

**REQUEST FOR RETURN OF THE \$100,000 CASHIER'S CHECK PROVIDED  
BY APPLICANT TO THE CITY OF VISTA PURSUANT TO  
SECTION 5.94.050 OF THE VISTA MUNICIPAL CODE**

\_\_\_\_\_ (“Applicant”) submitted an application to the City of Vista seeking approval to operate a medical cannabis business. I signed the application as Applicant’s Chief Executive Officer, President or Chair of the Board (“Authorized Representative”). The application was submitted with a \$100,000 cashier’s check (“Cashier’s Check”) payable to the City.

All applicants have been advised in writing that either its application has been approved or its application would not be approved. As a result no further review of the applications will occur, and the City is releasing all \$100,000 cashier’s checks. I hereby authorize and direct the City to return the Cashier’s Check to the person designated below who will pick-up the Cashier’s Check on behalf of the Applicant:

\_\_\_\_\_

Insert name of person who will pick up the Cashier’s Check

\_\_\_\_\_

Initials of Authorized Rep.

To collect the Cashier’s Check, the above-named person must do all of the following:

1. Arrive during normal business hours at the Vista City Clerk’s office located on the second floor of the Vista City Hall located at 200 Civic Center Drive, Vista, CA 92084. *(Please be advised that the Vista City Hall is closed every other Friday);*
2. Present an executed and notarized original of this this Request, or if an original has been previously delivered to the City, a copy of the fully executed Request inclusive of the notarization;
3. Present a photo-identification to the Cashier establishing that the person collecting the Cashier’s Check is the person listed above (valid photo-identification includes a valid California Driver’s License; a valid California identification card; or a valid United States Passport); and
4. Execute a City-approved receipt evidencing that the Cashier’s Check was returned.

By my notarized signature below, I submit this Request, represent that I am the Authorized Representative who executed the Application on behalf of the Applicant, and direct that the Cashier’s Check be returned to the above-identified person on the terms and conditions of this Request.

Date: \_\_\_\_\_

\_\_\_\_\_

Name of applicant

By: \_\_\_\_\_

Authorized Representative

*CALIFORNIA ALL PURPOSE NOTARY ACKNOWLEDGMENT REQUIRED*

APPROVED  
Darold Pieper  
20190219101338