

Casey Erlenheim

From: Arwa Asif <aasif@bacr.org>
Sent: Monday, April 6, 2026 3:12 PM
To: City_Clerk
Subject: Public Comments Agenda Item No. 18

Follow Up Flag: Follow up
Flag Status: Flagged

To San Pablo City Council:

My name is Arwa, and I am the West Contra Costa County Alcohol Policy Coalition (WCAP) Coordinator.

I am writing to state that opening a dispensary in San Pablo carries a high amount of risk. Dispensaries carry high security requirements, and we already have instances where other dispensaries in Contra Costa County, such as The Artists Tree, have been broken into within the last two years with the intention of theft.

Increasing the risk of crime in a residential area that is not only near a community college but near a middle school that serves a large number of WCCUSD students is irresponsible and unfair. Dispensaries bring more attention to these neighborhoods, and young people will be more at risk for exposure to issues like second-hand smoke. The city needs to also recognize that adding a dispensary to such a high traffic area will not only increase automobile-related congestion and crashes, but it will increase the risk of community members being at the end of these incidents.

There is no reason the city should put our young people at risk for the sake of one business.

I hope you can take community concerns into account when making the decision to consider this appeal.

Sincerely,

--



Arwa Asif

She/Her

West Contra Costa Alcohol Policy Coalition Coordinator
[Bay Area Community Resources](#)

M [\(510\) 559-3077 ext. 94123](tel:(510)559-3077) **E** aasif@bacr.org

W www.bacr.org



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1220 Morello Ave | Suite 101 | Phone: (925) 335-3340 | Fax: (925) 335-3311
cchealth.org

April 6, 2026

City of San Pablo City Council
1000 Gateway Ave
San Pablo, CA 94806

Subject: Public Comment on Agenda Item No. 26-105


Dear Mayor and Members of the Council:

My name is Jorge Flores, the Cannabis Prevention Program Manager with Contra Costa Health, Alcohol and Other Drug Services. I previously shared recommendations for best practices grounded in a public health approach for the placement of cannabis dispensaries. Today, I would like to center my comments on community and youth feedback, which I believe are critical to this decision.

Across local schools—particularly middle and high schools—we are seeing concerning rates of cannabis use among youth, most commonly through vaping. School staff and administrators continue to report ongoing challenges in addressing and reducing cannabis use on campuses. At the same time, there are active efforts underway to counter the normalization of vaping among young people through education, prevention, and intervention services.

However, one of the most consistent themes we hear directly from youth is how they are accessing these products. Many report obtaining cannabis indirectly through older peers or individuals who are legally able to purchase from dispensaries. This highlights a key concern: even when regulations are followed, increased availability and visibility can still contribute to youth access.

Placing a dispensary at 14501 San Pablo Avenue—an area with frequent youth presence—raises significant public health concerns. Increased exposure through storefront visibility, marketing, and proximity can contribute to curiosity, normalization, and ultimately initiation of use among young people. This is especially concerning given national data showing rising trends in youth cannabis use, as well as increases in adverse health outcomes such as cannabis-induced psychosis.



The community has invested time and resources into preventing youth substance use and supporting healthy development. Approving this location risks undermining that work.

For these reasons, I respectfully urge the City Council to decline the proposed location for Embarc at this site and instead require the vendor to identify an alternative location that reduces exposure and access to youth.

Thank you for your time and consideration, and for your continued commitment to protecting the health and well-being of young people in the community.

Sincerely,
Jorge Flores
Cannabis Prevention Program Manager
Alcohol and Other Drug Services
Contra Costa Health

Casey Erlenheim

From: Cordell Hindler [REDACTED]
Sent: Thursday, April 2, 2026 3:26 PM
To: City_Clerk
Subject: Public Comments not on the Agenda

Hello Casey,

I am submitting the following Comments into the Record:

1. for a Future Agenda, the Council should consider preparing a proclamation for Bike to Wherever day for May
2. Also the Council Should Consider having the Public to Participate Remotely

Sincerely
Cordell

Casey Erlenheim

From: olivia [REDACTED]
Sent: Monday, April 6, 2026 12:16 AM
To: City_Clerk
Subject: PUBLIC COMMENTS AGENDA ITEM #26-105 - NO

We say No!

To our council members, the people do not want a marijuana store in San Pablo. When we hear the marijuana stores wanting to come to San Pablo, our answer is no. If it is about revenues matter, our city manager's office needs to put in better efforts to find revenues, not the quick fix of having marijuana stores.

Respectfully,
Olivia Liou

PUBLIC HEARING AND RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SAN PABLO CONSIDERING AN APPEAL OF THE PLANNING COMMISSION'S DENIAL OF A CONDITIONAL USE PERMIT TO ALLOW A RETAIL CANNABIS USE AT AN EXISTING COMMERCIAL BUILDING LOCATED IN THE MIXED USE CENTER NORTH DISTRICT IN THE SAN PABLO AVENUE SPECIFIC PLAN (SP-2) AT 14501 SAN PABLO AVENUE, APN: 413-352-017.

Recommendation: Conduct the Public Hearing; Adopt Resolution.



April 6, 2026

City of San Pablo City Council
1000 Gateway Ave
San Pablo, CA 94806

Subject: Public Comment on Agenda Item No. 26-105

Dear Mayor and Members of the Council:

My name is Eyana Rodgers, and I am a Senior Health Educator with Contra Costa Health's Tobacco and Cannabis Prevention Programs. I would like to offer additional considerations regarding agenda item No. 26-105.

Although the proposed cannabis retail site location complies with current municipal zoning and ordinance requirements, it is important to consider the broader context of the location. As many community members brought forward at the planning commission meeting, the proposed location could have a greater impact on community health and wellness due to its proximity to youth-serving spaces, such as churches (e.g., Word of Faith Church), parks, schools, etc.

According to data from the United States Census Bureau, 25.4% of San Pablo's population is under 18 years old. Research shows that lower teen cannabis use is linked to lower storefront density and restricted retail access. Greater exposure to cannabis presence and messaging can be associated with greater normalization of use, especially amongst youth. This is particularly important to note, given that many students walk through this area, and what we know about the impacts of substance use on developing brains.

I respectfully encourage the Council to consider whether this location is the best fit, given its proximity to youth-oriented spaces such as Helms Elementary, Middle College, and Ed Hernandez Karate, and the local community's opposition. This may include further evaluating current buffer standards and approved land-use spaces, and implementing additional safeguards to better support the best interests of the San Pablo community.

Contra Costa Health's Tobacco & Cannabis Prevention Programs are readily available to assist as needed. Thank you for your time and consideration of this matter.

Eyana Rodgers

Senior Health Education Specialist, Cannabis Prevention Program
Contra Costa Health

References:

Kelly C. Young-Wolff, Alex Asera, Alisa A. Padon, Natalie E. Slama, Stacey E. Alexeeff, Rosalie L.

Pacula, Cynthia I. Campbell, Stacy A. Sterling, Derek D. Satre, Yun Lu, Wendy T. Dyer, Monique B.

Does, and Lynn D. Silver:

[Association of Local Cannabis Policy and Retail Availability With Cannabis Use and Problematic Cannabis Use Among Adolescents in Northern California](#)

American Journal of Public Health **114**, S654_S663, <https://doi.org/10.2105/AJPH.2024.307787>

U.S. Census Bureau, “Age and Sex,” San Pablo, CA,

<https://www.census.gov/quickfacts/fact/table/sanpablocitycalifornia/AGE295224#AGE295224>

Casey Erlenheim

From: walter green [REDACTED]
Sent: Monday, April 6, 2026 5:18 PM
To: City_Clerk

NO CANNABIS RETAIL STORE NEAR OUR SCHOOLS, CHURCH, HOMES and BUSINESSES!! THIS IS A SLAP IN THE FACE 🙄
TO OUR CHILDRENS AND UNSAFE WITH THE CRIMINAL ELLIMENT NEARBY! JUST PLAIN DON'T CARE ABOUT OUR
NEIGHBORHOOD!! IT'S A BIG NOOOO!! FOR ME!!

