



Massachusetts Cannabis Control Commission

Marijuana Retailer

Business Name:	Garden Remedies, Inc.	License Number:	MR281942
Tax Identification Number:	*****	Issued Date:	02/11/2019
Business Email Address:	thopper@gardenremedies.com	Expiration Date:	02/11/2020
Business Phone Number:	617-235-7214	Revoked Date:	N/A
Mailing Address:	307 Airport Road Fitchburg MA 01420	Surrendered Date:	N/A
Business Address:	416 Boston Post Road E Marlborough MA 01752		

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:

RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	fcrgr.pdf	pdf	5bb78760658c0f0c3ca79a36	10/05/2018

Name of RMD: Garden Remedies, Inc.
Department of Public Health RMD Registration Number: 008
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:	Percentage Of Control:			
Role: Executive / Officer	Other Role:			
First Name: Karen	Middle Name:	Last Name: Munkacy	Suffix: MD	Former Last Name: Gutowski
Alias - 1: [REDACTED]	Alias - 2: [REDACTED]	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 2

Percentage Of Ownership:

Percentage Of Control:

Role: Board Member

Other Role:

First Name: Katie

Middle Name: Ann

Last Name: Tenenbaum

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 3

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Jeffrey

Middle Name: Scott

Last Name: Herold

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:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Karen

Middle Name: Esther

Last Name: Hawkes

Suffix:

Former Last Name: Reine

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:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Michael

Middle Name: Matthew

Last Name: Climo

Suffix:

Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Phone: [REDACTED] Email: [REDACTED]
 Primary Address 1: [REDACTED] Primary Address 2: [REDACTED]
 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: Percentage Of Control:
 Role: Executive / Officer Other Role:
 First Name: Sean Middle Name: Last Name: Mack 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

No records found

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES DOCUMENTATION - INDIVIDUALS

No documents uploaded

CAPITAL RESOURCES - ENTITIES

Entity Contributing Capital 1

Entity Legal Name: RMC Holdings, LLC Entity DBA:
 Email: Phone:
 pwesthead@rimrockcapital.com 949-381-7883
 Address 1: 100 Innovation Drive Address 2:
 City: Irvine State: CA Zip Code: 92617
 Types of Capital: Monetary/Equity Other Type of Total Value of Capital Provided: Percentage of Initial Capital:
 Capital: \$3036000 10
 Capital Attestation: Yes

CAPITAL RESOURCES DOCUMENTATION - ENTITY

Document Category	Document Name	Type	ID	Upload Date
Existence of Capital Verification	RMC Existence of Funds.pdf	pdf	5bb78c101cc320027b4b2143	10/05/2018
Funds Certification	RMC Funds Certification.pdf	pdf	5bb78c208266760285ba6508	10/05/2018

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 Escrow Account	GRI Executed Escrow Retail Marlborough.pdf	pdf	5bb79e14629ac50c147353a2	10/05/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	Marlborough Lease.pdf	pdf	5bdc9891813a010d917ac0f8	11/02/2018

Establishment Address 1: 416 Boston Post Road E

Establishment Address 2:

Establishment City: Marlborough

Establishment Zip Code: 01752

Approximate square footage of the establishment: 3100

How many abutters does this property have?: 10

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
Community Outreach Meeting Documentation	Marlboro ABC Community.pdf	pdf	5bdca0014287b10d4f36e951	11/02/2018
Certification of Host Community Agreement	HCA Certification Form - Marlborough - FULLY EXECUTED (A5706783x7A575).pdf	pdf	5bdca03a25766f0d55cc263f	11/02/2018
Plan to Remain Compliant with Local Zoning	Garden Remedies Inc. Plan to Remain Compliant with Local Zoning_.pdf	pdf	5bdca1befe03b20d5f6943f2	11/02/2018
Community Outreach Meeting Documentation	Community Outreach Ad-Maralborough.pdf	pdf	5c180957c9f8321ffd060b63	12/17/2018

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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
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ADDITIONAL INFORMATION NOTIFICATION

Notification: I understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Executive / Officer Other Role:

First Name: Karen Middle Name: Last Name: Munkacy Suffix: Former Last Name: Gutowski

Alias 1: [REDACTED] Alias 2: [REDACTED] 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: Board Member Other Role:

First Name: Katie Middle Name: Ann Last Name: Tenenbaum Suffix: Former Last Name: Krell

Alias 1: Alias 2: Alias 3:

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: RMD Staff

Background Question: no

Description of Background Events:

