



Massachusetts Cannabis Control Commission

Marijuana Product Manufacturer

Business Name:	Alternative Therapies Group, Inc.	License Number:	MP281300
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: RPA201825

RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	document.pdf	pdf	5ad62dc36d28ab7e8e788667	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:
 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 equipment, inventory, IP **Total Value of Capital Provided:** \$2000000 **Percentage of Initial 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	5ad8ef1609fa3e0db3eebd9b	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-0737557-ATG-Manufacture.pdf	pdf	5ad8b2bc41df29361e47535e	04/19/2018
Documentation of Bond	Licensed-Fidelity-Surety-Companies-Designation-4.pdf	pdf	5b3a25a885e0cc3ea5b8f9ca	07/02/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	signed-lease.pdf	pdf	5ad632676232520dbd592725	04/17/2018
Permission to Use Premises	Lease Addendum 5-18-2016-signed.pdf	pdf	5ad6327c7212167e7aeed55b	04/17/2018
Permission to Use Premises	Lease-Amendment-3-1-2018.pdf	pdf	5ae9e96f1fc0413d614fdc41	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

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	Host-Community-Agreement-Certification-Form-signed.pdf	pdf	5ad8b2d66232520dbd5929e8	04/19/2018
Community Outreach Meeting Documentation	Community-Outreach-Meeting-Attestation-Packet.pdf	pdf	5ad8b2e5ccedc435f6f6a641	04/19/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning.pdf	pdf	5ae9e9b19a67bb11cc7e4158	05/02/2018
Community Outreach Meeting Documentation	18_cnhi_thedailynewsofnewburyport_975.pdf	pdf	5b3a24e64b1b3a3ec37eab7f	07/02/2018
Community Outreach Meeting Documentation	Amesbury City Clerk email.pdf	pdf	5b3a25015ed31d3ecdee88dd	07/02/2018
Community Outreach Meeting Documentation	Amesbury City Planner email.pdf	pdf	5b3a2503ce21983ed7e3f526	07/02/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning-updated.pdf	pdf	5b3a252a85e0cc3ea5b8f9c4	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	5ae371bb6d28ab7e8e789107	04/27/2018

