



Massachusetts Cannabis Control Commission

Marijuana Cultivator

Business Name:	Alternative Therapies Group, Inc.	License Number:	MC281255
Tax Identification Number:	*****	Issued Date:	07/27/2018
Business Email Address:	chris@atgma.org	Expiration Date:	07/27/2019
Business Phone Number:	617-549-8575	Revoked Date:	N/A
Mailing Address:	24R Pleasant St, Unit 2 Newburyport MA 01950	Surrendered Date:	N/A
Business Address:	24R Pleasant St, Unit 2 Newburyport MA 01950		

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: RP201825

RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	document.pdf	pdf	5ad62acb41df29361e47504e	04/17/2018

Name of RMD: Alternative Therapies Group, Inc.
 Department of Public Health RMD Registration Number: 001
 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: 50 Percentage Of Control: 50
 Role: Executive / Officer Other Role: President
 First Name: Christopher Middle Name: Last Name: Edwards 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 2

Percentage Of Ownership: 50

Percentage Of Control:

50

Role: Executive / Officer

Other Role:

First Name: Julio

Middle Name:

Last Name: Fuentes

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?: Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)

Specify Race or Ethnicity:

Person with Direct or Indirect Authority 3

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: George

Middle Name:

Last Name: Christy

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: Derek

Middle Name:

Last Name: Brock

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 5

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role: President

First Name: Daniel **Middle Name:** **Last Name:** Talbot **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?: Decline to Answer
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: Alternative Therapies Group, Inc. **Entity DBA:**
Email: chris@atgma.org **Phone:** 617-549-8575
Address 1: 24R Pleasant St, Unit 2 **Address 2:**
City: Newburyport **State:** MA **Zip Code:** 01950
Types of Capital: Monetary/ **Other Type of Capital:** physical plant,
Equity, Other equipment, inventory, IP **Total Value of Capital** **Percentage of Initial**
Provided: \$2000000 **Capital:** 100
Capital Attestation: Yes

CAPITAL RESOURCES DOCUMENTATION - ENTITY

Document Category	Document Name	Type	ID	Upload Date
Existence of Capital Verification	ATG Statements_04192018_140746 dispensary account-1.pdf	pdf	5ad8ee9609fa3e0db3eebd91	04/19/2018

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
Date generated: 07/12/2019

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Bond	Surety-Bond-0737559-ATG-Cultivate.pdf	pdf	5ad8af5f09fa3e0db3eebcb8	04/19/2018
Documentation of Bond	0737559 Increase Rider Executed.pdf	pdf	5b3a2744228a4c3e9f187579	07/02/2018
Documentation of Bond	Licensed-Fidelity-Surety-Companies-Designation-4.pdf	pdf	5b3a274585e0cc3ea5b8f9e1	07/02/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	Lease Addendum 5-18-2016-signed.pdf	pdf	5ad63466e459990d85448b26	04/17/2018
Permission to Use Premises	signed-lease.pdf	pdf	5ad6346a39740e0d95e830e0	04/17/2018
Permission to Use Premises	Lease-Amendment-3-1-2018.pdf	pdf	5ae9e6d111a2fe04237f6a41	05/02/2018

Establishment Address 1: 10 Industrial Way

Establishment Address 2:

Establishment City: Amesbury

Establishment Zip Code: 01913

Approximate square footage of the Establishment: 53601

How many abutters does this property have?: 42

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

Cultivation Tier: Tier 05: 30,001 to 40,000 sq. ft

Cultivation Environment: Indoor

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	Host-Community-Agreement-Certification-Form-signed.pdf	pdf	5ad8b00694c954361422c53f	04/19/2018
Community Outreach Meeting Documentation	Community-Outreach-Meeting-Attestation-Packet.pdf	pdf	5ad8b01647ddff7eac6623bf	04/19/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning.pdf	pdf	5ad8e22d2654f0360aef1d6	04/19/2018
Community Outreach Meeting Documentation	18_cnhi_thedailynewsofnewburyport_975.pdf	pdf	5b3a276e5af6a93eb9cd7cbd	07/02/2018
Community Outreach Meeting Documentation	Amesbury City Clerk email.pdf	pdf	5b3a27704b1b3a3ec37eab9b	07/02/2018
Community Outreach Meeting Documentation	Amesbury City Planner email.pdf	pdf	5b3a27715ed31d3ecdee88fb	07/02/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning-updated.pdf	pdf	5b3a2797c0ef253ee143acbf	07/02/2018

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 to positively impact the community.pdf	pdf	5ae3719e6d28ab7e8e789103	04/27/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Executive / Officer Other Role:

First Name: Christopher Middle Name: Last Name: Edwards 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 2

Role: Executive / Officer Other Role:

First Name: Julio Middle Name: Last Name: Fuentes 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 3

Role: Executive / Officer Other Role:

