



## Massachusetts Cannabis Control Commission

### Marijuana Retailer

<b>Business Name:</b>	Garden Remedies, Inc.	<b>License Number:</b>	MR281495
<b>Tax Identification Number:</b>	*****	<b>Issued Date:</b>	02/04/2019
<b>Business Email Address:</b>	thopper@gardenremedies.com	<b>Expiration Date:</b>	02/04/2020
<b>Business Phone Number:</b>	617-235-7215	<b>Revoked Date:</b>	N/A
<b>Mailing Address:</b>	697 Washington Street Newton MA 02458	<b>Surrendered Date:</b>	N/A
<b>Business Address:</b>	697 Washington Street Newton MA 02458		

### CERTIFIED DISADVANTAGED BUSINESS ENTERPRISES (DBES)

Certified Disadvantaged Business Enterprises (DBEs): Not a DBE

### PRIORITY APPLICANT

Priority Applicant: yes  
 Priority Applicant Type: RMD Priority  
 Economic Empowerment Applicant Certification Number:  
 RMD Priority Certification Number: RPA201820

### RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	fcrgr.pdf	pdf	5b0ec31bad75cc3d99a99ec3	05/30/2018

Name of RMD: Garden Remedies, Inc.

Department of Public Health RMD Registration Number: 008

Operational and Registration Status: Obtained Final Certificate of Registration and is open for business in Massachusetts

To your knowledge, is the existing RMD certificate of registration in good standing?: yes

If no, describe the circumstances below:

### PERSONS WITH DIRECT OR INDIRECT AUTHORITY

Person with Direct or Indirect Authority 1

<b>Percentage Of Ownership:</b>	<b>Percentage Of Control:</b>			
<b>Role:</b> Executive / Officer	<b>Other Role:</b>			
<b>First Name:</b> Karen	<b>Middle Name:</b>	<b>Last Name:</b> Munkacy	<b>Suffix:</b>	<b>Former Last Name:</b> Gutowski
<b>Alias - 1:</b> [REDACTED]	<b>Alias - 2:</b> [REDACTED]	<b>Alias - 3:</b>		
<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]			
<b>Primary Address 1:</b> [REDACTED]		<b>Primary Address 2:</b>		
<b>City:</b> [REDACTED]	<b>State:</b> [REDACTED]	<b>Zip Code:</b> [REDACTED]		

Gender: Female

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 2

Percentage Of Ownership:

Percentage Of Control:

Role: Board Member

Other Role:

First Name: Katie

Middle Name: Ann

Last Name: Tenenbaum

Suffix:

Former Last Name: Krell

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Gender: Female

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 3

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Jeffrey

Middle Name: Scott

Last Name: Herold

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Gender: Male

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 4

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Karen

Middle Name: Esther

Last Name: Hawkes

Suffix:

Former Last Name: Reine

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Gender: Female

User Defined Gender:

What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 5

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Michael

Middle Name: Matthew

Last Name: Climo

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED] Email: [REDACTED]  
 Primary Address 1: [REDACTED] Primary Address 2: [REDACTED]  
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Gender: Male User Defined Gender:  
 What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)  
 Specify Race or Ethnicity:

Person with Direct or Indirect Authority 6

Percentage Of Ownership: Percentage Of Control:  
 Role: Executive / Officer Other Role:  
 First Name: Sean Middle Name: Last Name: Mack Suffix: Former Last Name:  
 Alias - 1: Alias - 2: Alias - 3:  
 Phone: [REDACTED] Email: [REDACTED]  
 Primary Address 1: [REDACTED] Primary Address 2:  
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
 Gender: Male User Defined Gender:  
 What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)  
 Specify Race or Ethnicity:

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES DOCUMENTATION - INDIVIDUALS

No documents uploaded

CAPITAL RESOURCES - ENTITIES

Entity Contributing Capital 1

Entity Legal Name: RMC Holdings, LLC Entity DBA:  
 Email: Phone:  
 pwesthead@rimrockcapital.com 949-381-7883  
 Address 1: 100 Innovation Drive Address 2: Suite 200  
 City: Irvine State: CA Zip Code: 92617  
 Types of Capital: Monetary/Equity Other Type of Total Value of Capital Provided: Percentage of Initial Capital:  
 Capital: \$3036000 10  
 Capital Attestation: Yes