Individual Background Information 3

Role: Executive / Officer Other Role:

First Name: Jeffrey Middle Name: Scott Last Name: Herold 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 4

Role: Executive / Officer Other Role:

First Name: Karen **Middle Name:** Esther **Last Name:** Hawkes **Suffix:** **Former Last Name:** Reine
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 5

Role: Executive / Officer **Other Role:**
First Name: Michael **Middle Name:** Matthew **Last Name:** Climo **Suffix:** **Former Last Name:**
Alias 1: **Alias 2:** **Alias 3:**
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: RMD Manager
Background Question: no
Description of Background Events:

Individual Background Information 6

Role: Executive / Officer **Other Role:**
First Name: Sean **Middle Name:** **Last Name:** Mack **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
Massachusetts CORI Authorization Form	Munkacy CORI Acknowledgment.pdf	pdf	5bb79543629ac50c14735366	10/05/2018
Disclosure and acknowledgement form	Disclosure and Acknowledgment-Munkacy.pdf	pdf	5bb79554a18c210c32430faf	10/05/2018
MA Driver's License	Karen Munkacy ID.pdf	pdf	5bb79562658c0f0c3ca79a7e	10/05/2018
Release authorization form	Karen Release.pdf	pdf	5bb795752d28790c50080892	10/05/2018
Massachusetts CORI Authorization	Katie CORI Acknowledgement.pdf	pdf	5bb795981499570299868e46	10/05/2018

Form				
Disclosure and acknowledgement form	Katie Disclosure and Acknowledgment.pdf	pdf	5bb795a32d28790c50080896	10/05/2018
IVES form 4506-T	Katie 4506-T.pdf	pdf	5bb795adc4bce20c0e8e134c	10/05/2018
Release authorization form	Katie Release Authorization.pdf	pdf	5bb795bc3fbe330c461d11e4	10/05/2018
Other US State Driver's License	Katie Tenenbaum ID.pdf	pdf	5bb795dc658c0f0c3ca79a88	10/05/2018
Massachusetts CORI Authorization Form	Jeff CORI Authorization.pdf	pdf	5bb795ec3fbe330c461d11e8	10/05/2018
Form				
IVES form 4506-T	Jeff 4506-T.pdf	pdf	5bb795f62d28790c5008089c	10/05/2018
Disclosure and acknowledgement form	Jeff Disclosure and Acknowledgement.pdf	pdf	5bb79602c4bce20c0e8e1352	10/05/2018
Release authorization form	Jeff Release Authorization Form.pdf	pdf	5bb7960d629ac50c14735372	10/05/2018
MA Driver's License	Jeff Herold ID.pdf	pdf	5bb79618a5b0140c1e4b8cd8	10/05/2018
Massachusetts CORI Authorization Form	TK CORI Acknowledgment.pdf	pdf	5bb79625f70a1a0c28f75974	10/05/2018
Form				
Disclosure and acknowledgement form	TK Disclosure and Acknowledgement.pdf	pdf	5bb79631658c0f0c3ca79a8c	10/05/2018
IVES form 4506-T	TK 4506-T.pdf	pdf	5bb7963c2d28790c500808a0	10/05/2018
Release authorization form	TK Release Authorization.pdf	pdf	5bb79648c4bce20c0e8e1356	10/05/2018
MA Driver's License	K Hawkes ID.pdf	pdf	5bb79651629ac50c14735376	10/05/2018
Massachusetts CORI Authorization Form	Climo CORI Acknowledgement.pdf	pdf	5bb7965df70a1a0c28f75978	10/05/2018
Form				
Disclosure and acknowledgement form	Climo Disclosure and Acknowledgement.pdf	pdf	5bb7966d2d28790c500808a4	10/05/2018
IVES form 4506-T	Climo 4506-T.pdf	pdf	5bb79679629ac50c1473537a	10/05/2018
Release authorization form	Climo Release Authorization.pdf	pdf	5bb79684a5b0140c1e4b8cde	10/05/2018
MA Driver's License	Climo ID.pdf	pdf	5bb7968df70a1a0c28f7597c	10/05/2018
IVES form 4506-T	Mack 4506-T.pdf	pdf	5bb79696a18c210c32430fbb	10/05/2018
Massachusetts CORI Authorization Form	Mack CORI Acknowledgement.pdf	pdf	5bb796a0658c0f0c3ca79a92	10/05/2018
Form				
Disclosure and acknowledgement form	Mack Disclosure and Acknowledgement.pdf	pdf	5bb796ad2d28790c500808a8	10/05/2018
Release authorization form	Mack Release Authorization Form.pdf	pdf	5bb796bac4bce20c0e8e135c	10/05/2018
IVES form 4506-T	Karen 4506-T.pdf	pdf	5bb796e1658c0f0c3ca79a96	10/05/2018
MA Driver's License	Mack License.jpg	jpeg	5bb797002d28790c500808ac	10/05/2018