Casey Erlenheim

From: Sarah Katten [REDACTED]
Sent: Monday, April 6, 2026 3:36 PM
To: City_Clerk
Subject: Public Comments Agenda Item No. 18

To San Pablo City Council,

I'm a resident and do not think it's a good idea to put young people at risk for increased exposure to cannabis and other drugs. Adding a dispensary near a community college AND a middle school does not align with community health values, which the city should prioritize. I urge you to not go ahead with letting this dispensary open in our community.

Sincerely,

Sarah Katten

Casey Erlenheim

From: Azhara Parveen [REDACTED]
Sent: Monday, April 6, 2026 3:26 PM
To: City_Clerk
Subject: Public Comments Agenda Item No. 18

To San Pablo City Council:

I'm a resident of San Pablo and a parent to a young child. Opening up a dispensary in our neighborhood puts my child at risk for being exposed to drugs extremely early on. Children cannot consent to exposure when they're out in public, and opening up a dispensary puts them a really compromised situation. If you care about the health of our children you will not go forward with opening this dispensary, which is also right between Helms Middle School and CCC. The city should prioritize the wellness of its young people and not risk it for profit and more pollution.

**Sincerely,
Azhara Parveen**



4.6.206

City of San Pablo - Speaker Form


ORAL
①

Please print clearly, return form to City Clerk or Deputy City Clerk, refer to Guidelines below. Come up to the podium to speak when called/Por favor, escriba con claridad. Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: Kevin Munoz Dimas

Group/Organization/Grupo/Organización: San Pablo EOC

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: 

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: Measure "5"

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input checked="" type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>

4.6.26

26-105
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Name/Nombre: Kevin Muñoz Dimas

Group/Organization/Grupo/Organización: Measure S / WIOA

Address/dirección: [Redacted]

Telephone/Teléfono: [Redacted]

Email/correo electrónico: [Redacted]

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Public Funding / WIOA / Measure 'S'

4.6.26

ORAL
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CITY OF SAN PABLO
City of New Directions

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Name/Nombre: _____

Paul Frank

Group/Organization/Grupo/Organización: _____

San Pablo Mobile Home Alliance

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrón _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: _____

Mobile Home Grant



CITY of SAN PABLO
City of New Directions



2014

City of San Pablo - Speaker Form

Meeting Date: April 06, 2026

Welcome to the City of San Pablo City Council Meeting!

ORAL
3

Please print clearly, return form to City Clerk or Assistant City Clerk, Refer to Guidelines below.

Name Chivy Thatn Email _____

Address _____ Telephone _____

Group/Organization San Pablo EDC / Grocery Outlet

I would like to speak about

Subject _____

Agenda Item Yes
No

Agenda # _____ Support
Oppose
Neutral

4-6-26

ORAL
4



CITY OF SAN PABLO
City of New Directions

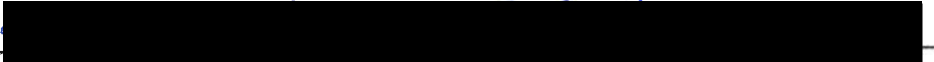
City of San Pablo - Speaker Form

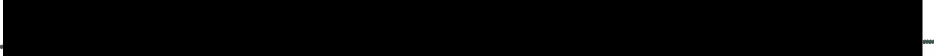
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Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: Linda Jackson

Group/Organization/Grupo/Organización: Willow Mobile Home Park

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: 

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Mobile Home Grant renewal

Agenda Item/Punto de la agenda Yes/Si
 No

Agenda Item /Punto de la agenda # _____

Support/Apoyar
Oppose/Oponerse
Neutral



CITY - SAN PABLO
City of New Directions

4.6.26

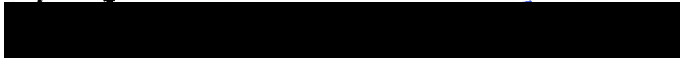
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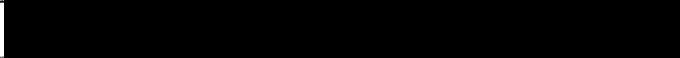
ORAL
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Name/Nombre: Bielle Moore

Group/Organization/Grupo/Organización: PGE

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: Introduce myself

- | | | | |
|--------------------------------|---------------------------------|---|--|
| Agenda Item/Punto de la agenda | <input type="checkbox"/> Yes/Si | Agenda Item /Punto de la agenda # _____ | Support/Apojar <input type="checkbox"/> |
| | <input type="checkbox"/> No | | Oppose/Oponerse <input type="checkbox"/> |
| | | | Neutral <input type="checkbox"/> |

4.6.26

26-105
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City of New Directions

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Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: Kayli Kinghorne

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: #26-105

4.6.26

26-105
2



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City of New Directions

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Name/Nombre: Pastor Patterson

Group/Organization/Grupo/Organización: New Bethel Church

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: ~~Plan 2509 - 0154~~ 26-105

4.6.26

26-105

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City of San Pablo - Speaker Form

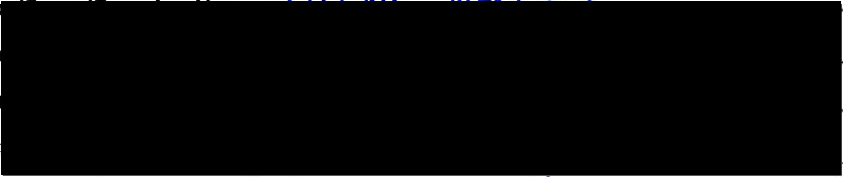
CITY OF SAN PABLO
City of New Directions

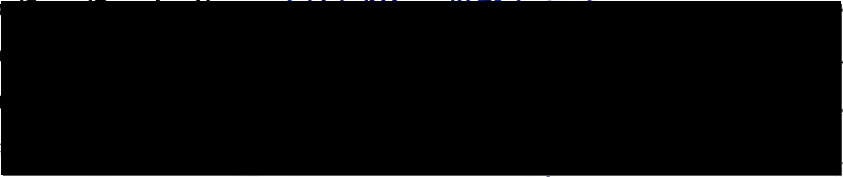
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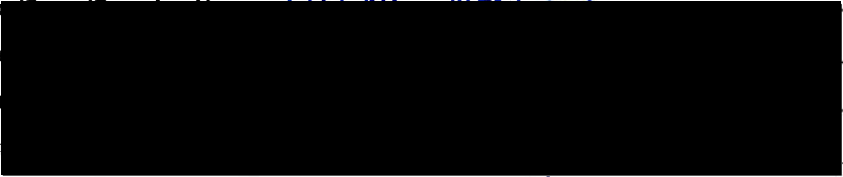
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Name/Nombre: Althea Brennan

Group/Organización: UFCW local 5

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: 

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Embarc dispensary

4.6.26

26-105
4



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City of New Directions

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Name/Nombre: Elliott Lawrence

Group/Organization/Grupo/Organización: Homeowner

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: embark 26-105

4.6.26

26-105
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Name/Nombre: Heather Dolan

Group/Organization/Grupo/Organización: Homeowner

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Embarc Cannabis

4.6.26

26-105
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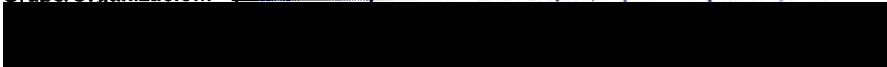
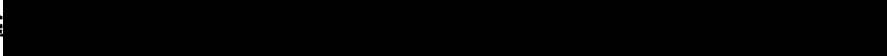



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City of New Directions

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Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: Pastor Marvin Crisostomo
Group/Organization/Grupo/Organización: MacArthur Community Baptist Church
Address/dirección: 
Telephone/Teléfono: 
Email/correo electrónico: 

