



Massachusetts Cannabis Control Commission

Marijuana Cultivator

Business Name:	Berkshire Roots, Inc.	License Number:	MC281590
Tax Identification Number:	*****	Issued Date:	12/31/2018
Business Email Address:	khospot@ko-resources.com	Expiration Date:	12/31/2019
Business Phone Number:	413-553-9333	Revoked Date:	N/A
Mailing Address:	501 Dalton Avenue Pittsfield MA 01201	Surrendered Date:	N/A
Business Address:	501 Dalton Avenue Pittsfield MA 01201		

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: RP201903

RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	BRI Final Cert.pdf	pdf	5b465ea0b0153b3eaf4b3ab8	07/11/2018

Name of RMD: Berkshire Roots Inc.

Department of Public Health RMD Registration Number: 19

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: 1	Percentage Of Control: 16.6			
Role: Employee	Other Role: General Manager			
First Name: Kurt	Middle Name: M	Last Name: Hospot	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: 100

Percentage Of Control: 16.6

Role: Director

Other Role: President

First Name: Albert

Middle Name: S.

Last Name: Wojtkowski

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 3

Percentage Of Ownership: 1

Percentage Of Control: 16.6

Role: Executive / Officer

Other Role: Chief Operating Officer

First Name: Dennis

Middle Name: B

Last Name: DePaolo

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: 1

Percentage Of Control: 16.6

Role: Executive / Officer

Other Role: Chief Executive Officer

First Name: Stephanie

Middle Name:

Last Name: Aussubel

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: 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: 1

Percentage Of Control: 16.6

Role: Employee

Other Role:

First Name: Joseph

Middle Name: C

Last Name: Baillargeon

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 6

Percentage Of Ownership: 1 Percentage Of Control: 16.6
Role: Employee Other Role: Operations Manager
First Name: Thomas Middle Name: A Last Name: McMenemy 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

Entity with Direct or Indirect Authority 1

Percentage of Control: 100 Percentage of Ownership: 100
Entity Legal Name: KO Resources LLC Entity DBA: DBA
City: City:
Entity Description: Massachusetts LLC
Foreign Subsidiary Narrative:
Entity Phone: 413-553-5515 Entity Email: a.wojtkowski@ko-resources.com Entity Website:
Entity Address 1: 501 Dalton Avenue Entity Address 2:
Entity City: Pittsfield Entity State: MA Entity Zip Code: 01201
Entity Mailing Address 1: 100 North Street Entity Mailing Address 2: Suite 405
Entity Mailing City: Pittsfield Entity Mailing State: MA Entity Mailing Zip Code: 01201
Relationship Description: Berkshire Roots Inc. holds a final certificate and approval to sell issued by the Massachusetts Department of Public Health. Berkshire Roots Inc. is a wholly-owned subsidiary of KO Resources LLC. Berkshire Roots Inc. operates as directed by its officers and employees, and secures capital, real estate, equipment, payroll and operational expense and expertise from KO Resources LLC. Berkshire Roots Inc. commenced patient sales in March 2017, having secured all required state and city approvals. The company continues to operate and remains in good standing.

CLOSE ASSOCIATES AND MEMBERS

Close Associates or Member 1

First Name: Andrea Middle Name: F. Last Name: Nuciforo Suffix: Former
Jr. 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]

Describe the nature of the relationship this person has with the Marijuana Establishment: Andrea F. Nuciforo provides legal counsel to BRI including the preparation of application materials and regulatory compliance. Andrea is also a capital contributor as listed on various DPH filings.

Close Associates or Member 2

First Name: Matthew Middle Name: Last Name: Feeney 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]

Describe the nature of the relationship this person has with the Marijuana Establishment: Matthew Feeney is a capital contributor.