First Name: George Middle Name: Last Name: Christy 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: Derek Middle Name: Last Name: Brock 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
MA Driver's License	license-front.jpg	jpeg	5ad6459b7212167e7aeed595	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad645a9660eb50d8b6fe9e3	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad645b4ccedc435f6f6a378	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad645c06d28ab7e8e7886c7	04/17/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Chris.pdf	pdf	5adf87f5423af335ecabb1d9	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Derek.pdf	pdf	5adf87f76d28ab7e8e788e3d	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Julio.pdf	pdf	5adf87fa39740e0d95e83808	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Rob.pdf	pdf	5adf87feb9c5f536005a761c	04/24/2018
Massachusetts CORI Authorization Form	BG-Check-Forms-Derek-Brock.pdf	pdf	5b03323b5ba56c042922c2c0	05/21/2018
Massachusetts CORI Authorization Form	BG-Check-Forms-George-Christy.pdf	pdf	5b033257a9bf2311b8c6de17	05/21/2018
Massachusetts CORI Authorization Form	BG-Check-Forms-Chris-Edwards.pdf	pdf	5b0332c053899e3d7b66199a	05/21/2018
Massachusetts CORI Authorization Form	BG-Check-Forms-Julio-Fuentes.pdf	pdf	5b0332d51f5e4d0443cb670b	05/21/2018

ENTITY BACKGROUND CHECK INFORMATION
 No records found

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Articles of Organization	Articles of Organization.pdf	pdf	5ad654b97cc84f3628fda5f1	04/17/2018
Articles of Organization	Articles-of-Amendment.pdf	pdf	5ad654bcd7af757e7482020a	04/17/2018
Bylaws	Bylaws - Alternative Therapies Group, Inc.pdf	pdf	5ad654bee459990d85448b98	04/17/2018
Department of Revenue - Certificate of Good standing	DOR-Certificate-of-Good-Standing.pdf	pdf	5ad654bf423af335ecabab70	04/17/2018
Secretary of Commonwealth - Certificate of Good Standing	Sec-Certificate-of-Good-Standing.pdf	pdf	5ad654c147a84a7e843c3541	04/17/2018
Articles of Organization	Background checks.pdf	pdf	5b3a27d9c0ef253ee143acc5	07/02/2018

No documents uploaded

Massachusetts Business Identification Number: 462086314

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	Business Plan.pdf	pdf	5adf57ee1a56be7ea2dd091b	04/24/2018
Plan for Liability Insurance	Plan for Obtaining Liability Insurance.pdf	pdf	5adf57efc357ae0da9a3e301	04/24/2018
Proposed Timeline	Timeline.pdf	pdf	5adf57f194c954361422c8e9	04/24/2018
Proposed Timeline	Timeline-Amesbury-updated.pdf	pdf	5b3a27ec85e0cc3ea5b8f9e9	07/02/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Policies and Procedures for cultivating.	Policies Procedures for Cultivating.pdf	pdf	5adf5a91423af335ecabb18d	04/24/2018
Restricting Access to age 21 and older	Restricting Access to age 21 and older.pdf	pdf	5adf5a936d28ab7e8e788dfd	04/24/2018
Security plan	Security Plan.pdf	pdf	5adf5a9539740e0d95e837bf	04/24/2018
Separating recreational from medical operations, if applicable	Separating recreational from medical operations.pdf	pdf	5adf5a97b9c5f536005a75cd	04/24/2018
Prevention of diversion	Prevention of Diversion.pdf	pdf	5adf5ab11a56be7ea2dd0921	04/24/2018
Storage of marijuana	Storage of marijuana.pdf	pdf	5adf5ac4c357ae0da9a3e307	04/24/2018
Transportation of marijuana	Transportation of marijuana.pdf	pdf	5adf5b0994c954361422c8ef	04/24/2018
Inventory procedures	Inventory Procedures.pdf	pdf	5adf5b1a0cc9397eb6ce7fae	04/24/2018
Quality control and testing	Quality control and testing.pdf	pdf	5adf5b406232520dbd592e18	04/24/2018
Dispensing procedures	Dispensing Procedures.pdf	pdf	5adf5b567cc84f3628fdac44	04/24/2018
Personnel policies including background checks	Personnel Policies Including Background Checks-1.pdf	pdf	5adf5b727212167e7aeedcaa	04/24/2018
Personnel policies including background checks	Personnel Policies Including Background Checks-2.pdf	pdf	5adf5b80e459990d85449223	04/24/2018
Record Keeping procedures	Record Keeping Procedures.pdf	pdf	5adf5ba0423af335ecabb191	04/24/2018
Maintaining of financial records	Maintaining of financial records.pdf	pdf	5adf5bbb6d28ab7e8e788e01	04/24/2018
Diversity plan	Diversity Plan.pdf	pdf	5adf5bcf39740e0d95e837c3	04/24/2018
Qualifications and training	Qualifications and training.pdf	pdf	5adf5be7b9c5f536005a75d1	04/24/2018
Diversity plan	Diversity Plan-updated.pdf	pdf	5b3a282e5af6a93eb9cd7cc5	07/02/2018
Security plan	Hours of operation and after-hours contact.pdf	pdf	5b3a282f4b1b3a3ec37eaba6	07/02/2018
Prevention of diversion	Prevention of Diversion-updated.pdf	pdf	5b3a28305ed31d3ecdee8903	07/02/2018

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 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 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.:

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

FEE QUESTIONS

Cultivation Tier: Tier 05: 30,001 to 40,000 sq. ft Cultivation Environment: Indoor

COMPLIANCE WITH POSITIVE IMPACT PLAN

No records found

COMPLIANCE WITH DIVERSITY PLAN

No records found

CULTIVATION SPECIFIC REQUIREMENTS

No documents uploaded

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:

EMERGENCY CONTACTS

No records found