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: 26-105

4.6.26

26-105
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City of New Directions

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Name/Nombre: Annabel Peterson

Group/Organization/Grupo/Organización: resident

Address/dirección: [Redacted]

Telephone/Teléfono: [Redacted]

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: cannabis

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda #	26-105	Support/Apoyar	<input type="checkbox"/>
	<input type="checkbox"/> No			Oppose/Oponerse	<input checked="" type="checkbox"/>
				Neutral	<input type="checkbox"/>

4.6.26

26-105
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Name/Nombre: Michael J. Hamilton

Group/Organization/Grupo/Organización: _____

Address/dirección: 

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: 26-105

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
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26-105
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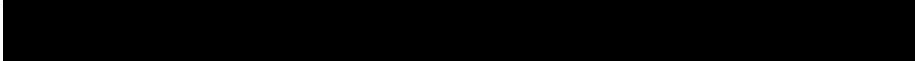
CITY OF SAN PABLO
City of New Directions

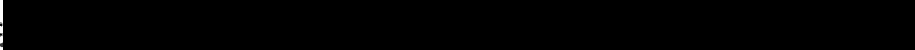
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Name/Nombre: Stephanie Wong-Ortiz

Group/Organization/Grupo/Organización: Word of Faith Church

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: 

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: 26-105

Agenda Item/Punto de la agenda Yes/Si
 No

Agenda Item /Punto de la agenda # _____

Support/Apoyar
Oppose/Oponerse
Neutral

4.6.26

26-105
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City of New Directions

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Name/Nombre: Britne Lambert

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: 26-105

Agenda Item/Punto de la agenda Yes/Si
 No

Agenda Item /Punto de la agenda # 26-105

Support/Apoyar
Oppose/Oponerse
Neutral

4.6.26

NO SHOW

26-105
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City of New Directions

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Name/Nombre: Evelia Gonzalez

Group/Organization/Grupo/Organización: UFCW 5

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: Cannabis

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>

4.6.26

26-105
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City of New Directions

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Name/Nombre: Irving Williams

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: NO to the Cannabis

4.6.26

26-105
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City of New Directions

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Name/Nombre: Pat McAllister

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: NO POT SHOPS!

4.6.26

~~NO SHOW~~

26-105
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CITY-SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

Please print clearly, return form to City Clerk or Deputy City Clerk, refer to Guidelines below. Come up to the podium to speak when called/Por favor, escriba con claridad. Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: Erica Alvarez

Group/Organization/Grupo/Organización: Comunidad local 5

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Cannabis

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>

4-6-26

No show

26-105
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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Angie Fabian Peres

Group/Organization/Grupo/Organización: UFCWS

Address/dirección: [Redacted]

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Cannabis

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>



CITY OF SAN PABLO
City of New Directions

4.6.26

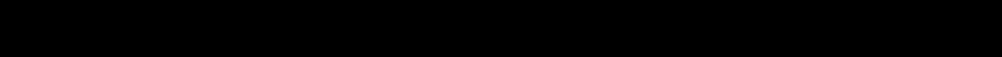
City of San Pablo - Speaker Form

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Please print clearly, return form to City Clerk or Deputy City Clerk, refer to Guidelines below. Come up to the podium to speak when called/Por favor, escriba con claridad. Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: Antoinette Martinez

Group/Organization/Grupo/Organización: Resident

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: 26-105 ("No")

- | | | | |
|--------------------------------|---------------------------------|---|--|
| Agenda Item/Punto de la agenda | <input type="checkbox"/> Yes/Si | Agenda Item /Punto de la agenda # _____ | Support/Apoyar <input type="checkbox"/> |
| | <input type="checkbox"/> No | | Oppose/Oponerse <input type="checkbox"/> |
| | | | Neutral <input type="checkbox"/> |



