



Massachusetts Cannabis Control Commission

Marijuana Retailer

Business Name:	Good Chemistry of Mass	License Number:	MR281702
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 St Suite 420 Boston MA 02109	Surrendered Date:	N/A
Business Address:	9 Harrison Street Worcester MA 01604		

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	5b4ce20f228a4c3e9f1880c2	07/16/2018

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: 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

No records found

CAPITAL RESOURCES - INDIVIDUALS

Individual Contributing Capital 1

First Name: Matthew **Middle Name:** James **Last Name:** Huron **Suffix:**
Email: [REDACTED] **Phone:** [REDACTED]
Address 1: [REDACTED] **Address 2:** [REDACTED]
City: [REDACTED] **State:** [REDACTED] **Zip Code:** [REDACTED]
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	5b4ce2815ed31d3ecdee93cb	07/16/2018

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: 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:
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 communications 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	5b4d0827228a4c3e9f188141	07/16/2018
Documentation of Interest	Certificate of Good Standing_Dylan Consulting 6.20.18.pdf	pdf	5b4d083485e0cc3ea5b90589	07/16/2018
Documentation of Interest	Good Chemistry Nevada Business Entity.pdf	pdf	5b4d085db0153b3eaf4b3e15	07/16/2018
Documentation of Interest	MJH Nevada LLC.pdf	pdf	5b4d08bb5af6a93eb9cd885e	07/16/2018
Documentation of Interest	Sweetwater Partners Certificate of Good Standing.pdf	pdf	5b4d08cc4b1b3a3ec37eb744	07/16/2018

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: 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 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 Cultivator

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: [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 5

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 Product Manufacture

Marijuana Establishment City: Bellingham Marijuana Establishment State: MA

Individual 6

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 7

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 8

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:
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 INTEREST DOCUMENTATION

Document Category	Document Name	Type	ID	Upload Date
Individual Interest Documentation	GCM Individual Interest Documentation Retail.pdf	pdf	5b4e32d8109eba32018f0813	07/17/2018

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Document Category	Document Name	Type	ID	Upload Date
Documentation of Escrow Account	GCM Escrow Agreement Retails.pdf	pdf	5b4e2e22b0153b3eaf4b3ea3	07/17/2018

Document Category	Document Name	Type	ID	Upload Date
Permission to Use Premises	GCM Worcester Lease .pdf	pdf	5b4e2ce7c0ef253ee143b8de	07/17/2018

Establishment Address 1: 9 Harrison Street

Establishment Address 2:

Establishment City: Worcester Establishment Zip Code: 01604

Approximate square footage of the establishment: 3112 How many abutters does this property have?: 55

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
Plan to Remain Compliant with Local Zoning	GCM Plan to Remain Compliant with Local Zoning.pdf	pdf	5b4e2e53c0ef253ee143b8e6	07/17/2018
Certification of Host Community Agreement	GCM Worcester HCA Attestation .pdf	pdf	5b520238a074053215ddb59a	07/20/2018
Community Outreach Meeting Documentation	GCM Worcester Community Outreach.pdf	pdf	5b52024bc7cb5d31f7ff8ff3	07/20/2018

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 MA Plan for Positive Impact_Worcester.pdf	pdf	5b51f5c1c0ef253ee143bb89	07/20/2018

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: duncan@goodchem.org

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	DCameron CORI Acknowledgment.pdf	pdf	5b47683dc0ef253ee143b565	07/12/2018
Disclosure and acknowledgement form	DCameron Disclosure and Acknowledgment.pdf	pdf	5b476846228a4c3e9f187e38	07/12/2018
Other US State Driver's License	DCameron ID.pdf	pdf	5b47685da074053215ddae87	07/12/2018
Release authorization form	DCameron Release Authorization.pdf	pdf	5b47686708716131e75c755b	07/12/2018
IVES form 4506-T	DCameron Tax Form.pdf	pdf	5b47686fc7cb5d31f7ff8903	07/12/2018
Massachusetts CORI Authorization Form	KNuber CORI Authorization.pdf	pdf	5b476880a074053215ddae8b	07/12/2018
Disclosure and acknowledgement form	KNuber Disclosure and Acknowledgment.pdf	pdf	5b4768875c57ce321fac5451	07/12/2018
Other US State Driver's License	KNuber ID.pdf	pdf	5b47689508716131e75c755f	07/12/2018
Release authorization form	KNuber Release Authorization.pdf	pdf	5b47689e5af6a93eb9cd855c	07/12/2018
IVES form 4506-T	KNuber Tax Form.pdf	pdf	5b4768a84b1b3a3ec37eb43e	07/12/2018
Massachusetts CORI Authorization Form	MHuron CORI Acknowledgment.pdf	pdf	5b4768b55ed31d3ecdee9146	07/12/2018
Disclosure and acknowledgement form	MHuron Disclosure and Release.pdf	pdf	5b4768bbce21983ed7e3dfd3	07/12/2018
Other US State Driver's License	MHuron ID.pdf	pdf	5b4768c2c0ef253ee143b569	07/12/2018
Release authorization form	MHuron Release Authorization.pdf	pdf	5b4768c9228a4c3e9f187e3c	07/12/2018
IVES form 4506-T	MHuron Tax Form.pdf	pdf	5b4768d285e0cc3ea5b9027b	07/12/2018
Disclosure and acknowledgement form	SSpinosa Disclosure and Acknowledgment.pdf	pdf	5b4768ddb0153b3eaf4b3b21	07/12/2018
Other US State Driver's License	SSpinosa ID.pdf	pdf	5b4768fa5af6a93eb9cd8560	07/12/2018
Release authorization form	SSpinosa Release Authorization.pdf	pdf	5b4768fe4b1b3a3ec37eb442	07/12/2018

IVES form 4506-T	SSpinosa Tax Form.pdf	pdf	5b4769085ed31d3ecdee914a	07/12/2018
Massachusetts CORI Authorization Form	SSpinsosa CORI Acknowledgment.pdf	pdf	5b476914ce21983ed7e3fdf7	07/12/2018

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	GCM Certificate of Good Standing.pdf	pdf	5b4cea5b4b1b3a3ec37eb6ed	07/16/2018
Bylaws	GCM Bylaws.pdf	pdf	5b4cea815ed31d3ecdee93e9	07/16/2018
Department of Revenue - Certificate of Good standing	GCM DOR Cert of Good Standing.pdf	pdf	5b4cea994b1b3a3ec37eb6f3	07/16/2018
Articles of Organization	Good Chemistry Articles of Organization.pdf	pdf	5b4ceaa7c0ef253ee143b802	07/16/2018

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	5b632ca91ccce4282510a91e	08/02/2018
Plan for Liability Insurance	GCM Updated Liability Policy 2018.pdf	pdf	5b632d01cfd7f028435e2948	08/02/2018
Proposed Timeline	GCM Updated Timeline.pdf	pdf	5b632d2f1ccce4282510a922	08/02/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Plan for obtaining marijuana or marijuana products	GCM Plan for Obtaining Marijuana Products_Worcester.pdf	pdf	5b4e33b0b0153b3eaf4b3eb7	07/17/2018
Separating recreational from medical operations, if applicable	GCM Plan to Separate Medical from Recreational Operations_Worcester.pdf	pdf	5b4e33bf5af6a93eb9cd8908	07/17/2018
Restricting Access to age 21 and older	GCM Plan to Restrict Access to 21_Worcester.pdf	pdf	5b4e33cb4b1b3a3ec37eb7df	07/17/2018
Security plan	GCM Security Plan_Worcester.pdf	pdf	5b4e33db5ed31d3ecdee94cc	07/17/2018
Prevention of diversion	GCM Plan to Prevent Diversion_Worcester.pdf	pdf	5b4e33f4c0ef253ee143b8fa	07/17/2018
Storage of marijuana	GCM Storage of Marijuana_Worcester.pdf	pdf	5b4e3406228a4c3e9f1881ec	07/17/2018
Transportation of marijuana	GCM Transportation of Marijuana	pdf	5b4e341785e0cc3ea5b90630	07/17/2018

	Plan_Worcester.pdf			
Inventory procedures	GCM Retail Inventory Procedures.pdf	pdf	5b4e3425b0153b3eaf4b3ebb	07/17/2018
Quality control and testing	GCM Quality Control and Testing Procedures_Worcester.pdf	pdf	5b4e34354b1b3a3ec37eb7e3	07/17/2018
Dispensing procedures	GCM Retail Dispensing Procedures.pdf	pdf	5b4e3449a18777320b0d8174	07/17/2018
Personnel policies including background checks	GCM Retail Personnel Policies Including Background Checks.pdf	pdf	5b4e345e5c57ce321fac57f2	07/17/2018
Record Keeping procedures	GCM Recordkeeping Procedures_Worcester.pdf	pdf	5b4e3475a208e331ed151776	07/17/2018
Maintaining of financial records	GCM Retail Maintaining of Financial Information.pdf	pdf	5b4e34895ed31d3ecdee94d0	07/17/2018
Qualifications and training	GCM Qualifications and Training Procedures _Worcester.pdf	pdf	5b4e34abce21983ed7e40166	07/17/2018
Diversity plan	Good Chemistry of MA Diversity Plan_Worcester.pdf	pdf	5b5202b45af6a93eb9cd8bd7	07/20/2018
Security plan	GCM Worcester Hours of Operation and Contact.pdf	pdf	5b632d571bbb432857baa97a	08/02/2018

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: 10:00 AM	Monday To: 10:00 PM
Tuesday From: 10:00 AM	Tuesday To: 10:00 PM
Wednesday From: 10:00 AM	Wednesday To: 10:00 PM
Thursday From: 10:00 AM	Thursday To: 10:00 PM
Friday From: 10:00 AM	Friday To: 10:00 PM
Saturday From: 10:00 AM	Saturday To: 10:00 PM
Sunday From: 10:00 AM	Sunday To: 10:00 PM

EMERGENCY CONTACTS

No records found