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES DOCUMENTATION - INDIVIDUALS

Document Category	Document Name	Type	ID	Upload Date
Bank Record	BRI - Cap Contributor.pdf	pdf	5b4796cc4b1b3a3ec37eb498	07/12/2018
Letter From Bank	BRI - Cap Contributor2.pdf	pdf	5b4796f4a208e331ed151449	07/12/2018

CAPITAL RESOURCES - ENTITIES

No records found

CAPITAL RESOURCES DOCUMENTATION - ENTITY

Document Category	Document Name	Type	ID	Upload Date
Existence of Capital Verification	BRI Entity Cap Contributor.pdf	pdf	5b479780109eba32018f0500	07/12/2018
Funds Certification	BRI Cap Contributor Entity 2.pdf	pdf	5b479822a074053215ddaee5	07/12/2018

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
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Documentation of Bond BRI - Culitavtion Bond.pdf pdf 5b805251cea8212d4c7b575e 08/24/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	BRI Com Assignment and Sublease.pdf	pdf	5b4799fc85e0cc3ea5b902cd	07/12/2018
Permission to Use Premises	BRI Com Assignment and Sublease.pdf	pdf	5b479ac8dbc95d3229ac45f0	07/12/2018
Permission to Use Premises	BRI Comm Lease.pdf	pdf	5b479ae108716131e75c75be	07/12/2018

Establishment Address 1: 501 Dalton Avenue

Establishment Address 2:

Establishment City: Pittsfield

Establishment Zip Code: 01201

Approximate square footage of the Establishment: 24800

How many abutters does this property have?: 3

Have all property abutters have been notified of the intent to open a Marijuana Establishment at this address?: I Don't Know

Cultivation Tier: Tier 02: 5,001 to 10,000 sq. ft.

Cultivation Environment:

Indoor

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	BRI executed HCA Cert.pdf	pdf	5b479b73a18777320b0d7e65	07/12/2018
Community Outreach Meeting Documentation	BRI Community Outreach att form.pdf	pdf	5b479b8ea074053215ddaef3	07/12/2018
Plan to Remain Compliant with Local Zoning	NLG - BRI Plan for Local Compliance .pdf	pdf	5b479b9c5c57ce321fac54b6	07/12/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Notice and Att.pdf	pdf	5b60b67d64718b346fe272e5	07/31/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Materials (A) .pdf	pdf	5b60b96a64718b346fe272f1	07/31/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Materials (B) .pdf	pdf	5b60ba10f002a22861569086	07/31/2018
Community Outreach Meeting Documentation	Berkshire Eagle Classifieds Ad.pdf	pdf	5b884b55185bb22d71066803	08/30/2018

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	BRI positive impact plan.pdf	pdf	5b479bcb109eba32018f050e	07/12/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Other (specify)	Other Role: Capital Contributor			
First Name: Matthew	Middle Name: C.	Last Name: Feeney	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: Not associated with an RMD				
Background Question: no				
Description of Background Events:				

Individual Background Information 2

Role: Other (specify)	Other Role: Capital Contributor			
First Name: Andrea	Middle Name: F.	Last Name: Nuciforo	Suffix: Jr.	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: Not associated with an RMD				
Background Question: no				
Description of Background Events:				

Individual Background Information 3

Role: Other (specify)	Other Role: President			
First Name: Albert	Middle Name: S.	Last Name: Wojtkowski	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 Owner				
Background Question: no				
Description of Background Events:				

Individual Background Information 4

Role: Executive / Officer	Other Role:			
First Name: Dennis	Middle Name: B.	Last Name: DePaolo	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 5

Role: Manager Other Role:

First Name: Kurt Middle Name: M. Last Name: Hospot 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 6

Role: Manager Other Role:

First Name: Thomas Middle Name: A. Last Name: McMenemy 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 7

Role: Director Other Role:

First Name: Joseph Middle Name: C. Last Name: Baillargeon 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 8

Role: Executive / Officer Other Role:

First Name: Stephanie Middle Name: Last Name: Aussubel Suffix: Former Last Name:

