



Massachusetts Cannabis Control Commission

Marijuana Cultivator

Business Name:	Sanctuary Medicinals, Inc.	License Number:	MC281308
Tax Identification Number:	[REDACTED]	Issued Date:	11/09/2018
Business Email Address:	jsidman@sanctuarymed.com	Expiration Date:	11/09/2019
Business Phone Number:	603-401-7813	Revoked Date:	N/A
Mailing Address:	234 Taylor Street Littleton MA 01460	Surrendered Date:	N/A
Business Address:	234 Taylor Street Littleton MA 01460		

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: RPA201958

RMD INFORMATION

Name of RMD: Sanctuary Medicinals, Inc.
Department of Public Health RMD Registration Number: 030
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: Percentage Of Control: 33.3
Role: Director Other Role:
First Name: Michael Middle Name: Last Name: Wilmoth Suffix:
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: 33.3
Role: Director Other Role:
First Name: David Middle Name: Last Name: Syrek Suffix:

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: 33.3
Role: Executive / Officer Other Role: Director
First Name: Jason Middle Name: Last Name: Sidman Suffix:
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

Entity with Direct or Indirect Authority 1

Percentage of Control: 60 Percentage of Ownership: 60
Entity Legal Name: Premier Healthcare Group LLC Entity DBA: DBA City:
Boston
Entity Description: Investment Entity
Foreign Subsidiary Narrative:
Entity Phone: 646-573-3462 Entity Email: Entity Website:
jweaver@sanctuarymed.com
Entity Address 1: 125 Summer Street Entity Address 2:
Entity City: Boston Entity State: MA Entity Zip Code: 02110
Entity Mailing Address 1: 234 Taylor Street Entity Mailing Address 2:
Entity Mailing City: Littleton Entity Mailing State: MA Entity Mailing Zip Code:
01460
Relationship Description: Premier Healthcare Group LLC is the investment entity of Sanctuary Medicinals, Inc.

Entity with Direct or Indirect Authority 2

Percentage of Control: 40 Percentage of Ownership: 40
Entity Legal Name: PHG, LLC Entity DBA: DBA City:
Entity Description: Managing Entity
Foreign Subsidiary Narrative:
Entity Phone: 646-573-3462 Entity Email: jweaver@sanctuarymed.com Entity Website:
Entity Address 1: 125 Summer Street Entity Address 2:
Entity City: Boston Entity State: MA Entity Zip Code: 02110
Entity Mailing Address 1: 234 Taylor Street Entity Mailing Address 2:
Entity Mailing City: Littleton Entity Mailing State: MA Entity Mailing Zip Code: 01460
Relationship Description: PHG, LLC is the managing entity of Premier Healthcare LLC.

CLOSE ASSOCIATES AND MEMBERS

Close Associates or Member 1

First Name: Michael Middle Name: Last Name: Allen Suffix:
Describe the nature of the relationship this person has with the Marijuana Establishment: Chief of Security

Close Associates or Member 2

Date generated: 08/22/2019

First Name: Nicholas Middle Name: Last Name: Satmary Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Director of Cultivation

Close Associates or Member 3

First Name: Joshua Middle Name: Last Name: Weaver Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Chief Financial Officer

Close Associates or Member 4

First Name: Michael Middle Name: Last Name: Wilmoth Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Director

Close Associates or Member 5

First Name: David Middle Name: Last Name: Syrek Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Director

Close Associates or Member 6

First Name: James Middle Name: Last Name: Alex Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Chief Operating Officer

Close Associates or Member 7

First Name: Jason Middle Name: Last Name: Sidman Suffix:

Describe the nature of the relationship this person has with the Marijuana Establishment: Chief Executive Officer

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES - ENTITIES

Entity Contributing Capital 1

Entity Legal Name: Premier Healthcare Group, LLC Entity DBA:
Email: jweaver@sanctuarymed.com Phone: 646-573-3462
Address 1: 234 Taylor Street Address 2:
City: Littleton State: MA Zip Code: 01460
Types of Capital: Debt, Monetary/ Other Type of Capital: Total Value of Capital Provided: Percentage of Initial Capital:
Equity \$11000000 100
Capital Attestation: Yes

BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

DISCLOSURE OF INDIVIDUAL INTERESTS

Individual 1

First Name: Jason Middle Name: Last Name: Sidman Suffix:
Marijuana Establishment Name: Sanctuary ATC Business Type: Other
Marijuana Establishment City: Rochester, Plymouth - Vertically Integrated Operator Marijuana Establishment State: NH

Individual 2

First Name: Joshua Middle Name: Last Name: Weaver Suffix:
Marijuana Establishment Name: Sanctuary ATC Business Type: Other
Marijuana Establishment City: Rochester, Plymouth - Vertically Integrated Operator Marijuana Establishment State: NH

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 234 Taylor Street

Establishment Address 2:

Establishment City: Littleton

Establishment Zip Code: 01460

Approximate square footage of the Establishment: 36000

How many abutters does this property have?: 17

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

Cultivation Tier: Tier 05: 30,001 to 40,000 sq. ft

Cultivation Environment:

Indoor

HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Community Outreach Meeting Documentation	Community Outreach Littleton.pdf	pdf	5b21587561b87343dda2fe23	06/13/2018
Plan to Remain Compliant with Local Zoning	Plan to Remain Compliant with Local Zoning.pdf	pdf	5b216b0561b87343dda2fe7b	06/13/2018
Certification of Host Community Agreement	HCA-Littleton.pdf	pdf	5b5096a5109eba32018f09fb	07/19/2018

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	Sanctuary_Plan for Positive Impact.pdf	pdf	5b8ea863d389b22d7bd64a60	09/04/2018

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Executive / Officer

Other Role:

First Name: Jason

Middle Name: Last Name: Sidman Suffix:

RMD Association: RMD Manager

Background Question: no

Individual Background Information 2

Role: Executive / Officer

Other Role:

First Name: James

Middle Name: Last Name: Alex Suffix:

RMD Association: RMD Manager

Background Question: no

Individual Background Information 3

Role: Director

Other Role:

First Name: Michael

Middle Name: Last Name: Wilmoth Suffix:

RMD Association: RMD Staff

Background Question: no

Individual Background Information 4

Role: Director Other Role:
First Name: David Middle Name: Last Name: Syrek Suffix:
RMD Association: RMD Staff
Background Question: no

Individual Background Information 5

Role: Executive / Officer Other Role:
First Name: Joshua Middle Name: Last Name: Weaver Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 6

Role: Manager Other Role:
First Name: Nicholas Middle Name: Last Name: Satmary Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 7

Role: Manager Other Role:
First Name: Michael Middle Name: Last Name: Allen Suffix:
RMD Association: RMD Manager
Background Question: no

ENTITY BACKGROUND CHECK INFORMATION

Entity Background Check Information 1

Role: Investor/Contributor Other Role: Investment Entity
Entity Legal Name: Premier Healthcare Group LLC Entity DBA: Federal Tax Identification Number EIN/TIN:
Entity Description: Investment Entity
Phone: 646-573-3462 Email: jweaver@sanctuarymed.com
Primary Business Address 1: 125 Summer Street Primary Business Address 2:
Primary Business City: Boston Primary Business State: MA Principal Business Zip Code: 02110
Additional Information: Premier Healthcare Group LLC is the investment entity of Sanctuary Medicinals, Inc.

Entity Background Check Information 2

Role: Other (specify) Other Role: Managing Entity
Entity Legal Name: PHG, LLC Entity DBA: Federal Tax Identification Number EIN/TIN:
Entity Description: Managing Entity
Phone: 646-573-3462 Email: jweaver@sanctuarymed.com
Primary Business Address 1: 125 Summer Street Primary Business Address 2:
Primary Business City: Boston Primary Business State: MA Principal Business Zip Code: 02110

Additional Information: PHG, LLC is the managing entity of Premier Healthcare Group LLC

MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Secretary of Commonwealth - Certificate of Good Standing	SM- Cert of GS (SOS).pdf	pdf	5ae71fc5c357ae0da9a3e7e6	04/30/2018
Department of Revenue - Certificate of Good standing	SM- Cert of GS (DOR).pdf	pdf	5ae72172b9c5f536005a7b01	04/30/2018
Articles of Organization	CCC.ArticlesofOrg.pdf	pdf	5b512c5b5c57ce321fac5ab7	07/19/2018
Bylaws	CCC.Bylaws.pdf	pdf	5b512c64dbc95d3229ac4b82	07/19/2018
Articles of Organization	Sanctuary_Clarification re Board of Directors 8.28.18.pdf	pdf	5b855b5b0d95792d85f43026	08/28/2018

No documents uploaded

Massachusetts Business Identification Number: 001335444

Doing-Business-As Name:

DBA Registration City:

BUSINESS PLAN

Document Category	Document Name	Type	ID	Upload Date
Proposed Timeline	CCC.Cultivation.Proposed Timeline.pdf	pdf	5b22daf0e0abb143d3545c2a	06/14/2018
Plan for Liability Insurance	CCC.Cultivation.Insurance.pdf	pdf	5b22db3061b87343dda2fffd	06/14/2018
Business Plan	CCC.MOP.BusinessPlan.pdf	pdf	5b5b450712ba8f281ff52483	07/27/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Separating recreational from medical operations, if applicable	CCC.Plan for Separating Recreational from Medical Operations.pdf	pdf	5b239b80cb211e5050f0fa9c	06/15/2018
Restricting Access to age 21 and older	CCC.Plan for Restricting Access to Age 21 and Older.pdf	pdf	5b239c1ddb987f505ab299a5	06/15/2018
Prevention of diversion	CCC.Prevention of Diversion.pdf	pdf	5b239cc2480890506ed9b004	06/15/2018
Storage of marijuana	CCC.Storage of Marijuana.pdf	pdf	5b239cf963f5ba502c343d16	06/15/2018
Transportation of marijuana	CCC.Transportation of Marijuana.pdf	pdf	5b239d485246fb5032dde871	06/15/2018
Inventory procedures	CCC.Inventory Procedures.pdf	pdf	5b239d9c53361a503c1d5204	06/15/2018
Quality control and testing	CCC.Quality Control and Testing.pdf	pdf	5b239dfa719dca50462942f1	06/15/2018
Dispensing procedures	CCC.Dispensing Procedures.pdf	pdf	5b239e3fcb211e5050f0faa0	06/15/2018
Personnel policies including background checks	CCC.Personnel Policies Including Background Checks.pdf	pdf	5b239ea463f5ba502c343d1a	06/15/2018
Record Keeping procedures	CCC.Recordkeeping Procedures.pdf	pdf	5b239eee5246fb5032dde875	06/15/2018
Maintaining of financial records	CCC.Maintaining of Financial Records.pdf	pdf	5b239f2353361a503c1d5208	06/15/2018

Diversity plan	CCC.Diversity Plan.pdf	pdf	5b239f84719dca50462942f5	06/15/2018
Qualifications and training	CCC.Qualifications and Training.pdf	pdf	5b239fcbcb211e5050f0faa4	06/15/2018
Policies and Procedures for cultivating.	CCC. Policies and Procedures for Cultivating.pdf	pdf	5b2a85165617f143c98bb26e	06/20/2018
Security plan	CCC.Security Plan.pdf	pdf	5b80132b4e62492d8f344b28	08/24/2018

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 05: 30,001 to 40,000 sq. ft Cultivation Environment: Indoor

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: