



Massachusetts Cannabis Control Commission

Marijuana Retailer

Business Name:	Patriot Care Corp	License Number:	MR281283
Tax Identification Number:	██████████	Issued Date:	09/12/2018
Business Email Address:	bmayerson@col-care.com	Expiration Date:	09/12/2019
Business Phone Number:	978-771-1434	Revoked Date:	N/A
Mailing Address:	70 Industrial Avenue East Suite B Lowell MA 01852	Surrendered Date:	N/A
Business Address:	70 Industrial Avenue East Suite B Lowell MA 01852		

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: RPA201838

RMD INFORMATION

Name of RMD: Patriot Care Corp
Department of Public Health RMD Registration Number: 005
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

Percentage Of Ownership:	Percentage Of Control:		
Role: Executive / Officer	Other Role:		
First Name: Robert	Middle Name: Keith	Last Name: Mayerson	Suffix:
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 2

Percentage Of Ownership:	Percentage Of Control:		
Role: Executive / Officer	Other Role:		
First Name: Nicholas	Middle Name: Keane	Last Name: Vita	Suffix:

Entity Legal Name: Columbia Care LLC

Entity DBA:

DBA

City:

Entity Description: Delaware Limited Liability Company

Foreign Subsidiary Narrative:

Entity Phone: 212-634-7100

Entity Email: info@col-care.com

Entity Website: www.col-care.com

Entity Address 1: 745 Fifth Avenue

Entity Address 2: 17th Floor

Entity City: New York

Entity State: NY

Entity Zip Code: 10151

Entity Mailing Address 1: 70 Industrial Avenue East

Entity Mailing Address 2: Suite B

Entity Mailing City: Lowell

Entity Mailing State: MA

Entity Mailing Zip Code: 01852

Relationship Description: Columbia Care is the nation's largest and most experienced manufacturer and provider of medical marijuana products and services. Since first applying for licenses in Massachusetts in 2013 and being awarded 3 licenses, Columbia Care has provided all of the capital and know-how that has been required to build Patriot Care into the leading position that it enjoys today in the medical marijuana market in Massachusetts. Following the recent conversion of Patriot Care from a not-for-profit entity to a for-profit entity, Columbia Care is the sole member of Patriot Care Corp and thus owns 100% of the equity and control. It exercises its authority through executives of Columbia Care that are also executives of Patriot Care. Four of these executives also comprise 100% of the Board of Patriot Care Corp.

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES - ENTITIES

No records found

BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

DISCLOSURE OF INDIVIDUAL INTERESTS

No records found

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 70 Industrial Avenue East

Establishment Address 2: Suite B

Establishment City: Lowell

Establishment Zip Code: 01852

Approximate square footage of the establishment: 5800

How many abutters does this property have?: 16

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	CommunityOutreach_Lowell Dispensary.pdf	pdf	5ae36674423af335ecabb554	04/27/2018
Plan to Remain Compliant with Local Zoning	Local Zoning Compliance_70 Industrial.pdf	pdf	5afb93581fc0413d614fe42e	05/15/2018
Certification of Host Community Agreement	HostCert_PCC_Lowell.pdf	pdf	5b0ece56ad75cc3d99a99edd	05/30/2018

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	PlanForPositiveImpact_LowellDisp.pdf	pdf	5ae6676739740e0d95e83c85	04/29/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Executive / Officer Other Role:
First Name: Robert Middle Name: Keith Last Name: Mayerson Suffix:
RMD Association: RMD Manager
Background Question: yes

Individual Background Information 2

Role: Executive / Officer Other Role:
First Name: Michael Middle Name: James Last Name: Abbott Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 3

Role: Executive / Officer Other Role:
First Name: David Middle Name: James Last Name: Hart Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 4

Role: Executive / Officer Other Role:
First Name: Mary-Alice Middle Name: Last Name: Miller Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 5

Role: Executive / Officer Other Role:
First Name: George Middle Name: Charles Last Name: Agganis Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 6

Role: Director Other Role:
First Name: David Middle Name: James Last Name: Catanzano Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 7

Date generated: 08/22/2019

Role: Executive / Officer **Other Role:**
First Name: Nicholas **Middle Name:** Keane **Last Name:** Vita **Suffix:**
RMD Association: RMD Manager
Background Question: yes

ENTITY BACKGROUND CHECK INFORMATION
 Entity Background Check Information 1

Role: Parent Company **Other Role:**
Entity Legal Name: Columbia Care LLC **Entity DBA:** **Federal Tax Identification Number EIN/TIN:**
 [REDACTED]
Entity Description: Delaware Limited Liability Company
Phone: 212-634-7100 **Email:** info@col-care.com
Primary Business Address 1: 745 Fifth Avenue **Primary Business Address 2:** 17th Floor
Primary Business City: New York **Primary Business State:** NY **Principal Business Zip Code:** 10151
Additional Information:

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Secretary of Commonwealth - Certificate of Good Standing	PATRIOT CARE CORP-MA-Certificate of Good Standing...4_13_18.pdf	pdf	5adba3d747dfff7eac6625ba	04/21/2018
Department of Revenue - Certificate of Good standing	MA DOR Certificate of Good Standing.pdf	pdf	5adba3e66232520dbd592c44	04/21/2018
Articles of Organization	FILED Articles of Entity Conversion - 4_12_18.pdf	pdf	5adba3f77cc84f3628fdaa84	04/21/2018
Bylaws	Patriot Care Post Conversion By-Laws.pdf	pdf	5adba402d7af757e748206aa	04/21/2018

No documents uploaded

Massachusetts Business Identification Number: 463348302

Doing-Business-As Name:
DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Plan for Liability Insurance	COI_In Force Coverage_PCC Locations.pdf	pdf	5adba41d423af335ecabafce	04/21/2018
Business Plan	Business Plan Summary_Combined.pdf	pdf	5af0fda99a67bb11cc7e458a	05/07/2018
Proposed Timeline	Timeline_LowellDisp.pdf	pdf	5afb9285f5ed5811d6e44f64	05/15/2018
Proposed Timeline	Timeline_LowellDisp_rev7_26_18.pdf	pdf	5b59c1161ccce4282510a2f2	07/26/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
-------------------	---------------	------	----	-------------

Plan for obtaining marijuana or marijuana products	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fdbaddfb91046e610625	05/07/2018
Plan for obtaining marijuana or marijuana products	Lowell RMD_ME_P&P - Dispensary_5_3_18.pdf	pdf	5af0fe4200caab11e09c9829	05/07/2018
Separating recreational from medical operations, if applicable	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fe5152bc563da3bfdcaa	05/07/2018
Restricting Access to age 21 and older	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fe5f11a2fe04237f6e9b	05/07/2018
Security plan	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fe6c4acea511a8368e73	05/07/2018
Prevention of diversion	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fe77a6b56e3d675719cd	05/07/2018
Storage of marijuana	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fe8375ce44043785816b	05/07/2018
Transportation of marijuana	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fe8ea9bf2311b8c6d72a	05/07/2018
Inventory procedures	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fe9b53899e3d7b6612ac	05/07/2018
Quality control and testing	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fea63deece0450ce876f	05/07/2018
Dispensing procedures	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0feb29a67bb11cc7e458e	05/07/2018
Personnel policies including background checks	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fec0da8de63d8fd169a8	05/07/2018
Record Keeping procedures	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fecddd91046e610629	05/07/2018
Maintaining of financial records	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0feda00caab11e09c982d	05/07/2018
Diversity plan	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fee752bc563da3bfdcae	05/07/2018
Qualifications and training	ApplicationIndex_P&P_Dispensary_Lowell.pdf	pdf	5af0fef211a2fe04237f6e9f	05/07/2018

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:

Friday From: Friday To:

Saturday From: Saturday To:

Sunday From: Sunday To: