

## **Bist, Kevin**

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**From:** Tschetter, Jennifer  
**Sent:** Monday, December 22, 2014 8:40 AM  
**To:** Nelson, Patricia A  
**Subject:** Fw: Comments Regarding Chapter 64-4

Jennifer A. Tschetter, General Counsel  
850.491.8687  
Sent from my mobile device to expedite

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**From:** Robert Buck  
**Sent:** Saturday, December 20, 2014 2:42:51 PM  
**To:** Tschetter, Jennifer  
**Subject:** Comments Regarding Chapter 64-4  
Ms. Tschetter,

Please accept this as a kind follow up to our recent conversation on 12/8/14. As you may remember, my office represents Tree King-Tree Farm nursery. During the recent litigation, Tree King intervened regarding rule 64-4.002(2)(j).

Currently, rule 64-4.002(2)(j) does not provide specific direction as to what equipment, training, ability and personnel are necessary to safely produce low-THC derivative products. Clearly, there are a multitude of different technical approaches. We concede that the Department should be given discretion to evaluate the merits of each using expert assistance.

However, we believe that it is important that the Department adopt uniform standards in its analysis. As such, we humbly propose that the Department develop Good Manufacturing Practices (GMP's). As part of these standards, we propose that the Department measure the scientific education (from accredited institutions) and related professional experience of the applicant's personnel.

The FDA's cGMP standards could serve as a template. These standards are also required by the Florida DBPR in issuing manufacturing permits under the Florida Drug and Cosmetic Act.

Briefly, the cGMP's require:

- Qualified personnel
- Physical plants that are designed to protect ingredients from adulteration during manufacturing, packaging, labeling and storage.
- Equipment that is of the appropriate design and condition for the intended use.
- Master manufacturing and batch production record keeping.
- Procedures for quality control and recall.

We agree that SB1030 exempts applicants from seeking an additional permit under chapter 499, Florida Statutes (Drug and Cosmetic Act). Yet, we contend that the legislative intent of SB1030 was not to lower standards below this threshold. If anything, it was to increase standards due to the experimental nature of the substance. This is evidenced by the comments from JAPC, as well as the legislative debate. As such, we believe that the Department should develop uniform GMP guidelines, and that these guidelines should specifically address the educational level and professional experience of personnel under 64-4.002(2)(j).

Relevantly, Canada's medical marijuana program requires Good Production Practices. These regulations specifically establish education and experience as quantifiable criteria. To this end, Health Canada has been widely cited as having the most modern and credible regulatory scheme. A link to their GPP standards can be found here:

<http://www.hc-sc.gc.ca/dhp-mps/marihuana/info/techni-eng.php>

Lastly, we humbly provide our chemist as a potential expert on the matter. Dr. William Clark has a doctorate in organic chemistry and has decades of experience in developing natural product standards. His statement is attached to this email. Should you have any questions of him please let me know.

Given the limited timeframe, I would greatly appreciate confirmation once you have received this correspondence. Further, I would kindly ask for the opportunity to speak to your assistant in order to schedule a follow up call.

Happy Holidays

--

Robert L. Buck, Esq., P.A.  
PO Box 15146., Brooksville, FL 34604  
352-584-2062 Phone  
352-686-7455 Fax  
[email@attorneybuck.com](mailto:email@attorneybuck.com)

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## Bist, Kevin

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**From:** Tschetter, Jennifer  
**Sent:** Monday, December 29, 2014 6:32 AM  
**To:** Nelson, Patricia A  
**Subject:** FW: Proposed Department of Health Regulations - Low-THC Cannabis (FS 381.986/FAC 64-4.001-4.009)

Jennifer A. Tschetter  
General Counsel  
Florida Department of Health  
850-245-4353 -- direct dial

---

**From:** Bill Robinson [mailto:BRobbinson@zkslawfirm.com]  
**Sent:** Wednesday, December 24, 2014 11:30 AM  
**To:** Tschetter, Jennifer  
**Subject:** Proposed Department of Health Regulations - Low-THC Cannabis (FS 381.986/FAC 64-4.001-4.009)

Ms. Tschetter: This firm represents one or more potential applicants with regard to the proposed regulations and application for a license to grow, distill and dispense the low-THC cannabis authorized by Florida Statutes Section 381.986. In response to the proposed regulations previously issued by the Department of Health (the "Department"), and the recent ruling by the Administrative Law Judge addressing those proposed regulations, we offer the following comments and suggestions for the revised regulations:

- 1) Ownership structure - Section 381.986(5)(b)1 of the statute requires an "applicant" to possess a valid certificate of registration by the Department of Agriculture and Consumer Services that is issued for the cultivation of more than 400,000 plants, be operated by a nurseryman as defined in FS 581.011, and have been operated as a nursery in this state for at least 30 continuous years." The previously published proposed regulations allowed an "applicant" to be a new entity so long as 25% or more of the new entity was owned by a nursery meeting the above criteria. While we understand that the ALJ struck that portion of regulations, we encourage the Department to again consider providing that an "applicant" be a separate entity owned and controlled by the qualifying nursery. As it currently stands, banks and other financial institutions in Florida will not provide banking services for a business growing, distilling and dispensing low-THC cannabis, as it is still a violation of federal law to own, sell, transport, or dispense cannabis in any form. Other vendor services may likewise have restrictions. If the applicant has to commingle its business with its other operations from a banking, insurance, security, transportation and other operational aspects, it will cause tremendous risk to any applicant that it will be subject to federal government review, audit, or even seizure. This risk is unnecessary to the delivery of low-THC to patients in Florida. Segregation of these business operations into a separate subsidiary makes legal and business sense for all concerned. There are many ways to ensure that the new entity is controlled by the qualifying nursery, including requirements of 51% or more ownership, director/manager control, cross guarantees of liabilities, and more.
- 2) Dispensaries – Once an applicant is selected and a license issued, we encourage the Department to allow the licensee to have multiple dispensaries in their zone. The geographic zones are vast multi-county areas, and allowing multiple (up to five) dispensaries would allow for ease of production and distribution, lower transportation cost and risk and otherwise allow the licensee to more cost effectively serve their patient base.

- 3) Proximity/location – The Administrative Law Judge struck a requirement in the proposed regulations prohibiting cultivation and dispensing of low-THC cannabis within 1000 feet of a church or school. Rather than legislate this at the state level, this issue should be left to local city or county government to address through the existing planning and zoning process. If the Department believes it necessary to address this issue, we recommend a 500 foot limit, which ensures that it would not be contiguous to a school or place of worship.
- 4) Application fee – A large application fee favors the larger conglomerate and corporate owned applicants. Those applicants do not necessarily bring enhanced focus, operational efficiency or control to the production of low-THC cannabis. A reasonable application fee encourages competition and allows the Department the opportunity to consider a broader spectrum of otherwise qualified applicants.
- 5) Seed stock – Consider addressing how start-up seed stock will be provided to licensees. Again, applicants and licensees are being asked to make a substantial financial investment in the application process and license acceptance without at this point having any understanding of how they will obtain the initial seed stock without violating federal law.
- 6) Application submission timing – While we appreciate the Department’ urgency to finalize the regulations and complete the initial licensure process, it is imperative that potential applicants be given sufficient time to actually complete and submit the application form. Depending upon the requirements of the final regulations, particularly those affecting ownership, applicants will need time to determine whether it is in their best interest and within their capability to submit an application. The information required and attachments necessary to complete an application, at least according to the regulations as previously drafted, are extensive, and significant effort and expense is required to submit a complete and competitive application. At a minimum, potential applicants should be given 45 days to submit an application once the regulations have been finalized, if not more.
- 7) Patient base – All potential applicants would benefit from any insight or information the Department has regarding the estimated patient base, along with any calculations and assumptions made in determining that number and sources of information consulted or reviewed.

Thank you for your consideration, and we look forward to the December 30 workshop.

Bill Robinson  
Zimmerman, Kiser & Sutcliffe, P.A.  
315 East Robinson Street, Suite 600  
Orlando, Florida 32801  
Phone: (407) 425-7010  
Direct: (407) 563-4371  
Mobile: (407) 718-4328



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## Bist, Kevin

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**From:** prattr@gtlaw.com  
**Sent:** Monday, December 29, 2014 9:00 AM  
**To:** Bist, Kevin  
**Subject:** RE: Compassionate Use draft Language

Ok, just so I'm clear, there is nothing in electronic form, and the language will be given out at the meeting only, correct? I just want to make sure before I tell Anne.

Thanks

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**From:** Bist, Kevin [<mailto:Kevin.Bist@flhealth.gov>]  
**Sent:** Monday, December 29, 2014 8:57 AM  
**To:** Pratt, Rachel (AdmAst-Tal-GovLP)  
**Subject:** RE: Compassionate Use draft Language

Hi Rachel,

It's my understanding that the language will be promulgated at the public workshop.

Have a great day!

Kevin

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**From:** [prattr@gtlaw.com](mailto:prattr@gtlaw.com) [<mailto:prattr@gtlaw.com>]  
**Sent:** Monday, December 29, 2014 8:53 AM  
**To:** Bist, Kevin  
**Subject:** Compassionate Use draft Language

Good morning Kevin,

Anne asked me reach out to you this morning to see if there was any draft language that may be on the compassionate use rule prior to the meeting tomorrow. Do you have anything that you could send me?

Best,  
Rachel Pratt

Rachel Pratt  
Legislative Assistant  
Greenberg Traurig, P.A. | 101 East College Avenue | Tallahassee, FL 32301  
Tel 850.222.6891  
[prattr@gtlaw.com](mailto:prattr@gtlaw.com) | [www.gtlaw.com](http://www.gtlaw.com)

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## Bist, Kevin

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**From:** prattr@gtlaw.com  
**Sent:** Monday, December 29, 2014 9:07 AM  
**To:** Bist, Kevin  
**Subject:** RE: Compassionate Use draft Language

Thanks so much!

I will let Anne know.

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**From:** Bist, Kevin [<mailto:Kevin.Bist@flhealth.gov>]  
**Sent:** Monday, December 29, 2014 9:05 AM  
**To:** Pratt, Rachel (AdmAst-Tal-GovLP)  
**Subject:** RE: Compassionate Use draft Language

I have not seen nor been made aware of any language that has been created for the rule. My understanding is that the feedback received at the public workshop will assist in clarifying the language for the rule. Sorry for not being clear on that.

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**From:** [prattr@gtlaw.com](mailto:prattr@gtlaw.com) [<mailto:prattr@gtlaw.com>]  
**Sent:** Monday, December 29, 2014 9:00 AM  
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**Subject:** RE: Compassionate Use draft Language

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## Bist, Kevin

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**From:** Nelson, Patricia A  
**Sent:** Monday, December 29, 2014 9:11 AM  
**To:** pattyandpaden@yahoo.com  
**Subject:** Fwd: Proposed Department of Health Regulations - Low-THC Cannabis (FS 381.986/FAC 64-4.001-4.009)  
**Attachments:** image003.jpg

Sent from Linda McMullen's iPhone

Begin forwarded message:

**From:** "Tschetter, Jennifer" <[Jennifer.Tschetter@flhealth.gov](mailto:Jennifer.Tschetter@flhealth.gov)>  
**Date:** December 29, 2014 at 6:32:17 AM EST  
**To:** "Nelson, Patricia A" <[Patricia.Nelson@flhealth.gov](mailto:Patricia.Nelson@flhealth.gov)>  
**Subject:** FW: Proposed Department of Health Regulations - Low-THC Cannabis (FS 381.986/FAC 64-4.001-4.009)

Jennifer A. Tschetter  
General Counsel  
Florida Department of Health  
850-245-4353 -- direct dial

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**From:** Bill Robbinson [<mailto:BRobbinson@zkslawfirm.com>]  
**Sent:** Wednesday, December 24, 2014 11:30 AM  
**To:** Tschetter, Jennifer  
**Subject:** Proposed Department of Health Regulations - Low-THC Cannabis (FS 381.986/FAC 64-4.001-4.009)

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it will be subject to federal government review, audit, or even seizure. This risk is unnecessary to the delivery of low-THC to patients in Florida. Segregation of these business operations into a separate subsidiary makes legal and business sense for all concerned. There are many ways to ensure that the new entity is controlled by the qualifying nursery, including requirements of 51% or more ownership, director/manager control, cross guarantees of liabilities, and more.

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Bill Robinson

Zimmerman, Kiser & Sutcliffe, P.A.  
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**Bist, Kevin**

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**From:** Nelson, Patricia A  
**Sent:** Tuesday, December 30, 2014 6:32 PM  
**To:** imhof.booter@flsenate.gov  
**Subject:** Re: P.S.

Thank you!

On Dec 30, 2014, at 4:42 PM, IMHOF.BOOTER <[IMHOF.BOOTER@flsenate.gov](mailto:IMHOF.BOOTER@flsenate.gov)> wrote:

Good job on the hearing!  
Booter

## Bist, Kevin

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**From:** George Fernandez <george@moderncanna.com>  
**Sent:** Wednesday, December 31, 2014 8:17 AM  
**To:** Nelson, Patricia A  
**Subject:** MCS Formal comments  
**Attachments:** MCSFormalComments.pdf

Good morning,

I have attached our formal comments regarding Senate Bill 1030 that were previously submitted. I just want to make sure you have a copy in case it didn't transfer over. My colleague and I attended and spoke at each of the previous workshops in Tallahassee. Unfortunately, we were unable to attend yesterday's workshop, but I did watch the live stream online.

We own a full service quality control testing laboratory, equipped with all of the instrumentation needed for medical cannabis testing. Up until now we've specialized in environmental and petroleum analysis. I heard you mention that you have experience in a lab and ran a GC. We have GC's, LC's, ICP's, HPLC, and micro biological instrumentation at our facilities. We've created SOP's, quality assurance manuals, and safety manuals for our cannabis testing facility, based on extensive research, consultations with laboratories in CO, and protocol from our existing environmental lab. Also, we were recently inspected by the DOH and received minimal deficiencies.

It's nice to hear you have a laboratory background. We have researched cannabis testing methods thoroughly and the sample prep portion is fairly simple. The only thing left for us is equipment calibration. As I'm sure you know, in order to do that we would need to order standards (legally). This cannot be completed (legally) until testing facilities are granted immunity. I am working with Ron Watson to help write this portion of the glitch bill.

I also brought up this idea at the last hearing: We could set up a mobile testing facility and perform analysis on site at the dispensing organizations. They have been granted immunity, so perhaps this would help resolve this issue for the time being. The down side would be the cost to perform these tests would increase due to fuel charges.

I think this is an amazing opportunity for Florida to really set the bar high in this industry in terms of quality control. I would be happy to share any documents or information you need. Like everyone else, I want to see this medicine get into the hands of patients quickly.

Should you have any questions or would like to discuss these comments in further detail, please don't hesitate to contact me. Thank you for all of your hard work. I look forward to meeting you.

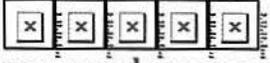
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**George Fernandez**  
Chief Executive Officer



3615 Century Blvd., Unit 2

Lakeland, FL 33811  
(863) 797-9963



[www.moderncanna.com](http://www.moderncanna.com)



3615 Century Blvd, Unit 2  
(863) 797-9963  
Lakeland, FL 33811  
moderncanna@gmail.com

August 15, 2014

*Via electronic correspondence only*

Linda McMullen  
Florida Department of Health  
Office of Compassionate Use  
4052 Bald Cypress Way  
Tallahassee, FL 32399

Dear Ms. McMullen:

At Modern Canna Science ("MCS"), we have been closely following Senate Bill 1030 and the drafting of Regulations related thereto by the The Florida Department of Health. We attended both the July 7, 2014 and August 1, 2014 Rule Development Workshops to offer suggestions and be a part of this exciting process. MCS applauds the Department for its prompt attention to this very important matter and the forum that it has provided for interested parties. Additionally, we appreciate the changes made to the August 1, 2014 Draft Regulations based upon the feedback received. We write today to offer additional comments regarding the Regulations drafted to date, particularly Sec. 64-4.006.

Sec. 64-4.006(2) provides that "Prior to dispensing any derivative product, a dispensing organization shall sample and have tested by a department approved testing laboratory each batch of each product to be distributed." During the August 1, 2014 workshop, it was stated that one laboratory would be selected to perform the testing contemplated by these Regulations. MCS suggests adding a written definition of "department approved testing laboratory" in Sec. 64-4.001. In addition, it may be beneficial in either of these sections to outline the specifics regarding the evaluation and selection of this laboratory.

In an ideal world, samples of the batches would be randomly selected by the State or an independent, department-approved sampler. However, we understand that in practice, resources may not be available to provide such a service. MCS suggests that the Department further address sample selection and the related issue of transportation of the samples from the Dispensing Organization to the laboratory. One recommendation made during the second

workshop was to have the laboratory provide both sampler and courier services. This individual would be employed by the laboratory and required to undergo training and receive any necessary certifications required by the Department for both sampling and transportation. The department may want to specify any zoning requirements that must be met by the laboratory, similar to those required by Dispensing Organizations in Sec. 64-4.004.

In Sec. 64-4.006(2), we also suggest that the Department clarify exactly which solvents need to be identified and quantified for low-THC cannabis testing, e.g., benzene, toluene, butane, etc. Providing as much detail as possible with regard to sample testing requirements will help significantly in terms of laboratory preparation. With regard to specific laboratory requirements and/or certification, MCS suggests that the Department cross-reference other regulations currently in place, such as Chapter 64E-1, to ensure that the laboratory approved by the Department is capable of providing the most accurate testing services. Uniform testing methodologies are essential to ensuring that patients obtain the highest grade medicine available.

MCS was founded by George Fernandez and Pace Mawhinney in 2014. Mr. Fernandez is currently the Vice President of Phoslab Environmental Services, Inc. (PES) and active member of the Florida Cannabis Coalition. PES is located in Lakeland, FL and is regarded as a full-service, analytical laboratory that provides testing services to multiple business segments, including environmental, developmental, industrial, pharmaceutical, agricultural, and phosphate industries. Phoslab Environmental Services is certified and accredited by the Department of Health, recognized for accreditation by the National Environmental Laboratory Accreditation Program, and approved by the State Surgeon General. PES has been operating in central Florida since 1965. Mr. Mawhinney has been a licensed attorney in the State of Florida since 2008 and had devoted much time to the study of regulations governing medical cannabis both nationally and internationally.

MCS has been formed not only utilize its technology and experience to provide testing services of low-THC cannabis products and ensure compliance with Sec. 64-4, but also to allow for easier identification and recognition among operating organizations within this new industry. MCS/PES has the capability to provide all testing services required by the Regulations, including:

- High Performance Liquid Chromatography (HPLC) to provide precise cannabinoid profiles of cannabis plants and derivatives. This is the only accepted quantitative method for potency analysis, HPLC testing provides Tetrahydrocannabinol and Cannabidiol concentrations of a sample, reported as a percentage by weight.
- Gas Chromatography (GC) and Liquid Chromatography (LC) to detect and quantify residual solvents, chemical additives, pesticides, mycotoxins, etc.
- Inductively Coupled Plasma (ICP) to detect and quantify heavy metals down to parts per billion.

- 3.5X-180X 144-LED Zoom Stereo Microscope with 3MP Digital Camera for microbial analysis.

MCS has been consulting with medical cannabis laboratories that have been operating in California, Colorado, and Washington. During a recent trip to Denver, MCS discussed cannabis derivative testing methodologies with a leading laboratory, toured the facility, and observed testing processes. MCS also met with a number of well-established dispensary owners in the Denver area to learn everything about the specifics of cannabis testing and to ensure that MCS can offer the highest level of testing services.

MCS has done a significant amount of research on cannabis testing methodologies and has qualified personnel to implement these methods. In order to perfect these methods and calibrate testing instrumentation, MCS has ordered testing standards and equipment columns specifically designed for cannabis testing, from Restek (<http://www.restek.com/Landing-Pages/Medical-Marijuana>), an industry leading provider. Once standards and columns are received, full implementation would take anywhere from 1-2 months.

While MCS has the capability to provide testing services to ensure that the low-THC cannabis products are in compliance with Chapter 64-4, there are still concerns about Senate Bill 1030's silence regarding immunity from prosecution for testing facilities. Although the Department has indicated that one laboratory will provide testing services, questions remain as to whether the Department has the authority to grant immunity to the laboratory. We encourage the Department to consider addressing this in its next Draft.

MCS/PES currently has two testing facilities in Lakeland that can potentially test low-THC cannabis. In fact, the PES location was recently inspected by the Department in July 2014 by Michael Antoine and Dr. Carl Kirchner from the Environmental Lab Certification Program and received minimal deficiencies.

MCS would also like to have a better understanding of how many samples to expect per batch, how many batches per harvest, how many harvests per year, and whether the harvests will be in unison with all 5 Dispensing Organizations. In order to set up the most efficient testing facility for low-THC cannabis testing, the selected laboratory will need to know estimated sample bulk amounts and sample frequencies. Current testing instrumentation will need to be calibrated accordingly and additional instruments and/or space may be needed to ensure that all patients receive their medicine in a timely manner. This may also help determine if one laboratory will in fact be sufficient.

The founders of MCS have expended many resources in an effort to provide low-THC cannabis testing services to Florida residents. MCS/PES already has Quality Control Manuals, Safety Manuals, Chemical Hygiene Plans, Internal Audit Guidelines, Corrective Action Plans, and Standard Operating Procedures for every laboratory function needed to perform low-THC cannabis testing. These Standard Operating Procedures include proficiency testing, accuracy,

comparability, sample tracking, sample acceptance, sample receipt protocol, sample custody, sample storage, sample disposal, calibration procedures, equipment maintenance, and reporting. MCS has also taken the initiative to conduct thorough background checks on every employee, should the Department eventually require it.

MCS thanks the Department for its time in considering its input and would like to assist the State in the performance the low-THC cannabis testing, however the Department see fit. Should it be determined that a private laboratory cannot be offered immunity for low-THC cannabis testing, MCS hopes that the Department will consider MCS for any consulting services which may be helpful in fulfilling the testing required by Senate Bill 1030. If you would like to discuss any of the foregoing in more detail, please don't hesitate to contact us.

Sincerely,

George Fernandez  
Chief Executive Officer

Pace Mawhinney  
Chief Operating Officer

## Bist, Kevin

---

**From:** Jeff Stone <jeff@tarmolabs.com>  
**Sent:** Wednesday, December 31, 2014 3:17 PM  
**To:** Nelson, Patricia A  
**Subject:** Rulemaking Session Follow-up

Hi Patty,

You all hosted a great session yesterday. There's a lot that still needs to get done before March though. It's a big task but I'm confident you'll succeed.

You asked for feedback on previously disseminated rules not being challenged. I would like to see more clarity on previous rule 64-4.002(2)(i).

It doesn't stipulate if money needs to be on-hand, or whether Lines of Credit, Term Loans, LOIs from accredited investors, etc. are sufficient.

Statute 381.986 states the applicant must demonstrate the financial ability to maintain operations for the duration of the 2-year approval cycle. So rule 64-4.002(2)(i) meant to support this statute is rather broad and ambiguous. More clarification would be extremely helpful in identifying what forms of available capital will be acceptable.

Happy New Year.

Best regards,  
Jeff

Jeff Stone  
Dir. Business Development  
Tarmo Labs, LLC  
O: (813) 685-4025  
C: (757) 635-3617  
F: (813) 464-8188

## Bist, Kevin

---

**From:** Nelson, Patricia A  
**Sent:** Wednesday, December 31, 2014 4:13 PM  
**To:** 'Licensing'  
**Subject:** RE: Cultivation Sample Video (CNN source)

Very interesting. Thank you.

-----Original Message-----

**From:** Licensing [<mailto:licensing@medicinemandenver.com>]  
**Sent:** Tuesday, December 30, 2014 2:56 PM  
**To:** Nelson, Patricia A  
**Cc:** Andy Williams; <[marc@medicinemantechnologies.com](mailto:marc@medicinemantechnologies.com)>  
**Subject:** Cultivation Sample Video (CNN source)

Patricia,

Here is a link showing a state of the art cultivation facility in Colorado. I think it is worth the 5 minutes needed to view it so as to help you see a good cultivation sample.

<http://www.msn.com/en-us/news/us/colorados-booming-marijuana-industry/vi-BBcRMBI>

Thanks!

The guy with the nice printing ...

Brett Roper  
303-345-1262 cell number

Sent from my iPhone

**Bist, Kevin**

---

**From:** Nelson, Patricia A  
**Sent:** Wednesday, December 31, 2014 4:18 PM  
**To:** 'Domingo Moya'  
**Subject:** RE: Interested parties

Thank you very much. I look forward to all of us being able to bring this process to a conclusion.

Patty

-----Original Message-----

**From:** Domingo Moya [<mailto:diamoyand@aol.com>]  
**Sent:** Tuesday, December 30, 2014 3:57 PM  
**To:** Nelson, Patricia A  
**Subject:** Interested parties

Ms Nelson

Thank you for giving out the email. Very good meeting. I believe that your previous experience and professionalism will serve the patients that need this product. I believe that under your direction we are on the way to a good set of rules. Looking forward to working w/ you.

Happy New Year,

Domingo Moya  
Sunshine State Wellness Centers

Sent from my iPhone

**Bist, Kevin**

---

**From:** Licensing Medicine Man <licensing@medicinemandenver.com>  
**Sent:** Wednesday, December 31, 2014 4:21 PM  
**To:** Nelson, Patricia A  
**Subject:** Re: Cultivation Sample Video (CNN source)

Thanks ... just wanted you to know there are alternative to greenhouse only solutions that are typically more reliable and resistant to the environment you have there on the Gulf Coast and that growing Cannabis plants is not the same as growing flowers for Rite Aid or Walgreens, etc. ☺ We do have several clients interested in the Florida initiative.

I will be sending along some thoughts once I survive this week.

I think you are doing an excellent job in your new role and am available for consultation at your convenience.

Have a great New Years evening!

Brett

On Wed, Dec 31, 2014 at 2:13 PM, Nelson, Patricia A <[Patricia.Nelson@flhealth.gov](mailto:Patricia.Nelson@flhealth.gov)> wrote:  
Very interesting. Thank you.

-----Original Message-----

**From:** Licensing [<mailto:licensing@medicinemandenver.com>]  
**Sent:** Tuesday, December 30, 2014 2:56 PM  
**To:** Nelson, Patricia A  
**Cc:** Andy Williams; <[marc@medicinemantechnologies.com](mailto:marc@medicinemantechnologies.com)>  
**Subject:** Cultivation Sample Video (CNN source)

Patricia,

Here is a link showing a state of the art cultivation facility in Colorado. I think it is worth the 5 minutes needed to view it so as to help you see a good cultivation sample.

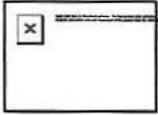
<http://www.msn.com/en-us/news/us/colorados-booming-marijuana-industry/vi-BBcRMBI>

Thanks!

The guy with the nice printing ...

Brett Roper  
[303-345-1262](tel:303-345-1262) cell number

Sent from my iPhone



Regards,

**Brett Roper**

Managing Director, Licensing Services

Medicine Man Technologies

13791 East Rice Place, Suite #107

Aurora, CO 80015 or

PO Box 39234 or 4750 Nome Street

Denver, CO 80239

(303) 345-1262 (cell)

(303) 481-4419 (office)

(303) 481-4417 (fax)

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## Bist, Kevin

---

**From:** Domingo Moya <diamoyand@aol.com>  
**Sent:** Wednesday, December 31, 2014 4:33 PM  
**To:** Nelson, Patricia A  
**Subject:** Re: Interested parties

Thanks. It's New Year's Eve hope you have a good one and may 2015 be a good one. I will forward some samples and ideas from other jurisdictions. I plan on spending plenty of time in Tallahassee during this process and session. Look forward to a great set of rules.

Domingo

Sent from my iPhone

> On Dec 31, 2014, at 4:18 PM, "Nelson, Patricia A" <[Patricia.Nelson@flhealth.gov](mailto:Patricia.Nelson@flhealth.gov)> wrote:

>  
> Thank you very much. I look forward to all of us being able to bring this process to a conclusion.

>  
> Patty

>  
> -----Original Message-----

> From: Domingo Moya [<mailto:diamoyand@aol.com>]

> Sent: Tuesday, December 30, 2014 3:57 PM

> To: Nelson, Patricia A

> Subject: Interested parties

>  
> Ms Nelson

>  
> Thank you for giving out the email. Very good meeting. I believe that your previous experience and professionalism will serve the patients that need this product. I believe that under your direction we are on the way to a good set of rules.

> Looking forward to working w/ you.

>  
> Happy New Year,

>  
> Domingo Moya  
> Sunshine State Wellness Centers

>  
> Sent from my iPhone

## Bist, Kevin

---

**From:** Jeff Stone <jeff@tarmolabs.com>  
**Sent:** Wednesday, December 31, 2014 4:39 PM  
**To:** Bist, Kevin  
**Subject:** RE: Touching Base

Hi Kevin,

It was great to finally meet you personally yesterday. Is there a way locate contact information of people who spoke during yesterday's session?  
I'm specifically looking for contact data on Mr. Charlie Brinks with Full Spectrum Labs. He didn't return after lunch so I wasn't able to get his info.

Any assistance is greatly appreciated.

Happy New Year.

Best regards,  
Jeff

Jeff Stone  
Dir. Business Development  
Tarmo Labs, LLC  
O: (813) 685-4025  
C: (757) 635-3617  
F: (813) 464-8188

> Jeff,  
>  
>  
> Sorry for the late reply, been out of town, in meetings, returning  
> calls and emails as quickly as possible.  
>  
> No meaningful discussions regarding the OCU, only a brief history and  
> update on current status. There will be a public hearing on 12/30  
> from  
> 8-5 at the Department of Health in Orlando. Don't know about the  
> availability of the draft rule.  
>  
> Best,  
>  
>  
> Kevin  
>  
>  
> -----Original Message-----  
> From: Jeff Stone [mailto:jeff@tarmolabs.com]  
> Sent: Wednesday, December 17, 2014 11:17 AM

> To: Bist, Kevin  
> Subject: RE: Touching Base  
>  
>  
> Good Morning Kevin,  
>  
>  
> I tried to dial in to the Drug Advisory Council meeting this morning,  
> but was unsuccessful. It kept me on hold for quite some time. Where  
> there meaningful discussions about OCU and Compassionate Medical Cannabis Act?  
>  
> Also, in anticipation of the 12/30 rule making session, do you know  
> when a draft of the rules will be made available?  
>  
> Thanks again Kevin for you assistance.  
>  
>  
> Best,  
> Jeff  
>  
>  
> Jeff Stone  
> Dir. Business Development  
> Tarmo Labs, LLC  
> O: (813) 685-4025  
> C: (757) 635-3617  
> F: (813) 464-8188  
>  
>  
>  
>> Hi Jeff,  
>>  
>>  
>>  
>> As soon as I get the particulars I'll forward them to you and the  
>> other interested parties.  
>>  
>> Best,  
>>  
>>  
>>  
>> Kevin  
>>  
>>  
>>  
>> -----Original Message-----  
>> From: Jeff Stone [mailto:[jeff@tarmolabs.com](mailto:jeff@tarmolabs.com)]  
>> Sent: Tuesday, December 16, 2014 12:34 PM  
>> To: Bist, Kevin  
>> Subject: RE: Touching Base  
>>  
>>

>>  
>> Hi Kevin,  
>>  
>>  
>>  
>> I've read a few articles this morning stating that the DOH/OCU will  
>> host a rule making session in Orlando on 12/30. Is this correct? If  
>> so, can you pass along the location and time details?  
>>  
>> Thanks Kevin.  
>>  
>>  
>>  
>> Best regards,  
>> Jeff  
>>  
>>  
>>  
>> Jeff Stone  
>> Dir. Business Development  
>> Tarmo Labs, LLC  
>> O: (813) 685-4025  
>> C: (757) 635-3617  
>> F: (813) 464-8188  
>>  
>>  
>>  
>>> Dear Mr. Stone,  
>>>  
>>>  
>>>  
>>>  
>>> The current rule has received four legal challenges and a hearing  
>>> was scheduled for October 14th and 15th. It is not known at this  
>>> time what the effect will be on the rule or its contents.  
>>>  
>>> Best Regards,  
>>>  
>>>  
>>>  
>>>  
>>> Kevin  
>>>  
>>>  
>>>  
>>>  
>>> -----Original Message-----  
>>> From: Jeff Stone [<mailto:jeff@tarmolabs.com>]  
>>> Sent: Monday, September 29, 2014 4:04 PM  
>>> To: Bist, Kevin  
>>> Subject: Touching Base  
>>>

>>>  
>>>  
>>>  
>>> Hi Kevin,  
>>>  
>>>  
>>>  
>>>  
>>> Hope is well in Tallahassee. Just a quick note to see if anything  
>>> new has been promulgated from the OCU? I now have the ORI number.  
>>> Understand most things are on hold until 15 October, or later. Does  
>>> this also affect the \$5M Bond Form still to be released?  
>>>  
>>>  
>>> Thanks in advance for you help.  
>>>  
>>>  
>>>  
>>>  
>>> Best regards,  
>>> Jeff  
>>>  
>>>  
>>>  
>>>  
>>> Jeff Stone  
>>> Dir. Business Development  
>>> Tarmo Labs, LLC  
>>> O: (813) 685-4025  
>>> C: (757) 635-3617  
>>> F: (813) 464-8188

## Bist, Kevin

---

**From:** Kostas Stoilas <stoilas@yahoo.com>  
**Sent:** Thursday, January 01, 2015 11:10 AM  
**To:** Nelson, Patricia A  
**Subject:** Compassionate Use - Input / Questions  
**Attachments:** Dispensary Application Instructions.pdf; ATT00001.htm; Dispensary Application.pdf; ATT00002.htm; Cultivation Center Application Instructions 082914.pdf; ATT00003.htm; Cultivation Center Application 082914.pdf; ATT00004.htm; mass-organic-therapy-scoring-narrative.docx; ATT00005.htm; mass-organic-therapy-app (158 score).pdf; ATT00006.htm

Patty - good morning and Happy New Year. I'm emailing in regards to the Compassionate Use workshop held this week. Although I did not attend, I did watch the workshop online at The Florida Channel. As a background for you, my group (Southwest Florida Therapeutics) is working with a registered nursery in our region, and have been involved with the workshops since July 2014.

I'll email you more in a couple days after I go through some old notes, but wanted to share the application criteria from Illinois (attached) since it seems that's a model that will be looked to. There are also good application criteria examples, and completed applications, from Massachusetts in case you're looking to other states as well. Attached is one example of a high scoring application from Mass Organic in Massachusetts.

**Illinois Process:**

<http://www2.illinois.gov/gov/mcpp/Pages/update-08292014.aspx>

**Massachusetts Process:**

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/medical-marijuana/2014-application-process/open-county-application-process.html>

Hope this helps. Looking forward to assisting where possible. Thank you,

Kostas Stoilas  
239-822-7816 cell  
[stoilas@yahoo.com](mailto:stoilas@yahoo.com)

# INSTRUCTION SHEET

## APPLICATION FOR AUTHORIZATION APPROVAL MEDICAL CANNABIS DISPENSARY

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the Application Form and required fee unless otherwise directed in the instructions.*

Table of Contents	Pages
Purpose .....	2
Disclaimer .....	2
Fees: Fees are non-refundable .....	2
Definitions .....	2
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Completing the Application .....	4-5
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Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).

## PURPOSE

The Medical Cannabis Pilot Program Act (the "Act") 410 ILCS 130 and the Administrative Rules 68 IAC 1290 (the "Rules") require that all entities engaged in the dispensing of medical cannabis be registered by the Illinois Department of Financial and Professional Regulation – Medical Cannabis Division ("Division") to engage in such activity.

## DISCLAIMER

Pursuant to the Act, the State of Illinois may not award more than 60 registrations to operate a dispensing organization. DFPR reserves the right to award fewer than 60 authorizations to register during the first request for applications if the Division concludes that no qualified applications are timely received for a specific district or districts.

After filing an application for Authorization to register a dispensing organization with the Division, applicant will be provided with a date and time stamped receipt issued by the Division. In filing an application for Authorization and receiving a date and time stamped receipt, the applicant consents and acknowledges:

- a. Applicant retains no claim or action against the Division for its denial of an Application;
- b. The Division is vested with the discretion to select the applicants to be awarded an Authorization; and
- c. The Division's decisions in selecting the applicants shall be final.

## FEES

### FEES ARE NON-REFUNDABLE

The Application fee is \$5,000. The application fee shall be provided in a sealed envelope labeled "application fee" along with the submission checklist listed on pages 11 and 12 of these instructions. One application fee is to be submitted with each application.

Application fee payment must be hand delivered in the form of a **certified check** or **money order only**, made payable to "Illinois Department of Financial and Professional Regulation."

Cash or personal checks will not be accepted.

## DEFINITIONS

The Pilot Program Act uses the terms "day care center," "day care home," "group day care home," "part day child care facility." The Child Care Act of 1969 [225 ILCS 10/] defines "day care center," "day care home," "group day care home," and "part day child care facility."

For purposes of this Application, minority, female, and disabled shall be defined as found in Section 2 of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act [30 ILCS 575/2].

## DISPENSING ORGANIZATION DISTRICTS

Applications will be accepted for the following dispensing organization districts. The applicant is solely responsible for ensuring that the proposed location is within the district boundaries of the district for which the applicant applies. Applicants should confirm the boundary line between the City of Chicago and adjacent districts. An applicant may submit separate applications for authorization for a dispensing organization in up to five Districts.

District 1 includes Carroll, Ogle, Whiteside and Lee counties.

District 6 includes Livingston, McLean and Dewitt counties.

District 7 includes Rock Island, Mercer, Knox and Henry counties.

District 8 includes Marshall, Peoria, Stark, Tazewell and Woodford counties.

District 9 includes Cass, Christian, Logan, Mason, Menard, Morgan and Sangamon counties.

District 10 includes Champaign, Coles, Douglas, Edgar, Macon, Moultrie, Piatt, Shelby and Vermillion counties.

District 11 includes Bond, Clinton, Madison, Monroe and St. Clair counties.

District 12 includes Clark, Crawford, Cumberland, Effingham, Fayette, Jasper, Lawrence, Marion and Richland counties.

District 13 includes Franklin, Jackson, Jefferson, Perry, Randolph, Washington and Williamson counties.

District 14 includes Fulton, Hancock, Henderson, McDonough and Warren counties.

District 16 includes Boone, Jo Daviess, Stephenson and Winnebago counties.

District 17 includes Bureau, LaSalle and Putnam counties.

District 18 includes Calhoun, Greene, Jersey, Macoupin and Montgomery counties.

District 19 includes Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne and White counties.

District 20 includes Adams, Brown, Pike, Schuyler and Scott counties.

District 21 includes Ford, Iroquois and Kankakee counties.

District 22 includes Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union counties.

**That part of the State within the Chicago metropolitan area but outside of Cook County are dispensing organization districts as follows:**

District 23 includes DeKalb County.

District 24 includes DuPage County.

District 25 includes Grundy and Kendall Counties.

District 26 includes Kane County.

District 27 includes Lake County.

District 28 includes McHenry County.

District 29 includes Will County.

**That part of Cook County outside of the City of Chicago are dispensing organization districts as follows:**

District 30 includes Barrington, Hanover and Palatine Townships.

District 31 includes Elk Grove and Schaumburg Townships.

District 32 includes Maine and Wheeling Townships.

District 33 includes New Trier and Northfield Townships.

## DISPENSING ORGANIZATION DISTRICTS (cont'd)

District 34 includes Evanston and Niles Townships.

District 35 includes Leyden, Norwood Park and Proviso Townships.

District 36 includes Berwyn, Cicero, Oak Park, River Forest and Riverside Townships.

District 37 includes Lemont, Lyons and Palos Townships.

District 38 includes Calumet, Stickney and Worth Townships.

District 39 includes Bremen, Orland and Rich Townships.

District 40 includes Bloom and Thornton Townships.

### **The City of Chicago includes the following districts:**

District 41 includes Jefferson Township.

District 42 includes Hyde Park Township.

District 43 includes Lake Township.

District 44 includes Lakeview Township.

District 45 includes North Township.

District 46 includes Rogers Park Township.

District 47 includes South Township.

District 48 includes West Township.

## COMPLETING THE APPLICATION

Please read the Act (410 ILCS 130), the Administrative Rules (68 IAC 1290), and these instructions carefully before you begin the Dispensary Authorization Application process to determine the documentation and forms you must submit to apply.

The Dispensary Authorization Application Form, Fee, Submission Checklist Form, Redacted Schedules, Redacted Addenda, Sealed Unredacted Hard Copy, and USB Drive containing a Redacted Copy and Unredacted Copy of the Application in PDF Format must be submitted by applicant for an application to be complete.

Diagrams, Plot Plans and Photographs submitted with the application must be of sufficient resolution to allow for technical review of all text and measurements. All pages must be numbered and organized in the following sequence.

Application Form	<b>REQUIRED</b>
Schedule 1 – Suitability of Proposed Dispensary	<b>REQUIRED</b>
● Suitability for Public Access- 3 page limit	
● Plot Plans and Photographs – No page limit	
● Zoning – No page limit	
Schedule 2 – Business and Operations Plan	<b>REQUIRED</b>
● Knowledge and Experience – No page limit	
● Staffing- 3 page limit	
● Business Management Practices- 5 page limit	
● Operating Plan – 5 page limit	
● Services Provided- 3 page limit	

## COMPLETING THE APPLICATION (cont'd)

### Schedule 3 – Security Plan

### REQUIRED

- Facility Security – No page limit
- Security Surveillance System- 6 page limit excluding supporting documents (i.e. designs or drawings)
- Product Security- 6 page limit excluding supporting documents
- Shipping/Transportation Security measures- 3 page limit

### Schedule 4 – Recordkeeping and Inventory Plan

### REQUIRED

- Recordkeeping Plan- 5 page limit
- Inventory Control Plan- 5 page limit
- Patient Education and Support Plan- 4 page limit

### Schedule 5 – Financial Disclosures

### REQUIRED

- No page limit

### Schedule 6 – Bonus Section

### OPTIONAL

- Labor and Employment Practice- 3 page limit
- Research Plan- 5 page limit
- Community Benefits Plan- 3 page limit
- Substance Abuse Prevention Plan- 3 page limit
- Local Community/Neighborhood Report- 3 page limit excluding support documents
- Environmental Plan- 3 page limit
- Verification of Minority-Owned, Female-Owned, Veteran-Owned, or Disabled Person Owned - 3 page limit excluding support documents
- Illinois Based Applicants - 3 page limit excluding support documents

## RECEIPT OF APPLICATIONS

A one page cover letter, including applicant's legal business name, district applied in, and consultant name (if any), on company letterhead must be submitted with the application. The Application Form must be filled out completely and display applicant's personal identifying information. Schedules and Addenda must be redacted and scrubbed of all personal identifying information.

The cover letter, unredacted Application Form, redacted Schedules and Addenda must be three hole punched and placed in a three ring binder. Between each Application Schedule insert a divider. Each Application Schedule must be labeled with a tab corresponding to the Schedule number. Each Application Addendum must be separated by a divider as well, with a tab corresponding to the Addendum letter on the divider. Please do not staple or permanently bind the application materials in any way.

For each application submission the applicant must also submit: one (1) unredacted paper copy of the application in a sealed envelope or box, one USB drive containing one (1) redacted copy of the application and one (1) unredacted copy of the application in Adobe Portable Document Format (PDF), and a sealed envelope labeled "application fee" containing the application fee along with the submission checklist listed on pages 11 and 12 of these instructions.

The unredacted application hard copy must be submitted in a separate envelope or box that is sealed and must have a label displaying the name of the applicant entity applying, district applied in, and consultant used (if any). No application materials will be accepted via US mail or electronic mail.

Applicant must submit one USB drive containing one (1) unredacted copy and one (1) redacted copy of the application materials in PDF. PDF's must be text-searchable, where feasible. The USB drive must be virus-free, not contain any encryption or password protection, and be compatible with Windows 7 Operating System. PDF's must be sanitized.

## RECEIPT OF APPLICATIONS (cont'd)

Except where indicated, all application materials, whether paper or PDF, must be in black and white, 8.5x11, 12-point Times New Roman font, 1.5 spaced paragraphs, 1 inch margins. No portion of the application may be handwritten except for signatures. All PDF's must be readily printable on 8.5x11 paper, or configured to scale to those dimensions, provided doing so still meets the typeface requirements. Applicant assumes sole responsibility for ensuring that the electronic documents are not corrupted and are readily accessible by Division employees.

Except where provided, the contents of the USB drive must be identical to the paper application. Make one folder for the complete un-redacted application and a separate folder for the complete redacted version. Each folder must be organized in the following manner:

-  Application Forms
-  A. Principal Officer Attestation Form(s)
-  B. Principal Officer Certification Form(s)
-  C. Property Ownership Form(s)
-  D. Zoning Form(s)
-  E. Criminal History Form(s)
-  F. Livescan Receipt Form(s)
-  G. Photocopy of Application Fee
-  Schedule 1 – Suitability of Proposed Disp
-  Schedule 2 – Business and Operations Plan
-  Schedule 3 – Security Plan
-  Schedule 4 – Recordkeeping & Inventory
-  Schedule 5 – Financial Disclosures
-  Schedule 6 – Bonus Section

Applicants are encouraged to make all reasonable efforts to ensure the documents are included as a PDF. The Department recognizes that some materials, such as blueprints or technical diagrams, may not be practicably included as a PDF. If that is the case, please include these documents only in the physical application copy and provide a placeholder page in the electronic PDF indicating where the document can be found in the physical copy.

### ***Redacting Identifiable Information***

To ensure the scoring process is conducted fairly, applicants must omit personal information from designated portions of the application that would reveal, or cause to reveal, the identity of the applicants. Personal information that must be removed on the redacted Application and the redacted electronic copy on the USB drive:

- |  |   |
|--|---|
| a. All first and last names listed in the application        | i. All business and personal addresses  |
| b. Name of company, including parent or subsidiary companies | j. Consultant name  |
| c. Employer taxpayer identification number                   | k. The names of all Corporations, LLCs, sole proprietorships, non-for-profits that have a financial interest in the dispensary. |
| d. Driver's license number                                   | l. Any personal identifying information in the photographs, plot plans or drawings  |
| e. State identification number (FEIN)                        | m. Signatures   |
| f. Proposed dispensary name                                  | n. Any additional personal identifying information contained in the application   |
| g. All phone numbers   |   |
| h. All e-mail addresses                                      |   |

*Application forms may be downloaded from the IDFP website at [www.idfpr.com](http://www.idfpr.com).*

## SUBMISSION OF APPLICATION

### Submission Checklist – To be completed and submitted with Application Fee

- Application fee in the form of a money order or certified check
- Submission Checklist Form (see page 11 of application instruction sheet) and fee in a sealed envelope labeled "application fee".
- One (1) hard copy of redacted Application scrubbed of all personal identifying information, three hole punched and placed in a three ring binder together with unredacted Application Form
- One (1) hard copy of unredacted Application containing wet signatures that displays all personal identifying information, in a sealed envelope together with unredacted Application Form
- Addendum A. Medical Cannabis Principal Officer Attestation Form with original signatures
- Addendum B. Principal Officer Certification Form with original signatures (Complete separate form for each Principal Officer)
- Addendum C. Confirmation of Property Ownership with original signatures
- Addendum D. Zoning Form with original signatures
- Addendum E. Criminal History Form (Complete separate form for each Principal Officer)
- Addendum F. Livescan Receipt (Submit separate receipt for each Principal Officer including all information from Section 230 of the Administrative Rules. Applicants may submit the same livescan receipt in any other applications)
- Addendum G. Photocopy of Application Fee
- Plot Maps, Diagrams and Photographs
- One (1) USB Drive containing one (1) redacted copy of application, scrubbed of all personal identifying information and one (1) unredacted copy of application, displaying all personal identifying information

*\*If you would like to include a key for this section the key will be kept separate from the materials during scoring.  
Example of a key would be: Principal Officer #1 = John Smith, Principal Officer #2 = John Doe.*

Applications must be hand delivered to the Division during the application submission time period:

### Department of Financial and Professional Regulation

**ATTN: Bridget Carlson - Division of Professional Regulation – Medical Cannabis**

**James R. Thompson Center**

**100 W. Randolph - 9th Floor**

**Chicago, Illinois 60601**

All application materials, upon submission to the Division, become property of the State of Illinois. No application materials will be returned.

## APPLICATION RECEIPT

The Division will provide a time and date stamped receipt upon application submission. The receipt will serve as a record that the application was delivered to the Division. Application materials must be presented to a Division employee. You may not leave the application materials unattended at the front desk.

## **SUBMISSION DEADLINE AND TIMETABLE:**

All Application materials must be hand delivered to the Division between September 8, 2014 and September 22, 2014.

Application materials will be accepted between 8:30 a.m. and 5:00 p.m. Central Standard Time, except for Monday, September 22, 2014 the last day of acceptance.

On Monday, September 22, 2014 materials will be accepted until 3:00 p.m. Time shall be determined by the clock at the reception desk at the Division.

The Division will not accept applications after the deadline on September 22, 2014.

It is the applicant's responsibility to submit the application on time, and consider potential delays. Sole responsibility rests with the applicant to ensure that their application is received and date and time-stamped, on or before the submission deadline.

## **INCOMPLETE APPLICATIONS**

The Division will follow 68 IAC 1290.70(b) regarding incomplete applications. If the missing or incomplete schedule is not submitted in connection with 68 IAC 1290.70(b), your application will be disqualified. Applications will not be returned to you. You will be notified by the Division if your application is disqualified.

## **AFTER APPLICATION SUBMISSION**

Unless the applicant is contacted by the Division in connection with 68 IAC 1290.70(b) regarding incomplete applications, no applicant may submit an amendment or add information to their application after it has been submitted.

## **CHANGE TO PRINCIPAL CONTACT**

You must notify the Division in writing of any change to principal or alternate contact information, address or e-mail after you file this application in order to receive further information. Please send these materials to: [FPR.MedicalCannabis@Illinois.gov](mailto:FPR.MedicalCannabis@Illinois.gov), Attn: Change to Principal/Alternate Contact or to:

### **Department of Financial and Professional Regulation**

**ATTN: Bridget Carlson - Division of Professional Regulation – Medical Cannabis**

**James R. Thompson Center**

**100 W. Randolph - 9th Floor**

**Chicago, Illinois 60601**

**NOTE: Confidential and time sensitive information may be sent to the applicant's email address provided in the application. Failure to respond to emails may result in your application being withdrawn or denied. It is the applicant's responsibility to add [FPR.MedicalCannabis@Illinois.Gov](mailto:FPR.MedicalCannabis@Illinois.Gov) to their safe senders and safe receipts list.**

## DOCUMENTS REQUIRING TRANSLATION

Any documents submitted in a foreign language must be accompanied by an original, notarized translation that has been transcribed by a person, other than the applicant, and who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

## APPLICATION QUESTIONS

Please direct all questions about the application forms to: [FPR.MedicalCannabis@Illinois.gov](mailto:FPR.MedicalCannabis@Illinois.gov).

## APPLICATION SCORING

The Application Form must be completed but will not be scored (incomplete Application Forms will be disqualified). Only Application Schedules will be scored based on the following point and percentage based system.

Schedule Name	Total Points Available	Percentage
Schedule 1: Suitability of the Proposed Dispensary	150	15%
Schedule 2: Business and Operations Plan	200	20%
Schedule 3: Security Plan	200	20%
Schedule 4: Record Keeping and Inventory Plan	200	20%
Schedule 5: Financial Disclosures	150	15%
Schedule 6: Bonus	100	10%
<b>Total</b>	<b>1,000</b>	<b>100%</b>

As stated in 68 IAC 1290.40, these instructions identify the minimum number of percentage points necessary from the required schedules to be eligible for consideration in the bonus categories. All applications will be reviewed and points awarded based upon the same point system in a fair and unbiased manner. Applications scoring in the top 30 percent of each district may have their bonus categories scored. Points available for each bonus category are identified below.

Labor and Employment Practices:	15
Research Plan:	10
Community Benefits Plan:	10
Substance Abuse Prevention Plan:	15
Local Community/Neighborhood Report:	10
Environmental Plan:	10
Verification of Minority-Owned, Female -Owned, Veteran-Owned, or Disabled Person-Owned:	15
Illinois Based Applicants:	15

## CHECKLIST

Consistent with the Medical Cannabis Pilot Program Act, in order to be considered for a Dispensing Organization Registration in Illinois, an applicant

- 1) Must be a business entity where none of the prospective Principal Officers have been convicted of an excluded offense;
- 2) Shall select a location that is in compliance with local zoning rules or can cure the zoning deficiency in a reasonable time;
- 3) Must not have a prospective Principal Officer who has served as a principal officer, owner, officer, or board member of a registered medical cannabis Dispensing Organization that had its Registration, license or permit revoked;
- 4) Must not have a prospective Principal Officer under 21 years of age;
- 5) Must not have a prospective Principal Officer that is a registered qualified patient or a designated caregiver;
- 6) Must not include a physician who holds a direct or indirect economic interest in a dispensing organization if he or she recommends the use of medical cannabis to qualified patients or is in a partnership or other fee or profit-sharing relationship with a physician who recommends medical cannabis.

## **SUBMISSION CHECKLIST – To be completed and submitted with Application Fee**

Submit applications and payment:

**September 8, 2014 – September 22, 2014**

Monday – Friday

8:30 am – 5:00 pm.

**\*\*\*The application period will end at 3:00 pm on Monday, September 22, 2014\*\*\***

James R. Thompson Center

100 W. Randolph St. – 9th Floor

Chicago, Illinois 60601

**Name:** \_\_\_\_\_

**Dispensing Organization District:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

*Initial on the lines below verifying the information is included in your application packet.*

- Application fee in the form of money order or certified check
- Application Submission Checklist
- One (1) hard copy of redacted Application scrubbed of all personal identifying information, three hole punched and placed in a three ring binder together with unredacted Application Form
- One (1) hard copy of unredacted Application containing wet signatures that displays all personal identifying information, in a sealed envelope together with unredacted Application Form
  
- Schedule 1 – Suitability of Proposed Facility
- Schedule 2 – Business and Operations Plan
- Schedule 3 – Security Plan
- Schedule 4 – Recordkeeping and Inventory Plan
- Schedule 5 – Financial Disclosures
- Schedule 6 – Bonus Section
  
- Addendum A. Medical Cannabis Principal Officer Attestation Form with original signatures
- Addendum B. Principal Officer Certification Form with original signatures  
(Complete separate form for each Principal Officer)
- Addendum C. Confirmation of Property Ownership with original signatures
- Addendum D. Zoning Form with original signatures
- Addendum E. Criminal History Form (Complete separate form for each Principal Officer)

**SUBMISSION CHECKLIST – To be completed and submitted with Application Fee**

- \_\_\_ Addendum F. Livescan Receipt (Submit separate receipt for each Principal Officer including all information from Section 230 of the Administrative Rules. Applicants may submit the same livescan receipt in any other applications)
- \_\_\_ Addendum G. Photocopy of Application Fee
- \_\_\_ One (1) USB Drive containing one (1) redacted copy of application, scrubbed of all personal identifying information and one (1) unredacted copy of application, displaying all personal identifying information.

