

CITY OF NEEDLES, CALIFORNIA
Application For Cannabis Business — Conditional Use Permit

Name of Applicant: OTC Needles LLC Phone: (619) 955-9433 (Applicant must be the owner of the land, the lessee having a lease-hold interest of not less than 5 years, or the agent of any of the foregoing duly authorized in writing)

I, (I/We) the undersigned, Norman Yousif (Owner/Lessee/Agent) of the property listed below, hereby request that the following stated use be permitted to be constructed and/or operated.

Project name and address: OTC Needles LLC DBA Off The Charts
1611 Needles Hwy Needles, CA 92363

2. Legal Description of Parcel (attach if necessary): Legal description is provided on the following page

3. Briefly Describe: a. Purpose and Intent of proposed project (include acres, square feet, units, etc.).
Minor tenant improvements to transform an existing, vacant, freestanding, 3,200 sqft building on a 12,000 sqft lot into a commercial cannabis retail storefront

b. Population projection (project residents): N/A

c. Number of persons employed during operation: full time 6 part time 2

d. Will the Project require new utility services? X yes no

i. Water Service no. If so, estimated peak water demand in gallons/minutes:
25 gal/day (Normal toilet and sink use in restroom), service requirement.

ii. Sewer Service no. Any chemical wastes expelled in sewers? No
If yes, explain:

iii. Electric Service: main size; single phase X; three phase
Attachment to existing electric facilities: load calculations

e. Estimated daily vehicular traffic generated by the operation: Comment:
80-100 trips per day due to customers visiting the facility and employees coming to and from work

f. List major machines — give horsepower and noise rating in decibels: N/A

g. Will the project require a permit from the Air Pollution Control District, and if so, describe: N/A

h. What will be the hours of operation: 10:00am - 10:00pm

i. Describe materials or machinery that will be stored or parked outside: N/A

5. Identify any other licenses you hold for cannabis in California

Table with 2 columns: Type of License, California City Issuing License. Row 1: Dispensary, City of Needles. Other rows: Cultivation, Manufacturing, Testing/Lab, Distribution/Transportation, Other.

6. Attached X Site Plan X Elevations (); Filing Fee O; Legal (); (site plans folded 8 "2" x 11" reduction)

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA AND IS DESCRIBED AS FOLLOWS:

LOTS 19,20,21, AND 22, BLOCK 25, DENAIR'S SUBDIVISION, IN THE CITY OF NEEDLES, COUNTY OF SAN BERNARDINO, STATE OF CALIFORNIA, AS PER MAP RECORDED IN BOOK 16, PAGES 53 AND 54 OF MAPS, IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

APN: 0185-062-26-0-000

**AUTHORIZATION**

Names and signatures of all persons having an interest in this property described as 1611 Needles Hwy  
Needles, CA 92363  
(the "Property") whose consent is required (by virtue of such interest) to authorize the filing of this application.

NAME (print or type), Signature & Address

CAPACITY (Check appropriate)

OWNER\*    LESSEE    AGENT    **OTHER (Describe)**

Norman Yousif

Signature *Norman Yousif*

Address 15030 Ventura Blvd #169 Sherman Oaks, CA 91403

**Applicant**

Norman Yousif is the Applicant pursuing this Conditional Use Permit.

Signature \_\_\_\_\_

Address \_\_\_\_\_

OWNER: As Owner of the Property, I MAHMOUD ELAFIFY hereby declare and certify under penalty of perjury under the laws of the State of California that the above-named person(s) is/are duly authorized to act on my behalf with the City of Needles and NPUA and represent my interests in the Property before the Planning Commission and the City Council/NPUA, including but not limited to in connection with the application filed herewith.

*[Signature]*  
Signature of Property owner

MAHMOUD ELAFIFY  
Owner name printed

**NOTARY**

**OWNER SIGNATURE NOTARIZATION:**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES )

On 09/08/2025 ) SS:

before me, CESAR A. PAREDES a Notary Public, personally appeared MAHMOUD S. ELAFIFY, Owner, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal.  
(seal)

*[Signature]*

Signature, Notary

