

TO: Mayor and Councilmembers
Gary Halbert, Interim City Manager
Shawn Hagerty, City Attorney

FROM: James Jeffries, City Clerk

DATE: July 7, 2025

SUBJ: Updated Meeting Materials – July 8, 10, and 11, 2025, Special Meeting

PUBLIC HEARING:

- (1) **Public Hearing for the Selection of Up to Four Retail Commercial Cannabis Businesses (CCBs) with Up to Four Alternate CCBs and Finding the Action Exempt from the California Environmental Quality Act (CEQA) Pursuant to CEQA Guidelines Section 15303. (Planning and Building – Sawa)**

The Cannabis Business Permit Application was missing from Attachment C-9 (Mission Greens – 9945 Prospect Avenue) and is being added to Attachment C-9.

Page one of the Cannabis Business Permit Application for Attachment C-13 (Culture Cannabis Club – 8781 Cuyamaca Street, Suites A-D), had a technical error occur and all information was missing. Page one of the Cannabis Business Permit Application is being added to Attachment C-13.



COMMERCIAL CANNABIS BUSINESS PERMIT APPLICATION (Retail Applications)

City of Santee
10601 Magnolia Ave
Santee, CA 92071
Email:
cannabisinfo@cityofsanteeca.gov

APPLICANT (ENTITY) INFORMATION

Applicant (Entity) Name: Santee Prospect, LLC DBA: _____

Physical Address: 350 W. 9th Street, Unit 106B Escondido CA 92025
Street City State Zip

Primary Contact: Alex Dos Santos Title: Director of Compliance & Licensing

Mailing Address: 350 W. 9th Street, Unit 106B Escondido CA 92025
Street City State Zip

Phone Number: 480-329-9439 Email: alex@cakehousecannabis.com

HAS ANY INDIVIDUAL IN THIS APPLICATION APPLIED FOR ANY OTHER CANNABIS PERMIT IN THE CITY OF SANTEE? ☐ Yes ☒ No

Indicate whether you intend to operate a Microbusiness with Retail. ☐ Yes ☒ No

Business Formation: Describe how the business is organized.

☐ Sole Partnership ☐ Corporation ☐ S-Corporation ☐ Limited Partnership ☒ Limited Liability Company
☐ Other (please describe): _____

PROPOSED LOCATION

Property Owner Name: Anthony Cortes

Proposed Location Address: 9945 Prospect Ave Santee CA 92701
Street City State Zip

Property Owner Phone Number: 619-417-4224 Email: Anthony@coastlineequity.net

Zoning Clearance Letter : ☒ Yes ☐ No

Assessor's Parcel Number (APN): 384-190-65-00

APPLICATION SUBMITTAL CHECKLIST

Applications must be submitted online via the City of Santee's Permitting and Licensing Portal. Applicants failing to submit any of the following will be deemed incomplete and will not move forward in the application process:

- ✓ A complete and signed Commercial Cannabis Business Permit Application form and Evaluation Criteria. The evaluation criteria response is limited to 125 pages.
- ✓ A signed Financial Responsibility, Indemnity and Consent to Inspection Agreement form.
- ✓ A signed Agreement to Limitations of City Liability and Indemnification to City form.
- ✓ Verification of Live Scan background submittal
- ✓ A signed and notarized Property Owner Consent/Landlord Affidavit.
- ✓ Proof of Insurance or Letter of Insurability from the Insurance Company
- ✓ Proof of Capitalization
- ✓ Zoning Verification Letter.
- ✓ Application Fee. (Note that this fee should be submitted in person to the City).

OWNER INFORMATION

For the purpose of this section, "owner" shall have the same meaning as the word "owner" set forth Santee Municipal Code Section 7.04.060, which includes any of the following:

1. A person with an aggregate ownership interest of 10 percent or more in the commercial cannabis business, unless the interest is solely a security, lien, or encumbrance;
2. An individual who manages, directs, or controls the operations of the commercial cannabis business, including but not limited to: A) member of the board of directors of a nonprofit; B) A general partner of a commercial cannabis business that is organized as a partnership; C) A non-member manager or manager of a commercial cannabis business that is organized as a limited liability company; D) The trustee(s) and all persons who have control of the trust and / or the commercial cannabis business that is held in trust; E) An individual with the authority to provide strategic direction and oversight for the overall operations of the commercial cannabis business, such as the chief executive officer, president or their equivalent, or an officer, director, vice president, general manager or their equivalent; F) An individual with the authority to execute contracts on behalf of the commercial cannabis business.

Ownership percentages should total 100%. If any individual(s) own(s) less than 10%, list the number of individuals who own less than 10% and the total percentage to reach 100%. For example, If John Doe owns 5%, Joe Smith owns 8%, and Mary Jones owns 9% state at the bottom of this form that three individuals own 22% so that the total will equal 100% once you individually include all those who own 10% or more.