CAPITAL RESOURCES DOCUMENTATION - ENTITY

Document Category	Document Name	Type	ID	Upload Date
Existence of Capital Verification	RMC Existence of Funds.pdf	pdf	5b0ec78a0d20bf11ae6d97f9	05/30/2018
Funds Certification	RMC Funds Certification.pdf	pdf	5b0ec794b416c03d71120612	05/30/2018

### BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

### BUSINESS INTEREST DOCUMENTATION

No documents uploaded

### DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

### INDIVIDUAL INTEREST DOCUMENTATION

No documents uploaded

### MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Escrow Account	GRI Escrow Retail Newton.pdf	pdf	5bdca81a4088250d697fcae8	11/02/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	lease newton gri.pdf	pdf	5b0ec8f73deece0450ce9397	05/30/2018
Permission to Use Premises	addendum to lease gri.pdf	pdf	5b0ec910ad75cc3d99a99ecd	05/30/2018

Establishment Address 1: 697 Washington Street

Establishment Address 2:

Establishment City: Newton

Establishment Zip Code: 02458

Approximate square footage of the establishment: 1200      How many abutters does this property have?: 55

Have all property abutters been notified of the intent to open a Marijuana Establishment at this address?: Yes

### HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Community Outreach Meeting Documentation	community outreach.pdf	pdf	5b0eca09f5ed5811d6e4572d	05/30/2018
Certification of Host Community Agreement	host community.pdf	pdf	5b0eca1b9bcf5a047e3521c8	05/30/2018
Plan to Remain Compliant with Local Zoning	Garden Remedies Inc. Plan to Remain Compliant with Local Zoning_.pdf	pdf	5bdca8a22d1cf504966f28bd	11/02/2018

No documents uploaded

No documents uploaded

Total amount of financial benefits accruing to the municipality as a result of the host community agreement: \$

### PLAN FOR POSITIVE IMPACT

Document Category	Document Name	Type	ID	Upload Date
Plan for Positive Impact	Plan for Positive Impact.pdf	pdf	5b97fd6818807b2d67c415a8	09/11/2018

**ADDITIONAL INFORMATION NOTIFICATION**

Notification: I understand

**INDIVIDUAL BACKGROUND INFORMATION**

Individual Background Information 1

Role: Executive / Officer      Other Role: Board Member

First Name: Karen      Middle Name:      Last Name: Munkacy      Suffix:      Former Last Name: Gutowski

Alias 1: [REDACTED]      Alias 2: [REDACTED]      Alias 3:

Phone: [REDACTED]      Email: [REDACTED]

Primary Address 1: [REDACTED]      Primary Address 2:

Primary City: [REDACTED]      Primary State: [REDACTED]      Primary Zip Code: [REDACTED]      Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Manager

Background Question: no

Description of Background Events:

Individual Background Information 2

Role: Board Member      Other Role:

First Name: Katie      Middle Name: Ann      Last Name: Tenenbaum      Suffix:      Former Last Name: Krell

Alias 1:      Alias 2:      Alias 3:

Phone: [REDACTED]      Email: [REDACTED]

Primary Address 1: [REDACTED]      Primary Address 2: [REDACTED]

Primary City: [REDACTED]      Primary State: [REDACTED]      Primary Zip Code: [REDACTED]      Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Staff

Background Question: no

Description of Background Events:

Individual Background Information 3

Role: Executive / Officer      Other Role:

First Name: Jeffrey      Middle Name: Scott      Last Name: Herold      Suffix:      Former Last Name:

Alias 1:      Alias 2:      Alias 3:

Phone: [REDACTED]      Email: [REDACTED]

Primary Address 1: [REDACTED]      Primary Address 2:

Primary City: [REDACTED]      Primary State: [REDACTED]      Primary Zip Code: [REDACTED]      Years at this Address: [REDACTED]

Date of Birth: [REDACTED]

RMD Association: RMD Manager

Background Question: no

Description of Background Events:

Individual Background Information 4

Role: Executive / Officer      Other Role:

First Name: Karen      Middle Name: Esther      Last Name: Hawkes      Suffix:      Former Last Name: Reine

Alias 1:      Alias 2:      Alias 3:

Phone: [REDACTED]      Email: [REDACTED]

Primary Address 1: [REDACTED] Primary Address 2:  
 Primary City: [REDACTED] Primary State: [REDACTED] Primary Zip Code: [REDACTED] Years at this Address: [REDACTED]  
 Date of Birth: [REDACTED]  
 RMD Association: RMD Manager  
 Background Question: no  
 Description of Background Events:

Individual Background Information 5

Role: Executive / Officer Other Role:  
 First Name: Michael Middle Name: Matthew Last Name: Climo Suffix: Former Last Name:  
 Alias 1: Alias 2: Alias 3:  
 Phone: [REDACTED] Email: [REDACTED]  
 Primary Address 1: [REDACTED] Primary Address 2: [REDACTED]  
 Primary City: [REDACTED] Primary State: [REDACTED] Primary Zip Code: [REDACTED] Years at this Address: [REDACTED]  
 Date of Birth: [REDACTED]  
 RMD Association: RMD Manager  
 Background Question: no  
 Description of Background Events:

Individual Background Information 6

Role: Executive / Officer Other Role:  
 First Name: Sean Middle Name: Last Name: Mack Suffix: Former Last Name:  
 Alias 1: Alias 2: Alias 3:  
 Phone: [REDACTED] Email: [REDACTED]  
 Primary Address 1: [REDACTED] Primary Address 2:  
 Primary City: [REDACTED] Primary State: [REDACTED] Primary Zip Code: [REDACTED] Years at this Address: [REDACTED]  
 Date of Birth: [REDACTED]  
 RMD Association: RMD Manager  
 Background Question: no  
 Description of Background Events:

BACKGROUND CHECK SUPPORTING DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
Massachusetts CORI Authorization Form	Munkacy CORI Acknowledgment.pdf	pdf	5b0ecf9fa9bf2311b8c6e3f5	05/30/2018
Disclosure and acknowledgement form	Disclosure and Acknowledgment-Munkacy.pdf	pdf	5b0ecfeada8de63d8fd1762b	05/30/2018
MA Driver's License	Karen Munkacy ID.pdf	pdf	5b0ed3cfa6b56e3d6757262f	05/30/2018
Release authorization form	Karen Release.pdf	pdf	5b0ed3f752bc563da3bfe953	05/30/2018
Massachusetts CORI Authorization Form	Katie CORI Acknowledgement.pdf	pdf	5b0ed590ad75cc3d99a99ee3	05/30/2018
Disclosure and acknowledgement form	Katie Disclosure and Acknowledgment.pdf	pdf	5b0ed593ddfb91046e611260	05/30/2018

IVES form 4506-T	Katie 4506-T.pdf	pdf	5b0ed5a29eb86611ea7d4810	05/30/2018
Release authorization form	Katie Release Authorization.pdf	pdf	5b0ed5ae1fc0413d614fec7	05/30/2018
Other US State Driver's License	Katie Tenenbaum ID.pdf	pdf	5b0ed5ed11a2fe04237f7b3d	05/30/2018
Massachusetts CORI Authorization Form	Jeff CORI Authorization.pdf	pdf	5b0ed76e4acea511a8369bdc	05/30/2018
IVES form 4506-T	Jeff 4506-T.pdf	pdf	5b0ed779a6b56e3d67572637	05/30/2018
Disclosure and acknowledgement form	Jeff Disclosure and Acknowledgement.pdf	pdf	5b0ed782a9bf2311b8c6e3fd	05/30/2018
Release authorization form	Jeff Release Authorization Form.pdf	pdf	5b0ed78b53899e3d7b661f42	05/30/2018
MA Driver's License	Jeff Herold ID.pdf	pdf	5b0ed7931f5e4d0443cb6ce0	05/30/2018
Massachusetts CORI Authorization Form	TK CORI Acknowledgment.pdf	pdf	5b0ed9064acea511a8369be2	05/30/2018
Disclosure and acknowledgement form	TK Disclosure and Acknowledgement.pdf	pdf	5b0ed90aa6b56e3d6757263d	05/30/2018
IVES form 4506-T	TK 4506-T.pdf	pdf	5b0ed9165ba56c042922c889	05/30/2018
Release authorization form	TK Release Authorization.pdf	pdf	5b0ed91fa9bf2311b8c6e403	05/30/2018
MA Driver's License	K Hawkes ID.pdf	pdf	5b0ed92853899e3d7b661f48	05/30/2018
Massachusetts CORI Authorization Form	Climo CORI Acknowledgement.pdf	pdf	5b0eda2e1f5e4d0443cb6ce8	05/30/2018
Disclosure and acknowledgement form	Climo Disclosure and Acknowledgement.pdf	pdf	5b0eda329a67bb11cc7e52b4	05/30/2018
IVES form 4506-T	Climo 4506-T.pdf	pdf	5b0eda3dda8de63d8fd17641	05/30/2018
Release authorization form	Climo Release Authorization.pdf	pdf	5b0eda43b2a9e2046441c8d4	05/30/2018
MA Driver's License	Climo ID.pdf	pdf	5b0eda47ad75cc3d99a99ee7	05/30/2018
IVES form 4506-T	Mack 4506-T.pdf	pdf	5b912f195e9b3d2d528a8aa3	09/06/2018
Massachusetts CORI Authorization Form	Mack CORI Acknowledgement.pdf	pdf	5b912f2818807b2d67c410e7	09/06/2018
Disclosure and acknowledgement form	Mack Disclosure and Acknowledgement.pdf	pdf	5b912f35185bb22d710670bf	09/06/2018
Release authorization form	Mack Release Authorization Form.pdf	pdf	5b912f42d389b22d7bd64ea3	09/06/2018
IVES form 4506-T	Karen 4506-T.pdf	pdf	5b9132d80d95792d85f43be2	09/06/2018
MA Driver's License	Mack License.jpg	jpeg	5b916380cea8212d4c7b6569	09/06/2018

### ENTITY BACKGROUND CHECK INFORMATION

#### Entity Background Check Information 1

**Role:** Investor/Contributor

**Other Role:**

**Entity Legal Name:** RMC Holdings, LLC

**Entity DBA:**

**Federal Tax Identification Number EIN/TIN:**



**Entity Description:** Family Owned Investment Company

**Phone:** 949-500-7637

**Email:** pwesthead@rimrockcapital.com

**Primary Business Address 1:** 100 Innovation Drive

**Primary Business Address 2:** Suite 200

**Primary Business City:** Irvine

**Primary Business State:**

**Principal Business Zip Code:**

## Additional Information:

## MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Department of Revenue - Certificate of Good standing	DOR Certificate of Good Standing.pdf	pdf	5b0ef5120d20bf11ae6d9850	05/30/2018
Articles of Organization	GRI Articles of Organization.pdf	pdf	5b0ef51eb416c03d7112064b	05/30/2018
Bylaws	GRI ByLaws.pdf	pdf	5b0ef52d75ce440437858e21	05/30/2018
Secretary of Commonwealth - Certificate of Good Standing	GRI Certificate of Good Standing.pdf	pdf	5b0ef5396fb0f811c2266e15	05/30/2018
Articles of Organization	Paula B. Nickerson.pdf	pdf	5bdcaa07d84f77046ceecccc	11/02/2018

No documents uploaded

Massachusetts Business Identification Number: 001112342

Doing-Business-As Name:

DBA Registration City:

## BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Plan for Liability Insurance	Certificate of Liability Insurance.pdf	pdf	5b9138dc377423394139519e	09/06/2018
Business Plan	GRI Business Plan_Part1.pdf	pdf	5b981202cea8212d4c7b6959	09/11/2018
Business Plan	GRI Business Plan_Part2.pdf	pdf	5b98120a5e9b3d2d528a8f9b	09/11/2018
Business Plan	GRI Business Plan_Part3.pdf	pdf	5b98121218807b2d67c415e0	09/11/2018
Proposed Timeline	GRI Timeline.pdf	pdf	5b98128618807b2d67c415e6	09/11/2018

## OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Inventory procedures	Inventory Procedures.pdf	pdf	5b907f0baa953e3937b5b09d	09/05/2018
Maintaining of financial records	Maintaining of Financial Records.pdf	pdf	5b907fd98d67cc394b81ca5f	09/05/2018
Plan for obtaining marijuana or marijuana products	Obtaining Marijuana or Marijuana Projects.pdf	pdf	5b908148aa953e3937b5b0a5	09/05/2018
Prevention of diversion	Prevention of Diversion.pdf	pdf	5b9081e9da72283955c61bdd	09/05/2018
Qualifications and training	Qualifications and Training.pdf	pdf	5b9082705a6f093923e50f05	09/05/2018
Quality control and testing	Quality Control and Testing.pdf	pdf	5b9083a83774233941395142	09/05/2018
Record Keeping procedures	Record Keeping Procedures.pdf	pdf	5b90843c5e9b3d2d528a8a53	09/05/2018
Restricting Access to age 21 and older	Restricting Access to 21 and Older.pdf	pdf	5b9084a55a6f093923e50f0f	09/05/2018
Security plan	Security Plan.pdf	pdf	5b9085a303a477392d0a40a7	09/05/2018
Separating recreational from medical	Separating Recreational from Medical	pdf	5b9086498d67cc394b81ca6d	09/05/2018

operations, if applicable	Operations.pdf			
Storage of marijuana	Storage of Marijuana.pdf	pdf	5b9086beb60ce4391d87fc06	09/05/2018
Transportation of marijuana	Transportation of Marijuana.pdf	pdf	5b908797aa953e3937b5b0b3	09/05/2018
Dispensing procedures	Dispensing Procedures.pdf	pdf	5b97ffae18807b2d67c415b4	09/11/2018
Personnel policies including background checks	Personnel Procedures.pdf	pdf	5b980e4b185bb22d710675ba	09/11/2018
Security plan	Newton Retail Hours of Operation and Contact Info.pdf	pdf	5b9b261bb60ce4391d8803a1	09/13/2018
Quality control and testing	GRI-CP.03 Pest and Contamination Control Procedures.pdf	pdf	5b9ff08489bc002d9918c2c7	09/17/2018
Quality control and testing	GRI-TM.03 Finished Product Testing Procedures.pdf	pdf	5b9ff08ecea8212d4c7b6cd4	09/17/2018
Diversity plan	GRI Diversity Plan.pdf	pdf	5bdb3660d84f77046ceeca85	11/01/2018

### ATTESTATIONS

I certify that no additional entities or individuals meeting the requirement set forth in 935 CMR 500.101(1)(b)(1) or 935 CMR 500.101(2)(c)(1) have been omitted by the applicant from any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

I understand that the regulations stated above require an applicant for licensure to list all executives, managers, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment; close associates and members of the applicant, if any; and a list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings.: I Agree

I certify that any entities who are required to be listed by the regulations above do not include any omitted individuals, who by themselves, would be required to be listed individually in any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

Notification: I Understand

I certify that any changes in ownership or control, location, or name will be made pursuant to a separate process, as required under 935 CMR 500.104(1), and none of those changes have occurred in this application.:

I certify that to the best knowledge of any of the individuals listed within this application, there are no background events that have arisen since the issuance of the establishment's final license that would raise suitability issues in accordance with 935 CMR 500.801.:

I certify that all information contained within this renewal application is complete and true.:

### ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

### COMPLIANCE WITH POSITIVE IMPACT PLAN

No records found

### COMPLIANCE WITH DIVERSITY PLAN

No records found

### HOURS OF OPERATION

Monday From: Monday To:

Tuesday From: Tuesday To:

Wednesday From: Wednesday To:

Thursday From: Thursday To:

Date generated: 07/22/2019

Friday From:	Friday To:
Saturday From:	Saturday To:
Sunday From:	Sunday To:

**EMERGENCY CONTACTS**

No records found