

3. Applicant Information:

a. Name: Oaklyn Legacy Holdings LLC (formerly Effet, LLC)

b. Type of Corporate Structure:

Corporation
 Limited Liability Company
 Partnership
 Individual
 Collective
 Other: _____

c. Doing Business As: _____

d. Please Attach a Copy of State registration

e. Partner/Owner/Manager Information:

Please list all persons directly or indirectly interested in the permit sought, including all officers, directors, general partners, managing members, stockholders, and partners. Please attach additional pages if necessary (additional pages should be on 8½ x 11” paper; single sided, and include a Header with the applicant’s name on the top right corner of each page).

Last Name: Roberson	First Name: Gary	Middle Initial:
Alias(es): N/A		
Title: Manager, 50% Owner (Equity Applicant)		
Date of Birth: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]
Residential Address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Business Address: 3650 Mt Diablo Blvd, Ste 220		
City: Lafayette	State: CA	Zip: 94549

Last Name: Bailey	First Name: Seth	Middle Initial:
Alias(es): N/A		
Title: Manager, Owner		
Date of Birth: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]
Residential Address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Business Address: 3650 Mt Diablo Blvd, Ste 220		
City: Lafayette	State: CA	Zip: 94549

Last Name: Murray	First Name: Le Erik	Middle Initial:
Alias(es): N/A		
Title: Manager, Owner		
Date of Birth: [REDACTED]	Phone: [REDACTED]	Email: [REDACTED]
Residential Address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Business Address: 3650 Mt Diablo Blvd, Ste 220		
City: Lafayette	State: CA	Zip: 94549

Last Name: Miller		First Name: Sean		Middle Initial:	
Alias(es): N/A					
Title: Owner					
Date of Birth: [REDACTED]		Phone: [REDACTED]		Email: [REDACTED]	
Residential Address: [REDACTED]					
City: [REDACTED]		State: [REDACTED]		Zip: [REDACTED]	
Business Address: 3650 Mt Diablo Blvd, Ste 220					
City: Lafayette		State: CA		Zip: 94549	

Last Name: Cornwall		First Name: Andrew		Middle Initial:	
Alias(es): N/A					
Title: Owner					
Date of Birth: [REDACTED]		Phone: [REDACTED]		Email: [REDACTED]	
Residential Address: [REDACTED]					
City: [REDACTED]		State: [REDACTED]		Zip: [REDACTED]	
Business Address: 3650 Mt Diablo Blvd, Ste 220					
City: Lafayette		State: CA		Zip: 94549	

Last Name: Sherman		First Name: Jon		Middle Initial:	
Alias(es): N/A					
Title: Owner					
Date of Birth: [REDACTED]		Phone: [REDACTED]		Email: [REDACTED]	
Residential Address: [REDACTED]					
City: [REDACTED]		State: [REDACTED]		Zip: [REDACTED]	
Business Address: 3650 Mt Diablo Blvd, Ste 220					
City: Lafayette Lafayette		State: CA		Zip: 94549	

Last Name: Underwood		First Name: John		Middle Initial:	
Alias(es): N/A					
Title: Owner					
Date of Birth: [REDACTED]		Phone: [REDACTED]		Email: [REDACTED]	
Residential Address: [REDACTED]					
City: [REDACTED]		State: [REDACTED]		Zip: [REDACTED]	
Business Address: 3650 Mt Diablo Blvd, Ste 220					
City: Lafayette		State: CA		Zip: 94549	

4. Permit Revocations

Have any of the persons directly or indirectly interested in the permit sought ever had a permit revoked?

Yes No

If yes, please describe below the circumstances of such revocation.

Last Name: Sanger		First Name: Sarah		Middle Initial:	
Alias(es): N/A					
Title: Owner					
Date of Birth: [REDACTED]		Phone: [REDACTED]		Email: [REDACTED]	
Residential Address: [REDACTED]					
City: [REDACTED]		State: [REDACTED]		Zip: [REDACTED]	
Business Address: 3650 Mt Diablo Blvd, Ste 220					
City: Lafayette		State: CA		Zip: 94549	

Last Name:		First Name:		Middle Initial:	
Alias(es):					
Date of Birth:		Phone:		Email:	
Residential Address:					
City:		State:		Zip:	
Business Address:					
City:		State:		Zip:	

Last Name:		First Name:		Middle Initial:	
Alias(es):					
Date of Birth:		Phone:		Email:	
Residential Address:					
City:		State:		Zip:	
Business Address:					
City: Lafayette		State:		Zip:	

Last Name:		First Name:		Middle Initial:	
Alias(es):					
Date of Birth:		Phone:		Email:	
Residential Address:					
City:		State:		Zip:	
Business Address:					
City:		State:		Zip:	

4. Permit Revocations

Have any of the persons directly or indirectly interested in the permit sought ever had a permit revoked?

Yes No

If yes, please describe below the circumstances of such revocation.

Last Name:		First Name:		Middle Initial:
Alias(es):				
Title:				
Date of Birth:	Phone:		Email:	
Residential Address:				
City:		State:		Zip:
Business Address:				
City:		State:		Zip:

Last Name:		First Name:		Middle Initial:
Alias(es):				
Title:				
Date of Birth:	Phone:		Email:	
Residential Address:				
City:		State:		Zip:
Business Address:				
City:		State:		Zip:

Last Name:		First Name:		Middle Initial:
Alias(es):				
Title:				
Date of Birth:	Phone:		Email:	
Residential Address:				
City:		State:		Zip:
Business Address:				
City:		State:		Zip:

2. Verification of Equity Status

OMC 5.80.010 and OMC 5.81 define an "Equity Applicant" as an Applicant whose ownership/owner²:

1. Is an Oakland resident; and
2. Has an annual income at or less than 80 percent of Oakland Average Medium Income (AMI) adjusted for household size; and
3. Either

(i) has lived in any combination of Oakland police beats 2X, 2Y, 6X, 7X, 19X, 21X, 21Y, 23X, 26Y, 27X, 27Y, 29X, 30X, 30Y, 31Y, 32X, 33X, 34X, 5X, 8X and 35X for at least ten of the last twenty years OR

(ii) was arrested after November 5, 1996 and convicted of a cannabis crime committed in Oakland.

² "Ownership" shall mean the individual or individuals who:

- i. With respect to for-profit entities, including without limitation corporations partnerships, limited liability companies, has or have an aggregate ownership interest (other than a security interest, lien, or encumbrance) of 50% or more of the entity.
- ii. With respect to not for-profit entities, including without limitation a non-profit corporation or similar entity, constitutes or constitute a majority of the board of directors.
- iii. With respect to collective has or have a controlling interest in the collective's governing body.

Please provide supporting documentation as described below:

For proof of ownership please provide entity formation documents or documents filed with the California Secretary of State (e.g. articles of incorporation, stock issuance records, operating agreements, partnership agreements).

For proof of income please provide federal tax returns and at least one of the following documents: two months of pay stubs, current Profit and Loss Statement, Balance Sheet, or proof of current eligibility for General Assistance, Food Stamps, Medical/CALWORKs, or Supplemental Security Income or Social Security Disability (SSI/SSDI).

For proof of conviction should be demonstrated through Court documents, Probation documents, Department of Corrections or Federal Bureau of Prisons documentation.

For proof of residency please complete the below Proof of Residency Chart and provide a minimum of two of the documents listed below, evidencing 10 years of residency shall be considered acceptable proof of residency. All residency documents must list the applicant's first and last name, and the Oakland residence address in applicable police beats

- California driver's record; or
- California identification card record ; or
- Property tax billing and payments; or
- Verified copies of state or federal income tax returns where an Oakland address is listed as a primary address; or
- School records; or
- Medical records; or
- Oakland Housing Authority records; or
- Utility company billing and payment covering any month in each of the ten years.

Proof of Residency Chart

NAME OF EQUITY INDIVIDUAL Gary Roberson		
CURRENT OAKLAND ADDRESS	DATES	



NAME OF EQUITY INDIVIDUAL		
CURRENT OAKLAND ADDRESS	DATES	
	FROM	TO
PRIOR OAKLAND ADDRESS(ES)		

NAME OF EQUITY INDIVIDUAL		
CURRENT OAKLAND ADDRESS	DATES	
	FROM	TO
PRIOR OAKLAND ADDRESS(ES)		

NAME OF EQUITY INDIVIDUAL		
CURRENT OAKLAND ADDRESS	DATES	
	FROM	TO
PRIOR OAKLAND ADDRESS(ES)		

3. Business Plan

Using only the spaces provided below, please answer the following questions.

- a) Describe Applicant's understanding of the cannabis dispensary market, what customers in this market are seeking, and how Applicant intends on capturing market share.

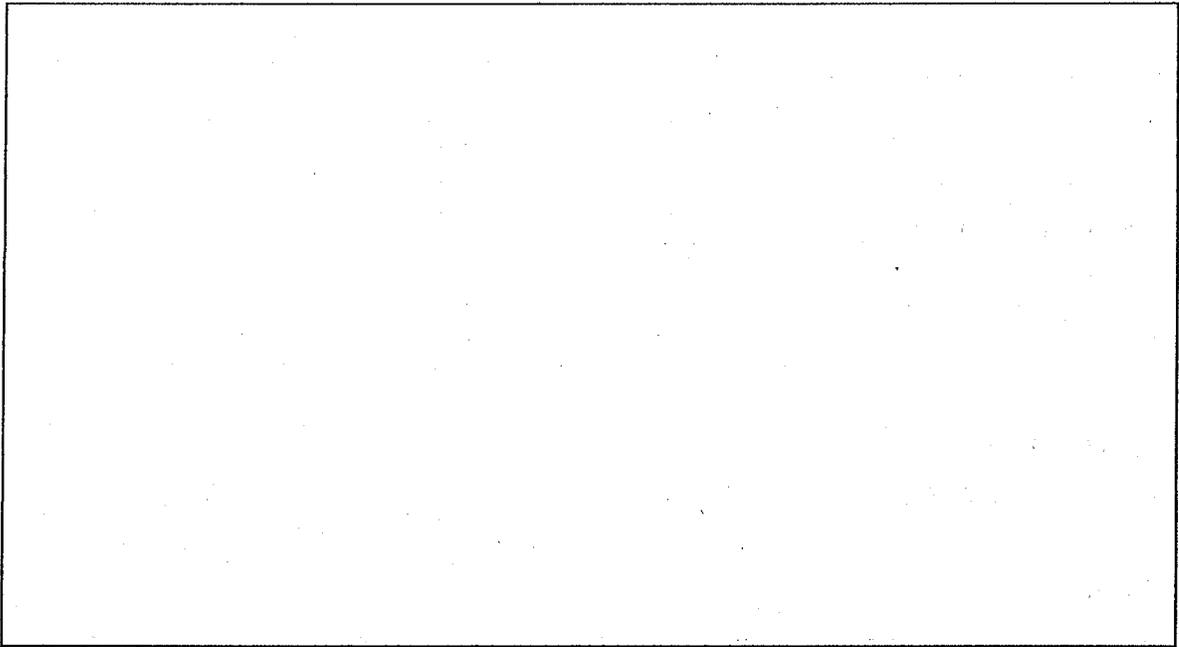
It is my understanding that the cannabis retail market is constantly reshaping due to regulatory changes and growing competition. From my observation, the companies that are data driven are able to quickly adapt to shifting market pressures, including the competitive landscape, regulatory curveballs, consumer taste and product trends.

I've also observed companies that stay nimble, keep their operations lean and their budtenders engaged are able to competitively turn their assortment of product.

EFFET, LLC is currently exploring POS options to optimize sales analytics to take the guesswork out of cannabis and cannabis product procurement.

EFFET is also exploring other platforms which provide clients unlimited access to the most accurate and actionable data and analyses available on WHAT is selling, WHEN, WHERE, and for HOW MUCH on a daily, weekly, monthly, quarterly and annual basis. These leverage real retail tracking data and insights into WHO the cannabis consumer is today to make strategic decisions that will advance the financial goals of EFFET, LLC business.

Consumer insights research is available to drill-down to specific geographies and consumer segments so we can see cuts of the data trended over time that are relevant to cannabis retail company needs.



b) Describe Applicant's background and experience in cannabis dispensing or similar industries.

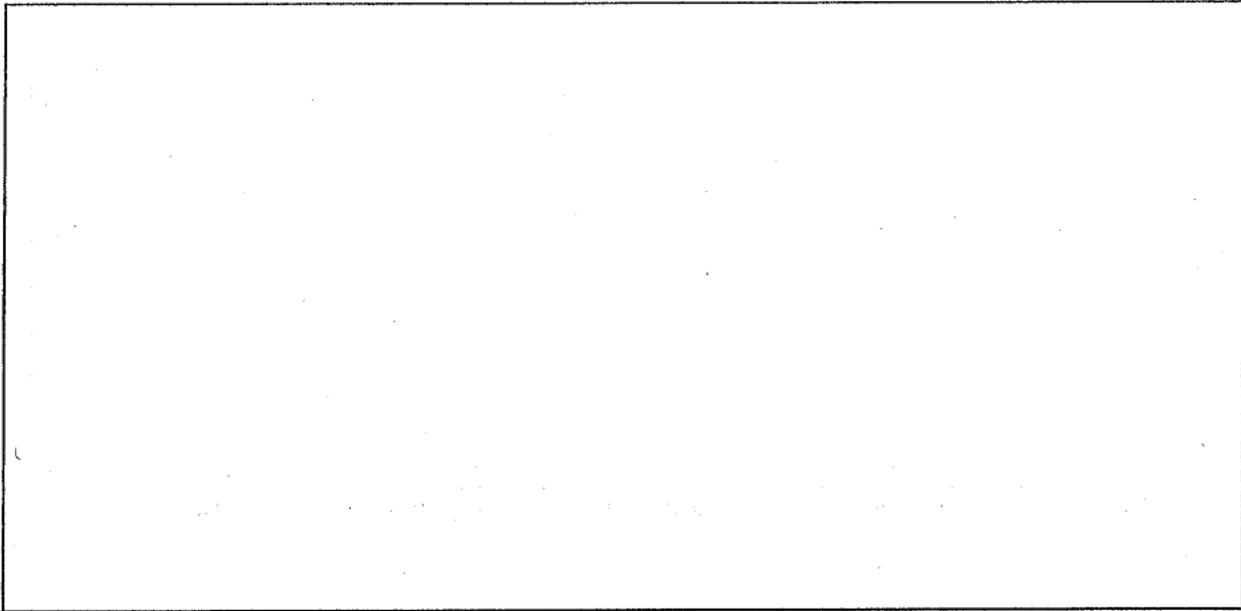
Gary Roberson, sole owner of EFFET, LLC has 20+ years of cannabis retail experience.

He is Oaksterdam University Alumni. He attended and graduated Oaksterdam University in 2011. During his time there he became hungry for knowledge about the developing legal cannabis industry. He quickly absorbed all the info the school had to offer on on cannabis. He learned history and law, business management, business start-up, science and economics, extracts and topicals and advocacy and action, patient/consumer relations and Dispensary Operations.

After he graduated from Oaksterdam University never stopped learning. He has taken additional class focused on business, organic cultivation, sustainable practices and cannabis propagation.

He also is a long standing member of multiple cannabis activism groups such as Cal Norml, California Grower's Association and Minority Cannabis Business Association.

His connections in the industry, mentors and networking abilities helps him keep up with the fast paced, ever-changing cannabis industry on both local and statewide levels.



c) Explain how Applicant will cover its startup costs and working capital requirements. If Applicant's funds are currently available, please attach a letter of credit demonstrating sufficient capitalization to cover initial business costs. If these funds are not yet available, please outline how Applicant will gather enough capital to cover initial business costs. Examples include:

- I. Selling or converting other personal assets to raise funds.
- II. Borrowing against personal assets.
- III. Raising funds from investors.
- IV. Obtaining a loan from a third party.
- V. Obtaining a letter of credit from a third party.
- VI. Other (please describe)



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d) Using the following tables, please provide Applicant's anticipated start-up expenses.

REAL ESTATE AND ADMINISTRATIVE EXPENSES	\$ AMOUNT
Purchase or Rent	6,500
Construction or Remodeling	N/A
Utility Deposits	1,500
Legal and Accounting Fees	5,000
Insurance	5,500
Prepaid Insurance	N/a
Pre-Opening Salaries and Benefits	N/a
Other (please provide detail)	N/a

CAPITAL EQUIPMENT LIST	\$ AMOUNT
Furniture	1,000
Equipment	8,500
Fixtures	2,000
Machinery	N/A
Other (please provide detail)	N/A

OPENING INVENTORY	\$ AMOUNT
Category 1: Flower	15,000
Category 2: Extracts and Vapes	12,500
Category 3: Edibles and Topicals	2,500
Category 4: Seeds and Clones	2,000
Category 5: Other	1,000

ADVERTISING AND PROMOTIONAL EXPENSES	\$ AMOUNT
Advertising	7,500
Signage	2,500
Printing	500
Travel/entertainment	N/A
Other/additional categories	N/A

OTHER EXPENSES	\$ AMOUNT
Reserve for Contingencies	7,500
Other Expense 1:	N/A
Other Expense 2:	N/A

e) Please provide a staffing plan for the first three years using the following tables for each anticipated owner or employee:

2021

Position Title:	Salary Costs per Month	Benefit Costs per Month	Number Employed at this Position	Anticipated Month of Hiring
Supervisor	3,500	850	1	1st
Compliance Manager	3,500	850	1	1st
Budtender	2,350	650	2	1st
Security Staff	3,500	850	2	1st

2022

Position Title:	Salary Costs per Month	Benefit Costs per Month	Number Employed at this Position	Anticipated Month of Hiring
Supervisor	4,000	875	1	1st
Compliance Manager	3,500	875	1	1st
Budtender	2,600	675	3	1st
Security Staff	4,000	875	2	1st

2023

Position Title:	Salary Costs per Month	Benefit Costs per Month	Number Employed at this Position	Anticipated Month of Hiring
Supervisor	4,200	900	1	1st
Compliance Manager	4,000	900	1	1st
Budtender	2,800	700	5	1st
Security Staff	4,000	900	3	1st

f) Please provide a forecast of your income statement (profit and loss) for each of the first three years, including:

	2021	2022	2023
REVENUES			
Product/Service 1	665,000	900,000	1,050,000
Product/Service 2	640,000	1,100,000	1,850,000
Product/Service 3	135,000	225,000	345,000
Other Revenue			
TOTAL REVENUES	1,440,000	2,300,000	3,350,000
COST OF GOODS SOLD			
Product/Service 1	395,000	525,000	619,500
Product/Service 2	375,000	645,000	1,091,500
Product/Service 3	80,000	177,000	265,500
Salaries-Direct	112,200	124,800	132,000
Payroll Taxes and Benefits-Direct	55,000	67,500	80,500
Depreciation-Direct	5,000	7,000	7,000
Supplies	7,500	11,150	12,350
Other Direct Costs	0	0	0
TOTAL COSTS OF GOODS SOLD	1,030,200	1,557,450	2,208,350
GROSS PROFIT (LOSS)	409,800	742,550	1,141,650
OPERATING EXPENSES			
Advertising and Promotion	7,500	14,500	14,500
Automobile/Transportation	N/A	8,500	8,500
Bad Debts/Losses and Thefts	N/A	3,500	3,500
Bank Service Charges	150	175	200
Business Licenses and Permits	28,500	85,000	92,000
Charitable Contributions	7,500	14,000	25,000
Computer and Internet	900	4,500	5,500
Continuing Education	1,500	2,500	2,500
Depreciation-Indirect	N/A	N/A	N/A
Dues and Subscriptions	1,000	1,250	1,500

