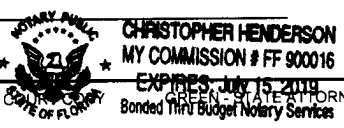
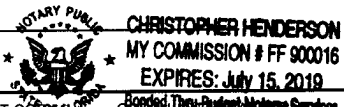


		ARREST / NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		Juvenile										
ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 505100		Agency Name DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO		Agency Report Number (N.T.A.'s only)															
	Charge Type: Check as many as apply:		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator 01											
	Location of Arrest (Including Name of Business)						Location of Offense (Business Name, Address) Glass Chamber, 1450 10th Street Lake Park, FL 33403															
	Date of Arrest		Time of Arrest 10:53		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
DEFENDANT	Name (Last, First, Middle) Clapper, Michelle Sandra												Alias (Name, DOB, Soc. Sec. #, Etc.)									
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W		Date of Birth 6/1/1977		Height 504		Weight 120 lbs		Eye Color Blue		Hair Color Blond		Complexion Light		Build Thin					
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) Several tattoos on legs						Marital Status Married		Religion NONE		Indication of: Alcohol influence Drug influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input checked="" type="checkbox"/>									
	Local Address (Street, Apt. Number) 480 Mulberry Grove						(City) Royal Palm Beach, FL 33411		(State) FL		(Zip) 33411		Phone (561) 703-2014		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2					
	Permanent Address (Street, Apt. Number) Same as above						(City)		(State)		(Zip)		Phone ()		Address Source DL							
	Business Address (Name, Street) Glass Chamber, 1450 10th Street, Lake Park, FL 33403						(City)		(State)		(Zip)		Phone ()		Occupation Owner							
	D/L Number, State C416557777010 FL				Soc. Sec. Number [REDACTED]				INS Number				Place of Birth (City, State) New York				Citizenship USA					
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last)		(First)		(Middle)		Residence Phone ()												
Address (Street, Apt. Number)						(City)		(State)		(Zip)		Business Phone ()										
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated														
Released To: (Name)						Relationship						Date		Time								
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address.								School Attended				Grade										
<input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)																						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property														
CODE Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other		
Charge Description Sale of a Schedule I		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 893.13(1)(a)190a						Violation of ORD #										
Drug Activity S		Drug Type Z		Amount / Unit 7 mg		Offense # 2016042998		Warrant / Capias Number						Bond								
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number						Violation of ORD #										
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond								
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number						Violation of ORD #										
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond								
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number						Violation of ORD #										
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number						Bond								
NOTICE TO APPEAR	Location (Court, Room Number, Address)																					
	Court Date and Time Month Day Year Time AM PM																					
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED																					
	Signature of Defendant (or Juvenile and Parent /Custodian)												Date Signed									
ADMIN	HOLD for other Agency Name: [REDACTED]																					
	Name Verification (Printed by Arrestee) [REDACTED]																					
	(PRINT)																					
	PAGE 1 OF 4																					
Intake Deputy		I.D. #		Pouch #		Witness here if subject signed with an -X-																

		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3		Juvenile			
ADMIN	OBTS Number			Agency ORI Number FLO 505100		Agency Name DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO		Agency Report Number 2016042998					
	Charge Type: Check as many as apply.	<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:					
DEF	Name (Last, First, Middle)	Clapper, Michelle Sandra						Alias		Race W	Sex F	Date of Birth 6/1/1977	
CHARGES	Charge Description	Sale of a Schedule I						893.13(1)(a)190a		Charge Description			
	Charge Description									Charge Description			
VICTIM	Victim's Name (Last, First, Middle)	State of Florida						Race		Sex		Date of Birth	
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone				Address Source				
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone				Occupation				
PROBABLE CAUSE STATEMENT	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the 2 day of August 20 16 at 10:53 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)												
	On the above date and time, _____ with the Florida Division of Alcoholic Beverages and Tobacco (FDABT), purchased a Cannabidiol (CBD) oil product from Glass Chambers, Inc. located at 1450 10th Street, Lake Park, FL. The item was found to contain Tetrahydrocannabinol (THC), which is a Schedule I controlled substance, in violation of FSS 893.13(1)(a)(2). The business holds a current and valid tobacco permit issued by FDABT.												
	The permit information on file with FDABT for Glass Chambers Inc. shows Michelle Clapper as the applicant, contact person, owner and president of the business, with a 100% ownership of the same. The application bears the notarized signature of Clapper. In addition, an on line search of the Florida Department of State, Division of Corporations, shows Clapper to be the president, secretary and director of the corporation.												
	On June 13th, 2016, FDABT _____ performed a random inspection of Glass Chambers, Inc. During the inspection, _____ found that several products, which were advertised as containing CBD, were being sold at the licensed premises. Present and assisting during the inspection was the business manager, Patrick Ekey. _____ provided Ekey with an informational written notice advising: "Sales of any substances that contain THC (like CBD Oil) may be grounds for criminal arrest ref. Florida State Statute 893.13 (1)(a)(2)... Most CBD Oils/Products contain THC. It is up to the licensee to determine if the product being sold contains THC or not, and remove the product. Many CBD oils do contain THC." The notice was signed by Ekey.												
	However, Ekey stated to _____ that he did not know anything about the CBD Oil, and immediately contacted the business owner, Michelle Clapper, via telephone. _____ spoke to Clapper via phone regarding the sale of the CBD oils and notified her of the informational notice provided to Ekey in regards to the possible THC content of such products. In addition, _____ notified Clapper that if the products being sold at the store contain THC, Clapper could get arrested. Clapper requested that _____ email a copy of the notice to her.												
	On August 2, 2016 at approximately 10:53 AM, _____ traveled to Glass Chambers, Inc. _____ entered the business in an undercover capacity. _____ was wearing a hidden video recording device which she activated prior to entering the premises.												
ADMINISTRATIVE	STATE OF FLORIDA COUNTY OF _____ (Signature of Arresting/Investigative Officer) _____ The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of September 20 16 by _____ (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____ Police ID _____) Notary Public, Clerk of Court, Officer (F.S.S. 117.10) _____ 												
	PAGE 2 OF 4												

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	3	Juvenile
ADMIN	Agency ORI Number FLO 505100	Agency Name DIVISION OF ALCOHOLIC BEVERAGES & TOBACCO		Agency Report Number 2016029247			
	Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes				
DEF	Name (Last, First, Middle) Clapper, Michelle Sandra			Alias	Race W	Sex F	Date of Birth 6/1/1977
	Charge Description Sale of a Schedule I		Charge Description 893.13(1)(a)190a				
CHARGES	Charge Description		Charge Description				
	Charge Description		Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State of Florida			Race	Sex	Date of Birth	
	Local Address (Street, Apt. Number)		(City)	(State)	(zip)	Phone	Address Source
	Business Address (Name, Street)		(City)	(State)	(zip)	Phone	Occupation
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence.</p> <p><input type="checkbox"/> confessed to _____</p> <p><input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 2 day of August 20 16 at 10:53 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>Inside the premises, _____ saw a white male behind the counter. _____ spoke to the male employee and asked to purchase CBD oil. The employee showed _____ several items containing CBD oil. _____ purchased, among other items, a plastic container filled with an amber colored liquid (approximately 7 grams) marked "CBD Drip Onyx Max Strength, 7 ml." _____ paid \$60 for the item and left the premises.</p> <p>The evidence was transported to the West Palm Beach District Office, where it was photographed and field tested using a Narcotics Analysis Reagent Kit (NARK). The test of the oil turned purple, indicating a positive reaction for the presence of TCH.</p> <p>The _____ from the transaction was downloaded and placed into evidence at the West Palm Beach District Office.</p> <p>On August 17th, 2016, _____ turned over the evidence purchased to the Palm Beach County Sheriff's Office (PBSO) Lab for further testing for the presence of THC.</p> <p>On August 31th, 2016, _____ received a written report from PBSO Forensic Scientist Steven Williams, stating that the "CBD Drip" tested by the lab was found to contain Delta-9-Tetrahydrocannabinol - Schedule I substance (THC).</p> <p>On September 14th, 2016 at approximately 11:30 AM, _____ met with Clapper at the business, where Clapper agreed to provide a taped statement. Clapper was read her Miranda Warning which she stated she understood and waived. Clapper admitted to being the person responsible for the business and stated she is present at the business every day for at least a couple of hours. In addition, Clapper stated there are no other owners and she is the person in charge of making all decisions for the business.</p>							
ADMINISTRATIVE	STATE OF FLORIDA						
	CO. _____						
	(Signature of Arresting/Investigative Officer)						
	The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of September 20 16 by _____						
(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____)							
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)							
							
PAGE 3 OF 4							

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile
ADMIN	Agency ORI Number		Agency Name		Agency Report Number				
	Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Special Notes:		
DEF	Name (Last, First, Middle) Clapper, Michelle Sandra				Alias		Race W	Sex F	Date of Birth 6/1/1977
	Charge Description Sale of a Schedule I				Charge Description 893.13(1)(a)190a				
CHARGES	Charge Description				Charge Description				
	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) State of Florida						Race	Sex	Date of Birth
	Local Address (Street, Apt. Number)			(City)	(State)	(zip)	Phone	Address Source	
	Business Address (Name, Street)			(City)	(State)	(zip)	Phone	Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the 2 day of August, 20 16 at 10:53 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>Clapper further admitted to being informed by [REDACTED] via phone about the possible THC content of the products. Clapper further stated she would never sell anything at the store that contains TCH and stated "I am not stupid." Clapper stated she had all the lab reports for the CBD oil products sold at the premises. Clapper then showed [REDACTED] a few of the lab reports in her possession.</p> <p>Among the reports provided by Clapper, was a printout from SCLabs website showing the total THC content of the CBD Drip. According to the report provided to [REDACTED] by Clapper, the CBD Drip being sold at the store contains 4.93 mg of TETRAHYDROCANNABINOL.</p> <p>[REDACTED] also found several lab reports and Certificate of Analysis readily available in the Internet from SCLabs. All the reports found show the CBD Drip Onyx to contain varying levels of THC.</p> <p>Based on the above stated facts, I believe Probable Cause exists to charge the defendant, Michelle Clapper with one count of Sale of a Controlled Substance, in violation of Florida State Statute 893.13(1)(a)(2), as THC is a controlled substance named under 893.03(1)(c)(37).</p>									
ADMINISTRATIVE	<div style="display: flex; justify-content: space-between;"> <div> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 19th day of September, 20 16 by _____</p> <p>(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced _____)</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> </div> <div> <p>CHRISTOPHER HENDERSON MY COMMISSION # FF 900016 EXPIRES: July 15, 2019 Bonded thru Budget Notary Services</p> </div> <div> <p>Police ID _____</p> </div> </div>								
	<div style="display: flex; justify-content: space-between;"> <div> <p>PAGE 4 OF 4</p> </div> </div>								
	<p>DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY</p>								