 for food and kitchen requirements.)

Comments: _____

(Please see back for schedule of license fees)

CITY OF VALLEJO, CALIFORNIA
*** CUSTOMER RECEIPT ***
Oper: ANAVARRO Type: DC Drawer: 1
Date: 2/28/12 03 Receipt no: 90335

Description	Quantity	Amount
OL BUSINESS LICENSE NEW	1.00	\$500.00
BETTER HEALTH GROUP		

Tender detail
CK CHECK 1243 \$500.00
Total tendered \$500.00
Total payment \$500.00

Trans date: 2/27/12 Time: 11:38:48

THANK YOU FOR YOUR PAYMENT

CITY OF VALLEJO, CALIFORNIA
*** CUSTOMER RECEIPT ***
Oper: ANAVARRO Type: CW Drawer: 1
Date: 2/28/12 05 Receipt no: 90340

Description	Quantity	Amount
FI FIRE INSPECTION FEES	1.00	\$148.00
JAMES ESPINOZA/DISPENSARY		

Tender detail
CK CHECK 1246 \$148.00
Total tendered \$148.00
Total payment \$148.00

Trans date: 2/27/12 Time: 11:44:59

THANK YOU FOR YOUR PAYMENT