



Massachusetts Cannabis Control Commission

Marijuana Retailer

Business Name:	Sanctuary Medicinals, Inc.	License Number:	MR281650
Tax Identification Number:	[REDACTED]	Issued Date:	11/26/2018
Business Email Address:	jsidman@sanctuarymed.com	Expiration Date:	11/26/2019
Business Phone Number:	603-401-7813	Revoked Date:	N/A
Mailing Address:	234 Taylor Street Littleton MA 01460	Surrendered Date:	N/A
Business Address:	16 Pearson Blvd Gardner MA 01440		

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: 33.33
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:

Person with Direct or Indirect Authority 2

Percentage Of Ownership: Percentage Of Control: 33.33
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 3

Percentage Of Ownership:

Percentage Of Control: 33.33

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:

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:

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 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:

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: David Middle Name: Last Name: Syrek Suffix: MD

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

Close Associates or Member 3

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 4

First Name: David Middle Name: Last Name: Shibley Suffix:

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

Close Associates or Member 5

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 6

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 7

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 8

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@sanctuaryatc.org Phone: 646-573-3462
Address 1: 234 Taylor Street Address 2:
City: Littleton State: MA Zip Code: 01460
Types of Capital: Monetary/Equity, Other Type of Capital: Total Value of Capital Provided: Percentage of Initial Capital:
Debt \$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: 16 Pearson Blvd

Establishment Address 2:

Establishment City: Gardner Establishment Zip Code: 01440

Approximate square footage of the establishment: 2242 How many abutters does this property have?: 33

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
Certification of Host Community Agreement	CCC.HCA.Gardner.pdf	pdf	5b6dc8d7185bb22d71065477	08/10/2018
Plan to Remain Compliant with Local Zoning	CCC.Plan to Remain Compliant With Local Zoning Gardner.pdf	pdf	5b6dd1fc4e62492d8f343cac	08/10/2018
Community Outreach Meeting Documentation	CCC.Community Outreach Gardner.pdf	pdf	5b6ddd3b4e62492d8f343cbe	08/10/2018

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	5b8eb981da72283955c61879	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: Director Other Role: Director, Secretary
First Name: Michael Middle Name: Last Name: Wilmoth Suffix:
RMD Association: RMD Staff
Background Question: no

Individual Background Information 4

Role: Director Other Role: Director
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: Chief Financial Officer
First Name: Joshua Middle Name: Last Name: Weaver Suffix:
RMD Association: RMD Manager
Background Question: no

Individual Background Information 6

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 7

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 8

Role: Manager Other Role: Dispensary Manager
First Name: David Middle Name: Last Name: Shibley 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: [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**
 MA **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
Department of Revenue - Certificate of Good standing	SM- Cert of GS (DOR).pdf	pdf	5b6db0903f9f81395f134ebc	08/10/2018
Articles of Organization	CCC.ArticlesofOrg.pdf	pdf	5b6db0b75a6f093923e4f20a	08/10/2018
Bylaws	CCC.Bylaws.pdf	pdf	5b6db0c503a477392d0a23e7	08/10/2018
Secretary of Commonwealth - Certificate of Good Standing	Sanctuary_SoC Cert of Good Standing.pdf	pdf	5b7742085a6f093923e4fa27	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
Business Plan	CCC.MOP.BusinessPlan.pdf	pdf	5b6db18303a477392d0a23eb	08/10/2018
Plan for Liability Insurance	CCC.Insurance.pdf	pdf	5b6db1b03774233941393482	08/10/2018
Proposed Timeline	Sanctuary_Proposed Timeline_Retailer.pdf	pdf	5b7743c54e62492d8f34440a	08/17/2018

OPERATING POLICIES AND PROCEDURES

Document Category	Document Name	Type	ID	Upload Date
Qualifications and training	CCC.Qualifications and Training.pdf	pdf	5b6db22dcea8212d4c7b479c	08/10/2018
Diversity plan	CCC.Diversity Plan.pdf	pdf	5b6db23b5e9b3d2d528a6da4	08/10/2018
Maintaining of financial records	CCC.Maintaining of Financial Records.pdf	pdf	5b6db24c18807b2d67c3f426	08/10/2018
Record Keeping procedures	CCC.Recordkeeping Procedures.pdf	pdf	5b6db25c185bb22d71065423	08/10/2018
Dispensing procedures	CCC.Dispensing Procedures.pdf	pdf	5b6db27e0d95792d85f41ed1	08/10/2018
Quality control and testing	CCC.Quality Control and Testing.pdf	pdf	5b6db2924e62492d8f343c49	08/10/2018
Inventory procedures	CCC.Inventory Procedures.pdf	pdf	5b6db2a189bc002d99189dfc	08/10/2018

Transportation of marijuana	CCC.Transportation of Marijuana.pdf	pdf	5b6db2b8cea8212d4c7b47a0	08/10/2018
Storage of marijuana	CCC.Storage of Marijuana.pdf	pdf	5b6db2c65e9b3d2d528a6da8	08/10/2018
Prevention of diversion	CCC.Prevention of Diversion.pdf	pdf	5b6db2d518807b2d67c3f42a	08/10/2018
Restricting Access to age 21 and older	CCC.Plan for Restricting Access to Age 21 and Older.pdf	pdf	5b6db30d5e9b3d2d528a6dac	08/10/2018
Separating recreational from medical operations, if applicable	CCC.Plan for Separating Recreational from Medical Operations.pdf	pdf	5b6db31f0d95792d85f41ed7	08/10/2018
Plan for obtaining marijuana or marijuana products	CCC.Plan for Obtaining Marijuana or Marijuana Products.pdf	pdf	5b6db5ec0d95792d85f41edd	08/10/2018
Security plan	Sanctuary_Security Plan_Retailer.pdf	pdf	5b7744f3185bb22d71065bd1	08/17/2018
Personnel policies including background checks	Sanctuary_Personnel Polices_Retailer.pdf	pdf	5b7745d25e9b3d2d528a759c	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

HOURS OF OPERATION

Monday From: Monday To:

Tuesday From: Tuesday To:

Wednesday From: Wednesday To:

Thursday From: Thursday To:

Friday From: Friday To:

Date generated: 08/22/2019

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Saturday From: Saturday To:
Sunday From: Sunday To: