



## Massachusetts Cannabis Control Commission

### Marijuana Product Manufacturer

Business Name:	Sanctuary Medicinals, Inc.	License Number:	MP281405
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: Secretary, Director  
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: President, Director, Treasurer, CEO  
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: City:  
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: City:  
Entity Description: Managing 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: PHG, LLC is the managing entity of Premier Healthcare Group 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

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, Secretary

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, Director, President, Treasurer

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

### HOST COMMUNITY INFORMATION

Document Category	Document Name	Type	ID	Upload Date
Community Outreach Meeting Documentation	CCC.Community Outreach Littleton.pdf	pdf	5b6ae204da72283955c5fd3d	08/08/2018
Certification of Host Community Agreement	HCA-Littleton.pdf	pdf	5b6ae2833774233941393214	08/08/2018
Plan to Remain Compliant with Local Zoning	Sanctuary_Plan to Remain Compliant with Local Zoning_Littleton.pdf	pdf	5b76eaa5185bb22d71065ada	08/17/2018

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	5b8eb94e89bc002d9918b634	09/04/2018

### ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

### INDIVIDUAL BACKGROUND INFORMATION

#### Individual Background Information 1

Role: Executive / Officer

Other Role: Director, President, Treasurer, Chief Executive Officer

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: Chief Operating Officer

First Name: James

Middle Name:

Last Name: Alex

Suffix:

RMD Association: RMD Manager

Background Question: no

#### Individual Background Information 3

Role: Executive / Officer

Other Role: Chief Financial Officer

First Name: Joshua

Middle Name:

Last Name: Weaver

Suffix:

RMD Association: RMD Manager

Background Question: no

Individual Background Information 4

Role: Manager Other Role: Director of Cultivation

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

RMD Association: RMD Manager

Background Question: no

Individual Background Information 5

Role: Manager Other Role: Chief of Security

First Name: Michael Middle Name: Last Name: Allen Suffix:

RMD Association: RMD Manager

Background Question: no

Individual Background Information 6

Role: Director Other Role: Director, Secretary

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

RMD Association: RMD Staff

Background Question: no

Individual Background Information 7

Role: Director Other Role: Director

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

RMD Association: RMD Staff

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: [REDACTED]

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: [REDACTED]

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: Principal Business Zip

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

### MASSACHUSETTS BUSINESS REGISTRATION

Document Category	Document Name	Type	ID	Upload Date
Department of Revenue - Certificate of Good standing	SM- Cert of GS (DOR).pdf	pdf	5b6af0ac18807b2d67c3f1b5	08/08/2018
Articles of Organization	CCC.ArticlesofOrg.pdf	pdf	5b6af0e9d389b22d7bd62fe0	08/08/2018
Bylaws	CCC.Bylaws.pdf	pdf	5b6af0f60d95792d85f41c5e	08/08/2018
Secretary of Commonwealth - Certificate of Good Standing	Sanctuary_SoC Cert of Good Standing.pdf	pdf	5b770af1da72283955c60736	08/17/2018

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
Plan for Liability Insurance	CCC.Cultivation.Insurance.pdf	pdf	5b6b02b818807b2d67c3f1d1	08/08/2018
Business Plan	CCC.MOP.BusinessPlan.pdf	pdf	5b6b02da0d95792d85f41c80	08/08/2018
Proposed Timeline	Sanctuary_Proposed Timeline_PM.pdf	pdf	5b772bcd5e9b3d2d528a753d	08/17/2018

### 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	5b6b0387aa953e3937b591ce	08/08/2018
Restricting Access to age 21 and older	CCC.Plan for Restricting Access to Age 21 and Older.pdf	pdf	5b6b03b118807b2d67c3f1d7	08/08/2018
Prevention of diversion	CCC.Prevention of Diversion.pdf	pdf	5b6b03ed18807b2d67c3f1db	08/08/2018
Storage of marijuana	CCC.Storage of Marijuana.pdf	pdf	5b6b044c185bb22d710651ed	08/08/2018
Transportation of marijuana	CCC.Transportation of Marijuana.pdf	pdf	5b6b0471d389b22d7bd63004	08/08/2018
Inventory procedures	CCC.Inventory Procedures.pdf	pdf	5b6b04820d95792d85f41c88	08/08/2018
Quality control and testing	CCC.Quality Control and Testing.pdf	pdf	5b6b04993f9f81395f134ca2	08/08/2018
Dispensing procedures	CCC.Dispensing Procedures.pdf	pdf	5b6b04ae03a477392d0a21ce	08/08/2018
Personnel policies including background checks	CCC.Personnel Policies Including Background Checks.pdf	pdf	5b6b04c2aa953e3937b591d2	08/08/2018
Record Keeping procedures	CCC.Recordkeeping Procedures.pdf	pdf	5b6b04d64e62492d8f343a0b	08/08/2018
Maintaining of financial records	CCC.Maintaining of Financial Records.pdf	pdf	5b6b04e989bc002d99189bc2	08/08/2018
Diversity plan	CCC.Diversity Plan.pdf	pdf	5b6b04fc18807b2d67c3f1e1	08/08/2018

Qualifications and training	CCC.Qualifications and Training.pdf	pdf	5b6b050d0d95792d85f41c8e	08/08/2018
Sample of unique identifying marks used for branding	CCC.Samples of Unique Identifying Marks Used for Branding.pdf	pdf	5b6b0932aa953e3937b591da	08/08/2018
Types of products Manufactured.	CCC.Types of Products Manufactured.pdf	pdf	5b6b09953774233941393256	08/08/2018
Method used to produce products	CCC.Method Used to Produce Products.pdf	pdf	5b6b0a028d67cc394b81ab90	08/08/2018
Security plan	Sanctuary_Security Plan_PM.pdf	pdf	5b772d67aa953e3937b59be2	08/17/2018

### 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

### 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: