



## Massachusetts Cannabis Control Commission

### Marijuana Retailer

<b>Business Name:</b>	Canna Provisions Inc	<b>License Number:</b>	MR281796
<b>Tax Identification Number:</b>	*****	<b>Issued Date:</b>	03/05/2019
<b>Business Email Address:</b>	meg@cannaprovisionsgroup.com	<b>Expiration Date:</b>	03/05/2020
<b>Business Phone Number:</b>	303-981-2453	<b>Revoked Date:</b>	N/A
<b>Mailing Address:</b>	220 Housatonic Street Lee MA 01238	<b>Surrendered Date:</b>	N/A
<b>Business Address:</b>	214 Adams Ave West Newton MA 02465		

### CERTIFIED DISADVANTAGED BUSINESS ENTERPRISES (DBES)

Certified Disadvantaged Business Enterprises (DBEs): Not a DBE

### PRIORITY APPLICANT

**Priority Applicant:** no  
**Priority Applicant Type:** Not a Priority Applicant  
**Economic Empowerment Applicant Certification Number:**  
**RMD Priority Certification Number:**

### RMD INFORMATION

No documents uploaded

**Name of RMD:**

**Department of Public Health RMD Registration Number:**

**Operational and Registration Status:**

To your knowledge, is the existing RMD certificate of registration in good standing?:

If no, describe the circumstances below:

### PERSONS WITH DIRECT OR INDIRECT AUTHORITY

Person with Direct or Indirect Authority 1

<b>Percentage Of Ownership:</b> 90	<b>Percentage Of Control:</b> 90			
<b>Role:</b> Owner / Partner	<b>Other Role:</b>			
<b>First Name:</b> Eugene	<b>Middle Name:</b>	<b>Last Name:</b> McCain	<b>Suffix:</b>	<b>Former Last Name:</b>
<b>Alias - 1:</b>	<b>Alias - 2:</b>	<b>Alias - 3:</b>		
<b>Phone:</b> [REDACTED]	<b>Email:</b> [REDACTED]			
<b>Primary Address 1:</b> [REDACTED]	<b>Primary Address 2:</b>			
<b>City:</b> [REDACTED]	<b>State:</b> [REDACTED]	<b>Zip Code:</b> [REDACTED]		
<b>Gender:</b> Male	<b>User Defined Gender:</b>			

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: 5

Percentage Of Control: 5

Role: Manager

Other Role:

First Name: Erik

Middle Name:

Last Name: Williams

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: 5

Percentage Of Control: 5

Role: Manager

Other Role:

First Name: Megan

Middle Name:

Last Name: Sanders

Suffix: `

Former Last Name: McLendon

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:

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

Individual Contributing Capital 1

First Name: Eugene

Middle Name:

Last Name: McCain

Suffix:

Email: [REDACTED]

Phone: [REDACTED]

Address 1: [REDACTED]

Address 2:

City: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Types of Capital: Monetary/Equity

Other Type of Capital:

Total Value of the Capital Provided: \$104000

Percentage of Initial Capital: 100

Capital Attestation: Yes

CAPITAL RESOURCES DOCUMENTATION - INDIVIDUALS

Document Category	Document Name	Type	ID	Upload Date
Bank Record	Santander Letter.pdf	pdf	5b8da8b2185bb22d71066b4c	09/03/2018
Bank Record	Certification of funds notarized.pdf	pdf	5b8da8c0d389b22d7bd6496e	09/03/2018

### CAPITAL RESOURCES - ENTITIES

No records found

### CAPITAL RESOURCES DOCUMENTATION - ENTITY

No documents uploaded

### BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

Business Interest in Other State 1

Business Interest of an Owner or the Marijuana Establishment: Business Interest of an Owner

Owner First Name: Megan      Owner Middle Name:      Owner Last Name: Sanders      Owner Suffix:

Entity State Business Identification Number: 20101058486      Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]

Entity Legal Name: Winkanda, LLC.      Entity DBA: Mindful

Entity Description: Winkanda is the parent company that holds 15 Cannabis Licenses across the country in Colorado and Illinois

Entity Phone: 720-364-6158      Entity Email: Jennifer.kealy@bemindful.today      Entity Website: https://bemindful.today/

Entity Address 1: 3880 Holly Street      Entity Address 2:

Entity City: Denver      Entity State: CO      Entity Zip Code: 80207      Entity Country: United States

Entity Mailing Address 1: 3880 Holly Street      Entity Mailing Address 2:

Entity Mailing City: Denver      Entity Mailing State: CO      Entity Mailing Zip Code: 80207      Entity Mailing Country: United States

### BUSINESS INTEREST DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
Documentation of Interest	Sanders Business Interest Documentation.pdf	pdf	5b8da9d903a477392d0a3b70	09/03/2018

### 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	Original Bond Viking.pdf	pdf	5b8daa5a4e62492d8f3453a4	09/03/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	Lee Retail Store Lease.pdf	pdf	5b706902b60ce4391d87e115	08/12/2018

Establishment Address 1: 220 Housatonic Street

Establishment Address 2:

Establishment City: Lee      Establishment Zip Code: 01238

Approximate square footage of the establishment: 2070      How many abutters does this property have?: 18

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

Date generated: 07/15/2019

### HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	Lee Host Agreement Certification.pdf	pdf	5b706993aa953e3937b5953c	08/12/2018
Plan to Remain Compliant with Local Zoning	Lee Plan to Remain Compliant with Zoning.pdf	pdf	5b706df15a6f093923e4f35c	08/12/2018
Community Outreach Meeting Documentation	Lee COM Documents.pdf	pdf	5b8dba3f5e9b3d2d528a8539	09/03/2018

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	CP Plan for Positive Impact.pdf	pdf	5b706e59aa953e3937b59542	08/12/2018

### ADDITIONAL INFORMATION NOTIFICATION

Notification: I understand

### INDIVIDUAL BACKGROUND INFORMATION

#### Individual Background Information 1

Role: Owner / Partner      Other Role:

First Name: Eugene      Middle Name:      Last Name: McCain      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: yes

Description of Background Events: ADMINISTRATIVE ACTION

In January of 2017 Mr. McCain in his capacity as the Chairman of the Horseracing Jobs & Education Committee, paid a \$125,000 civil fine pursuant to a Disposition Agreement with the Office of Campaign and Political Finance.

#### Individual Background Information 2

Role: Manager      Other Role:

First Name: Erik      Middle Name:      Last Name: Williams      Suffix:      Former Last Name:

Alias 1: [REDACTED] Alias 2: [REDACTED] Alias 3: [REDACTED]  
 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: yes

Description of Background Events: [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

ANY PREVIOUS ATTEMPT TO OBTAIN A LICENSE OR REGISTRATION Mr. Williams was a consultant with Revolutionary Clinics while they were in the Registration Process for a RMD with the Department of Public Health.

Individual Background Information 3

Role: Manager Other Role:  
 First Name: Megan Middle Name: Last Name: Sanders Suffix: Former Last Name: McLendon  
 Alias 1: [REDACTED] Alias 2: [REDACTED] Alias 3: [REDACTED]  
 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: yes

Description of Background Events: ANY PREVIOUS ATTEMPT TO OBTAIN A LICENSE OR REGISTRATION

Ms. Sanders was a consultant with Revolutionary Clinics while they were in the Registration Process for a RMD with the Department of Public Health.

BACKGROUND CHECK SUPPORTING DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
IVES form 4506-T	McCain.pdf	pdf	5b7056bd89bc002d99189f59	08/12/2018
IVES form 4506-T	Sanders.pdf	pdf	5b7056cecea8212d4c7b4918	08/12/2018

IVES form 4506-T	Williams.pdf	pdf	5b7056d85e9b3d2d528a6f25	08/12/2018
Massachusetts CORI Authorization Form	McCain.pdf	pdf	5b7056f518807b2d67c3f587	08/12/2018
Massachusetts CORI Authorization Form	Sanders.pdf	pdf	5b705706185bb22d71065596	08/12/2018
Massachusetts CORI Authorization Form	Williams CORI Authorization Form.pdf	pdf	5b705713d389b22d7bd633b7	08/12/2018
Disclosure and acknowledgement form	McCain.pdf	pdf	5b7057230d95792d85f42056	08/12/2018
Disclosure and acknowledgement form	Sanders.pdf	pdf	5b7057764e62492d8f343dbb	08/12/2018
Disclosure and acknowledgement form	Williams.pdf	pdf	5b70577b89bc002d99189f5d	08/12/2018
Release authorization form	McCain.pdf	pdf	5b70578fcea8212d4c7b491c	08/12/2018
Release authorization form	Sanders.pdf	pdf	5b7057995e9b3d2d528a6f29	08/12/2018
Release authorization form	Williams.pdf	pdf	5b7057a618807b2d67c3f58b	08/12/2018
US Passport (photo page only)	McCain.pdf	pdf	5b7057b3185bb22d7106559a	08/12/2018
Other US State Driver's License	Sanders.pdf	pdf	5b7057c0d389b22d7bd633bb	08/12/2018
Other US State Driver's License	Williams.pdf	pdf	5b7057cb0d95792d85f4205a	08/12/2018

#### ENTITY BACKGROUND CHECK INFORMATION

No records found

#### MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Secretary of Commonwealth - Certificate of Good Standing	SOS COGS.pdf	pdf	5b706ffc4e62492d8f343dc7	08/12/2018
Articles of Organization	CP Articles of Incorporation.pdf	pdf	5b707131cea8212d4c7b492a	08/12/2018
Bylaws	Canna Provisions Inc. - Bylaws Clean (002).pdf	pdf	5b7071485e9b3d2d528a6f37	08/12/2018
Department of Revenue - Certificate of Good standing	COGS Mass DOR.pdf	pdf	5b8dbafc03a477392d0a3b74	09/03/2018

No documents uploaded

Massachusetts Business Identification Number: 001325268

Doing-Business-As Name:

DBA Registration City:

#### BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	Business Plan Final.pdf	pdf	5b8dbb318d67cc394b81c540	09/03/2018
Proposed Timeline	Timeline.pdf	pdf	5b8dbb3bda72283955c616ef	09/03/2018
Plan for Liability Insurance	CP Liability Insurance Plan.pdf	pdf	5b8dbb5d3f9f81395f1366c3	09/03/2018

#### OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload
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				Date
Plan for obtaining marijuana or marijuana products	CP Plan to Obtain marijuana or marijuana products.pdf	pdf	5b8dbb795a6f093923e50993	09/03/2018
Separating recreational from medical operations, if applicable	CP Policy for Separating Recreational from Medical Operations.pdf	pdf	5b8dbb9603a477392d0a3b78	09/03/2018
Restricting Access to age 21 and older	CP Policy for Limiting Access to Age 21 and Older.pdf	pdf	5b8dbbafaa953e3937b5ab8c	09/03/2018
Security plan	CP Security Plan.pdf	pdf	5b8dbbc03774233941394c1c	09/03/2018
Prevention of diversion	CP Prevention of Diversion Policy and Procedure .pdf	pdf	5b8dbbd48d67cc394b81c544	09/03/2018
Storage of marijuana	CP Policy and Procedure for Storage of Marijuana.pdf	pdf	5b8dbc1803a477392d0a3b7c	09/03/2018
Transportation of marijuana	CP Policy and Procedure for the Transportation of Marijuana.pdf	pdf	5b8dbc28aa953e3937b5ab90	09/03/2018
Inventory procedures	CP Policy for Inventory.pdf	pdf	5b8dbc393774233941394c20	09/03/2018
Quality control and testing	CP Policy for Quality Control and Product Testing.pdf	pdf	5b8dbc498d67cc394b81c548	09/03/2018
Dispensing procedures	CP Dispensing Procedure FINAL.pdf	pdf	5b8dbc5bda72283955c616f5	09/03/2018
Personnel policies including background checks	CP Personnel Policies including Background Checks.pdf	pdf	5b8dbc713f9f81395f1366c9	09/03/2018
Record Keeping procedures	CP Record Keeping Procedure .pdf	pdf	5b8dbc85b60ce4391d87f6e7	09/03/2018
Maintaining of financial records	CP Maintenance of Financial Records Policy and Procedure .pdf	pdf	5b8dbc8e5a6f093923e50999	09/03/2018
Diversity plan	CP Diversity Plan.pdf	pdf	5b8dbca103a477392d0a3b80	09/03/2018
Qualifications and training	CP Qualifications and Training Policy and Procedure.pdf	pdf	5b8dbcabaa953e3937b5ab94	09/03/2018

## 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