*\* If you would like to include a key for this section the key will be kept separate from the materials during scoring.  
Example of a key would be: Principal Officer #1 = John Smith, Principal Officer #2 = John Doe.*

**Applicant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*\*Office use ONLY\*\*\***

Application Number: _____
Name: _____
ISP District: _____
County: _____
Check Number: _____
Receipt Number: _____

**Medical Cannabis Cultivation Center Application  
Instructions**

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Illinois Department of Agriculture  
Springfield, Illinois

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**APPLICATION INSTRUCTIONS**

**Application for Permit, Construction and Operational Approval – Medical Cannabis Cultivation Center**

The Application for Permit, mandatory forms, Schedules 1, 2, 3, 4, 5 and 6 and the information required by each schedule must be submitted by all applicants. The information in Schedule 7, Bonus Section, is optional. Applicants are encouraged to draft the narrative portions of the application clearly and concisely.

Blueprints and engineering specifications are required with the application packet. Please complete the *Approvals of Application for Permit Form* with the proper signatures. Engineering drawings are applicable to more than one schedule; i.e. one plan view may cover both production areas. In this situation, submit one drawing and reference the number on any subsequent schedules. The Department of Agriculture requires permission to reproduce all drawings.

In order to aid the Department to review and score applications anonymously, please DO NOT use your company name or distinguishing characteristics in Schedules 1 – 5. Department staff that will be involved in the reviewing and scoring of applications will NOT be involved in the acceptance and recording of applications.

Schedules:

Schedule 1 – Suitability of the Proposed Facility	<b>REQUIRED</b>	<b>150 Points</b>
Schedule 2 – Staffing and Operations Plan	<b>REQUIRED</b>	<b>100 Points</b>
Schedule 3 – Security Plan	<b>REQUIRED</b>	<b>200 Points</b>
Schedule 4 – Cultivation Plan	<b>REQUIRED</b>	<b>300 Points</b>
Schedule 5 – Product Safety and Labeling Plan	<b>REQUIRED</b>	<b>150 Points</b>
Schedule 6 – Business Plan	<b>REQUIRED</b>	<b>100 Points</b>
Schedule 7 – Bonus Section	<b>OPTIONAL</b>	<b>20 Points ea.</b>

Mandatory Forms:

- Approvals of Application for Permit
- Direct or Indirect Financial Interest
- Principal Officer or Board Member Disclosure Statement
- Contracting Disclosure
- Current or Previous Authorization to Cultivate Cannabis
- General Information
- Notarized Statement
- Written Statement
- Regulatory Agency Contact Authorization Form
- Property Ownership Form
- Notice of Proper Zoning Form
- Fingerprint Consent Form

**Medical Cannabis Cultivation Center Application  
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**NOTE: It is extremely important that the information submitted with the application and the Schedules clearly shows compliance with the rules of the Department, found at 8 Ill. Adm. Code Part 1000, hereinafter referred to as the rules. While citations to the rules have been added to documents in the application in order to assist in completion, omission of a citation does not alleviate the applicant from submitting required information. It is strongly recommended that the applicant read and become familiar with the rules, a copy of which is available online at [www.mcpp.illinois.gov](http://www.mcpp.illinois.gov).**

Pursuant to the Compassionate Use of Medical Cannabis Pilot Program Act (410 ILCS 130, hereinafter referred to as the Act), in Section 85, and the rules, in Section 1000.140, a non-refundable application fee of \$25,000 shall be submitted with each application. The fee shall be in the form of a certified check or money order made payable to Illinois Department of Agriculture.

Applications must be submitted through Certified U.S. Mail or in person at the address and during the dates and times listed below. *All data and information must be typed except documents requiring original signatures and the application checklist.* Blueprints shall be of sufficient resolution to allow for technical review.

For paper copies, all pages must be numbered and organized in the following sequence:

1. Schedule 1 – Suitability of the Proposed Facility
  - a) Location Area Map
  - b) Plot Plan of Facility
  - c) Zoning Compliance
  - d) Engineering Plans and Specifications
  - e) Employee Handbook
2. Schedule 2 – Staffing and Operations Plan
  - a) Staffing Plan
  - b) Operational and Management Practices Plan
3. Schedule 3 – Security Plan
  - a) Facility Security – Engineering Plans and Specifications
  - b) Security Surveillance System
  - c) Product Security
  - d) Shipping/Transportation Security
4. Schedule 4 – Cultivation Plan
  - a) Cultivation Methods
  - b) Product Registration
  - c) Production Areas (Plants)

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- d) Process Flow Diagram (Plants)
  - e) Production Areas (Processed/Infused)
  - f) Process Flow Diagram (Processed/Infused)
  - g) Pesticide Application and Storage Plan
  - h) Inventory of Production Areas
  - i) Shipping and Receiving
  - j) Water Flow Diagram
  - k) Disposal of Waste materials
5. Schedule 5– Product Safety and Labeling
- a) Product Packaging and Labeling Plan
  - b) Product Testing Plan
  - c) Product Recall Plan
6. Schedule 6 - Business Plan and Financial Disclosure
- a) Business Plan
  - b) Financial Disclosure
7. Schedule 7 – Bonus Section
- a) Labor and Employment Practices
  - b) Research Plan
  - c) Community Benefits Plan
  - d) Substance Abuse Prevention Plan
  - e) Local Community/Neighborhood Report
  - f) Environmental Plan
  - g) Verification of Minority owned, Female owned, Veteran owned or Disabled Person owned Business
  - h) Verification that the applicant's principal place of business is headquartered in Illinois and plan for creating Illinois based jobs
8. Mandatory Forms
- a) Approvals of Application for Permit
  - b) Direct or Indirect Financial Interest
  - c) Principal Officer or Board Member Disclosure Statement
  - d) Contracting Disclosure
  - e) Current or Previous Authorization to Cultivate Cannabis
  - f) General Information
  - g) Notarized Statement
  - h) Written Statement
  - i) Regulatory Agency Contact Authorization Form
  - j) Property Ownership Form
  - k) Notice of Proper Zoning Form
  - l) Fingerprint Consent Form

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PDF files on the USB drive must be organized based on the above outline. Please make one folder for the complete un-redacted application and a separate folder for the complete redacted version. Each Schedule must be a separate PDF file within the folder.

All documents need to be received by the Department of Agriculture by the closing date and time of the application process.

Applications must provide sufficient information to allow the Department to conduct a technical review to determine if it meets all requirements of the Act and the rules. The information required on each schedule is to ensure performance of a thorough review.

Final permits may be issued with special conditions but the following conditions will apply to all permits: All information and plans submitted with the application will become mandatory conditions of the permit if issued; no changes or modifications will be allowed without Department approval; a valid Illinois Tax ID number must be submitted to the Department; and all final zoning documents must be complete and submitted to the Department within 60 days of the application submittal date.

Contact the Department of Agriculture at the email address below if you have questions. [AGR.MedicalCannabis@illinois.gov](mailto:AGR.MedicalCannabis@illinois.gov). No questions about the application or application process will be answered except through email.

Submit applications and payment:

**September 8, 2014 – September 22, 2014**

Monday – Friday

8:30 am – 5:00 pm.

**\*\*\*NOTE: The application period will end at 3:00 pm on Monday, September 22, 2014\*\*\***

Emmerson Building  
Illinois State Fair Grounds – Gate 11  
Corner of Main Street and Central Avenue  
Springfield, Illinois 62707

PO Box 19281  
Springfield, Illinois 62794

Department of Agriculture will provide a time and date stamped receipt upon application submission. The receipt will serve as a record that the application was delivered to the Department.

**Late applications or applications submitted on days and at times other than those listed will not be accepted.**

# Medical Cannabis Cultivation Center Application Instructions

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## Required Documents

Application materials need to be typed in 12-point Times New Roman font, 1.5 line spacing, 1-inch margins on each side. No portions of the application may be handwritten except for documents that require signatures. Do not permanently bind any portion of the application materials.

All application materials must be submitted in the order outlined on page 2 – 4 of the instructions.

Please submit your applications as follows

- One (1) complete un-redacted paper application with original signatures – In a sealed envelope or box, blueprints and engineering specifications may be in sealed tubes.
- One (1) complete redacted paper application– In a sealed envelope or box, blueprints and engineering specifications may be in sealed tubes.  
*\*If you would like to include a key for this section the key will be kept separate from the materials during scoring. Example of a key would be: Financial Backer #1 = John Smith, Financial Backer #2 = John Doe.*
- One (1) USB drive with PDF files of the complete un-redacted and redacted application. Make one folder for the complete un-redacted application and a separate folder for the complete redacted version. Each Schedule must be a separate PDF file within the folder. Please make a sub-folder within the main folders that contains the forms for each version of the application. Each PDF must be text-searchable and “sanitized”.

Arrange your files in the following format within each sub-folder:

- 1. Approvals of Application for Permit Form(s)
- 2. Direct or Indirect Financial Interest Form(s)
- 3. Principal Officer and Board Member Disclosure Form(s)
- 4. Contracting Disclosure Form(s)
- 5. Contracting Disclosure
- 6. Current or Previous Authorization to Cultivate Cannabis
- 7. General Information
- 8. Notarized Statement
- 9. Written Statement
- 10. Regulatory Agency Contact Authorization Form
- 11. Property Ownership Form
- 12. Notice of Proper Zoning Form
- 13. Fingerprint Consent Form(s)
- Schedule 1.pdf
- Schedule 2.pdf
- Schedule 3.pdf
- Schedule 4.pdf
- Schedule 5.pdf
- Schedule 6.pdf
- Schedule 7.pdf

All USB drives must have sufficient storage capacity to hold the application files. The USB drive must be virus-free, have no encryption or password protection, and be compatible with the Windows 7 Operating system. All files must be readily printable to 8.5 x 11 paper. Applicants must make all reasonable efforts to ensure the documents are

## Medical Cannabis Cultivation Center Application Instructions

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included as PDFs. The Department recognizes that some materials, such as blueprints or technical diagrams, may not be practicably included as a PDF. If that is the case, please include these documents only in the paper application and provide a placeholder page in the PDF file indicating where the document should be.

- Certified Check or Money Order for \$25,000 payable to the Illinois Department of Agriculture. Please include a copy of your Application Submission Checklist and a copy of the certified check or money order with your payment in a sealed envelope.

When preparing the redacted version of your application materials please redact all references to the following items:

1. All first and last names listed in the application
2. Social security numbers
3. Employer taxpayer identification number
4. Driver's license number
5. State identification number (FEIN)
6. Proposed dispensary name
7. All phone numbers
8. All e-mail addresses
9. All business and personal addresses
10. Consultant name
11. The names of all Corporations, LLCs, sole proprietor ships, non-for-profits that have a financial interest in the dispensary.
12. Any personal identifying information in the photographs, plot plans or drawings
13. Signatures
14. Any additional personal identifying information contained in the application

**Medical Cannabis Cultivation Center Application  
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**Submission Checklist – To be completed and submitted with Application Fee**

Submit applications and payment:

**September 8, 2014 – September 22, 2014**

Monday – Friday

8:30 am – 5:00 pm.

**\*\*\*The application period will end at 3:00 pm on Monday, September 22, 2014\*\*\***

Emmerson Building

Illinois State Fair Grounds – Gate 11

Corner of Main Street and Central Avenue

Springfield, Illinois 62707

Name: \_\_\_\_\_

ISP District: \_\_\_\_\_

County: \_\_\_\_\_

Check Number: \_\_\_\_\_

*Initial on the lines below verifying the information is included in your application packet.*

\_\_\_ 1 complete, sealed, un-redacted application with original signatures

\_\_\_ 1 complete, sealed, redacted application

\_\_\_ USB drive with PDF copies of both versions of the application

\_\_\_ \$25,000 non-refundable certified check or money order

\_\_\_ Photocopy of certified check or money order

\_\_\_ Submission Checklist

\_\_\_ Schedule 1 – Suitability of Proposed Facility

\_\_\_ Schedule 2– Staffing and Operations Plan

\_\_\_ Schedule 3 – Security Plan

\_\_\_ Schedule 4 – Cultivation Plan

\_\_\_ Schedule 5 – Product Safety and Labeling Plan

\_\_\_ Schedule 6 – Business Plan

\_\_\_ Schedule 7 – Bonus Section

\_\_\_ Approvals of Application for Permit Form

\_\_\_ Direct or Indirect Financial Interest Form

\_\_\_ Principal Officer or Board Member Disclosure Statement Form

\_\_\_ Contracting Disclosure Form

\_\_\_ Current or Previous Authorization to Cultivate Cannabis Form

\_\_\_ General Information Form

\_\_\_ Notarized Statement

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- Written Statement
  - Regulatory Agency Contact Authorization Form
  - Property Ownership Form
  - Notice of Proper Zoning Form
  - Completed Fingerprint Consent Form(s)

**Applicant Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**\*\*\*Office use ONLY\*\*\***

Application Number: _____
Name: _____
ISP District: _____
County: _____
Check Number: _____
Receipt Number: _____

**Medical Cannabis Cultivation Center  
Application**

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**Illinois Department of Agriculture  
Springfield, Illinois**

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**Schedule 1 – Suitability of the Proposed Facility**

The following Measures are found in Section 1000.110(b)(1) of the rules:

**Measure 1:** The applicant must demonstrate that the proposed facility is suitable for effective and safe cultivation of medical cannabis, is sufficient in size, power allocation, air exchange and air flow, interior layout, lighting, and sufficient both in the interior and exterior to handle the bulk agricultural production of medical cannabis, cannabis-infused products, product handling, storage, trimming, packaging, loading and shipping. The loading/unloading of medical cannabis in the transport motor vehicle for shipping shall be in an enclosed, secure area out of public sight.

**Measure 2:** The applicant must demonstrate the ability to continue to meet qualifying patient demand by expanding the cultivation facility in a quick and efficient manner with minimal impact on the environment and the surrounding community.

**Measure 3:** The applicant provides an employee handbook that will provide employees with a working guide to the understanding of the day-to-day administration of personnel policies and practices.

*The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules and application instructions. Any engineering drawings, flow diagrams, and descriptions must be adequate to illustrate your plans.*

**1. Location Area Map (1000.40(e), 1000.100(d)(19), 1000.220(a))**

Provide a location map of the area surrounding the facility. Identify the relative locations of the following on the map, or by notations, the distance and direction to the property line (*minimum of 2500 lineal feet*):

- Pre-existing public or private pre-school
- Elementary or secondary school
- Day care center
- Day care home
- Group day care home
- Part day child care facility
- Area zoned exclusively for residential use
- *Minimum of 1,000 lineal feet* to another cultivation center or a medical cannabis dispensary

**2. Plot Plan of Facility (1000.100(d)(20))**

Provide a plot plan of the Cultivation Center drawn to a reasonable scale. The plot plan must show all of the following:

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- All production, receiving and shipping areas within the facility
- All public roads accessible by the facility
- All private roads within the facility
- All uses of adjacent property

**3. Zoning Compliance (1000.40(h), 1000.100(d)(17))**

Provide documentation that all federal, State and local building, zoning and fire codes and all local ordinances are met, including a copy of the current local zoning ordinance and verification that the proposed cultivation center is compliant (see Notice of Proper Zoning form)

Note: If the applicant has applied for zoning approval from the local zoning authority and the matter is pending before the authority, the applicant shall submit the Notice Of Proper Zoning form. If a ruling is issued by the local zoning authority granting approval of the cultivation center, the applicant shall submit a completed Notice of Proper Zoning form from the zoning authority. In no event, however, may the verification be submitted more than 60 days from the date of submission of the application to the Department.

**4. Engineering Plans and Specifications (1000.220(b))**

Provide plan and elevation drawings of all operational areas involved with the production of cannabis plants. This should include dimensions and elevations referenced to a single facility bench mark. Cross sections must show the construction details and dimensions of all construction details to provide verification of materials of construction, enhancement for security measures and bio-security measures. Identify all employee areas that are non-production areas.

**5. Employee Handbook (Measure 3 above)**

Provide current position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. Please include planned personnel policies and practices.

**Medical Cannabis Cultivation Center  
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**Schedule 2 – Staffing and Operations Plan**

The following Measures are found in Section 1000.110(b)(2) of the rules:

**Measure 1:** The applicant must fully describe a staffing plan that will provide and ensure adequate staffing and experience for all accessible business hours, safe production, sanitation, adequate security and theft prevention.

**Measure 2:** The applicant shall provide an Operations and Management Practices Plan that demonstrates compliance with the Department's medical cannabis rules and the Act.

*The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application. Any engineering drawings, flow diagrams, and descriptions must be adequate to illustrate your plans.*

**1. Staffing Plan (1000.200(a)(2), 1000.320, 1000.410, 1000.415)**

Submit an organizational chart of the proposed staffing requirements to adequately operate the proposed cultivation center. The plan will include, but not be limited to hiring criteria, educational requirements and day to day proposed schedules.

**2. Operations and Management Practices Plan (1000.100(d)(6))**

Please include an Operations and Management Practices Plan for each production area of medical cannabis and medical cannabis infused products, describing all of the practices that will be employed at the facility in each production area.

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Application**

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**Schedule 3 – Security Plan**

The following Measures are found in Section 1000.110(b)(3) of the rules:

**Measure 1:** The applicant must demonstrate its ability to prevent the theft or diversion of medical cannabis and how the plan will assist with Illinois State Police (ISP), Department, and local law enforcement.

**Measure 2:** The applicant must demonstrate that its plan for record keeping, tracking and monitoring inventory, quality control and security and other policies and procedures will discourage unlawful activity. It should also describe the applicant's plan to coordinate with and dispose of unused or surplus medical cannabis with ISP and the Department.

**Measure 3:** The applicant must demonstrate that its security plan includes and sets forth an enclosed, locked facility that will be used to secure or store medical cannabis, its security measures, including when the location is closed for business, and the steps taken to ensure that medical cannabis is not visible to the public.

**Measure 4:** The applicant must describe its transportation plan regarding procedures for safely and securely delivering medical cannabis to registered dispensaries.

*The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application. Any engineering drawings, flow diagrams, and descriptions must be adequate to illustrate your plans.*

**1. Facility Security (1000.415, 1000.440)**

Submit or include on a separate blueprint drawing the following:

- Provide all measures employed to provide physical security of the facility. (Enclosed, locked)
- Identify all points of entrance and exit at the facility.
- Provide all measures installed to limit access to all restricted entry areas identified on the floor plan.
- Provide the name and address of any outside contractors hired to provide security.
- Hours of operation at the facility.

**2. Security Surveillance System (1000.445, 1000.450)**

- Provide the design of the surveillance system that will be installed at the facility. This must include the location of all cameras on a floor plan of the facility.
- Provide the storage capabilities for the retention of historical recordings on site and off site.
- Provide the system utilized to provide real time video feed to the Illinois State Police and the Illinois Department of Agriculture.

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**3. Product Security (1000.415, 1000.440)**

- Submit the operation and management practices plan for control of inventory from introduction of plant material or seeding to harvest. This narrative must interface with the inventory system described in Schedule 4.
- Procedures for documentation of all products destroyed.
- Procedures for documentation of production loss.

**4. Shipping/Transportation Security Measures (1000.430)**

Submit the operational procedures for packaging of materials for shipping. This shall include the following:

- Type of shipping container
- Method for sealing of the container to prevent tampering.
- Generation of the manifest.
- Method to label, weigh and load for shipping to the dispensary. How will the interface be implemented to confirm receipt of all products at the dispensary?
- Security measures employed while the product is in shipment.
- Name of the firm, if any, contracted to transport and provide security of the shipment.
- Fiscal controls for handling of payments by dispensaries including deposits of cash.

**Medical Cannabis Cultivation Center  
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**Schedule 4 – Cultivation Plan**

The following Measures are found in Section 1000.110(b)(4) of the rules:

**Measure 1:** The applicant shall describe its plan to provide a steady, uninterrupted supply of medical cannabis to registered dispensaries.

**Measure 2:** The applicant demonstrates knowledge of cultivation methods to be used in the cultivation of cannabis. The applicant shall describe the various strains to be cultivated and its experience, if applicable, with growing those strains or comparable agricultural products.

**Measure 3:** The applicant demonstrates the steps that will be taken to ensure the quality of the cannabis, including the purity and consistency, of the medical cannabis to be provided to dispensaries.

*The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application. Any engineering drawings, flow diagrams, and descriptions must be adequate to illustrate your plans.*

**1. Cultivation Methods** (1000.100(d)(5), 1000.250)

Provide a description of cultivation methods. Include plans for growing mediums, treatments or additives used, and growing areas.

**2. Product Registration** (1000.400(f), 1000.140(a)(8), 1000.250(a)(3), 1000.420(a) & (d)(2))

Submit a detailed listing of all products and strains to be produced and registered at the facility. This will include products such as dried product, processed and/or infused product and strains to be cultivated. All manifests and shipping documents for a particular product and strain must use the same product and strain name to ensure consistent reporting.

**3. Production Areas (Plants)** (1000.400, 1000.410(b))

On the production area drawing(s), please provide the maximum production capacity (number of plants) that can be produced in each area. Identify each area that will be employed for other production purposes and how each area functions or interfaces with the Process Flow diagram detailed below. Clearly identify all areas to be utilized for the storage of crop inputs and storage of application equipment.

**4. Process Flow Diagram (Plants)**

Provide a schematic flow diagram indicating how all raw materials will proceed from planting to shipment to a dispensary as dried product or to the specified area for the production of a processed product. Please indicate by notation or narrative the estimated time elapsed for each area of production and/or each process involved at that particular stage of production.

**5. Production Areas (Processed/Infused)** (1000.405, 1000.410(b))

**Medical Cannabis Cultivation Center  
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On the production area drawing(s), please identify each processing area including product(s) produced, production capacity and engineered security measures for that specific area. Identify each area that will be employed separately for any other purpose associated with processing and how each area functions or interfaces with the Process Flow Diagram detailed below. Clearly identify all areas to be utilized for the storage of supplies associated with processing and storage areas of the finished products prior to shipping.

**6. Process Flow Diagram (Processed/Infused)**

Provide a schematic flow diagram indicating how all processed or infused materials will proceed from production to staging for shipment to a dispensary as a processed product. Please indicate by notation or narrative the estimated time elapsed for each phase of production and/or each process involved at that particular stage.

**7. Pesticide Application and Storage Plan (1000.400(d), 1000.400(e), 1000.470)**

State the names of pesticides you plan to use in cultivation and where and how in the facility you will store said pesticides. Please state your plan as to: how you will train employees in the proper use of pesticides; when, how and by whom the pesticides will be applied; under what circumstances they will be applied; and worker protection standards. Please state your plan for keeping and maintaining pesticide application records. Please state your plan for the disposal of unused pesticides.

**8. Inventory of Production Areas (1000.435)**

Provide the inventory system employed to maintain a current inventory of all products grown, harvested and processed at the facility. This will include seeds, young plants including clones, mature plants, raw materials harvested and all products that are in various stages of processing. Please reference where the inventory procedure(s) will be employed on the submitted "Process Flow Diagram". Please include the protocol to perform random checks, reconciliation of differences, final resolution and reporting. If the inventory checks are to be performed in a specific area of the facility (i.e. harvesting or planting) then please identify on the blueprints submitted.

**9. Shipping and Receiving (1000.430)**

Provide all inventory procedures to ensure delivery of the products to the dispensaries. This will include an accounting of all products that depart the Cultivation Center and the Dispensary destination(s). Please include all internal controls, reconciliation of shipping records (Cultivation Center) and receiving records (Dispensary), protocol for reporting discrepancies and procedures for reconciliation of the difference and the corrective action needed to prevent unaccountable loss.

**10. Water Flow Diagram (1000.400(j)(8), 1000.400(j)(9), 1000.465)**

Provide a schematic flow diagram of all water distribution points in the production areas and the backflow protection employed for each referenced point.

**11. Disposal of Waste Materials (1000.460)**

If the facility will generate waste from the processing of medical cannabis, please submit all operational procedures for the disposal of said material and the estimated amount of waste to be generated in a 12 month period.

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**Schedule 5 – Product Safety and Labeling Plan**

The following Measures are found in Section 1000.110(b)(5) of the rules:

**Measure 1:** The applicant shall describe its plan for providing safe and accurate packaging and labeling of medical cannabis.

**Measure 2:** The applicant shall describe its plan for testing medical cannabis and ensuring that all medical cannabis is free of contaminants, including but not limited to pesticides, microbiologicals, and residual solvents. If applicable, the applicant shall provide quality history records showing specific testing results from laboratory testing conducted on the applicant's cannabis products.

**Measure 3:** The applicant shall describe its plan for establishing a recall of the applicant's products in the event that they are shown by testing or other means to be, or potentially be, defective or have a reasonable probability that their use or exposure to will cause serious adverse health consequences. At a minimum, the plan should include the method of: identification of the products involved; notification to the dispensary organization or others to whom the product was sold or otherwise distributed; and how the products will be disposed of if returned to or retrieved by the applicant.

*The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application.*

**1. Product Packaging and Labeling Plan (1000.420)**

State how you plan to package and label cannabis and cannabis infused products, including type of container and label used and information contained on the label. Describe the types of child safety packaging you will use for each product sold.

**2. Product Testing Plan (1000.500, 1000.510)**

Describe how and when you will select samples for laboratory testing, what type of testing you will request from a laboratory, and how you will use this information for best practices. Include a description of timelines and transportation methods.

**3. Product Recall Plan (1000.250, 1000.410(c), 1000.510(d)(1))**

In detail please describe your product recall plan. Please include: identification of involved products (i.e. batch codes), dispensary notification process, and disposal instructions.

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**Schedule 6 – Business Plan and Financial Disclosure**

The following Measures are found in Section 1000.110(b)(6) of the rules:

**Measure 1:** The applicant shall provide a business plan that describes how the cultivation center plans to operate on a long-term basis. This shall include the applicant providing a detailed description about the amount and source of the equity and debt commitment for the proposed cultivation center that demonstrates the immediate and long-term financial feasibility of the proposed financing plan, the relative availability of funds for capital and operating needs, and the financial capability to undertake the project.

**Measure 2:** The applicant or its officers, board members, or incorporators demonstrates experience in business management and/or having medical industry, agricultural or horticultural experience and the extent of their involvement in or ability to influence the day-to-day operations of the facility.

**Measure 3:** The business plan demonstrates a start-up timetable which provides an estimated time from permit approval of the cultivation center to full operation, and the assumptions used for the basis of those estimates.

*The following outline is meant as a guide for the applicant to follow in submitting information to meet the above Measures. It is not an all-inclusive list or description of required information. It is the applicant's responsibility to demonstrate compliance with the rules in the application.*

**1. Business Plan** (1000.40(g), 1000.100(d)(7), 1000.100(d)(8), 1000.240)

Please provide a business plan describing how the cultivation center will operate on a long term basis.

**2. Financial Disclosure** (1000.40(g), 1000.100(d)(9) thru (15), 1000.100(d)(21), 1000.100(d)(22), 1000.100(d)(23), 1000.200)

- Type of Ownership; (Corporation, LLC, Proprietorship, etc.)
- Documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant;
- A copy of all compensation agreements with producer backers, directors, owners, officers, other high-level employees or any other persons required to complete these agreements. For purposes of this Application, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;
- Describe the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening or operating of the proposed production facility;

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- Provide audited financial statements for the previous fiscal year, which shall include, but not be limited to, an income statement, balance sheet, statement of retained earnings or owners' equity, statement of cash flows, and all notes to such statements and related financial schedules, prepared in accordance with generally accepted accounting principles, along with the accompanying independent auditor's report. If the applicant was formed within the year preceding this application, provide certified financial statements for the period of time the applicant has been in existence and any pro forma financials used for business planning purposes; and
- Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.
- Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) producer backer; and (ii) each producer backer member identified in the applicant's application.
- Provide evidence of financial responsibility in the amount of at least \$2,000,000, payable to the Department in accord with the provisions of Sections 1000.40(g) and 1000.60, in the form of either an escrow account in a chartered financial institution in Illinois, or a commitment for the issuance of a surety bond, within 15 business days after notification of selection for a permit, written by a surety company authorized and licensed by the Illinois Department of Insurance and on the form prescribed by the Department.
- Documentation acceptable to the Department that the individual or entity filing the application has at least \$500,000 in liquid assets. Documentation acceptable to the Department includes a signed statement from an Illinois Licensed CPA attesting to proof of the required amount of liquid assets under the control of an owner or the entity applying, or a signed statement from a financial institution authorized to do business in Illinois. The statement must be dated within 30 calendar days before the date the application was submitted.

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**Schedule 7 – Bonus Section**

Once the applicant has met the requirements of the measures in Schedules 1 through 6, the applicant will be considered for receiving bonus points for the preferred but not required initiatives in the following categories. **Bonus point categories and descriptions can be found in Section 1000.110(c) of the rules.** Applicant must fully explain and verify with supporting documentation if possible any plans to implement the following:

1. **Labor and Employment Practices**
2. **Research Plan**
3. **Community Benefits Plan**
4. **Substance Abuse Prevention Plan**
5. **Local Community/Neighborhood Report**
6. **Environmental Plan**
7. **Verification of Minority Owned, Female Owned, Veteran Owned, or Disabled Person Owned Business.**
8. **Verification that the Applicant's Principal Place of Business is Headquartered in Illinois and Plan for Creating Illinois Based Jobs.**

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**Approvals of Application for Permit**  
(Sections 1000.100(d)(19), (20) and 1000.220(b))

Certification of Engineering Plans and Specifications:

1. Certificate by Applicant or Employee of Applicant – *complete this section if applicant or employee of applicant designed engineering plans and specifications.*

I hereby certify that I am familiar with the information contained in this application and the attached schedules, that they were prepared by me, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

2. Certificate by Design Engineer – *complete this section if an Illinois licensed engineer designed engineering plans and specifications.*

I hereby certify that I am familiar with the contents of this application and the rules of the Department *for The Compassionate Use of Medical Cannabis Pilot Program*, found at 8 Ill. Adm. Code Part 1000, that the design of the cultivation center conforms to the requirements of the rules, and the engineering plans and specifications were prepared by me or under my direction.

Engineer Name \_\_\_\_\_  
Registration No. \_\_\_\_\_  
Seal \_\_\_\_\_  
Firm \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

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3. Certify by applicant if designed by another entity – *complete this section if an entity not listed above designed the engineering plans and specifications.*

I hereby certify that I am familiar with the information contained in this application and the attached schedules, that they were prepared by \_\_\_\_\_, and that to the best of my knowledge and belief such information is true, complete, and accurate.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Certificate by all Applicant(s)

I/We hereby certify that I/We are familiar with the contents of this application, the attached schedules, and am/are authorized to sign this application in accordance with 8 IAC 1000.100(e) of the rules. I/We agree and understand that the conditions of Permit Approval are that I/we construct and operate the Medical Cannabis Cultivation Center as submitted in this application and conform to all requirements of the Act and the rules.

Authorized Applicant:

Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Direct or Indirect Financial Interest**  
(Section 1000.100(d)(9))

Please complete a separate form for *each person, association, producer backer, partnership, other entity, corporation or trust holding a direct or indirect financial interest in the cultivation center for which application is being made. If a trust, disclose the names and addresses of the beneficiaries.* See Section 1000.10 for a definition of financial interest

**General Information**

- Percent Ownership \_\_\_\_\_
- Type of Ownership \_\_\_\_\_
- First Name \_\_\_\_\_
- Middle Name \_\_\_\_\_
- Last Name \_\_\_\_\_
- Maiden Name (if applicable) \_\_\_\_\_
- Alias(es) or former names \_\_\_\_\_
- SSN \_\_\_\_\_
- Sex (optional) \_\_\_\_\_
- Race (optional) \_\_\_\_\_
- U.S. Resident? \_\_\_\_\_
- Illinois Resident? \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- Work Telephone \_\_\_\_\_
- Cell Phone \_\_\_\_\_
- Email Address \_\_\_\_\_
- Title in Cultivation Center \_\_\_\_\_

**Financial History**

Has any such person or entity failed to file or filed late any tax return in any domestic or foreign jurisdiction? If so, provide for each instance:

- Tax Year \_\_\_\_\_
- Tax Entity \_\_\_\_\_
- State \_\_\_\_\_
- Country \_\_\_\_\_
- Amount in Arrears \_\_\_\_\_
- Result – Lien, judgment, etc. \_\_\_\_\_
- Obligation satisfied? \_\_\_\_\_
- Reason for not filing/late filing \_\_\_\_\_

**Criminal History**

Has any such person or entity, after turning 18 years of age, ever been charged with, pleaded guilty to, or been convicted of any crime or offense in any domestic or foreign jurisdiction? If so, provide for each instance:

- Date of arrest \_\_\_\_\_

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- County \_\_\_\_\_
- State \_\_\_\_\_
- Country \_\_\_\_\_
- Case number \_\_\_\_\_
- Statute – Arrest \_\_\_\_\_
- Statute – Charge \_\_\_\_\_
- Statute – Conviction \_\_\_\_\_
- Sentencing Judge \_\_\_\_\_
- Sentencing Date \_\_\_\_\_
- Sentence \_\_\_\_\_
- Date of discharge \_\_\_\_\_
- Were charges sealed or expunged? \_\_\_\_\_

**If owned by a corporation or other entity, disclose:**

- Business Name \_\_\_\_\_
- Business Mailing Address \_\_\_\_\_
  
- Business telephone number \_\_\_\_\_
- Business entity type \_\_\_\_\_
- Website \_\_\_\_\_
- Date(s) and jurisdiction(s) of business formation or incorporation \_\_\_\_\_
  
- FEIN \_\_\_\_\_
  
- Names of controlling shareholders, class of stock, and percentage ownership.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If owned by a trust** – the names, addresses, dates of birth, and percentages of interest of all beneficiaries and trustees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Principal Officer or Board Member Disclosure Statement**  
(Section 1000.100(d)(1 thru 4))

Please complete a separate form for each Principal officer and/or board member.

**General Information**

- Percent Ownership \_\_\_\_\_
- Type of Ownership \_\_\_\_\_
- First Name \_\_\_\_\_
- Middle Name \_\_\_\_\_
- Last Name \_\_\_\_\_
- Maiden Name (if applicable) \_\_\_\_\_
- Alias(es) or former names \_\_\_\_\_
- SSN \_\_\_\_\_
- Sex (optional) \_\_\_\_\_
- Race (optional) \_\_\_\_\_
- U.S. Resident? \_\_\_\_\_
- Illinois Resident? \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- Work Telephone \_\_\_\_\_
- Cell Phone \_\_\_\_\_
- Email Address \_\_\_\_\_
- Title in Cultivation Center \_\_\_\_\_

**Financial History**

Ever failed to file or filed late any tax return in any domestic or foreign jurisdiction? If so, provide for each instance:

- Tax Year \_\_\_\_\_
- Tax Entity \_\_\_\_\_
- State \_\_\_\_\_
- Country \_\_\_\_\_
- Amount in Arrears \_\_\_\_\_
- Result – Lien, judgment, etc. \_\_\_\_\_
- Obligation satisfied? \_\_\_\_\_
- Reason for not filing/late filing \_\_\_\_\_

**Criminal History**

After turning 18 years of age, ever been charged with, pleaded guilty to, or been convicted of any crime or offense in any domestic or foreign jurisdiction? If so, provide for each instance:

- Date of arrest \_\_\_\_\_
- County \_\_\_\_\_
- State \_\_\_\_\_

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- Country \_\_\_\_\_
- Case number \_\_\_\_\_
- Statute – Arrest \_\_\_\_\_
- Statute – Charge \_\_\_\_\_
- Statute – Conviction \_\_\_\_\_
- Sentencing Judge \_\_\_\_\_
- Sentencing Date \_\_\_\_\_
- Sentence \_\_\_\_\_
- Date of discharge \_\_\_\_\_
- Were charges sealed or expunged? \_\_\_\_\_

**If owned by a corporation or other entity, disclose:**

- Business Name \_\_\_\_\_
- Business Mailing Address \_\_\_\_\_
  
- Business telephone number \_\_\_\_\_
- Business entity type \_\_\_\_\_
- Website \_\_\_\_\_
- Date(s) and jurisdiction(s) of business formation or incorporation \_\_\_\_\_
  
- FEIN \_\_\_\_\_
- Names of controlling shareholders, class of stock, and percentage ownership.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If owned by a trust** – the names, addresses, dates of birth, and percentages of interest of all beneficiaries and trustees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any business where the person above has managed or served on a board that was convicted, fined, censured or had a registration or license suspended or revoked in any administrative or judicial hearings. Please disclose the outcome of the proceeding.

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**Contracting Disclosure**  
(Section 1000.100(e)(5))

Each applicant must submit a statement disclosing whether any principal officers or board members have previously or currently retained or contracted with a lobbyist, lawyer or consultant to prepare this application.

- Individual Name \_\_\_\_\_
- Firm Name \_\_\_\_\_
- Firm Address \_\_\_\_\_
- Nature of Relationship \_\_\_\_\_

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**Current or Previous Authorization to Cultivate Cannabis:**  
(Section 1000.100(d)(25))

If any principal officer, board member or producer backer of the applicant currently or previously has applied for or been authorized to produce or otherwise deal in the distribution of cannabis in any form, in any state or jurisdiction other than Illinois, please provide or complete the following:

- A copy of the licensing or authorization documents verifying licensure
- The **Regulatory Agency Contact Authorization Form**, granting the Department of Agriculture permission to contact any state or jurisdiction and its regulatory agency who granted a license or authorization, to confirm information listed on the application.
- If the License/authorization was ever denied, suspended, revoked or otherwise sanctioned, please provide a copy of the documentation. If the license was never denied, suspended, revoked or sanctioned provide a written statement stating this.

If no principal officer, board member or producer backer of the applicant is currently or has ever applied for authorization to produce or otherwise deal in the distribution of cannabis in any form, in any state or jurisdiction other than Illinois, submit a statement attesting thereto. See Regulatory Agency Contact Authorization Form.

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**General Information:**

- Business Name \_\_\_\_\_
- Business Mailing Address \_\_\_\_\_
  
- Business telephone number \_\_\_\_\_
- Business type \_\_\_\_\_
- Date of business formation or incorporation \_\_\_\_\_
- State(s) of Incorporation \_\_\_\_\_
- FEIN \_\_\_\_\_
- Registered Agent Name \_\_\_\_\_
- Registered Agent Address \_\_\_\_\_
  
- Proposed business name, if any \_\_\_\_\_
- GIS Coordinates of proposed location \_\_\_\_\_
- Illinois State Police District \_\_\_\_\_
- Ownership Structure \_\_\_\_\_
- Has or will the Applicant submit cultivation center application(s) in any other district, under the same or a different name? If so, please provide the district(s) and any other name under which the application(s) will be made.  
\_\_\_\_\_
  
- Has or will the Applicant submit application(s) for dispensaries?  
\_\_\_\_\_
  
- Is the Applicant, or any of its principal officers, owners, financial backers associated in any way with any other applicants(s) for dispensaries/cultivation centers?  
\_\_\_\_\_

Does the applicant plan to partner with a company to provide security services? If so, provide:

- Business Name \_\_\_\_\_
- Business Mailing Address \_\_\_\_\_
  
- Business telephone number \_\_\_\_\_
- Owner/principal name \_\_\_\_\_
- Website \_\_\_\_\_

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**Notarized Statement (1000.100(e))**

I/We, the undersigned applicant, on behalf of all principal officers, board members and producer backers of the applicant, hereby state as follows:

1. No prospective officer or board member has been convicted of an excluded offense.
2. The cultivation center will register with the Illinois Department of Revenue.
3. The application is complete and accurate. The Applicant has actual notice that, notwithstanding the Compassionate Use of Medical Cannabis Pilot Program Act (Act):
  - a) Cannabis is a prohibited Schedule I controlled substance under federal law;
  - b) Participation in the program is permitted only to the extent provided by the strict requirements of the Act and rules;
  - c) Any activity not sanctioned by the Act or rules may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
  - d) Growing, distributing, or possessing cannabis in any capacity, unless done through a federally -approved research program, is a violation of federal law;
  - e) Use of medical cannabis, or possessing a medical cannabis patient or caregiver registry card, may affect the validity of an individual's ability to receive or retain federal or State licensure in other areas;
  - f) Use of medical cannabis or possessing a medical cannabis patient or caregiver registry card, in tandem with other conduct, may be a violation of state or federal law and could result in arrest, prosecution, conviction, or incarceration;
  - g) Participation in the Medical Cannabis Pilot Program does not authorize any person to violate federal law or state law;
  - h) The Act does not provide any immunity from or affirmative defense to arrest, prosecution, conviction, or incarceration under federal law or state law, other than as set out in 410 ILCS 130/25; and
  - i) Applicants shall indemnify, hold harmless, and defend the State of Illinois for any and all civil or criminal penalties resulting from participation in the program.
4. The applicant understands that the Department has authority to include additional certifications in the application that would be sufficient to ensure compliance with the program and all other applicable laws.
5. All of applicant's principal officers and producer backers expressly agree to be subject to service of process in Illinois with a current Illinois address on file with the Department.
6. The applicant understands that the Department may issue a permit with conditions addressing weaker areas of the applicant's application which must be addressed and corrected in the manner and timeframe set forth in the permit.
7. The applicant understands that should the applicant be awarded a permit, the information and plan provided by the applicant in its application becomes a mandatory condition of the permit and that if the successful applicant (permittee) fails to comply with standard and special conditions of the permit, the Department may assess a penalty or seek suspension or revocation of the permit pursuant to Section 1000.700 of the rules.

I certify, under penalty of perjury, that the information provided in this application for a cultivation center permit is true and accurate to the best of my knowledge. **Submission of false, misleading, or inaccurate information in connection with this application is grounds for**



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**Written Statement (Section 1000.50(b))**

I/We, the undersigned applicant, on behalf of all principal officers, board members and producer backers of the applicant, hereby state as follows:

1. All of the information provided on the application for the cultivation center permit is true and accurate to the best of the applicant's knowledge.
2. The applicant will notify the Department of any significant changes to any of the information provided to the Department during the application process, such as but not limited to ownership, financial interest, operational structure and criminal history.
3. The applicant understands that the medical cannabis laws and enforcement of the laws by the State of Illinois and the federal government are subject to change at any time.
4. The applicant understands that the cultivation center permit is not transferable, except as provided in Section 1000.120, and that the permit is the property of the State of Illinois and shall be surrendered upon demand of the Department.
5. The applicant specifically acknowledges receipt and advisement of the notices contained in the application and agrees to and accepts the limitations of liability and the requirement to indemnify, hold harmless and defend the State of Illinois, including:
  - a) Limitation of Liability – the State of Illinois shall not be liable to the permitted cultivation center, the cultivation center's agents, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of, or resulting from the permitted cultivation center's participation in the Compassionate Use of Medical Cannabis Pilot Program, including, but not limited to, the following: arrest, seizure of persons and/or property, prosecution pursuant to State or federal laws by State or federal prosecutors, any fire, robbery, theft, mysterious disappearance or any other casualty; or the actions of any other permittees, registrants or persons. This Limitation of Liability provision shall survive expiration or the early termination of the permit.
  - b) Hold Harmless/Indemnification – the permitted cultivation center, its principal officers, board members, producer backers, agents, employees, family members or guests will hold harmless and/or indemnify the State of Illinois, its officers and employees against any civil action or criminal penalty commenced against the State and/or its officers or employees resulting from participation in the Compassionate Use of Medical Cannabis Pilot Program.
  - c) Federal Prosecution – the United States Congress has determined that cannabis is a controlled substance. Illinois has placed cannabis in Schedule I of the Illinois Controlled Substances Act. Growing, distributing, transporting and possessing cannabis in any capacity, other than as part of a federally authorized research program, is a violation of federal laws. The State of Illinois' Compassionate Use of Medical Cannabis Pilot Program Act does not authorize any permittee to violate federal or state laws.
6. The applicant understands that medical cannabis shall be transported only in a medical cannabis container as defined in Section 1000.10.
7. The applicant understands that unused medical cannabis shall not be transferred, shared, given or delivered to any other person regardless of whether that person is participating in the Compassionate Use of Medical Cannabis Pilot Program.

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8. The applicant understands that qualifying patients and caregivers shall not grow or cultivate medical cannabis other than as a cultivation center agent.
9. The applicant understands that the Department may deny an application if the documentation is incomplete, or if the Department determines, after an inquiry or investigation, that the information provided was false, misleading, forged or altered.
10. The applicant understands that, upon issuance of a permit, the cultivation center is subject to random inspections by the Department, Illinois State Police (ISP) and the Department of Public Health (DPH) and, when necessary to perform their governmental duties, local law enforcement or other federal, State or local government officials.

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Signature

Title

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

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Notary Public

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**Regulatory Agency Contact Authorization Form**  
(Section 1000.100(d)(25))

I/We, the undersigned applicant, on behalf of all principal officers, board members and producer backers of the applicant, hereby state as follows: (Please check the appropriate box)

1. I/We have never applied for nor are currently or have ever been licensed or authorized to produce or otherwise deal in the distribution of cannabis in any form, in any state or jurisdiction other than Illinois. (If this statement is correct, please disregard the remaining statements and sign the form)

1. I/We have either applied for or are currently or have been previously licensed or authorized to produce or otherwise deal in the distribution of cannabis in any form, in the following states or jurisdictions and corresponding agency or authority:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_

2. I/We hereby specifically grant the Illinois Department of Agriculture permission to contact the above listed states or jurisdictions and their licensing agency or authority to confirm the information contained in the application for a cultivation center permit.

3. I/We hereby specifically grant permission to the above listed states or jurisdictions and their licensing agency or authority to release to the Illinois Department of Agriculture any and all information relating to the application, licensure or authorization to produce or otherwise deal in the distribution of cannabis in any form, including the following:

- a. Any denial, suspension, revocation or other sanction of the application, license or authorization and
- b. A copy of documentation so indicating; or
- c. A statement that the applicant was so licensed or authorized and was never sanctioned.

\_\_\_\_\_  
Signature Title Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

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**Property Ownership Form**  
(Section 1000.100(d)(17)(A) thru (C))

If the property of the proposed location is leased by the applicant, submit:

- A copy of the lease;
- Confirmation of land ownership;
- Identification of any mortgagees and/or lienholders;
- A written statement from property owner and/or landlord certifying consent for a cultivation center to be operated on the premises by the applicant at least through December 31, 2017; and
- If applicable, verification of notification by the property owner to any and all mortgagees and/or perfected lienholders that the property is to be used as a cultivation center at least through December 31, 2017 and consent thereto by any mortgagees and/or perfected lienholders.

If the property is not owned or currently leased by the applicant, submit:

- A written statement from property owner and/or landlord certifying consent for the applicant to lease or purchase the land for the purpose of operating a cultivation center at least through December 31, 2017;
- If applicable, verification of notification by the property owner to any and all mortgagees and/or perfected lienholders that the property is to be used as a cultivation center at least through December 31, 2017; and
- Consent thereto by any mortgagees and/or perfected lienholders.

If the property is owned by the applicant, submit:

- Confirmation of Land ownership;
- Identification of any and all mortgagee's and or perfected lienholders;
- If applicable, verification of notification to any and all mortgagees and/or perfected lienholders that the property is to be used as a cultivation center at least through December 31, 2017; and
- Consent thereto by any mortgagees and/or perfected lienholders.



**Medical Cannabis Cultivation Center  
Application**

**Uniform Conviction Information Act (UCIA)  
Fingerprint Consent Form  
Medical Cannabis Pilot Program**

Pursuant to the Medical Cannabis Pilot Program Act (410 ILCS 130); the Illinois Department of Agriculture mandates that all participants (or applicants) applying for a Cultivation Center or Agent Identification Card must conduct a UCIA fingerprint based criminal history record information background check. The Illinois Department of Agriculture will follow all rules and regulations concerning your criminal background check authorized pursuant the Medical Cannabis Pilot Program Act (410 ILCS 130) and the Uniform Conviction Information Act (20 ILCS 2635). This form is designed to capture the necessary information required by licensed live scan fingerprint vendors to ensure the fingerprints are submitted properly. The live scan vendor will use the applicant information contained on the form to help confirm the identification documentation provided by the applicant before the fingerprints are taken. This document also serves as a consent form. Consequently, the form must be signed by the applicant in order to authorize the release of any criminal history record information that may exist regarding the applicant. The results of your inquiry inquires will be forwarded to the Illinois Department of Agriculture for review.

**Facility Information**

Facility Name: Illinois Department of Agriculture	Requesting Agency ORI Identifier: LG1408114
Requesting Agency Address: P.O. Box 19281, Springfield, IL 62794-9281	
Contact Person Name: Carol Chapman	Contact Person Phone #: 217/524-2143
Facility Cost Center: (If any) Cost Center of the Live Scan Fingerprint Vendor	Transaction Control Number (TCN):

**Applicant Information**

Name:	Sex:	Race:	Date of Birth:
SSN (optional):	Drivers License #:	DL State:	

**Livescan Vendor/Appointment Information**

Live Scan Fingerprint Vendor Name:	Address:	
Phone Number:	Appointment Date:	Appointment Time:

**Privacy Statement**

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation where permitted by law. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

**Applicant Consent**

Applicant Name (printed):	Date:
Applicant Name (signature):	Date:

## Phase 2 Medical Marijuana Dispensary Application Summary

<b>Corporation Name:</b> Mass Organic Therapy, Inc. <b>County:</b> Plymouth	<b>Application #:</b> 30
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EXPERT PANEL REVIEW CATEGORY-SPECIFIC COMMENTS		
<b>1</b>	<b>Applicant's Corporate Background</b>	<p>The applicant does not include position responsibilities in their organization chart, as required by the application instructions.</p> <p>The Board of Directors is comprised of 5 individuals. The Corporation does not list any individual Members. There are no parent corporations, subsidiaries, or other organizations related the applicant's non-profit organization.</p> <p>The Corporation's by-laws have not been changed since August 22, 2013.</p>
<b>2</b>	<b>Applicant's Evidence of Business Management Experience</b>	<p>The applicant was awarded the maximum number of points for this section.</p> <p>The Executive Management Team (EMT) is comprised of 6 individuals. Several EMT members have experience running businesses and non-profit organizations (e.g., private equity/venture capital monitoring, financial advisor, pharmacies, supermarket operations); providing MMJ services in Maine; and providing healthcare services in Massachusetts (e.g., licensed pharmacist).</p> <p>Several EMT members have experience running financially-sound businesses and managing financial corrective-action measures, including for MMJ operations. The applicants CFO has served in similar roles and holds an MBA.</p>
<b>3</b>	<b>Applicant's Evidence of Suitability</b>	<p>Not reviewed by Expert Panel.</p>
<b>4</b>	<b>Applicant's Evidence of Financial Condition</b>	<p>The applicant was awarded the maximum number of points for this section. The applicant provides detailed, itemized and transparent capital and operational budgets. The budget and the three-year plan assumptions are based on the applicant's experience in Maine.</p> <p>Applicant indicates that they have received approval to obtain liability insurance according to the regulations from the insurer currently providing coverage to the applicant in Maine.</p>
<b>5</b>	<b>Location and Physical Structure</b>	<p>The applicant was awarded the maximum number of points for this section.</p> <ul style="list-style-type: none"> <li>• Applicant proposes single location for a combined RMD, cultivation, and processing facility in Plymouth (Plymouth County).</li> <li>• Applicant provides a signed lease agreement letter for proposed RMD location.</li> <li>• Outreach and local support of RMD location are evidenced by a letter of support from Plymouth Board of Health, and letters of non-opposition from Town of Plymouth Town Manager and Board of Selectman.</li> <li>• Applicant conveys understanding of local and state regulations relating to siting and a process to ensure ongoing compliance. Applicant already received formal zoning approval from the Town of Plymouth on 11/14/2013.</li> <li>• Applicant provides several planned outreach efforts, including local charitable giving, already formed local Community Board of Advisors with confirmed members of local representatives, and engagement with local law enforcement and local hospice.</li> <li>• Applicant provides detailed description of the facility security measures, including biometric locks, access controls, staffing third-party security guards during operating hours, and live video monitored by Head of Security.</li> </ul>

# Application for Dispensing Organization Authorization – Medical Cannabis Division

The Application Form, Fees, Addenda A, B, C, D, E, F, and G, Schedules 1, 2, 3, 4, and 5 and the information required by each Schedule must be submitted by all applicants. The information in Schedule 6, Bonus Section, is optional. Applicants are encouraged to draft the narrative portions of the application clearly and concisely.

Diagrams, Plot Plans and Photographs are required with the application. Application diagrams, plot plans or photographs may be applicable to more than one Schedule. In this situation, please submit one copy and reference the Schedule number on any subsequent Schedules. The Division requires permission to reproduce all drawings.

In order to aid the Division in reviewing and scoring applications anonymously, please DO NOT use your company name or distinguishing characteristics in Schedules 1-5. Department staff that will be involved in the reviewing and scoring of applications will NOT be involved in the acceptance and recording of applications.

### **Schedules:**

Schedule 1 – Suitability of Proposed Dispensary	<b>REQUIRED</b>	<b>150 Points</b>
Schedule 2 – Business and Operations Plan	<b>REQUIRED</b>	<b>200 Points</b>
Schedule 3 – Security Plan	<b>REQUIRED</b>	<b>200 Points</b>
Schedule 4 – Recordkeeping and Inventory Plan	<b>REQUIRED</b>	<b>200 Points</b>
Schedule 5 – Financial Disclosures	<b>REQUIRED</b>	<b>150 Points</b>
Schedule 6 – Bonus Section	<b>OPTIONAL</b>	<b>100 Points</b>

### **Mandatory Addenda:**

Addendum A. Attestations: Each principal officer must sign and date the Medical Cannabis  
Principal Officer Attestation Form.

Addendum B. Certifications: Each principal officer must sign and date his or her own Medical Cannabis Principal  
Officer Certification Form.

Addendum C. Property Ownership Form.

Addendum D. Zoning Form.

Addendum E. Criminal History Form

Addendum F. A fingerprint receipt from a licensed livescan vendor for each Principal Officer  
listed in the application, including all information from Section 230 of the Administrative Rules.

Addendum G. Photocopy of Application Fee.

**NOTE: It is extremely important that the information submitted with the application and the schedules, clearly shows compliance with the rules of the Department, found at 68 Ill. Adm. Code Part 1290. It is strongly recommended that the applicant read and become familiar with the rules, a copy of which is available online at [www.mcpc.illinois.gov](http://www.mcpc.illinois.gov).**

Pursuant to the Administrative Rules, a non-refundable application fee of \$5,000 shall be submitted with each application.

Please contact the Department of Financial and Professional Regulation at the email address below if you have questions. [FPR.MedicalCannabis@illinois.gov](mailto:FPR.MedicalCannabis@illinois.gov)

Nothing in this application is intended to confer a property or other right, duty, privilege or interest entitling an applicant to an administrative hearing upon denial of an application.

<b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for licensure.	<b>FOR OFFICIAL USE ONLY</b>
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION <b>APPLICATION FOR A MEDICAL CANNABIS DISPENSING ORGANIZATION</b>	

<b>PART I: Application Category Information</b>	
1. BUSINESS NAME:	
2. BUSINESS MAILING ADDRESS:	3. BUSINESS TELEPHONE NUMBER:
4. IDENTIFY THE TYPE OF BUSINESS STRUCTURE (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Other	
5. DATE OF FORMATION / INCORPORATION OF APPLICANT BUSINESS ENTITY:	
6. STATE OF INCORPORATION, OR FORMATION OF BUSINESS ENTITY:	7. FEIN:
8. REGISTERED WITH THE ILLINOIS SECRETARY OF STATE? PROVIDE CERTIFICATION OF GOOD STANDING WITH ILLINOIS SECRETARY OF STATE.	
9. D/B/A/ NAME:	10. REGISTERED AGENT NAME:
11. REGISTERED AGENT ADDRESS:	12. PROPOSED BUSINESS NAME, IF ANY:
13. GIS COORDINATES OF PROPOSED LOCATION:	
14. PROPOSED DISPENSARY NAME:	
15. DISPENSARY'S PROPOSED PHYSICAL ADDRESS:	16. DISTRICT NUMBER:

<b>PART II: Ownership Structure (List each Principal Officer and for each include):</b> Please attach a separate sheet of paper for each Principal Officer. Review Administrative Rules Section 1290.30 for the people who qualify as a principal officer of a dispensing organization.				
18. NAME    FIRST    MIDDLE    LAST (MAIDEN NAME IF APPLICABLE):				19. DATE OF BIRTH:
20. ALIAS OR ANY NAMES YOU HAVE BEEN KNOWN BY:				
21. SEX (OPTIONAL)	22. RACE (OPTIONAL)	23. US CITIZEN?:	24. ILLINOIS RESIDENT?:	25. SOCIAL SECURITY NO.:
26. RESIDENCE ADDRESS (CANNOT BE A PO BOX):				
27. BUSINESS ADDRESS (CANNOT BE A PO BOX):				
28. TELEPHONE NUMBER (WORK AND CELLULAR):			29. EMAIL ADDRESS:	
30. TITLE RELEVANT TO THE PROPOSED DISPENSARY BUSINESS:				
31. PERCENT OWNERSHIP:			32. TYPE OF OWNERSHIP:	

33. List any persons and/or entities with an ownership interest in the dispensing organization that are not listed as Principal Officers or dispensary backers. *Attach document.*
- If an entity, list all persons with an ownership interest in the entity, their percentage ownership interest in the entity, and their effective ownership interest in the registration.
  - If a person, list their percentage ownership interest in the entity, and their effective ownership interest in the registration.

Person or Entity	Ownership / Interest
a.	
b.	
c.	
d.	
e.	

34. Are there any other persons and/or entities, who will receive directly or indirectly, any compensation or future compensation based upon a percentage or share of the gross proceeds or income of the dispensing organization?
- If yes, identify each person and list their interest in the business.

Person or Entity	Ownership / Interest in Entity	Ownership / Interest in Registration

35. Provide both the business name, individual name and contact information for each facility backer, business partner, investor, joint venture and/or registered agent and anyone with more than one percent ownership interest, future ownership interest or debt to equity interest.

Name	Type of Interest or Ownership
a.	
b.	
c.	
d.	
e.	

**Dispensary Organization Primary Contact (must be a principal officer of the Dispensing Organization)**

36. NAME:	37. TITLE:
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38. ADDRESS:

39. PHONE NUMBER:	40. EMAIL:
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**Dispensary Organization Alternate Contact (must be a principal officer of the Dispensing Organization)**

41. NAME:	42. TITLE:
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43. ADDRESS:

44. PHONE NUMBER:	45. EMAIL:
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46. Other than this application, name any other Dispensing Organization Districts this applicant is applying for during this application period in **September, 2014**. Note: An organization applicant may submit applications in no more than five districts. Each individual may only apply, or be a part of an organization applying, in no more than five districts.

**Provide a list of the names of all principal officers, and beside each name, the district or districts where each principal officer has submitted a dispensary authorization application.**

- a.
- b.
- c.
- d.
- e.

47. Is this applicant also applying for a cultivation center permit with the Illinois Department of Agriculture?  
Yes  No  If yes, provide the districts.

Provide a list of the names of all principal officers and beside each name, the district or districts where each principal officer has submitted an application with the Illinois Department of Agriculture for a cultivation center.

- a.
- b.
- c.
- d.
- e.

## Business Information

### Identify the type of business entity.

- a. If the entity applying is a sole proprietorship, a copy of creation documents.
- b. If a partnership, a copy of any partnership or joint venture documents, and if there is no written agreement, a statement signed by all Principal Officers affirming there is no agreement.
- c. If a limited liability company, a copy of the Articles of Organization, operating agreement, and certificate of good standing issued by the Secretary of State or obtained from the Secretary of State's website dated within seven days prior to the date application is filed with the Division. Limited liability company applicants must include a listing of all affiliated persons or business entities holding an ownership interest in the company.
- d. If a corporation, the name of the registered agent, a copy of the Articles of Incorporation, Corporate Resolutions if any, and, a certificate of good standing issued by the Secretary of State or obtained from the Secretary of State's website within seven days of the application date. If using an assumed name, submit a copy of the assumed name certificate or registration issued by the Secretary of State. Corporate applicants must include a listing of all persons or businesses holding an ownership interest in the corporation.
- e. If an unincorporated association, organization or not-for-profit organization, documents or agreements relevant to its creation, ownership, profit sharing and liability. If there are no documents as detailed in section 1290.50(a)(5)(E) of the Administrative Rules, a statement signed by all principal officers affirming so.

48. Name of dispensary organization's proposed agent in charge.

49. Name of person, firm or business that has assisted the applicant draft, assemble or submit this application, if applicable.

50. Name of the institution holding the minimum amount in liquid assets or funds required by the Administrative Rules.

51. Provide a copy of the dispensing organization's proposed operating by-laws including provisions for amending them.

- a. The by-laws must include procedures for the oversight of the dispensing organization and procedures to ensure accurate record keeping, patient confidentiality and security measures that are in accordance with the Division's rules.
- b. The by-laws must include a description of the enclosed and locked facility where medical cannabis will be stored.

52. Provide documents of the dispensing organization's ownership structure that establish the legal and business structure of the applicant, operations, management and control including organization chart that provides position descriptions and the names of each person holding each position and percentage ownership of each person or entity. *Attach a copy*

53. Provide any additional documents that establish the legal and business structure of the applicant, operations, management and/or control. If none, please state so. *Attach document.*

## SCHEDULE 1. SUITABILITY OF THE PROPOSED DISPENSARY

### SUITABILITY FOR PUBLIC ACCESS (Limit to 3 pages)

1. Provide a narrative explaining why the proposed location is suitable for public access, the size and layout promote safe dispensing of medical cannabis, product handling, and storage. Include detailed plans for handicapped accessible parking and ADA accessibility.
2. Provide a narrative statement describing specific elements in your plan that will favor the immediate community and why your operations will negate any detrimental impact.

**PLOT PLANS and PHOTOGRAPHS:** Plot map and drawings must be adequate in size to illustrate your plans. For this section, applicants must:

1. Provide a location area map of the area surrounding the proposed dispensary, extending a minimum of 1,000 feet from the proposed dispensary property line in all directions. Clearly identify the existing adjacent businesses or residences.
2. Clearly demonstrate that the property line of the proposed dispensary is not located within 1,000 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home or part day child care facility identified in Section 130 of the Act.
3. Provide a drawing depicting the property that extends at least to the property line perimeter, defining exterior landscape and interior layout, including storage and delivery areas.
4. Provide color photographs of the proposed dispensary and immediately adjacent area.

### ZONING:

1. Copy of the current local zoning ordinance as it relates to dispensaries.
2. Narrative of how the proposed dispensary location complies with the local zoning ordinance or rules.
3. Documentation, *if any*, of the approval, conditional approval or the status of a request for approval, from the local zoning office.
4. Copy of DFPR Zoning Form with signature from the local zoning office providing confirmation that the proposed dispensary location is in compliance with local zoning provisions and those identified in Section 130 of the Act. If the applicant cannot secure a signature for the DFPR Zoning Form, provide a statement describing the reason(s).

## **SCHEDULE 2. BUSINESS AND OPERATIONS PLAN**

### **KNOWLEDGE AND EXPERIENCE:**

1. Resume for each Principal Officer.
  - a. Identify the name of each Principal Officer's present employer, position held and dates of employment.
  - b. Identify academic degrees, certifications or relevant experience with a state sanctioned medical cannabis business or related industry. Demonstrate knowledge of cannabis product strains or varieties, and describe the types and quantities of products planned to be offered, including paraphernalia or edibles.
  - c. Applicant's principal officers must demonstrate experience and qualifications in business management or experience in the medical cannabis industry.
2. Name and resume for each agent in charge.

### **STAFFING PLAN: (Limit to 3 pages)**

1. Provide job descriptions, hiring procedures and staff reporting procedures on inventory loss or irregularities.
2. Include a description of the training and education that will be provided to dispensary agents.
3. Include best practices for day-to-day dispensary staffing.
4. Provide estimated staffing levels during hours of operations.

### **BUSINESS MANAGEMENT PRACTICES: (Limit to 5 pages)**

1. Describe how the dispensing organization will be managed on a short and long-term basis, including the immediate and long-term financial health and resources for the design, development and operation of the dispensary.
2. Include best practices for day-to-day dispensary management.
3. Describe the patient verification system, purchases and denials of sale, and confidentiality.

### **OPERATING PLAN: (Limit to 5 pages)**

1. Include, at a minimum, a timetable that provides estimated build out and start up time from authorization through year one of registration. Include the basis for those estimates.
2. The process of storing cannabis, and dispensing it from a restricted access area to a limited access area.
3. Description or copy of proposed marketing or advertising plan or materials, if any.
4. Description of proposed text or graphic materials on building exterior.
5. Proposed hours of operation.

### **SERVICES PROVIDED: (Limit to 3 pages)**

1. A general description of products, varieties and services related to medical cannabis (if any) intended to be offered and reasoning for those choices.

## **SCHEDULE 3. SECURITY PLAN**

**FACILITY SECURITY:** Submit or include on a separate drawing the following:

1. Diagram of dispensary drawn to scale, including general specifications of the building exterior and interior layout, identifying all points of entry and exit and locations of security or surveillance devices.

Note: Diagrams must be adequate in size and resolution to illustrate the type of security or surveillance devices.

2. Whether security personnel will be on-site during operational or non-operational hours.

**SECURITY SURVEILLANCE SYSTEM: (Limit to 6 pages, excluding supporting documents, i.e. designs or drawings)**

1. Provide a narrative of the type of surveillance system that will be installed, controls used to monitor and secure the premises, agents, patients, caregivers, currency and measures that will prevent the diversion, theft or loss of cannabis and currency.
2. Identify whether applicant will retain an outside vendor to design and implement a security system or provide a security guard.
3. Provide the storage capabilities for the retention of historic recordings on-site and off-site.
4. Name the process and system used to provide real time video feed to the Illinois State Police and the Division.

**PRODUCT SECURITY:** The security plan should demonstrate the capability for the prevention of the theft or diversion of medical cannabis. **(Limit to 6 pages, excluding supporting documents)**

1. Submit a plan to control inventory from receipt through sale.
2. Identify measures to restrict access to the limited access areas to qualifying patients, designated caregivers, registered agents, service professionals and security personnel.
3. Identify measures to prevent unauthorized entry and theft from restricted access areas.
4. Procedures for documentation of both cannabis loss and destruction.

**SHIPPING/TRANSPORTATION SECURITY MEASURES:** Submit the operational procedures for receipt of product. This shall include the following. **(Limit to 3 pages)**

1. A description of the receipt of delivery process, including receipt and log of manifests.
2. Security protocols used to avoid diversion, theft or loss at the acceptance point.
3. How the applicant will confirm receipt of all products from the cultivation center.

## **SCHEDULE 4. RECORDKEEPING AND INVENTORY PLAN**

### **RECORDKEEPING PLAN: (Limit to 5 pages)**

1. Provide a narrative of how applicant will maintain, update and store records, including but not limited to: management plans, business records, confidential patient records, operating procedures, security records and audit records, meet recordkeeping regulations, keep accurate inventory tracking records and discourage unlawful activity.
2. Describe how applicant will comply with audit requirements.
3. Describe how records will be readily available to State inspectors during inspection.

### **INVENTORY CONTROL PLAN: (Limit to 5 pages)**

1. Describe how applicant will monitor and track qualifying patient records, including purchases, denials of sale and confidentiality.
2. Detail how applicant will track inventory and perform audits.
3. Detail the method to dispose of cannabis and how it will communicate with the Division and Illinois State Police.

### **PATIENT EDUCATION AND SUPPORT PLAN: (Limit to 4 pages)**

1. Generally detail the benefits or drawbacks of cannabis strains that will be offered in connection with the debilitating conditions identified in the Act.
2. Detail how applicant will keep product costs reasonable, patient flow under control and prevent patient overflow.
3. Detail how you will educate patients on the State's medical cannabis program, including but not limited to, orientation, answering questions, providing advice on administration and storage.
4. What differentiates your application in the methods you will use to care for and support patients?

## SCHEDULE 5. FINANCIAL DISCLOSURES

The applicant must disclose all relevant business transactions and financial information connected with the application. If an item below does not apply to the applicant, please state so. Financial disclosures must be numbered in connection with the list below:

- 5.1 Copies of agreements between any two or more principal officers that relate to the assets, liabilities, debt, property, profit or future profit of the dispensing organization.
- 5.2 Copies of compensation agreements among any persons having a financial interest in the dispensing organization, or a narrative if the compensation agreement is oral.
- 5.3 Disclosure of the nature, type, terms, covenants and priorities of all outstanding debts, including but not limited to bonds, loans, mortgages, deeds, lines of credit, notes issued or executed, or to be issued or executed, in connection with the proposed dispensary. Identify if debt is secured or unsecured.
- 5.4 Identify whether the applicant has acquired debt in exchange for equity or future equity in the dispensing organization.
- 5.5 Audited financial statements for the previous fiscal year.
- 5.6 Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the principal officers of the proposed dispensing organization for the last three years, or for the period each principal officer has filed tax returns if less than three years.
- 5.7 Name of each dispensing organization backer and complete copies of the most recently filed federal, state and foreign (with translation) personal tax returns filed by each dispensing organization backer. If the dispensing organization backer is a business entity, identify the principals or board members of the business entity and provide their personal tax returns for the same timeframe.
- 5.8 A description and dollar amount of the expenditures incurred to date by the proposed dispensing organization.
- 5.9 Projected total expenditures, itemized by category, expected before the dispensary is operational.
- 5.10 Projected annual expenditures and revenue, itemized by category, through second year of operation.
- 5.11 Submit a signed statement from a Certified Public Accountant ("CPA") or a statement from a financial institution dated within ten (10) calendar days before the application date with the amount of liquid capital under the control of the business or a principal officer of the business, dedicated to dispensary start up.  
  
If the applicant submitted a signed statement from a CPA, it must include the CPA's name, phone number and license number.
- 5.12 Identify the total dollar amount and source of the organization's equity and debt commitments and all funding sources in connection with the proposed dispensing organization. Include documentation verifying the source of the funds and the organization's net worth.

## **SCHEDULE 6. BONUS SECTION**

### **LABOR AND EMPLOYMENT PRACTICES: (Limit to 3 pages)**

The applicant may provide a description of plans to provide a safe, healthy and economically beneficial working environment for its agents, including but not limited to, codes of conduct, healthcare benefits, educational benefits, retirement benefits, and living wage standards.

### **RESEARCH PLAN: (Limit to 5 pages)**

The applicant may provide the Division with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of cannabis. The applicant may include in its proposal, a detailed description of:

- A) The methodology of the study to accurately assess the effects of cannabis,
- B) The issues to be studied,
- C) The methods that will be used to identify and select study participants,
- D) The identity of each person or organization associated with the study, including the role of each,
- E) The duration of the study and anticipated peer review, and
- F) The intended use of the study results.

### **COMMUNITY BENEFITS PLAN: (Limit to 3 pages)**

The applicant may provide a description of plans the applicant has to support the local community, the socio-economic status of citizens served, or a plan for reduction in product costs for indigent patients that qualify.

### **SUBSTANCE ABUSE PREVENTION PLAN: (Limit to 3 pages)**

The applicant may provide a detailed description of any plans it will take to combat substance abuse in its District, including the extent to which the applicant will partner or work with existing substance abuse programs.

### **LOCAL COMMUNITY/NEIGHBORHOOD REPORT: (Limit to 3 pages)**

The applicant may provide comments, concerns or support received regarding the potential impact of the proposed location on the local community and neighborhood.

### **ENVIRONMENTAL PLAN: (Limit to 3 pages)**

The applicant may demonstrate an environmental plan of action to minimize the carbon footprint, environmental impact, and resource needs for the dispensary.

### **VERIFICATION OF MINORITY-OWNED, FEMALE -OWNED, VETERAN-OWNED, OR DISABLED PERSON-OWNED: (Limit to 3 pages)**

The Minority, Female, Veteran, or Disabled applicants must own at least 51 percent of the entity applying for registration. The percentage totals may include any combination of Minority, Female, Veteran, or Disabled applicants.

The Minority, Female, Veteran or Disabled applicant must also share in control of management and day-to-day operations of the dispensary.

Documentation must be submitted at the time of application that demonstrates the respective status of the applicant, including, but not limited to, certification under the Business Enterprise for Minorities, Females and Persons with Disabilities Act [30 ILCS 575] for minority, female or disabled person applicants, or a DD214 for veteran applicants.

### **ILLINOIS BASED APPLICANTS: (Limit to 3 pages)**

Documentation that the applicant's principal place of business is headquartered in Illinois, including the names, addresses and verification of the applicant's proposed agents that reside in Illinois. The applicant may also provide a plan for generating Illinois-based jobs and economic development.

## **ADDENDA**

**Addendum A1. Attestations:** Each principal officer must sign and date the Medical Cannabis Principal Officer Attestation Form.

**Addendum B2. Certifications:** Each principal officer must sign and date his or her own Medical Cannabis Principal Officer Certification Form.

**Addendum C3. Property Ownership Form.**

**Addendum D4. Zoning Form.**

**Addendum E5. Criminal History Form**

**Addendum F6. A fingerprint receipt from a licensed livescan vendor for each Principal Officer listed in the application, including all information from Section 230 of the Administrative Rules.**

**Addendum G7. Photocopy of Application Fee.**

## Phase 2 Medical Marijuana Dispensary Application Summary

<b>Corporation Name:</b> Mass Organic Therapy, Inc. <b>County:</b> Plymouth	<b>Application #:</b> 30
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<b>6</b>	<b>Staffing Plan and Development</b>	<p>The applicant was awarded the maximum number of points for this section. The applicant provides detailed and complete staffing, hiring, and development plans as well as personnel policies. The staffing plan includes a detailed discussion of the position descriptions, FTEs, and reporting structure. The hiring plan provides detailed position qualifications by role and a comprehensive hiring approach. The applicant provides a detailed discussion of personnel policies, including hiring policies and employment provisions required by law, wage information, benefits, and performance reviews. The staff development plan provides a detailed description of the proposed training plan, which includes core training for all employees, functional training for specific job tasks, and on-the-job training.</p>
<b>7</b>	<b>Operations and Programmatic Response Requirements</b>	<p>The applicant was awarded partial points for this section.</p> <ul style="list-style-type: none"> <li>• Applicant provides detailed and achievable start-up timeline with key benchmarks based on similar RMD start-up in Maine for RMD proposed start of 7/15/2014.</li> <li>• Applicant provides detailed information on cultivation experience in Maine, as well as detail on cultivation methods and process.</li> <li>• Applicant provides details on product handling including, QA, production (including MIPs), disposal, tracking, and transport (e.g., construction of an internal lab, testing to be completed weekly, contracting with a third party lab, storing waste in a locked quarantined room, use of bakaski anaerobic fermentation to render waste useless, use of MJ Freeway including MJ Freeway's Mix Tracker for MIPs, coupled with access control assurances, and daily and monthly inventory procedures, encouraging patients to use credit or debit cards to eliminate cash transaction for home delivery, use of only authorized member of pharmacy staff to package an order for delivery, transporting MMJ in secure, locked storage compartment affixed to vehicle, and storing cash in secured, separate locked storage compartment affixed to vehicle).</li> <li>• Applicant did not respond to Question 7.9.</li> <li>• Applicant provides information on procedures for safely dispensing MMJ to patients, including minimum of two security guards on duty during business hours (stationed outside and inside RMD lobby), biometric locks, alarms, camera surveillance, strict ID screening process before entry to dispensary, separate patient education and financial transaction areas, and use of MJ Freeway in manor that is HIPAA compliance, and storage of hard copy records in locked, limited access area.</li> <li>• Applicant provides details on financial hardship program including the development of a Compassionate Care program that has been created with diversion in mind for patients that are nearing end of life.</li> <li>• Applicant discusses the use of a Chief Medical Officer to develop an education and counseling program, and details on ensuring staff have been trained properly to provide in-person information to patients.</li> <li>• Applicant provides information on emergency preparedness and employee security, including designation of responsible parties, specific response procedures (e.g., training including onsite triage, and drills), and a detailed overview of employee security policies (e.g., ID/badge security, use of security systems to ensure employee safety, use of surveillance cameras, panic buttons, two full-time security guards, and biometric locks).</li> <li>• Applicant provides specifics on incident response plans including types of incidents (e.g., breach of confidentiality, theft, intrusion, patient abuse, other), plans for record keeping, and reporting protocol to DPH.</li> </ul>

## Phase 2 Medical Marijuana Dispensary Application Summary

		<b>Application #:</b>	<b>30</b>
<b>Corporation Name:</b>	Mass Organic Therapy, Inc.		
<b>County:</b>	Plymouth		

<b>SELECTION COMMITTEE COMMENTS</b>	
<ul style="list-style-type: none"><li>-Overall very strong application.</li><li>-The Executive Management Team has previous medical marijuana and healthcare experience, including a pharmacist.</li><li>-The application proposes good compassionate care program.</li><li>-The Chief Medical Officer is anticipated to develop education materials.</li><li>-The application demonstrates community support and positive relationship with town.</li><li>-The application was missing an answer to one question (Section 7.9).</li><li>-The applicants proposes a good disposal program.</li><li>-The application describes a good emergency preparedness plan.</li><li>-The applications shows overall strong security protocols.</li></ul>	
<b>EXECUTIVE DIRECTOR DECISION</b>	
Not Selected at This Time	

## Bist, Kevin

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**From:** zzzz Feedback, Health  
**Sent:** Friday, January 02, 2015 12:45 PM  
**To:** Bist, Kevin  
**Subject:** PLEASE RESPOND: Compassionate Medical Cannabis Act of 2014 - CORRFLOW 148652

Hi Kevin - Happy New Year! Can you please respond to Mr. Johnson as requested by the Governor's office? Please copy me - I will record in Corrflow.

Thanks!

Victoria Parsons

-----Original Message-----

**From:** Manny Johnson [<mailto:manny@mannyjohnson.net>]  
**Sent:** Monday, December 29, 2014 9:12 AM  
**To:** Governor Rick Scott  
**Subject:** Compassionate Medical Cannabis Act of 2014

**From:** Manny Johnson <[manny@mannyjohnson.net](mailto:manny@mannyjohnson.net)>

County: Orange

Zip Code: 32789

Phone Number: 813 789-1300

Message Body: Dear Gov. Scott: I am a Florida native citizen who joined the Army 4 days out of high school to attend the USMA at West Point and Honorably served my Country. I am also a 30 year Florida Nursery man who has attended all of the rules hearing at my expense to offer guidance and COMPASSION to the DOH to help them make the best decisions on the rules. I have offered real world experience on subjects from pesticide use to auditted financial information n order to select the best, most qualified applicants for the 5 Dispensing organizations. As I mentioned I am not applying for a license I am just dismayed at hos this system has forgotten the Compassionate part of its purpose-- the children, veterans, and citizens with no other options and it has become all about various unqualified RICH people entering the foray and buying land in all 5 regions, setting up figure heads with nurserymen, and manipulating the system strictly for monetary gains. I will be at the rules h!

earing tomorrow in Orlando like I have at all the other ruls hearings, to offer free advice based on my 30 years in this industry and working with Veterans throughout the U.S. I have requested from the Office of Compassionate Use a copy of the rule changes that will be discussed tomorrow but, once again, only the rich, connected people with no Compassion get the rules prior to the hearings so they can prepare their answers. Again I am helping for free! Please help me , help the children, veterans, and patients suffering from dilating disorders that this bill you signed was supposed to help!

Respectfully,

E, Manny Johnson  
[manny@mannyjohnson.net](mailto:manny@mannyjohnson.net)



## Bist, Kevin

---

**From:** Manny Johnson <manny@mannyjohnson.net>  
**Sent:** Friday, January 02, 2015 4:17 PM  
**To:** Bist, Kevin  
**Subject:** RE: Your inquiry regarding the Office of Compassionate Use

**Importance:** High

Dear Kevin-

Thanks for the information below. It was nice to see you at the meeting also. When I arrived I realized there was no information available prior to the hearing. You would not believe how delusional some of the people are who are involved in this process. I have heard the rumors of "I got preferred information sent to me by the Director of DOH," or "Our group is guaranteed to get an license because we have bought it from Congressman so and so," – it is very disgusting to me as I am all about helping your department and the growers get through this process and be able to produce the medicines some patients so badly need. As I have mentioned many times, I was a 32 year Florida Nurseryman and could apply for a license but I will not in the foreseeable future because I want to remain in a position where I can be honest and offer my skills in growing and operating a large nursery and, after spending time in Israel, California, and attending the first ever CME for physicians in Colorado, interviews the White House, IRS, DEA, DOJ, CPA's and many others, I can hopefully add real world, no BS, knowledge to this very complex issue.

I applaud you, the DOH, the legislators and Governor Scott on your hard work in dealing with this very important issue. If I can be of help, I am a call away.

Have an AWESOME day!

*E. Manson Johnson*

E. Manson Johnson  
127 W. Fairbanks Avenue, # 507  
Winter Park, FL 32789  
(813) 789-1300 cell  
[Manny@mannyjohnson.net](mailto:Manny@mannyjohnson.net)

---

**From:** Bist, Kevin [mailto:[Kevin.Bist@flhealth.gov](mailto:Kevin.Bist@flhealth.gov)]  
**Sent:** Friday, January 02, 2015 3:51 PM  
**To:** [manny@mannyjohnson.net](mailto:manny@mannyjohnson.net)  
**Subject:** Your inquiry regarding the Office of Compassionate Use

Dear Mr. Johnson,

Your correspondence to Governor Scott regarding the rule for low-THC cannabis has been forwarded to the Office of Compassionate Use (OCU) for response.

It was a pleasure to see you at Tuesday's public workshop, and I hope you realize that no draft language was available to anyone prior to the meeting. It was the aim of the OCU to seek drafting assistance from the stakeholders. Because of the testimony, including yours, that came from the meeting, we feel we have a very strong base on which to create a new draft of the rules.

Thank you for the information you provided at the workshop this past week, and the other workshops you attended. The Office of Compassionate Use shares your desire to get the product to the patients who need it as quickly as possible.

Kind Regards,

Kevin

Kevin Bist  
Program Specialist

Office of Compassionate Use  
Florida Department of Health  
850-245-4658

-----Original Message-----

From: Manny Johnson [<mailto:manny@mannyjohnson.net>]

Sent: Monday, December 29, 2014 9:12 AM

To: Governor Rick Scott

Subject: Compassionate Medical Cannabis Act of 2014

From: Manny Johnson <[manny@mannyjohnson.net](mailto:manny@mannyjohnson.net)>

County: Orange

Zip Code: 32789

Phone Number: 813 789-1300

Message Body: Dear Gov. Scott: I am a Florida native citizen who joined the Army 4 days out of high school to attend the USMA at West Point and Honorably served my Country. I am also a 30 year Florida Nursery man who has attended all of the rules hearing at my expense to offer guidance and COMPASSION to the DOH to help them make the best decisions on the rules. I have offered real world experience on subjects from pesticide use to auditted financial information n order to select the best, most qualified applicants for the 5 Dispensing organizations. As I mentioned I am not applying for a license I am just dismayed at hos this system has forgotten the Compassionate part of its purpose-- the children, veterans, and citizens with no other options and it has become all about various unqualified RICH people entering the foray and buying land in all 5 regions, setting up figure heads with nurserymen, and manipulating the system strictly for monetary gains. I will be at the rules h!earing tomorrow in Orlando like I have at all the other ruls hearings, to offer free advice based on my 30 years in this industry and working with Veterans throughout the U.S. I have requested from the Office of Compassionate Use a copy of the rule changes that will be discussed tomorrow but, once again, only the rich, connected people with no Compassion get the rules prior to the hearings so they can prepare their answers. Again I am helping for free! Please help me , help the children, veterans, and patients suffering from dilating disorders that this bill you signed was supposed to help!

Respectfully,

E, Manny Johnson  
[manny@mannyjohnson.net](mailto:manny@mannyjohnson.net)  
813-789-1300

## **Bist, Kevin**

---

**From:** Bradley Hickory <Bradley@sevenpointsecurity.com>  
**Sent:** Friday, January 02, 2015 8:00 PM  
**To:** Nelson, Patricia A  
**Cc:** Melissa Trautman  
**Subject:** Security - Cannabis Industry

Patricia,

Happy New Year! I hope you had a wonderful holiday season! I attended the workshop this past Tuesday, Dec 30th, regarding the Cannabis Industry. It was nice to briefly meet you at the end of the day. As I mentioned, our business is to provide protection and security for our clients' assets.

While at the workshop I heard no educated opinions spoken in regards to security. As I offered that day, we are happy to meet with you to provide consultation in matters of security. Our comments, opinions and recommendations will be merely consultation to assist you in continuing your task at hand with this industry.

We look forward to speaking with you soon.

Resume:

4 years Marine Corps - Special Operations  
10 years Law Enforcement Officer in Florida  
5 years SWAT Officer  
3 years Executive Protection in Iraq  
Bachelor's Degree in Intelligence with the concentration of Terrorism studies

**Bradley Hickory**  
**Seven Point Security**

**Bradley@SevenPointSecurity.com**  
**954-558-2788**

**Bist, Kevin**

---

**From:** Robert Buck <email@attorneybuck.com>  
**Sent:** Sunday, January 04, 2015 2:06 PM  
**To:** Nelson, Patricia A  
**Cc:** Michael L'Heureux; Patricia.nelson@eog.myflorida.com  
**Subject:** Re: Comments from the 12/30/14 Workshop

Ms. Nelson,

My office represents Tree King-Tree Farm nursery. As you may know, Tree King was a party to the recent administrative challenge. In light of Judge Watkins' decision, I am encouraged to see that an administrative law expert has been appointed Director. We look forward to working with you throughout the rule making process.

In brief, our primary focus is the adoption of uniform standards that are generally accepted in the pharmaceutical/dietary supplement industry. Specifically, we encourage the Dept. to adopt standards that ensure the pharmaceutical grade of the product. This includes, but is not limited to, third-party analytical testing.

We believe Good Manufacturing Practices (GMP) would also require detailed quality assurance plans. Further, we believe that education and experience in analyzing analytical reports is necessary. This would require scientific education in chemistry from an accredited institution. I believe this was voiced by another member of the public at your recent workshop.

Requiring accredited scientific education/experience would be an objective metric, and is in the best interest of public health. I also believe it is in the spirit of the comments made by Dr. John Armstrong, the FMA, JAPC as well as the federal priorities. Further, it encourages the goal of clinical research, which is a goal of everyone involved.

To this end, I have attached a short statement from Dr. William Clark (organic chemistry). Dr. Clark has extensive experience in this area, and would be happy to lend assistance to your office.

Lastly, I've recently spoken with executives from the Florida Sheriffs Association (FSA) regarding security practices. They have indicated a willingness to provide further input, should your office request it.

Thank you for your service. I look forward to working with you over the months ahead.

Regards

--  
Robert L. Buck, Esq., P.A.  
PO Box 15146., Brooksville, FL 34604  
352-584-2062 Phone  
352-686-7455 Fax  
[email@attorneybuck.com](mailto:email@attorneybuck.com)

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**Bist, Kevin**

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**From:** Robert Buck <email@attorneybuck.com>  
**Sent:** Monday, January 05, 2015 3:14 PM  
**To:** Nelson, Patricia A; Patricia.nelson@eog.myflorida.com  
**Cc:** zzzz Feedback, Compassionate Use  
**Subject:** Re: Tree-King Comments on SB1030 Rule Rewrite  
**Attachments:** Dr. William Clark 12-19-14.pdf

Ms. Nelson,

It appears that the statement from Dr. William Clark did not attach to my prior email. I apologize for the mistake. Please find attached a duplicate copy.

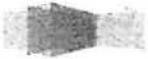
Please consider Dr. Clark's experience in your search for an expert panel. We consider his knowledge in chemistry and out-of-state rule making to be unparalleled.

Regards

--

Robert L. Buck, Esq., P.A.  
PO Box 15146., Brooksville, FL 34604  
352-584-2062 Phone  
352-686-7455 Fax  
[email@attorneybuck.com](mailto:email@attorneybuck.com)

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December 19, 2014

**RE: Implementation of GMPs (Good Manufacturing Practices) for medical cannabis under SB1030**

To Whom It May Concern,

Given the recent developments surrounding proposed modifications of the rules for SB1030 I would like to highlight the critical importance of having regulations, Good Manufacturing Practices, that govern the quality of the manufacture, production, development, and testing of medical cannabis.

Having nearly 20 years experience with natural products and dietary supplements, helping NSF International develop their dietary supplement certification program for quality and safety, and having served on the committee that developed the GMPs for the dietary supplement industry, I cannot stress enough how important it is to incorporate GMPs into any rules modification for SB1030.

In addition, after first hand observance of the medical cannabis business in the States of California, Nevada, and Colorado that lack this oversight, it is clear that it is necessary to implement these rules to ensure delivery of product that is not only of a consistent, high quality standard, but is also safe for consumers.

Thank you for your time and consideration.

Sincerely,

William D. Clark, Ph.D.  
President & Founder  
Pure Naturals Certified  
Clearwater, FL  
Tel: (727) 489-9201  
[www.PureNaturalsCertified.com](http://www.PureNaturalsCertified.com)

**Bist, Kevin**

---

**From:** Philip Carnevale <philip@viridivitam.com>  
**Sent:** Tuesday, January 06, 2015 10:14 PM  
**To:** Bist, Kevin  
**Subject:** Re: FW: Negotiated rulemaking

Thank you very much.

Philip

On Tue, Jan 6, 2015 at 2:39 PM, Bist, Kevin <[Kevin.Bist@flhealth.gov](mailto:Kevin.Bist@flhealth.gov)> wrote:

Dear Sir,

Thank you for your phone call this afternoon.

Please follow this link to information on the upcoming negotiated rulemaking meeting:

[https://www.flrules.org/Gateway/View\\_notice.asp?id=15490335](https://www.flrules.org/Gateway/View_notice.asp?id=15490335)

Please let me know if I may be of further assistance.

Kind Regards,

Kevin

Kevin Bist

Program Specialist

Office of Compassionate Use

Florida Department of Health

850-245-4658

--

--

Philip Carnevale. BSN-RN  
Executive Officer/Co-Founder

**Viridi Vitam LLC**

Mobile: (352) 870-4661 Fax: (904) 212-2227

5105 Bowden Rd Suite 2

Jacksonville, FL 32116

[www.NEFLDispensary.com](http://www.NEFLDispensary.com)

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## **Bist, Kevin**

---

**From:** Kelley, Henry <Henry.Kelley@mail.okaloosa.k12.fl.us>  
**Sent:** Wednesday, January 07, 2015 8:44 AM  
**To:** Bist, Kevin  
**Cc:** Jackson, Mary Beth; Smith, Stacie; Schroeder, Teresa; Meredith, Dianne  
**Subject:** School District Medical Marijuana Question

Kevin,

As we briefly discussed, I am the Director of Community Affairs for the Okaloosa County School District. Our issue is how will the school districts secure, store and dispense the medical marijuana if a child is given a proper medical order to receive treatment.

Further, I would ask that your committee also consider how the rules regarding prescriptions are communicated to the School districts.

I will be glad to participate in any call or discussions regarding how this may impact the School Districts as this issue moves forward.

Sincerely,

Henry Kelley  
Program Director, Community Affairs  
Executive Director, Okaloosa Public Schools Foundation  
Okaloosa County School District  
850-833-9999 (office)  
850-371-0089 (cell)  
[Henry.Kelley@mail.okaloosa.k12.fl.us](mailto:Henry.Kelley@mail.okaloosa.k12.fl.us)

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## **Bist, Kevin**

---

**From:** Bist, Kevin  
**Sent:** Wednesday, January 07, 2015 9:16 AM  
**To:** Nelson, Patricia A  
**Subject:** FW: School District Medical Marijuana Question

Patty,

Please see below.

I have responded to Mr. Kelley, et al, and informed him I would forward his email to you.

Thank you,

Kevin

---

**From:** Kelley, Henry [<mailto:Henry.Kelley@mail.okaloosa.k12.fl.us>]  
**Sent:** Wednesday, January 07, 2015 8:44 AM  
**To:** Bist, Kevin  
**Cc:** Jackson, Mary Beth; Smith, Stacie; Schroeder, Teresa; Meredith, Dianne  
**Subject:** School District Medical Marijuana Question

Kevin,

As we briefly discussed, I am the Director of Community Affairs for the Okaloosa County School District. Our issue is how will the school districts secure, store and dispense the medical marijuana if a child is given a proper medical order to receive treatment.

Further, I would ask that your committee also consider how the rules regarding prescriptions are communicated to the School districts.

I will be glad to participate in any call or discussions regarding how this may impact the School Districts as this issue moves forward.

Sincerely,

Henry Kelley  
Program Director, Community Affairs  
Executive Director, Okaloosa Public Schools Foundation  
Okaloosa County School District  
850-833-9999 (office)  
850-371-0089 (cell)  
[Henry.Kelley@mail.okaloosa.k12.fl.us](mailto:Henry.Kelley@mail.okaloosa.k12.fl.us)

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E-mail records are public records under Florida Law and in general are not exempt from public-records requirements. In the event your response contains information that may be considered sensitive or confidential pursuant to Federal or State law, please do not send that information via e-mail; please contact me to make alternative arrangements.

**Bist, Kevin**

---

**From:** Zachary Davis <zachdavis517@gmail.com>  
**Sent:** Wednesday, January 07, 2015 1:33 PM  
**To:** Bist, Kevin  
**Subject:** Re: Communication

Do you know who I can talk to , to find this out?

On Wed, Jan 7, 2015 at 11:30 AM, Bist, Kevin <[Kevin.Bist@flhealth.gov](mailto:Kevin.Bist@flhealth.gov)> wrote:

No sir, I do not know the answer to your question.

Kind Regards,

Kevin

**From:** Zachary Davis [mailto:[zachdavis517@gmail.com](mailto:zachdavis517@gmail.com)]  
**Sent:** Wednesday, January 07, 2015 1:29 PM  
**To:** Bist, Kevin  
**Subject:** Re: Communication

Hello Kevin,

Thank You. Do you know whether there will be a conflict of interest if someone who is applying ( a nurseryman) or someone on his team ( consultant) is part of the committee and receives the license ?

Warmest Regards,

ZD

On Wed, Jan 7, 2015 at 8:37 AM, Bist, Kevin <[Kevin.Bist@flhealth.gov](mailto:Kevin.Bist@flhealth.gov)> wrote:

Dear Mr. Davis,

I have forwarded your request below.

Please let me know if I may be of additional assistance.

Kind Regards,

Kevin

**From:** Zachary Davis [mailto:[zachdavis517@gmail.com](mailto:zachdavis517@gmail.com)]  
**Sent:** Wednesday, January 07, 2015 10:34 AM  
**To:** Bist, Kevin  
**Subject:** Communication

Hello Kevin,

Can you please send me all information regarding LOW the cannabis and the compassionate care act.

Thank You,

Zach

--

Zachary R. Davis, Esq.

This e-mail contains PRIVILEGED AND CONFIDENTIAL information intended only for use of the addressee(s) named above. If you are not the intended recipient of this e-mail, or an authorized employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please notify us by reply e-mail and delete this e-mail from your records. Thank you for your cooperation.

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Zachary R. Davis, Esq.

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## Nelson, Patricia A

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**From:** Bist, Kevin  
**Sent:** Thursday, January 08, 2015 11:43 AM  
**To:** ANNE; Nelson, Patricia A  
**Subject:** RE: Hello from Anne Morgan, M.D

Dear Dr. Morgan,

Thank you for the information you provided in your attachments. I look forward to speaking with you soon.

Kind Regards,

Kevin

---

**From:** ANNE [<mailto:bestofalltherest@comcast.net>]  
**Sent:** Wednesday, January 07, 2015 6:22 PM  
**To:** Nelson, Patricia A  
**Cc:** Bist, Kevin  
**Subject:** Hello from Anne Morgan, M.D

Patty,

It was a pleasure to meet you at the Orlando workshop on Dec. 30, which I found very informative.

I am writing to ask your consideration to become a member of The Negotiated Rulemaking Committee.

I feel that I have a lot to bring to the table, both in medical management experience, my willingness to be open and honest about marijuana as a medicine, agree to **negotiate** in good faith and my goal of doing whatever I can as a physician to make sure that "We do it right in Florida."

At this early point in the history of cannabinoid medicine, very few physicians in Florida have the degree of interest and the background in cannabis education that I now have. I **sincerely believe that my interests as a clinician and scientist is not represented on the Committee at present.**

I am a Family Practitioner with more than 25 years of experience and no blemishes on my background. For quite a few years, I did pro bono work on the Peer Review Board for the Board Of Medicine.

A year ago, I became intrigued with the potential for cannabis as medicine, and have since spent a great deal of time getting up to speed.

I have applied for Board Certification with the American Academy Of Cannabinoid Medicine. In that effort, I have already passed the oral and written exam and will need to practice two years of cannabinoid medicine in order to become Board Certified in the field.

I attended the Patients Out of Time conference in Portland, Oregon last April, 2014.

The conference will be coming to the West Palm Beach Convention Center this Memorial Weekend and I will be playing a supporting role.

I expect to take the FMA CME course, completing that aspect by my application.

When at the Portland Conference, I met several scientists who invited me to become a member of the International Cannabinoid Research Society. I accepted their invitation and attended their 24th Annual Conference in Baveno, Italy last June/July. I learned that there is so much pertinent information that has not reached me or my colleagues in practice, especially in Florida.

I am taking this opportunity to send you the PDF file of the ICRS course syllabus. Several of the authors have agreed to act as "resource" persons when I asked them last June/July in advance of the upcoming Amendment 2, knowing that we would need help in Florida. I will do whatever I can to reach out to them in an effort to obtain as much medical/clinical information that we need to apply this law safely, efficiently, properly and fairly.

As a result, I was able to persuade (along with some others) the founders of Patients Out Of Time to bring their next conference to West Palm Beach this coming May.

I have asked Greg Gerdeman, Ph.D, if he would agree to be a resource person for the DOH and he has graciously agreed. He is a world renowned expert in his field and we are very fortunate to have him at Eckerd College.

I am taking this opportunity to send you a copy of my long-form C.V., since most Medical Management positions want to know exactly what departments and programs an applicant has created and developed.

I do state that I am a member of the Palm Beach County Medical Society "Medical Marijuana Task Force" which does not give endorsements of medical cannabis, but wishes to work to keep this properly, safely and efficiently managed in the State of Florida. A letter to that effect will be sent to you directly very soon.

Please feel free to call me if I can be of any assistance: [954-592-0700](tel:954-592-0700).

I wish you all the best in your endeavor,

I will see you at the meeting on February 4th.

Respectfully submitted,

Anne Lynn Morgan, M.D.

860 US Highway 1

Suite 203 A

North Palm Beach, FL 33408

**Bist, Kevin**

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**From:** Arianna Cabrera <arianna@costafarms.com>  
**Sent:** Thursday, January 08, 2015 6:19 PM  
**To:** Nelson, Patricia A  
**Cc:** Arianna Cabrera; Katharyn Field; Peter Freyre  
**Subject:** Follow Up to Workshop  
**Attachments:** Letter to Patricia Nelson - 1-8-15.pdf

Hi, Patricia. I hope you are well. Attached is a letter that sets out our initial thoughts on the future rule, as you requested at the workshop in Orlando on December 30<sup>th</sup>.

We will be following up with some additional information and research relevant to different aspects of the medical cannabis business.

We look forward to working with you.

Arianna Cabrera, Esq.  
General Counsel



o: 786-866-5227 | f: 786-272-6137 | c: 305-608-6572  
21800 SW 162nd Avenue | Miami, FL 33170



## William D. Clark, Ph.D.

*Former Director Research & Development, PharmaPrint, Inc.*

*Developer of Centrum™ Herbals*

*Former Vice President of Product Development & Regulatory Affairs, Mannatech, Inc.*

For nearly 2 decades, Dr. William (Bill) Clark has been working with and developing natural products and nutraceuticals. A strong advocate of preventative care, Dr. Clark has directed research and development at the executive level, delivering monumental value to an entire industry. In fact, Dr. Clark has been instrumental to the establishment of nutraceuticals as a market force in the United States, Canada, Britain, Japan, New Zealand, & Australia. Dr. Clark's particular expertise spans the entire product continuum - from formula development to full commercial launch. Dr. Clark's efforts at PharmaPrint delivered six entirely new landmark products to the marketplace - the world renowned Centrum™ Herbals line. Dr. Clark was instrumental in the conception, formulation, and launch of Centrum™ Herbals (a Wyeth brand), resulting in over \$150 million of retail sales in its first year.

Some additional key industry achievements for Dr. Clark include helping NSF International complete initial development of their Dietary Supplement Certification Program. His contribution to the development of NSF's program was substantial. Dr. Clark also served on the Dietary Supplement Joint Committee that formed the new GMPs for the industry that have now been implemented into law by the FDA.

Dr. Clark's technical expertise includes not only research and development, product formulation, clinical studies, and product development, but also regulatory affairs and compliance, quality assurance and quality control, project management, and front line manufacturing and packaging of nutritional supplements.

Dr. Clark contributes an extraordinary magnitude of nutritional supplement experience, insight, business acumen, and industry relationships to the success of Pure Naturals Certified.

A few of his accomplishments include the following roles :

### **President & Co-Founder**

*Pure Naturals Certified*

Dr. William Clark currently leads Pure Naturals Certified, a Contract Research Organization (CRO) that specializes in the research and development, product formulation & development, and clinical studies of nutraceuticals, natural products, and dietary supplements. Pure Naturals Certified is the only operating CRO with this targeted specialty.

### **President & Co-Founder**

*Pacific Nutritional Research, LLC*

Dr. William Clark formerly led Pacific Nutritional Research, a Contract Research Organization (CRO) that performed clinical studies and provided marketing & technical services specifically for nutritional supplements to determine their benefits or other effects in the categories of weight management, general health and condition specific applications.

### **President & CEO**

*Ultimate Synergy, LLC*

Dr. William Clark recently served as the CEO of Ultimate Synergy, a developer of high quality human and equine nutritional supplements. He was the developer of the HALO™ Leaf of Life and Natience™ product lines. Ultimate Synergy's HALO Leaf of Life™ is the most potent antioxidant drink on the market, based on a proprietary Fresh Olive Leaf Complex (FOLC).

### **Vice President, Product Development & Regulatory Affairs**

*Mannatech*

While with Mannatech, Dr. Clark directed the global development for new and reformulated products. He served to improve product and process development in conjunction with contract manufacturers, R&D, QA, and Operations. Dr. Clark oversaw the complete manufacturing and project management processes, ensuring efficiency, consistency, and regulatory compliance with all Good Manufacturing Practice (GMP) Regulations during each cycle of product development. Further, Dr. Clark identified key manufacturing and raw material sources, and ensured regulatory review, compliance, and approval of all labeling, training, and marketing materials.

### **Director Research & Development**

*PharmaPrint*

Dr. Clark supervised and directed ongoing QA/QC release, method development, and stability studies for all PharmaPrint products. Dr. Clark personally supervised and directed multiple laboratories in methods transfer, development, and validation of analytical test procedures for both Centrum Herbals and PharmaPrint Combination Products in accordance with pharmaceutical Current Good Manufacturing Practices (CGMPs). Dr. Clark was integral in the formulation, development, and manufacturing of PharmaPrint products and the institution of core enterprise standard operating procedures.

### **Education**

Ph.D., Chemistry

University of California Santa Cruz, CA, 1997

**M.S., Chemistry**  
University of California Santa Cruz, CA, 1995

**B.A., Chemistry**  
University of California Santa Cruz, CA, 1992

**Publications**

"Investigations of Halogenated Constituents Isolated from Marine Sponges Associated with Cyanobacterial Symbionts" by W. D. Clark  
Ph.D. Dissertation Thesis, June 1997.

"Cyclodinamide A, An Unusual Cytotoxic Halogenated Hexapeptide from the Marine Sponge *Psammocinia*", by W. D. Clark, T. H. Corbett, F. A. Valeriote, and P. Crews  
*Journal of the American Chemical Society*, **119** (39), 9285, 1997.

"A Novel Chlorinated Ketide Amino Acid, Herbamide A, from the Marine Sponge *Dysidea herbacea*", by W. D. Clark and P. Crews  
*Tetrahedron Letters*, **36**, 1185, 1995.



January 8, 2015

**SENT VIA EMAIL**

Ms. Patricia Nelson  
Director, Office of Compassionate Use  
Florida Department of Health  
4052 Bald Cypress Way  
Tallahassee, FL 32399

Re: Rule 64-4-Implementation of Compassionate Use Act.

Dear Ms. Nelson:

It was wonderful meeting you last week in Orlando and we congratulate you on your appointment to Director of the Office of Compassionate Use. We would like to take this opportunity to provide information and feedback, as you requested.

In writing this letter, we have thoroughly reviewed the original statute, Judge Watkins' DOAH ruling, and the JAPC letter dated August 29, 2014. From these sources, we parsed elements of proposed rule 64-4 into the following categories: those that require significant change, those that should be added, aspects which should be modified, and finally, those which should remain intact.

***We have identified significant changes- aspects of former rule 64-4 which should be overhauled or removed.***

- **Align applicant definition with nurseries:** The only applicant which meets the statute's requirements is a Florida nursery with plant counts in excess of 400,000 and continuous operations for at least 30 years.<sup>1</sup> Judge Watkins ruled the clear meaning of the statute

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<sup>1</sup> Senate Bill 1030: "The applicant must possess a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to s. 581.131 that is issued for the cultivation of more than 400,000 plants, be operated by a nurseryman as defined in s. 581.011, and have been operated as a registered nursery in this state for at least 30 continuous years."

is, “in other words, a nursery”<sup>2</sup> and there are approximately 75 potential applicants that meet these criteria. The application should also disclose more information about resources committed to the program: property, human capital, and financial wherewithal.

- **Allow licensed dispensing organizations to assign operating rights to an affiliated entity subject to Department approval:** A workable business structure for the licensed dispensing organization is crucial for the ultimate success of the medical cannabis business. However, a nursery that directly operates a medicinal cannabis business could be faced with losing its banking relationships and therefore its operating capital.<sup>3</sup> In order to avoid forcing a nursery to choose between its long-standing nursery business and a new medical cannabis business, DOH should implement rules that would allow a nursery that has been licensed as a dispensing organization to then assign the license to an affiliated entity. DOH could accomplish this through a combination of the following: (a) language in the rule allowing for assignment of the license from the nursery dispensing organization to a new entity that is fully owned by 100% of the owners of the nursery dispensing organization<sup>4</sup> and (b) keeping in place the form that it published on its website entitled “Request to Alter, Expand or Consolidate Low-THC Cannabis Dispensing Organization.”<sup>5</sup>

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<sup>2</sup> On pages 60-61 of the DOAH ruling Judge Watkins explains, “[W]hen the language of the statute is clear and unambiguous and conveys a clear and definite meaning, there is no occasion for resorting to the rules of statutory interpretation and construction; the statute must be given its plain and obvious meaning... In this instance, the clear meaning of the statute is that the applicant, to be a dispensing organization, must be the entity that possesses the certificate of registration and has been operating as a nursery for 30 years. Because the proposed rule contravenes the express statutory requirements as to who may be an applicant, the proposed rule is invalid.”

<sup>3</sup> Under the Federal Controlled Substances Act (CSA), it is illegal to open, rent or maintain a place of business for any manufacturer, distributor or dispenser of marijuana. This creates an environment where businesses with an ownership stake in companies that participate in the medical marijuana industry, even though legal under state law, face bleak banking challenges until if and when the federal government changes its stance on medical marijuana.

<sup>4</sup> Section 64-4.001(1) of the former rule allowed outside parties to own up to 75% of the licensed dispensing organization. As noted in footnote 2 above, Judge Watkins interpreted the statute to require that only nurseries apply for and receive the medical cannabis license. Furthermore, on page 33 of the DOAH ruling, he quoted an economist who served as an expert witness, “the worst case scenario is that 75% of each provider is held by an outside entity. At this point providers have little incentive to undercut the prices of other competitors as they are essentially robbing profits from themselves...this once again reduces their incentive to compete.” However, allowing for 100% common ownership between the nursery and a dispensing organization to whom a license is assigned would not contravene the foregoing, as the current Florida nursery owners, those that are the heart and soul of the current nursery operations, would own 100% of both the nursery and the ultimate dispensing organization.

<sup>5</sup> On page 31 of the DOAH ruling, Judge Watkins observed, “Ms. Tschetter agreed that a qualified nursery selected as a dispensing organization will be allowed to transfer operating rights to an affiliated, single purpose entity under the Department’s form to request to alter a dispensing organization.”

- **Use an expert, qualitative review to select amongst comprehensive application submissions:** Judge Watkins wrote the lottery contravened the intent and goals of the Compassionate Use Act, and instead prescribed that DOH should select the five dispensing organizations by applying its discretion/expertise.<sup>6</sup>
  - The Department should evaluate the candidates by comparatively ranking and/or scoring each application, applying expertise to qualitatively evaluate comprehensive application submissions.<sup>7</sup> Each nursery should be graded based on the merit and strength of the competencies identified by SB 1030 and compared to the other applicants.
  - Indeed, many of the general statutory criteria, the applicant’s security and safety plan, inventory control plan, location, and transportation plan, can be compared on the merits using “ordinary business judgment.” For areas that require specific technical knowledge, we recommend DOH enlist outside expertise to determine which applicants have superior programs and the best chance of success.<sup>8</sup> The Department may in fact use state expertise to shed light on areas that are less familiar.
  
- **Require that all applicants pay an application fee:** An “initial application fee” of \$150,000 should be paid by all applicants, a portion of which may be refundable. These fees should offset the Department’s regulatory costs. The DOAH opinion clearly states the danger in not requiring a fee to apply: it encourages fly-by-night companies to participate with little investment in the process.<sup>9</sup> Furthermore, should DOH charge the fee after selection, it would, “not [be] an initial application fee. It [would be] a license fee. An initial application fee is charged at the beginning of the application process for

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<sup>6</sup> On pages 43-44 Judge Watkins writes, “[The] proposed rule provides for random selection of minimally qualified dispensing organizations, rather than selection by reasonable discretionary evaluation... The statute’s language requires the Department to determine, with regard to demonstrable facts, which statutorily qualified applicant for each region best promotes the statutory interests, including ability and financial strength to undertake a new operation, to promote accessibility and availability of low-THC cannabis. This necessarily requires the Department to engage in discretionary evaluation to determine which eligible applicants to approve as a dispensing organization for each region.”

<sup>7</sup> He further articulates on pages 45-46, “The statute’s manifest intent also requires the Department to qualitatively evaluate applicants for each of the five dispensing organizations...There is no discernable reason why the exercise of the Department’s reasonable discretion in applying the criteria should not determine which applicants are approved.”

<sup>8</sup> As Judge Watkins defines the requirements of SB 1030, the statute “requires reasoned licensure decisions, due process and comparative review” (pp. 49-50). “Rather than minimally qualified applicants, citizens of the State of Florida, including sick and vulnerable children, deserve approval of the most qualified growers, processors and dispensers of low-THC cannabis” (p. 57).

<sup>9</sup> On pages 56-57 Judge Watkins comments, “The proposed rules would not impose an initial application fee for applicants...Thus, with little or no investment, a marginally-qualified applicant who barely meets the general minimum requirements is equally as likely to be approved as a clearly superior applicant. This scenario is made all the more likely by the lack of clear standards and criteria that will be used by the Department to evaluate the applications.”

all applications submitted.” Judge Watkins states that this license fee in lieu of an application fee invalidates the rule.<sup>10</sup> Our recommendation will ensure that legislative intent is met, that applicants are serious about this program, and that DOH’s costs of selecting dispensing organizations and regulating the program are offset.

- **Tie bond requirement to performance:** Judge Watkins found the intent of a significant performance bond was to guarantee the selected nurseries would dispense the critical medicine. Thus, the applicant must show the ability to post a \$5 million performance bond to cover all unmet obligations, rather than just the destruction of inventory in case of failure. “The proposed rule condition dilutes the purpose and effect of the required performance bond to the point that ‘performance’ is not being bonded” (DOAH ruling pp. 63-64). The Legislature intentionally selected a significant amount, greater than needed for the destruction of inventory, to ensure losses would be covered in case of default and performance during the license term, including protection of consumers if their medicine is not dispensed.<sup>11</sup>
- **Applicants must submit audited financial statements to prove financial ability in accordance with statute:** One essential competency identified in the Compassionate Use Act is financial wherewithal for the license term and that applicants prove this competency with “certified” financial statements. Judge Watkins found that these financial statements must be verified by audit. Simply requiring that a CPA prepare the financials in accordance with GAAP does not meet the statute’s intent as any standard lower than an audit does not involve true “verification” of the underlying financial data.<sup>12</sup> Audited financial statements would attest that the applicant has the financial stability, resources, and capability to maintain low-THC cannabis operations for at least the license term.<sup>13,14</sup>

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<sup>10</sup> Judge Watkins invalidates the rule on this point, “the omission of an initial application fee and provision only for a license approval fee modifies the statutory requirement” (pages 61-62).

<sup>11</sup> Judge Watkins writes, “The proposed rule condition dilutes the purpose and effect of the required performance bond to the point that “performance” is not being bonded... This is not the same as assuring performance by fulfilling approved application responsibilities and not defaulting, as a “performance bond” would be expected to do... The proposed rule cannot lessen the explicit statutory financial requirement of a \$5 million performance bond by diluting its effect through an easily satisfied condition of destroying inventory... this changes what the statute intended to require” (pp. 63-64).

<sup>12</sup> Financial statements that are audited by a CPA firm must be verified through methods of inquiry, physical inspection, observation, examination, third party confirmation and analytical procedure. The CPA firm is required to attest to the factual accuracy contained in the financial statements. A nursery’s financial strength can only truly be verified when financial statements are audited.

<sup>13</sup> The ruling states on pages 62-63, “Section 381.986(5)(b)5 requires “certified financials” to demonstrate the applicant’s financial ability to maintain operations for the 2-year approval cycle. The term “certified” means the financials must be attested, i.e., verified by audit or sworn...Proposed rule 64-4.002(2)(i) requiring that a CPA prepare the financials in accordance with GAAP does not meet this standard...Because the proposed rule eliminates the requirement for certified financial statements the proposed rule modifies the statute and is invalid.”

- Furthermore, a financial scorecard should be used to interpret and evaluate the strength of each applicant’s financial statements: cash flow, income statement, and balance sheet. A clean auditor’s opinion, optimal working capital and debt to equity ratios would exemplify rigorous standards. This would confirm applicants’ financial ability to maintain operations in line with the 2-year approval cycle. DOH may enlist state expertise, hire or contract with a CPA to evaluate the financial information contained in the audited financial statements.
  - It was mentioned at the workshop in Orlando that audited financials would be prohibitively expensive for nurseries to obtain. However, although a nursery of our size with more than \$300 million in annual revenues operating in multiple states and through a multitude of operating companies might spend in excess of \$100,000 in audit fees, most of the nurseries that meet the criteria of Section 381.986(5)(b)1 have much simpler corporate structures and would pay somewhere between \$10,000 and \$50,000 for an audit.<sup>15</sup>
- **Remove boundary/setback requirement and other provisions beyond the statute:** The Department should remove elements Judge Watkins classified as an overreach of statutory authority: preventing operation within 1,000 feet of school, church, or park, limiting nurseries to one application, requiring all activities to take place on the same or a contiguous property, warrantless entries and searches, and others.<sup>16</sup> DOAH found that DOH, “On its own initiative and without statutory authority prescribed extensive guidelines for the grant and revocation of authorization to become a dispensing organization which far exceed those authorized by the enabling Act... Specifically, the requirements which are not supported by statutory authority are: limiting nursery ownership to only one application, requiring cultivation, processing and dispensing to occur on the same, or contiguous, property, Level-2 background screening for employees, limitations on the activities of medical directors, setback requirements, limitations on ownership and management, warrantless entry and searches by law enforcement officials and agents” (pp. 65-66).

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<sup>14</sup> Medical cannabis states have seemingly trended towards requiring audited financial statements from applicants. Two recent examples are Illinois and Connecticut.

<sup>15</sup> Note there is relatively small cost savings from obtaining reviewed vs. audited statements. The former option would cost a smaller nursery between \$10,000 and \$20,000.

<sup>16</sup> In the same section of Judge Watkins’ ruling note that there are aspects for which DOH may adopt more extensive rules to further programmatic goals, “The enabling Act authorizes the Department to adopt rules in furtherance of the programmatic requirements listed in section 381.986(5). These requirements include such matters as the ability to secure the premises, resources, and personnel necessary to operate as a dispensing organization; the ability to maintain accountability of all raw materials, finished products and by-products; to maintain the infrastructure reasonably located to dispense low-THC cannabis to registered patients statewide or regionally; the financial ability to maintain operations for the duration of the 2-year approval cycle, including the posting of a \$5 million performance bond; the fingerprinting and background checks of all owners and managers; and the employment of a medical director.”

***The Department should consider adding the following provisions to the new proposed rule 64-4.***

- **Adopt rules and standards to implement a qualitative review:** Not only must the applications be subject to a qualitative review, but also the Department should establish a clear procedure to guarantee due process on each application. This includes the guidelines used to evaluate and score applications, the process to select the committee, and the enlistment of outside expertise if necessary.
  - Judge Watkins mentioned such guidelines were missing, “The proposed rules do not contain any guidance on procedures to be used in this evaluation – for example, who appoints the panel members, who the panel members will be, whether the panel members will have any expertise, whether panel members’ evaluations are independent or joint, whether panel decisions to disqualify an applicant must be unanimous or majority vote, whether panel decisions will be subject to further administrative review and by what process, and when decisions may be challenged” (p. 29).
  
- **Articulate criteria that will be used to evaluate each competency:** The Department should map out criteria that will be used to assess each competency. Indeed, the JAPC letter asked DOH to clearly explain and document the evidence required by nurseries to evaluate various facets of their application (pp. 7-10 of JAPC letter).<sup>17</sup> In addition to the financial strength proven with audited financial statements and a scorecard evaluation of key indicators, below we elaborate on additional guidelines to help the selection committee rate applicants on the other competencies.
  - **Technical and technological ability:** Applicants should demonstrate an ability to cultivate and successfully bring to market non-native plant species to Florida. DOAH opined on this requirement, “Because cannabis is not native to Florida, an important factor in predicting success is the nursery’s demonstrated ability to successfully produce a large number and variety of non-native genera and species. It is not sufficient simply to hire someone who has produced medical cannabis in another state... A lack of specialized knowledge risks inability to produce the plant at all... which may affect patient access” (pp. 19-20).
  - **Facilities:** Proposed facilities to grow, process, and dispense should be evaluated for size, equipment, location, condition, ownership, and physical adaptability to

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<sup>17</sup> Marjorie Holladay specifically requested, “Please explain how the applicant’s documentation related to technical and technological ability is evaluated... Please explain how the applicant’s documentation required in this paragraph is evaluated when there are no standards [to demonstrate] the ability to obtain and maintain the premises, facilities, resources, and personnel...This rule paragraph indicates that the department will substantively review all timely received applications...to substantively evaluate... there must be stated standards and criteria in the rule text.”

produce and dispense a new product, as well as existing or planned security features. The dispensing site may be different from the production / processing site and, in this case, adequacy and security of transportation should be scored as well.

- **Personnel:** The dispensing organization's personnel should be evaluated for adequacy of staffing and key managers' experience growing plants (non-native and native) in Florida. Long-term relationships between the applicant and key personnel are desirable to show stability, although not required. The medical director should be a pass/fail criterion. A security director would be evaluated for prior law enforcement experience and track record securing susceptible products to prevent theft.
  - **Mandatory site visit:** The Department should mandate a site visit to verify each application reflects the corresponding nursery's authentic credentials. During the site visit, the committee should evaluate the growing, processing, and dispensing facilities as well as conduct personal interviews with the managers and owners identified in the application.<sup>18</sup>
- **Consider adopting application procedures:** DOH should consider requiring the following application procedures that would improve speed to market, as well as achieve the statutory goals of patient access and availability.
    - **Fast track process:** Applicants should agree to a fast track protest process similar to the process used for competitive procurements. This will resolve any challenge to the selection outcome in a timely manner.
    - **Confidentiality:** Applicants should be permitted to mark application materials as "trade secret" or "confidential." Should another party make a public records request, the Department should alert the applicant such a request has been made. The applicant would then have the opportunity to take action as it wishes to protect the records. The Department, however, cannot guarantee confidentiality. Particularly with regard to the security plan, it would be helpful to redact such information from the public record.

***Other aspects of the rule should be modified to streamline dispensing organization operations.***

- **Modify transportation plan to permit third parties:** Judge Watkins ruled that availability of the product was paramount and that distribution statewide would enable

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<sup>18</sup> The DOAH ruling alluded to the notable absence of such a visit, "prior to an applicant being selected as a dispensing organization, evaluators will not visit the nursery site to verify the applicants' capabilities. And although applicants must theoretically demonstrate the ability to perform in their application, the Department does not require that an operation be up and running prior to approval" (p. 27).

this goal. In a similar vein, the transportation plan should be modified to permit third party distribution. The JAPC letter implied this as a potential solution to support a statewide distribution network, "Please explain whether a dispensing organization will be required to provide its own means of transportation or will be allowed to use a third party to transport the product" (p. 4). Leveraging professional third party couriers also makes good operational sense as these companies have specific expertise in transporting narcotic prescriptions to customers in markets throughout Florida.

- **Quantify testing regimen:** While we applaud DOH's priority to test refined product over raw plant material, the Department is silent on the frequency, quantity, and the cost of such tests. Product testing may constitute a significant cost driver and, without more detail, it is difficult to develop a business plan that would account for this expense.

*Finally, certain provisions of the former 64-4 should be left intact.*

- **Continue to allow statewide dispensing:** DOH was wise in the initial rule to allow licensed dispensing organizations to distribute statewide, in all the five regions identified by statute. Not only is this a priority mentioned in statute, "accessibility," but also DOAH clearly states it is desirable, "the Department should want five efficient low-cost providers that are financially stable, willing and able to compete statewide on price and quality." This will promote the goal of statewide access and adhere to the statute's intent.
- **Keep priority of testing protocol:** As the rule was previously written, quality assurance testing focuses on refined product. THC levels and contaminants would be tested by batch before product is dispensed in lieu of testing raw plant material. The Department should maintain these testing priorities.
- **Security plan should remain comprehensive and focus on preventing diversion.** SB 1030 articulates a need to, "secure the premises...to operate as a dispensing organization." A security plan will ensure operations run smoothly while protecting medicine for vulnerable Floridians from theft. In addition to locking options, alarm systems, video surveillance, diversion and trafficking prevention procedures, applicants should emphasize how they would monitor and leverage insights gained from their security system.
- **Dispensing organizations should adhere to a rigorous inventory control plan.** An applicant should possess, "the ability to maintain accountability of all raw materials and finished products" and only the most detailed and rigorous inventory monitoring

practices will establish accountability. The Department required such practices by asking that applicants appoint an inventory agent to oversee daily monitoring of the plants in all stages: starter materials, plants in each harvest, harvested and disposed plant material, and all derivative products. Monthly audits were to be conducted as well to identify, reconcile, and report any discrepancies.

- **Applicants should submit a business plan:** 64-4 required applicants to submit a business plan. Such a plan is aligned with the statute's goal to promote operational stability of the dispensing organizations. We further recommend the plan span at least the length of license and elucidate: the production process, resources required for production and dispensing as well as how such requirements will be met, the project timeline and milestones to become operational, and the estimated amount of the product to be produced annually. The business plan should include whether the applicant will compete to serve consumers in other regions, a pro forma to detail expected revenues and profitability, and a capital budget that shows total investment required.

Thank you for your consideration, and we look forward to seeing you again soon.

Very truly yours,

A handwritten signature in cursive script that reads "A. Cabrera".

Arianna Cabrera, Esq.  
General Counsel

## Bist, Kevin

---

**From:** Win Adams <winadams@earthlink.net>  
**Sent:** Friday, January 09, 2015 10:55 AM  
**To:** Nelson, Patricia A  
**Subject:** Fw: Medical Marijuana?

FYI

Win Adams

-----Forwarded Message-----

>From: Win Adams <winadams@earthlink.net>

>Sent: Dec 30, 2014 2:07 PM

>To: [Patrick.Kennedy@flhealth.gov](mailto:Patrick.Kennedy@flhealth.gov)

>Subject: Medical Marijuana?

>

>Patrick, please checkout this web site. Medical Marijuana?

>

>Regards,

>

>Win Adams

>

> [https://trymiraclesmoke.co/best-offer/?cid=10272414faf124f53a62ab87afb606&aid=1238&sid=1182&sid2=1328-5&sid3=&utm\\_medium=aff&utm\\_source=1238&utm\\_campaign=ho:12](https://trymiraclesmoke.co/best-offer/?cid=10272414faf124f53a62ab87afb606&aid=1238&sid=1182&sid2=1328-5&sid3=&utm_medium=aff&utm_source=1238&utm_campaign=ho:12)

**Bist, Kevin**

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**From:** Watson.Strategies <watson.strategies@comcast.net>  
**Sent:** Friday, January 09, 2015 3:19 PM  
**To:** Nelson, Patricia A  
**Cc:** Watson.strategies@comcast.net  
**Subject:** Comments  
**Attachments:** DOH comments from WS.docx

Patty:

The following written comments are provided on behalf of Watson Strategies and not for any particular client. As stated at the December 30 workshop, a lot of the previous rules were well done and should be the starting point. A detailed report will be submitted when a new set of draft rules are available.

All rules pertaining to the lottery, applicant definition and contagious property must be replaced, per the judge; however, uncertainty remains around the interpretation of "an infrastructure reasonably located to dispense". (s. 381.986, F.S., (5)(b)). I strongly suggest multiple retail facilities for each of the dispensing organizations. I believe the DOH has the statutory authority to not only allow multiple retail outlets, but to also impose a limit, as to be reasonable. I suggest, at a minimum, at least one retail outlet per region per dispensing organization or a total of 25 statewide.

Other comments/suggestions:

- I do not believe there is statutory authority to ban edibles. Although this was not directly challenged in the lawsuit, further research into the topic failed to demonstrate proper authority. The law specifically bans smoking, but allows vaping. (s. 381.986, F.S., (1)(c)(e)). It is silent on edibles. If the legislature had wanted to ban edibles, they would have stated so in the law. If the DOH believes they have the statutory authority, please share that cite/reference.
- Hillsborough County should be moved back to the Central region, as it makes more logistic and geographical sense.
- You do not need to require a back-up medical director.

Thank you for the opportunity to provide these brief written comments. Again, whenever a new draft is available, I will provide more detailed input.

Thanks and have a great day!!

Ron Watson, President  
Watson Strategies  
(850) 567-1202





The following written comments are provided on behalf of Watson Strategies and not for any particular client. As stated at the December 30 workshop, a lot of the previous rules were well done and should be the starting point. A detailed report will be submitted when a new set of draft rules are available.

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**Other comments/suggestions:**

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- Hillsborough County should be moved back to the Central region, as it makes more logistic and geographical sense.
- You do not need to require a back-up medical director.

Thank you for the opportunity to provide these brief written comments. Again, whenever a new draft is available, I will provide more detailed input.

Thanks and have a great day!!

## **Bist, Kevin**

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**From:** Gary Knipe <Gary.Knipe@arishort.com>  
**Sent:** Friday, January 09, 2015 6:04 PM  
**To:** Nelson, Patricia A  
**Subject:** Aris Horticulture CW Follow Up  
**Attachments:** Aris Horticulture Comments/Issues for Consideration at 9-5-2014 Hearing

Hello Patty,

It was great to spend the day at the public workshop with you on December 30<sup>th</sup>. As you may recall I spoke on several topics that day. As I mentioned, I am with Aris Horticulture in Alva, Florida. We are a 30 plus year nursery and plan to apply for a CW license. I also have a lovely wife of 36 years with intractable epilepsy in desperate need of this medicine.

You had asked for my comments on the expertise of the Department of Agriculture and Consumer services. I have work hand in hand with the Division of Plant Industry (DPI) at our operation for over 33 years.

They are on our farm weekly to monitor our activities and make sure we are in compliance to issue and maintain our nursery license. We consult with them on growing, insect and disease control, and chemical application issues. We work hand in hand to see that only the best quality products are produced and shipped within and from our state. We have a close working relationship with several of our past and present inspectors, having been former employees of our company.

DPI also conducts an extensive annual inspection to assure our facility if free of nematodes. In order to keep costs down the DPI should conduct the necessary inspections required for CW production while on our sites each week. They could easily be trained to learn the inspection requirements for this new crop.

DPI also inspects our disposal area on a regular basis to make sure proper procedures are followed. This may be of benefit with the CW operations as well.

The infrastructure and relationships are in place! It works, we use it and it will help keep the cost of the medicine down!

You had also asked for our input on what is good in the rules so far. I have attached previous correspondence which we had sent to Linda McMullen. In this correspondence we have listed the rules we had issue with. From our perspective any not mention are good.

We are working to have the financial summary you requested by the 1<sup>st</sup> of next week.

I am glad to see you in charge, and am sure that you will rapidly bring the rules to completion. I look forward to working with you in the future.

Should you have any questions or need additional information, please do not hesitate to email or call me.

Thanks

Gary Knipe  
Managing Director  
Aris Horticulture, Inc.  
2201 Owanita Rd.  
Alva, FL 33920

Office: 800-232-9557 ext.3317

Cell: 239-633-6867

Fax: 239-728-3172

[Arishort.com](http://Arishort.com)



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September 3, 2014

Linda N. McMullen  
Director of Office of Compassionate Use  
4052 Bald Cypress Way, Bin A-02  
Tallahassee, Florida 32399-1703  
E-mail: [linda.mcmullen@flhealth.gov](mailto:linda.mcmullen@flhealth.gov)

VIA E-mail and Online Submission to the Florida Administrative Register

Attention: Notice ID: 14941024

**RE: Comments on the regulatory framework for implementing the  
Compassionate Medical Cannabis Act of 2014 and issues to be considered at  
the September 5, 2014, Hearing**

Dear Ms. McMullen:

Aris Horticulture appreciates the opportunity to comment on the Department of Health's Notice of Proposed Rule §§64-4.001 through 64-4.009 F.S. Aris Horticulture is a leading grower and researcher of high-quality ornamental plant products. The company has 90 years of experience and has been an established employer in the Southwest Florida area for over 60 years. We have been successful in bringing high-quality plants to the market including the Green Leaf and Keepsake Plants you may have seen or even purchased at Lowes and Home Depot. We understand the business of growing plants and are ready to utilize our years of experience to better serve the community by growing and delivering high-quality low-THC cannabis to patients in need. Aris thanks the Department of Health for the work it has done in developing these regulations, and Aris would like to offer suggestions from an industry perspective. Aris also seeks clarification on several aspects of Proposed Rule §§64-4.001 through 64-4.009 F.S. Aris Horticulture looks forward to working with the Department of Health as it submits its application to become a licensed grower and hopes that its comments can assist the Department of Health's regulatory process.

- I. The performance bond required under §64-4.002(2)(j) is arbitrary, disproportionate to what is needed, and in combination with additional expenses, will substantially increase the cost of low-THC cannabis production.**

The bond expense, in addition to the annual license fee, inventory tracking, and security expenses are unreasonable for low-THC cannabis, a hemp product. Aris executives have toured facilities in Colorado and discussed low-THC cannabis operations with growers in that



state. These growers explained that the majority of the expenses required in Florida are not in place for low-THC cannabis in Colorado. Aris projects that these costs will greatly reduce patient access to low-THC cannabis by unnecessarily increasing the cost of the product by 44%.

Specifically, the \$5 million performance bond for the biennial approval period is unreasonable. §64-4.002(2)(j) requires applicants to provide "written documentation of the ability to post a \$5 million performance bond for the biennial approval period." This section explains that the purpose of the bond is for the Office of Compassionate Use to use its funds "to cover the costs of securing and destroying all low-THC cannabis not so destroyed and remaining under the control of the dispensing organization" if the dispensing organization is no longer able to operate. Aris estimates that the cost of securing this bond will range between \$200,000 to \$250,000 per year. This will make the production of low-THC cannabis substantially more expensive. The \$5 million performance bond is arbitrary and capricious because it is grossly disproportionate to the amount of funds needed to cover the actual cost of destroying unsold low-THC cannabis.

Aris suggests that the Florida Department of Health (the "Department") work with the Florida Department of Agriculture and local law enforcement agencies to determine the actual cost of performance. The bond for each grower should reflect this amount. The Department of Agriculture runs the state's Domestic Marijuana Eradication (DME) project and therefore the Department and local law enforcement agencies are very familiar with seizing and destroying marijuana. The DME's total funding for 2013 was more than \$535,000, and the majority of these funds were used to offset local law enforcement investigation costs.<sup>1</sup> No investigation is needed for medical marijuana dispensaries. Local law enforcement will know where the crops are grown, how much is grown, and how much is sold because the regulations require that law enforcement officials be allowed to inspect the dispensing organization and its records at any reasonable time. Therefore, the only cost that would need to be covered by a performance bond is the cost of actually destroying the low-THC cannabis. It is very unrealistic that \$5 million will be required to cover this cost at each facility.

**II. It is not within the best interest of the patient to require the dispensary be located on the same contiguous property as the cultivation facility.**

Currently, proposed §64-4.001(10) defines a "Dispensing Organization Facility" as "[o]ne or multiple structures within the same contiguous property that are used by the dispensing organization for the preparation, cultivation, storage, processing, dispensing, or any other action in the presence of or involving low-THC cannabis." Aris Horticulture does not believe that the Department has articulated a rational basis for this requirement. Nurseries are almost always in a rural location, and patient access is a serious issue if the dispensary is located away from a population center. All patients should have easy access to low-THC cannabis; and, while Aris

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<sup>1</sup> See Florida Department of Agriculture and Consumer Services 2013 Domestic Marijuana Eradication Report, available at [http://www.freshfromflorida.com/content/download/35464/831946/2013\\_Annual\\_DME\\_Report.pdf](http://www.freshfromflorida.com/content/download/35464/831946/2013_Annual_DME_Report.pdf).

supports the Department's inclusion of a transportation program for delivering low-THC cannabis to patients, ordering and delivery will take time and will be expensive if dispensaries are not able to be located in central areas. Aris therefore suggests that dispensary location(s) be allowed "off-site" from where the low-THC cannabis is cultivated and that the number of authorized dispensaries be considered based on the geographic make-up of the region. This will allow patients to have the same access to low-THC cannabis as they do other drugs used in their treatment regimen. For the Southwest region, having three dispensaries along the north/south line of the region would allow the greatest accessibility to patients.

Although Aris does not believe it is necessary to restrict the location of dispensaries because low-THC cannabis is not widely desirable or prone to theft, if the Department modifies the regulation to allow for off-site dispensaries based on the geographic make-up of the region Aris would support the Department's restriction provided in §64-4.004(1)(a) that dispensaries not be located within "1000 feet, as measured from the primary dispensing organization structure to the nearest property line of an elementary, middle or secondary school, day care facility as defined in Section 402.302, F.S., county or municipal park, or place of worship that existed before the date the dispensing organization submitted its initial application for approval." This solution balances the patient's need to have easy access to low-THC cannabis with any possible concern about the location of dispensaries. Aris believes that because the purpose of this regulation is to successfully implement the Compassionate Medical Cannabis Act of 2014, considerable consideration should be given to the needs of the patients, which includes easy access to low-THC cannabis.

### **III. Aris does not support the inclusion of Hillsborough and Manatee Counties in the Southwest Region.**

The Department's decision to include Hillsborough and Manatee Counties in the Southwest region is arbitrary and capricious. The geographic makeup of the state should be the main criteria for the development of the regions. As currently drawn under the proposed rule, the boundary between the Central and Southwest regions dips downward to include Hardee in the Central region, and then makes a complete vertical detour to include Hillsborough in the Southwest region. This configuration unfairly benefits the Central region and burdens the Southwest region for several reasons.

First, the inclusion of Hillsborough in the Southwest region is patently unfair because a large number of potential applicants are located in Hillsborough County.<sup>2</sup> If Hillsborough is included in the Southwest region an applicant's chance of being selected as the grower for the Southwest region drops significantly. Likewise, if Hillsborough is included in the Southwest region, an applicant in the Central region's chances of winning the lottery for the Central region significantly increases. Improving grower's chances of winning the lottery in one region to the detriment of another region is not a rational reason to redraw perfectly sound regional boundaries. This is especially true when one considers that including Hillsborough County in the Southwest region does not evenly disburse the number of potential patients throughout the

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<sup>2</sup> See the Department's revised 8-15-14 list of possible applicants (attached as Exhibit A).

regions. Aris argues first and foremost that the geographic location should determine the regional boundaries; however, if the Department determines that it needs to even out the population to be served within each region to effectively implement the Act, the Department should include Pinellas County which is directly to the left and completely parallel and perpendicular to Hillsborough County in the Southwest region. This would decrease the total possible population served in the Central region from 6,303,185 to 5,376,575 and increase the population in the Southwest area from 3,359,978 to 4,286,588,<sup>3</sup> thereby more evenly distributing the populations within the regions. This is the only result that would serve some purpose other than the Central region's desire to improve its lottery odds. Moreover, Aris also encourages the Department to consider abolishing the lottery entirely to avoid these arbitrary results. Instead, Aris encourages the Department to score each application on a clearly established point system based on the applicant's merits. This is how it has been done in several other states, and the number of projected applicants is not too large that individual review would be overly burdensome to the Department.

Second, and more importantly, the previous configuration with these counties located in the Central region was a better solution for the patients that will be served in the Southwest region. The population centers in the Southwest region are located along a long and narrow portion of the state. Including Manatee and Hillsborough Counties in the Southwest region would make the market geographically top-heavy and would not facilitate the needs of the potential patient base in the Southwest region. If these counties are included, there is a high probability that the Southwest dispensary will be located in Hillsborough County, simply because this is the county that has the most potential applicants. And, if Hillsborough is included in the Southwest region it is most likely that the dispensary for the Central region will be located in Orange County, again, because this will be the county with the highest number of potential applicants in the Central region. The map, included as Exhibit B, is based on 2010 census population densities and illustrates that this will position the dispensaries for the Central and Southwest areas about an hour and a half drive apart. These locations would greatly benefit the Central region's populations by providing two centralized locations within the state; however, this result would require the residents of Southwest Florida, with the largest population being located in Lee County, needing to drive two hours or more one way to obtain their order. This result is substantially unfair and does not serve any rational purpose. Therefore, Aris suggests either that the Department move Hillsborough and Manatee back into the Central region as originally proposed, or that two new regions be created by dividing the Central and Southeast regions where the populations are the highest in the state. Adding two additional regions will level out the population over the regions and allow growers to be closer to the patients they serve.

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<sup>3</sup> See Florida Office of Economic & Demographic Research, "Florida Population Estimates for Counties and Municipalities: April 1, 2013" available at [http://edr.state.fl.us/Content/population-demographics/data/2013\\_Pop\\_Estimates.pdf](http://edr.state.fl.us/Content/population-demographics/data/2013_Pop_Estimates.pdf).

- IV. Aris seeks clarification on the term “organically grown” as used in §64-4.001(9) and the terms “organic pesticide” and “nonorganic pesticide” as used in §§64-4.007(2)(b)(6) and 64-4.006(2)(e) respectively. Aris also suggests that insecticides and fungicides applied to the plant via a spray be organic, but that the growing media, water, and fertilizer need not be organic.

Florida Statute §381.986 does not mandate that low-THC cannabis be organic, nor does it define the term “organic.” Therefore, Aris seeks clarification from the Department of Health as to why use of the term “organically grown” is necessary to implement the Compassionate Medical Cannabis Act of 2014. Aris also seeks clarification as to how the Department defines “organic” in this context. Currently, §64-4.001(9) states that a “Dispensing Organization” is “an entity which has been approved by the department to cultivate, process and dispense **organically grown** low-THC cannabis.” (Emphasis added.) The term “organic” is defined differently by many groups and under multiple standards. Aris therefore seeks clarification on what the term “organically grown” means in this context, including what standard the Department of Health is utilizing to define “organically grown.” Use of this term is especially confusing considering that §64-4.006(2)(e) provides that the cannabis must be tested for “[a]ll chemical additives, including **nonorganic pesticides**, herbicides, and fertilizers, and solvents used in the cultivation and production of the low-THC Cannabis reported as parts per billion” prior to distribution. (Emphasis added.) Additionally, the recordkeeping and reporting requirements of §64-4.007(2)(b)(6) mandates that the dispensing organization maintain a “list of all chemical additives, including **organic pesticides**, herbicides, and fertilizers used in the cultivation.” (Emphasis added.) These provisions appear contradictory and are confusing.

If the Department determines that utilizing the term “organically grown” is necessary to implement the Compassionate Medical Cannabis Act of 2014, Aris requests that the Department provide an explanation for this conclusion and that the Department provide a clear standard by which “organic” is to be defined and also clarifies how pesticide, herbicide, water, and fertilizer use is to be tested and recorded.

Aris suggests that while materials applied to the plants (insecticides, fungicides) should be organic that the growing media, water, and fertilizer applied to the growing media do not need to be organic. In many cases using inert materials for fertilization is more sterile than utilizing organic materials. For example, growing in a nonorganic media like rock wool, which is used for vegetable production, is more sterile than any organic soil mix. Aris further suggests that any organic certification mandated by the Department should only be required for materials applied to the plants as a spray and not to the media, water, or fertilizers. The required testing criteria are sufficient to detect any potentially dangerous materials in the finished product.

**V. Aris seeks clarification on the number of patients the Department of Health anticipates will need service in order to comply with the provision of §64-4.002 that requires Aris to submit a business plan.**

Section 64-4.002(2)(b) provides that an applicant must submit written "documentation of the applicant's plan for cultivating low-THC cannabis, and processing and dispensing low-THC cannabis derivative products, including a business plan showing applicant's expected production." Aris intends to structure its business plan based on the number of patients that will need service. To date, Aris has not been able to locate a source that has accurately estimated the number of potential patients that are in the state or the regions. Aris assumes that the Department of Health is best suited to supply this information. It would be helpful if all the potential applicants were working off the same base of data and assumptions. Without this common set of shared information each applicant will develop independent data and sets and base their plans off of different assumptions. While a business plan can and should be adjusted based on market realities, without an initial common data set it is unclear how the Department can determine whether an applicant's business plan is sound and will actually serve the public. If the Department cannot provide this information, Aris suggests that the Department remove the requirement of providing a business plan from §64-4.002(2)(b) as submission of a plan without this information would serve little purpose. Therefore, Aris suggests that if data is not available that §64-4.002(2)(b) be modified to require the successful applicant to submit a business plan within 6 months after production begins.

**VI. Aris seeks clarification on the approved means of cultivation.**

Aris also seeks clarification on whether greenhouse production is an acceptable means of cultivation. Section 64-4.002(2)(e)(2) requires applicants to submit a site plan "of the actual or proposed cultivation, processing and dispensing location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains." This requirement is unclear, and Aris is operating under the assumption that because Florida nurseries are a central part of the regulation, and greenhouse production is most often associated with nurseries, that greenhouse production will be an acceptable form of cultivation for the low-THC cannabis plants. Greenhouse production is the preferred means of production for all plant material, and as the marijuana industry becomes more mainstream greenhouse production has quickly become the preferred means of production for leading companies in the industry including GW Pharmaceuticals in the United Kingdom. Greenhouse production is much more cost effective as an initial investment and operationally. This is in part because grow lights are very expensive and not yet environmentally sensitive, making a greenhouse an attractive alternative. Greenhouses also provide a more sterile and controlled environment than outdoor growing. Therefore, Aris asks the Department of Health to clarify that greenhouse production is acceptable.

**VII. Aris seeks clarification as to the role of the medical director.**

It is Aris' understanding that under §64-4.008(6) the medical director is required to perform the following functions: (1) provide standards and protocols that ensure proper testing

of low-THC medical cannabis derivative products for potency and contamination; (2) assist with the development and implementation of policies and procedures regarding, at a minimum, emergency responses, sanitary practices, compliance with state and federal regulations regarding confidentiality of personally identifiable health information, quality assurance, and disease prevention; (3) respond to the Department of Health's inquiries on these matters; and finally (4) determine if employees are too sick to process the low-THC cannabis. The medical director does not need to be onsite to perform this work but must be available via telephone/pager or other electronic communication. Aris does not believe that employing a physician licensed under Chapters 458 or 459 F.S. is required to meet these performance criteria.

A medical director is not needed to ensure proper testing. Section 64-4.006(2) requires that "[p]rior to dispensing any low-THC derivative product, a dispensing organization shall sample and have tested by a department approved testing laboratory each batch of each product to be distributed." This test will determine whether or not the batch of low-THC cannabis passes "the microbial, mycotoxin, heavy metal, pesticide, chemical residue or residual solvents levels test or meet the composition requirements required by s. 381.986(1)(b), F.S." Because §64-4.006(2) is adequate to ensure proper testing of low-THC medical cannabis, the first function of a medical director under §64-4.008(6) is unnecessary because it is redundant.

Similarly, it is unclear what special training physicians licensed under Chapters 458 or 459 F.S. have to develop "emergency responses," "sanitary practices," "quality assurance," and "disease prevention" plans. These physicians are trained to heal sick patients, not to develop administrative procedures and plans. These requirements are better suited for a person with environmental health and quality assurance experience. Moreover, §64-4.009(3) requires that persons who seek access to the Compassionate Use Registry must "have successfully completed a department-approved course in their responsibilities related to patient confidentiality and shall make documentation of completion available to the department upon request." This requirement ensures "compliance with state and federal regulations regarding confidentiality of personally identifiable health information" and therefore a medical director is not necessary to meet the second list of requirements provided under §64-4.008(6). Moreover, one does not need to be a licensed physician under Chapters 458 or 459 F.S. to perform the third requirement and communicate with the Department of Health and the community regarding these matters; any responsible employee can be assigned this task.

Finally, to Aris' knowledge the Department of Health has not provided a reason why a physician must determine whether an individual is too sick to work. The rule does not require that the physician be onsite. Therefore, it is unclear how the physician could even determine whether an individual is too ill to perform their job. Instead of having a physician on staff to address this requirement Aris suggests that the Department of Health develop a standard procedure for employees to follow. For example, the Department could mandate that the dispensing organizations require employees with certain symptoms (fever, nausea, etc.) be removed from production duties until the symptoms adequately subside.

If the Department of Health determines that a dispensing organization should employ an individual who is familiar with the medical field, Aris suggests that this individual should be a licensed pharmacist under Chapter 465 rather than a physician. Many of the requirements of the medical director related to quality assurance of the products, dosing, labeling, etc. are issues in which pharmacists are trained.

**VIII. Aris seeks clarification regarding labeling, quality control, and reporting requirements.**

Aris plans to utilize a purchased information system, Biotrack THC, to meet the labeling, quality control, and reporting requirements provided under §§64-4.006 and 64-4.007. Biotrack THC has been used by several other states for this specific purpose and several vendors are available to provide this technology. Aris seeks clarification from the Department of Health as to whether the use of the Biotrack THC system will comply with the confidentiality issues associated with the Compassionate Use Registry and other state requirements. Specifically, Aris requests that the Department of Health publish a list of approved information system vendors for applicants to consider.

**IX. Aris requests an additional 15 calendar days to submit the application after the effective date of this rule.**

As proposed, applications will be due to the Department of Health 15 calendar days after the effective date of the proposed rule. Aris does not believe that this is sufficient time to complete an extensive application. Aris therefore proposes that 30 calendar days would be a more reasonable timeframe to complete the application.

**X. Aris suggests that 292 calendar days is a more appropriate time frame to begin dispensing.**

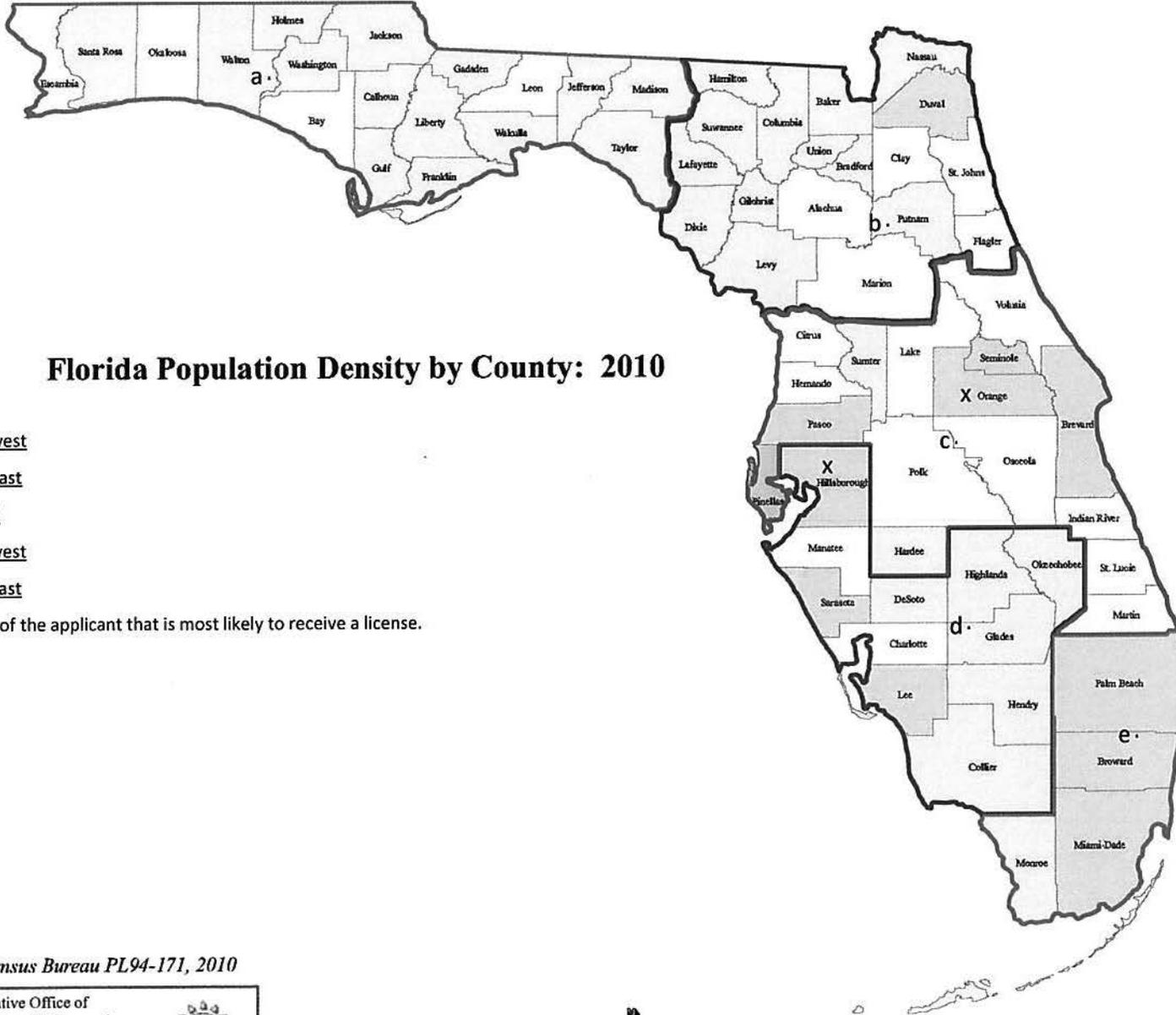
Under §§64-4.004(2)(c) and (d) the dispensing organization must either seek permission to begin cultivation within 75 calendar days of application approval or begin dispensing within 150 calendar days of the authorization granted pursuant to §64-4.005(2). This is insufficient time to allow for required facility modifications and one complete grow cycle. A crop needs at least 112 days to grow. Based on this timescale the dispensing organization would have a mere 38 days to complete facility modifications and begin cultivation. Aris understands that delivering low-THC cannabis to people who have been waiting for this product as quickly as possible is very important; however, it also understands that for quality control purposes this process should not be rushed. Therefore, Aris suggests that successful applicants be given 180 calendar days to modify their facilities, and 112 calendar days to allow for a complete grow cycle for a total of 292 calendar days prior to commencement of dispensing.

Linda N. McMullen  
September 3, 2014  
Page 9

Aris thanks the Department of Health for considering these comments and looks forward to receiving clarification on the issues addressed herein.

Sincerely,

/s/William G. Rasbach



### Florida Population Density by County: 2010

- (a) Northwest
- (b) Northeast
- (c) Central
- (d) Southwest
- (e) Southeast

X = County of the applicant that is most likely to receive a license.

Source: U.S. Census Bureau PL94-171, 2010

Florida Legislative Office of  
Economic & Demographic Research  
111 W. Madison St, Rm 574  
Tallahassee, FL 32399-1400  
Phone 850.487.1402  
URL: www.edr.state.fl.us  
March 17, 2011



Total Population Per Sq. Mile	
10 - 171	(Lightest shade)
172 - 486	(Light shade)
487 - 789	(Medium shade)
790 - 1,445	(Dark shade)
1,446 - 3,348	(Darkest shade)

## Bist, Kevin

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**From:** Nelson, Patricia A  
**Sent:** Monday, January 12, 2015 1:05 PM  
**To:** 'drmatt@allcaremedicalcenters.com'  
**Subject:** CBD Preparation Questions

Dr. Nessetti,

Thank you for your call this morning. I do have several questions regarding the production of low-THC cannabis derivative products. In my mind, the answers would affect any best practices developed for Florida growers/producers. My questions are listed below, and I appreciate any answers you or your colleagues can provide.

1. Do different production methods affect efficacy of the product ?
2. Is this true if analysis shows that the CBD levels are the same?
3. Is efficacy affected when CBD levels are constant, but the levels of other chemicals, e.g., THC, vary?
4. Do different solvents affect efficacy of the final product even if there is no residual solvent in the derivative product?
5. How many different "strains" of low-THC cannabis exist?
6. Do different strains produce different effects?
7. Are the effects still different when the level of CBD is controlled?
8. Are there any contaminants that affect the efficacy of the product (other than the inherent danger of having a contaminated product)?
9. Are there any other growing or production processes or inputs that, in your experience, affect the efficacy of the product?
10. Are there any comorbidities or coexisting conditions in a typical child with intractable epilepsy that respond negatively to any additives commonly used for agriculture?
11. Are there any comorbidities or coexisting conditions in a typical child with intractable epilepsy that respond negatively to any additives commonly used for the production of derivative products?

That is all I have for now. I will forward any other questions that I come up with.

Thank you again,  
Patty

Patricia Nelson  
Director  
Office of Compassionate Use  
Florida Department of Health

## Bist, Kevin

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**From:** darrin@growhealthy.com  
**Sent:** Monday, January 12, 2015 1:43 PM  
**To:** zzzz Feedback, Compassionate Use  
**Subject:** questions on panel of grow experts  
**Attachments:** Darrin's Resume.pdf; Darrin's Awards.pdf; 10253955\_10201899560390804\_2337316663409925638\_n.jpg; 1380040\_10200835223223040\_658445082\_n.jpg; DSC\_0752.JPG; 998798\_10200932241128427\_154726046\_n.jpg

Office of Compassionate Use,

Hello, I am writing concerning the panel of cannabis cultivation experts to be chosen for consultation concerning the new cannabis regulatory laws. I have attached my resume as well added a few pictures and accolades for consideration to become a member of the panel. Below you will find a short bio of myself to add to this.

My name is Darrin Potter. I was born and raised in Pahokee, Florida. I received my first award in science at the age of thirteen when I received 2nd place at the Florida State Science Fair for an agricultural observation I submitted on soil science. This sparked an interest in science and agriculture that would carry through out my life. I was an avid environmentalist as a young man and facilitated a number of community service projects during my time in the Boy Scouts of America. I received the highest award of Eagle Scout during that time.

I attended the University of Central, where I received a bachelors of science in biology. I studied under Dr. Henry Whittier and Dr. Walter Taylor, taking every course concerning botany. During my time at the University of Central Florida, I was the assistant manager of the UCF Arboretum, held the positions of Vice President of the UCF Environmental Society and President of the UCF Agricultural/Horticultural Society.

I moved to California in early 2007, where I cultivated cannabis for medical marijuana dispensaries in the San Francisco bay area. I later moved to Colorado in 2009 where I cultivated cannabis for a number of medical marijuana dispensaries and became a partner in a dispensary named KindLove (<http://mmjdenver.net>). I later moved on to become the General Manager of Cultivation for The Green Solution (<http://tgscolorado.com>) one of the leading marijuana dispensaries in Colorado.

During my time as the General Manager of Cultivation at The Green Solution, I consulted the Colorado Marijuana Enforcement Division on cannabis plant nomenclature, assisted the MED in developing standard operation procedures which are now part of the Colorado regulatory process, toured and educated MED staff members on numerous occasion and also conducted a tour for Governor Hickenlooper. Attached to this email you will find a number of awards in cannabis as well extractions I have won in the past few years.

I have recently relocated back to Florida to take part in the oncoming cannabis cultivation process. As a native to Florida and the experience I have acquired in the cannabis cultivation and extraction process, it is in my belief that I am a perfect candidate for the Florida Compassionate Use Department as a grow expert.

If there are any questions and if you would like to contact me, please feel free. It would be my honor and duty as a son of Florida to contribute my knowledge to this endeavour.

Thank you,

Darrin Potter

GrowHealthy

Head of Cultivation

O: 863-514-8036

C: 720-620-1284

# Darrin Z. Potter

10810 West Beach Pkwy • Lake Wales, Florida 33898  
720.620.1284 • dzenp@growhealthy.com

## WORK EXPERIENCE:

### **The Green Solution**

Denver, Colorado

General Manager/Plant Biologist

2012 – 2014

- Design cultivation methods, calculate monthly costs, track inventory, develop and implement policies and standard operating procedures
- Provide management over 40+ employees: training, scheduling, weekly/monthly task, and quotas
- Responsible for maintaining health of 20,000+ medical marijuana plants, rotation of 600 plants daily, production of 125+ lbs of medical marijuana weekly
- Schedule strict pest management including insect, fungus and mold prevention
- Implementation of automated controls to increase functionality and overall profitability
- Research and implementation of agricultural advancement in irrigation, lighting, cultivation methods, and nutrients

### **Kind Love, LLC**

Glendale, Colorado

Division Manager/Member

2010 – 2012

- Performed administrative tasks including: scheduling, calculating monthly costs, tracking inventory, developing and implementing policies and procedures
- Responsible for maintaining plant health and training employees at two indoor Medical Marijuana Cultivation Facilities
- Utilized agricultural skills such as propagation techniques, crop rotation, and automated irrigation
- Scheduled a strict pest management program including insect, fungus and mold prevention
- Provided consultation to patients in maintaining plant health and advised on private cultivation methods
- Continued education in new products and methods in agriculture and plant health

*(2004-2009 Ask)*

### **Orlando Regional Medical Center**

Orlando, Florida

Radiology Support Staff

2001 – 2003

- Categorized, updated and prepared patient records and radiology exams for ER, OR, etc.
- Communicated and maintained relationships with physicians regarding patient conditions and radiologist transcription
- Data entry, patient scheduling and general office maintenance

### **University of Central Florida**

#### **Environmental Center**

Orlando, Florida

Assistant Manager/ Research

1999 – 2001

- Lead and developed community service programs and managed participants in projects
- Managed and lead environmental tours of 20+ people through 75 acres of protected Florida lands, educating on Florida endangered environments, plant, animals, and reptiles
- Maintained and set up multiple terrariums and aquariums as well as providing sanctuary for injured snakes, fish, and reptiles

### **University of Central Florida**

#### **Biology Department**

Orlando, Florida

Lab Technician

1998 – 2000

- Maintained extensive inventory of laboratory instrument and government regulated chemicals
- Conducted lab experiments to confirm outcome and predictability prior to preparing lab for college courses
- Maintained and used lab equipment such as autoclave, automated nutrient and blood agar platelet dispenser, centrifuge, etc.

## **QUALIFICATIONS**

### **Horticultural and Commercial Growing Skills/Knowledge**

- 15+ years of Cultivation and Horticultural practice and knowledge
- 4+ years Colorado Medical Marijuana Industry experience
- Manage warehouse labor/trim crew of 40+ employees
- Management of 15,000+ plant cannabis cultivation facility
- Experienced with plant scheduling, organization, and inventory management
- Highly experienced in hydroponic growing methods including Ebb & Flow, DWC and Aeroponic growing methods
- Experienced with soil, coco, nutrient implementation, beneficial organisms, compost teas and soil composition
- Knowledge of plant diseases, insects, fungi, etc. as well pest mitigation and pest control products
- Knowledge of nutrient deficiencies, toxicities as well as nutrient/micronutrient application
- Experienced with indoor environmental control and maintenance
- In-depth knowledge and experience with propagation techniques including cloning and breeding
- Skilled and experienced with mass harvesting, trimming, and curing processes
- Experienced with multiple nutrient lines and cultivation products
- Experience with cultivation of 100+ cannabis varieties

### **EDUCATION:**

#### **University of Central Florida**

Orlando, Florida

Bachelors of Biological Science

### **Skills:**

Proficient in Microsoft Word, Excel, Power Point

Skilled in laboratory techniques and procedure

Proficient in Spanish

### **Honors and Activities:**

3<sup>rd</sup> Place Solvent-less Extraction Colorado High Times Cannabis Cup 2013

12 awards at THC The Hemp Connoisseur Championship 2013

- Highest Tested Cindy White
- Highest Tested H2O extractions
- 1<sup>st</sup> place H2O extractions
- 1<sup>st</sup> place Hybrid
- 1<sup>st</sup> place shatter concentrate....

6 awards at the Colorado High Times Cannabis Cup 2014

- 1<sup>st</sup> place patient's choice Flower
- 1<sup>st</sup> place patient's choice Extraction....

President of the University of Central Florida Agricultural/Horticultural Society

Vice President of the University Central Florida Environmental Society

Micro/Molecular Biology Student Association

Induction Officer Lambda Theta Phi, Latin Fraternity Inc.

National Eagle Scout Association

Assistant Scout Master

Eagle Scout Award

*References Available Upon Request*

## **Darrin Z. Potter**

### **2014 High Times Cannabis Cup Awards:**

<b>1st Place - Presidential Kush</b>	<b>People's Choice Cup Flower</b>
<b>1st Place - Golden Goat Shatter</b>	<b>People's Choice Cup Hash</b>
<b>2nd Place - Boss Ice Wax</b>	<b>Best US Non-Solvent Hash</b>
<b>3rd Place - Golden Goat</b>	<b>Best Medical Hybrid Flower</b>
<b>3rd Place - Twista</b>	<b>Best US Sativa Flower</b>
<b>3rd Place - MK Ultra</b>	<b>Best US Indica Flower</b>

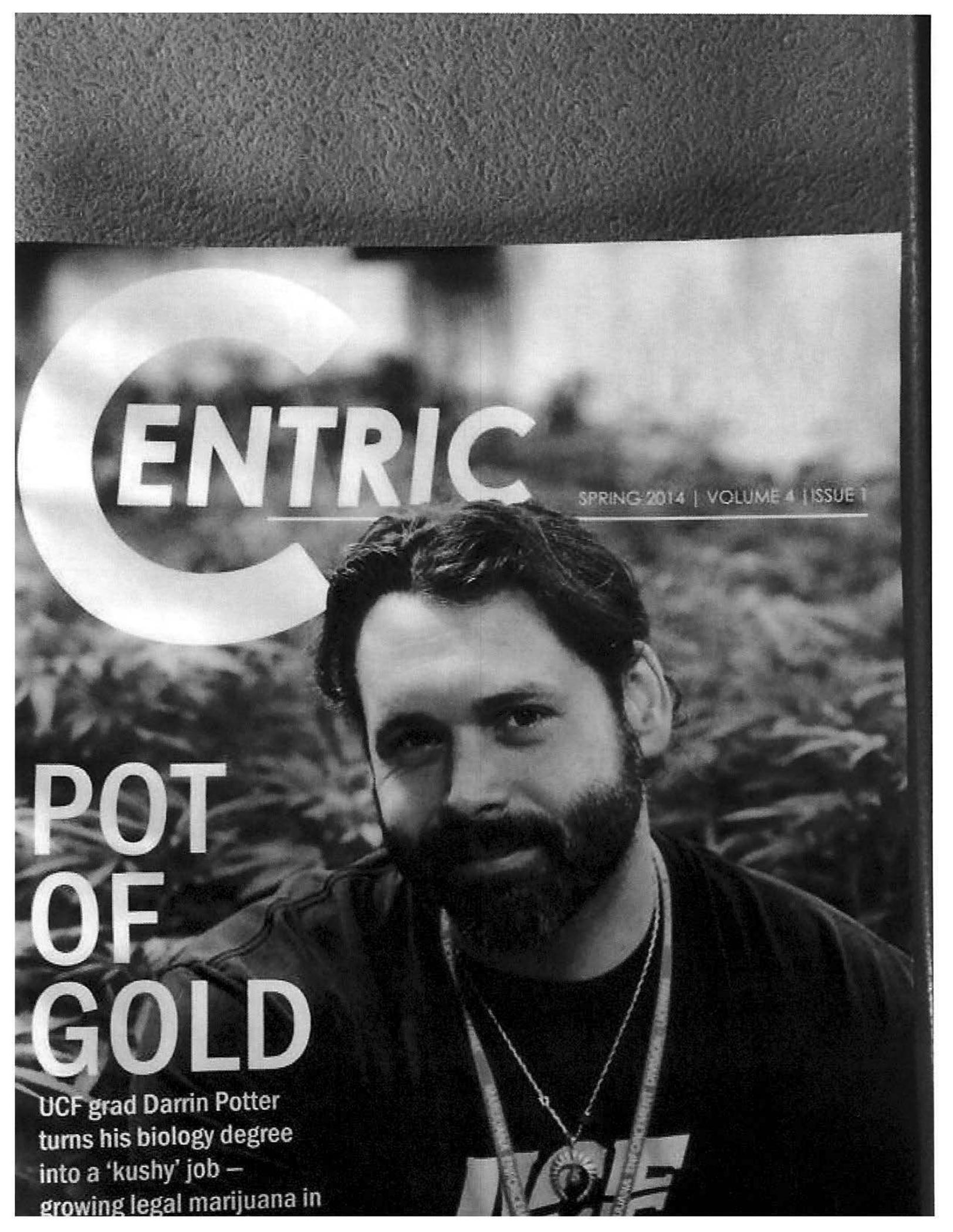
### **2013 THC Hemp Connoisseur Championship:**

<b>1st Place - Golden Goat</b>	<b>Shatter Concentrate</b>
<b>1st Place - Cindy White</b>	<b>Best Indica Flower</b>
<b>1st Place - Cindy Ice Wax</b>	<b>Best Overall</b>
<b>1st Place - Cindy White Ice Wax</b>	<b>H2O Extraction</b>
<b>2nd Place - Shark Shock CBD Shatter</b>	<b>CBD Concentrate</b>
<b>2nd Place - Grape Stomper Ice Wax</b>	<b>H2O Extraction</b>
<b>2nd Place - Golden Goat</b>	<b>Wax/Budder Concentrate</b>
<b>2nd Place - Grape Stomper</b>	<b>Best Sativa Flower</b>
<b>Best Tested - Cindy White</b>	<b>Hybrid</b>
<b>Patient's Choice - Cindy White Ice Wax</b>	<b>H2O Extraction</b>
<b>Best Tested - Grape Stomper Ice Wax</b>	<b>H2O Extraction</b>
<b>Patient's Choice - Shark Shock CBD Shatter</b>	<b>Concentrate</b>

### **2013 High Times Cannabis Cup Awards:**

<b>3rd Place - Presidential Ice Wax</b>	<b>Medical Non-Solvent Hash</b>
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# CENTRIC

SPRING 2014 | VOLUME 4 | ISSUE 1

## POT OF GOLD

UCF grad Darrin Potter  
turns his biology degree  
into a 'kushy' job —  
growing legal marijuana in



## Bist, Kevin

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**From:** Nelson, Patricia A  
**Sent:** Monday, January 12, 2015 2:49 PM  
**To:** 'Gary Knipe'  
**Subject:** RE: Aris Horticulture Financial Information

Thank you very much!