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.				
Ownership %	<u>20%</u>	Background information is included as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name:	<u>Saad S. Pattah</u>	Title:	<u>Owner</u>	
Address:	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
	Street	City	State	Zip
Signature:	<u>Saad S. Pattah</u>	Date:	<u>8/28/2024</u>	

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.				
Ownership %	<u>20%</u>	Background Information is included as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name:	<u>Dina Yacoub</u>	Title:	<u>Owner</u>	
Address:	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
	Street	City	State	Zip
Signature:	<u>[Signature]</u>	Date:	<u>8/28/2024</u>	

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.				
Ownership %	<u>25%</u>	Background Information is included as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name:	<u>AHMED AL SAIDE</u>	Title:	<u>Owner</u>	
Address:	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
	Street	City	State	Zip
Signature:	<u>[Signature]</u>	Date:	<u>8/28/2024</u>	

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.				
Ownership %	<u>10%</u>	Background information is included as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Name:	<u>Alvin Barbat</u>	Title:	<u>Owner</u>	
Address:	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
	Street	City	State	Zip
Signature:	<u>[Signature]</u>	Date:	<u>8/28/2024</u>	

Add more pages as necessary to accommodate all Commercial Cannabis Business Owners

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership %

10%

Owner Name:

Karam Solaiman

Address:

Street

City

State

Zip

Signature:

Karam Solaiman

Background Information is included as required?

☐ Yes ☐ No

Title:

Owner

Date:

8/28/2024

I declare under the penalty of perjury that the information provided on this disclosure form is true and accurate to the best of my knowledge.

Ownership %

15%

Owner Name:

Daniel Buksa

Address:

Street

City

State

Zip

Signature:

Daniel Buksa

Background information is included as required?

☐ Yes ☐ No

Title:

Owner

Date:

8/28/2024

SUPPORTING INFORMATION

List all fictitious business names the applicant is operating under including the address where each business is located:

Applicant will be applying for the FBN of “The Cake House” once awarded the license.

Has the Applicant or any of its owners been the subject of any administrative action, including but not limited to suspension, denial, or revocation of a cannabis business license at any time in the previous five (5) years? If so, please list and explain:

No.

Is the Applicant or any of its owners currently involved in an application process in any other jurisdiction(s)? If so, which jurisdiction(s)?

No.

APPLICATION CERTIFICATION

I hereby certify, under penalty of perjury, on behalf of myself and all owners, corporate officers, partners, and managers identified in this application that the statements and information furnished in this application and the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief. I understand that a misrepresentation of fact is cause for rejection of this application, denial of the permit, or revocation of a permit issued.

In addition, I understand that the filing of this application grants the City of Santee permission to reproduce submitted materials for distribution to staff, Commissions, Boards and City Council Members, and other Agencies to process the application. Nothing in this consent, however, shall entitle any person to make use of the intellectual property in plans, exhibits, and photographs for any purpose unrelated to the City's consideration of this application.

Furthermore, by submitting this application, I understand and agree that any business resulting from an approval shall be maintained and operated in accordance with requirements of the City of Santee Municipal Code and State law.

Under penalty of perjury, I hereby declare that the information contained in within and submitted with the application is true, complete, and accurate. I understand that a misrepresentation of the facts is cause for rejection of this application, denial of a license or revocation of an issued license. I further authorize the City, its agents, and employees to seek verification of the information contained in the application.

Saad S. Pattah

Name

CEO

Title

Saad S. Pattah

Signature

8/28/2024

Date

For information required as part of the application process, see the Application Procedures and Review Criteria, City of Santee Municipal Code Chapter 7.04. All documents can be found online at <https://www.cityofsanteeca.gov/business/cannabis-business>. For questions, please email: cannabisinfo@cityofsanteeca.gov.



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City of Santee
10601 Magnolia Ave
Santee, CA 92071
Email:
cannabisinfo@cityofsanteeca.gov

APPLICANT (ENTITY) INFORMATION

Applicant (Entity) Name: Santee Store, LLC DBA: Culture Cannabis Club

Physical Address: 1 Corporate Park, Suite 112 Irvine CA 92606
Street City State Zip

Primary Contact: Devon Julian Title: CEO

Mailing Address: 1 Corporate Park, Suite 112 Irvine CA 92606
Street City State Zip

Phone Number: 619-277-2827 Email: Devon@culturecannabisclub.com

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Business Formation: Describe how the business is organized.

☐ Sole Partnership ☐ Corporation ☐ S-Corporation ☐ Limited Partnership ☒ Limited Liability Company
☐ Other (please describe): _____

PROPOSED LOCATION

Property Owner Name: RPM SanTan Pad 2, LLC & CB West Covina, LLC

Proposed Location Address: 8781 Cuyamaca St, Suites A, B, C & D Santee CA 92071
Street City State Zip

Property Owner Phone Number: (310) 545-8360 Email: ryan@calbaycorp.com

Zoning Clearance Letter : ☒ Yes ☐ No

Assessor's Parcel Number (APN): ~~384-041-53-00~~ & 384-041-54-00

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