ENTITY BACKGROUND CHECK INFORMATION

Entity Background Check Information 1

Role: Investor/Contributor

Other Role:

Entity Legal Name: RMC Holdings, LLC

Entity DBA:

Federal Tax Identification Number EIN/TIN:

██████████

Entity Description: Family Owned Investment Company

Phone: 949-500-7637

Email: pwesthead@rimrockcapital.com

Primary Business Address 1: 100 Innovation Drive

Primary Business Address 2: Suite 200

Primary Business City: Irvine

Primary Business State:

Principal Business Zip Code:

CA

92619

Additional Information:

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Department of Revenue - Certificate of Good standing	DOR Certificate of Good Standing.pdf	pdf	5bb798fd1499570299868e54	10/05/2018
Bylaws	GRI ByLaws.pdf	pdf	5bb799072d28790c500808b2	10/05/2018
Articles of Organization	GRI Articles of Organization.pdf	pdf	5bb79911a5b0140c1e4b8ce6	10/05/2018
Secretary of Commonwealth - Certificate of Good Standing	GRI Certificate of Good Standing.pdf	pdf	5bb7992dc4bce20c0e8e136a	10/05/2018
Articles of Organization	Paula B. Nickerson.pdf	pdf	5bdca61b4287b10d4f36e995	11/02/2018

No documents uploaded

Massachusetts Business Identification Number: 001112342

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	GRI Business Plan_Part1.pdf	pdf	5bb799822f2ea102ad5b7955	10/05/2018
Business Plan	GRI Business Plan_Part2.pdf	pdf	5bb79988c4bce20c0e8e1370	10/05/2018
Business Plan	GRI Business Plan_Part3.pdf	pdf	5bb7998f1cc320027b4b216b	10/05/2018
Proposed Timeline	GRI TImeline.pdf	pdf	5bb7999f48682102a3cf5d13	10/05/2018
Plan for Liability Insurance	Certificate of Liability Insurance.pdf	pdf	5bb799ba1cc320027b4b216f	10/05/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Plan for obtaining marijuana or marijuana products	Plan for obtaining marijuana or marijuana products.pdf	pdf	5bb799dc2d28790c500808ba	10/05/2018
Separating recreational from medical operations, if applicable	Separating recreational from medical operations, if applicable.pdf	pdf	5bb799eca5b0140c1e4b8cee	10/05/2018
Restricting Access to age 21 and older	Restricting Access to age 21 and older.pdf	pdf	5bb799f93fbe330c461d11fe	10/05/2018
Prevention of diversion	Prevention of diversion.pdf	pdf	5bb79a141cc320027b4b2173	10/05/2018
Storage of marijuana	Storage of marijuana.pdf	pdf	5bb79a233fbe330c461d1202	10/05/2018

Transportation of marijuana	Transportation of marijuana.pdf	pdf	5bb79a32f70a1a0c28f75994	10/05/2018
Inventory procedures	Inventory procedures.pdf	pdf	5bb79a42a18c210c32430cf	10/05/2018
Quality control and testing	Quality control and testing.pdf	pdf	5bb79a53f70a1a0c28f75998	10/05/2018
Record Keeping procedures	Record Keeping procedures.pdf	pdf	5bb79a80629ac50c14735394	10/05/2018
Maintaining of financial records	Maintaining of financial records.pdf	pdf	5bb79a8df70a1a0c28f7599c	10/05/2018
Qualifications and training	Qualifications and training.pdf	pdf	5bb79aa73fbc330c461d120a	10/05/2018
Diversity plan	GRI Diversity Plan.pdf	pdf	5bdca54c813a010d917ac15a	11/02/2018
Security plan	Security Plan.pdf	pdf	5c180ebd5c9a65176fa456d6	12/17/2018
Dispensing procedures	GRI Dispensing Procedures 1.pdf	pdf	5c180f2bc7b066175f2ecf5c	12/17/2018
Personnel policies including background checks	GRI Marlborough Personnel Policies.pdf	pdf	5c1813d7cf55121fe9078345	12/17/2018

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