---

**From:** Gary Knipe [<mailto:Gary.Knipe@arishort.com>]  
**Sent:** Monday, January 12, 2015 2:48 PM  
**To:** Nelson, Patricia A  
**Subject:** Aris Horticulture Financial Information

Hello Patty,

Attached is a summary of our financial projections for CW production at our farm in Alva, FL. I have broken this down into capital cost for startup and annual reoccurring expenses. The numbers are based on 1925 plants per year @.79 lb. per = 1520 lbs.

These are our Phase I start up numbers. We have a significant Phase II planned to come online in 6 months to a year as the patient base expands.

I hope this helps you. Please let me know if you have any questions or need additional information.

Thanks

Gary Knipe  
Managing Director  
Aris Horticulture, Inc.  
2201 Owanita Rd.  
Alva, FL 33920  
Office: 800-232-9557 ext.3317  
Cell: 239-633-6867  
Fax: 239-728-3172  
[Arishort.com](http://Arishort.com)



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## Bist, Kevin

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**From:** Nelson, Patricia A  
**Sent:** Monday, January 12, 2015 3:07 PM  
**To:** 'Gary Knipe'  
**Subject:** RE: Aris Horticulture Financial Information

I have an email from you at 6:04 p.m. on Friday. It has an email you sent to Linda McMullen attached, and that email has three attachments. Is that correct?

---

**From:** Gary Knipe [<mailto:Gary.Knipe@arishort.com>]  
**Sent:** Monday, January 12, 2015 3:02 PM  
**To:** Nelson, Patricia A  
**Subject:** RE: Aris Horticulture Financial Information

Hello Patty,

I also sent an email to you late Friday. It had some large files attached. Please let me know if you received that email as well. Sometimes the large files get lost along the way.

Thanks

Gary Knipe  
Aris Horticulture, Inc.  
2201 Owanita Rd.  
Alva, FL 33920  
Office: 800-232-9557 ext.3317  
Cell: 239-633-6867  
Fax: 239-728-3172  
[Arishort.com](http://Arishort.com)



---

**From:** Nelson, Patricia A [<mailto:Patricia.Nelson@flhealth.gov>]  
**Sent:** Monday, January 12, 2015 2:49 PM  
**To:** Gary Knipe  
**Subject:** RE: Aris Horticulture Financial Information

Thank you very much!

**From:** Gary Knipe [<mailto:Gary.Knipe@arishort.com>]  
**Sent:** Monday, January 12, 2015 2:48 PM  
**To:** Nelson, Patricia A  
**Subject:** Aris Horticulture Financial Information

Hello Patty,

Attached is a summary of our financial projections for CW production at our farm in Alva, FL. I have broken this down into capital cost for startup and annual reoccurring expenses. The numbers are based on 1925 plants per year @.79 lb. per = 1520 lbs.

These are our Phase I start up numbers. We have a significant Phase II planned to come online in 6 months to a year as the patient base expands.

I hope this helps you. Please let me know if you have any questions or need additional information.

Thanks

Gary Knipe

Managing Director  
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## Bist, Kevin

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**From:** Kostas Stoilas <stoilas@yahoo.com>  
**Sent:** Monday, January 12, 2015 8:36 PM  
**To:** Nelson, Patricia A; Dunn, Nathan P  
**Cc:** McMullen, Linda N; Bobby Brantley; Adam S. Woodruff  
**Subject:** Re: Low-THC Cannabis Rulemaking  
**Attachments:** FL App Criteria Suggestions (Jan12-15).docx; ATT00001.htm

Patty - thanks for the email notice below. Attached are some suggested criteria you asked for from the Orlando workshop, and although it's not comprehensive of all criteria points, it is a start. It's based on research and conversations I've had with experts around the country that have been involved in other state applications. Throughout January, I hope to gain more information and share it on Feb 4-5.

Am I correct in understanding that the Feb 4-5 meeting is open to anyone that has participated this far, and that you will pick a workgroup committee after that based on attendees with appropriate expertise?

Just wanted to let you know that we reached out to the American Cannabis Nurses Association and there is interest in having two of their Board Members participate in the Rulemaking Meetings in February (both their President, Mary Lynn Mathre and their President-Elect Eileen Konieczny). Mary Lynn can drive there, but Eileen lives in NY state, so we're trying to find out how to get her to town for the meeting.

### Criteria and Research from other States:

- States should DEFINITELY include compliance with the Cole Memo into their criteria.

### **Cole Memorandum 8 Priorities:**

- Preventing the distribution of marijuana to minors.
  - Accounted for through distance from schools, etc.
- Preventing revenue from the sale of marijuana from going to criminal enterprises, gangs and cartels.
  - Accounted for through background checks of owners.
- Preventing the diversion of marijuana from states where it is legal under state law in some form to other states.
- Preventing state-authorized marijuana activity from being used as a cover or pretext for the trafficking of other illegal drugs or other illegal activity.
- Preventing violence and the use of firearms in the cultivation and distribution of marijuana.
- Preventing drugged driving and the exacerbation of other adverse public health consequences associated with marijuana use.
  - Accounted for by showing community education plans.
- Preventing the growing of marijuana on public lands and the attendant public safety and environmental dangers posed by marijuana production on public lands.
- Preventing marijuana possession or use on federal property.
- o Points should be accounted for in terms of proximity/distance from schools, etc., as well as how much control the applicant has over the property in terms of leased or owned.
- o Points for marketing plans, packaging/labeling plans.
- o Points for security procedures, physical access, exceptions and post-event scenarios if something goes wrong.
- o Points for training staff and tracking product.
- Those individuals that rate and qualify the applications should be trained on how to review the applications.
  - o This comes highly recommended.
  - o Could use other states' processes as a starting point for review/training.
- Consider bringing in or talking with the Association of American Cannabis Nurses, as they have been building up curriculum in this area.
- There HAS to be a way to keep some info confidential and NOT accessible to the public through sunshine laws, in order to maintain the security and proprietary nature of that particular info.
- Minnesota is close to Florida's program in terms of how the product is administered to patients.

- It's an expensive proposition due to how patients take the drug and how quickly they feel relief.
- Patients don't feel relief as quickly with edible or ingested methods because of the lag to get into the bloodstream, so some high-pain, quick relief needs are met with vaporizing.
- Extraction to oil is more expensive for less patient demand, as compared to vaporizing flower for quicker relief.
- Iowa and Maine are good examples as well.
- Illinois allows a business applicant to own both the cultivation and dispensary operations, and they can be separate locations/facilities not tied to the same parcel.
- Illinois also designated a Security Officer that would, in addition to other duties, accompany any transported product from grow to dispensary.
  - Seed to Sale tracking helps this process if there aren't many dispensary locations, along with lockboxes in the vehicles, but if transport to patients is part of the program then the Security Officer will have to track product differently because they can't be on every delivery route.
- New Jersey is a tough model to follow because it wasn't very well received, and some believe it was set up for failure.
- Application Fee Examples:
  - Massachusetts: \$31,000
  - Illinois: \$25,000 for cultivation; \$5,000 for each dispensary
  - New Jersey: \$20,000 with \$18,000 refundable
  - Colorado: \$7,500 – 18,000
  - Arizona: \$5,000
  - \*Fee should depend on if there's state funding in place.
- An attending MD on site at all times could be overkill and expensive for the operation, where a nurse is almost better, more effective and typical of other states.
  - Better to have a medical professional on the board, and then it can be an MD, nurse, pharmacist, etc.
  - Some states actually go as far as to NOT have a Dr on site at all.
  - Should be modeled after a clinical intake process, which is designed by the applicant and judged by the state against the application criteria. This leaves the applicant free to come up with a well thought out and designed plan that the state can judge for appropriateness.
- Bonus points have been given in other states:
  - for research plans and other agreements in place with researchers within the medical and horticulture fields,
  - for "community outreach" plans, which also address and cover the Cole Memo,
  - for environmental controls, such as energy savings plans and waste disposal/reuse,
  - where there were economically positive benefits to state grown businesses:

- You can't exclude out of state entrants, but can rather incentivize in-state developed businesses.
- Offer alternative ways to satisfy the financial review, such that if there are audited financials versus certified, then the applicant can submit whichever they have and the state can judge them each.
- Show flowcharts of how the product moves through the facility, physically through vegetation to flower to harvest, etc.
- It should be mandatory to have inclusion of how discounts are given to patients with financial hardship, and how they would qualify for discounted product (i.e. are they already on a public assistance program?).

Other things to think about:

- Will FL consider zoning needs, county code enforcement and building permit timeframes so building the right grow houses is accounted for, and so facilities fall under light-industrial areas?
  - This would apply to the 150-day timeline to dispense, so that it can be moved to the appropriate timeframe and not restrict applicants from building the right facility from the start.
- Can DOs sell to each other in the state if demand and production capacity shifts per region?
- How will FL license the testing labs (important)?
  - Lab testing becomes even more important when you move past growing just flowers, and start getting into edible/ingestible product.
- Will there be dosage criteria or a review of how DO's plan their patient dosage?
- Will DOH change the nursery ownership percentage based on the Administrative Law Judge's ruling, or will they work with the State Legislature to explain why they chose 25% ownership?
  - 25% ownership was chosen by the DOH after the first rule-making workshop in the summer of 2014 because someone mentioned it would not be fair to the nursery to apply for this license and risk losing their primary business and livelihood because it was still Federally illegal to grow cannabis.
  - The solution was to make the nursery part owner in the applicant company, so that the entity that applies is the only one at risk, Federally, and the nursery can still operate its normal business without risk of losing it.

Resources and Knowledgeable Groups:

- Kalyx Development: performed thorough state-by-state process reviews.
- CannLabs: independent lab testing of cannabis flower and oils.
- American Cannabis Nurses Assoc: building curriculum for this area.

## Bist, Kevin

---

**From:** Nelson, Patricia A  
**Sent:** Tuesday, January 13, 2015 9:17 AM  
**To:** stoilas@yahoo.com  
**Subject:** RE: Low-THC Cannabis Rulemaking

Thank you very much for your comments. You are one of the only people to actually send me what I asked for. I appreciate it.

Patty

---

**From:** Kostas Stoilas [<mailto:stoilas@yahoo.com>]  
**Sent:** Monday, January 12, 2015 8:36 PM  
**To:** Nelson, Patricia A; Dunn, Nathan P  
**Cc:** McMullen, Linda N; Bobby Brantley; Adam S. Woodruff  
**Subject:** Re: Low-THC Cannabis Rulemaking

Patty - thanks for the email notice below. Attached are some suggested criteria you asked for from the Orlando workshop, and although it's not comprehensive of all criteria points, it is a start. It's based on research and conversations I've had with experts around the country that have been involved in other state applications. Throughout January, I hope to gain more information and share it on Feb 4-5.

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## Bist, Kevin

---

**From:** Arianna Cabrera <arianna@costafarms.com>  
**Sent:** Tuesday, January 13, 2015 1:03 PM  
**To:** Nelson, Patricia A  
**Cc:** Arianna Cabrera; Katharyn Field; Peter Freyre  
**Subject:** Information from CT- Surety Bond and Audited Financial Statements  
**Attachments:** surety\_bond\_for\_construction\_of\_production\_facility.pdf;  
surety\_bond\_for\_the\_operation\_of\_a\_production\_facility.pdf; CT RFA.pdf

Hi, Patricia.

At the workshop in December, you asked for feedback on performance bond milestones. The first print screen below and the attached forms elucidate these benchmarks. The first print screen was pulled from Connecticut's rules and regulations to implement that state's medical marijuana act. The attached forms are surety bond forms that Connecticut is requiring of its medical marijuana licensed producers. They bifurcate the surety bond requirement into one for the facility construction phase and a second for the operations phase. We pulled these from the Medical Marijuana Program section of the Connecticut Department of Consumer Protection's website ("DCP"). As an interesting note, Connecticut actually reduces the bond requirement over time, based on achievement of milestones such as completion of the production facility and one year of continuous, successful operations.

With respect to the financial statements requirement, the Connecticut medical marijuana statute, An Act Concerning the Palliative Use of Marijuana, requires that each applicant "demonstrate the financial capacity to build and operate a marijuana production facility." The regulation interpreting the statute, State of Connecticut Regulation of DCP Concerning Palliative Use of Marijuana, Sections 21a-408-1 to 21a-408-70, requires "detailed information regarding the applicant's financial position indicating all assets, liabilities, income and net worth to demonstrate the financial capacity of the applicant to build and operate a production facility." Section 21a-408-20(c)(3). On the application itself (see attached), Connecticut interpreted this requirement as necessitating "audited financials." In addition, the second print screen below, pulled from the Q&A section of the DCP, states that the terms "certified financial statements" and "audited financial statements" are synonymous.

I hope you find this information useful.

Thank you!

Arianna

Arianna Cabrera, Esq.  
General Counsel



o: 786-866-5227 | f: 786-272-6137 | c: 305-608-6572  
21800 SW 162nd Avenue | Miami, FL 33170

**(NEW) Sec. 21a-408-29. Escrow Account Terms**

(a) The producer's two million dollar escrow account, letter of credit or surety bond shall be payable to the state of Connecticut in the event the commissioner determines, after a hearing pursuant to the Uniform Administrative Procedure Act, sections 4-166 to 4-189, inclusive, of the Connecticut General Statutes, that the producer has failed to timely and successfully complete the construction of a production facility or to continue to operate such facility in a manner that provides a substantial uninterrupted supply to its usual dispensary facility customers during the term of the license.

(b) In addition to the other terms and conditions permitted by the Act and sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies, the commissioner shall permit the producer's two million dollar escrow account, letter of credit or surety bond to be reduced by five-hundred thousand dollars upon the successful achievement of each of the following milestones, resulting in a potential elimination in the escrow account, letter of credit or surety bond:

- (1) A determination by the commissioner that the production facility is fully operational and able to commence production of marijuana as provided for in the license application of the producer;
- (2) A determination by the commissioner that the production facility remained operational without substantial interruption and without any violation of the Act or sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies for a one year period;
- (3) A determination by the commissioner that the production facility remained operational without substantial interruption and without any violation of the Act or sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies for an additional two consecutive years; and
- (4) A determination by the commissioner that the production facility remained operational without substantial interruption and without any violation of the Act or sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies for a second period of two consecutive years.

**Q. Is it correct that the 9 copies of the application do not need the tax returns are attached to the original application and provided in electronic form?**

**A. Yes.**

**Q. Do you want information regarding the construction company proposed in the RFA?**

**A. Only to the extent it is relevant to specific questions in the RFA.**

**Q. For this application purpose, what is the distinguishing definition of the terms "certified financial statements" and "audited financial statements"?**

**A. The terms are synonymous.**

**Q. Does the medical marijuana program allow dispensaries to provide tin marijuana-based products? Does the law permit the in-state separate marijuana products by a company, for sale to dispensaries?**

**A. Only a licensed producer may produce marijuana-based products, including tin products.**

**Q. In the Producer RFA Section E, do the Operating and/or Compensation Agreements in Section E.1 and E.3 have to be fully executed or may we submit the documents with signatures?**

**A. Any executed agreements need to be provided with signatures at the time of application. Unexecuted copies should be provided if the applicant anticipates that they will be awarded. If a license is awarded, any outstanding agreements need to be executed, including signatures need to be filed with the department before a license will be awarded.**

**Q. Are the regulations defined in Section 21a-408-62 the only requirements for the application process that must be used?**

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
MEDICAL MARIJUANA PRODUCER PERFORMANCE BOND  
For the Construction of a Production Facility

**THE UNDERSIGNED**, \_\_\_\_\_, of \_\_\_\_\_,  
(Full Legal Name & Trade Name If Used) (Full Address of Business Location)  
as **PRINCIPAL** and \_\_\_\_\_, of \_\_\_\_\_,  
as **SURETY**, are firmly bound unto the State of Connecticut (“State”) in the penal sum of \$2,000,000, for the payment of which we jointly and severally bind ourselves and our heirs, personal representatives, successors and assigns, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

WHEREAS, the above-named Principal has made application to the Department of Consumer Protection of the State of Connecticut (“DCP”) to be licensed as a medical marijuana producer pursuant to Connecticut General Statutes, Chapter 420f, Section 21a-408 and the regulations promulgated thereunder.

WHEREAS, DCP has notified Principal that it has been selected to receive a medical marijuana producer license.

WHEREAS, by accepting the license, the Principal is obligated to construct a production facility that is fully operational and able to commence production of marijuana as provided for in the license application of the Principal.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT if the Commissioner of DCP determines, after a hearing pursuant to the Uniform Administrative Procedures Act, sections 4-166 to 4-189, inclusive, of the Connecticut General Statutes, that the Principal has failed to timely and successfully complete the construction of a production facility, then the Surety shall immediately make payment of the above penal sum to the State.

If the Commissioner of DCP determines that the Principal has timely and successfully met its obligation to construct a production facility that is fully operational and able to commence production of marijuana as provided for in the license application of the Principal then this obligation shall be null and void. Until such time, it shall remain in full force and effect.

IN WITNESS WHEREOF, the said \_\_\_\_\_ has hereunto set his hand and the said Surety has caused this instrument to be signed by its \_\_\_\_\_ and its corporate seal to be hereunto affixed, the day and year first written.

Witness as to Principal

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

Witness as to Surety

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
(Surety)

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
MEDICAL MARIJUANA PRODUCER PERFORMANCE BOND  
For the Operation of a Production Facility

**THE UNDERSIGNED**, \_\_\_\_\_, of \_\_\_\_\_,  
(Full Legal Name & Trade Name If Used) (Full Address of Business Location)

as **PRINCIPAL** and \_\_\_\_\_, of \_\_\_\_\_, as  
**SURETY**, are firmly bound unto the State of Connecticut (“State”) in the penal sum of \$1,500,000, for the payment of which we jointly and severally bind ourselves and our heirs, personal representatives, successors and assigns.

This bond is to automatically become effective from the date upon which the [Producer Performance Bond for the Construction of a Production Facility] becomes null and void due to the Principal having successfully met its obligation to construct a production facility that is fully operational and able to commence production of marijuana.

Should the Principal fail to successfully meet its obligation to construct a production facility such that the above-referenced bond becomes payable to the State, this bond for the operation of a production facility shall not be effective.

WHEREAS, the above-named Principal has made application to the Department of Consumer Protection of the State of Connecticut (“DCP”) to be licensed as a medical marijuana producer pursuant to Connecticut General Statutes, Chapter 420f, Section 21a-408 (the “Act”) and the regulations promulgated thereunder.

WHEREAS, DCP has notified Principal that it has been selected to receive a medical marijuana producer license.

WHEREAS, by accepting the license, the Principal is obligated to construct a production facility that is fully operational and able to commence production of marijuana as provided for in the license application of the Principal.

WHEREAS, following the timely and successful construction of a production facility as set forth above, the Principal is obligated to operate such facility in a manner that provides a substantially uninterrupted supply of marijuana to its usual dispensary facility customers during the term of the license.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT if the Commissioner of DCP determines, after a hearing pursuant to the Uniform Administrative Procedures Act, sections 4-166 to 4-189, inclusive, of the Connecticut General Statutes, that the Principal has failed to provide a substantially uninterrupted supply of marijuana to its usual dispensary facility customers during the term of the license, then the Surety shall immediately make payment of the above penal sum to the State, which sum shall be reduced as set forth below upon the Principal meeting the following milestones:

1. The penal sum payable to the State shall be reduced to \$1,000,000 upon a determination by the Commissioner of DCP that the production facility remained operational without substantial interruption and without any violation of the Act or sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies for a one year period;
2. The penal sum payable to the State shall be reduced to \$500,000 upon a determination by the Commissioner that the production facility remained operational without substantial interruption and without any violation of the Act or sections 21a-408-1 to 21a-408-70,

inclusive, of the Regulations of Connecticut State Agencies for an additional two consecutive years following the one-year period referenced in item 1, above;

Provided, however, that the bond shall expire on the five (5) year anniversary of the effective date upon the following conditions: (i) automatic and immediate payment of any remaining obligation due on the bond is made to the State the day prior to the instrument expiring; (ii) written notice is received from the Commissioner of DCP that either a replacement account or instrument, acceptable to the Commissioner, is in place; or (iii) the licensee is released by the Commissioner of DCP of the obligation to carry a replacement account or instrument.

FURTHERMORE, THE CONDITIONS OF THIS BOND ARE SUCH THAT if:

1. The Commissioner of DCP determines that the production facility remained operational without substantial interruption and without any violation of the Act or sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies for a second period of two consecutive years (i.e. two consecutive years following the two-year period set forth above); or
2. The Principal voluntarily chooses not to renew the producer license and provides notice of this decision to DCP in accordance with section 21a-408-23(f) of the Regulations of Connecticut State Agencies,

then, the obligation of the bond shall be null and void. Until such time, it shall remain in full force and effect.

IN WITNESS WHEREOF, the said \_\_\_\_\_ has hereunto set his hand  
and the said Surety has caused this instrument to be signed by its  
\_\_\_\_\_ and its corporate seal to be hereunto affixed, the day and year first  
written.

Witness as to Principal

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

Witness as to Surety

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
(Surety)

- c. A detailed description of any air treatment or other system that will be installed and used to reduce off-site odors;
- d. A detailed description of the training and continuing education opportunities that will be provided to production facility employees; and
- e. A detailed description of any processes or controls that will be implemented to prevent the diversion, theft or loss of marijuana.

#### **D. PROPOSED MARKETING PLAN**

1. Provide a copy of the applicant's proposed marketing plan and include any web templates and educational materials such as brochures, posters, or promotional items.

#### **E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE**

Please provide the following information or copies of the following documents:

1. Documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant;
2. A current organizational chart that includes position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. To the extent such information is not revealed by their resume, include additional pages with each resume setting out the employee's particular skills, education, experience or significant accomplishments that are relevant to owning or operating a production facility;
3. A copy of all compensation agreements with producer backers, directors, owners, officers, other high-level employees or any other persons required to complete Appendices B, C or D. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;
4. Describe the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening or operating of the proposed production facility;
5. **Provide audited financial statements for the previous fiscal year, which shall include, but not be limited to, an income statement, balance sheet, statement of retained earnings or owners' equity, statement of cash flows, and all notes to such statements and related financial schedules, prepared in accordance with generally**

accepted accounting principles, along with the accompanying independent auditor's report. If the applicant was formed within the year preceding this application, provide certified financial statements for the period of time the applicant has been in existence and any pro forma financials used for business planning purposes; and

6. Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.
7. Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) producer backer; and (ii) each backer member identified in Section B of Appendix B.

#### **F. AGRICULTURAL AND PRODUCTION EXPERIENCE**

1. Describe the experience of the applicant in agriculture and other production techniques required to produce pharmaceutical grade marijuana or to manufacture marijuana products. For purposes of this response, you may include the experience of any person employed by the applicant, including the person's name and position with the applicant.

#### **G. PRODUCT AND SITE SAFETY**

Provide the following information, using bullet points wherever possible:

1. A detailed description of how the applicant's growing protocol will produce a plant free of mold, disease, heavy metals and other contaminants.
2. An explanation of how the applicant will limit employee exposure to potentially unsafe chemicals or other unsafe conditions.

#### **H. MARIJUANA TRANSPORT**

1. Provide a detail description of the proposed method of transportation of marijuana and marijuana products.

#### **I. BONUS POINTS**

The Department will award bonus points for preferred but not required initiatives. Applicants may provide information related to any or all of the categories below with their application. Should the applicant be awarded a permit from the Department, their commitments in a bonus category shall become a condition of their license. If a violation of a condition occurs, it may be deemed a material breach and the Department may assess a penalty or seek suspension or revocation of the license.

## **Bist, Kevin**

---

**From:** Licensing Medicine Man <licensing@medicinemandenver.com>  
**Sent:** Tuesday, January 13, 2015 4:55 PM  
**To:** Nelson, Patricia A  
**Cc:** marc@medicinemantechologies.com; Andy Williams  
**Subject:** Follow Up RE: Cannabis Initiative  
**Attachments:** Florida MJ Regional Boundaries.pdf; Cannabis Initiative Districting Details - Florida 04-13-2014.xlsx

**Good Afternoon Patty,**

I hope you had at least a few days off over the holidays and that the New Year is evolving nicely for you.

FYI ... If there has been any update sent out I have yet to receive it at me email address of record.

Well, I suspect you have heard that the award of licenses in Illinois has been further delayed by political intrigue and what I assume are the many challenges to the overall ranking/scoring process.

That being said I would like to suggest that as you develop your selection protocols, you consider simplifying as well as better defining the overall process through a series of two qualification rounds. This is in light of the fact that your current approach does not allow for keeping secret the applications as well as the evaluation and awards process unlike the Illinois process. I would think that any process that can demonstrate clear delineation based upon the merits of the application itself would be preferable to a process that does not provide an open and honest evaluation process based on such merit.

I would have a pre-qualification round that is fairly straight forward and requires the applicant to show:

- 1) financial planning and capability (50 points that are weighted with how well their investment outlook conforms to their business plan and proforma information),
- 2) a business plan that includes a well thought out market assessment with proforma(s) that tie back to the financial capability (100 points that are weighted based upon the quality of the plan as well as how deep it goes in comparison to others submitted),
- 3) an operating plan for cultivation demonstrating the necessary experience and proficiency for successfully cultivating cannabis (the current rule for nurserymen and operators is woefully short on this requirement as growing ornamental flowers and other fruit/vegetable plants is not indicative of being capable of cultivating cannabis) (125 points weighted with what actual experience and cultivation practice will be deployed and how successful it has been ... proof that it is truly viable and modeled off of successful examples),
- 4) an operating plan for creating ingestibles (oils, edibles, etc.) demonstrating the experience and proficiency for successfully extracting and processing the cannabis plant (the current rule for nurserymen and operators is woefully short on this requirement as well) (125 points weighted with what actual experience and extraction/creation of product practice will be deployed and how successful it has been ... proof that it is truly viable and modeled off of successful examples),
- 5) a dispensary and distribution plan for proper disbursal of the product complete with a list of products planned for inclusion and how they will be packaged as well as delivered (75 points weighted with what products as

well as distribution and packaging process will be deployed and how successful it has been ... proof that it is truly viable and modeled off of successful examples),

6) a security plan outlining a reasonable strategy for insuring security of all aspects of the operations (50 points weighted with what actual experience and cultivation practice will be deployed and how successful it has been ... proof that it is truly viable), and

7) a very robust ownership profile that includes sources of investment capital provided by investors as well as other contribution or consultant relationships (75 points weighted with what actual experience and cultivation practice will be deployed and how successful it has been ... proof that it is truly viable).

I think that a 600 point potential would be easier to assign to applicants than the 1,160 points currently required in Illinois and that the creative aspects of the bonus points as allowable in Illinois (8 at 20 points each) should be left to those creative enough to include them in various relative parts of their application. Don't give them too much direction or you will not be able to determine the superior applicants and muddy the results of your scoring efforts. I think this was the most common mistake Illinois made in that they gave too much in terms of clarification which essentially allowed the students to study up for the test with the answers clearly in front of them.

**"Experience is the toughest teacher as it tends to give the test well ahead of the lessons ..."**

I would allow the applicant to select one or multiple geographies for this submittal so as to save time and the cutting down of small forests for the necessary paperwork that would be redundant.

Once you have reviewed and scored these applications turn them back over to the applicants after you have identified the top 25% (?) of those applying.

For the top 25% (?) scorers; provide them with a chance to see their scores once you have declared the results and within a short time period (two weeks?) require them to resubmit their application for final consideration and scoring. This way you can truly work to insure you are getting their best efforts relative to the preliminary scoring process and what deficits they are working to improve upon or cure. In the end I think this will eliminate most of the complaints or potential law suits of favoritism or other consideration not relative to the applicants ability to perform.

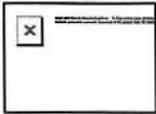
As I have noted, it will be critical that these applicants clearly demonstrate past cultivation proficiency with the cannabis plant as well as product and distribution process and not just beat their chest because they are nurserymen that know how to grow things as I can assure you, the process is not that simple and your Florida environment is going to require planning for something more than some greenhouse space and an extractor sitting in some work space. I firmly believe that with your weather and a defined lack of an absolutely hurricane proof green house facility the initial approach to a successful cultivation will include an industrial building type of cultivation which will also result in a far more reliable source of continued product availability ... but what do I know; I am just one of those Colorado based crazy people who has used too much of the product (not!).

Additionally, I have one other precursor thought in that the district alignments seem to be somewhat out of kilter relative to the population densities in comparison to the geographies they will be serving as selected (see my attachment with these details). I would think that having population factors of 1X, 2X, 3X, and 4X variance in the districts will automatically favor those successful applicants within the higher density populations (transport costs, production costs, etc.). While I do not have a solution to offer at this moment, I am sure one could certainly be created by your team.

Just my initial thoughts on how you might be able to achieve a more robust as well as definable application process ... I assure you that once you have graded their initial application and they are submitting for the second and final round, the grading will become much easier and you will be able to easily delineate a top candidate. If needed and you have a statistical tie, I would allow a 30 minute presentation to the committee by the applicant(s) and then allow a vote to break the tie if the scoring cannot be adjusted as necessary post presentation.

Please feel free to call me with any questions or if I can be of assistance in an advisory role to your groups efforts.

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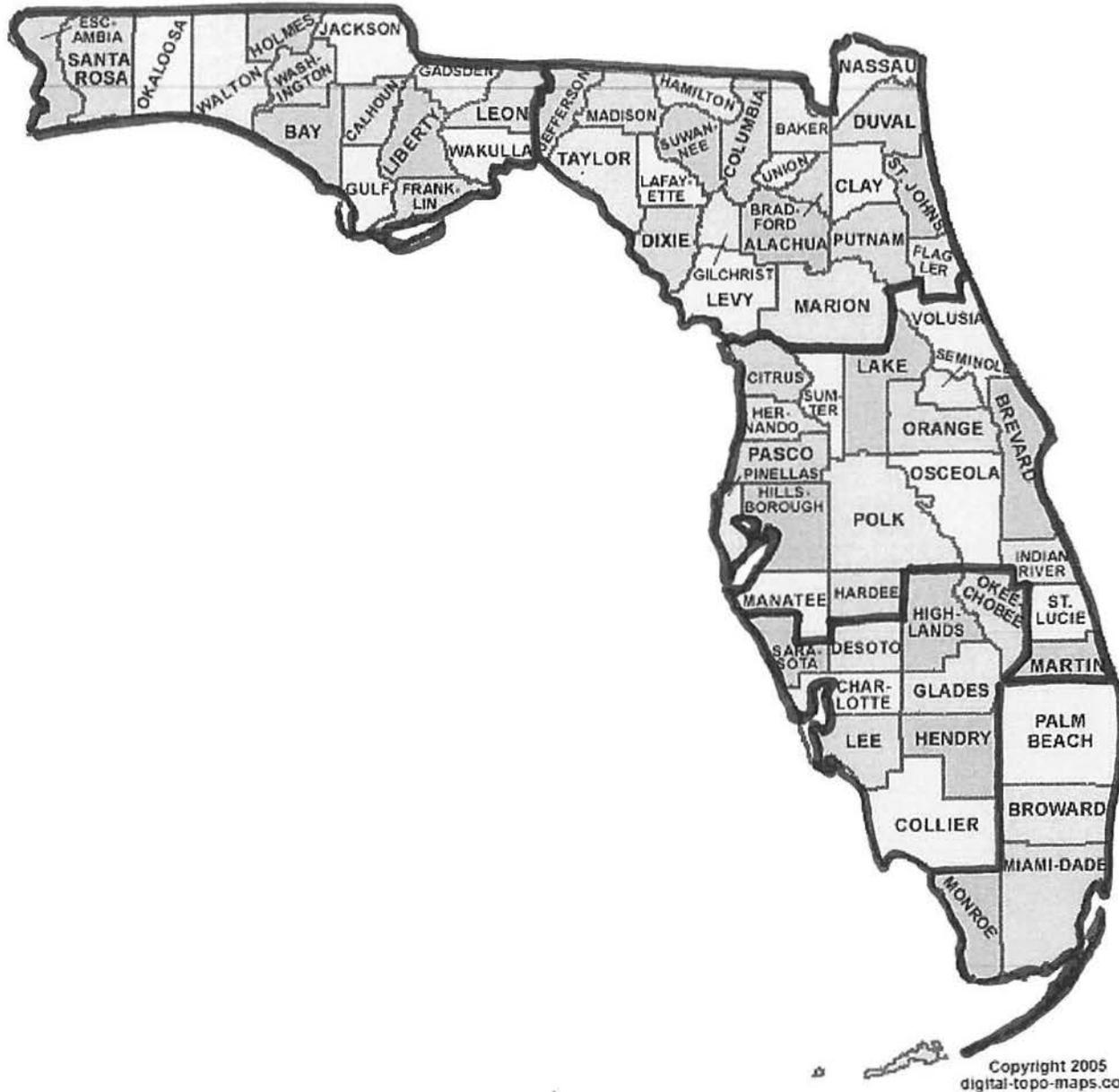


**Regards,**

**Brett Roper**

Licensing Services Director  
COO and Secretary of the Board of Directors  
Medicine Man Technologies  
13791 East Rice Place, Suite #107  
Aurora, CO 80015 or  
PO Box 39234 or 4750 Nome Street  
Denver, CO 80239  
(303) 345-1262 (cell)  
(303) 481-4419 (office)  
(303) 481-4417 (fax)

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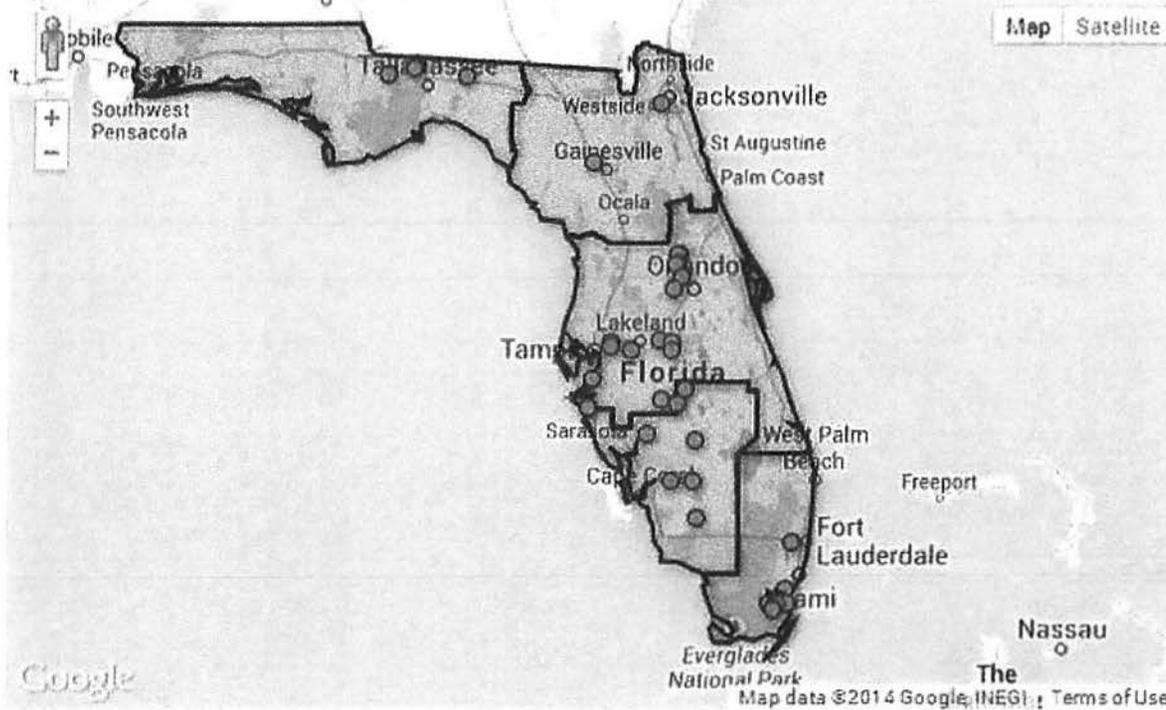


5 FL REGIONS

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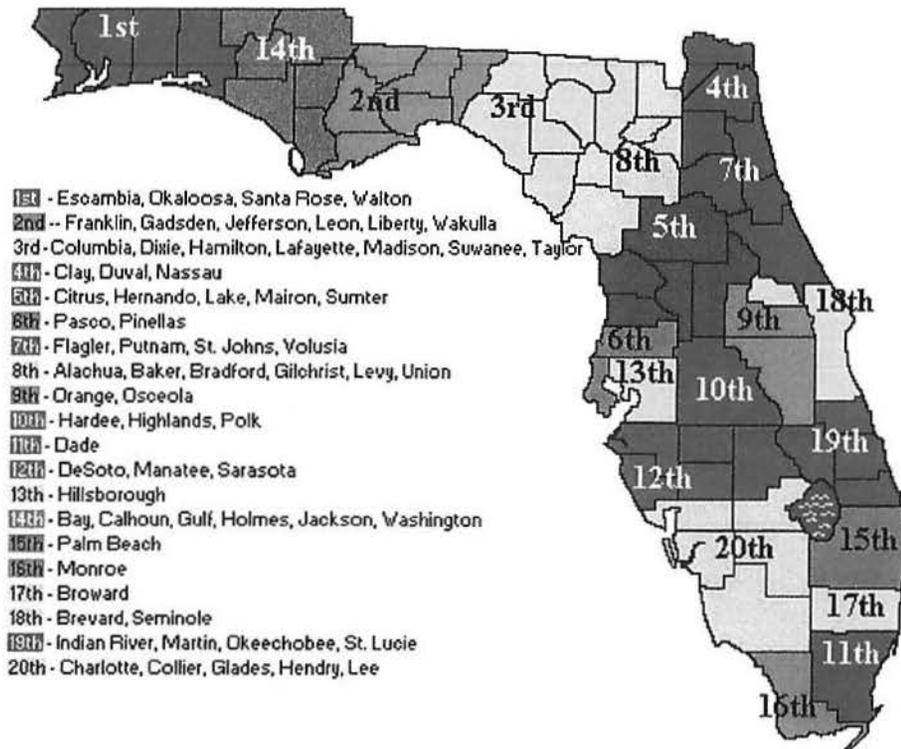
# Potential Florida medical marijuana growers

41 growers in five regions could be allowed to grow the "Charlotte's Web" strain of marijuana under a new state law. Only five will be granted licenses.



Source: Florida Dept. of Agricultural & Consumer Services

Credit: [Charles Minshew](#)/Orlando Sentinel



**Florida Population Estimates for Counties and Municipalities  
April 1, 2013 (UD 04/13/14)**

Area	April 1, 2013 Population Estimate	Total Change	April 1, 2010 <sup>1</sup> Census	April 1, 2013 Inmates	04/01/14 (UD 04/13/14) Estimate less Inmates
<b>Alachua County</b>	248,002	666	247,336	1,269	246,733
Alachua	9,300	241	9,059	0	9,300
Archer	1,123	5	1,118	0	1,123
Gainesville	124,391	-85	124,476	822	123,569
Hawthorne	1,389	-28	1,417	0	1,389
High Springs	5,440	90	5,350	0	5,440
La Crosse	360	0	360	0	360
Micanopy	600	0	600	0	600
Newberry	5,148	198	4,950	0	5,148
Waldo	969	-46	1,015	0	969
Unincorporated	99,282	291	98,991	447	98,835
<b>Baker County</b>	26,881	-234	27,115	2,056	24,825
Glen St. Mary	430	-7	437	0	430
Macleenny	6,363	-11	6,374	0	6,363
Unincorporated	20,088	-216	20,304	2,056	18,032
<b>Bay County</b>	169,866	1,014	168,852	1,159	168,707
Callaway	14,332	-73	14,405	0	14,332
Lynn Haven	18,911	418	18,493	0	18,911
Mexico Beach	1,110	38	1,072	0	1,110
Panama City	35,720	215	35,505	111	35,609
Panama City Beach	12,094	76	12,018	0	12,094
Parker	4,325	8	4,317	0	4,325
Springfield	8,857	-46	8,903	0	8,857
Unincorporated	74,517	378	74,139	1,048	73,469
<b>Bradford County</b>	27,217	-1,303	28,520	2,893	24,324
Brooker	318	-20	338	0	318
Hampton	492	-8	500	0	492
Lawtey	735	5	730	0	735
Starke	5,542	93	5,449	12	5,530
Unincorporated	20,130	-1,373	21,503	2,881	17,249
<b>Brevard County</b>	548,424	5,048	543,376	526	547,898
Cape Canaveral	9,987	75	9,912	0	9,987
Cocoa	17,443	303	17,140	0	17,443
Cocoa Beach	11,214	-17	11,231	0	11,214
Grant-Valkaria	3,899	49	3,850	0	3,899
Indialantic	2,780	60	2,720	0	2,780
Indian Harbour Beach	8,406	181	8,225	0	8,406
Malabar	2,766	9	2,757	0	2,766
Melbourne	77,394	1,189	76,205	28	77,366
Melbourne Beach	3,115	14	3,101	0	3,115
Melbourne Village	662	0	662	0	662
Palm Bay	104,693	1,503	103,190	0	104,693
Palm Shores	896	-4	900	0	896
Rockledge	25,309	383	24,926	25	25,284
Satellite Beach	10,322	213	10,109	0	10,322
Titusville	43,709	-52	43,761	23	43,686
West Melbourne	19,464	1,109	18,355	0	19,464
Unincorporated	206,365	33	206,332	450	205,915

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<b>Broward County</b>	1,784,715	36,649	1,748,066	958	1,783,757
Coconut Creek	53,783	874	52,909	0	53,783
Cooper City	32,136	3,589	28,547	5	32,131
Coral Springs	122,994	1,898	121,096	0	122,994
Dania Beach	30,233	594	29,639	0	30,233
Davie	93,599	1,607	91,992	6	93,593
Deerfield Beach	75,840	822	75,018	0	75,840
Fort Lauderdale	170,065	4,544	165,521	247	169,818
Hallandale Beach	38,391	1,278	37,113	0	38,391
Hillsboro Beach	1,885	10	1,875	0	1,885
Hollywood	143,935	3,167	140,768	0	143,935
Lauderdale-By-The-Sea	6,135	79	6,056	0	6,135
Lauderdale Lakes	33,322	729	32,593	0	33,322
Lauderhill	66,952	65	66,887	0	66,952
Lazy Lake	25	1	24	0	25
Lighthouse Point	10,401	57	10,344	0	10,401
Margate	55,245	1,961	53,284	0	55,245
Miramar	126,619	4,578	122,041	0	126,619
North Lauderdale	42,312	1,289	41,023	0	42,312
Oakland Park	42,301	938	41,363	0	42,301
Parkland	25,576	1,614	23,962	0	25,576
Pembroke Park	6,201	99	6,102	0	6,201
Pembroke Pines	155,565	1,546	154,019	503	155,062
Plantation	85,496	541	84,955	0	85,496
Pompano Beach	103,189	3,344	99,845	115	103,074
Sea Ranch Lakes	673	3	670	0	673
Southwest Ranches	7,396	51	7,345	0	7,396
Sunrise	86,685	2,246	84,439	0	86,685
Tamarac	61,110	683	60,427	0	61,110
Weston	65,677	344	65,333	0	65,677
West Park	14,286	130	14,156	0	14,286
Wilton Manors	11,989	357	11,632	0	11,989
Unincorporated	14,699	-2,389	17,088	82	14,617
<b>Calhoun County</b>	14,621	-4	14,625	1,692	12,929
Altha	564	28	536	0	564
Blountstown	2,503	-11	2,514	0	2,503
Unincorporated	11,554	-21	11,575	1,692	9,862
<b>Charlotte County</b>	163,679	3,701	159,978	1,285	162,394
Punta Gorda	17,087	446	16,641	0	17,087
Unincorporated	146,592	3,255	143,337	1,285	145,307
<b>Citrus County</b>	140,519	-717	141,236	136	140,383
Crystal River	3,056	-52	3,108	0	3,056
Inverness	7,186	-24	7,210	0	7,186
Unincorporated	130,277	-641	130,918	136	130,141
<b>Clay County</b>	192,843	1,978	190,865	0	192,843
Green Cove Springs	6,960	52	6,908	0	6,960
Keystone Heights	1,336	-14	1,350	0	1,336
Orange Park	8,419	7	8,412	0	8,419
Penney Farms	741	-8	749	0	741
Unincorporated	175,387	1,941	173,446	0	175,387
<b>Collier County</b>	333,663	12,143	321,520	49	333,614
Everglades	409	9	400	0	409
Marco Island	16,556	143	16,413	0	16,556
Naples	19,595	58	19,537	0	19,595
Unincorporated	297,103	11,933	285,170	49	297,054

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<b>Columbia County</b>	67,489	-42	67,531	4,010	63,479
Fort White	558	-9	567	0	558
Lake City	11,931	-115	12,046	340	11,591
Unincorporated	55,000	82	54,918	3,670	51,330
<b>DeSoto County</b>	34,367	-495	34,862	1,940	32,427
Arcadia	7,540	-97	7,637	0	7,540
Unincorporated	26,827	-398	27,225	1,940	24,887
<b>Dixie County</b>	16,263	-159	16,422	1,281	14,982
Cross City	1,713	-15	1,728	0	1,713
Horseshoe Beach	165	-4	169	0	165
Unincorporated	14,385	-140	14,525	1,281	13,104
<b>Duval County</b>	876,075	11,812	864,263	530	875,545
Atlantic Beach	12,851	196	12,655	0	12,851
Baldwin	1,409	-16	1,425	0	1,409
Jacksonville	832,993	11,209	821,784	530	832,463
Jacksonville Beach	21,713	351	21,362	0	21,713
Neptune Beach	7,109	72	7,037	0	7,109
<b>Escambia County</b>	301,120	3,501	297,619	2,682	298,438
Century	1,654	-44	1,698	0	1,654
Pensacola	52,188	265	51,923	34	52,154
Unincorporated	247,278	3,280	243,998	2,648	244,630
<b>Flagler County</b>	97,843	2,147	95,696	0	97,843
Beverly Beach	335	-3	338	0	335
Bunnell	2,686	10	2,676	0	2,686
Flagler Beach (part)	4,450	26	4,424	0	4,450
Marineland (part)	3	-13	16	0	3
Palm Coast	77,068	1,888	75,180	0	77,068
Unincorporated	13,301	239	13,062	0	13,301
<b>Franklin County</b>	11,562	13	11,549	1,706	9,856
Apalachicola	2,258	27	2,231	0	2,258
Carrabelle	2,803	25	2,778	1,431	1,372
Unincorporated	6,501	-39	6,540	275	6,226
<b>Gadsden County</b>	47,588	1,199	46,389	2,810	44,778
Chattahoochee	3,092	-560	3,652	892	2,200
Greensboro	618	16	602	0	618
Gretna	1,451	-9	1,460	0	1,451
Havana	1,732	-22	1,754	0	1,732
Midway	3,301	297	3,004	0	3,301
Quincy	7,920	-52	7,972	388	7,532
Unincorporated	29,474	1,529	27,945	1,530	27,944
<b>Gilchrist County</b>	16,880	-59	16,939	847	16,033
Bell	430	-26	456	0	430
Fanning Springs (part)	272	-6	278	0	272
Trenton	1,965	-34	1,999	0	1,965
Unincorporated	14,213	7	14,206	847	13,366
<b>Glades County</b>	12,658	-226	12,884	970	11,688
Moore Haven	1,691	11	1,680	0	1,691
Unincorporated	10,967	-237	11,204	970	9,997
<b>Gulf County</b>	16,106	243	15,863	3,358	12,748
Port St. Joe	3,489	44	3,445	0	3,489
Wewahitchka	1,994	13	1,981	0	1,994
Unincorporated	10,623	186	10,437	3,358	7,265

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<b>Hamilton County</b>	14,507	-292	14,799	2,452	12,055
Jasper	2,978	-1,568	4,546	1,328	1,650
Jennings	895	17	878	0	895
White Springs	771	-6	777	0	771
Unincorporated	9,863	1,265	8,598	1,124	8,739
<b>Hardee County</b>	27,682	-49	27,731	1,908	25,774
Bowling Green	2,907	-23	2,930	0	2,907
Wauchula	5,016	15	5,001	0	5,016
Zolfo Springs	1,818	-9	1,827	0	1,818
Unincorporated	17,941	-32	17,973	1,908	16,033
<b>Hendry County</b>	37,808	-1,332	39,140	0	37,808
Clewiston	7,251	96	7,155	0	7,251
LaBelle	4,669	29	4,640	0	4,669
Unincorporated	25,888	-1,457	27,345	0	25,888
<b>Hernando County</b>	173,808	1,030	172,778	521	173,287
Brooksville	7,643	-76	7,719	0	7,643
Weeki Wachee	5	-7	12	0	5
Unincorporated	166,160	1,113	165,047	521	165,639
<b>Highlands County</b>	99,092	306	98,786	23	99,069
Avon Park	9,189	353	8,836	0	9,189
Lake Placid	2,316	93	2,223	0	2,316
Sebring	10,561	70	10,491	0	10,561
Unincorporated	77,026	-210	77,236	23	77,003
<b>Hillsborough County</b>	1,276,410	47,184	1,229,226	793	1,275,617
Plant City	35,313	592	34,721	0	35,313
Tampa	346,609	10,900	335,709	572	346,037
Temple Terrace	25,307	766	24,541	0	25,307
Unincorporated	869,181	34,926	834,255	221	868,960
<b>Holmes County</b>	20,022	95	19,927	1,549	18,473
Bonifay	2,695	-98	2,793	0	2,695
Esto	364	0	364	0	364
Noma	185	-26	211	0	185
Ponce de Leon	565	-33	598	0	565
Westville	300	11	289	0	300
Unincorporated	15,913	241	15,672	1,549	14,364
<b>Indian River County</b>	139,586	1,558	138,028	0	139,586
Fellsmere	5,191	-6	5,197	0	5,191
Indian River Shores	3,940	39	3,901	0	3,940
Orchid	416	1	415	0	416
Sebastian	22,296	367	21,929	0	22,296
Vero Beach	15,361	138	15,223	0	15,361
Unincorporated	92,382	1,019	91,363	0	92,382
<b>Jackson County</b>	50,166	420	49,746	7,731	42,435
Alford	499	10	489	0	499
Bascom	125	4	121	0	125
Campbellton	228	-2	230	0	228
Cottondale	911	-22	933	0	911
Graceville	2,222	-56	2,278	0	2,222
Grand Ridge	940	48	892	0	940
Greenwood	681	-5	686	0	681
Jacob City	255	5	250	0	255
Malone	2,318	230	2,088	1,672	646
Marianna	7,979	1,877	6,102	1,875	6,104
Sneads	1,926	77	1,849	0	1,926
Unincorporated	32,082	-1,746	33,828	4,184	27,898

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Area	April 1, 2013 Population Estimate	Total Change	April 1, 2010 <sup>1</sup> Census	April 1, 2013 Inmates	04/01/14 (UD 04/13/14) Estimate less Inmates
<b>Jefferson County</b>	14,554	-207	14,761	1,119	13,435
Monticello	2,468	-38	2,506	0	2,468
Unincorporated	12,086	-169	12,255	1,119	10,967
<b>Lafayette County</b>	8,618	-252	8,870	1,703	6,915
Mayo	1,216	-21	1,237	0	1,216
Unincorporated	7,402	-231	7,633	1,703	5,699
<b>Lake County</b>	303,317	6,270	297,047	1,070	302,247
Astatula	1,793	-17	1,810	0	1,793
Clermont	30,201	1,459	28,742	0	30,201
Eustis	18,795	237	18,558	0	18,795
Fruitland Park	4,182	104	4,078	0	4,182
Groveland	9,529	800	8,729	0	9,529
Howey-in-the-Hills	1,083	-15	1,098	0	1,083
Lady Lake	13,947	21	13,926	0	13,947
Leesburg	20,761	644	20,117	0	20,761
Mascotte	5,158	57	5,101	0	5,158
Minneola	9,743	340	9,403	0	9,743
Montverde	1,451	-12	1,463	0	1,451
Mount Dora	12,870	500	12,370	0	12,870
Tavares	14,260	309	13,951	0	14,260
Umatilla	3,546	90	3,456	0	3,546
Unincorporated	155,998	1,753	154,245	1,070	154,928
<b>Lee County</b>	643,367	24,613	618,754	260	643,107
Bonita Springs	45,229	1,372	43,857	6	45,223
Cape Coral	161,069	6,764	154,305	30	161,039
Fort Myers	67,081	4,783	62,298	48	67,033
Fort Myers Beach	6,323	46	6,277	0	6,323
Sanibel	6,497	28	6,469	0	6,497
Unincorporated	357,168	11,620	345,548	176	356,992
<b>Leon County</b>	278,377	2,890	275,487	1,408	276,969
Tallahassee	183,727	2,351	181,376	1,408	182,319
Unincorporated	94,650	539	94,111	0	94,650
<b>Levy County</b>	40,304	-497	40,801	0	40,304
Bronson	1,095	-18	1,113	0	1,095
Cedar Key	707	5	702	0	707
Chiefland	2,260	15	2,245	0	2,260
Fanning Springs (part)	453	-33	486	0	453
Inglis	1,314	-11	1,325	0	1,314
Otter Creek	134	0	134	0	134
Williston	2,793	25	2,768	0	2,793
Yankeetown	495	-7	502	0	495
Unincorporated	31,053	-473	31,526	0	31,053
<b>Liberty County</b>	8,483	118	8,365	1,758	6,725
Bristol	994	-2	996	45	949
Unincorporated	7,489	120	7,369	1,713	5,776
<b>Madison County</b>	19,395	171	19,224	1,655	17,740
Greenville	805	-38	843	0	805
Lee	331	-21	352	0	331
Madison	3,115	66	3,049	0	3,115
Unincorporated	15,144	164	14,980	1,655	13,489

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<b>Manatee County</b>	333,880	11,047	322,833	182	333,698
Anna Maria	1,524	21	1,503	0	1,524
Bradenton	50,475	929	49,546	20	50,455
Bradenton Beach	1,176	5	1,171	0	1,176
Holmes Beach	3,852	16	3,836	0	3,852
Longboat Key (part)	2,396	-2	2,398	0	2,396
Palmetto	12,775	169	12,606	46	12,729
Unincorporated	261,682	9,909	251,773	116	261,566
<b>Marion County</b>	335,008	3,705	331,303	5,566	329,442
Belleview	4,562	70	4,492	12	4,550
Dunnellon	1,754	21	1,733	0	1,754
McIntosh	457	5	452	0	457
Ocala	57,387	1,072	56,315	163	57,224
Reddick	510	4	506	0	510
Unincorporated	270,338	2,533	267,805	5,391	264,947
<b>Martin County</b>	148,077	1,759	146,318	1,946	146,131
Jupiter Island	816	-1	817	0	816
Ocean Breeze Park	301	-54	355	0	301
Sewall's Point	2,013	17	1,996	0	2,013
Stuart	15,814	221	15,593	24	15,790
Unincorporated	129,133	1,576	127,557	1,922	127,211
<b>Miami-Dade County</b>	2,582,375	85,918	2,496,457	9,554	2,572,821
Aventura	36,725	963	35,762	0	36,725
Bal Harbour	2,915	402	2,513	0	2,915
Bay Harbor Islands	5,808	180	5,628	0	5,808
Biscayne Park	3,133	78	3,055	0	3,133
Coral Gables	48,524	1,748	46,776	0	48,524
Cutler Bay	42,035	1,749	40,286	0	42,035
Doral	49,253	3,544	45,709	0	49,253
El Portal	2,343	18	2,325	0	2,343
Florida City	12,222	977	11,245	0	12,222
Golden Beach	906	-13	919	0	906
Hialeah	229,766	5,099	224,667	0	229,766
Hialeah Gardens	22,000	256	21,744	0	22,000
Homestead	64,444	3,935	60,509	18	64,426
Indian Creek	89	3	86	0	89
Islandia*	0	-18	18	0	0
Key Biscayne	12,523	179	12,344	0	12,523
Medley	865	27	838	0	865
Miami	419,777	20,269	399,508	2,228	417,549
Miami Beach	90,848	3,070	87,778	0	90,848
Miami Gardens	107,399	233	107,166	0	107,399
Miami Lakes	29,978	617	29,361	12	29,966
Miami Shores	10,776	283	10,493	0	10,776
Miami Springs	14,067	258	13,809	0	14,067
North Bay Village	7,667	530	7,137	0	7,667
North Miami	60,263	1,351	58,912	0	60,263
North Miami Beach	42,442	919	41,523	0	42,442
Opa-locka	16,073	854	15,219	0	16,073
Palmetto Bay	23,784	376	23,408	0	23,784
Pinecrest	18,496	273	18,223	0	18,496
South Miami	13,778	2,121	11,657	0	13,778
Sunny Isles Beach	21,331	499	20,832	0	21,331
Surfside	5,794	50	5,744	0	5,794
Sweetwater	20,069	6,570	13,499	0	20,069
Virginia Gardens	2,413	38	2,375	0	2,413
West Miami	6,030	65	5,965	0	6,030
Unincorporated	1,137,839	28,415	1,109,424	7,296	1,130,543

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<b>Monroe County</b>	73,560	470	73,090	68	73,492
Islamorada, Village of Islands	6,193	74	6,119	0	6,193
Key Colony Beach	802	5	797	0	802
Key West	24,583	-66	24,649	4	24,579
Layton	183	-1	184	0	183
Marathon	8,419	122	8,297	0	8,419
Unincorporated	33,380	336	33,044	64	33,316
<b>Nassau County</b>	74,661	1,347	73,314	70	74,591
Callahan	1,157	34	1,123	0	1,157
Fernandina Beach	11,790	303	11,487	24	11,766
Hilliard	3,082	-4	3,086	0	3,082
Unincorporated	58,632	1,014	57,618	46	58,586
<b>Okaloosa County</b>	188,349	7,527	180,822	1,462	186,887
Cinco Bayou	391	8	383	0	391
Crestview	22,965	1,987	20,978	0	22,965
Destin	12,474	169	12,305	0	12,474
Fort Walton Beach	20,256	749	19,507	0	20,256
Laurel Hill	520	-17	537	0	520
Mary Esther	3,860	9	3,851	0	3,860
Niceville	13,374	625	12,749	0	13,374
Shalimar	734	17	717	0	734
Valparaiso	5,244	208	5,036	0	5,244
Unincorporated	108,531	3,772	104,759	1,462	107,069
<b>Okeechobee County</b>	39,762	-234	39,996	1,973	37,789
Okeechobee	5,550	-71	5,621	0	5,550
Unincorporated	34,212	-163	34,375	1,973	32,239
<b>Orange County</b>	1,202,978	57,022	1,145,956	3,351	1,199,627
Apopka	44,129	2,587	41,542	0	44,129
Bay Lake	9	-38	47	0	9
Belle Isle	6,404	416	5,988	0	6,404
Eatonville	2,230	71	2,159	63	2,167
Edgewood	2,621	118	2,503	0	2,621
Lake Buena Vista	22	12	10	0	22
Maitland	16,105	354	15,751	0	16,105
Oakland	2,570	32	2,538	0	2,570
Ocoee	37,615	2,036	35,579	0	37,615
Orlando	250,415	12,115	238,300	490	249,925
Windermere	2,845	383	2,462	0	2,845
Winter Garden	37,172	2,604	34,568	0	37,172
Winter Park	28,184	332	27,852	0	28,184
Unincorporated	772,657	36,000	736,657	2,798	769,859
<b>Osceola County</b>	288,361	19,676	268,685	315	288,046
Kissimmee	63,662	3,980	59,682	182	63,480
St. Cloud	38,874	3,691	35,183	0	38,874
Unincorporated	185,825	12,005	173,820	133	185,692

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<b>Palm Beach County</b>	1,345,652	25,518	1,320,134	3,169	1,342,483
Atlantis	2,018	13	2,005	0	2,018
Belle Glade	17,372	-95	17,467	0	17,372
Boca Raton	86,041	1,649	84,392	0	86,041
Boynton Beach	70,131	1,914	68,217	0	70,131
Briny Breezes	420	-181	601	0	420
Cloud Lake	133	-2	135	0	133
Delray Beach	61,801	1,279	60,522	0	61,801
Glen Ridge	223	4	219	0	223
Golf	252	0	252	0	252
Greenacres	38,172	599	37,573	0	38,172
Gulf Stream	974	188	786	0	974
Haverhill	1,942	69	1,873	0	1,942
Highland Beach	3,572	33	3,539	0	3,572
Hypoluxo	2,655	67	2,588	0	2,655
Juno Beach	3,191	15	3,176	0	3,191
Jupiter	56,577	1,421	55,156	0	56,577
Jupiter Inlet Colony	401	1	400	0	401
Lake Clarke Shores	3,368	-8	3,376	0	3,368
Lake Park	8,403	248	8,155	0	8,403
Lake Worth	35,555	645	34,910	0	35,555
Lantana	10,583	160	10,423	24	10,559
Loxahatchee Groves	3,185	5	3,180	0	3,185
Manalapan	406	0	406	0	406
Mangonia Park	1,868	-20	1,888	0	1,868
North Palm Beach	12,184	169	12,015	0	12,184
Ocean Ridge	1,798	12	1,786	0	1,798
Pahokee	5,828	179	5,649	363	5,465
Palm Beach	8,168	7	8,161	0	8,168
Palm Beach Gardens	49,434	994	48,440	0	49,434
Palm Beach Shores	1,153	11	1,142	0	1,153
Palm Springs	20,487	1,559	18,928	0	20,487
Riviera Beach	33,369	881	32,488	0	33,369
Royal Palm Beach	34,925	785	34,140	0	34,925
South Bay	4,719	-157	4,876	1,876	2,843
South Palm Beach	1,362	4	1,358	0	1,362
Tequesta	5,649	20	5,629	0	5,649
Wellington	58,108	1,600	56,508	0	58,108
West Palm Beach	103,038	2,695	100,343	278	102,760
Unincorporated	596,187	8,755	587,432	628	595,559
<b>Pasco County</b>	473,566	8,869	464,697	778	472,788
Dade City	6,455	18	6,437	0	6,455
New Port Richey	14,868	-43	14,911	0	14,868
Port Richey	2,661	-10	2,671	0	2,661
St. Leo	1,420	80	1,340	0	1,420
San Antonio	1,165	27	1,138	0	1,165
Zephyrhills	14,227	939	13,288	0	14,227
Unincorporated	432,770	7,858	424,912	778	431,992

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<b>Pinellas County</b>	926,610	10,068	916,542	1,272	925,338
Belleair	3,900	31	3,869	0	3,900
Belleair Beach	1,572	12	1,560	0	1,572
Belleair Bluffs	2,037	6	2,031	0	2,037
Belleair Shore	107	-2	109	0	107
Clearwater	109,065	1,380	107,685	0	109,065
Dunedin	35,558	237	35,321	6	35,552
Gulfport	12,071	42	12,029	0	12,071
Indian Rocks Beach	4,172	59	4,113	0	4,172
Indian Shores	1,423	3	1,420	0	1,423
Kenneth City	4,975	-5	4,980	0	4,975
Largo	78,488	840	77,648	0	78,488
Madeira Beach	4,313	50	4,263	0	4,313
North Redington Beach	1,437	20	1,417	0	1,437
Oldsmar	13,725	134	13,591	0	13,725
Pinellas Park	49,939	860	49,079	0	49,939
Redington Beach	1,441	14	1,427	0	1,441
Redington Shores	2,144	23	2,121	0	2,144
Safety Harbor	16,944	60	16,884	6	16,938
St. Petersburg	249,704	4,935	244,769	425	249,279
St. Pete Beach	9,363	17	9,346	0	9,363
Seminole	17,202	-31	17,233	0	17,202
South Pasadena	5,081	117	4,964	0	5,081
Tarpon Springs	23,935	451	23,484	0	23,935
Treasure Island	6,787	82	6,705	0	6,787
Unincorporated	271,227	733	270,494	835	270,392
<b>Polk County</b>	613,950	11,855	602,095	3,300	610,650
Auburndale	14,009	502	13,507	0	14,009
Bartow	17,475	177	17,298	163	17,312
Davenport	3,027	139	2,888	0	3,027
Dundee	3,808	91	3,717	0	3,808
Eagle Lake	2,306	51	2,255	0	2,306
Fort Meade	5,737	111	5,626	0	5,737
Frostproof	2,961	-31	2,992	0	2,961
Haines City	21,385	825	20,560	0	21,385
Highland Park	234	4	230	0	234
Hillcrest Heights	250	-4	254	0	250
Lake Alfred	5,068	53	5,015	0	5,068
Lake Hamilton	1,262	31	1,231	0	1,262
Lake Wales	14,522	297	14,225	0	14,522
Lakeland	98,773	1,351	97,422	0	98,773
Mulberry	3,775	-42	3,817	0	3,775
Polk City	1,582	20	1,562	0	1,582
Winter Haven	36,280	2,406	33,874	0	36,280
Unincorporated	381,496	5,874	375,622	3,137	378,359
<b>Putnam County</b>	72,605	-1,759	74,364	481	72,124
Crescent City	1,518	-59	1,577	0	1,518
Interlachen	1,365	-38	1,403	0	1,365
Palatka	10,230	-328	10,558	0	10,230
Pomona Park	875	-37	912	0	875
Welaka	715	14	701	0	715
Unincorporated	57,902	-1,311	59,213	481	57,421
<b>St. Johns County</b>	201,541	11,502	190,039	216	201,325
Hastings	615	35	580	0	615
Marineland (part)	2	2	0	0	2
St. Augustine	13,271	296	12,975	0	13,271
St. Augustine Beach	6,351	175	6,176	0	6,351
Unincorporated	181,302	10,994	170,308	216	181,086

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<b>St. Lucie County</b>	281,151	3,362	277,789	125	281,026
Fort Pierce	41,729	139	41,590	32	41,697
Port St. Lucie	167,914	3,311	164,603	6	167,908
St. Lucie Village	588	-2	590	0	588
Unincorporated	70,920	-86	71,006	87	70,833
<b>Santa Rosa County</b>	157,317	5,945	151,372	4,922	152,395
Gulf Breeze	5,805	42	5,763	0	5,805
Jay	556	23	533	0	556
Milton	9,187	361	8,826	76	9,111
Unincorporated	141,769	5,519	136,250	4,846	136,923
<b>Sarasota County</b>	385,292	5,844	379,448	6	385,286
Longboat Key (part)	4,488	-2	4,490	0	4,488
North Port	59,231	1,874	57,357	0	59,231
Sarasota	52,689	772	51,917	6	52,683
Venice	21,117	369	20,748	0	21,117
Unincorporated	247,767	2,831	244,936	0	247,767
<b>Seminole County</b>	431,074	8,356	422,718	158	430,916
Altamonte Springs	42,495	999	41,496	0	42,495
Casselberry	27,057	816	26,241	5	27,052
Lake Mary	14,740	918	13,822	0	14,740
Longwood	13,662	5	13,657	0	13,662
Oviedo	34,965	1,623	33,342	0	34,965
Sanford	53,867	297	53,570	25	53,842
Winter Springs	34,066	784	33,282	0	34,066
Unincorporated	210,222	2,914	207,308	128	210,094
<b>Sumter County</b>	105,104	11,684	93,420	8,750	96,354
Bushnell	2,462	44	2,418	0	2,462
Center Hill	955	-33	988	0	955
Coleman	695	-8	703	0	695
Webster	754	-31	785	0	754
Wildwood	7,116	407	6,709	0	7,116
Unincorporated	93,122	11,305	81,817	8,750	84,372
<b>Suwannee County</b>	43,873	2,322	41,551	2,806	41,067
Branford	694	-18	712	0	694
Live Oak	6,800	-50	6,850	0	6,800
Unincorporated	36,379	2,390	33,989	2,806	33,573
<b>Taylor County</b>	23,018	448	22,570	3,391	19,627
Perry	7,031	14	7,017	0	7,031
Unincorporated	15,987	434	15,553	3,391	12,596
<b>Union County</b>	15,483	-52	15,535	4,809	10,674
Lake Butler	1,872	-25	1,897	0	1,872
Raiford	244	-11	255	0	244
Worthington Springs <sup>2</sup>	399	-8	407	0	399
Unincorporated <sup>2</sup>	12,968	-8	12,976	4,809	8,159

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<b>Volusia County</b>	498,978	4,385	494,593	1,878	497,100
Daytona Beach	61,998	993	61,005	0	61,998
Daytona Beach Shores	4,292	45	4,247	28	4,264
DeBary	19,363	43	19,320	0	19,363
DeLand	28,436	1,405	27,031	0	28,436
Deltona	85,469	287	85,182	0	85,469
Edgewater	20,737	-13	20,750	0	20,737
Flagler Beach (part)	60	0	60	0	60
Holly Hill	11,632	-27	11,659	0	11,632
Lake Helen	2,630	6	2,624	0	2,630
New Smyrna Beach	23,119	655	22,464	0	23,119
Oak Hill	1,828	36	1,792	0	1,828
Orange City	11,337	738	10,599	0	11,337
Ormond Beach	38,557	420	38,137	6	38,551
Pierson	1,688	-48	1,736	0	1,688
Ponce Inlet	3,041	9	3,032	0	3,041
Port Orange	57,060	1,012	56,048	0	57,060
South Daytona	12,431	179	12,252	0	12,431
Unincorporated	115,300	-1,355	116,655	1,844	113,456
<b>Wakulla County</b>	30,869	93	30,776	3,466	27,403
St. Marks	285	-8	293	0	285
Sopchoppy	450	-7	457	0	450
Unincorporated	30,134	108	30,026	3,466	26,668
<b>Walton County</b>	57,779	2,736	55,043	1,520	56,259
DeFuniak Springs	5,341	164	5,177	32	5,309
Freeport	2,278	491	1,787	0	2,278
Paxton	623	-21	644	0	623
Unincorporated	49,537	2,102	47,435	1,488	48,049
<b>Washington County</b>	24,793	-103	24,896	2,443	22,350
Caryville	283	-128	411	0	283
Chipley	3,534	-71	3,605	0	3,534
Ebro	240	-30	270	0	240
Vernon	685	-2	687	0	685
Wausau	405	22	383	0	405
Unincorporated	19,646	106	19,540	2,443	17,203
<b>South (Miami)</b>					5,772,553 30.2%
<b>Southwest (Sarasota)</b>					1,743,182 9.1%
<b>Central (Orlando)</b>					7,886,466 41.2%
<b>North (Gainesville)</b>					2,395,906 12.5%
<b>Northwest (Tallahassee)</b>					1,337,352 7.0%
<b>TOTALS</b>					19,135,460 100.0%
<b>Florida</b>	19,259,543	458,211	18,801,332	124,084	19,135,459
Incorporated	9,690,690	237,735	9,452,955	19,139	9,671,551
Unincorporated	9,568,853	220,476	9,348,377	104,945	9,463,908

<sup>1</sup>Includes results of the U.S. Census Bureau 2010 Census Count Question Resolution (CQR) Program received by the Florida Legislative Office of Economic and Demographic Research as of September 30, 2013.

<sup>2</sup>Reflects the results of the U.S. Census Bureau 2010 Census Count Question Resolution (CQR) Program, February 11, 2014.

\*No longer incorporated.

Source: University of Florida, Bureau of Economic and Business Research, 10/15/2013, revised 4/17/2014.

**Bist, Kevin**

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**From:** alfred jolson <ajolson1@embarqmail.com>  
**Sent:** Tuesday, January 13, 2015 9:31 PM  
**To:** Nelson, Patricia A  
**Subject:** cannabis testing

Congratulations on your new appointment. We spoke this afternoon about independent cannabis laboratory testing.

I think your idea of setting-up laboratory facilities on growers' premises is excellent. As you know, some growers periodically test their crop for diseases (mold, bacteria, bugs) and potency. Pesticides and heavy metals are another concern. Dealing with the oil and resin processing, which is usually done by another party off the growers' property, will need to be addressed. The resin has to be analyzed for solvent residue as well as concentration..

A major objection to on-site testing will be cost. A simple set-up would be for the grower to provide the laboratory space and the lab buy or lease the equipment from the manufacturer or leasing company and contract to do all the grower's analyses. Since the laboratory's income depends upon the number of tests done, the same lab will probably need to be contracted with all five growers and have a lab in each place

because, initially, there will not be a large enough market to support one laboratory company to one grower. The upside of on-site testing is convenience and no courier expense.

I look forward to talking with you again.

alfred s jolson, m.d. Diplomat of the American Boards of Ophthalmology and Internal Medicine  
[ajolson1@embarqmail.com](mailto:ajolson1@embarqmail.com) 2901 waumpi trail, maitland, fl 32751 407-629-1880

**Bist, Kevin**

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**From:** Taylor Biehl <taylorbiehl@gmail.com>  
**Sent:** Wednesday, January 14, 2015 1:55 PM  
**To:** Nelson, Patricia A  
**Cc:** jeffreysark@gmail.com  
**Subject:** NV, IL, MA Applications  
**Attachments:** Dispensary Application Instructions.pdf; Dispensary Application Illinois.pdf; phase-2-application-form.pdf; open-county-application-forms.pdf; NV\_MMP\_Application.pdf

Patty-

Jeff and I wanted to share the following state dispensary applications with you for your review.

--

Best,  
Taylor  
**Taylor Patrick Biehl**  
**Capitol Alliance Group, Inc**  
**106 E. College Avenue, Suite 640**  
**Tallahassee, FL 32301**  
**850.224.1660 office**  
**850.224.6785 fax**  
**352.281.1773 cell**  
**[www.capitolalliancegroup.com](http://www.capitolalliancegroup.com)**

This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. E-mail transmission cannot be guaranteed to be secure or error-free as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete, or contain viruses. The sender therefore does not accept liability for any errors or omissions in the contents of this message, which arise as a result of e-mail transmission.

**Bist, Kevin**

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**From:** Nelson, Patricia A  
**Sent:** Wednesday, January 14, 2015 3:29 PM  
**To:** Bist, Kevin  
**Subject:** FW: NV, IL, MA Applications  
**Attachments:** Dispensary Application Instructions.pdf; Dispensary Application Illinois.pdf; phase-2-application-form.pdf; open-county-application-forms.pdf; NV\_MMP\_Application.pdf

**From:** Taylor Biehl [<mailto:taylorbiehl@gmail.com>]  
**Sent:** Wednesday, January 14, 2015 1:55 PM  
**To:** Nelson, Patricia A  
**Cc:** [jeffreysark@gmail.com](mailto:jeffreysark@gmail.com)  
**Subject:** NV, IL, MA Applications

Patty-

Jeff and I wanted to share the following state dispensary applications with you for your review.

--

Best,

Taylor

**Taylor Patrick Biehl**  
**Capitol Alliance Group, Inc**  
**106 E. College Avenue, Suite 640**  
**Tallahassee, FL 32301**  
**850.224.1660 office**  
**850.224.6785 fax**  
**352.281.1773 cell**  
**[www.capitolalliancegroup.com](http://www.capitolalliancegroup.com)**

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# INSTRUCTION SHEET

## APPLICATION FOR AUTHORIZATION APPROVAL MEDICAL CANNABIS DISPENSARY

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
with the Application Form and required fee unless otherwise directed in the instructions.*

Table of Contents	Pages
Purpose .....	2
Disclaimer .....	2
Fees: Fees are non-refundable .....	2
Definitions .....	2
Dispensing Organization Districts.....	3-4
Completing the Application .....	4-5
Receipt of Applications.....	5-6
Submission of Application .....	7
Application Receipt.....	7
Submission Deadline and Timetables.....	8
Incomplete Applications .....	8
After Application Submission .....	8
Change to Principal Contact.....	8
Documents Requiring Translation .....	9
Application Questions.....	9
Application Scoring .....	9
Checklist .....	10
Application Fee Form .....	11-12

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).

## PURPOSE

The Medical Cannabis Pilot Program Act (the "Act") 410 ILCS 130 and the Administrative Rules 68 IAC 1290 (the "Rules") require that all entities engaged in the dispensing of medical cannabis be registered by the Illinois Department of Financial and Professional Regulation – Medical Cannabis Division ("Division") to engage in such activity.

## DISCLAIMER

Pursuant to the Act, the State of Illinois may not award more than 60 registrations to operate a dispensing organization. DFPR reserves the right to award fewer than 60 authorizations to register during the first request for applications if the Division concludes that no qualified applications are timely received for a specific district or districts.

After filing an application for Authorization to register a dispensing organization with the Division, applicant will be provided with a date and time stamped receipt issued by the Division. In filing an application for Authorization and receiving a date and time stamped receipt, the applicant consents and acknowledges:

- a. Applicant retains no claim or action against the Division for its denial of an Application;
- b. The Division is vested with the discretion to select the applicants to be awarded an Authorization; and
- c. The Division's decisions in selecting the applicants shall be final.

## FEES

### FEES ARE NON-REFUNDABLE

The Application fee is \$5,000. The application fee shall be provided in a sealed envelope labeled "application fee" along with the submission checklist listed on pages 11 and 12 of these instructions. One application fee is to be submitted with each application.

Application fee payment must be hand delivered in the form of a **certified check** or **money order only**, made payable to "Illinois Department of Financial and Professional Regulation."

Cash or personal checks will not be accepted.

## DEFINITIONS

The Pilot Program Act uses the terms "day care center," "day care home," "group day care home," "part day child care facility." The Child Care Act of 1969 [225 ILCS 10/] defines "day care center," "day care home," "group day care home," and "part day child care facility."

For purposes of this Application, minority, female, and disabled shall be defined as found in Section 2 of the Business Enterprise for Minorities, Females, and Persons with Disabilities Act [30 ILCS 575/2].

## DISPENSING ORGANIZATION DISTRICTS

Applications will be accepted for the following dispensing organization districts. The applicant is solely responsible for ensuring that the proposed location is within the district boundaries of the district for which the applicant applies. Applicants should confirm the boundary line between the City of Chicago and adjacent districts. An applicant may submit separate applications for authorization for a dispensing organization in up to five Districts.

District 1 includes Carroll, Ogle, Whiteside and Lee counties.

District 6 includes Livingston, McLean and Dewitt counties.

District 7 includes Rock Island, Mercer, Knox and Henry counties.

District 8 includes Marshall, Peoria, Stark, Tazewell and Woodford counties.

District 9 includes Cass, Christian, Logan, Mason, Menard, Morgan and Sangamon counties.

District 10 includes Champaign, Coles, Douglas, Edgar, Macon, Moultrie, Piatt, Shelby and Vermillion counties.

District 11 includes Bond, Clinton, Madison, Monroe and St. Clair counties.

District 12 includes Clark, Crawford, Cumberland, Effingham, Fayette, Jasper, Lawrence, Marion and Richland counties.

District 13 includes Franklin, Jackson, Jefferson, Perry, Randolph, Washington and Williamson counties.

District 14 includes Fulton, Hancock, Henderson, McDonough and Warren counties.

District 16 includes Boone, Jo Daviess, Stephenson and Winnebago counties.

District 17 includes Bureau, LaSalle and Putnam counties.

District 18 includes Calhoun, Greene, Jersey, Macoupin and Montgomery counties.

District 19 includes Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne and White counties.

District 20 includes Adams, Brown, Pike, Schuyler and Scott counties.

District 21 includes Ford, Iroquois and Kankakee counties.

District 22 includes Alexander, Hardin, Johnson, Massac, Pope, Pulaski and Union counties.

**That part of the State within the Chicago metropolitan area but outside of Cook County are dispensing organization districts as follows:**

District 23 includes DeKalb County.

District 24 includes DuPage County.

District 25 includes Grundy and Kendall Counties.

District 26 includes Kane County.

District 27 includes Lake County.

District 28 includes McHenry County.

District 29 includes Will County.

**That part of Cook County outside of the City of Chicago are dispensing organization districts as follows:**

District 30 includes Barrington, Hanover and Palatine Townships.

District 31 includes Elk Grove and Schaumburg Townships.

District 32 includes Maine and Wheeling Townships.

District 33 includes New Trier and Northfield Townships.

## DISPENSING ORGANIZATION DISTRICTS (cont'd)

District 34 includes Evanston and Niles Townships.

District 35 includes Leyden, Norwood Park and Proviso Townships.

District 36 includes Berwyn, Cicero, Oak Park, River Forest and Riverside Townships.

District 37 includes Lemont, Lyons and Palos Townships.

District 38 includes Calumet, Stickney and Worth Townships.

District 39 includes Bremen, Orland and Rich Townships.

District 40 includes Bloom and Thornton Townships.

### **The City of Chicago includes the following districts:**

District 41 includes Jefferson Township.

District 42 includes Hyde Park Township.

District 43 includes Lake Township.

District 44 includes Lakeview Township.

District 45 includes North Township.

District 46 includes Rogers Park Township.

District 47 includes South Township.

District 48 includes West Township.

## COMPLETING THE APPLICATION

Please read the Act (410 ILCS 130), the Administrative Rules (68 IAC 1290), and these instructions carefully before you begin the Dispensary Authorization Application process to determine the documentation and forms you must submit to apply.

The Dispensary Authorization Application Form, Fee, Submission Checklist Form, Redacted Schedules, Redacted Addenda, Sealed Unredacted Hard Copy, and USB Drive containing a Redacted Copy and Unredacted Copy of the Application in PDF Format must be submitted by applicant for an application to be complete.

Diagrams, Plot Plans and Photographs submitted with the application must be of sufficient resolution to allow for technical review of all text and measurements. All pages must be numbered and organized in the following sequence.

Application Form	<b>REQUIRED</b>
Schedule 1 – Suitability of Proposed Dispensary	<b>REQUIRED</b>
● Suitability for Public Access- 3 page limit	
● Plot Plans and Photographs – No page limit	
● Zoning – No page limit	
Schedule 2 – Business and Operations Plan	<b>REQUIRED</b>
● Knowledge and Experience – No page limit	
● Staffing- 3 page limit	
● Business Management Practices- 5 page limit	
● Operating Plan – 5 page limit	
● Services Provided- 3 page limit	

## COMPLETING THE APPLICATION (cont'd)

### Schedule 3 – Security Plan

**REQUIRED**

- Facility Security – No page limit
- Security Surveillance System- 6 page limit excluding supporting documents (i.e. designs or drawings)
- Product Security- 6 page limit excluding supporting documents
- Shipping/Transportation Security measures- 3 page limit

### Schedule 4 – Recordkeeping and Inventory Plan

**REQUIRED**

- Recordkeeping Plan- 5 page limit
- Inventory Control Plan- 5 page limit
- Patient Education and Support Plan- 4 page limit

### Schedule 5 – Financial Disclosures

**REQUIRED**

- No page limit

### Schedule 6 – Bonus Section

**OPTIONAL**

- Labor and Employment Practice- 3 page limit
- Research Plan- 5 page limit
- Community Benefits Plan- 3 page limit
- Substance Abuse Prevention Plan- 3 page limit
- Local Community/Neighborhood Report- 3 page limit excluding support documents
- Environmental Plan- 3 page limit
- Verification of Minority-Owned, Female-Owned, Veteran-Owned, or Disabled Person Owned - 3 page limit excluding support documents
- Illinois Based Applicants - 3 page limit excluding support documents

## RECEIPT OF APPLICATIONS

A one page cover letter, including applicant's legal business name, district applied in, and consultant name (if any), on company letterhead must be submitted with the application. The Application Form must be filled out completely and display applicant's personal identifying information. Schedules and Addenda must be redacted and scrubbed of all personal identifying information.

The cover letter, unredacted Application Form, redacted Schedules and Addenda must be three hole punched and placed in a three ring binder. Between each Application Schedule insert a divider. Each Application Schedule must be labeled with a tab corresponding to the Schedule number. Each Application Addendum must be separated by a divider as well, with a tab corresponding to the Addendum letter on the divider. Please do not staple or permanently bind the application materials in any way.

For each application submission the applicant must also submit: one (1) unredacted paper copy of the application in a sealed envelope or box, one USB drive containing one (1) redacted copy of the application and one (1) unredacted copy of the application in Adobe Portable Document Format (PDF), and a sealed envelope labeled "application fee" containing the application fee along with the submission checklist listed on pages 11 and 12 of these instructions.

The unredacted application hard copy must be submitted in a separate envelope or box that is sealed and must have a label displaying the name of the applicant entity applying, district applied in, and consultant used (if any). No application materials will be accepted via US mail or electronic mail.

Applicant must submit one USB drive containing one (1) unredacted copy and one (1) redacted copy of the application materials in PDF. PDF's must be text-searchable, where feasible. The USB drive must be virus-free, not contain any encryption or password protection, and be compatible with Windows 7 Operating System. PDF's must be sanitized.

## RECEIPT OF APPLICATIONS (cont'd)

Except where indicated, all application materials, whether paper or PDF, must be in black and white, 8.5x11, 12-point Times New Roman font, 1.5 spaced paragraphs, 1 inch margins. No portion of the application may be handwritten except for signatures. All PDF's must be readily printable on 8.5x11 paper, or configured to scale to those dimensions, provided doing so still meets the typeface requirements. Applicant assumes sole responsibility for ensuring that the electronic documents are not corrupted and are readily accessible by Division employees.

Except where provided, the contents of the USB drive must be identical to the paper application. Make one folder for the complete un-redacted application and a separate folder for the complete redacted version. Each folder must be organized in the following manner:

-  Application Forms
-  A. Principal Officer Attestation Form(s)
-  B. Principal Officer Certification Form(s)
-  C. Property Ownership Form(s)
-  D. Zoning Form(s)
-  E. Criminal History Form(s)
-  F. Livescan Receipt Form(s)
-  G. Photocopy of Application Fee
-  Schedule 1 – Suitability of Proposed Disp
-  Schedule 2 – Business and Operations Plan
-  Schedule 3 – Security Plan
-  Schedule 4 – Recordkeeping & Inventory
-  Schedule 5 – Financial Disclosures
-  Schedule 6 – Bonus Section

Applicants are encouraged to make all reasonable efforts to ensure the documents are included as a PDF. The Department recognizes that some materials, such as blueprints or technical diagrams, may not be practicably included as a PDF. If that is the case, please include these documents only in the physical application copy and provide a placeholder page in the electronic PDF indicating where the document can be found in the physical copy.

### ***Redacting Identifiable Information***

To ensure the scoring process is conducted fairly, applicants must omit personal information from designated portions of the application that would reveal, or cause to reveal, the identity of the applicants. Personal information that must be removed on the redacted Application and the redacted electronic copy on the USB drive:

- |  |   |
|--|---|
| a. All first and last names listed in the application        | i. All business and personal addresses  |
| b. Name of company, including parent or subsidiary companies | j. Consultant name  |
| c. Employer taxpayer identification number                   | k. The names of all Corporations, LLCs, sole proprietorships, non-for-profits that have a financial interest in the dispensary. |
| d. Driver's license number                                   | l. Any personal identifying information in the photographs, plot plans or drawings  |
| e. State identification number (FEIN)                        | m. Signatures   |
| f. Proposed dispensary name                                  | n. Any additional personal identifying information contained in the application   |
| g. All phone numbers   |   |
| h. All e-mail addresses                                      |   |

*Application forms may be downloaded from the IDFPR website at [www.idfpr.com](http://www.idfpr.com).*

## SUBMISSION OF APPLICATION

### Submission Checklist – To be completed and submitted with Application Fee

- Application fee in the form of a money order or certified check
- Submission Checklist Form (see page 11 of application instruction sheet) and fee in a sealed envelope labeled "application fee".
- One (1) hard copy of redacted Application scrubbed of all personal identifying information, three hole punched and placed in a three ring binder together with unredacted Application Form
- One (1) hard copy of unredacted Application containing wet signatures that displays all personal identifying information, in a sealed envelope together with unredacted Application Form
- Addendum A. Medical Cannabis Principal Officer Attestation Form with original signatures
- Addendum B. Principal Officer Certification Form with original signatures (Complete separate form for each Principal Officer)
- Addendum C. Confirmation of Property Ownership with original signatures
- Addendum D. Zoning Form with original signatures
- Addendum E. Criminal History Form (Complete separate form for each Principal Officer)
- Addendum F. Livescan Receipt (Submit separate receipt for each Principal Officer including all information from Section 230 of the Administrative Rules. Applicants may submit the same livescan receipt in any other applications)
- Addendum G. Photocopy of Application Fee
- Plot Maps, Diagrams and Photographs
- One (1) USB Drive containing one (1) redacted copy of application, scrubbed of all personal identifying information and one (1) unredacted copy of application, displaying all personal identifying information

*\*If you would like to include a key for this section the key will be kept separate from the materials during scoring.  
Example of a key would be: Principal Officer #1 = John Smith, Principal Officer #2 = John Doe.*

Applications must be hand delivered to the Division during the application submission time period:

#### Department of Financial and Professional Regulation

**ATTN: Bridget Carlson - Division of Professional Regulation – Medical Cannabis**

**James R. Thompson Center**

**100 W. Randolph - 9th Floor**

**Chicago, Illinois 60601**

All application materials, upon submission to the Division, become property of the State of Illinois. No application materials will be returned.

## APPLICATION RECEIPT

The Division will provide a time and date stamped receipt upon application submission. The receipt will serve as a record that the application was delivered to the Division. Application materials must be presented to a Division employee. You may not leave the application materials unattended at the front desk.

## **SUBMISSION DEADLINE AND TIMETABLE:**

All Application materials must be hand delivered to the Division between September 8, 2014 and September 22, 2014.

Application materials will be accepted between 8:30 a.m. and 5:00 p.m. Central Standard Time, except for Monday, September 22, 2014 the last day of acceptance.

On Monday, September 22, 2014 materials will be accepted until 3:00 p.m. Time shall be determined by the clock at the reception desk at the Division.

The Division will not accept applications after the deadline on September 22, 2014.

It is the applicant's responsibility to submit the application on time, and consider potential delays. Sole responsibility rests with the applicant to ensure that their application is received and date and time-stamped, on or before the submission deadline.

## **INCOMPLETE APPLICATIONS**

The Division will follow 68 IAC 1290.70(b) regarding incomplete applications. If the missing or incomplete schedule is not submitted in connection with 68 IAC 1290.70(b), your application will be disqualified. Applications will not be returned to you. You will be notified by the Division if your application is disqualified.

## **AFTER APPLICATION SUBMISSION**

Unless the applicant is contacted by the Division in connection with 68 IAC 1290.70(b) regarding incomplete applications, no applicant may submit an amendment or add information to their application after it has been submitted.

## **CHANGE TO PRINCIPAL CONTACT**

You must notify the Division in writing of any change to principal or alternate contact information, address or e-mail after you file this application in order to receive further information. Please send these materials to: [FPR.MedicalCannabis@Illinois.gov](mailto:FPR.MedicalCannabis@Illinois.gov), Attn: Change to Principal/Alternate Contact or to:

**Department of Financial and Professional Regulation**

**ATTN: Bridget Carlson - Division of Professional Regulation – Medical Cannabis**

**James R. Thompson Center**

**100 W. Randolph - 9th Floor**

**Chicago, Illinois 60601**

**NOTE: Confidential and time sensitive information may be sent to the applicant's email address provided in the application. Failure to respond to emails may result in your application being withdrawn or denied. It is the applicant's responsibility to add [FPR.MedicalCannabis@Illinois.Gov](mailto:FPR.MedicalCannabis@Illinois.Gov) to their safe senders and safe receipts list.**

## DOCUMENTS REQUIRING TRANSLATION

Any documents submitted in a foreign language must be accompanied by an original, notarized translation that has been transcribed by a person, other than the applicant, and who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

## APPLICATION QUESTIONS

Please direct all questions about the application forms to: [FPR.MedicalCannabis@Illinois.gov](mailto:FPR.MedicalCannabis@Illinois.gov).

## APPLICATION SCORING

The Application Form must be completed but will not be scored (incomplete Application Forms will be disqualified). Only Application Schedules will be scored based on the following point and percentage based system.

Schedule Name	Total Points Available	Percentage
Schedule 1: Suitability of the Proposed Dispensary	150	15%
Schedule 2: Business and Operations Plan	200	20%
Schedule 3: Security Plan	200	20%
Schedule 4: Record Keeping and Inventory Plan	200	20%
Schedule 5: Financial Disclosures	150	15%
Schedule 6: Bonus	100	10%
<b>Total</b>	<b>1,000</b>	<b>100%</b>

As stated in 68 IAC 1290.40, these instructions identify the minimum number of percentage points necessary from the required schedules to be eligible for consideration in the bonus categories. All applications will be reviewed and points awarded based upon the same point system in a fair and unbiased manner. Applications scoring in the top 30 percent of each district may have their bonus categories scored. Points available for each bonus category are identified below.

Labor and Employment Practices:	15
Research Plan:	10
Community Benefits Plan:	10
Substance Abuse Prevention Plan:	15
Local Community/Neighborhood Report:	10
Environmental Plan:	10
Verification of Minority-Owned, Female -Owned, Veteran-Owned, or Disabled Person-Owned:	15
Illinois Based Applicants:	15

## CHECKLIST

Consistent with the Medical Cannabis Pilot Program Act, in order to be considered for a Dispensing Organization Registration in Illinois, an applicant

- 1) Must be a business entity where none of the prospective Principal Officers have been convicted of an excluded offense;
- 2) Shall select a location that is in compliance with local zoning rules or can cure the zoning deficiency in a reasonable time;
- 3) Must not have a prospective Principal Officer who has served as a principal officer, owner, officer, or board member of a registered medical cannabis Dispensing Organization that had its Registration, license or permit revoked;
- 4) Must not have a prospective Principal Officer under 21 years of age;
- 5) Must not have a prospective Principal Officer that is a registered qualified patient or a designated caregiver;
- 6) Must not include a physician who holds a direct or indirect economic interest in a dispensing organization if he or she recommends the use of medical cannabis to qualified patients or is in a partnership or other fee or profit-sharing relationship with a physician who recommends medical cannabis.

## SUBMISSION CHECKLIST – To be completed and submitted with Application Fee

Submit applications and payment:

**September 8, 2014 – September 22, 2014**

Monday – Friday

8:30 am – 5:00 pm.

**\*\*\*The application period will end at 3:00 pm on Monday, September 22, 2014\*\*\***

James R. Thompson Center

100 W. Randolph St. – 9th Floor

Chicago, Illinois 60601

**Name:** \_\_\_\_\_

**Dispensing Organization District:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

*Initial on the lines below verifying the information is included in your application packet.*

- Application fee in the form of money order or certified check
- Application Submission Checklist
- One (1) hard copy of redacted Application scrubbed of all personal identifying information, three hole punched and placed in a three ring binder together with unredacted Application Form
- One (1) hard copy of unredacted Application containing wet signatures that displays all personal identifying information, in a sealed envelope together with unredacted Application Form
  
- Schedule 1 – Suitability of Proposed Facility
- Schedule 2 – Business and Operations Plan
- Schedule 3 – Security Plan
- Schedule 4 – Recordkeeping and Inventory Plan
- Schedule 5 – Financial Disclosures
- Schedule 6 – Bonus Section
  
- Addendum A. Medical Cannabis Principal Officer Attestation Form with original signatures
- Addendum B. Principal Officer Certification Form with original signatures  
(Complete separate form for each Principal Officer)
- Addendum C. Confirmation of Property Ownership with original signatures
- Addendum D. Zoning Form with original signatures
- Addendum E. Criminal History Form (Complete separate form for each Principal Officer)

**SUBMISSION CHECKLIST – To be completed and submitted with Application Fee**

\_\_\_ Addendum F. Livescan Receipt (Submit separate receipt for each Principal Officer including all information from Section 230 of the Administrative Rules. Applicants may submit the same livescan receipt in any other applications)

\_\_\_ Addendum G. Photocopy of Application Fee

\_\_\_ One (1) USB Drive containing one (1) redacted copy of application, scrubbed of all personal identifying information and one (1) unredacted copy of application, displaying all personal identifying information.

*\* If you would like to include a key for this section the key will be kept separate from the materials during scoring.  
Example of a key would be: Principal Officer #1 = John Smith, Principal Officer #2 = John Doe.*

**Applicant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*\*Office use ONLY\*\*\***

Application Number: _____
Name: _____
ISP District: _____
County: _____
Check Number: _____
Receipt Number: _____

# Application for Dispensing Organization Authorization – Medical Cannabis Division

The Application Form, Fees, Addenda A, B, C, D, E, F, and G, Schedules 1, 2, 3, 4, and 5 and the information required by each Schedule must be submitted by all applicants. The information in Schedule 6, Bonus Section, is optional. Applicants are encouraged to draft the narrative portions of the application clearly and concisely.

Diagrams, Plot Plans and Photographs are required with the application. Application diagrams, plot plans or photographs may be applicable to more than one Schedule. In this situation, please submit one copy and reference the Schedule number on any subsequent Schedules. The Division requires permission to reproduce all drawings.

In order to aid the Division in reviewing and scoring applications anonymously, please DO NOT use your company name or distinguishing characteristics in Schedules 1-5. Department staff that will be involved in the reviewing and scoring of applications will NOT be involved in the acceptance and recording of applications.

### **Schedules:**

Schedule 1 – Suitability of Proposed Dispensary	<b>REQUIRED</b>	<b>150 Points</b>
Schedule 2 – Business and Operations Plan	<b>REQUIRED</b>	<b>200 Points</b>
Schedule 3 – Security Plan	<b>REQUIRED</b>	<b>200 Points</b>
Schedule 4 – Recordkeeping and Inventory Plan	<b>REQUIRED</b>	<b>200 Points</b>
Schedule 5 – Financial Disclosures	<b>REQUIRED</b>	<b>150 Points</b>
Schedule 6 – Bonus Section	<b>OPTIONAL</b>	<b>100 Points</b>

### **Mandatory Addenda:**

- Addendum A. Attestations: Each principal officer must sign and date the Medical Cannabis Principal Officer Attestation Form.
- Addendum B. Certifications: Each principal officer must sign and date his or her own Medical Cannabis Principal Officer Certification Form.
- Addendum C. Property Ownership Form.
- Addendum D. Zoning Form.
- Addendum E. Criminal History Form
- Addendum F. A fingerprint receipt from a licensed livescan vendor for each Principal Officer listed in the application, including all information from Section 230 of the Administrative Rules.
- Addendum G. Photocopy of Application Fee.

**NOTE: It is extremely important that the information submitted with the application and the schedules, clearly shows compliance with the rules of the Department, found at 68 Ill. Adm. Code Part 1290. It is strongly recommended that the applicant read and become familiar with the rules, a copy of which is available online at [www.mcpc.illinois.gov](http://www.mcpc.illinois.gov).**

Pursuant to the Administrative Rules, a non-refundable application fee of \$5,000 shall be submitted with each application.

Please contact the Department of Financial and Professional Regulation at the email address below if you have questions. [FPR.MedicalCannabis@illinois.gov](mailto:FPR.MedicalCannabis@illinois.gov)

Nothing in this application is intended to confer a property or other right, duty, privilege or interest entitling an applicant to an administrative hearing upon denial of an application.

<b>IMPORTANT NOTICE:</b> Completion of this form is necessary for consideration for licensure.	<b>FOR OFFICIAL USE ONLY</b>
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  <b>APPLICATION FOR A MEDICAL CANNABIS DISPENSING ORGANIZATION</b>	

<b>PART I: Application Category Information</b>	
1. BUSINESS NAME:	
2. BUSINESS MAILING ADDRESS:	3. BUSINESS TELEPHONE NUMBER:
4. IDENTIFY THE TYPE OF BUSINESS STRUCTURE (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Other	
5. DATE OF FORMATION / INCORPORATION OF APPLICANT BUSINESS ENTITY:	
6. STATE OF INCORPORATION, OR FORMATION OF BUSINESS ENTITY:	7. FEIN:
8. REGISTERED WITH THE ILLINOIS SECRETARY OF STATE? PROVIDE CERTIFICATION OF GOOD STANDING WITH ILLINOIS SECRETARY OF STATE.	
9. D/B/A NAME:	10. REGISTERED AGENT NAME:
11. REGISTERED AGENT ADDRESS:	12. PROPOSED BUSINESS NAME, IF ANY:
13. GIS COORDINATES OF PROPOSED LOCATION:	
14. PROPOSED DISPENSARY NAME:	
15. DISPENSARY'S PROPOSED PHYSICAL ADDRESS:	16. DISTRICT NUMBER:

<b>PART II: Ownership Structure (List each Principal Officer and for each include):</b>	
Please attach a separate sheet of paper for each Principal Officer. Review Administrative Rules Section 1290.30 for the people who qualify as a principal officer of a dispensing organization.	
18. NAME    FIRST    MIDDLE    LAST (MAIDEN NAME IF APPLICABLE):	19. DATE OF BIRTH:
20. ALIAS OR ANY NAMES YOU HAVE BEEN KNOWN BY:	
21. SEX (OPTIONAL)	22. RACE (OPTIONAL)
23. US CITIZEN?:	24. ILLINOIS RESIDENT?:
25. SOCIAL SECURITY NO.:	
26. RESIDENCE ADDRESS (CANNOT BE A PO BOX):	
27. BUSINESS ADDRESS (CANNOT BE A PO BOX):	
28. TELEPHONE NUMBER (WORK AND CELLULAR):	29. EMAIL ADDRESS:
30. TITLE RELEVANT TO THE PROPOSED DISPENSARY BUSINESS:	
31. PERCENT OWNERSHIP:	32. TYPE OF OWNERSHIP:

33. List any persons and/or entities with an ownership interest in the dispensing organization that are not listed as Principal Officers or dispensary backers. *Attach document.*
- If an entity, list all persons with an ownership interest in the entity, their percentage ownership interest in the entity, and their effective ownership interest in the registration.
  - If a person, list their percentage ownership interest in the entity, and their effective ownership interest in the registration.

Person or Entity	Ownership / Interest
a.	
b.	
c.	
d.	
e.	

34. Are there any other persons and/or entities, who will receive directly or indirectly, any compensation or future compensation based upon a percentage or share of the gross proceeds or income of the dispensing organization?
- If yes, identify each person and list their interest in the business.

Person or Entity	Ownership / Interest in Entity	Ownership / Interest in Registration

35. Provide both the business name, individual name and contact information for each facility backer, business partner, investor, joint venture and/or registered agent and anyone with more than one percent ownership interest, future ownership interest or debt to equity interest.

Name	Type of Interest or Ownership
a.	
b.	
c.	
d.	
e.	

**Dispensary Organization Primary Contact (must be a principal officer of the Dispensing Organization)**

36. NAME: \_\_\_\_\_ 37. TITLE: \_\_\_\_\_

38. ADDRESS: \_\_\_\_\_

39. PHONE NUMBER: \_\_\_\_\_ 40. EMAIL: \_\_\_\_\_

**Dispensary Organization Alternate Contact (must be a principal officer of the Dispensing Organization)**

41. NAME: \_\_\_\_\_ 42. TITLE: \_\_\_\_\_

43. ADDRESS: \_\_\_\_\_

44. PHONE NUMBER: \_\_\_\_\_ 45. EMAIL: \_\_\_\_\_

46. Other than this application, name any other Dispensing Organization Districts this applicant is applying for during this application period in **September, 2014**. Note: An organization applicant may submit applications in no more than five districts. Each individual may only apply, or be a part of an organization applying, in no more than five districts.

**Provide a list of the names of all principal officers, and beside each name, the district or districts where each principal officer has submitted a dispensary authorization application.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

47. Is this applicant also applying for a cultivation center permit with the Illinois Department of Agriculture?  
Yes  No  If yes, provide the districts.

**Provide a list of the names of all principal officers and beside each name, the district or districts where each principal officer has submitted an application with the Illinois Department of Agriculture for a cultivation center.**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

\_\_\_\_\_

## Business Information

### Identify the type of business entity.

- a. If the entity applying is a sole proprietorship, a copy of creation documents.
- b. If a partnership, a copy of any partnership or joint venture documents, and if there is no written agreement, a statement signed by all Principal Officers affirming there is no agreement.
- c. If a limited liability company, a copy of the Articles of Organization, operating agreement, and certificate of good standing issued by the Secretary of State or obtained from the Secretary of State's website dated within seven days prior to the date application is filed with the Division. Limited liability company applicants must include a listing of all affiliated persons or business entities holding an ownership interest in the company.
- d. If a corporation, the name of the registered agent, a copy of the Articles of Incorporation, Corporate Resolutions if any, and a certificate of good standing issued by the Secretary of State or obtained from the Secretary of State's website within seven days of the application date. If using an assumed name, submit a copy of the assumed name certificate or registration issued by the Secretary of State. Corporate applicants must include a listing of all persons or businesses holding an ownership interest in the corporation.
- e. If an unincorporated association, organization or not-for-profit organization, documents or agreements relevant to its creation, ownership, profit sharing and liability. If there are no documents as detailed in section 1290.50(a)(5)(E) of the Administrative Rules, a statement signed by all principal officers affirming so.

48. Name of dispensary organization's proposed agent in charge.

49. Name of person, firm or business that has assisted the applicant draft, assemble or submit this application, if applicable.

50. Name of the institution holding the minimum amount in liquid assets or funds required by the Administrative Rules.

51. Provide a copy of the dispensing organization's proposed operating by-laws including provisions for amending them.

- a. The by-laws must include procedures for the oversight of the dispensing organization and procedures to ensure accurate record keeping, patient confidentiality and security measures that are in accordance with the Division's rules.
- b. The by-laws must include a description of the enclosed and locked facility where medical cannabis will be stored.

52. Provide documents of the dispensing organization's ownership structure that establish the legal and business structure of the applicant, operations, management and control including organization chart that provides position descriptions and the names of each person holding each position and percentage ownership of each person or entity. *Attach a copy*

53. Provide any additional documents that establish the legal and business structure of the applicant, operations, management and/or control. If none, please state so. *Attach document.*

## SCHEDULE 1. SUITABILITY OF THE PROPOSED DISPENSARY

### SUITABILITY FOR PUBLIC ACCESS (Limit to 3 pages)

1. Provide a narrative explaining why the proposed location is suitable for public access, the size and layout promote safe dispensing of medical cannabis, product handling, and storage. Include detailed plans for handicapped accessible parking and ADA accessibility.
2. Provide a narrative statement describing specific elements in your plan that will favor the immediate community and why your operations will negate any detrimental impact.

**PLOT PLANS and PHOTOGRAPHS:** Plot map and drawings must be adequate in size to illustrate your plans. For this section, applicants must:

1. Provide a location area map of the area surrounding the proposed dispensary, extending a minimum of 1,000 feet from the proposed dispensary property line in all directions. Clearly identify the existing adjacent businesses or residences.
2. Clearly demonstrate that the property line of the proposed dispensary is not located within 1,000 feet of the property line of a pre-existing public or private preschool or elementary or secondary school or day care center, day care home, group day care home or part day child care facility identified in Section 130 of the Act.
3. Provide a drawing depicting the property that extends at least to the property line perimeter, defining exterior landscape and interior layout, including storage and delivery areas.
4. Provide color photographs of the proposed dispensary and immediately adjacent area.

### ZONING:

1. Copy of the current local zoning ordinance as it relates to dispensaries.
2. Narrative of how the proposed dispensary location complies with the local zoning ordinance or rules.
3. Documentation, *if any*, of the approval, conditional approval or the status of a request for approval, from the local zoning office.
4. Copy of DFPR Zoning Form with signature from the local zoning office providing confirmation that the proposed dispensary location is in compliance with local zoning provisions and those identified in Section 130 of the Act. If the applicant cannot secure a signature for the DFPR Zoning Form, provide a statement describing the reason(s).

