



Massachusetts Cannabis Control Commission

Marijuana Transporter with Other Existing ME License

Business Name:	Berkshire Roots, Inc.	License Number:	MX281322
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		

MARIJUANA ESTABLISHMENT LICENSE INFORMATION

License or Application Number: CCC Application #
MRN281585

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	5b47a94e5af6a93eb9cd85d4	07/12/2018

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:
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: 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: 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: MKassachusetts LLC
Foreign Subsidiary Narrative:
Entity Phone: 413-553-5515 Entity Email: a.wojtkowski@ko-resources.com Entity Website:
Entity Address 1: 501 Dlaton 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	Capital Resources -Acct Statement.pdf	pdf	5b47ace3109eba32018f0532	07/12/2018
Letter From Bank	Capitlal Resources - Certification.pdf	pdf	5b47ad09a18777320b0d7e89	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	5b47adc9c7cb5d31f7ff897c	07/12/2018
Funds Certification	BRI Cap Contributor Entity 2.pdf	pdf	5b47add5109eba32018f0536	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
Documentation of Bond	BRI - Transport Bond.pdf	pdf	5b805385cea8212d4c7b5768	08/24/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	BRI Comm Lease.pdf	pdf	5b47ae7585e0cc3ea5b902ff	07/12/2018
Permission to Use Premises	BRI Com Assignment and Sublease.pdf	pdf	5b47aeb7b0153b3eaf4b3ba6	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?: Yes

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Community Outreach Meeting Documentation	BRI Community Outreach att form.pdf	pdf	5b47af244b1b3a3ec37eb4cd	07/12/2018
Certification of Host Community Agreement	BRI executed HCA Cert.pdf	pdf	5b47af345ed31d3ecdee91cd	07/12/2018
Plan to Remain Compliant with Local Zoning	NLG - BRI Plan for Local Compliance .pdf	pdf	5b47af3ace21983ed7e3fe71	07/12/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Notice and Att.pdf	pdf	5b61db495db774345fa898e3	08/01/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Materials (A) .pdf	pdf	5b61db8b12ba8f281ff52899	08/01/2018
Community Outreach Meeting Documentation	BRI - Community Outreach Materials (B) .pdf	pdf	5b61dbb574dcfa349769d0c9	08/01/2018
Community Outreach Meeting Documentation	Berkshire Eagle Classifieds Ad.pdf	pdf	5b89599e3f9f81395f1363dd	08/31/2018

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	5b47af65228a4c3e9f187ec4	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: Feeny Suffix:
Alias 1: Alias 2: Alias 3:
Former Last Name:
Phone: [REDACTED] Email: [REDACTED]
Primary Address 1: [REDACTED] Primary Address 2: [REDACTED]
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.
Alias 1: Alias 2: Alias 3:
Former Last Name:
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:
Alias 1: Alias 2: Alias 3:
Former Last Name:
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:
Alias 1: Alias 2: Alias 3:
Former Last Name:

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:
Alias 1: Alias 2: Alias 3:
Former Last Name:
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 6

Role: Manager Other Role:
First Name: Thomas Middle Name: A. Last Name: McMenemy Suffix:
Alias 1: Alias 2: Alias 3:
Former Last Name:
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:
Alias 1: Alias 2: Alias 3:
Former Last Name:
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:

Alias 1:

Alias 2:

Alias 3:

Former Last Name:

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
Massachusetts CORI Authorization Form	A.Nuciforo- CORI Acknowledgment.pdf	pdf	5b47b308a074053215ddaf29	07/12/2018
Disclosure and acknowledgement form	A.Nuciforo- Disclosure and Ackn.pdf	pdf	5b47b31e5c57ce321fac54ec	07/12/2018
Release authorization form	A.Nuciforo- Release Auth.pdf	pdf	5b47b32cdbc95d3229ac4626	07/12/2018
MA Driver's License	A.Nuciforo-ID.pdf	pdf	5b47b33408716131e75c75f4	07/12/2018
IVES form 4506-T	A.Wojtkowski-4506T.pdf	pdf	5b47b371c7cb5d31f7ff8988	07/12/2018
Massachusetts CORI Authorization Form	A.Wojtkowski-CORI Auth.pdf	pdf	5b47b393109eba32018f0542	07/12/2018
Disclosure and acknowledgement form	A.Wojtkowski-Disclosure and Ackn.pdf	pdf	5b47b39da18777320b0d7e99	07/12/2018
MA Driver's License	A.Wojtkowski-ID.pdf	pdf	5b47b3a4a074053215ddaf2d	07/12/2018
IVES form 4506-T	D.DePaolo-4506T.pdf	pdf	5b47b3bd5c57ce321fac54f0	07/12/2018
Massachusetts CORI Authorization Form	D.DePaolo-CORI Auth.pdf	pdf	5b47b408dbc95d3229ac462a	07/12/2018
Disclosure and acknowledgement form	D.DePaolo-Disclosure and Ackn.pdf	pdf	5b47b40f08716131e75c75f8	07/12/2018
Other US State Driver's License	D.DePaolo-ID.pdf	pdf	5b47b418a208e331ed151491	07/12/2018
Release authorization form	D.DePaolo-Release Auth.pdf	pdf	5b47b461109eba32018f0546	07/12/2018
Release authorization form	A.Wojtkowski- Release Auth.pdf	pdf	5b47b46aa18777320b0d7e9d	07/12/2018
IVES form 4506-T	J.Baillargeon- 4506T.pdf	pdf	5b47b47ea074053215ddaf31	07/12/2018
Massachusetts CORI Authorization Form	J.Baillargeon- CORI Auth Form.pdf	pdf	5b47b4b35c57ce321fac54f4	07/12/2018
Disclosure and acknowledgement form	J.Baillargeon- Disclosure and Ackn.pdf	pdf	5b47b526dbc95d3229ac462e	07/12/2018
Release authorization form	J.Baillargeon- Release Auth.pdf	pdf	5b47b53308716131e75c75fc	07/12/2018
MA Driver's License	J.Baillargeon-ID.pdf	pdf	5b47b53ea208e331ed151495	07/12/2018
Disclosure and acknowledgement form	K.Hospot- Disclosure and Ackn.pdf	pdf	5b47b586a18777320b0d7ea1	07/12/2018

Release authorization form	K.Hospot- Release Auth.pdf	pdf	5b47b5c7a074053215ddaf35	07/12/2018
IVES form 4506-T	K.Hospot-4506T.pdf	pdf	5b47b5de5c57ce321fac54f8	07/12/2018
Massachusetts CORI Authorization Form	K.Hospot-CORI Auth.pdf	pdf	5b47b5ebdbc95d3229ac4632	07/12/2018
MA Driver's License	K.Hospot-ID.pdf	pdf	5b47b5f208716131e75c7600	07/12/2018
Disclosure and acknowledgement form	M.Feeney - Disclosure and Ackn.pdf	pdf	5b47b604a208e331ed151499	07/12/2018
IVES form 4506-T	M.Feeney- 4506T.pdf	pdf	5b47b61dc7cb5d31f7ff8990	07/12/2018
Disclosure and acknowledgement form	M.Feeney- CORI Acknowledgement.pdf	pdf	5b47b629109eba32018f054c	07/12/2018
MA Driver's License	M.Feeney- ID.pdf	pdf	5b47b62ea18777320b0d7ea5	07/12/2018
Release authorization form	M.Feeney- Release Auth.pdf	pdf	5b47b658a074053215ddaf39	07/12/2018
Massachusetts CORI Authorization Form	S.Aussubel - CORI Ackn.pdf	pdf	5b47b6705c57ce321fac54fc	07/12/2018
Release authorization form	S.Aussubel - CORI Release.pdf	pdf	5b47b680dbc95d3229ac4636	07/12/2018
Disclosure and acknowledgement form	S.Aussubel - Disc and Acknw.pdf	pdf	5b47b68508716131e75c7604	07/12/2018
IVES form 4506-T	S.Aussubel - Ives.pdf	pdf	5b47b68ca208e331ed15149d	07/12/2018
MA Driver's License	S.Aussubel - MA ID.pdf	pdf	5b47b698c7cb5d31f7ff8994	07/12/2018
IVES form 4506-T	T.McMenemy- 4506T.pdf	pdf	5b47b6b4109eba32018f0550	07/12/2018
Disclosure and acknowledgement form	T.McMenemy- Disclosure and Ackn.pdf	pdf	5b47b6bca18777320b0d7ea9	07/12/2018
Massachusetts CORI Authorization Form	T.McMenemy-CORI Auth.pdf	pdf	5b47b6d7a074053215ddaf3d	07/12/2018
Other US State Driver's License	T.McMenemy-ID.pdf	pdf	5b47b6df5c57ce321fac5500	07/12/2018
Release authorization form	T.McMenemy- Release Auth.pdf	pdf	5b47b70fdbcb95d3229ac463a	07/12/2018
Massachusetts CORI Authorization Form	A.Nuciforo - CORI Auth - Revised.pdf	pdf	5b61dbf1065a6d348d6fc539	08/01/2018
IVES form 4506-T	A.Nuciforo - Ives - Revised.pdf	pdf	5b61dc070dfb4034a1180151	08/01/2018
Massachusetts CORI Authorization Form	A.Wojtkowski - CORI Auth - Revised.pdf	pdf	5b61dc1c64718b346fe273c0	08/01/2018
IVES form 4506-T	A.Wojtkowski - Ives - Revised.pdf	pdf	5b61dc31aec9503483dd6e3e	08/01/2018
Massachusetts CORI Authorization Form	D.DePaolo - CORI Auth - Revised.pdf	pdf	5b61dc4b12ba8f281ff528a1	08/01/2018
IVES form 4506-T	D.Depaolo - Ives - Revised.pdf	pdf	5b61dc5e64718b346fe273c4	08/01/2018
Massachusetts CORI Authorization Form	J.Baillargeon - CORI Auth - Revised.pdf	pdf	5b61dc669aeb1f3479545da3	08/01/2018
IVES form 4506-T	J.Baillargeon - Ives - Revised.pdf	pdf	5b61dc865db774345fa898ed	08/01/2018
Massachusetts CORI Authorization Form	S.Aussubel - CORI Auth - Revised.pdf	pdf	5b61dc9b5db774345fa898f1	08/01/2018
IVES form 4506-T	S.Aussubel - Ives - Revised.pdf	pdf	5b61dcb49aeb1f3479545da9	08/01/2018
Massachusetts CORI Authorization Form	T.McMenemy - CORI Auth - Revised.pdf	pdf	5b61dce874dcfa349769d0cf	08/01/2018
IVES form 4506-T	A.Nuciforo - 4506T - Revised 2.pdf	pdf	5b895ae55e9b3d2d528a82c5	08/31/2018

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

Primary Business Address 2: Suite 405

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
Articles of Organization	BRI - Articles of Org - Entitiy Conversion.pdf	pdf	5b4e37185ed31d3ecdee94dc	07/17/2018
Secretary of Commonwealth - Certificate of Good Standing	BRI- Cert of Good Standing - Sec of State.pdf	pdf	5b4e373bce21983ed7e40170	07/17/2018
Department of Revenue - Certificate of Good standing	BRI - FKA Khem - DOR Cert of Good Standing.pdf	pdf	5b4e3765c0ef253ee143b906	07/17/2018
Bylaws	BRI - By Laws.pdf	pdf	5b4e3796228a4c3e9f1881fa	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
Proposed Timeline	NLG - Berkshire Roots Inc - Proposed Timeline 06 20 2018.pdf	pdf	5b4e37bcb0153b3eaf4b3ec7	07/17/2018
Plan for Liability Insurance	NLG - Berkshire Roots Inc - Plan to Secure Liability Insurance 06 24 2018.pdf	pdf	5b4e37c75af6a93eb9cd891a	07/17/2018
Business Plan	NLG-Berkshire Roots Inc. - Biz Plan June 20 2018.pdf	pdf	5b4e37dc4b1b3a3ec37eb7f5	07/17/2018
Proposed Timeline	NLG - Berkshire Roots Inc - Proposed Timeline -REVISED 08 01 2018.pdf	pdf	5b61f86012ba8f281ff528f5	08/01/2018
Proposed Timeline	BRI - Applicant Ackn - timeline - 08012018.pdf	pdf	5b61faa812ba8f281ff528fb	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	5b51f95a109eba32018f0b78	07/20/2018
Restricting Access to age 21 and older	BRI - Restricted Access 21 and over .pdf	pdf	5b51f96aa18777320b0d849c	07/20/2018
Prevention of diversion	BRI - Diversion.pdf	pdf	5b51f9b7a208e331ed151a9e	07/20/2018
Storage of marijuana	BRI - Storage.pdf	pdf	5b51f9c1109eba32018f0b7c	07/20/2018
Transportation of marijuana	BRI - Transportation .pdf	pdf	5b51f9cba18777320b0d84a0	07/20/2018
Inventory procedures	BRI - Inventory Procedures .pdf	pdf	5b51f9df5c57ce321fac5b69	07/20/2018
Quality control and testing	BRI - Quality control .pdf	pdf	5b51f9ecdb95d3229ac4c32	07/20/2018
Record Keeping procedures	BRI - Record Keeping .pdf	pdf	5b51fa10109eba32018f0b80	07/20/2018
Maintaining of financial records	BRI - Maintaining of finanacial records.pdf	pdf	5b51fa1d5c57ce321fac5b6d	07/20/2018
Diversity plan	NLG- Berkshire Roots Inc - Diversity Plan June 22 2018.pdf	pdf	5b51fa2908716131e75c7c36	07/20/2018
Qualifications and training	NLG- Berkshire Roots Inc - Qualifications and Training June 22 2018.pdf	pdf	5b51fa365c57ce321fac5b71	07/20/2018
Dispensing procedures	BRI - Dispensing Proceedures REVISED .pdf	pdf	5b7eb2da03a477392d0a310e	08/23/2018
Personnel policies including background checks	Berkshire Roots - Personnel Policies REVISED .pdf	pdf	5b7eb2e3aa953e3937b5a12e	08/23/2018
Security plan	BRI - Security REVISED.pdf	pdf	5b7eb2e837742339413941af	08/23/2018
Security plan	Berkshire Roots - Security - Hours of Operation .pdf	pdf	5b895b5d89bc002d9918b2b8	08/31/2018

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:

EMERGENCY CONTACTS

No records found