



Massachusetts Cannabis Control Commission

Marijuana Cultivator

Business Name:	Good Chemistry of Massachusetts, Inc.	License Number:	MC281557
Tax Identification Number:	*****	Issued Date:	11/30/2018
Business Email Address:	joe.s@goodchem.org	Expiration Date:	11/30/2019
Business Phone Number:	303-810-1554	Revoked Date:	N/A
Mailing Address:	50 Congress Street Suite 420 Boston MA 02109	Surrendered Date:	N/A
Business Address:	20 Williams Way Bellingham MA 02019		

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: RPA201817

RMD INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Final Certificate	Good Chemistry FCR.pdf	pdf	5b281e0561b87343dda303c8	06/18/2018

Name of RMD: Good Chemistry of Massachusetts, Inc.
 Department of Public Health RMD Registration Number: A23846
 Operational and Registration Status: Obtained Final Certificate of Registration, but is not 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: 100 Percentage Of Control: 100
 Role: Board Member Other Role:
 First Name: Matthew Middle Name: James Last Name: Huron 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 2

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Keith

Middle Name: Thomas

Last Name: Nuber

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 3

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Stephen

Middle Name: Michael

Last Name: Spinosa

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 4

Percentage Of Ownership:

Percentage Of Control:

Role: Executive / Officer

Other Role:

First Name: Duncan

Middle Name: Ian

Last Name: Cameron

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?: Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)

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: Matthew **Middle Name:** James **Last Name:** Huron **Suffix:**
Email: matt@goodchem.org **Phone:** 415-254-6616
Address 1: 1550 Larimer Street **Address 2:** #296
City: Denver **State:** CO **Zip Code:** 80202
Types of Capital: Monetary/Equity **Other Type of Capital:** **Total Value of the Capital Provided:** \$100 **Percentage of Initial Capital:** 100
Capital Attestation: Yes

CAPITAL RESOURCES DOCUMENTATION - INDIVIDUALS

Document Category	Document Name	Type	ID	Upload Date
Bank Record	Good Chem Existence of Funds.pdf	pdf	5b2968885246fb5032ddec85	06/19/2018

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: Matthew **Owner Middle Name:** James **Owner Last Name:** Huron **Owner Suffix:**
Entity State Business Identification Number: NV20141393355 **Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID:** [REDACTED]
Entity Legal Name: Good Chemistry Nevada, LLC **Entity DBA:**
Entity Description: Cultivation and production of medical and recreational marijuana and marijuana products.
Entity Phone: 415-254-6616 **Entity Email:** matt@goodchem.org **Entity Website:**
Entity Address 1: 1550 Larimer Street **Entity Address 2:** #296
Entity City: Denver **Entity State:** CO **Entity Zip Code:** 80202 **Entity Country:** USA
Entity Mailing Address 1: 1550 Larimer Street **Entity Mailing Address 2:** #296
Entity Mailing City: Denver **Entity Mailing State:** CO **Entity Mailing Zip Code:** 80202 **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: Matthew **Owner Middle Name:** James **Owner Last Name:** Huron **Owner Suffix:**
Entity State Business Identification Number: 20091493522 **Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID:** [REDACTED]
Entity Legal Name: Sweetwater Partners, LLC **Entity DBA:**
Entity Description: Cultivation and sales of medical and recreational marijuana and marijuana products
Entity Phone: 514-254-6616 **Entity Email:** matt@goodchem.org **Entity Website:**

Entity Address 1: 1550 Larimer Street Entity Address 2: #296
Entity City: Denver Entity State: CO Entity Zip Code: 80202 Entity Country: USA
Entity Mailing Address 1: 1550 Larimer Street Entity Mailing Address 2: #296
Entity Mailing City: Denver Entity Mailing State: CO Entity Mailing Zip Code: 80202 Entity Mailing Country: USA

Business Interest in Other State 3

Business Interest of an Owner or the Marijuana Establishment: Business Interest of an Owner
Owner First Name: Matthew Owner Middle Name: James Owner Last Name: Huron Owner Suffix:
Entity State Business Identification Number: 20121380684 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]
Entity Legal Name: Buddy Real Estate, LLC Entity DBA:
Entity Description: Real estate holding company
Entity Phone: 415-254-6616 Entity Email: matt@goodchem.org Entity Website:

Entity Address 1: 1550 Larimer Street Entity Address 2: #296
Entity City: Denver Entity State: CO Entity Zip Code: 80202 Entity Country: USA
Entity Mailing Address 1: 1550 Larimer Street Entity Mailing Address 2: #296
Entity Mailing City: Denver Entity Mailing State: CO Entity Mailing Zip Code: 80202 Entity Mailing Country: USA

Business Interest in Other State 4

Business Interest of an Owner or the Marijuana Establishment: Business Interest of an Owner
Owner First Name: Matthew Owner Middle Name: James Owner Last Name: Huron Owner Suffix:
Entity State Business Identification Number: 20151828036 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]
Entity Legal Name: Dylan Consulting Company Entity DBA:
Entity Description: Consulting services and business development company providing management consulting, market and real estate research, and brand communication services
Entity Phone: 415-254-6616 Entity Email: matt@goodchem.org Entity Website:

Entity Address 1: 1550 Larimer Street Entity Address 2: #296
Entity City: Denver Entity State: CO Entity Zip Code: 80202 Entity Country: USA
Entity Mailing Address 1: 1550 Larimer Street Entity Mailing Address 2: #296
Entity Mailing City: Denver Entity Mailing State: CO Entity Mailing Zip Code: 80202 Entity Mailing Country: USA

Business Interest in Other State 5

Business Interest of an Owner or the Marijuana Establishment: Business Interest of an Owner
Owner First Name: Matthew Owner Middle Name: James Owner Last Name: Huron Owner Suffix:
Entity State Business Identification Number: NV20141485328 Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID: [REDACTED]
Entity Legal Name: MJH Nevada, LLC Entity DBA:
Entity Description: Holding company
Entity Phone: 415-254-6616 Entity Email: matt@goodchem.org Entity Website:
Entity Address 1: 1550 Larimer Street Entity Address 2: #296

Entity City: Denver Entity State: CO Entity Zip Code: 80202 Entity Country: USA
 Entity Mailing Address 1: 1550 Larimer Street Entity Mailing Address 2: #296
 Entity Mailing City: Denver Entity Mailing State: CO Entity Mailing Zip Code: 80202 Entity Mailing Country: USA

BUSINESS INTEREST DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
Documentation of Interest	Certificate of Good Standing_Buddy Real Estate LLC.pdf	pdf	5b2aca79db987f505ab29ea0	06/20/2018
Documentation of Interest	Certificate of Good Standing_Dylan Consulting 6.20.18.pdf	pdf	5b2aca80b797ff43e7a5058b	06/20/2018
Documentation of Interest	Good Chemistry Nevada Business Entity.pdf	pdf	5b2aca928d1e3843f1b00129	06/20/2018
Documentation of Interest	MJH Nevada LLC.pdf	pdf	5b2aca9f10757543fbca71d6	06/20/2018
Documentation of Interest	Sweetwater Partners Certificate of Good Standing.pdf	pdf	5b2acaabb47dfe43b93ebf3b	06/20/2018

DISCLOSURE OF INDIVIDUAL INTERESTS

Individual 1

First Name: Matthew Middle Name: James Last Name: Huron Suffix: Former Last Name:
 Alias - 1: Alias - 2: Alias - 3:
 Primary Address 1: [REDACTED] Primary Address 2: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
 Marijuana Establishment Name: Good Chemistry, Inc. Business Type: Marijuana Product Manufacture
 Marijuana Establishment City: Bellingham Marijuana Establishment State: MA

Individual 2

First Name: Keith Middle Name: Thomas Last Name: Nuber Suffix: Former Last Name:
 Alias - 1: Alias - 2: Alias - 3:
 Primary Address 1: [REDACTED] Primary Address 2: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
 Marijuana Establishment Name: Good Chemistry of Massachusetts, Inc. Business Type: Marijuana Product Manufacture
 Marijuana Establishment City: Bellingham Marijuana Establishment State: MA

Individual 3

First Name: Duncan Middle Name: Ian Last Name: Cameron Suffix: Former Last Name:
 Alias - 1: Alias - 2: Alias - 3:
 Primary Address 1: [REDACTED] Primary Address 2: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
 Marijuana Establishment Name: Good Chemistry of Massachusetts, Inc. Business Type: Marijuana Product Manufacture

Marijuana Establishment City: Bellingham

Marijuana Establishment State:

MA

Individual 4

First Name: Stephen

Middle Name: Michael

Last Name: Spinosa

Suffix: Former Last Name:

Alias - 1:

Alias - 2:

Alias - 3:

Primary Address 1:

Primary Address 2:

City:

State:

Zip Code:

Marijuana Establishment Name: Good Chemistry of Massachusetts, Inc.

Business Type: Marijuana Product Manufacture

Marijuana Establishment City: Bellingham

Marijuana Establishment State:

MA

INDIVIDUAL INTEREST DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
Individual Interest Documentation	Good Chem Individual Interests Cultivation.pdf	pdf	5b2acb4ee0abb143d3546250	06/20/2018

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Escrow Account	Good Chem Cultivation Escrow .pdf	pdf	5b2824845246fb5032ddeb45	06/18/2018
Permission to Use Premises	Bellingham Executed Lease.pdf	pdf	5b28255453361a503c1d54d7	06/18/2018
Permission to Use Premises	Bellingham LOI_June 2018_VF_PDF.pdf	pdf	5b5f4676065a6d348d6fc2fe	07/30/2018

Establishment Address 1: 20 William Way

Establishment Address 2:

Establishment City: Bellingham

Establishment Zip Code: 02019

Approximate square footage of the Establishment: 9000

How many abutters does this property have?: 9

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

Cultivation Tier: Tier 04: 20,001 to 30,000 sq. ft

Cultivation Environment:

Indoor

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	Good Chem Bellingham HCA Certification.pdf	pdf	5b282586cb211e5050f0fd62	06/18/2018
Plan to Remain Compliant with Local Zoning	Good Chem Plan to Remain Compliant with Local Zoning.pdf	pdf	5b297191719dca50462946e0	06/19/2018
Community Outreach Meeting	Good Chem Community Outreach	pdf	5b2ace65cb211e5050f0ff99	06/20/2018

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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	GCM Plan for Positive Impact.pdf	pdf	5b5f5edd4ddf463465017273	07/30/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Board Member Other Role:

First Name: Matthew Middle Name: James Last Name: Huron 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 2

Role: Executive / Officer Other Role:

First Name: Duncan Middle Name: Ian Last Name: Cameron 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 3

Role: Executive / Officer Other Role:

First Name: Keith Middle Name: Thomas Last Name: Nuber 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: Stephen Middle Name: Michael Last Name: Spinosa 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	MHuron CORI Acknowledgment.pdf	pdf	5b295205719dca5046294678	06/19/2018
Disclosure and acknowledgement form	MHuron Disclosure and Release.pdf	pdf	5b29521acb211e5050f0fe5d	06/19/2018
Other US State Driver's License	MHuron ID.pdf	pdf	5b295226db987f505ab29d6b	06/19/2018
Release authorization form	MHuron Release Authorization.pdf	pdf	5b295236480890506ed9b3b8	06/19/2018
IVES form 4506-T	MHuron Tax Form.pdf	pdf	5b29524063f5ba502c3440cd	06/19/2018
Massachusetts CORI Authorization Form	DCameron CORI Acknowledgment.pdf	pdf	5b2aa5a953361a503c1d56b6	06/20/2018
Disclosure and acknowledgement form	DCameron Disclosure and Acknowledgment.pdf	pdf	5b2aa5b4719dca504629477d	06/20/2018
Other US State Driver's License	DCameron ID.pdf	pdf	5b2aa5c1480890506ed9b4c3	06/20/2018
Release authorization form	DCameron Release Authorization.pdf	pdf	5b2aa5cc63f5ba502c3441c1	06/20/2018
IVES form 4506-T	DCameron Tax Form.pdf	pdf	5b2aa5d5db987f505ab29e52	06/20/2018
Massachusetts CORI Authorization Form	KNuber CORI Authorization.pdf	pdf	5b2aa5e5db987f505ab29e56	06/20/2018
Disclosure and acknowledgement form	KNuber Disclosure and Acknowledgment.pdf	pdf	5b2aa5eb07462b506437a149	06/20/2018
Other US State Driver's License	KNuber ID.pdf	pdf	5b2aa5f1480890506ed9b4c9	06/20/2018
Release authorization form	KNuber Release Authorization.pdf	pdf	5b2aa5fa5246fb5032dded40	06/20/2018
IVES form 4506-T	KNuber Tax Form.pdf	pdf	5b2aa604719dca5046294783	06/20/2018