## **SCHEDULE 2. BUSINESS AND OPERATIONS PLAN**

### **KNOWLEDGE AND EXPERIENCE:**

1. Resume for each Principal Officer.
  - a. Identify the name of each Principal Officer's present employer, position held and dates of employment.
  - b. Identify academic degrees, certifications or relevant experience with a state sanctioned medical cannabis business or related industry. Demonstrate knowledge of cannabis product strains or varieties, and describe the types and quantities of products planned to be offered, including paraphernalia or edibles.
  - c. Applicant's principal officers must demonstrate experience and qualifications in business management or experience in the medical cannabis industry.
2. Name and resume for each agent in charge.

### **STAFFING PLAN: (Limit to 3 pages)**

1. Provide job descriptions, hiring procedures and staff reporting procedures on inventory loss or irregularities.
2. Include a description of the training and education that will be provided to dispensary agents.
3. Include best practices for day-to-day dispensary staffing.
4. Provide estimated staffing levels during hours of operations.

### **BUSINESS MANAGEMENT PRACTICES: (Limit to 5 pages)**

1. Describe how the dispensing organization will be managed on a short and long-term basis, including the immediate and long-term financial health and resources for the design, development and operation of the dispensary.
2. Include best practices for day-to-day dispensary management.
3. Describe the patient verification system, purchases and denials of sale, and confidentiality.

### **OPERATING PLAN: (Limit to 5 pages)**

1. Include, at a minimum, a timetable that provides estimated build out and start up time from authorization through year one of registration. Include the basis for those estimates.
2. The process of storing cannabis, and dispensing it from a restricted access area to a limited access area.
3. Description or copy of proposed marketing or advertising plan or materials, if any.
4. Description of proposed text or graphic materials on building exterior.
5. Proposed hours of operation.

### **SERVICES PROVIDED: (Limit to 3 pages)**

1. A general description of products, varieties and services related to medical cannabis (if any) intended to be offered and reasoning for those choices.

## **SCHEDULE 3. SECURITY PLAN**

**FACILITY SECURITY:** Submit or include on a separate drawing the following:

1. Diagram of dispensary drawn to scale, including general specifications of the building exterior and interior layout, identifying all points of entry and exit and locations of security or surveillance devices.

Note: Diagrams must be adequate in size and resolution to illustrate the type of security or surveillance devices.

2. Whether security personnel will be on-site during operational or non-operational hours.

**SECURITY SURVEILLANCE SYSTEM: (Limit to 6 pages, excluding supporting documents, i.e. designs or drawings)**

1. Provide a narrative of the type of surveillance system that will be installed, controls used to monitor and secure the premises, agents, patients, caregivers, currency and measures that will prevent the diversion, theft or loss of cannabis and currency.
2. Identify whether applicant will retain an outside vendor to design and implement a security system or provide a security guard.
3. Provide the storage capabilities for the retention of historic recordings on-site and off-site.
4. Name the process and system used to provide real time video feed to the Illinois State Police and the Division.

**PRODUCT SECURITY:** The security plan should demonstrate the capability for the prevention of the theft or diversion of medical cannabis. **(Limit to 6 pages, excluding supporting documents)**

1. Submit a plan to control inventory from receipt through sale.
2. Identify measures to restrict access to the limited access areas to qualifying patients, designated caregivers, registered agents, service professionals and security personnel.
3. Identify measures to prevent unauthorized entry and theft from restricted access areas.
4. Procedures for documentation of both cannabis loss and destruction.

**SHIPPING/TRANSPORTATION SECURITY MEASURES:** Submit the operational procedures for receipt of product. This shall include the following. **(Limit to 3 pages)**

1. A description of the receipt of delivery process, including receipt and log of manifests.
2. Security protocols used to avoid diversion, theft or loss at the acceptance point.
3. How the applicant will confirm receipt of all products from the cultivation center.

## **SCHEDULE 4. RECORDKEEPING AND INVENTORY PLAN**

### **RECORDKEEPING PLAN: (Limit to 5 pages)**

1. Provide a narrative of how applicant will maintain, update and store records, including but not limited to: management plans, business records, confidential patient records, operating procedures, security records and audit records, meet recordkeeping regulations, keep accurate inventory tracking records and discourage unlawful activity.
2. Describe how applicant will comply with audit requirements.
3. Describe how records will be readily available to State inspectors during inspection.

### **INVENTORY CONTROL PLAN: (Limit to 5 pages)**

1. Describe how applicant will monitor and track qualifying patient records, including purchases, denials of sale and confidentiality.
2. Detail how applicant will track inventory and perform audits.
3. Detail the method to dispose of cannabis and how it will communicate with the Division and Illinois State Police.

### **PATIENT EDUCATION AND SUPPORT PLAN: (Limit to 4 pages)**

1. Generally detail the benefits or drawbacks of cannabis strains that will be offered in connection with the debilitating conditions identified in the Act.
2. Detail how applicant will keep product costs reasonable, patient flow under control and prevent patient overflow.
3. Detail how you will educate patients on the State's medical cannabis program, including but not limited to, orientation, answering questions, providing advice on administration and storage.
4. What differentiates your application in the methods you will use to care for and support patients?

## SCHEDULE 5. FINANCIAL DISCLOSURES

The applicant must disclose all relevant business transactions and financial information connected with the application. If an item below does not apply to the applicant, please state so. Financial disclosures must be numbered in connection with the list below:

- 5.1 Copies of agreements between any two or more principal officers that relate to the assets, liabilities, debt, property, profit or future profit of the dispensing organization.
- 5.2 Copies of compensation agreements among any persons having a financial interest in the dispensing organization, or a narrative if the compensation agreement is oral.
- 5.3 Disclosure of the nature, type, terms, covenants and priorities of all outstanding debts, including but not limited to bonds, loans, mortgages, deeds, lines of credit, notes issued or executed, or to be issued or executed, in connection with the proposed dispensary. Identify if debt is secured or unsecured.
- 5.4 Identify whether the applicant has acquired debt in exchange for equity or future equity in the dispensing organization.
- 5.5 Audited financial statements for the previous fiscal year.
- 5.6 Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the principal officers of the proposed dispensing organization for the last three years, or for the period each principal officer has filed tax returns if less than three years.
- 5.7 Name of each dispensing organization backer and complete copies of the most recently filed federal, state and foreign (with translation) personal tax returns filed by each dispensing organization backer. If the dispensing organization backer is a business entity, identify the principals or board members of the business entity and provide their personal tax returns for the same timeframe.
- 5.8 A description and dollar amount of the expenditures incurred to date by the proposed dispensing organization.
- 5.9 Projected total expenditures, itemized by category, expected before the dispensary is operational.
- 5.10 Projected annual expenditures and revenue, itemized by category, through second year of operation.
- 5.11 Submit a signed statement from a Certified Public Accountant ("CPA") or a statement from a financial institution dated within ten (10) calendar days before the application date with the amount of liquid capital under the control of the business or a principal officer of the business, dedicated to dispensary start up.  
  
If the applicant submitted a signed statement from a CPA, it must include the CPA's name, phone number and license number.
- 5.12 Identify the total dollar amount and source of the organization's equity and debt commitments and all funding sources in connection with the proposed dispensing organization. Include documentation verifying the source of the funds and the organization's net worth.

## **SCHEDULE 6. BONUS SECTION**

### **LABOR AND EMPLOYMENT PRACTICES: (Limit to 3 pages)**

The applicant may provide a description of plans to provide a safe, healthy and economically beneficial working environment for its agents, including but not limited to, codes of conduct, healthcare benefits, educational benefits, retirement benefits, and living wage standards.

### **RESEARCH PLAN: (Limit to 5 pages)**

The applicant may provide the Division with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of cannabis. The applicant may include in its proposal, a detailed description of:

- A) The methodology of the study to accurately assess the effects of cannabis,
- B) The issues to be studied,
- C) The methods that will be used to identify and select study participants,
- D) The identity of each person or organization associated with the study, including the role of each,
- E) The duration of the study and anticipated peer review, and
- F) The intended use of the study results.

### **COMMUNITY BENEFITS PLAN: (Limit to 3 pages)**

The applicant may provide a description of plans the applicant has to support the local community, the socio-economic status of citizens served, or a plan for reduction in product costs for indigent patients that qualify.

### **SUBSTANCE ABUSE PREVENTION PLAN: (Limit to 3 pages)**

The applicant may provide a detailed description of any plans it will take to combat substance abuse in its District, including the extent to which the applicant will partner or work with existing substance abuse programs.

### **LOCAL COMMUNITY/NEIGHBORHOOD REPORT: (Limit to 3 pages)**

The applicant may provide comments, concerns or support received regarding the potential impact of the proposed location on the local community and neighborhood.

### **ENVIRONMENTAL PLAN: (Limit to 3 pages)**

The applicant may demonstrate an environmental plan of action to minimize the carbon footprint, environmental impact, and resource needs for the dispensary.

### **VERIFICATION OF MINORITY-OWNED, FEMALE -OWNED, VETERAN-OWNED, OR DISABLED PERSON-OWNED: (Limit to 3 pages)**

The Minority, Female, Veteran, or Disabled applicants must own at least 51 percent of the entity applying for registration. The percentage totals may include any combination of Minority, Female, Veteran, or Disabled applicants.

The Minority, Female, Veteran or Disabled applicant must also share in control of management and day-to-day operations of the dispensary.

Documentation must be submitted at the time of application that demonstrates the respective status of the applicant, including, but not limited to, certification under the Business Enterprise for Minorities, Females and Persons with Disabilities Act [30 ILCS 575] for minority, female or disabled person applicants, or a DD214 for veteran applicants.

### **ILLINOIS BASED APPLICANTS: (Limit to 3 pages)**

Documentation that the applicant's principal place of business is headquartered in Illinois, including the names, addresses and verification of the applicant's proposed agents that reside in Illinois. The applicant may also provide a plan for generating Illinois-based jobs and economic development.

## **ADDENDA**

**Addendum A1.** Attestations: Each principal officer must sign and date the Medical Cannabis Principal Officer Attestation Form.

**Addendum B2.** Certifications: Each principal officer must sign and date his or her own Medical Cannabis Principal Officer Certification Form.

**Addendum C3.** Property Ownership Form.

**Addendum D4.** Zoning Form.

**Addendum E5.** Criminal History Form

**Addendum F6.** A fingerprint receipt from a licensed livescan vendor for each Principal Officer listed in the application, including all information from Section 230 of the Administrative Rules.

**Addendum G7.** Photocopy of Application Fee.



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

**APPLICATION INSTRUCTIONS, CHECKLIST, AND APPLICATION RESPONSE FORM**

**Registration of Marijuana Dispensaries**

**Phase 2 Instructions—READ CAREFULLY!**

This application represents the second phase of a two-phase application process for non-profit entities seeking approval to operate a registered marijuana dispensary (RMD) in Massachusetts. The requirements in this application are based on Department of Public Health regulations at 105 CMR 725.000. Only those entities that were approved in Phase 1 and invited to participate in Phase 2 may submit an application.

**\*\*Applicants must follow all instructions below. Failure to comply with any instruction will result in disqualification.**

1. Complete the Application Response Form posted on Comm-PASS.
  - A separate Application Response Form must be completed for each proposed RMD, if the applicant was invited to submit more than one. Each response will be reviewed as a separate, individual application.
  - If an applicant is submitting more than one application, each one must be labeled with a number, e.g., Marijuana Center #1, Marijuana Center #2, etc., and every page within each separate application must be labeled in this same manner.
  - Applicants must follow all directions in the Application Response Form regarding text boxes, check boxes, and attachments.
  - Unless requested as a separate attachment in the Application Response Form, all answers must be typed within the textbox provided in 12-point Times New Roman. Answers must be typed—hand-written responses will not be accepted.
  - Answers must clearly indicate if any changes have been made to the organization’s membership, mission and vision statement, management structure, or financing model since submission of the Phase 1 application.
  - Attachments must be submitted either on the template provided, or attached to the template provided with a paper clip, as instructed in the application.
2. Applicants must submit the following:
  - One hard original (single-sided) and 8 hard copies (may be double-sided) of each application, including all attachments. The original must be clearly marked “original” on every page and all required signatures must be wet signatures in blue ink. **All signatures on the hard original document must be wet and cannot be a copy, scan, or an electronic signature.** Each original and copy submitted must be a complete, collated response, secured with a binder clip (no ring binders, spiral binding, or folders), with all pages printed on 8.5x11 paper.

- Two CDs clearly labeled with the name of the applicant non-profit entity, containing a single scan of the entire application, including all attachments, in PDF format. Name the file “RMD Phase 2—[Name of Corporation].” If the resulting file will be larger than 10 MB, divide the file into smaller PDF files and label in sequential order.
  - A bank/cashier’s check or money order in the amount of \$30,000 made payable to the Commonwealth of Massachusetts. Personal checks will not be accepted.
  - One Package Label (exhibit C) completed and attached to the top of the hard original application. PLUS attach the same Package Label to the front or side of the banker’s box. See instructions below.
3. The Department will conduct a background check on:
1. Each member of the applicant’s **Executive Management Team** (those persons listed in exhibit 2.1);
  2. Each member of the **Board of Directors** (those persons listed in exhibit 1.4);
  3. Each **Member** of the corporation. In the event a **Member** of the corporation is an organization, the CEO/ED and Board Officers of that entity will be checked (those persons listed in exhibit 1.5);
  4. The CEO/ED and Board Officers of any parent corporation, partially or wholly owned subsidiaries, or related organizations (those persons listed in exhibit 1.8);
  5. And each person contributing 5% or more of the initial capital to operate the proposed RMD. In the event that a contributor is an entity, the CEO/ED and **Board Officers** of that entity will be checked (those persons listed in exhibit 4.2).
- Each person who fits into those must complete and sign the authorization forms (exhibits A1-A4) for the Department to conduct the background check.
  - Failure to do so for any one individual will result in disqualification of the application.
  - Results of the background check will be taken into consideration as part of the selection process and certain findings will serve as the basis for disqualification.
  - **Submit only the original of each signed authorization, including wet signatures in blue ink—do not include copies. All of the signed authorizations (exhibits A1-A4) must be submitted together with exhibit A5 in one sealed envelope with the applicant’s name on it, along with the number of forms included, and marked “authorization forms.”**
4. Applications must be hand-delivered on **Thursday, November 21, 2013, to the Department of Public Health at 250 Washington Street, 1<sup>st</sup> floor, Boston, MA, between the hours of 10:00 a.m. and 3:00 p.m. ET.** Applications will not be accepted before or after this timeframe.
- Applicants should make every effort to deliver their responses during the early part of the response window to allow for traffic or other situations that might increase travel time.
  - Applications will not be accepted before or after the designated date and hours.
  - All documents requested in the Application Response Form must be submitted along with the Application Response Form.
5. Each individual application, which includes one hard original, 8 hard copies, two CDs, a bank/cashier’s check or money order, and an envelope containing the original signed background check authorization forms, must be submitted all together at the same time as follows:
- Package each application in a single banker’s box.
  - Attach the completed Package Label (exhibit C) to the front or side of the box.

**\*\*Please note that the financial requirements for Phase 2 have been amended. In Phase 1, applicants were required to demonstrate that they would have access to \$500,000, and were permitted to demonstrate access to those funds in a variety of ways. In Phase 2, applicants must now demonstrate they have access to the required funds in cash in a single account in the name of the non-profit corporation or in an individual account in the name of the Corporation’s CEO/Executive Director or President of the Board of Directors. An applicant must have \$500,000 for its first application and \$400,000 for each subsequent application available in their nonprofit corporation’s account or their CEO/Executive**

Director or President of the Board of Directors' account. Applicants must provide a one-page current statement in the name of the applicant's non-profit corporation, or in the name of the Corporation's CEO/Executive Director or President of the Board of Directors, from an insured financial institution documenting the available liquid cash balance, dated no earlier than November 7, 2013, which is 14 days prior to the response deadline. If the Corporation has the required funds in an individual account in the name of the Corporation's CEO/Executive Director or President of the Board of Directors, said individual must provide a completed and signed notarized Letter of Commitment (in exhibit 4.1). Failure to demonstrate availability of funds in cash accessible by the nonprofit corporation in this manner will result in disqualification of the application.

Once the Application Response Form has been posted on Comm-PASS, applicants are responsible for checking Comm-PASS for any updates that the Department provides, including responses to questions. Questions regarding the Phase 2 application will be considered, reviewed, and responded to only when received at the informational session scheduled for October, 10, 2013, or submitted by email to [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us), no later than November 13, 2013. Questions submitted to the Department in any other format will not be considered. Applicants will be held responsible for complying with any and all updates, instructions, or direction provided through the informational session and/or via Comm-PASS posted beyond the release of the application. Failure to do so will result in disqualification.

### Application Calendar

EVENT	DATE
<b>Application Release Date and Posted on Comm-PASS</b>	<b>October 7, 2013</b>
<b>Applicants' Informational Meeting</b>	<b>October 10, 2013</b>
<b>Deadline for Questions</b> <i>Only questions submitted via e-mail to <a href="mailto:RMDapplication@state.ma.us">RMDapplication@state.ma.us</a> will be accepted. Answers to questions will be posted on the Comm-PASS Intent Screen</i>	<b>November 13, 2013</b>
<b>Deadline for the Department to Update Comm-PASS.</b> <i>The applicant must refer back to this site regularly to get updates, which will be posted as a list in a Word document on the Comm-PASS Intent screen</i>	<b>November 15, 2013</b>
<b>Date of Submission of Response</b> <i>Hand Delivered ONLY</i>	<b>November 21, 2013</b> <b>10:00 a.m. to 3:00 p.m. ET</b>
<b>Anticipated Announcement Date</b>	<b>January 31, 2014</b>

## **Grounds for Non-Selection**

In addition to all grounds for disqualification already noted, each of the following, in and of itself, constitutes full and adequate grounds for non-selection of the application for a marijuana dispensary registration:

- Information provided by the applicant in either Phase 1 or Phase 2 was misleading, incorrect, false, or fraudulent;
- The applicant received a low score, indicating the inability to maintain and operate a RMD in compliance with the requirements of the Chapter 369 of the Acts of 2012 (the Act) or 105 CMR 725.000;
- The application received a lower score than other applications;
- The applicant has been determined to be either not responsible or suitable pursuant to any one or more of the factors listed in 105 CMR 725.100(B)(3)(u);
- The application does not serve the needs of the Commonwealth with regard to location, access, quality, and community safety;
- The applicant failed to submit a response that is complete in all respects;
- The applicant has any interest that may, in the Department's sole determination, conflict with performance of services for the Commonwealth or is otherwise anti-competitive;
- The applicant fails to make an oral presentation if requested by the Department at a time, place, and manner satisfactory to the Department; or
- Any other ground that serves the purposes of 105 CMR 725.000 or the Act.

## **Public Records**

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements to M.G.L. c. 4, s. 7(26).

## **Formatting Instructions**

This document was prepared using Microsoft Word's forms feature. Complete the form on your computer using Microsoft Word.

- Save this document file to your computer.
- Enter your responses in the highlighted gray areas, moving between the gray areas using the tab key on your keyboard.
- Responses to check boxes are made by clicking once on the check box. To remove the X from a check box, click on the check box again.
- Text responses are limited to a maximum number of characters and the limits are noted in each question. Once the maximum character limit is reached, MS Word will not allow more than this limit. Please note that a space is counted as a character, and using the enter key to begin a new line in a response is also counted as a character. It is not recommended that applicants insert graphics into the responses. All responses must be typed in 12-point Times New Roman. Spell-check does not work in text boxes.
- When responses are completed, remember to **save** the completed form and print out the form for submission.
- Delete this page and all preceding pages (pages 1-4) from the application before submitting your application.
- Those with visual impairments may use an electronic text reader by unlocking the Application Response Form.

**APPLICATION RESPONSE FORM COVER PAGE**

Make this the first page of your response

**Corporation**

The applicant corporation's legal name, trade name, and any other name under which the bidding entity does business (if any): [            ]

Website URL (if applicable): [            ]

Address:

[            ]

[            ]

City: [            ] State: [    ] Zip: [            ]

**CEO (Chief Executive Officer)/Executive Director (ED)**

First Name: [            ] Last Name: [            ]

FEIN: [            ]

**Contact Person**

First Name: [            ] Last Name: [            ]

Title: [            ]

Telephone: (    ) -        FAX: (    ) -        E-Mail: [            ]

Contact Person Address (if different):

[            ]

[            ]

City: [            ] State: [    ] Zip: [            ]

**Authorized Signature**

This application must be signed by an authorized signatory of the non-profit corporation who is listed on the corporation's list of authorized signatories (complete and attach exhibit B). The original application must have an original or "wet" signature in blue ink.

**Background Check Authorization**

The Department will conduct a background check on:

1. Each member of the applicant's **Executive Management Team** (those persons listed in exhibit 2.1);
2. Each member of the **Board of Directors** (those persons listed in exhibit 1.4);

3. Each **Member** of the corporation. In the event a **Member** of the corporation is an organization, the CEO/ED and Board Officers of that entity will be checked (those persons listed in exhibit 1.5);
4. The CEO/ED and Board Officers of any parent corporation, partially or wholly owned subsidiaries, or related organizations (those persons listed in exhibit 1.8);
5. And each person contributing 5% or more of the initial capital to operate the proposed RMD. In the event that a contributor is an entity, the CEO/ED and **Board Officers** of that entity will be checked (those persons listed in exhibit 4.2).

Each required individual must complete and sign the attached authorization forms (exhibits A1-A4), with a wet signature in blue ink.

Submit all original signed authorizations (no copies) and list of authorizations (exhibit A5) in one sealed envelope marked "authorization forms" and name of corporation? and include it with the original application.

#### Application Fee

Enclose a bank/cashier's check or money order made payable to the Commonwealth of Massachusetts in the amount of \$30,000. Personal checks will not be accepted. Failure to include a bank/cashier's check or money order will result in disqualification of the application.

\$30,000 bank/cashier's check attached.

A selection committee established by the Department shall evaluate and score applications for the purpose of granting registrations. Decisions will be based on the thoroughness and quality of the applicants' responses to the required criteria, and the applicants' ability to meet the overall health needs of registered qualifying patients and the safety of the public.

#### Required Signatures

**Failure to provide original "wet" signatures in blue ink will result in disqualification of the application.**

Signed under the pains and penalties of perjury, the authorized signatory (as designated in exhibit B) agrees that all information included in this application is complete and accurate. The hard original application must have an original wet signature in blue ink.

\_\_\_\_\_  
Name:  
Title:

\_\_\_\_\_  
Date

I hereby attest that if the corporation is approved for a provisional RMD certificate of registration, the corporation is prepared to pay a non-refundable registration fee of \$50,000, as specified in 105 CMR 725.000, within two weeks of being notified that the RMD has been selected for a provisional registration. The hard original application must have an original wet signature in blue ink.

\_\_\_\_\_  
Name:  
Title

\_\_\_\_\_  
Date

## APPLICATION RESPONSE FORM

Enter your response in the gray shaded areas using Microsoft Word.

**A note about the text boxes:** Type or paste text into the gray areas. Text input is limited to a maximum number of characters. MS Word will not allow more than this limit. Spaces, commas, line breaks, etc. are counted as characters. The spell-check feature does not work in a text box.

Example: text input limit 625 characters, 100 words, 1 paragraph

limit 1,250 characters, approximately 200 words, 2 paragraphs

limit 2,500 characters, approximately 400 words, 4 paragraphs

limit 6,000 characters, approximately 1,000 words, one page

Enter text here: example text limit 1,250 characters

If a question includes a text box, a narrative response in the text box is required.

When a question indicates that an exhibit must be included, the response must be included as an attachment, as instructed. The provided exhibit forms are not optional and must not be left blank.

It is the applicant's responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000.

### Definitions

**EXECUTIVE MANAGEMENT TEAM** means the individuals who are responsible for the day-to-day operations of the RMD, including the chief executive officer (CEO) or executive director (ED), chief operations officer (COO) or director of operations, chief financial officer (CFO) or director of finance, director of human resources, chief medical officer and any other individuals involved in the oversight and business management of the RMD operations.

**BOARD OF DIRECTORS** means the directors of a corporation, including persons and officers having the powers of directors, with fiduciary responsibility for the RMD.

**BOARD OFFICERS** means the board president/chair, vice president/vice chair, treasurer, and clerk/secretary.

**MEMBER** means an individual having membership rights, whether or not designated as a member, in a corporation in accordance with the provisions of its articles of organization or bylaws.

### Questions

#### 1. Applicant's Corporate Background

1.1 Provide the legal name of the applicant's non-profit corporation/organization and date of incorporation.

[Enter text here: text limit 625 characters]

1.2 Describe the organization's mission and vision.

[Enter text here: text limit 1,250 characters]

1.3 Provide an organizational chart that clearly demonstrates the roles, responsibilities, and relationships of individuals within the organization. Clearly identify the **Executive Management Team** and any management consultants or contractors for the provision of services, and include title, name (if known at the time of submission), and function for each position.

Organizational chart attached as exhibit 1.3

1.4 Provide the name and contact information of each individual on the applicant's **Board of Directors**.

List of Board of Directors attached as exhibit 1.4

1.5 Provide the names and contact information for each **Member** having membership rights in the applicant corporation. In the event a **Member** of the corporation is an organization, provide the names and contact information of the CEO/ED and Board Officers of that entity. If there are no **Members** of the non-profit corporation, indicate N/A on the exhibit.

List of members of the applicant corporation attached as exhibit 1.5

1.6 Attach the corporation's bylaws.

Bylaws attached as exhibit 1.6

1.7 Attach any amendments to the corporation's articles of organization made since August 22, 2013, and explain in the text box the reason(s) for the amendments. If the articles have not been amended, indicate N/A in the text box and on the exhibit.

[Enter text here: text limit 2,500 characters]

Amended articles of organization attached as exhibit 1.7

1.8 Provide a list of the names and addresses of any parent corporation, any partially or wholly owned subsidiaries, and any other organizations related to the applicant non-profit corporation, and explain the nature of each relationship.

List of parent corporation, partially or wholly owned subsidiaries, or related organizations attached as exhibit 1.8 (if not applicable indicate N/A on the exhibit)

1.9 Provide three professional references from among those entities with which the applicant's CEO/ED has had business or employment experience within the last three years. DPH may contact these references and any other individual or organization, whether or not identified by the applicant.

List of references attached as exhibit 1.9

## 2. Applicant's Evidence of Business Management Experience

2.1 Provide a list of the applicant's **Executive Management Team** (as defined above) including each person's name, business address, email, and role within the organization.

List of Executive Management Team attached as exhibit 2.1

2.2 Describe the **Executive Management Team's** experience with running a non-profit organization or other business, including the type of business and its performance. Please indicate how this experience will ensure the success of the proposed registered marijuana dispensary. Attach each Executive Team Member's current résumé.

[Enter text here: text limit 9,000 characters]

Current résumé of each Executive Management Team member attached as exhibit 2.2--clearly labeled on each page with the individual's name and title within the applicant's organization

2.3 Describe the **Executive Management Team's** experience, by team member, with providing health care services or services providing marijuana for medical use.

[Enter text here: text limit 9,000 characters]

2.4 Describe the **Executive Management Team's** experience, by each individual team member, with running a financially sound organization/business (including budget size) and indicate which member of the team will be responsible for the financial management and oversight of the organization.

[Enter text here: text limit 9,000 characters]

2.5 Describe the **Executive Management Team's** experience, by team member, with managing financial corrective action measures that they had to undertake as the result of an operational review.

[Enter text here: text limit 9,000 characters]

### 3. Applicant's Evidence of Suitability

3.1 Indicate whether is/has been in compliance with all laws of the Commonwealth relating to taxes, child support, and workers' compensation with regard to any business in which the individual has been involved. In cases in which an Executive Management Team member is not in compliance with such a law, indicate which team member is non-compliant and describe the circumstances surrounding that situation. Indicate N/A for each individual with no history of non-compliance.

[Enter text here: text limit 6,000 characters]

3.2 List and describe any criminal action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, whether for a felony or misdemeanor, against any member of the **Executive Management Team and Board of Directors, including Board Officers**, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which those individuals either owned shares of stock or served as executives, and which resulted in conviction, guilty plea, plea of nolo contendere, or admission of sufficient facts. If no history of such criminal action, indicate N/A.

[Enter text here: text limit 6,000 characters]

3.3 List and describe any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority against any member of the **Executive Management Team and Board of Directors, including Board Officers**, including but not limited to actions related to fraudulent billing practices and any attempt to obtain a registration, license, or approval to operate a business by fraud, misrepresentation, or submission of false information. If no history of such civil or administrative action, indicate N/A.

[Enter text here: text limit 6,000 characters]

3.4 Indicate and describe whether any member of the **Executive Management Team or Board of Directors, including Board Officers**, has been the subject of any past discipline, or a pending disciplinary action or unresolved complaint, by the Commonwealth, or a like action or complaint by another state, the United States, or a military, territorial, or Indian tribal authority, with regard to any professional license or registration.

[Enter text here: text limit 6,000 characters]

3.5 Indicate and describe whether any member of the **Executive Management Team or Board of Directors, including Board Officers**, with respect to any business, has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If no such history, indicate N/A.

[Enter text here: text limit 6,000 characters]

#### 4. Applicant's Evidence of Financial Condition

4.1 Provide a one-page statement in the name of the applicant's non-profit corporation, or in the name of the Corporation's CEO/Executive Director or President of the Board of Directors, from an insured financial institution documenting the available liquid cash balance in a single account (\$500,000 for the first application and \$400,000 for each subsequent application, if invited to submit more than one), dated no earlier than 14 days prior to the response deadline (November 7, 2013). If the Corporation has the required funds in an individual account in the name of the Corporation's CEO/Executive Director or President of the Board of Directors, said individual must provide a completed and signed a notarized Letter of Commitment (in exhibit 4.1).

Proof of liquid funds in an account in the name of the corporation or, if applicable, in an account in the name of the Corporation's CEO/Executive Director or President of the Board of Directors, plus the Letter of Commitment attached as exhibit 4.1

4.2 If applicable, provide the names and addresses of all persons or entities contributing 5% or more of the initial capital to operate the proposed RMD, by application, and specify the actual percentage contributed by each person or entity. Indicate whether the contribution is cash, in-kind, or land or building. When the contributor is an entity include the names and addresses of its CEO/ED and **Board Officers**.

List of persons/entities/creditors contributing more than 5% and what form that capital takes attached as exhibit 4.2

4.3 Provide a narrative summary of projected capital expenses to build out both the proposed dispensary and cultivation or processing facilities, and attach a copy of the proposed capital budget.

[Enter text here: text limit 6,000 characters]

Capital expenses attached as exhibit 4.3

4.4 Provide a narrative summary of the proposed year-one RMD operating budget, including projected revenues by sales type, line item operating expenses, and budget assumptions, and include the budget as an attachment.

[Enter text here: text limit 6,000 characters]

Year-one operating budget attached as exhibit 4.4

4.5 Provide a detailed summary of a three-year business plan for the proposed RMD, including strategic planning assumptions, utilization projections, growth projections, and projected revenue and expenses. Note that the complete business plan will be reviewed as a component of the provisional inspection process. Include projected revenue and expenses as an attachment.

[Enter text here: text limit 9,000 characters]

Three-year projections attached as exhibit 4.5

4.6 Provide a description of the proposed RMD's plan to obtain a liability insurance policy or otherwise meet the requirements of 105 CMR 725.105(Q).

[Enter text here: text limit 3,000 characters]

## 5. Location and Physical Structure

5.1 Provide the physical address of the proposed RMD dispensary site if a location has been secured. If a location has not been secured, indicate N/A in the text box and exhibit. Attach supporting documents as evidence of interest in the property by location. Interest may be demonstrated by (a) a clear legal title to the proposed site; (b) an option to purchase the proposed site; (c) a lease; (d) a legally enforceable agreement to give such title under (a) or (b), or such lease under (c), in the event the Department determines that the applicant qualifies for registration as a RMD; or (e) evidence of binding permission to use the premises.

[Enter text here: text limit 625 characters]

Evidence of interest attached as exhibit 5.1

5.2 Provide the physical address of the proposed RMD cultivation site if a location has been secured (the response must be the same as the location indicated in the response to 5.1 or 5.3). If a location has not been secured, indicate N/A in the text box and exhibit. Attach supporting documents as evidence of interest in the property by location (see examples of evidence in 5.1).

[Enter text here: text limit 625 characters]

Evidence of interest attached as exhibit 5.2

5.3 Provide the physical address of the proposed RMD processing site if a location has been secured (the response must be the same as the location indicated in the response to 5.1 or 5.2). If a location has not been secured, indicate N/A in the text box and exhibit. Attach supporting documents as evidence of interest in the property by location (see examples of evidence in 5.1).

[Enter text here: text limit 625 characters]

Evidence of interest attached as exhibit 5.3

5.4 Describe efforts to obtain assurances of support or non-opposition from the local municipality(ies) in which the applicant intends to locate a dispensary, cultivation site, and/or processing site and indicate whether the municipality expressed any opposition. If the sites are in different municipalities, provide information related to each community. If available, include a demonstration of support or non-opposition furnished by the local municipality, by attaching one or more of the following:

- A letter from the Chief Administrative Officer, as appropriate, for the desired municipality, indicating support or non-opposition;<sup>1</sup>
- A letter indicating support or non-opposition by the City Council, Board of Aldermen, or Board of Selectmen for the desired municipality; or
- A letter indicating support or non-opposition by the Board of Health in the desired municipality.

[Enter text here: text limit 9,000 characters]

Letter(s), if any, attached as exhibit 5.4

5.5 Provide a summary chart reflecting answers to questions 5.1 -5.4 indicating evidence of local support or non-opposition for cultivation, processing or dispensing activities of the proposed RMD.

Summary chart attached as exhibit 5.5

5.6 Provide a description of the applicant’s plans to ensure that the proposed RMD is or will be compliant with local codes, ordinances, zoning, and bylaws, as well as state requirements for the physical address of the proposed RMD dispensing site and for the physical address of the additional location, if any, where marijuana will be cultivated or processed.

[Enter text here: text limit 6,000 characters]

5.7 Describe the applicant’s plan to continue to develop and maintain a positive relationship in each community in which the RMD is/will be located.

[Enter text here: text limit 6,000 characters]

5.8 Provide a description of the proposed enclosed, locked facility that would be used for the cultivation and/or processing of marijuana, including steps to ensure that marijuana production is not visible from the street or other public areas. Note that the security plan will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 6,000 characters]

5.9 Describe how the facility’s security plan will help deter and prevent unauthorized entrance into areas containing marijuana and/or MIPs and theft of marijuana and/or MIPs at the proposed RMD and the alternate location, if any. Note that the security plan will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 6,000 characters]

## 6. Staffing Plan and Development

6.1 Provide a narrative description of the proposed RMD staffing plan including position description, full time equivalency, and reporting structure. Attach an organizational chart in which you identify all staff and all reporting relationships. If this level of detail is already included in exhibit 1.3, include the same organizational chart in exhibit 6.1.

[Enter text here: text limit 6,000 characters]

Organizational chart attached as exhibit 6.1

<sup>1</sup> Chief Administrative Officer is the Mayor, Town Manager, Town Administrator, or other municipal office designated to be the chief administrative officer under the provisions of a local charter.

6.2 Explain the hiring plan for the RMD staff by role, including qualifications and experience by position description. Include a description of the applicant's process to complete a Criminal Offender Record Information (CORI) check on each staff member working at the RMD at hire and on an ongoing basis.

[Enter text here: text limit 6,000 characters]

Proof of enrollment with Department of Criminal Justice Information Systems (DCJIS) to complete CORI checks attached as exhibit 6.2

6.3 Provide a detailed summary of the RMD's personnel policies, including proposed wages, opportunities for advancement, the benefits package, and any employment provision required by law that will be offered to employees. Note that the Department will review the RMD's personnel policies as a component of the provisional inspection process.

[Enter text here: text limit 6,000 characters]

6.4 If known at the time of submission, provide the name and the role/title of each dispensary agent that the proposed RMD intends to employ. If the identity of dispensary agents is unknown at the time of application, indicate N/A.

Completed list of known RMD staff attached as exhibit 6.4

6.5 Describe the applicant's staff development plan, including a detailed description of all proposed training(s) for dispensary agents.

[Enter text here: text limit 6,000 characters]

## **7. Operations and Programmatic Response Requirements**

7.1 Explain the RMD start-up timeline, including evidence that the RMD will be ready to dispense within that proposed timeline if the RMD receives a provisional certificate of registration by the Department. The timeline must detail, by location, the start up period, including key benchmarks, leading up to the Department's final inspection.

[Enter text here: text limit 6,000 characters]

Start-up timeline with clear benchmarks and dates attached as exhibit 7.1

7.2 Provide a detailed summary of the year-one operating plan, including key business check-in points over the year that will inform business practice improvements.

[Enter text here: text limit 4,000 characters]

7.3 Describe the applicant's knowledge of (and experience with) growing methods to be used in the cultivation of medical marijuana. Note that a copy of the marijuana cultivation and management plan will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 6,000 characters]

7.4 Describe steps that will be taken to ensure the quality of the medical marijuana, including purity and consistency of dose and the presence of potential contaminants. Include a description of the testing process and frequency, quality standards, and plans to engage with a lab to conduct the testing. Note that a copy of the RMD's quality control plan will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 4,000 characters]

- 7.5 Describe the applicant's plan to dispose of excess or damaged plants or products, including security and plans to avoid diversion. Note that a copy of the RMD's marijuana disposal plan will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 4,000 characters]

- 7.6 If the proposed RMD intends to produce MIPs, describe the types and forms of MIPs that the RMD intends to produce, the methods of production (including sanitation and food protection processes), and procedures for labeling, storing, disposing, dispensing, and tracking MIPs. Note that a copy of the MIPs production plan will be reviewed as a component of the provisional inspection process. If the RMD does not plan to produce MIPs, indicate N/A.

[Enter text here: text limit 6,000 characters]

- 7.7 Describe the applicant's inventory management program, including seed-to-sale tracking procedures, prevention of diversion, and storage of marijuana products. Note that a copy of the inventory management program policies and procedures will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 6,000 characters]

- 7.8 Describe how the applicant will transport marijuana, whether between the cultivation and dispensing site or between the dispensing site and a patient's home, including provisions for preventing diversion and tracking inventory during transport. Include a description of the RMD's proposed home delivery protocol, including an identification check of the registered patient or registered personal caregiver and record keeping. Note that a copy of the transportation program policies and procedures will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 6,000 characters]

- 7.9 Define the applicant's service area and provide an analysis of the projected patient population and projected need in the service area of the proposed RMD, including the applicant's strategy for delivering culturally competent and linguistically appropriate services.

[Enter text here: text limit 4,000 characters]

- 7.10 Describe the RMD's procedures for safely dispensing medical marijuana to registered qualifying patients or their registered personal caregiver, including a process for identifying patients/caregivers, ensuring their safety, and protecting their privacy.

[Enter text here: text limit 4,000 characters]

- 7.11 Describe the RMD's patient record keeping system and planned use of technology to support business operations, including use of the Department's electronic registration and dispensing tracking system. Note that a copy of the patient record keeping policies and procedures will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 4,000 characters]

- 7.12 Provide a detailed summary of the proposed RMD's policies and procedures for the provision of marijuana to registered qualifying patients with verified financial hardship at no cost or reduced cost, including a sliding fee

scale. Note that a copy of these policies and procedures will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 4,000 characters]

Proposed sliding price scale attached as exhibit 7.12

7.13 Describe the proposed plans to provide counseling and educational materials to registered qualifying patients and their personal caregivers related to methods of marijuana administration and information about the health effects of marijuana use.

[Enter text here: text limit 4,500 characters]

7.14 Describe the RMD's proposed marketing and advertising plan, including the company logo, printed materials and flyers, external signage, advertising practices, and outreach and promotional materials. Note that a copy of the marketing and advertising plan will be reviewed as a component of the provisional inspection process. Do not include reproductions or representations of the logo, printed materials, or flyers.

[Enter text here: text limit 4,000 characters]

7.15 Describe the RMD's emergency preparedness procedures, including a disaster plan with procedures to be followed in case of fire or other emergency. Note that a copy of the safety and security procedures will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 4,000 characters]

7.16 Describe the RMD's employee security policies, such as an employee ID/badge system and personal safety. Note that a copy of employee security policies will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 4,000 characters]

7.17 Describe the RMD's incident management program, including policies and procedures to document, report, and manage adverse incidents, consumer complaints, operational concerns, and issues that will be reported to law enforcement and/or the Department. Note that a copy of the incident management program policies will be reviewed as a component of the provisional inspection process.

[Enter text here: text limit 4,500 characters]

**APPLICATION RESPONSE FORM SUBMISSION PAGE**

**CERTIFICATION OF ASSURANCE OF COMPLIANCE:  
ADA and NON-DISCRIMINATION BASED ON DISABILITY**

Applicants must certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination, and civil rights for persons with disabilities. The Applicant must complete a Certification of Assurance of Compliance: ADA and Non-Discrimination based on Disability. By signing, the Applicant formally notifies the Department that the Applicant is in compliance and shall maintain compliance with all applicable requirements.

- I certify, that the Applicant is in compliance and shall maintain compliance with all applicable federal and state laws protecting the rights of persons with disabilities, including but not limited to the Americans with Disabilities Act (“ADA”), 42 U.S.C. §§ 12131-12134; Article CXIV of the Massachusetts Constitution; and; Chapter 93, § 103; Chapter 151B; and Chapter 272, §§ 98 and 98A of the Massachusetts General Laws.
- I understand that federal and state laws prohibit discrimination in public accommodations and employment based solely on disability. I recognize that to make goods, services, facilities, privileges, advantages, or accommodations readily accessible to and usable by persons with disabilities, the Applicant, under the ADA, must:
  - remove architectural and communication barriers in existing facilities, when readily achievable and, if not readily achievable, must use alternative methods;
  - purchase accessible equipment or modify equipment;
  - modify policies and practices; and
  - furnish appropriate auxiliary aids and services where necessary to ensure effective communication.

I understand that reasonable accommodation is required in both program services and employment, except where to do so would cause an undue hardship or burden. I also understand that the Massachusetts Constitution Article CXIV provides that no otherwise qualified individual shall, solely by reason of disability, be excluded from the participation in, denied the benefits of, or be subject to discrimination under any program or activity within the Commonwealth.

- I agree that the Applicant shall cooperate in any compliance review and shall provide reasonable access to the premises of all places of business and employment and to records, files, information, and employees therein for reviewing compliance with the ADA, the Massachusetts Constitution, other applicable state and federal laws, and this Contractual Agreement.
- I agree that any violation of the specific provisions and terms of this Assurance or of the ADA, and/or of any Corrective Action Plan shall be deemed a breach of a material provision of the Registered Facility registration between DPH and the Registered Facility. Such a breach shall be grounds for cancellation, termination, or suspension, in whole or in part, of the registration by the Department.

**I affirm that I will comply with the requirements of this proposal.**

**Authorized Signatory (as designated in exhibit B):**

**First Name:** [       ] **Last Name:** [       ]

**Title:** [       ]

**Authorized Signature for the Applicant Organization  
(in blue ink):**

## CHECKLIST OF REQUIRED DOCUMENTS FOR SUBMISSION IN PHASE 2

Assemble the required items for each individual application in the following order. If an exhibit is not applicable, indicate N/A on the exhibit form and submit it in order.

- Package Label (attached to the front or side of banker's box) – exhibit C
- Package Label (with original only) – exhibit C
- Bank/cashier's check for \$30,000 (with original only)
- 2 CDs (with original only)
- Sealed envelope with signed background check authorization forms and list—exhibits A1-A5 (with original only)
- List of authorized signatories—exhibit B
- Application Response Form (cover page on top)—original signed in blue ink by authorized signatory
- Organizational chart—exhibit 1.3
- List of Board of Directors (as defined on the Application Response Form)—exhibit 1.4
- List of Members of the corporation (as defined on the Application Response Form), if any—exhibit 1.5
- Corporation bylaws—exhibit 1.6
- Amended articles of organization (if applicable)—exhibit 1.7
- List of parent or subsidiary corporations, if any—exhibit 1.8
- List of references—exhibit 1.9
- List of Executive Management Team (as defined on the Application Response Form)—exhibit 2.1
- Resumes for Executive Management Team—exhibit 2.2
- One-page statement demonstrating liquid funds in an account in the name of the corporation; or in an account in the name of the Corporation's CEO/Executive Director or President of the Board of Directors, with Letter of Commitment —exhibit 4.1
- List of individuals/entities contributing 5% or more of the RMD's initial capital—exhibit 4.2
- Capital expenses—exhibit 4.3
- Year-one operating budget—exhibit 4.4
- 3-year budget projections—exhibit 4.5

- Evidence of interest in dispensary site—exhibit 5.1
- Evidence of interest in cultivation site—exhibit 5.2
- Evidence of interest in processing site—exhibit 5.3
- Evidence of local support or non-opposition—exhibit 5.4
- Summary chart of responses to questions 5.1 to 5.4—exhibit 5.5
- RMD organizational chart—exhibit 6.1
- Proof of enrollment with the Department of Criminal Justice Information Services (DCJIS)—exhibit 6.2
- List of RMD staff, if known—exhibit 6.4
- RMD start-up timeline—exhibit 7.1
- Proposed sliding price scale—exhibit 7.12
- Certification of Assurance of Compliance: ADA and Non-Discrimination Based on Disability (original signed in blue ink)—part of Application Response Form

Addendums or attachments not specifically requested in this document or on Comm-PASS will not be reviewed.

**OPEN COUNTY APPLICATION  
REGISTERED MARIJUANA DISPENSARIES**

**APPLICATION RESPONSE FORM COVER PAGE**

Make this the first page of your response

**Corporation**

The applicant corporation's legal name, trade name, and any other name under which the bidding entity does business (if any): [            ]

Website URL (if applicable): [            ]

Address:

[            ]

[            ]

City: [            ] State: [    ] Zip: [            ]

**CEO (Chief Executive Officer)/Executive Director (ED)**

First Name: [            ] Last Name: [            ]

FEIN: [            ]

**Contact Person**

First Name: [            ] Last Name: [            ]

Title: [            ]

Telephone: (    ) -        FAX: (    ) -        E-Mail: [            ]

Contact Person Address (if different):

[            ]

[            ]

City: [            ] State: [    ] Zip: [            ]

**Proposed Locations of Dispensary Site**

Site #1 City/Town: \_\_\_\_\_ County: \_\_\_\_\_

Site #2 City/Town: \_\_\_\_\_ County: \_\_\_\_\_

**Required Signatures**

Signed under the pains and penalties of perjury, the authorized signatory agrees that all information included in this application is complete and accurate.

\_\_\_\_\_  
Name:  
Title:

\_\_\_\_\_  
Date

I hereby attest that if the corporation is approved for a provisional RMD certificate of registration, the corporation is prepared to pay a non-refundable registration fee of \$50,000, as specified in 105 CMR 725.000, within two weeks of being notified that the RMD has been selected for a provisional registration.

\_\_\_\_\_  
Name:  
Title

\_\_\_\_\_  
Date

**FORM 1: PROPOSED LOCATION(S) – Dispensary Site #1**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide the physical address of the proposed dispensary site and the physical address of the additional location, if any, where marijuana will be cultivated or processed. If no property has been secured, list the name of the city or town and county where the RMD would be located.*

**Attach supporting documents** as evidence of interest in the property by location. Interest may be demonstrated by (a) a clear legal title to the proposed site; (b) an option to purchase the proposed site; (c) a lease; (d) a legally enforceable agreement to give such title under (a) or (b), or such lease under (c), in the event that Department determines that the applicant qualifies for registration as a RMD; or (e) evidence of binding permission to use the premises. If a location has not been secured, indicate N/A in the text box.

Indicate whether a letter of support or non-opposition has been furnished by the local municipality (see Form 2).

	Location	Full Address	County	Description of Evidence of Interest Submitted	Evidence of Local Support or Non-Opposition
1	Dispensing				Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Cultivation				Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Processing				Yes <input type="checkbox"/> No <input type="checkbox"/>

**FORM 1: PROPOSED LOCATION(S) – Dispensary Site #2**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide the physical address of the proposed dispensary site and the physical address of the additional location, if any, where marijuana will be cultivated or processed. If no property has been secured, list the name of the city or town and county where the RMD would be located.*

**Attach supporting documents** as evidence of interest in the property by location. Interest may be demonstrated by (a) a clear legal title to the proposed site; (b) an option to purchase the proposed site; (c) a lease; (d) a legally enforceable agreement to give such title under (a) or (b), or such lease under (c), in the event that Department determines that the applicant qualifies for registration as a RMD; or (e) evidence of binding permission to use the premises. If a location has not been secured, indicate N/A in the text box.

Indicate whether a letter of support or non-opposition has been furnished by the local municipality (see Form 2).

	Location	Full Address	County	Description of Evidence of Interest Submitted	Evidence of Local Support or Non-Opposition
1	Dispensing				Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Cultivation				Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Processing				Yes <input type="checkbox"/> No <input type="checkbox"/>

**FORM 2: LETTER OF SUPPORT OR NON-OPPOSITION – Dispensary Site #1**

Corporation Name: \_\_\_\_\_

Proposed County of Dispensary Site: \_\_\_\_\_

***Attach a letter of support or non-opposition, using one of the attached templates, signed by the local municipality in which the applicant intends to locate a dispensary, if the letter is available. The applicant may choose to use the CEO/CAO or Board template, in consultation with the host community. If the applicant is proposing a dispensary location plus a separate cultivation/processing location, the applicant must complete and submit a letter of support or non-opposition from both municipalities, if the letters are available. If the applicant is proposing two sites for their dispensary, letters must be submitted for each proposed county, if the letters are available. This letter may be signed by (a) the Chief Executive Officer/Chief Administrative Officer, as appropriate, for the desired municipality; (b) the City Council, Board of Alderman, or Board of Selectmen for the desired municipality; or (c) the Board of Health in the desired municipality. The letter of support or non-opposition must contain the language from the template. The letter must be printed on the municipal official's letterhead.***

*If the applicant is unable to secure a letter of support or non-opposition, please explain in the text box below. Otherwise, leave the text box blank.*

[Enter text here: text limit 9,000 characters]

**FORM 2: LETTER OF SUPPORT OR NON-OPPOSITION – Dispensary Site #2**

Corporation Name: \_\_\_\_\_

Proposed County of Dispensary Site: \_\_\_\_\_

***Attach a letter of support or non-opposition, using one of the attached templates, signed by the local municipality in which the applicant intends to locate a dispensary, if the letter is available. The applicant may choose to use the CEO/CAO or Board template, in consultation with the host community. If the applicant is proposing a dispensary location plus a separate cultivation/processing location, the applicant must complete and submit a letter of support or non-opposition from both municipalities, if the letters are available. If the applicant is proposing two sites for their dispensary, letters must be submitted for each proposed county, if the letters are available. This letter may be signed by (a) the Chief Executive Officer/Chief Administrative Officer, as appropriate, for the desired municipality; (b) the City Council, Board of Alderman, or Board of Selectmen for the desired municipality; or (c) the Board of Health in the desired municipality. The letter of support or non-opposition must contain the language from the template. The letter must be printed on the municipal official's letterhead.***

*If the applicant is unable to secure a letter of support or non-opposition, please explain in the text box below. Otherwise, leave the text box blank.*

[Enter text here: text limit 9,000 characters]

LETTER OF SUPPORT OR NON-OPPOSITION TEMPLATE FOR MUNICIPAL CEO/CAO

*Use this language if signatory is a Chief Executive Officer/Chief Administrative Officer*

*I, [Name of person], do hereby provide [support/non-opposition] to [name of non-profit organization] to operate a Registered Marijuana Dispensary ("RMD") in [name of city or town].*

*I have verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.*

---

Name and Title of Individual

---

Signature

---

Date

**LETTER OF SUPPORT OR NON-OPPOSITION TEMPLATE FOR COUNCIL OR BOARD**

*Use this language if signatory is acting on behalf of a City Council, Board of Alderman, Board of Selectman or Board of Health*

The [name of council/board], does hereby provide [support/non-opposition] to [name of non-profit organization] to operate a Registered Marijuana Dispensary in [name of city or town]. I have been authorized to provide this letter on behalf of the [name of council/board].

