



Massachusetts Cannabis Control Commission

Marijuana Product Manufacturer

Business Name:	Cultivate Holdings LLC	License Number:	MP281305
Tax Identification Number:	*****	Issued Date:	09/24/2018
Business Email Address:	sambarber@cultivatemass.com	Expiration Date:	09/24/2019
Business Phone Number:	207-233-1304	Revoked Date:	N/A
Mailing Address:	PO Box 245 Leicester MA 01524	Surrendered Date:	N/A
Business Address:	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	5ad7eba194c954361422c4d0	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: 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

Person with Direct or Indirect Authority 3

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:

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

Close Associates or Member 1

First Name: Adam

Middle Name:

Last Name: Sanders

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: Adam is the manager for production. Please see operating procedures for details on his responsibility.

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: NV20141098274 **Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID:** [REDACTED]
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 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: GE-148-731-4944-02 **Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID:** [REDACTED]
Entity Legal Name: Manoa Botanicals LLC **Entity DBA:**
Entity Description: Medical Marijuana Dispensary
Entity Phone: 808-234-4658 **Entity Email:** brian@manoabotanicals.com **Entity Website:** manoabotanicals.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 DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
Documentation of Interest	ManoaRobIRS.png	png	5b33a72210757543fbca76bb	06/27/2018
Documentation of Interest	MonoaRobK1.png	png	5b33a7245246fb5032ddf274	06/27/2018
Documentation of Interest	LVmedLicense.jpg	jpeg	5b33a73d53361a503c1d5bec	06/27/2018
Documentation of Interest	WCN IRS EIN.pdf	pdf	5b33a745719dca5046294c9b	06/27/2018

DISCLOSURE OF INDIVIDUAL INTERESTS

Date generated: 07/15/2019

Page: 3 of 8

No records found

INDIVIDUAL INTEREST DOCUMENTATION

No documents uploaded

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Bond	BondProduction.pdf	pdf	5b33b09ecb211e5050f10489	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	5ae0bcd47cc84f3628fdad8c	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: 10000 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

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	HostCommunitySigned.pdf	pdf	5ae76ee141df29361e475c29	04/30/2018
Community Outreach Meeting Documentation	Community Outreach.pdf	pdf	5ae76f1f0cc9397eb6ce84ef	04/30/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning.pdf	pdf	5ae76f9539740e0d95e83d60	04/30/2018

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	Plan for Positive Impact.pdf	pdf	5ae8e4d211a2fe04237f698e	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: Adam Middle Name: Last Name: Sanders 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	Sam's DriversLicense.jpg	jpeg	5ad7ec4a94c954361422c4d4	04/18/2018
Massachusetts CORI Authorization Form	RobertLallyCori.pdf	pdf	5ae0bd12d16c987e98c1ba4d	04/25/2018
Massachusetts CORI Authorization Form	SteveBarberCori.pdf	pdf	5ae0bd1d4e185c0d9f42ab5b	04/25/2018
MA Driver's License	lally rob license (1).jpg	jpeg	5ae0bd2894c954361422ca51	04/25/2018
Other US State Driver's License	Steve Barber License.jpg	jpeg	5ae0bd4347ddf7eac66285a	04/25/2018
Massachusetts CORI Authorization Form	SamBarberCori1.pdf	pdf	5ae76fdde45990d854497a7	04/30/2018
MA Driver's License	IMG_5330.jpg	jpeg	5b2157125617f143c98bab1a	06/13/2018
Massachusetts CORI Authorization Form	AdamCORI.pdf	pdf	5b21583ab797ff43e7a4fdcc	06/13/2018
Disclosure and acknowledgement form	AdamDisclosure&Ack.pdf	pdf	5b21584fa6220743bfd9ccf5	06/13/2018
Release authorization form	AdamRelease&AuthorizationForm.pdf	pdf	5b215870e0abb143d3545a5a	06/13/2018
IVES form 4506-T	AdamForm4506-T.pdf	pdf	5b21587fb797ff43e7a4fdd0	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	5ad7eca9d7af757e7482041f	04/18/2018
Secretary of Commonwealth - Certificate of Good Standing	CertificateofGoodstanding.pdf	pdf	5ad7ecded16c987e98c1b4f3	04/18/2018
Department of Revenue - Certificate of Good standing	Certificate of Good Standing.pdf	pdf	5ad7ecf67cc84f3628fda7fe	04/18/2018
Bylaws	CultivateAmended&Restated ByLaws.pdf	pdf	5ae770c141df29361e475c2d	04/30/2018

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	5ae7713e93460b0dc73ed416	04/30/2018
Plan for Liability Insurance	PlanInsurance.pdf	pdf	5ae7717ffe11f335e6a97466	04/30/2018
Proposed Timeline	Timeline.pdf	pdf	5ae7738d41df29361e475c33	04/30/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload
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				Date
Qualifications and training	Qualifications and Trainings - Production.pdf	pdf	5ae774ed09fa3e0db3eec550	04/30/2018
Diversity plan	Diversity Plan (1).pdf	pdf	5ae7750441df29361e475c37	04/30/2018
Maintaining of financial records	Maintaining of Financial Records (1).pdf	pdf	5ae7751a0cc9397eb6ce84f9	04/30/2018
Record Keeping procedures	Recordkeeping (1).pdf	pdf	5ae7753093460b0dc73ed41e	04/30/2018
Personnel policies including background checks	Personnel Policies including Background Checks (1).pdf	pdf	5ae7754afe11f335e6a97470	04/30/2018
Dispensing procedures	Dispensing Procedures (1).pdf	pdf	5ae775697212167e7aeec1c3	04/30/2018
Quality control and testing	Quality Control and Testing (1).pdf	pdf	5ae7758a660eb50d8b6ff4f3	04/30/2018
Inventory procedures	Inventory Procedures (1).pdf	pdf	5ae775a36d28ab7e8e78931f	04/30/2018
Storage of marijuana	Storage of Marijuana (2).pdf	pdf	5ae77625b9c5f536005a7b97	04/30/2018
Prevention of diversion	Prevention of Diversion (1).pdf	pdf	5ae7763fc357ae0da9a3e877	04/30/2018
Restricting Access to age 21 and older	Restricting Access to Age 21 or Older (1).pdf	pdf	5ae776787212167e7aeec1cb	04/30/2018
Separating recreational from medical operations, if applicable	Separating Recreational from Medical Operations (1).pdf	pdf	5ae776a60cc9397eb6ce8503	04/30/2018
Types of products Manufactured.	Types of Products Manufactured.pdf	pdf	5ae8841b9eb86611ea7d3626	05/01/2018
Method used to produce products	Methods Used to Produce Products.pdf	pdf	5ae884330d20bf11ae6d8658	05/01/2018
Sample of unique identifying marks used for branding	Samples of Unique Identifying Marks Used for Branding.pdf	pdf	5ae8844a1f5e4d0443cb5abb	05/01/2018
Transportation of marijuana	Transportation of Marijuana (2).pdf	pdf	5ae884936fb0f811c2265bff	05/01/2018
Security plan	Security Plan Production.pdf	pdf	5b33a94453361a503c1d5bf4	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

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