MA Driver's License	K.Hospot-ID.pdf	pdf	5b47a5cedbc95d3229ac460e	07/12/2018
Disclosure and acknowledgement form	M.Feeney - Disclosure and Ackn.pdf	pdf	5b47a5e008716131e75c75d4	07/12/2018
IVES form 4506-T	M.Feeney- 4506T.pdf	pdf	5b47a5faa208e331ed151471	07/12/2018
Massachusetts CORI Authorization Form	M.Feeney- CORI Acknowledgement.pdf	pdf	5b47a606c7cb5d31f7ff896c	07/12/2018
MA Driver's License	M.Feeney- ID.pdf	pdf	5b47a60c109eba32018f0524	07/12/2018
Release authorization form	M.Feeney- Release Auth.pdf	pdf	5b47a625a18777320b0d7e79	07/12/2018
Massachusetts CORI Authorization Form	S.Aussubel - CORI Ackn.pdf	pdf	5b47a632a074053215ddaf0b	07/12/2018
Release authorization form	S.Aussubel - CORI Release.pdf	pdf	5b47a6475c57ce321fac54d0	07/12/2018
Disclosure and acknowledgement form	S.Aussubel - Disc and Acknw.pdf	pdf	5b47a64bdbc95d3229ac4612	07/12/2018
IVES form 4506-T	S.Aussubel - Ives.pdf	pdf	5b47a65208716131e75c75d8	07/12/2018
MA Driver's License	S.Aussubel - MA ID.pdf	pdf	5b47a657a208e331ed151475	07/12/2018
IVES form 4506-T	T.McMenemy- 4506T.pdf	pdf	5b47a677c7cb5d31f7ff8970	07/12/2018
Disclosure and acknowledgement form	T.McMenemy- Disclosure and Ackn.pdf	pdf	5b47a67f109eba32018f0528	07/12/2018
Release authorization form	T.McMenemy- Release Auth.pdf	pdf	5b47a68ca18777320b0d7e7d	07/12/2018
Disclosure and acknowledgement form	T.McMenemy-CORI Auth.pdf	pdf	5b47a698a074053215ddaf0f	07/12/2018
Other US State Driver's License	T.McMenemy-ID.pdf	pdf	5b47a6af08716131e75c75dc	07/12/2018
Massachusetts CORI Authorization Form	A.Nuciforo - CORI Auth - Revised.pdf	pdf	5b61d2e712ba8f281ff52875	08/01/2018
Massachusetts CORI Authorization Form	A.Wojtkowski - CORI Auth - Revised.pdf	pdf	5b61d308af8f7f28392e8b89	08/01/2018
IVES form 4506-T	A.Wojtkowski - Ives - Revised.pdf	pdf	5b61d352af8f7f28392e8b8c	08/01/2018
Massachusetts CORI Authorization Form	D.DePaolo - CORI Auth - Revised.pdf	pdf	5b61d35ccfd7f028435e27ec	08/01/2018
IVES form 4506-T	D.Depaolo - Ives - Revised.pdf	pdf	5b61d37dfbbc11284d02edd2	08/01/2018
Massachusetts CORI Authorization Form	J.Baillargeon - CORI Auth - Revised.pdf	pdf	5b61d38d1bbb432857baa845	08/01/2018
IVES form 4506-T	J.Baillargeon - Ives - Revised.pdf	pdf	5b61d3a9f002a22861569177	08/01/2018
Massachusetts CORI Authorization Form	S.Aussubel - CORI Auth - Revised.pdf	pdf	5b61d3b312ba8f281ff5287b	08/01/2018
IVES form 4506-T	S.Aussubel - Ives - Revised.pdf	pdf	5b61d3ccaf8f7f28392e8b90	08/01/2018
Massachusetts CORI Authorization Form	T.McMenemy - CORI Auth - Revised.pdf	pdf	5b61d3e2cfd7f028435e27f0	08/01/2018
IVES form 4506-T	T.McMenemy - Ives - Revised.pdf	pdf	5b61d4071bbb432857baa849	08/01/2018
IVES form 4506-T	A.Nuciforo - 4506T - Revised 2.pdf	pdf	5b884bd1185bb22d71066807	08/30/2018

ENTITY BACKGROUND CHECK INFORMATION
Entity Background Check Information 1

Role: Parent Company

Other Role:

Entity Legal Name: KO Resources, LLC

Entity DBA:

Federal Tax Identification

Number EIN/TIN:



Entity Description: The purpose of this LLC is to own, manage, and operate real estate, to provide management and operational services, and to carry on any lawful business, trade, purpose or activity.

