

## PRIMARY ARGUMENT IN FAVOR OF MEASURE LL

Measure LL will allow the City of South San Francisco to impose a business license tax on cannabis businesses for the privilege of operating within the City. Measure LL will generate revenue to help fund our municipal services so our City can maintain code enforcement services and rapid 911 emergency response times for police and fire safety services.

The City is in the process of issuing cannabis operator permits for testing, cultivation, distribution, manufacturing, and delivery-only businesses to begin operations in the East of 101 area. Measure LL only places a tax on these new cannabis businesses as a part of doing business in the City and is NOT a general tax on local residents. The business license tax will initially range from 1% to 5% of the gross receipts depending on the type of cannabis business.

Measure LL will produce an estimated \$100,000 to \$700,000 in additional unrestricted annual revenue for the General Fund, which can be used to help fund public safety programs, youth programs, improve our parks, and repair our roads. This tax revenue will grow over time as the revenue generated by the cannabis industry increases. By law, all funds from Measure LL will stay in South San Francisco.

Measure LL is NOT a tax on your home or property. Through this business license tax, cannabis businesses who benefit from City services will share the cost of providing City services.

We urge you to vote "YES" on Measure LL to place a business license tax on all cannabis businesses for the privilege of operating in the City.



OFFICE OF  
**ASSESSOR-COUNTY CLERK-  
 RECORDER & ELECTIONS**  
 COUNTY OF SAN MATEO

**MARK CHURCH**  
 CHIEF ELECTIONS OFFICER &  
 ASSESSOR-COUNTY CLERK-RECORDER

**Ballot Measure Primary Argument Submission Form**

A ballot argument shall not be accepted unless accompanied by this completed form, which shall contain the printed name(s) and signature(s) of the person(s) submitting it or, if submitted on behalf of a bona fide association of citizens/organization, the name of the association/organization and the printed name and signature of at least one of its principal officers. If the measure is presented to voters pursuant to an initiative petition in a special district election, please contact the Elections Office for special instructions.

Word count limit for Primary Arguments = 300

Ballot Measure LL for the Statewide Election to be held on Nov 6, 2018

Primary Argument in Favor of  Primary Argument Against

**This argument is submitted by: (check all that apply)**

<input type="checkbox"/>	<b>The Governing Body of the County of San Mateo, a School District, or a Special District</b> If this argument is filed by the governing body of the County of San Mateo, a school district or a special district, fill in the name of the governing body on the line below and complete both sides of this form.	
	Governing Body:	
	Contact Person's Printed Name:	Contact Person's Signature:
	Title:	
	Phone:	Email:
<input checked="" type="checkbox"/>	<b>Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District</b> If this argument is filed by any member(s) of the governing body, fill in the information below and complete both sides of this form. By statute, members of school district governing boards need board authorization to file an argument.	
	Member(s) of the Governing Body: <u>RICH GARBARINO</u>	Name of Governing Body: <u>CITY OF SOUTH SAN FRANCISCO</u>
	Contact Person's Printed Name: <u>RICH GARBARINO</u>	[REDACTED]
	Title: <u>COUNCIL MEMBER</u>	
	Phone: [REDACTED]	Email:
<input type="checkbox"/>	<b>Bona Fide Association of Citizens/Organization</b> If this argument is filed by a bona fide association of citizens/organization, the signers of the argument must be affiliated with the association/organization, be authorized to sign the argument on its behalf, provide the printed name and signature of at least one principal officer of the organization, and complete both sides of this form.	
	Name of Association/Organization:	
	Principal Officer's Printed Name and Title:	Principal Officer's Signature:
	Contact Person's Printed Name:	Email:
	Phone:	Fax:
<input type="checkbox"/>	<b>Individual(s) eligible to vote on the measure</b> Individual signers must be eligible to vote on the measure.	
	Contact Person:	Phone:
	Mailing Address:	
	Fax:	Email:

**Please complete the reverse side of this form.**

40 Tower Road, San Mateo, CA 94402

P 650.312.5222 F 650.312.5348 email registrar@smcacre.org web www.smcacre.org

# Primary Argument Signers Form

Each signer must designate in which capacity they are signing. Check the one box that applies.

No more than five signatures shall appear with any argument. If more than five signatures are submitted, the first five listed shall be printed.

Names and titles listed will be printed in the order that they are listed below.

If the signers are part of a bona fide association/organization, there is no requirement that they be eligible to vote on the measure. However, for each such signing individual(s), the title under the signer's name shall list the name of that bona fide association/organization and may include their position within that association/organization.

By signing below, the undersigned state that they have read the argument and believe it not to be false or misleading.

Governing Body of San Mateo County, a School District, or a Special District  
 Member(s) of the Governing Body of San Mateo County, a School District, or a Special District  
 Bona Fide Association of Citizens/Organization  
 Individual(s) eligible to vote on the measure

1.	Name: <b>Liza Normandy</b>	Title: <b>Mayor, city of south S.F.</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone: [REDACTED]	Email:				
	Address: <b>South S.F. CA 94083</b>					
	Signature: [REDACTED]	Date: <b>August 17, 2018</b>				
2.	Name: <b>RICHARD HOLT</b>	Title: <b>250 YEAR RESIDENT COMMUNITY VOLUNTEER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email:				
	Address: <b>So. SAN FRANCISCO</b>					
	Signature: [REDACTED]	Date: <b>8/17/18</b>				
3.	Name: <b>BILL BENAVIDES</b>	Title: <b>LOCAL COMMUNITY EMERGENCY RESPONSE TEAM VOLUNTEER</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email:				
	Address: [REDACTED]					
	Signature: [REDACTED]	Date: <b>8-17-18</b>				
4.	Name: <b>SAM SHIHADAH</b>	Title: <b>LOCAL BUSINESS OWNER 45+ YEAR RESIDENT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Phone: [REDACTED]	Email:				
	Address: <b>So. S.F., CA, 94080</b>					
	Signature: [REDACTED]	Date: <b>8/17/2018</b>				
5.	Name:	Title:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Phone:	Email:				
	Address:					
	Signature:	Date:				

**Submit a second form (this side only) for alternate signers attached to this form and the argument.**

FOR OFFICIAL USE ONLY

Signers	<input type="checkbox"/> Registered	N/A	Signed	Dated
Bona Fide Association	<input type="checkbox"/> Verified	N/A	Signed	Dated