4.6.26

City of San Pablo - Speaker Form

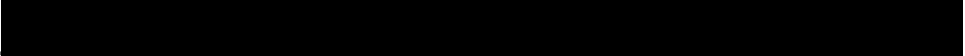
26-105
17

Please print clearly, return form to City Clerk or Deputy City Clerk, refer to Guidelines below. Come up to the podium to speak when called/Por favor, escriba con claridad. Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: MELANIE E. BEASLEY

Group/Organization/Grupo/Organización: Neighborhood

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: 

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: 14501 San Pablo Avenue

Agenda Item/Punto de la agenda Yes/Si No

Agenda Item /Punto de la agenda # L 26-105 Support/Apoyar Oppose/Oponerse Neutral



4-6-26

City of San Pablo - Speaker Form

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CITY OF SAN PABLO
City of New Directions

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Name/Nombre: Wylkeisha Orr

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: Item # 26-105

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>



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City of San Pablo - Speaker Form

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Name/Nombre: Hilola Soyode

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: Item # 26-105

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>



4-6-26

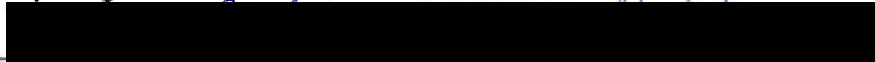
City of San Pablo - Speaker Form

26-105
20

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Name/Nombre: Genoveva Calloway

Group/Organization/Grupo/Organización: Resident

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: Item 78

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>

4-6-26

NO SHOW

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Guadalupe Paramo

Group/Organization/Grupo/Organización: UFCW 5.

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: Cannabis

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Iris Corina

Group/Organization/Grupo/Organización: _____

Address/dirección: [REDACTED] oakland

Telephone/Teléfono: [REDACTED]

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: _____

Agenda Item/Punto de la agenda Yes/Si
 No

Agenda Item 26-105
/Punto de la agenda # _____

Support/Apoyar
Oppose/Oponerse
Neutral



CITY OF SAN PABLO
City of New Directions

4.6.26

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City of San Pablo - Speaker Form

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PARHAM

Name/Nombre: Pastor Freddie Taber

Group/Organization/Grupo/Organización: Word of Faith Church

Address/dirección: [REDACTED]

Telephone/Teléfono: [REDACTED]

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: 26-105

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>

4.6.26

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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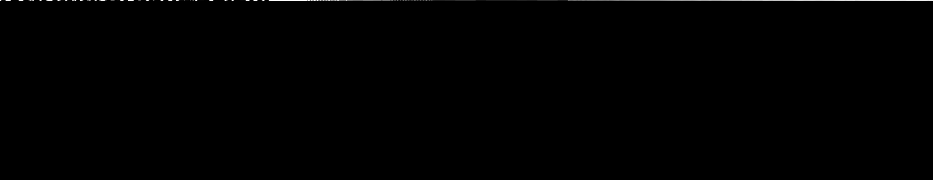
Name/Nombre: Leona Greenlow Turner

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____



I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: 26-105

Agenda Item/Punto de la agenda Yes/Si No

Agenda Item /Punto de la agenda # 26-105

Support/Apoyar
Oppose/Oponerse
Neutral

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CITY of SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Deborah Warren

Group/Organization/Grupo/Organización: citizen

Address/dirección: [Redacted]

Telephone/Teléfono: [Redacted]

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Mari #26-105

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input checked="" type="checkbox"/>
			Neutral <input type="checkbox"/>

4.6.26

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Karl Stanczak

Group/Organization/Grupo/Organización: Embarc

Address/dirección: [Redacted]

Telephone/Teléfono: [Redacted]

Email/correo electrónico: [Redacted]

Martinez

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: (8)

Agenda Item/Punto de la agenda	<input checked="" type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>



CITY OF SAN PABLO
City of New Directions

4.6.26

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City of San Pablo - Speaker Form

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Name/Nombre: Meghan Morrison

Group/Organization/Grupo/Organización: Embassy

Address/dirección: [Redacted]
Telephone/Teléfono: [Redacted]
Email/correo electrónico: [Redacted]