	2021	2022	2023
Insurance	5,000	5,750	6,250
Meals and Entertainment	N/A	2,500	3,250
Merchant Account Fees	1,000	1,750	1,750
Miscellaneous Expense	1,500	2,250	2,250
Office Supplies	2,000	3,950	4,200
Payroll Processing	9,500	10,750	12,250
Postage and Delivery	250	325	350
Printing and Reproduction	5,000	6,750	7,500
Professional Services – Legal, Accounting	10,000	12,500	13,750
Occupancy	N/A	N/A	N/A
Rental Payments	78,000	85,800	91,150
Salaries-Indirect	6,000	8,100	8,100
Payroll Taxes and Benefits- Indirect	750	975	1,000
Subcontractor	80,000	95,000	107,000
Telephone	1,800	2,100	2,400
Travel	N/A	N/A	N/A
Utilities	9,000	9,500	10,250
Website Development	3,500	3,750	3,750
TOTAL OPERATING EXPENSES	260,350	385,675	428,400
OPERATING PROFIT (LOSS)	149,450	365,675	428,400
INTEREST (INCOME), EXPENSE & TAXES			
Interest (Income)			
Interest Expense			
Income Tax Expense			
TOTAL INTEREST (INCOME), EXPENSE & TAXES	106,000	255,500	387,500
NET INCOME (LOSS)	\$ 43,450	\$ 101,375	\$ 325,750

5. Compliance with State Law

Using only the space provided below, please describe how Applicant will comply with state law, including:

- i. The supply chain from which applicant will obtain cannabis and cannabis products (Applicants need not name specific vendors; identifying license categories is sufficient).
- ii. How Applicant plans to record the movement of cannabis and cannabis products in their custody, such as with a track and trace system.

Gary Roberson, owner of EFFET, LLC is very familiar with legislation and regulations surrounding California cannabis. Early on he attended stakeholder outreach meetings, informational sessions and pre-regulatory meetings across the state.

As a stakeholder in cannabis industry, Gary has participated in discussions and engaged with regulatory agents and policymakers, expressing his concerns regarding legislation, regulation, taxation and racial equity.

Gary also understands that compliance with local and state laws and regulation is a fulltime job and plans to hire a Compliance Management personnel to ensure that EFFET, LLC's dispensary operations are always in good standing with the City of Oakland and State of California.

If EFFET, LLC granted a dispensary permit, we plan to integrate it into our Microbusiness License which allows us to engage in cannabis Distribution, Cultivation, Non-Store Front Retail and Type 6 Manufacturing (Nonvolatile). We would obtain cannabis and cannabis product through transactions within our Microbusiness (Non-Arm's Length transaction), through transactions with other state licensed and compliant Distributors (Arm's Length transaction) or through other state licensed and compliant Cultivators and Manufacturers.

California has selected Metrc as the state's track-and-trace system used to track commercial cannabis activity and movement across the distribution chain ("seed-to-sale").

Gary has attended Track & Trace workshop and will be granted as the Account Manager via Metrc's "Business Account Manager" Training and will be responsible for ensuring that inventory added into Metrc is correct.

6. Tax Rates

Using only the space provided below, please answer the following questions regarding local and state tax laws that apply to cannabis dispensaries.

i. Local Taxes:

a. What are the City of Oakland's current business tax rates for cannabis businesses?