Phone: 413-553-5515

Email: albert@plt.com

Primary Business Address 1: 100 North Street Suite 405

Primary Business Address 2:

Primary Business City: Pittsfield

Primary Business State: MA

Principal Business

Zip Code: 01201

Additional Information:

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Department of Revenue - Certificate of Good standing	BRI - FKA Khem - DOR Cert of Good Standing.pdf	pdf	5b4e34285af6a93eb9cd890c	07/17/2018
Secretary of Commonwealth - Certificate of Good Standing	BRI- Cert of Good Standing - Sec of State.pdf	pdf	5b4e3453ce21983ed7e40162	07/17/2018
Bylaws	BRI - By Laws.pdf	pdf	5b4e34874b1b3a3ec37eb7e7	07/17/2018
Articles of Organization	BRI - Articles of Org - Entity Conversion.pdf	pdf	5b4e34f085e0cc3ea5b90634	07/17/2018

No documents uploaded

Massachusetts Business Identification Number: 001319343

Doing-Business-As Name:

DBA Registration City: Pittsfield

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Plan for Liability Insurance	NLG - Berkshire Roots Inc - Plan to Secure Liability Insurance 06 24 2018.pdf	pdf	5b4e35175af6a93eb9cd8910	07/17/2018
Proposed Timeline	NLG - Berksshire Roots Inc - Proposed Timeline 06 20 2018.pdf	pdf	5b4e351f4b1b3a3ec37eb7eb	07/17/2018
Business Plan	NLG-Berkshire Roots Inc. - Biz Plan June 20 2018.pdf	pdf	5b4e35425ed31d3ecdee94d4	07/17/2018
Proposed Timeline	NLG - Berksshire Roots Inc - Proposed Timeline -REVISED 08 01 2018.pdf	pdf	5b61f756fbbc11284d02ee3c	08/01/2018
Proposed Timeline	BRI - Applicant Ackn - timeline - 08012018.pdf	pdf	5b61faf074dcfa349769d151	08/01/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Separating recreational from medical operations, if applicable	BRI - Seperation .pdf	pdf	5b51f650ce21983ed7e40409	07/20/2018

Restricting Access to age 21 and older	BRI - Restricted Access 21 and over .pdf	pdf	5b51f66185e0cc3ea5b9090d	07/20/2018
Storage of marijuana	BRI - Storage.pdf	pdf	5b51f6985af6a93eb9cd8bc3	07/20/2018
Transportation of marijuana	BRI - Transportation .pdf	pdf	5b51f6a4ce21983ed7e4040d	07/20/2018
Inventory procedures	BRI - Inventory Procedures .pdf	pdf	5b51f6ae228a4c3e9f18849e	07/20/2018
Quality control and testing	BRI - Quality control .pdf	pdf	5b51f6c0b0153b3eaf4b4198	07/20/2018
Record Keeping procedures	BRI - Record Keeping .pdf	pdf	5b51f6efa208e331ed151a76	07/20/2018
Maintaining of financial records	BRI - Maintaining of financial records.pdf	pdf	5b51f6fcc7cb5d31f7ff8f9f	07/20/2018
Diversity plan	NLG- Berkshire Roots Inc - Diversity Plan June 22 2018.pdf	pdf	5b51f71ca18777320b0d847e	07/20/2018
Qualifications and training	NLG- Berkshire Roots Inc - Qualifications and Training June 22 2018.pdf	pdf	5b51f727a074053215ddb550	07/20/2018
Prevention of diversion	BRI - Diversion.pdf	pdf	5b51f7395c57ce321fac5b47	07/20/2018
Policies and Procedures for cultivating.	NLG - BRI - Cultivation process .pdf	pdf	5b5200855c57ce321fac5b97	07/20/2018
Dispensing procedures	BRI - Dispensing Procedures REVISED .pdf	pdf	5b7eafa6aa953e3937b5a11a	08/23/2018
Personnel policies including background checks	Berkshire Roots - Personnel Policies REVISED .pdf	pdf	5b7eafb4377423394139419a	08/23/2018
Security plan	BRI - Security REVISED.pdf	pdf	5b7eafb88d67cc394b81baa6	08/23/2018
Security plan	Berkshire Roots - Security - Hours of Operation .pdf	pdf	5b884c2ad389b22d7bd64632	08/30/2018

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

FEE QUESTIONS

Cultivation Tier: Tier 02: 5,001 to 10,000 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