



Massachusetts Cannabis Control Commission

Marijuana Product Manufacturer

Business Name:	Berkshire Roots, Inc.	License Number:	MP281427
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 Ave Pittsfield MA 01201	Surrendered Date:	N/A
Business Address:	501 Dalton Ave 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	5b3b8d1dc0ef253ee143ae0e	07/03/2018

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 Office

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: Director of Production

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: McMenamy 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:
Date generated: 07/15/2019

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 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	5b3b9217c7cb5d31f7ff82c6	07/03/2018
Letter From Bank	BRI - Cap Contributor2.pdf	pdf	5b3b923a109eba32018efe4a	07/03/2018

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	5b3b9315a208e331ed150d97	07/03/2018
Funds Certification	BRI Cap Contributor Entity 2.pdf	pdf	5b3b931fc7cb5d31f7ff82ca	07/03/2018

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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Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	BRI Com Assignment and Sublease.pdf	pdf	5b3b945585e0cc3ea5b8fb22	07/03/2018
Permission to Use Premises	BRI Comm Lease.pdf	pdf	5b3b9468b0153b3eaf4b33e2	07/03/2018

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?: Yes

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	BRI executed HCA Cert.pdf	pdf	5b3b960d85e0cc3ea5b8fb28	07/03/2018
Plan to Remain Compliant with Local Zoning	NLG - BRI Plan for Local Compliance .pdf	pdf	5b3b9a94a18777320b0d779c	07/03/2018
Community Outreach Meeting Documentation	BRI Community Outreach att form.pdf	pdf	5b3b9c12228a4c3e9f1876d1	07/03/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Notice and Att.pdf	pdf	5b61d7f94ddf463465017486	08/01/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Materials (A) .pdf	pdf	5b61d84674dcfa349769d0b5	08/01/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Materials (B) .pdf	pdf	5b61d8b30dfb4034a118013d	08/01/2018
Community Outreach Meeting Documentation	Berkshire Eagle Classifieds Ad.pdf	pdf	5b884cf2b60ce4391d87f34b	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	5b3b9c3ab0153b3eaf4b33fc	07/03/2018

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:
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 Staff

Background Question: no

Description of Background Events:

BACKGROUND CHECK SUPPORTING DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
Disclosure and acknowledgement form	M.Feeney - Disclosure and Ackn.pdf	pdf	5b3e64efa208e331ed150e9b	07/05/2018
IVES form 4506-T	M.Feeney- 4506T.pdf	pdf	5b3e6505c7cb5d31f7ff83ce	07/05/2018
Massachusetts CORI Authorization Form	M.Feeney- CORI Acknowledgement.pdf	pdf	5b3e6512a18777320b0d789c	07/05/2018
MA Driver's License	M.Feeney- ID.pdf	pdf	5b3e652ba208e331ed150e9f	07/05/2018
Release authorization form	M.Feeney- Release Auth.pdf	pdf	5b3e6540c7cb5d31f7ff83d2	07/05/2018
MA Driver's License	A.Nuciforo-ID.pdf	pdf	5b3e66ebce21983ed7e3f7fd	07/05/2018
Release authorization form	A.Nuciforo- Release Auth.pdf	pdf	5b3e66fac0ef253ee143af86	07/05/2018
Disclosure and acknowledgement form	A.Nuciforo- Disclosure and Ackn.pdf	pdf	5b3e6702228a4c3e9f187820	07/05/2018
Massachusetts CORI Authorization Form	A.Nuciforo- CORI Acknowledgment.pdf	pdf	5b3e670f85e0cc3ea5b8fc89	07/05/2018
MA Driver's License	A.Wojtkowski-ID.pdf	pdf	5b3e67265af6a93eb9cd7f58	07/05/2018
Disclosure and acknowledgement form	A.Wojtkowski-Disclosure and Ackn.pdf	pdf	5b3e67324b1b3a3ec37eae39	07/05/2018
Massachusetts CORI Authorization Form	A.Wojtkowski-CORI Auth.pdf	pdf	5b3e67415ed31d3ecdee8b86	07/05/2018
IVES form 4506-T	A.Wojtkowski-4506T.pdf	pdf	5b3e6754ce21983ed7e3f801	07/05/2018
Release authorization form	A.Wojtkowski- Release Auth.pdf	pdf	5b3e675ec0ef253ee143af8a	07/05/2018
Other US State Driver's License	D.DePaolo-ID.pdf	pdf	5b3e676f5ed31d3ecdee8b8a	07/05/2018
Release authorization form	D.DePaolo-Release Auth.pdf	pdf	5b3e677ea208e331ed150ea3	07/05/2018
Disclosure and acknowledgement form	D.DePaolo-Disclosure and Ackn.pdf	pdf	5b3e678b5c57ce321fac4f0d	07/05/2018
Massachusetts CORI Authorization Form	D.DePaolo-CORI Auth.pdf	pdf	5b3e679808716131e75c700b	07/05/2018
IVES form 4506-T	D.DePaolo-4506T.pdf	pdf	5b3e67b0b0153b3eaf4b353b	07/05/2018
MA ID Card	K.Hospot-ID.pdf	pdf	5b3e67b64b1b3a3ec37eae3f	07/05/2018
Massachusetts CORI Authorization Form	K.Hospot-CORI Auth.pdf	pdf	5b3e67cca074053215dda928	07/05/2018
IVES form 4506-T	K.Hospot-4506T.pdf	pdf	5b3e67e54b1b3a3ec37eae45	07/05/2018
Release authorization form	K.Hospot- Release Auth.pdf	pdf	5b3e67f0dbc95d3229ac4066	07/05/2018
Disclosure and acknowledgement form	K.Hospot- Disclosure and Ackn.pdf	pdf	5b3e67f8109eba32018eff55	07/05/2018
Other US State Driver's License	T.McMenemy-ID.pdf	pdf	5b3e6816c7cb5d31f7ff83da	07/05/2018
Massachusetts CORI Authorization Form	T.McMenemy-CORI Auth.pdf	pdf	5b3e682d109eba32018eff59	07/05/2018
Release authorization form	T.McMenemy- Release Auth.pdf	pdf	5b3e683608716131e75c7015	07/05/2018

Disclosure and acknowledgement form	T.McMenemy- Disclosure and Ackn.pdf	pdf	5b3e683da208e331ed150ead	07/05/2018
IVES form 4506-T	T.McMenemy- 4506T.pdf	pdf	5b3e684ec7cb5d31f7ff83de	07/05/2018
MA Driver's License	J.Baillargeon-ID.pdf	pdf	5b3e6874109eba32018eff5d	07/05/2018
Release authorization form	J.Baillargeon- Release Auth.pdf	pdf	5b3e6880a18777320b0d78aa	07/05/2018
Disclosure and acknowledgement form	J.Baillargeon- Disclosure and Ackn.pdf	pdf	5b3e6886a074053215dda92e	07/05/2018
Massachusetts CORI Authorization Form	J.Baillargeon- CORI Auth Form.pdf	pdf	5b3e68925c57ce321fac4f15	07/05/2018
IVES form 4506-T	J.Baillargeon- 4506T.pdf	pdf	5b3e68a4dbc95d3229ac406c	07/05/2018
Massachusetts CORI Authorization Form	S.Aussubel - CORI Ackn.pdf	pdf	5b3f8af0a074053215dda9c9	07/06/2018
Release authorization form	S.Aussubel - CORI Release.pdf	pdf	5b3f8af95c57ce321fac4fcb	07/06/2018
Disclosure and acknowledgement form	S.Aussubel - Disc and Acknw.pdf	pdf	5b3f8affdbc95d3229ac4112	07/06/2018
IVES form 4506-T	S.Aussubel - Ives.pdf	pdf	5b3f8b2b109eba32018f0008	07/06/2018
MA Driver's License	S.Aussubel - MA ID.pdf	pdf	5b3f8b37a074053215dda9cd	07/06/2018
Massachusetts CORI Authorization Form	A.Nuciforo - CORI Auth - Revised.pdf	pdf	5b61d90d0dfb4034a1180141	08/01/2018
IVES form 4506-T	A.Nuciforo - Ives - Revised.pdf	pdf	5b61d91f5db774345fa898d3	08/01/2018
Massachusetts CORI Authorization Form	A.Wojtkowski - CORI Auth - Revised.pdf	pdf	5b61d93c64718b346fe273b0	08/01/2018
IVES form 4506-T	A.Wojtkowski - Ives - Revised.pdf	pdf	5b61d94f74dcfa349769d0bd	08/01/2018
Massachusetts CORI Authorization Form	D.DePaolo - CORI Auth - Revised.pdf	pdf	5b61d9579aeb1f3479545d8f	08/01/2018
IVES form 4506-T	D.Depaolo - Ives - Revised.pdf	pdf	5b61d96baec9503483dd6e30	08/01/2018
Massachusetts CORI Authorization Form	J.Baillargeon - CORI Auth - Revised.pdf	pdf	5b61d97b5db774345fa898db	08/01/2018
IVES form 4506-T	J.Baillargeon - Ives - Revised.pdf	pdf	5b61d98d4ddf463465017492	08/01/2018
Massachusetts CORI Authorization Form	S.Aussubel - CORI Auth - Revised.pdf	pdf	5b61d99b9aeb1f3479545d93	08/01/2018
IVES form 4506-T	S.Aussubel - Ives - Revised.pdf	pdf	5b61d9b7065a6d348d6fc52f	08/01/2018
Massachusetts CORI Authorization Form	T.McMenemy - CORI Auth - Revised.pdf	pdf	5b61d9fd9aeb1f3479545d97	08/01/2018
IVES form 4506-T	T.McMenemy - Ives - Revised.pdf	pdf	5b61da0eaec9503483dd6e34	08/01/2018
IVES form 4506-T	A.Nuciforo - 4506T - Revised 2.pdf	pdf	5b884d815e9b3d2d528a81fd	08/30/2018

ENTITY BACKGROUND CHECK INFORMATION

Entity Background Check Information 1

Role: Parent Company

Other Role:

Entity Legal Name: KO Resource, 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
Secretary of Commonwealth - Certificate of Good Standing	BRI- Cert of Good Standing - Sec of State.pdf	pdf	5b3e72b3a074053215dda958	07/05/2018
Bylaws	BRI - By Laws.pdf	pdf	5b3e74a8a208e331ed150edf	07/05/2018
Department of Revenue - Certificate of Good standing	BRI - FKA Khem - DOR Cert of Good Standing.pdf	pdf	5b3e75dcdbc95d3229ac40a0	07/05/2018
Articles of Organization	BRI - Articles of Org - Entitiy Conversion.pdf	pdf	5b3e760108716131e75c7049	07/05/2018

No documents uploaded

Massachusetts Business Identification Number: 001319343

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	NLG-Berkshire Roots Inc. - Biz Plan June 20 2018.pdf	pdf	5b3e76b0228a4c3e9f187847	07/05/2018
Proposed Timeline	NLG - Berksshire Roots Inc - Proposed Timeline 06 20 2018.pdf	pdf	5b3e76be85e0cc3ea5b8fca7	07/05/2018
Plan for Liability Insurance	NLG - Berkshire Roots Inc - Plan to Secure Liability Insurance 06 24 2018.pdf	pdf	5b3e7739a074053215dda960	07/05/2018
Proposed Timeline	NLG - Berksshire Roots Inc - Proposed Timeline - REVISED 08 01 2018.pdf	pdf	5b61f7e79aeb1f3479545e05	08/01/2018
Proposed Timeline	BRI - Applicant Ackn - timeline - 08012018.pdf	pdf	5b61fb1baec9503483dd6ec4	08/01/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Diversity plan	NLG- Berkshire Roots Inc - Diversity Plan June 22 2018.pdf	pdf	5b3f92ada208e331ed150f6b	07/06/2018
Qualifications and training	NLG- Berkshire Roots Inc - Qualifications and Training June 22 2018.pdf	pdf	5b3f92d4c7cb5d31f7ff8495	07/06/2018
Quality control and testing	BRI - Quality control .pdf	pdf	5b3f9332109eba32018f0026	07/06/2018

Storage of marijuana	BRI - Storage.pdf	pdf	5b3f939b228a4c3e9f18790a	07/06/2018
Record Keeping procedures	BRI - Record Keeping .pdf	pdf	5b3f94d8dbc95d3229ac4136	07/06/2018
Prevention of diversion	BRI - Diversion.pdf	pdf	5b3f94f608716131e75c70cb	07/06/2018
Transportation of marijuana	BRI - Transportation .pdf	pdf	5b3f9504a208e331ed150f79	07/06/2018
Inventory procedures	BRI - Inventory Procedures .pdf	pdf	5b3f954da074053215dda9f9	07/06/2018
Restricting Access to age 21 and older	BRI - Restricted Access 21 and over .pdf	pdf	5b3f9578a18777320b0d7974	07/06/2018
Maintaining of financial records	BRI - Maintaining of financial records.pdf	pdf	5b3f9674c0ef253ee143b077	07/06/2018
Separating recreational from medical operations, if applicable	BRI - Separation .pdf	pdf	5b4647355c57ce321fac5367	07/11/2018
Types of products Manufactured.	NLG - BRI - Types of MIPS manufactured .pdf	pdf	5b46474ca208e331ed151308	07/11/2018
Method used to produce products	NLG - BRI - Methods of Producing MIPS.pdf	pdf	5b464e8a5c57ce321fac538b	07/11/2018
Sample of unique identifying marks used for branding	NLG - BRI - Samples of Unique Identifying marks for branding .pdf	pdf	5b465597dbc95d3229ac44f4	07/11/2018
Dispensing procedures	BRI - Dispensing Procedures REVISED .pdf	pdf	5b7eb14b18807b2d67c40107	08/23/2018
Personnel policies including background checks	Berkshire Roots - Personnel Policies REVISED .pdf	pdf	5b7eb157185bb22d710660e9	08/23/2018
Security plan	BRI - Security REVISED.pdf	pdf	5b7eb15ed389b22d7bd63ef8	08/23/2018
Security plan	Berkshire Roots - Security - Hours of Operation .pdf	pdf	5b884ddb389b22d7bd6463d	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

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