



Massachusetts Cannabis Control Commission

Marijuana Retailer

Business Name:	Cultivate Holdings LLC	License Number:	MR281268
Tax Identification Number:	*****	Issued Date:	07/26/2018
Business Email Address:	sambarber@cultivatemass.com	Expiration Date:	07/26/2019
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	5ad7995709fa3e0db3eebbcc	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:** Owner
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: Jennifer

Middle Name:

Last Name: Miller

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: Jen is the manager of the dispensary. Please see operations section that covers her responsibilities.

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	5b33af255246fb5032ddf28c	06/27/2018
Documentation of Interest	MonoaRobK1.png	png	5b33af2b53361a503c1d5c04	06/27/2018
Documentation of Interest	WCN IRS EIN.pdf	pdf	5b33af46719dca5046294cb3	06/27/2018
Documentation of Interest	LVmedLicense.jpg	jpeg	5b33af64cb211e5050f10483	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	BondRetail.pdf	pdf	5b33b00053361a503c1d5c08	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	5ad7d2c6660eb50d8b6febd2	04/18/2018

Establishment Address 1: 1764 Main Street

Establishment Address 2:

Establishment City: Leicester

Establishment Zip Code: 01524

Approximate square footage of the establishment: 2000

How many abutters does this property have?: 4

Have all property abutters 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	5ae7787c6232520dbd5933e1	04/30/2018
Community Outreach Meeting Documentation	Community Outreach.pdf	pdf	5ae7789947a84a7e843c4070	04/30/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning.pdf	pdf	5ae778b06232520dbd5933e5	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	5ae8e597a999e33d85063175	05/01/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Manager

Other Role: Owner

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: Jennifer Middle Name: Last Name: Miller 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	5ad7cd4b47dfff7eac662315	04/18/2018
MA Driver's License	lally rob license (1).jpg	jpeg	5ae0ad87ccedc435f6f6ab73	04/25/2018
Massachusetts CORI Authorization Form	RobertLallyCori.pdf	pdf	5ae0ad976d28ab7e8e788f20	04/25/2018
Other US State Driver's License	Steve Barber License.jpg	jpeg	5ae0ae5a2654f0360aecf671	04/25/2018
Massachusetts CORI Authorization Form	SteveBarberCori.pdf	pdf	5ae0ae62c357ae0da9a3e474	04/25/2018
Massachusetts CORI Authorization Form	SamBarberCori1.pdf	pdf	5ae779541a56be7ea2dd0e72	04/30/2018
MA Driver's License	IMG_5329.jpg	jpeg	5b215935cb211e5050f0f8e9	06/13/2018
IVES form 4506-T	Jen4506-T.pdf	pdf	5b2159cd5617f143c98bab28	06/13/2018
Disclosure and acknowledgement form	JenDisclosure&Ack.pdf	pdf	5b2159d8e0abb143d3545a60	06/13/2018
Massachusetts CORI Authorization Form	JenCori.pdf	pdf	5b2159e461b87343dda2fe2b	06/13/2018
Release authorization form	JenRelease&AuthorizationForm.pdf	pdf	5b2159f607462b5064379ad3	06/13/2018

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	CertificateofGoodstanding.pdf	pdf	5ad7df4239740e0d95e83310	04/18/2018
Department of Revenue - Certificate of Good standing	Certificate of Good Standing.pdf	pdf	5ad7df53b9c5f536005a718c	04/18/2018
Articles of Organization	ArticlesofConversion.pdf	pdf	5ad7e00c423af335ecabad43	04/18/2018
Bylaws	CultivateAmended&Restated ByLaws.pdf	pdf	5ae885914acea511a83688a2	05/01/2018

No documents uploaded

Massachusetts Business Identification Number: 001307470

Doing-Business-As Name:

DBA Registration City: Leicester

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	2018 Strategic Business Plan.pdf	pdf	5ae7862accedc435f6f6af64	04/30/2018
Proposed Timeline	Timeline.pdf	pdf	5ae7864141df29361e475c64	04/30/2018
Plan for Liability Insurance	PlanInsurance.pdf	pdf	5ae78653fe11f335e6a974a6	04/30/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload
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					Date
Separating recreational from medical operations, if applicable	Separating Recreational from Medical Operations (2).pdf	pdf	5ae77a7893460b0dc73ed428	04/30/2018	
Restricting Access to age 21 and older	Restricting Access to Age 21 or Older (2).pdf	pdf	5ae77a8afe11f335e6a9747c	04/30/2018	
Prevention of diversion	Prevention of Diversion (2).pdf	pdf	5ae77ab7423af335ecabb792	04/30/2018	
Storage of marijuana	Storage of Marijuana (3).pdf	pdf	5ae77ad66d28ab7e8e789333	04/30/2018	
Transportation of marijuana	Transportation of Marijuana (1).pdf	pdf	5ae77aee39740e0d95e83d7e	04/30/2018	
Inventory procedures	Inventory Procedures (2).pdf	pdf	5ae77b0594c954361422cedf	04/30/2018	
Quality control and testing	Quality Control and Testing (2).pdf	pdf	5ae77b196232520dbd5933eb	04/30/2018	
Dispensing procedures	Dispensing Procedures (2).pdf	pdf	5ae77b2e7212167e7ae1de	04/30/2018	
Personnel policies including background checks	Personnel Policies including Background Checks (2).pdf	pdf	5ae77b4a423af335ecabb796	04/30/2018	
Record Keeping procedures	Recordkeeping (2).pdf	pdf	5ae77b636d28ab7e8e789337	04/30/2018	
Maintaining of financial records	Maintaining of Financial Records (2).pdf	pdf	5ae77b7a94c954361422cee3	04/30/2018	
Diversity plan	Diversity Plan (2).pdf	pdf	5ae77b926232520dbd5933ef	04/30/2018	
Qualifications and training	Qualifications and Trainings - Retail.pdf	pdf	5ae77bad7cc84f3628fdb203	04/30/2018	
Plan for obtaining marijuana or marijuana products	Plan for obtaining marijuana or marijuana products.pdf	pdf	5ae885b711a2fe04237f68bc	05/01/2018	
Security plan	Security Plan Retail.pdf	pdf	5b33a8a5480890506ed9ba11	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

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