



Massachusetts Cannabis Control Commission

Marijuana Product Manufacturer

Business Name:	Good Chemistry of Massachusetts, Inc.	License Number:	MP281410
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	5b2973bc07462b506437a0a8	06/19/2018

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: [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:

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: Duncan

Middle Name: Ian

Last Name:

Suffix:

Former Last Name:

Cameron

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:

Person with Direct or Indirect Authority 4

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:

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

No records found

CLOSE ASSOCIATES AND MEMBERS

Date generated: 07/22/2019

No records found

CAPITAL RESOURCES - INDIVIDUALS

Individual Contributing Capital 1

First Name: Matthew Middle Name: James Last Name: Huron Suffix:
Email: Phone:
Address 1: Address 2:
City: State: Zip Code:
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	5b2975b28d1e3843f1b00031	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:
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:
Entity Legal Name: Sweetwater Partners, LLC Entity DBA:
Entity Description: Cultivation and sales 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 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	5b2ac80507462b506437a195	06/20/2018
Documentation of Interest	Certificate of Good Standing_Dylan Consulting 6.20.18.pdf	pdf	5b2ac80c480890506ed9b519	06/20/2018
Documentation of Interest	MJH Nevada LLC.pdf	pdf	5b2ac81963f5ba502c344211	06/20/2018
Documentation of Interest	Sweetwater Partners Certificate of Good Standing.pdf	pdf	5b2ac8235246fb5032dded7f	06/20/2018
Documentation of Interest	Good Chemistry Nevada Business Entity.pdf	pdf	5b2ac85153361a503c1d56fc	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 of Massachusetts, Inc. Business Type: Marijuana Cultivator
Marijuana Establishment City: Bellingham Marijuana Establishment State: MA

Individual 2

First Name: Stephen Middle Name: Michael Last Name: Spinosa 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 Cultivator
Marijuana Establishment City: Bellingham Marijuana Establishment State: MA

Individual 3

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 Cultivator

Marijuana Establishment City: Bellingham Marijuana Establishment State: MA

Individual 4

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 Cultivator

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 Product Manufacture.pdf	pdf	5b2acb5761b87343dda30602	06/20/2018

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Escrow Account	Good Chem Manufacturer Escrow.pdf	pdf	5b297af8480890506ed9b41e	06/19/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	Bellingham Executed Lease.pdf	pdf	5b297b3263f5ba502c344131	06/19/2018

Establishment Address 1: 20 Williams 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

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	Good Chem Bellingham HCA Certification.pdf	pdf	5b297b4f53361a503c1d5626	06/19/2018
Plan to Remain Compliant with Local Zoning	Good Chem Plan to Remain Compliant with Local Zoning.pdf	pdf	5b297b66cb211e5050f0fec4	06/19/2018
Community Outreach Meeting Documentation	Good Chem Community Outreach Bellingham.pdf	pdf	5b2acdd2b797ff43e7a50591	06/20/2018

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	GCM Plan for Positive Impact.pdf	pdf	5b5f5f59cfd7f028435e25e1	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: [REDACTED]

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: 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]

Primary City: [REDACTED] Primary State: [REDACTED] Primary Zip Code: [REDACTED] Years at this Address: [REDACTED]

Date of Birth: 01/26/1977

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: toby@goodchem.org

Primary Address 1: [REDACTED] Primary Address 2: [REDACTED]

Primary City: [REDACTED] Primary State: [REDACTED] Primary Zip Code: [REDACTED] Years at this Address: [REDACTED]

Date generated: 07/22/2019

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: 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]

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	5b297c57db987f505ab29dcf	06/19/2018
Disclosure and acknowledgement form	MHuron Disclosure and Release.pdf	pdf	5b297c6007462b506437a0b2	06/19/2018
Other US State ID Card	MHuron ID.pdf	pdf	5b297c6d480890506ed9b424	06/19/2018
Release authorization form	MHuron Release Authorization.pdf	pdf	5b297c7963f5ba502c344137	06/19/2018
IVES form 4506-T	MHuron Tax Form.pdf	pdf	5b297c845246fb5032ddec5	06/19/2018
Disclosure and acknowledgement form	SSpinosa Disclosure and Acknowledgment.pdf	pdf	5b297cfc53361a503c1d562c	06/19/2018
Other US State ID Card	SSpinosa ID.pdf	pdf	5b297d05719dca50462946ee	06/19/2018
Release authorization form	SSpinosa Release Authorization.pdf	pdf	5b297d0ecb211e5050f0feca	06/19/2018
IVES form 4506-T	SSpinosa Tax Form.pdf	pdf	5b297d16db987f505ab29dd3	06/19/2018
Massachusetts CORI Authorization Form	SSpinsosa CORI Acknowledgment.pdf	pdf	5b297d1f07462b506437a0b6	06/19/2018
Massachusetts CORI Authorization Form	KNuber CORI Authorization.pdf	pdf	5b297d84480890506ed9b428	06/19/2018
Disclosure and acknowledgement form	KNuber Disclosure and Acknowledgment.pdf	pdf	5b297d8b63f5ba502c34413b	06/19/2018
Other US State Driver's License	KNuber ID.pdf	pdf	5b297ddd5246fb5032ddec9	06/19/2018
Release authorization form	KNuber Release Authorization.pdf	pdf	5b297de853361a503c1d5630	06/19/2018
IVES form 4506-T	KNuber Tax Form.pdf	pdf	5b297df2719dca50462946f2	06/19/2018
Massachusetts CORI Authorization Form	DCameron CORI Acknowledgment.pdf	pdf	5b297e4dcb211e5050f0fece	06/19/2018

Disclosure and acknowledgement form	DCameron Disclosure and Acknowledgment.pdf	pdf	5b297e54db987f505ab29dd7	06/19/2018
Other US State Driver's License	DCameron ID.pdf	pdf	5b297e5c07462b506437a0ba	06/19/2018
Release authorization form	DCameron Release Authorization.pdf	pdf	5b297e65480890506ed9b42c	06/19/2018
IVES form 4506-T	DCameron Tax Form.pdf	pdf	5b297e6d719dca50462946f6	06/19/2018

ENTITY BACKGROUND CHECK INFORMATION

No records found

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Bylaws	Good Chem Bylaws.pdf	pdf	5b2954c35246fb5032ddec45	06/19/2018
Articles of Organization	Good Chemistry Articles of Organization.pdf	pdf	5b2954cc53361a503c1d55cc	06/19/2018
Secretary of Commonwealth - Certificate of Good Standing	Good Chemistry Certificate of Good Standing.pdf	pdf	5b2954ddcb211e5050f0fe71	06/19/2018
Department of Revenue - Certificate of Good standing	GCM DOR Cert of Good Standing.pdf	pdf	5b2a9cc15617f143c98bb2b8	06/20/2018

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	5b5f44dbaf8f7f28392e8960	07/30/2018
Proposed Timeline	GCM Updated Timeline.pdf	pdf	5b5f44eafbbc11284d02eba6	07/30/2018
Plan for Liability Insurance	GCM Updated Liability Policy 2018.pdf	pdf	5b5f44f9f002a22861568f47	07/30/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Dispensing procedures	Good Chem Dispensing Procedures_Production.pdf	pdf	5b29594253361a503c1d55da	06/19/2018
Separating recreational from medical operations, if applicable	Good Chem Separation of Medical from Recreational_Production.pdf	pdf	5b29595a719dca504629469a	06/19/2018
Restricting Access to age 21 and older	Good Chem Plan to Restrict Access_Production.pdf	pdf	5b295976cb211e5050f0fe7b	06/19/2018
Security plan	Good Chem Security Plan_Production.pdf	pdf	5b295986db987f505ab29d87	06/19/2018

Prevention of diversion	Good Chem Prevention of Diversion Plan_Production.pdf	pdf	5b29599607462b506437a05e	06/19/2018
Storage of marijuana	Good Chem Storage of Marijuana Plan_Production.pdf	pdf	5b2959ac480890506ed9b3d6	06/19/2018
Transportation of marijuana	Good Chem Transportation Plan_Production.pdf	pdf	5b2959ba63f5ba502c3440e9	06/19/2018
Inventory procedures	Good Chem Inventory Procedures_Production.pdf	pdf	5b2959cf5246fb5032ddec53	06/19/2018
Quality control and testing	Good Chem Quality Control and Testing Procedures_Production.pdf	pdf	5b2959db53361a503c1d55de	06/19/2018
Personnel policies including background checks	Good Chem Personnel Policies Including Background Checks_Production.pdf	pdf	5b2959f7719dca504629469e	06/19/2018
Record Keeping procedures	Good Chem Recordkeeping Procedures_Production.pdf	pdf	5b295a16db987f505ab29d8b	06/19/2018
Maintaining of financial records	Good Chem Maintaining of Financial Records Procedure _Production.pdf	pdf	5b295a2807462b506437a062	06/19/2018
Qualifications and training	Good Chem Qualifications and Training Plan_Production.pdf	pdf	5b295a4463f5ba502c3440ed	06/19/2018
Types of products Manufactured.	Good Chem Types and Forms of Marijuana Products_Production.pdf	pdf	5b2965bccb211e5050f0fea0	06/19/2018
Method used to produce products	Good Chem Methods of Production_Production.pdf	pdf	5b2a9c3db797ff43e7a50547	06/20/2018
Sample of unique identifying marks used for branding	Good Chem Sample of Identifying Mark_Production.pdf	pdf	5b2a9c7310757543fbca719e	06/20/2018
Diversity plan	GCM Diversity Plan.pdf	pdf	5b5f4525fbcc11284d02ebaa	07/30/2018
Security plan	GCM Bellingham Hours of Operation and Contact.pdf	pdf	5b5f453bf002a22861568f4b	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

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