ADDITIONAL INFORMATION NOTIFICATION

Date generated: 07/12/2019

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	5ad6412fb9c5f536005a6f8f	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad6423ac357ae0da9a3dc68	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad6432709fa3e0db3eeb9cd	04/17/2018
MA Driver's License	license-front.jpg	jpeg	5ad643c647dfff7eac662100	04/17/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Rob.pdf	pdf	5adf884fb9c5f536005a7620	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Julio.pdf	pdf	5adf88551a56be7ea2dd0974	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Derek.pdf	pdf	5adf8859c357ae0da9a3e359	04/24/2018
Massachusetts CORI Authorization Form	cori-acknowledgement-Chris.pdf	pdf	5adf885c94c954361422c940	04/24/2018
Massachusetts CORI Authorization Form	BG-Check-Forms-Julio-Fuentes.pdf	pdf	5b033491ad75cc3d99a998f3	05/21/2018
Massachusetts CORI Authorization Form	BG-Check-Forms-Chris-Edwards.pdf	pdf	5b0334a5ddfb91046e610cbf	05/21/2018
Massachusetts CORI Authorization Form	BG-Check-Forms-Derek-Brock.pdf	pdf	5b0334b900caab11e09c9f71	05/21/2018
Massachusetts CORI Authorization Form	BG-Check-Forms-George-Christy.pdf	pdf	5b0334d91fc0413d614fe6c4	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	5ad6562ee459990d85448ba2	04/17/2018
Articles of Organization	Articles-of-Amendment.pdf	pdf	5ad65630423af335ecabab7a	04/17/2018
Bylaws	Bylaws - Alternative Therapies Group, Inc.pdf	pdf	5ad6563147a84a7e843c354b	04/17/2018
Department of Revenue - Certificate of Good standing	DOR-Certificate-of-Good-Standing.pdf	pdf	5ad656339740e0d95e8314e	04/17/2018
Secretary of Commonwealth - Certificate of Good Standing	Sec-Certificate-of-Good-Standing.pdf	pdf	5ad65635b9c5f536005a6fd2	04/17/2018
Articles of Organization	Background checks.pdf	pdf	5b3a26235af6a93eb9cd7cad	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	5adf5c16423af335ecabb195	04/24/2018
Proposed Timeline	Timeline.pdf	pdf	5adf5c226d28ab7e8e788e05	04/24/2018
Plan for Liability Insurance	Plan for Obtaining Liability Insurance.pdf	pdf	5adf5c2f39740e0d95e837c7	04/24/2018
Proposed Timeline	Timeline-Amesbury-updated.pdf	pdf	5b3a26525ed31d3ecdee88ed	07/02/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Types of products Manufactured.	Types of Products Manufactured.pdf	pdf	5adf99f11a56be7ea2dd0992	04/24/2018
Method used to produce products	Methods Used to Produce Products.pdf	pdf	5adf99fac357ae0da9a3e379	04/24/2018
Sample of unique identifying marks used for branding	Samples of unique identifying marks used for branding.pdf	pdf	5adf9a0894c954361422c95e	04/24/2018
Separating recreational from medical operations, if applicable	Separating recreational from medical operations.pdf	pdf	5adf9a130cc9397eb6ce8014	04/24/2018
Restricting Access to age 21 and older	Restricting Access to age 21 and older.pdf	pdf	5adf9a226232520dbd592e7f	04/24/2018
Security plan	Security Plan.pdf	pdf	5adf9a2e7212167e7aeedd0d	04/24/2018
Prevention of diversion	Prevention of Diversion.pdf	pdf	5adf9a3de459990d85449287	04/24/2018
Storage of marijuana	Storage of marijuana.pdf	pdf	5adf9a57423af335ecabb1fb	04/24/2018
Transportation of marijuana	Transportation of marijuana.pdf	pdf	5adf9a66c357ae0da9a3e37d	04/24/2018
Inventory procedures	Inventory Procedures.pdf	pdf	5adf9a7494c954361422c962	04/24/2018
Quality control and testing	Quality control and testing.pdf	pdf	5adf9a820cc9397eb6ce8018	04/24/2018
Dispensing procedures	Dispensing Procedures.pdf	pdf	5adf9a8f6232520dbd592e83	04/24/2018
Personnel policies including background checks	Personnel Policies Including Background Checks-1.pdf	pdf	5adf9a9d2654f0360aecf5a2	04/24/2018
Personnel policies including background checks	Personnel Policies Including Background Checks-2.pdf	pdf	5adf9aa993460b0dc73ecf6a	04/24/2018
Record Keeping procedures	Record Keeping Procedures.pdf	pdf	5adf9ab67212167e7aeedd13	04/24/2018
Maintaining of financial records	Maintaining of financial records.pdf	pdf	5adf9ac4ccedc435f6f6aaba	04/24/2018
Diversity plan	Diversity Plan.pdf	pdf	5adf9ad34e185c0d9f42aaa1	04/24/2018
Qualifications and training	Qualifications and training.pdf	pdf	5adf9ae22654f0360aecf5a6	04/24/2018
Diversity plan	Diversity Plan-updated.pdf	pdf	5b3a266fb0153b3eaf4b329c	07/02/2018
Security plan	Hours of operation and after-hours contact.pdf	pdf	5b3a26c05af6a93eb9cd7cb3	07/02/2018
Method used to produce products	Methods Used to Produce Products-updated.pdf	pdf	5b3a26c34b1b3a3ec37eab91	07/02/2018
Prevention of diversion	Prevention of Diversion-updated.pdf	pdf	5b3a26c55ed31d3ecdee88f1	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

COMPLIANCE WITH POSITIVE IMPACT PLAN

No records found

COMPLIANCE WITH DIVERSITY PLAN

No records found

PRODUCT MANUFACTURER SPECIFIC REQUIREMENTS

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:

EMERGENCY CONTACTS

No records found