For Equity Dispensary Permit Holders it's 0.12% on gross receipts up to \$1.5M with all licence types.

ii. State Taxes:

a. What is the cannabis excise tax rate for adult use cannabis purchases?

15%

b. What is the sales tax rate for adult use cannabis sales?

10%

iii. What measures, including point of sale systems, Applicant will implement to ensure proper collection of local and state taxes.

EFFET has a 1yr. subscription with the POS platform provider Webjoint. It is currently suspended until retail operations begin. It allows quick and easy Metro integration for Tracking and Tracing all cannabis and cannabis product.

David Keegan will be hired as CFO of EFFET, LLC. He is a long time friend and has a Bachelor's Degree in Business & Finance. He will be working with EFFET, LLC's CPA to ensure proper tax filing.

7. Odor Mitigation

Using only the space provided below, please submit a plan for how cannabis odors will not be detectable outside of the proposed facility, such as utilization of carbon filters.

Odor Control Plan:

All locations where odor emitting activities will take place will be equipped with industry specific best technologies for mitigating odor including but not limited to, exhaust fans, carbon filters, air filters, and odor neutralizers.

Procedural Activities:

Procedures will include isolation of odor emitting activities and emissions from other areas of the building through doors and windows.

Maintenance Plan:

Daily Inspections/maintenance activities will be performed to ensure that engineering controls remain functional.

Facility manager will be responsible for maintenance activities and will replace carbon filters according to manufacturers suggestions or earlier. Facility manager is an Oaksterdam University Alumni and an expert on industry specific technologies and strategies. He understand that odor mitigation is a matter of public health & safety as well as nuisance abatement. He plan to adhere to City of Oakland and State of California regulation concerning odor reduction.

Records of purchases of replacement carbon filters, performed maintenance tracking, documentation of notifications of malfunctions, scheduled and performed training sessions and monitoring of administrative and engineering controls.

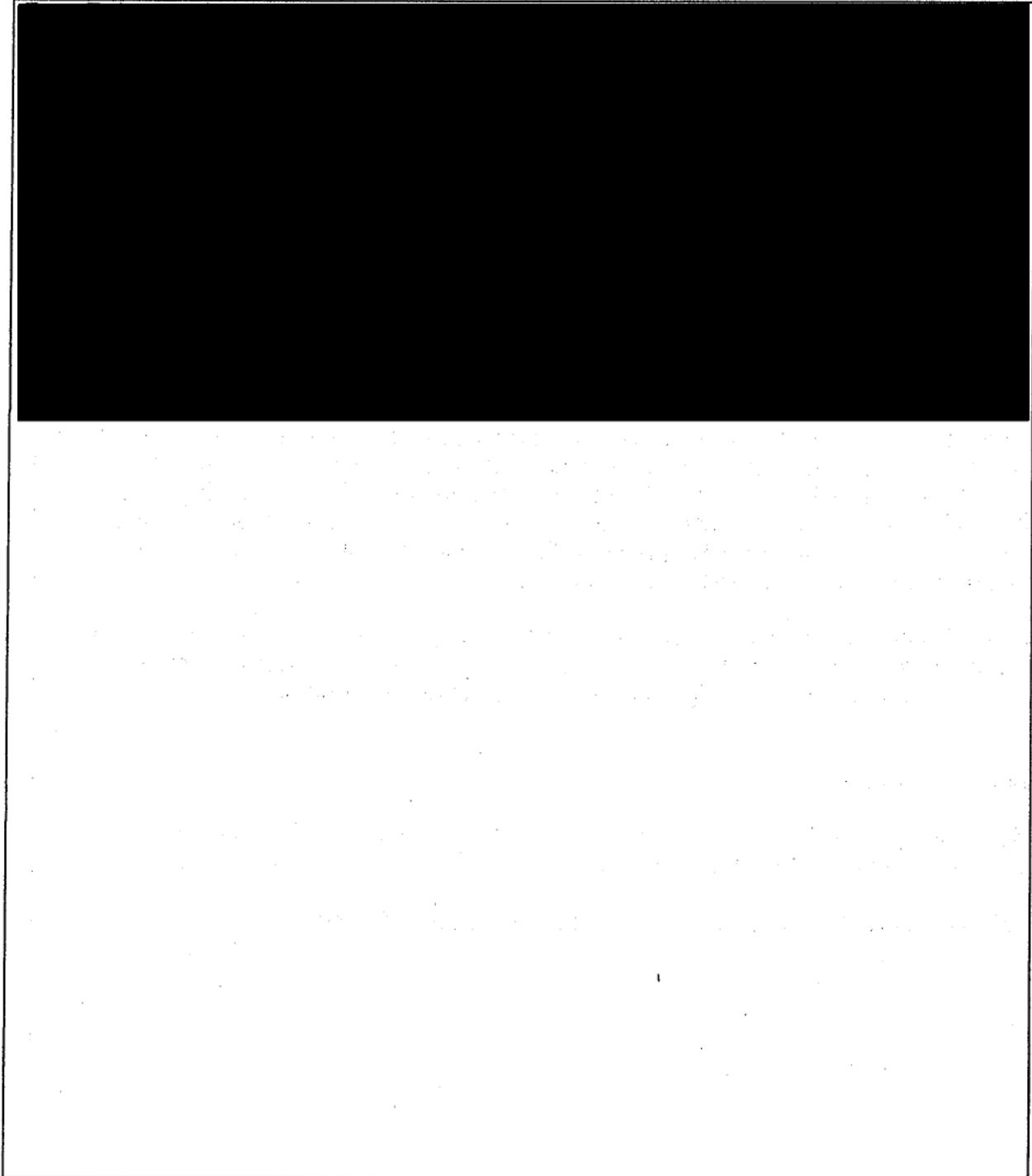
Operational Process:

Odor emitting activities will may include packaging of cannabis and cannabis product and non-volatile manufacturing processes.

Staff will ensure that the odor mitigating system remains functional.

8. Neighborhood Beautification

Using only the space provided below, please submit a community beautification plan detailing specific steps your business will take to reduce illegal dumping, littering, graffiti and blight and promote beautification of the adjacent community. Examples of specific steps include participating in City of Oakland Adopt a Spot/Drain program, installing murals, removing graffiti within 48 hours and providing landscaping.



9. Supporting Documents

Please check the boxes below for each supporting document submitted with this application. Please ensure that all supporting documents include a Header with the applicant's name on the top right corner of each page.

Copy of State Registration for corporate structure

Letter of Credit if applicable

Proof of Ownership

Proof of Income

And either

Proof of Residency

or

Proof of Conviction

10. Commitment to Participate in Post-Public Drawing Training

By submitting this application, I agree to participate in a technical assistance training provided by the City of Oakland for equity dispensary applicants selected in the public drawing and I understand that failing to participate in this training is grounds for the City of Oakland proceeding with the public drawing runner-up.

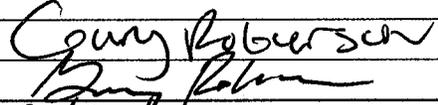
11. Oath of Application

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information contained in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the City Administrator to properly evaluate the Applicant's qualifications for registration.

I, the undersigned further agree and acknowledge that I may be required to provide additional information as needed, for a complete investigation by the City Administrator.

I, the undersigned, further agree and recognize that I am responsible for obeying all Federal, State, County and local laws.

I, the undersigned, further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the City Administrator to deny this permit application and/or immediate grounds for revocation of a medical cannabis permit.

APPLICANT NAME:	Cory Robertson
SIGNATURE:	
DATE:	2/20/20

FOR OFFICE USE ONLY:

Application:

Received by: n marcus Date: 2/26/20

Receipt #: 048059