



# Massachusetts Cannabis Control Commission

## Marijuana Cultivator

<b>Business Name:</b>	Cultivate Holdings LLC	<b>License Number:</b>	MC281266
<b>Tax Identification Number:</b>	*****	<b>Issued Date:</b>	07/26/2018
<b>Business Email Address:</b>	sambarber@cultivatemass.com	<b>Expiration Date:</b>	07/26/2019
<b>Business Phone Number:</b>	207-233-1304	<b>Revoked Date:</b>	N/A
<b>Mailing Address:</b>	PO Box 245 Leicester MA 01524	<b>Surrendered Date:</b>	N/A
<b>Business Address:</b>	1764 Main Street Leicester MA 01524		

## 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: RP201845

## RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	FinalCertificateofRegistration.pdf	pdf	5ad7e526660eb50d8b6feb0	04/18/2018

Name of RMD: Cultivate Holdings LLC.  
 Department of Public Health RMD Registration Number: 021  
 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: 20    Percentage Of Control: 33  
 Role: Manager    Other Role:  
 First Name: Samuel    Middle Name:    Last Name: Barber    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?: Some Other Race or Ethnicity

Specify Race or Ethnicity: Armenian

Person with Direct or Indirect Authority 2

Percentage Of Ownership: 27.5

Percentage Of Control: 33

Role: Owner / Partner

Other Role:

First Name: Robert

Middle Name: W.

Last Name: Lally

Suffix: Jr.

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: 29

Percentage Of Control: 33

Role: Owner / Partner

Other Role:

First Name: Stephen

Middle Name: A.

Last Name: Barber

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?: Some Other Race or Ethnicity

Specify Race or Ethnicity: Armenian

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

Close Associates or Member 1

First Name: Derek

Middle Name:

Last Name: Blethen

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: Derek is the cultivation

Manager currently for our RMD. Please see his policies and procedures in the MOP section.

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES DOCUMENTATION - INDIVIDUALS

No documents uploaded

## 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:** Robert      **Owner Middle Name:** W.      **Owner Last Name:** Lally      **Owner Suffix:** Jr.  
**Entity State Business Identification Number:** GE- 148-731-4944-02      **Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID:** ██████████  
**Entity Legal Name:** Manoa Botanicals LLC      **Entity DBA:**  
**Entity Description:** Medical Marijuana Dispensary in Honolulu  
**Entity Phone:** 808-234-4658      **Entity Email:** Brian@monoabotanicals.com      **Entity Website:** monoabotanicals.com  
**Entity Address 1:** 1308 Young Street      **Entity Address 2:**  
**Entity City:** Honolulu      **Entity State:** HI      **Entity Zip Code:** 96814      **Entity Country:** USA  
**Entity Mailing Address 1:** 1308 Young Street      **Entity Mailing Address 2:**  
**Entity Mailing City:** Honolulu      **Entity Mailing State:** HI      **Entity Mailing Zip Code:** 96814      **Entity Mailing Country:** USA

### Business Interest in Other State 2

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

**Owner First Name:** Robert      **Owner Middle Name:** W.      **Owner Last Name:** Lally      **Owner Suffix:** Jr.  
**Entity State Business Identification Number:** NV20141098274      **Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID:** ██████████  
**Entity Legal Name:** Wellness Connection Of Nevada LLC      **Entity DBA:** Cultivate  
**Entity Description:** Medical Marijuana Dispensary  
**Entity Phone:** 702-241-2308      **Entity Email:** info@cultivatelv.com      **Entity Website:** cultivatelv.com  
**Entity Address 1:** 3615 Spring Mountain      **Entity Address 2:**  
**Entity City:** Las Vegas      **Entity State:** NV      **Entity Zip Code:** 89102      **Entity Country:** USA  
**Entity Mailing Address 1:** 3615 Spring Mountain      **Entity Mailing Address 2:**  
**Entity Mailing City:** Las Vegas      **Entity Mailing State:** NV      **Entity Mailing Zip Code:** 89102      **Entity Mailing Country:** USA

## BUSINESS INTEREST DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
Documentation of Interest	LVmedLicense.jpg	jpeg	5b33a170b47dfe43b93ec43b	06/27/2018
Documentation of Interest	WCN IRS EIN.pdf	pdf	5b33a1bfe0abb143d354671c	06/27/2018
Documentation of Interest	ManoaRobIRS.png	png	5b33a34310757543fbc76b5	06/27/2018
Documentation of Interest	MonoaRobK1.png	png	5b33a3445246fb5032ddf268	06/27/2018

## DISCLOSURE OF INDIVIDUAL INTERESTS

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No records found

### INDIVIDUAL INTEREST DOCUMENTATION

No documents uploaded

### MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Bond	BondCultivation.pdf	pdf	5b33b0705617f143c98bb7e3	06/27/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	Lease.fe (landlord and Rob Lally) (1) (1).PDF	pdf	5ae0c2dd2654f0360aecf683	04/25/2018

Establishment Address 1: 1764 Main Street

Establishment Address 2:

Establishment City: Leicester

Establishment Zip Code: 01524

Approximate square footage of the Establishment: 8000

How many abutters does this property have?: 4

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

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	HostCommunitySigned.pdf	pdf	5ae753bb7cc84f3628fdb1bf	04/30/2018
Community Outreach Meeting Documentation	Community Outreach.pdf	pdf	5ae753dc423af335ecabb752	04/30/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning.pdf	pdf	5ae777ae6232520dbd5933d9	04/30/2018

No documents uploaded

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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 for Positive Impact.pdf	pdf	5ae8c1071f5e4d0443cb5b44	05/01/2018

### ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

### INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Manager

Other Role:

First Name: Samuel Middle Name: Last Name: Barber 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: Owner / Partner Other Role:  
First Name: Robert Middle Name: W. Last Name: Lally 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: RMD Owner  
Background Question: no  
Description of Background Events:

Individual Background Information 3

Role: Owner / Partner Other Role:  
First Name: Stephen Middle Name: A. Last Name: Barber 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: Manager Other Role:  
First Name: Derek Middle Name: Last Name: Blethen 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	lally rob license (2).jpg	jpeg	5ae7575941df29361e475bf1	04/30/2018
Massachusetts CORI Authorization Form	RobertLallyCori (1).pdf	pdf	5ae7575b6232520dbd5933b3	04/30/2018
Other US State Driver's License	Steve Barber License (1).jpg	jpeg	5ae75775d16c987e98c1be37	04/30/2018
Massachusetts CORI Authorization Form	SteveBarberCori (1).pdf	pdf	5ae757782654f0360aecf9c1	04/30/2018
Massachusetts CORI Authorization Form	SamBarberCori1.pdf	pdf	5ae75857b9c5f536005a7b83	04/30/2018
MA Driver's License	Sam's DriversLicense (1).jpg	jpeg	5ae75863d16c987e98c1be3b	04/30/2018
MA Driver's License	DerekBlethenID.jpg	jpeg	5b2151a88d1e3843f1aff92d	06/13/2018
Release authorization form	DerekRelease&Authorization.pdf	pdf	5b21529e61b87343dda2fe07	06/13/2018
Massachusetts CORI Authorization Form	DerekCORI.pdf	pdf	5b2152c78d1e3843f1aff931	06/13/2018
Disclosure and acknowledgement form	DerekDisclosure&Ack.pdf	pdf	5b2152f910757543fbca6a2e	06/13/2018
IVES form 4506-T	Derek4506-T.pdf	pdf	5b21531bb47dfe43b93eb750	06/13/2018

### ENTITY BACKGROUND CHECK INFORMATION

No records found

### MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Articles of Organization	ArticlesofConversion.pdf	pdf	5ad7e6ba7cc84f3628fda7e4	04/18/2018
Department of Revenue - Certificate of Good standing	Certificate of Good Standing.pdf	pdf	5ad7e6ded7af757e7482040b	04/18/2018
Secretary of Commonwealth - Certificate of Good Standing	CertificateofGoodstanding.pdf	pdf	5ad7e703b9c5f536005a71a2	04/18/2018
Bylaws	CultivateAmended&Restated ByLaws.pdf	pdf	5ae88309a999e33d85063089	05/01/2018

No documents uploaded

Massachusetts Business Identification Number: 001307470

Doing-Business-As Name:

DBA Registration City:

### BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	2018 Strategic Business Plan.pdf	pdf	5ae8829c9a67bb11cc7e3fdb	05/01/2018
Proposed Timeline	Timeline.pdf	pdf	5ae882adad75cc3d99a98c82	05/01/2018
Plan for Liability Insurance	PlanInsurance.pdf	pdf	5ae882bfd9b91046e610092	05/01/2018

### OPERATING POLICIES AND PROCEDURES

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Document Category	Document Name	Type	ID	Upload Date
Policies and Procedures for cultivating.	Policies and Procedures for Cultivating.pdf	pdf	5ae759e57cc84f3628fdb1d5	04/30/2018
Separating recreational from medical operations, if applicable	Separating Recreational from Medical Operations.pdf	pdf	5ae75a01e459990d85449799	04/30/2018
Restricting Access to age 21 and older	Restricting Access to Age 21 or Older.pdf	pdf	5ae75a1c423af335ecabb764	04/30/2018
Prevention of diversion	Prevention of Diversion.pdf	pdf	5ae75a577cc84f3628fdb1d9	04/30/2018
Storage of marijuana	Storage of Marijuana.pdf	pdf	5ae75c734e185c0d9f42aef6	04/30/2018
Transportation of marijuana	Transportation of Marijuana.pdf	pdf	5ae75c952654f0360aecf9cb	04/30/2018
Inventory procedures	Inventory Procedures.pdf	pdf	5ae75cac93460b0dc73ed3e7	04/30/2018
Quality control and testing	Quality Control and Testing.pdf	pdf	5ae75cc87212167e7aeec193	04/30/2018
Dispensing procedures	Dispensing Procedures.pdf	pdf	5ae75ce647a84a7e843c4056	04/30/2018
Personnel policies including background checks	Personnel Policies including Background Checks.pdf	pdf	5ae75d032654f0360aecf9cf	04/30/2018
Record Keeping procedures	Recordkeeping.pdf	pdf	5ae75d201a56be7ea2dd0e36	04/30/2018
Maintaining of financial records	Maintaining of Financial Records.pdf	pdf	5ae75d3941df29361e475bff	04/30/2018
Diversity plan	Diversity Plan.pdf	pdf	5ae75d5a41df29361e475c03	04/30/2018
Qualifications and training	Qualifications and Trainings - Cultivation.pdf	pdf	5ae75d7b660eb50d8b6ff4c7	04/30/2018
Security plan	Security Plan Cultivation.pdf	pdf	5b33a9aa53361a503c1d5bf8	06/27/2018

### 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