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: 18

Agenda Item/Punto de la agenda Yes/Si No
Agenda Item /Punto de la agenda # _____ Support/Apoyar
Oppose/Oponerse
Neutral

4.6.26

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CITY of SAN PABLO
City of New Directions

City of San Pablo - Speaker Form



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Name/Nombre: Joe Summers

Group/Organization/Grupo/Organización: Contra Costa CLC

Address/dirección: Labor Council

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Item 18

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26.105
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CITY-SAN PABLO

City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Yolanda (Alma) Pastor

Group/Organization/Grupo/Organización: Citizen

Address/dirección: [Redacted]

Telephone/Teléfono: [Redacted]

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: Cannabis Retail Store

Agenda Item/Punto de la agenda Yes/Si No

Agenda Item /Punto de la agenda # _____

Support/Apoyar Oppose/Oponerse Neutral



CITY OF SAN PABLO
City of New Directions

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City of San Pablo - Speaker Form

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Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: Yesenia Melara

Group/Organization/Grupo/Organización: San Pablo Resident

Address/dirección: [Redacted]

Telephone/Teléfono: [Redacted]

Email/correo electrónico: [Redacted]

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: Cannabis Retail Store

Agenda Item/Punto de la agenda Yes/Si
 No

Agenda Item /Punto de la agenda # _____

Support/Apoyar
Oppose/Oponerse
Neutral

4.6.26

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Jonathan Lvong

Group/Organization/Grupo/Organización: Embarr

Address/dirección: [Redacted]

Telephone/Teléfono: [Redacted]

Email/correo electrónico: [Redacted]

I would like to speak about/Me gustaria hablar sobre

Subject/Tema: Public Hearing #18-26-105

4.6.26

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Reula Callahan

Group/Organization/Grupo/Organización: _____

Address/dirección: San Pablo

Telephone/Teléfono: [REDACTED]

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema: _____

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda #	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>

4.6.26 / NO SHOW

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Emilio SACRZAK

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: No to Cambise

Agenda Item/Punto de la agenda	<input type="checkbox"/> Yes/Si	Agenda Item /Punto de la agenda # _____	Support/Apoyar <input type="checkbox"/>
	<input type="checkbox"/> No		Oppose/Oponerse <input type="checkbox"/>
			Neutral <input type="checkbox"/>

4-6-26

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre:

Josh Anijir

Group/Organization/Grupo/Organización:

Costa Costa Labor Council

Address/dirección:

Telephone/Teléfono:

Email/correo electrónico:

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema:

D-18

4.6.26

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CITY OF SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Devuelva el formulario al Secretario Municipal o al Secretario Adjunto. Consulte las pautas indicadas abajo. Acérquese al podio para hablar cuando se le llame.

Name/Nombre: Luis Cortes

Group/Organization/Grupo/Organización: _____

Address/dirección: 

Telephone/Teléfono: 

Email/correo electrónico: _____

I would like to speak about/Me gustaria hablar sobre:

Subject/Tema: _____

Agenda Item/Punto de la agenda Yes/Si

No

Agenda Item /Punto de la agenda # 26-105

Support/Apoyar

Oppose/Oponerse

Neutral

4.6.26

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CITY of SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre: Melissa Phea (fee)

Group/Organization/Grupo/Organización: _____

Address/dirección: _____

Telephone/Teléfono: _____

Email/correo electrónico: _____

I would like to speak about/Me gustaría hablar sobre:
Subject/Tema: Cannabis being denied

4.6.26

26-105
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CITY of SAN PABLO
City of New Directions

City of San Pablo - Speaker Form

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Name/Nombre:

KORDE ARG

Group/Organization/Grupo/Organización:

CEP

Address/dirección:

P.O. Box 6569 San Pablo, CA

Telephone/Teléfono:

510 214 0459

Email/correo electrónico:

korde.argons@yahoo.com

I would like to speak about/Me gustaría hablar sobre:

Subject/Tema:

Pen