Disclosure and acknowledgement form	SSpinosa Disclosure and Acknowledgment.pdf	pdf	5b2aa60e07462b506437a14d	06/20/2018
IVES form 4506-T	SSpinosa ID.pdf	pdf	5b2aa618719dca5046294787	06/20/2018
Release authorization form	SSpinosa Release Authorization.pdf	pdf	5b2aa623db987f505ab29e5a	06/20/2018
IVES form 4506-T	SSpinosa Tax Form.pdf	pdf	5b2aa63007462b506437a151	06/20/2018
Massachusetts CORI Authorization Form	SSpinosa CORI Acknowledgment.pdf	pdf	5b2aa63c480890506ed9b4cf	06/20/2018

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	Good Chemistry Certificate of Good Standing.pdf	pdf	5b292533480890506ed9b36a	06/19/2018
Articles of Organization	Good Chemistry Articles of Organization.pdf	pdf	5b292615e0abb143d35460dd	06/19/2018
Bylaws	Good Chem Bylaws.pdf	pdf	5b292690a6220743bfd9d361	06/19/2018
Department of Revenue - Certificate of Good standing	GCM DOR Cert of Good Standing.pdf	pdf	5b5f42d71bbb432857baa5f1	07/30/2018

No documents uploaded

Massachusetts Business Identification Number: 001315096

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Business Plan	GC MA_Summary Business Plan_2018.pdf	pdf	5b5f42f58a93fd282f3e3759	07/30/2018
Plan for Liability Insurance	GCM Updated Liability Policy 2018.pdf	pdf	5b5f4311fbbc11284d02eb9c	07/30/2018
Proposed Timeline	GCM Updated Timeline.pdf	pdf	5b5f43e412ba8f281ff5263f	07/30/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Dispensing procedures	Good Chem Dispensing Procedures_Cultivation.pdf	pdf	5b292a195246fb5032ddeb9f	06/19/2018
Separating recreational from medical operations, if applicable	Good Chem Plan to Separate Medical From Recreational_Cultivation.docx.pdf	pdf	5b292a6453361a503c1d5585	06/19/2018
Restricting Access to age 21 and older	Good Chem Plan to Restrict Access_Cultivation.docx.pdf	pdf	5b292a79719dca5046294641	06/19/2018

Security plan	Good Chem Security Plan_Cultivation.pdf	pdf	5b292a8ddb987f505ab29d39	06/19/2018
Prevention of diversion	Good Chem Prevention of Diversion Plan_Cultivation.docx.pdf	pdf	5b292aa2480890506ed9b37a	06/19/2018
Storage of marijuana	Good Chem Storage of Marijuana Plan_Cultivation.pdf	pdf	5b292aba5246fb5032ddebfd	06/19/2018
Transportation of marijuana	Good Chem Transportation Plan_Cultivation.pdf	pdf	5b292ad0719dca5046294645	06/19/2018
Inventory procedures	Good Chem Inventory Procedures_Cultivation.docx.pdf	pdf	5b292ae007462b506437a00b	06/19/2018
Quality control and testing	Good Chem Quality Control and Testing Procedures_Cultivation.pdf	pdf	5b292af0480890506ed9b37e	06/19/2018
Personnel policies including background checks	Good Chem Personnel Policies Including Background Checks_Cultivation.docx.pdf	pdf	5b292b0e63f5ba502c344098	06/19/2018
Record Keeping procedures	Good Chem Recordkeeping Procedures_Cultivation.docx (1).pdf	pdf	5b292b225246fb5032ddec01	06/19/2018
Maintaining of financial records	Good Chem Maintaining of Financial Records Procedure_Cultivation .docx.pdf	pdf	5b292b3b53361a503c1d558b	06/19/2018
Qualifications and training	Good Chem Qualifications and Training Plan_Cultivation.docx.pdf	pdf	5b292b61cb211e5050f0fe27	06/19/2018
Policies and Procedures for cultivating.	Good Chem Policies and Plan for Cultivating_Cultivation.pdf	pdf	5b2ad50d5617f143c98bb314	06/20/2018
Diversity plan	GCM Diversity Plan.pdf	pdf	5b5f43caf8f7f28392e895a	07/30/2018
Security plan	GCM Bellingham Hours of Operation and Contact.pdf	pdf	5b5f442afbbc11284d02eba0	07/30/2018

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 04: 20,001 to 30,000 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