*The [name of council/board] has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.*

\_\_\_\_\_  
Name and Title of Individual (or person authorized to act on behalf of council or board) *(add more lines for names if needed)*

\_\_\_\_\_  
Signature *(add more lines for signatures if needed)*

\_\_\_\_\_  
Date

**FORM 3: LOG OF ENGAGEMENT ACTIVITIES WITH LOCAL OFFICIALS AND STAKEHOLDERS –  
Dispensary Site #1**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Outline your organization’s efforts to obtain support or non-opposition and efforts to develop a positive relationship in the municipality or municipalities in which the applicant intends to locate a dispensary and the additional location if any, where marijuana will be cultivated or processed. If the sites are in different municipalities, provide information related to each community.*

<b>Date</b>	<b>Type of Contact</b> (Phone call, in-person meeting etc.)	<b>City/Town</b>	<b>Attendees</b> (Individual and/or group/organization names)	<b>What was Discussed</b>
<i>Add more rows if needed</i>				

**FORM 3: LOG OF ENGAGEMENT ACTIVITIES WITH LOCAL OFFICIALS AND STAKEHOLDERS -  
Dispensary Site #2**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Outline your organization's efforts to obtain support or non-opposition and efforts to develop a positive relationship in the municipality or municipalities in which the applicant intends to locate a dispensary and the additional location if any, where marijuana will be cultivated or processed. If the sites are in different municipalities, provide information related to each community.*

<b>Date</b>	<b>Type of Contact</b> (Phone call, in-person meeting etc.)	<b>City/Town</b>	<b>Attendees</b> (Individual and/or group/organization names)	<b>What was Discussed</b>
<i>Add more rows if needed</i>				

**FORM 4: COMMUNITY NARRATIVE – Dispensary Site #1**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide a narrative, in the text box, describing the applicant's plan to continue to develop and maintain a positive relationship in each community in which the proposed RMD would be located.*

---

[Enter text here: text limit 6,000 characters]

**FORM 4: COMMUNITY NARRATIVE – Dispensary Site #2**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide a narrative, in the text box, describing the applicant's plan to continue to develop and maintain a positive relationship in each community in which the proposed RMD would be located.*

---

[Enter text here: text limit 6,000 characters]

**FORM 5: PATIENT POPULATION NARRATIVE – Dispensary Site #1**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide a narrative, in the text box, defining the applicant's service area and provide an analysis of the projected patient population and projected need in the service area of the proposed RMD, including the applicant's strategy for delivering culturally competent and linguistically appropriate services.*

---

[Enter text here: text limit 4,000 characters]

**FORM 5: PATIENT POPULATION NARRATIVE – Dispensary Site #2**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide a narrative, in the text box, defining the applicant's service area and provide an analysis of the projected patient population and projected need in the service area of the proposed RMD, including the applicant's strategy for delivering culturally competent and linguistically appropriate services.*

---

[Enter text here: text limit 4,000 characters]

**FORM 6: RMD START-UP TIMELINE – Dispensary Site #1**

Corporation Name: \_\_\_\_\_ County of Proposed Dispensary Site: \_\_\_\_\_

Key Benchmarks	Due Dates	Person Responsible	Risk Level If Not Completed on Time	Date RMD Opens	
				XXX	
<i>Add more rows if needed</i>					

**FORM 6: RMD START-UP TIMELINE – Dispensary Site #2**

Corporation Name: \_\_\_\_\_ County of Proposed Dispensary Site: \_\_\_\_\_

Key Benchmarks	Due Dates	Person Responsible	Risk Level If Not Completed on Time	Date RMD Opens	
				XXX	
<i>Add more rows if needed</i>					

## FORM 7: CAPITAL EXPENSES – Dispensary Site #1

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide projected capital expenses to build out both the proposed dispensary and cultivation or processing facilities.*

	Expense Type	Costs	Explanation of Expense
	<b>Planning and Development</b>		
1	Architect and design fees	\$	
2	Environmental survey	\$	
3	Permits and Fees	\$	
4	Security assessment	\$	
5	Land/building cost	\$	
6	Site clean-up and preparation	\$	
7	Other- describe	\$	
8	_____	\$	
9	_____	\$	
	<b>Build-out Costs</b>		
1	Construction expenses	\$	
2	Painting and finishes	\$	
3	Security system	\$	
4	Landscape work	\$	
5	Parking facility	\$	
6	Other- describe	\$	
7	_____	\$	
8	_____	\$	
9	_____	\$	
	<b>Equipment Costs</b>		
1	Vehicles and transportation	\$	
2	Cultivation equipment	\$	
3	Furniture and storage needs	\$	
4	Computer equipment	\$	
5	HVAC	\$	
6	Kitchen/food prep equipment	\$	
7	Other- describe	\$	
8	_____	\$	
9	_____	\$	
	<b>TOTAL</b>	<b>\$</b>	

**FORM 7: CAPITAL EXPENSES – Dispensary Site #2**

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide projected capital expenses to build out both the proposed dispensary and cultivation or processing facilities.*

	<b>Expense Type</b>	<b>Costs</b>	<b>Explanation of Expense</b>
	<b>Planning and Development</b>		
1	Architect and design fees	\$	
2	Environmental survey	\$	
3	Permits and Fees	\$	
4	Security assessment	\$	
5	Land/building cost	\$	
6	Site clean-up and preparation	\$	
7	Other- describe	\$	
8	_____	\$	
9	_____	\$	
	<b>Build-out Costs</b>		
1	Construction expenses	\$	
2	Painting and finishes	\$	
3	Security system	\$	
4	Landscape work	\$	
5	Parking facility	\$	
6	Other- describe	\$	
7	_____	\$	
8	_____	\$	
9	_____	\$	
	<b>Equipment Costs</b>		
1	Vehicles and transportation	\$	
2	Cultivation equipment	\$	
3	Furniture and storage needs	\$	
4	Computer equipment	\$	
5	HVAC	\$	
6	Kitchen/food prep equipment	\$	
7	Other- describe	\$	
8	_____	\$	
9	_____	\$	
	<b>TOTAL</b>	<b>\$</b>	

## FORM 8: YEAR-ONE OPERATING BUDGET - Dispensary Site #1

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide the proposed year-one RMD operating budget, including projected revenues by sales type, line item operating expenses, and budget assumptions.*

Budget Period: \_\_\_\_\_ to \_\_\_\_\_

Projected Number of Patients: \_\_\_\_\_ and Number of Visits: \_\_\_\_\_

		Year ONE Budget	Budget Notes <sup>1</sup>
<b>REVENUE</b>			
1	Medical Marijuana sales	\$	
2	Other supplies sold	\$	
3	Other revenue sources	\$	
A	<b>TOTAL REVENUE:</b>	<b>\$</b>	
<b>PAYROLL EXPENSES</b>			
	<b>Personnel Category</b>	<b># FTE</b>	
1	xxx <sup>2</sup>	\$	
2	xxx	\$	
3	xxx	\$	
B	<b>TOTAL SALARIES</b>	<b>\$</b>	
C	Fringe Rate and Total	%	\$
D	<b>TOTAL SALARIES PLUS FRINGE (B+C)</b>	<b>\$</b>	
<b>OTHER EXPENSES</b>			
1	Consultants	\$	
2	Equipment	\$	
3	Supplies	\$	
4	Office Expenses	\$	
5	Utilities	\$	
6	Insurance	\$	
7	Interest	\$	
8	Depreciation/Amortization	\$	
9	Leasehold Expenses	\$	
10	Bad Debt	\$	
11	xxx	\$	
12	xxx	\$	
13	xxx	\$	
14	xxx	\$	
E	<b>TOTAL OTHER EXPENSES</b>	<b>\$</b>	
F	<b>TOTAL EXPENSES: (D+E)</b>	<b>\$</b>	
	<b>VARIANCE (A-F)</b>	<b>\$</b>	

<sup>1</sup> Enter short explanation of expenses

<sup>2</sup> Enter detail as appropriate for the applicant and more rows as needed

## FORM 8: YEAR-ONE OPERATING BUDGET – Dispensary Site #2

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

*Provide the proposed year-one RMD operating budget, including projected revenues by sales type, line item operating expenses, and budget assumptions.*

Budget Period: \_\_\_\_\_ to \_\_\_\_\_

Projected Number of Patients: \_\_\_\_\_ and Number of Visits: \_\_\_\_\_

		Year ONE Budget	Budget Notes <sup>3</sup>
<b>REVENUE</b>			
1	Medical Marijuana sales	\$	
2	Other supplies sold	\$	
3	Other revenue sources	\$	
<b>A</b>	<b>TOTAL REVENUE:</b>	<b>\$</b>	
<b>PAYROLL EXPENSES</b>			
	<b>Personnel Category</b>	<b># FTE</b>	
1	xxx <sup>4</sup>	\$	
2	xxx	\$	
3	xxx	\$	
<b>B</b>	<b>TOTAL SALARIES</b>	<b>\$</b>	
<b>C</b>	Fringe Rate and Total	%	\$
<b>D</b>	<b>TOTAL SALARIES PLUS FRINGE (B+C)</b>	<b>\$</b>	
<b>OTHER EXPENSES</b>			
1	Consultants	\$	
2	Equipment	\$	
3	Supplies	\$	
4	Office Expenses	\$	
5	Utilities	\$	
6	Insurance	\$	
7	Interest	\$	
8	Depreciation/Amortization	\$	
9	Leasehold Expenses	\$	
10	Bad Debt	\$	
11	xxx	\$	
12	xxx	\$	
13	xxx	\$	
14	xxx	\$	
<b>E</b>	<b>TOTAL OTHER EXPENSES</b>	<b>\$</b>	
<b>F</b>	<b>TOTAL EXPENSES: (D+E)</b>	<b>\$</b>	
	<b>VARIANCE (A-F)</b>	<b>\$</b>	

<sup>3</sup> Enter short explanation of expenses

<sup>4</sup> Enter detail as appropriate for the applicant and more rows as needed

**FORM 9: THREE-YEAR BUSINESS PLAN BUDGET PROJECTIONS – Dispensary Site #1**

*Provide the three-year business plan for the RMD, including revenues and expenses.*

Corporation Name: \_\_\_\_\_

County of Proposed Dispensary Site: \_\_\_\_\_

Fiscal Year Time Period: \_\_\_\_\_

Projected Start Date for the First Full Fiscal Year: \_\_\_\_\_

	<b>FIRST FULL FISCAL YEAR PROJECTIONS 20__</b>	<b>SECOND FULL FISCAL YEAR PROJECTIONS 20__</b>	<b>THIRD FULL FISCAL YEAR PROJECTIONS 20__</b>
Projected Revenue	\$	\$	\$
Projected Expenses	\$	\$	\$
VARIANCE:	\$	\$	\$
Number of unique Patients for the year	xx	xx	xx
Number of Patient Visits for the year	xx	xx	xx
Projected % of patient growth rate annually	---	xx%	xx%
Estimated purchased ounces per visit	xx	xx	xx
Estimated cost per ounce	xx	xx	xx
Total FTE in staffing	xx FTE	xx FTE	xx FTE
Total Medical Marijuana Inventory for the year	xx Lbs.	xx Lbs.	xx Lbs.
Total Medical Marijuana sold for the year	xx Lbs.	xx Lbs.	xx Lbs.
Total Medical Marijuana left for roll over	xx Lbs.	xx Lbs.	xx Lbs.

**FORM 9: THREE-YEAR BUSINESS PLAN BUDGET PROJECTIONS – Dispensary Site #2**

*Provide the three-year business plan for the RMD, including revenues and expenses.*

Corporation Name: \_\_\_\_\_ County of Proposed Dispensary Site: \_\_\_\_\_

Fiscal Year Time Period: \_\_\_\_\_ Projected Start Date for the First Full Fiscal Year: \_\_\_\_\_

	<b>FIRST FULL FISCAL YEAR PROJECTIONS 20__</b>	<b>SECOND FULL FISCAL YEAR PROJECTIONS 20__</b>	<b>THIRD FULL FISCAL YEAR PROJECTIONS 20__</b>
Projected Revenue	\$ _____	\$ _____	\$ _____
Projected Expenses	\$ _____	\$ _____	\$ _____
VARIANCE:	\$ _____	\$ _____	\$ _____
Number of unique Patients for the year	xx	xx	xx
Number of Patient Visits for the year	xx	xx	xx
Projected % of patient growth rate annually	---	xx%	xx%
Estimated purchased <u>ounces per visit</u>	xx	xx	xx
Estimated cost <u>per ounce</u>	xx	xx	xx
Total FTE in staffing	xx FTE	xx FTE	xx FTE
Total Medical Marijuana Inventory for the year	xx Lbs.	xx Lbs.	xx Lbs.
Total Medical Marijuana sold for the year	xx Lbs.	xx Lbs.	xx Lbs.
Total Medical Marijuana left for roll over	xx Lbs.	xx Lbs.	xx Lbs.

STATE OF NEVADA

BRIAN SANDOVAL  
*Governor*

MICHAEL J. WILLDEN  
*Director*



RICHARD WHITLEY, MS  
*Administrator*

TRACEY D. GREEN, MD  
*Chief Medical Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

4150 Technology Way, Suite 300

Carson City, Nevada 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

## **Medical Marijuana Establishment Registration Certificate**

### **Request for Applications**

**Release Date: May 30, 2014**

**Accepting Applications Period: August 5 - 18, 2014**

***(Business Days M-F, 8:00 A.M. - 5:00 P.M.)***

For additional information, please contact:

Medical Marijuana Establishment (MME) Program

Division of Public and Behavioral Health

4150 Technology Way, Suite 104

Carson City, NV 89706

Phone: 775-684-3487

Email address: [medicalmarijuana@health.nv.gov](mailto:medicalmarijuana@health.nv.gov)

STATE OF NEVADA

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DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
4150 Technology Way, Suite 300  
Carson City, Nevada 89706  
Telephone: (775) 684-4200 · Fax: (775) 684-4211

**APPLICANT INFORMATION SHEET FOR MEDICAL MARIJUANA ESTABLISHMENT APPLICATION**

Applicant Must:

- A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections 1 through 10 will be used for application questions and updates;
- B) Type or print responses; and
- C) Include this Applicant Information Sheet in Tab III of the Identified Criteria Response.

1	Company Name			
2	Street Address			
3	City, State, ZIP			
4	<i>Telephone Number</i>			
	Area Code	Number	Extension	
5	<i>Facsimile Number</i>			
	Area Code	Number	Extension	
6	<i>Toll Free Number</i>			
	Area Code	Number	Extension	
7	<i>Contact Person for providing information, signing documents, or ensuring actions are taken as per Section 23 of LCB File No. R004-14A</i>			
	Name:			
	Title:			
	Address:			
Email Address:				
8	<i>Telephone Number for Contact Person</i>			
	Area Code:	Number:	Extension:	
9	<i>Facsimile Number for Contact Person</i>			
	Area Code:	Number:	Extension:	
10	<i>Contact Person Signature</i>			
	Signature:			Date:

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## 1. TERMS AND DEFINITIONS

For the purposes of this Application, the following terms/definitions will be used:

<b>TERMS</b>	<b>DEFINITIONS</b>
<i>Applicant</i>	Organization/individual(s) submitting an application in response to this request for application.
<i>Division</i>	The Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.
<i>Edible marijuana products</i>	As per NRS 453A.101, products that contain marijuana or an extract thereof and are intended for human consumption by oral ingestion and are presented in the form of foodstuffs, extracts, oils, tinctures and other similar products.
<i>Electronic funds transfer</i>	Electronic funds transfer (EFT) is the electronic exchange, transfer of money from one account to another, either within a single financial institution or across multiple institutions, through computer-based systems.
<i>Electronic verification system</i>	As per NRS 453A.102, an electronic database that keeps track of data in real time and is accessible by the Division and by registered medical marijuana establishments.
<i>Enclosed, locked facility</i>	As per NRS 453A.103, a closet, display case, room, greenhouse, or other enclosed area that meets the requirements of NRS 453A.362 and is equipped with locks or other security devices which allow access only by a medical marijuana establishment agent and the holder of a valid registry identification card.
<i>Excluded felony offense</i>	As per NRS 453A.104, a crime of violence or a violation of a state or federal law pertaining to controlled substances, if the law was punishable as a felony in the jurisdiction where the person was convicted. The term does not include a criminal offense for which the sentence, including any term of probation, incarceration or supervised release, was completed more than 10 years before or an offense involving conduct that would be immune from arrest, prosecution or penalty, except that the conduct occurred before April 1, 2014, or was prosecuted by an authority other than the State of Nevada.
<i>Facility for the production of edible marijuana products or marijuana infused products</i>	As per NRS 453A.105, a business that is registered with the Division pursuant to NRS 453A.322, and acquires, possesses, manufactures, delivers, transfers, transports, supplies, or sells edible marijuana products or marijuana-infused products to medical marijuana dispensaries.

<b>Identified Response</b>	A response to the application in which information is included, including any descriptive information, that identifies any and all Owners, Officers, Board Members or Employees and business details (proposed business name(s), D/B/A, current or previous business names or employers). This information includes all names, specific geographic details including street address, city, county, precinct, ZIP code, and their equivalent geocodes, telephone numbers, fax numbers, email addresses, social security numbers, financial account numbers, certificate/license numbers, vehicle identifiers and serial numbers, including license plate numbers, Web Universal Resource Locators (URLs), Internet Protocol (IP) addresses, biometric identifiers, including finger and voice prints, full-face photographs and any comparable images, previous or proposed company logos, images, or graphics and any other unique identifying information, images, logos, details, numbers, characteristics, or codes.
<b>Identifiers</b>	An assignment of letters, numbers, job title or generic business type to assure the identity of a person or business remains unidentifiable. Assignment of identifiers will be application specific and will be communicated in the application in the identifier legend.
<b>Independent testing laboratory</b>	As per NRS 453A.107, a business that is registered with the Division to test marijuana, edible marijuana products and marijuana- infused products. Such an independent testing laboratory must be able to determine accurately, with respect to marijuana, edible marijuana products and marijuana-infused products, the concentration therein of THC and cannabidiol, the presence and identification of molds and fungus, and the presence and concentration of fertilizers and other nutrients.
<b>Inventory control system</b>	As per NRS 453A.108, a process, device or other contrivance that may be used to monitor the chain of custody of marijuana used for medical purposes from the point of cultivation to the end consumer.
<b>Marijuana</b>	As per NRS 453.096, all parts of any plant of the genus Cannabis, whether growing or not, and the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin. Marijuana does not include the mature stems of the plant, fiber produced from the stems, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stems (except the resin extracted there from), fiber, oil or cake, or the sterilized seed of the plant which is incapable of germination.

<b><i>Marijuana infused products</i></b>	As per NRS 453A.112, products that are infused with marijuana or an extract thereof and are intended for use or consumption by humans through means other than inhalation or oral ingestion. The term includes, without limitation, topical products, ointments, oils and tinctures.
<b><i>May</i></b>	Has the meaning ascribed to it in NRS 0.025.
<b><i>Medical marijuana dispensary</i></b>	As per NRS 453A.115, a business that is registered with the Division and acquires, possesses, delivers, transfers, transports, supplies, sells or dispenses marijuana or related supplies and educational materials to the holder of a valid registry identification card.
<b><i>Medical marijuana establishment</i></b>	As per NRS 453A.116, an independent testing laboratory, a cultivation facility, a facility for the production of edible marijuana products or marijuana-infused products, a medical marijuana dispensary, or a business that has registered with the Division and paid the requisite fees to act as more than one of the types of businesses.
<b><i>Medical marijuana establishment agent</i></b>	As per NRS 453A.117, an owner, officer, board member, employee or volunteer of a medical marijuana establishment. The term does not include a consultant who performs professional services for a medical marijuana establishment.
<b><i>Medical marijuana establishment agent registration card</i></b>	As per NRS 453A.118, a form of identification that is issued by the Division to authorize a person to volunteer or work at a medical marijuana establishment.
<b><i>Medical marijuana establishment registration certificate</i></b>	As per NRS 453A.119, a certificate that is issued by the Division, pursuant to NRS 453A.332, to authorize the operation of a medical marijuana establishment.
<b><i>Medical use of marijuana</i></b>	As per NRS 453A.120, the possession, delivery, production or use of marijuana; the possession, delivery or use of paraphernalia used to administer marijuana; as necessary for the exclusive benefit of a person to mitigate the symptoms or effects of his or her chronic or debilitating medical condition.
<b><i>Must</i></b>	Has the meaning ascribed to it in NRS 0.025.
<b><i>NAC</i></b>	Nevada Administrative Code – All applicable NAC documentation may be reviewed via the Internet at: <a href="http://www.leg.state.nv.us/NAC/CHAPTERS.HTML">http://www.leg.state.nv.us/NAC/CHAPTERS.HTML</a> .

<i>Non-Identified Response</i>	A response to the application in which no information is included or any descriptive information is included that would permit an evaluator to reasonably draw a conclusion as to the identity of any and all owners, officers, board members or employees and business details (proposed business name(s), D/B/A, current or previous business names or employers). Identifiers that must be removed from the application include all names, specific geographic details including street address, city, county, precinct, ZIP code, and their equivalent geocodes, telephone numbers, fax numbers, email addresses, social security numbers, financial account numbers, certificate/license numbers, vehicle identifiers and serial numbers, including license plate numbers, Web Universal Resource Locators (URLs), Internet Protocol (IP) addresses, biometric identifiers, including finger and voice prints, full-face photographs and any comparable images, previous or proposed company logos, images, or graphics and any other unique identifying information, images, logos, details, numbers, characteristics, or codes.
<i>NRS</i>	Nevada Revised Statutes – All applicable NRS documentation may be reviewed via the Internet at: <a href="http://www.leg.state.nv.us/NRS/">http://www.leg.state.nv.us/NRS/</a> .
<i>Shall</i>	Has the meaning ascribed to it in NRS 0.025.
<i>State</i>	The State of Nevada and any agency identified herein.

## **2. APPLICATION OVERVIEW**

The 2013 Legislature passed Senate Bill 374 relating to medical marijuana, providing for the registration of medical marijuana establishments authorized to test marijuana in a laboratory, cultivate or dispense marijuana or manufacture edible marijuana products or marijuana-infused products for sale to persons authorized to engage in the medical use of marijuana. Senate Bill 374 also provides for the registration of agents who are employed by or volunteer at medical marijuana establishments, setting forth the manner in which such establishments must register and operate, and requiring the Division of Public and Behavioral Health (Division) to adopt regulations. Senate Bill 374 has now been included in the codified NRS 453A.

The regulations provide provisions for the establishment, licensing, operation and regulation of medical marijuana establishments in the State of Nevada. The regulations address this new industry as a privileged industry as outlined in NRS 453A.320.

The Division is seeking applications from qualified applicants in conjunction with this application process for medical marijuana establishment certificates. The resulting establishment certificates will be for an initial term of one (1) year, subject to Section 34 of LCB File No. R004-14A.

### 3. APPLICATION TIMELINE

The following represents the timeline for this project.

Task	Date/Time
Request for Application Date	5/30/2014
Deadline for Submitting Questions	6/20/2014 2:00 PM
Answers Posted to Website	On or before 7/7/2014
Opening of 10 Day Window for Receipt of Applications	8/5/2014 8:00 AM
Deadline for Submission of Applications	8/18/2014 5:00 PM
Evaluation Period	8/5/2014 - 11/2/2014
Provisional Certificates Issued	On or about 11/3/2014

### 4. APPLICATION INSTRUCTIONS

The State of Nevada, Division of Public and Behavioral Health, on behalf of the Department of Health and Human Services, is seeking applications from qualified applicants to receive provisional certificates to issue medical marijuana establishment certificates.

The Division anticipates issuing medical marijuana establishment certificates in conjunction with this application process and in compliance with Nevada statutes and regulations. Therefore, applicants are encouraged to be as specific as possible in their application about the services they will provide, geographic location, and submissions for each criteria category.

All questions relating to this application and the application process must be submitted in writing to [medicalmarijuana@health.nv.gov](mailto:medicalmarijuana@health.nv.gov) no later than 2:00 P.M. on 6/20/2014. Calls should only be directed to the phone number provided in this application. No questions will be accepted after this date. Answers will be posted to the Medical Marijuana Program FAQ section of the Division's website no later than 7/7/2014 at <http://health.nv.gov/MedicalMarijuana.htm>.

## 5. APPLICATION REQUIREMENTS, FORMAT AND CONTENT

### 5.1. GENERAL SUBMISSION REQUIREMENTS

- 5.1.1. Applications must be packaged and submitted in counterparts; therefore, applicants must pay close attention to the submission requirements. Applications will have an Identified Criteria Response and a Non-Identified Criteria Response. Each must be submitted in individual 3-ring binders. Applicants must submit their application broken out into the two (2) sections required in a single box or packaged for shipping purposes.
- 5.1.2. The required CDs must contain information as specified in Section 5.4.
- 5.1.3. Detailed instructions on application submission and packaging follows, and applicants must submit their applications as identified in the following sections.
- 5.1.4. All information is to be completed as requested.
- 5.1.5. Each section within the Identified Criteria Response and the Non-Identified Criteria Response must be separated by clearly marked tabs with the appropriate section number and title as specified.
- 5.1.6. If discrepancies are found between two (2) or more copies of the application, the **MASTER COPY** shall provide the basis for resolving such discrepancies. If one (1) copy of the application is not clearly marked "**MASTER,**" the Division may, at its sole discretion, select one (1) copy to be used as the master.
- 5.1.7. For ease of evaluation, the application must be presented in a format that corresponds to and references sections outlined within this submission requirements section and must be presented in the same order. Written responses must be typed and in bold/italics and placed immediately following the applicable criteria question, statement and/or section.
- 5.1.8. Applications are to be prepared in such a way as to provide a straightforward, concise delineation of information to satisfy the requirements of this application.
- 5.1.9. In a Non-Identified Criteria response, when a specific person or company is referenced, the identity must be submitted with an Identifier. Identifiers assigned to people or companies must be detailed in a legend (Attachment H), to be submitted in the Identified Criteria response section.
- 5.1.10. Expensive bindings, colored displays, promotional materials, etc., are not necessary or desired. Emphasis should be concentrated on conformance to the application instructions, responsiveness to the application requirements, and on completeness and clarity of content.
- 5.1.11. Applications must not be printed on company letterhead and/or with any identifying company watermarks. Applicants must submit response using plain white paper.
- 5.1.12. Materials not requested in the application process will not be reviewed or evaluated.

- 5.1.13. The State of Nevada, in its continuing efforts to reduce solid waste and to further recycling efforts, requests that applications, to the extent possible and practical:
- 5.1.13.1. Be submitted on recycled paper;
  - 5.1.13.2. Not include pages of unnecessary advertising;
  - 5.1.13.3. Be printed on both sides of each sheet of paper (except when a new section begins);
  - 5.1.13.4. Follow strict definition of Non-Identified response when directed; and
  - 5.1.13.5. Be contained in re-usable binders as opposed to spiral or glued bindings.
- 5.1.14. For purposes of addressing questions concerning this application, submit questions to [medicalmarijuana@health.nv.gov](mailto:medicalmarijuana@health.nv.gov) no later than 2:00 P.M. on 6/20/2014. Calls must be directed to the phone number provided in this application. No questions will be addressed after this date. Upon issuance of this request for application, other employees and representatives of the agencies identified in the application will not answer questions or otherwise discuss the contents of this application with any other prospective applicants or their representatives.

## 5.2. PART I – IDENTIFIED CRITERIA RESPONSE

The IDENTIFIED CRITERIA RESPONSE must include:

One (1) original copy marked “MASTER”

Three (3) identical copies

The response must have the tabbed sections as described below:

### 5.2.1. Tab I – Title Page

The title page must include the following:

Part I – Identified Criteria Response	
Application Title:	A Medical Marijuana Establishment Registration Certificate
Application:	
Applicant Name:	
Address:	
Application Opening Date and Time:	August 5, 2014 8:00 AM
Application Closing Date and Time:	August 18, 2014 5:00 PM

### 5.2.2. Tab II – Table of Contents

An accurate table of contents must be provided in this tab.

### 5.2.3. Tab III – Applicant Information Sheet

The completed Applicant Information Sheet with an original signature by the contact person for providing information, signing documents, or ensuring actions are taken as per Section 23 of LCB File No. R004-14A must be included in this tab. (Page 2)

### 5.2.4. Tab IV – Medical Marijuana Establishment Registration Certificate Application

The completed Medical Marijuana Establishment Registration Certificate Application with original signatures must be included in this tab. (Attachment A)

### 5.2.5. Tab V – Multi-Establishment Limitation form

If applicable, a copy of the multi-establishment limitation form must be included in this tab. If not applicable, please insert a plain page with the words “**Not applicable.**” (Attachment G).

5.2.6. **Tab VI** – Identifier Legend

A copy of the Identifier legend must be included in this tab. If not applicable, please insert a plain page with the words “**Not Applicable**” (Attachment H).

5.2.7. **Tab VII** – Confirmation that the applicant has registered with the Secretary of State

Documentation that the applicant has registered as the appropriate type of business with the Secretary of State.

5.2.8. **Tab VIII** – Confirmation of the ownership or authorized use of the property as a medical marijuana establishment

5.2.8.1. A copy of property owner’s approval for use form (Attachment F).

5.2.8.2. If the applicant has executed a lease or owns the proposed property, a copy of the lease or documentation of ownership.

A copy of the property owner’s approval for use form and lease or documentation of ownership must be included in this tab.

5.2.9. **Tab IX**– Documentation from a financial institution in this state, or in any other state or the District of Columbia, which demonstrates:

5.2.9.1. That the applicant has at least \$250,000 in liquid assets which are unencumbered and can be converted within 30 days after a request to liquidate such assets; and

5.2.9.2. The source of those liquid assets.

Documentation demonstrating the liquid assets and the source of those liquid assets must be included in this tab.

*Please note: If applying for more than one medical marijuana establishment registration certificate; available funds must be shown for each establishment application.*

5.2.10. **Tab X** – Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions within the last five years by the applicant or the persons who are proposed to be owners, officers or board members of the proposed establishment.

Evidence of taxes paid and other beneficial financial contributions made must be included in this tab.

5.2.11. **Tab XI** – The description of the proposed organizational structure of the proposed medical marijuana establishment and information concerning each Owner, Officer and Board Member of the proposed medical marijuana establishment.

- 5.2.11.1. An organizational chart showing all owners, officers, and board members of the medical marijuana establishment, including percentage of ownership for each individual.
- 5.2.11.2. The owner, officer and board member information form must be completed for each individual named in this application (Attachment C).
- 5.2.11.3. An owner, officer and board member Attestation Form must be completed for each individual named in this application (Attachment B).
- 5.2.11.4. A Child Support Verification Form for each owner, officer and board member must be completed for each individual named in this application (Attachment D).
- 5.2.11.5. A narrative description, not to exceed 750 words, demonstrating the following:
  - 5.2.11.5.1. Past experience working with governmental agencies and highlighting past community involvement.
  - 5.2.11.5.2. Any previous experience at operating other businesses or nonprofit organizations.
  - 5.2.11.5.3. Any demonstrated knowledge or expertise with respect to the compassionate use of marijuana to treat medical conditions.
  - 5.2.11.5.4. A resume, including educational achievements, for each owner, officer and board member must be completed for each individual named in this application.
- 5.2.11.6. A Request and Consent to Release Application Form for Medical Marijuana Establishment Registration Certificate(s) for each owner, officer and board member may be completed for each individual named in this application (Attachment E).
- 5.2.11.7. Documentation that fingerprint cards have been submitted to the Central Repository for Nevada Records of Criminal History.

The organizational chart, owner, officer and board member information form(s), attestation form(s), resume(s), child support verification forms(s), narrative description(s), request and consent to release application form, as applicable, and fingerprint documentation must be included in this tab.

5.2.12. **Tab XII** – A financial plan which includes:

- 5.2.12.1. Financial statements showing the resources of the applicant(s), both liquid and illiquid.
- 5.2.12.2. If the applicant is relying on money from an owner, officer or board member, or any other source, evidence that the person has

unconditionally committed such money to the use of the applicant in the event the Division issues a medical marijuana establishment registration certificate to the applicant.

- 5.2.12.3. Proof that the applicant has adequate money to cover all expenses and costs of the first year of operation.

The financial plan must be included in this tab.

- 5.2.13. **Tab XIII** – If a local government in which a proposed medical marijuana establishment will be located has not enacted zoning restrictions or the applicant is not required to secure approval that the applicant is in compliance with such restrictions:

- 5.2.13.1. A professionally prepared survey demonstrating that the applicant has satisfied all the requirements of NRS 453A.322(3)(a)(2)(II).

A professionally prepared survey must be included in this tab. If not applicable, please insert a plain page stating “**Not applicable.**”

- 5.2.14. Included with this packet - the \$5,000.00 application fee as per Section 26(1) of LCB File No. R004-14A

*Please note: Cashier's checks and money orders (made out to the "Nevada Division of Public and Behavioral Health") will be accepted. All payments of money in an amount of \$10,000 or more must be made by any method of electronic funds transfer of money allowed. The electronic payment must be credited to the State of Nevada on or before the date such payment is due.*

### 5.3. **PART II –NON-IDENTIFIED CRITERIA RESPONSE**

The NON-IDENTIFIED CRITERIA RESPONSE must include:

One (1) original copy marked “MASTER”

Three (3) original copies marked “Non-Identified Criteria Response”

*Please note: The content of this response must be in a **non-identified** format. The **Identifier Legend Form (Attachment H)** must be used to non-identify the content of the response.*

The response must have the tabbed sections as described below:

- 5.3.1. **Tab I** – Title Page

The title page must include the following:

*Please note: Title page will be removed for evaluation and does not require non-identification.*

<b>Part II –Non-Identified Criteria Response</b>	
Application Title:	A Medical Marijuana Establishment Registration Certificate
Application:	
Applicant Name:	
Address:	
Application Opening Date and Time:	August 5, 2014 8:00 AM
Application Closing Date and Time:	August 18, 2014 5:00 PM

5.3.2. **Tab II** – Table of Contents

An accurate table of contents must be provided in this tab.

5.3.3. **Tab III** – Documentation concerning the adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana, including, without limitation:

*Please note: The content of this response must be in a **non-identified** format*

5.3.3.1. Building and Construction plans with supporting details.

*Please note: The size or square footage of the proposed establishment must include the maximum size of the proposed operation per the lease and/or property ownership. The start-up plans and potential expansion must be clearly stated to prevent needless misunderstandings and surrendering of certification.*

Non-identified Building and Construction plans with supporting details must be included in this tab.

5.3.4. **Tab IV** – Documentation concerning the integrated plan of the proposed medical marijuana establishment for the care, quality and safekeeping of medical marijuana from seed to sale, including, without limitation:

*Please note: The content of this response must be in a **non-identified** format*

5.3.4.1. A non-identified plan for testing and verifying medical marijuana.

5.3.4.2. A non-identified transportation plan.

5.3.4.3. Non-identified procedures to ensure adequate security including, without limitation, measures for building security.

5.3.4.4. Non-identified procedures to ensure adequate security including, without limitation, measures for product security.

Non-identified plans for testing medical marijuana, transportation, and building and product security must be included in this tab.

5.3.5. **Tab V** – A plan which includes:

*Please note: The content of this response must be in a non-identified format*

5.3.5.1. A non-identified description of the operating procedures for the electronic verification system of the proposed medical marijuana establishment for verifying medical marijuana cardholders

5.3.5.2. A non-identified description of the inventory control system of the proposed medical marijuana establishment.

*Please note: Applicants must demonstrate a system to include thorough tracking of product movement and sales. The system shall account for all inventory held by an establishment in any stage of cultivation, production, display or sale, as applicable for the type of establishment, and demonstrate an internal reporting system to provide the Division with comprehensive knowledge of an establishment's inventory.*

The plan for the operating procedures for the electronic verification system and the inventory control system must be included in this tab and must be in a non-identifying format.

5.3.6. **Tab VI** – Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include, without limitation:

*Please note: The content of this response must be in a non-identified format*

5.3.6.1. A non-identified detailed budget for the proposed medical marijuana establishment, including pre-opening, construction and first year operating expenses.

5.3.6.2. A non-identified operations manual that demonstrates compliance with applicable statutes and regulations.

5.3.6.3. A non-identified education plan which must include, without limitation, providing educational materials to the staff of the proposed establishment.

5.3.6.4. A non-identified plan to minimize the environmental impact of the proposed establishment.

The plan to staff, educate and manage the proposed medical marijuana establishment must be included in this tab and must be non-identified.

5.3.7. **Tab VII** – A proposal demonstrating the following:

*Please note: The content of this response must be in a **non-identified** format*

- 5.3.7.1. The likely impact of the proposed medical marijuana establishment in the community in which it is proposed to be located.
- 5.3.7.2. The manner in which the proposed medical marijuana establishment will meet the needs of the persons who are authorized to engage in the medical use of marijuana.

The likely impact and how the establishment will meet the needs of persons who are authorized to engage in the medical use of marijuana must be included in this tab and must be non-identified.

#### 5.4. **Part III – CD Response**

**The CD portion of the application must include:**

- 5.4.1. Four (4) Identified Criteria Response CDs
- 5.4.2. Four (4) Non-Identified Criteria Response CDs
  - 5.4.2.1. The electronic files must follow the format and content section for the Identified Criteria Response and Non-Identified Criteria Response
  - 5.4.2.2. All electronic files must be saved in “PDF” format, with the following file names:
    - 5.4.2.2.1. Part I – Identified Criteria Response
    - 5.4.2.2.2. Part II – Non-Identified Criteria Response
  - 5.4.2.3. The CDs must be packaged in a case and clearly labeled as follows:

<b>CDs</b>	
Application	A Medical Marijuana Establishment Registration Certificate
Applicant Name:	
Address:	
Contents:	Part I – Identified Criteria Response Part II – Non-Identified Criteria Response

## 5.5. APPLICATION PACKAGING

- 5.5.1. If the separately sealed Identified Criteria Response, Non-Identified Criteria Response and CDs marked as required, are enclosed in another container for mailing purposes, the outermost container must fully describe the contents of the package and be clearly marked as follows:

<b><i>Medical Marijuana Establishment (MME) Program Division of Public and Behavioral Health 4150 Technology Way, Suite 104 Carson City, NV 89706</i></b>	
Application:	
Application Opening Date and Time:	August 5, 2014 8:00 AM
Application Closing Date and Time:	August 18, 2014 5:00 PM
For:	A Medical Marijuana Establishment Registration Certificate
Applicant's Name:	

- 5.5.2. Applications must be filed or accepted at 4150 Technology Way, Suite 104. Applications shall be deemed filed or accepted on the date of the postmark dated by the post office on the package in which it was mailed in accordance with NRS 238.100.
- 5.5.3. The Division will not be held responsible for application envelopes mishandled as a result of the envelope not being properly prepared.
- 5.5.4. Email, facsimile, electronic or telephone Applications will **NOT** be considered.
- 5.5.5. The Identified Criteria Response shall be submitted to the Division in a sealed package and be clearly marked as follows:

<b><i>Medical Marijuana Establishment (MME) Program Division of Public and Behavioral Health 4150 Technology Way, Suite 104 Carson City, NV 89706</i></b>	
Application:	A Medical Marijuana Establishment Registration Certificate
Application Component:	PART I – Identified Criteria Response
Application Opening Date and Time:	August 5, 2014 8:00 AM
Application Closing Date and Time:	August 18, 2014 5:00 PM
Applicant's Name:	

5.5.6. The Non-Identified Criteria Response shall be submitted to the Division in a sealed package and be clearly marked as follows:

<b><i>Medical Marijuana Establishment (MME) Program Division of Public and Behavioral Health 4150 Technology Way, Suite 104 Carson City, NV 89706</i></b>	
Application:	A Medical Marijuana Establishment Registration Certificate
Application Component:	PART II – Non-Identified Criteria Response
Application Opening Date and Time:	August 5, 2014 8:00 AM
Application Closing Date and Time:	August 18, 2014 5:00 PM
Applicant's Name:	

5.5.7. The CDs shall be submitted to the Division in a sealed package and be clearly marked as follows:

<b><i>Medical Marijuana Establishment (MME) Program Division of Public and Behavioral Health 4150 Technology Way, Suite 104 Carson City, NV 89706</i></b>	
Application:	A Medical Marijuana Establishment Registration Certificate
Application Component:	CDs
Application Opening Date and Time:	August 5, 2014 8:00 AM
Application Closing Date and Time:	August 18, 2014 5:00 PM
Applicant's Name:	

## 6. APPLICATION EVALUATION

6.1. Applications shall be consistently evaluated and scored in accordance with NRS 453A and LCB File No. R004-14A based upon the following criteria and point values:

	Merit Criteria	Descriptive Elements	Points
I	<p><b>NRS 453A.328(1) The total financial resources of the applicant, both liquid and illiquid</b></p>	<p><i>Listed below are certain elements that must be included in the response to the respective Merit Criteria. However, applicants should provide additional information that helps to demonstrate how the applicant uniquely meets the specified Merit Criteria in addition to the descriptive elements specified below.</i></p> <p>A financial plan which includes:</p> <ul style="list-style-type: none"> <li>• Financial statements showing the resources of the applicant(s), both liquid and illiquid.</li> <li>• If the applicant is relying on money from an owner, officer or board member, or any other source, evidence that the person has unconditionally committed such money to the use of the applicant in the event the Division issues a medical marijuana establishment registration certificate to the applicant and the applicant obtains the necessary local government approvals to operate the establishment.</li> <li>• Proof that the applicant has adequate money to cover all expenses and costs of the first year of operation.</li> </ul> <p>Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include:</p> <ul style="list-style-type: none"> <li>• A detailed budget for the proposed establishment, including pre-opening, construction and first-year operating expenses.</li> </ul>	40
II	<p><b>NRS 453A.328(2) The previous experience of the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment at operating other businesses or nonprofit organizations</b></p> <p><b>453A.328(3) The educational achievements of the persons who are proposed to be owners, officers or board members of the</b></p>	<p>An organizational chart showing all Owners, Officers and Board Members of the medical marijuana establishment, including percentage of ownership for each individual and a short description of the proposed organizational structure.</p> <p>A narrative description, not to exceed 750 words, demonstrating the following:</p> <ul style="list-style-type: none"> <li>• Any previous experience at operating other businesses or nonprofit organizations.</li> <li>• Any demonstrated knowledge or expertise with respect to the compassionate use of marijuana to treat medical conditions.</li> </ul>	50

	<p><b>proposed medical marijuana establishment</b></p> <p><b>453A.328(4) Any demonstrated knowledge or expertise on the part of the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment with respect to the compassionate use of marijuana to treat medical conditions</b></p>	<ul style="list-style-type: none"> <li>• A resume, including educational achievements, for each owner, officer and board member.</li> </ul>	
III	<p><b>453A.328(5) Whether the proposed location of the proposed medical marijuana establishment would be convenient to serve the needs of persons who are authorized to engage in the medical use of marijuana</b></p>	<p>Evidence that the applicant owns the property on which the proposed medical marijuana establishment will be located or has the written permission of the property owner to operate the proposed medical marijuana establishment on that property as required by NRS 453A.322(3)(a)(2)(IV), on a form prescribed by the Division.</p>	<b>20</b>
IV	<p><b>453A.328(6) The likely impact of the proposed medical marijuana establishment on the community in which it is proposed to be located</b></p>	<p>A proposal demonstrating:</p> <ul style="list-style-type: none"> <li>• Past experience working with governmental agencies and highlighting past community involvement.</li> <li>• The likely impact of the proposed medical marijuana establishment in the community in which it is proposed to be located.</li> <li>• The manner in which the proposed medical marijuana establishment will meet the needs of the persons who are authorized to engage in the medical use of marijuana.</li> </ul>	<b>20</b>
V	<p><b>453A.328(7) The adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana</b></p>	<p>Documentation concerning the adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana, including, without limitation:</p> <ul style="list-style-type: none"> <li>• Building and Construction Plans with supporting details.</li> </ul>	<b>20</b>
VI	<p><b>453A.328(8) Whether the applicant has an integrated plan for the care, quality and safekeeping of medical marijuana from seed to sale</b></p>	<p>Documentation concerning the integrated plan of the proposed medical marijuana establishment for the care, quality and safekeeping of medical marijuana from seed to sale, including, without limitation:</p> <ul style="list-style-type: none"> <li>• A plan for testing and verifying medical marijuana.</li> <li>• A transportation plan.</li> <li>• Procedures to ensure adequate security measures including, without limitation, for building security.</li> <li>• Procedures to ensure adequate security including, without limitation, measures for product security.</li> </ul>	<b>75</b>

		<p>Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include, without limitation:</p> <ul style="list-style-type: none"> <li>• An operations manual that demonstrates compliance with applicable statutes and regulations.</li> <li>• An education plan which must include, without limitation, providing educational materials to the staff of the proposed establishment.</li> <li>• A plan to minimize the environmental impact of the proposed establishment.</li> </ul> <p>A plan which includes:</p> <ul style="list-style-type: none"> <li>• A description of the operating procedures for the electronic verification system of the proposed medical marijuana establishment for verifying medical marijuana cardholders.</li> <li>• A description of the inventory control system of the proposed medical marijuana establishment to satisfy the requirements of sub-subparagraph (II) of subparagraph (3) of paragraph (a) of subsection 3 of NRS 453A.322.</li> </ul>	
<b>VII</b>	<b>453A.328(9)The amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions by the applicant or the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment</b>	Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions within the last five years by the applicant or the persons who are proposed to be owners, officers or board members of the proposed establishment.	<b>25</b>
<b>Application Total</b>			<b>250</b>
		Review results of background check(s), Applicant has until the end of the 90-day application period to resolve any background check information which would cause the application to be rejected.	<b>Unweighted</b>

6.2. Pursuant to subsection 1 of Section 28 of LCB File No. R004-14A, if, within 10 business days after the date on which the Division begins accepting applications in response to a request for applications issued pursuant to Section 25 of LCB File No. R004-14A, the Division receives more than one application and the Division determines that more than one of the applications is complete and in compliance with LCB File No. R004-14A and Chapter 453A of NRS, the Division will rank the applications, within each applicable local governmental jurisdiction for any applicants which are in a jurisdiction that limits the number of a type of medical marijuana establishment and statewide for each applicant which is in a jurisdiction that does not specify a

limit, in order from first to last based on compliance with the provisions of Chapter 453A of NRS and LCB File No. R004-14A and on the content of the applications as it relates to:

- 6.2.1. Evidence that the applicant owns the property on which the proposed medical marijuana establishment will be located or has the written permission of the property owner to operate the proposed medical marijuana establishment on that property as required by sub-subparagraph (IV) of subparagraph (2) of paragraph (a) of subsection 3 of NRS 453A.322
  - 6.2.2. Evidence that the applicant controls not less than \$250,000 in liquid assets to cover the initial expenses of opening the proposed medical marijuana establishment and complying with the provisions of NRS 453A.320 to 453A.370, inclusive as required by sub-subparagraph (III) of subparagraph (2) of paragraph (a) of subsection 3 of NRS 453A.322
  - 6.2.3. Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions by the applicant or the persons who are proposed to be owners, officers or board members of the proposed medical marijuana establishment as described in subsection 9 of NRS 453A.328 and pursuant to the provisions of subsection 4 of section 26 of LCB File No. R004-14A
  - 6.2.4. The description of the proposed organizational structure of the proposed medical marijuana establishment, and information concerning each Owner, Officer and Board Member of the proposed medical marijuana establishment, including, without limitation, the information provided pursuant to subsections 5 and of Section 26 of LCB File No. R004-14A
- 6.3. Pursuant to subsection 2 of Section 28 of LCB File No. R004-14A, an application that has not demonstrated a sufficient response related to the criteria set forth in 6.2.1, 6.2.2, 6.2.3 and 6.2.4, will not be further evaluated, and the Division will not issue a medical marijuana establishment registration certificate to that applicant.
  - 6.4. Pursuant to subsection 3 of Section 28 of LCB File No. R004-14A, if the Division receives any findings from a report concerning the criminal history of an applicant or person who is proposed to be an owner, officer or board member of a proposed medical marijuana establishment that disqualify that person from being qualified to serve in that capacity, the Division will provide notice to the applicant and give the applicant an opportunity to revise its application. If a person who is disqualified from serving as an owner, officer or board member remains on the application as a proposed owner, officer or board member 90 days after the date on which the Division initially received the application, the Division may disqualify the application.
  - 6.5. The Division may contact anyone referenced in any information provided for the Owners, Officers and Board Members of the proposed establishment; contact any applicant to clarify any response; solicit information from any available source concerning any aspect of an application; and seek and review any other information deemed pertinent to the evaluation process.
  - 6.6. The Division shall issue provisional medical marijuana establishment registration certificates in accordance with NRS 453A.326 (3) and Sections 29, 30 and 31 of LCB File No. R004-14A to the highest ranked applicants up to the designated number of registration certificates the Division

plans to issue.

- 6.7. Pursuant to subsection 2 of Section 29 of LCB File No. R004-14A, if two or more applicants have the same total number of points for the last application being awarded a provisional medical marijuana establishment registration certificate, the Division will select the applicant which has scored the highest number of points as it relates to the proposed organizational structure of the proposed medical marijuana establishment and the information concerning each owner, officer and board member of the proposed medical marijuana establishment, including, without limitation, the information provided pursuant to subsections 5 and 6 of Section 26 of LCB File No. R004-14A.
- 6.8. In accordance with Section 30 of LCB File No. R004-14A, if the Division receives only one response in a specific local governmental jurisdiction which limits the number of a type of establishment to one, or statewide, if the applicant is in a jurisdiction which does not limit the number of a type of medical marijuana establishment, and the Division determines that the application is complete and in compliance with LCB File No. R004-14A and Chapter 453A of the NRS, the Division will issue a provisional medical marijuana establishment registration certificate to that applicant to in accordance with subsection 3 of NRS 453.326.
- 6.9. Pursuant to subsection 1 of Section 31 of LCB File No. R004-14A, the issuance of a medical marijuana establishment registration certificate by the Division is provisional and not an approval to begin business operations, until such time as:
  - 6.9.1. The medical marijuana establishment is in compliance with all applicable local governmental ordinances and rules; and
  - 6.9.2. The local government has issued a business license, or otherwise approved the applicant, for the operation of the medical marijuana establishment.
- 6.10. Pursuant to subsection 2 of Section 31 of LCB File No. R004-14A, if the local government for a jurisdiction in which a medical marijuana establishment is located does not issue business licenses and does not approve or disapprove medical marijuana establishments in its jurisdiction, a medical marijuana establishment registration certificate becomes an approval to begin operations as a medical marijuana establishment when the medical marijuana establishment is in compliance with all applicable local governmental ordinances and rules.

## 7. MEDICAL MARIJUANA ESTABLISHMENT APPLICATION CHECKLIST

This checklist is provided for the applicant's convenience only and identifies documents that must be submitted with each package in order to be considered complete.

<b>Part I - Identified Criteria Response:</b>	<b>Completed</b>
Applicant Information Sheet	
Medical Marijuana Establishment Registration Certificate Application (Attachment A).	

Multi-Establishment Limitation Form; if applicable (Attachment G).	
Identifier Legend (Attachment H)	
Confirmation that the applicant has registered with the Secretary of State as the appropriate type of business.	
Confirmation of the ownership or authorized use of the property as a medical marijuana establishment <ul style="list-style-type: none"> <li>• A copy of Property Owner’s Approval for Use Form (Attachment F).</li> <li>• If the applicant has executed a lease or owns the proposed property, a copy of the lease or documentation of ownership.</li> </ul>	
Documentation from a financial institution in this state, or in any other state or the District of Columbia, which demonstrates: <ul style="list-style-type: none"> <li>• That the applicant has at least \$250,000 in liquid assets which are unencumbered and can be converted within 30 days after a request to liquidate such assets.</li> <li>• The source of those liquid assets.</li> </ul> <i>Please note: If applying for more than one Medical Marijuana establishment certificate; available funds must be shown for each establishment application.</i>	
Evidence of the amount of taxes paid to, or other beneficial financial contributions made to, the State of Nevada or its political subdivisions within the last five years by the applicant or the persons who are proposed to be Owners, Officers or Board Members of the proposed establishment.	
A financial plan which includes: <ul style="list-style-type: none"> <li>• Financial statements showing the resources of the applicant, both liquid and illiquid</li> <li>• If the applicant is relying on money from an Owner, Operator or Board Member, or any other source, evidence that such person has unconditionally committed such money to the use of the applicant in the event the Division issues a medical marijuana establishment registration certificate to the applicant.</li> <li>• Proof that the applicant has adequate money to cover all expenses and costs of the first year of operation.</li> </ul>	
\$5,000.00 application fee as per Section 26(1) of LCB File No. R004-14A  <i>Please note: Cashier’s checks and money orders (made out to the “Nevada Division of Public and Behavioral Health”) will be accepted. All payments of money in an amount of \$10,000 or more must be made by any method of electronic funds transfer of money allowed. The electronic payment must be credited to the State of Nevada on or before the date such payment is due.</i>	
<b>To be included for each Owner, Officer and Board Member of the proposed medical marijuana establishment:</b>	
Owner, Officer, and Board Member Attestation Form (Attachment B).	
Owner, Officer, and Board Member Information Form (Attachment C).	
A narrative description, not to exceed 750 words, demonstrating:	

<ul style="list-style-type: none"> <li>• Past experience working with governmental agencies and highlighting past community involvement.</li> <li>• Any previous experience at operating other businesses or non-profit organizations.</li> <li>• Any demonstrated knowledge or expertise with respect to the compassionate use of marijuana to treat medical conditions.</li> <li>• A resume, including educational achievements.</li> </ul>	
A Request and Consent to Release Form (Attachment E).	
Documentation that fingerprint cards have been submitted to Nevada’s Criminal History Repository.	
<p><b>Part II - Non-Identified Criteria Response:</b>  <i>Please note: All of the following must be submitted in a non-identified format.</i></p>	<b>Completed</b>
<p>Documentation concerning the adequacy of the size of the proposed medical marijuana establishment to serve the needs of persons who are authorized to engage in the medical use of marijuana, including:</p> <ul style="list-style-type: none"> <li>• Building and construction plans with all supporting details</li> </ul>	
<p>Documentation concerning the integrated plan of the proposed medical marijuana establishment for the care, quality and safekeeping of medical marijuana from seed to sale, including:</p> <ul style="list-style-type: none"> <li>• A plan for testing and verifying medical marijuana.</li> <li>• A transportation plan.</li> <li>• Procedures to ensure adequate security measures for building security.</li> <li>• Procedures to ensure adequate security measures for product security.</li> </ul>	
<p>A plan which includes,</p> <ul style="list-style-type: none"> <li>• A description of the operating procedures for the electronic verification system of the proposed medical marijuana establishment for verifying medical marijuana card holders.</li> <li>• A description of the Inventory control system of the proposed medical marijuana establishment</li> </ul>	
<p>Evidence that the applicant has a plan to staff, educate and manage the proposed medical marijuana establishment on a daily basis, which must include:</p> <ul style="list-style-type: none"> <li>• A detailed budget for the proposed establishment, including pre-opening, construction and first year operating expenses.</li> <li>• An operations manual that demonstrates compliance with the applicable statutes and regulations.</li> <li>• An education plan which must include providing educational materials to the staff of the proposed establishment.</li> <li>• A plan to minimize the environmental impact of the proposed establishment.</li> </ul>	
<p>An application demonstrating:</p> <ul style="list-style-type: none"> <li>• The likely impact of the proposed medical marijuana establishment in the community in which it is proposed to be located.</li> <li>• The manner in which the proposed medical marijuana establishment will meet the needs of the persons who are authorized to engage in the medical use of marijuana.</li> </ul>	

STATE OF NEVADA

**BRIAN SANDOVAL**  
*Governor*

**MICHAEL J. WILLDEN**  
*Director*



**RICHARD WHITLEY, MS**  
*Administrator*

**TRACEY D. GREEN, MD**  
*Chief Medical Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

4150 Technology Way, Suite 300  
Carson City, Nevada 89706  
Telephone: (775) 684-4200 - Fax: (775) 684-4211

**ATTACHMENT A - MEDICAL MARIJUANA ESTABLISHMENT APPLICATION**

STATE OF NEVADA

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Director



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**MEDICAL MARIJUANA ESTABLISHMENT APPLICATION - (Attachment A)**

**GENERAL INFORMATION**

Type of Medical Marijuana Establishment: <input type="checkbox"/> Independent Testing Laboratory <input type="checkbox"/> Cultivation Facility			
<input type="checkbox"/> Medical Marijuana Dispensary		<input type="checkbox"/> Marijuana Infused/Edible Production Facility	
Medical Marijuana Establishment's Name and Proposed Physical Address*: <small>*This must be a Nevada address and cannot be a P.O. Box.</small>			
City:	County:	State:	Zip Code:
Proposed Hours of Operation:			
Sunday	Monday	Tuesday	Wednesday
			Thursday
			Friday
			Saturday

**APPLYING ENTITY INFORMATION**

Applying Entity's Name:		
Business Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership		
<input type="checkbox"/> LLC <input type="checkbox"/> Assoc. /Coop. <input type="checkbox"/> Other specify:		
Telephone #:	E-Mail Address:	
State Business License #:	Expiration Date:	
Mailing Address:		
City:	State:	Zip Code:

**DESIGNEE INFORMATION**

List the name of the individual designated to submit establishment agent registry ID card applications on behalf of the medical marijuana establishment.

Last Name:	First Name:	MI:
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**MEDICAL MARIJUANA ESTABLISHMENT OWNER (OR), OFFICER (OF), AND BOARD MEMBER (BM) NAMES**

For each Owner, Officer, and Board Member listed below, please fill out a corresponding Establishment Principal Officers and Board Members Information Form.

Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM
Last Name:	First Name:	MI:	OR	OF	BM

The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing of “medical” marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act, NRS 453A, NAC 453A and LCB File No. R004-14A. Any failure to comply with these requirements may result in revocation of the medical marijuana agent identification card or medical marijuana establishment registration certificate issued by the Division.

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The State of Nevada, including but not limited to the employees of the Division, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing of medical marijuana.

If the applicant is issued a medical marijuana establishment provisional registration certificate, the applicant agrees to not operate the establishment until the establishment is inspected and the applicant obtains a medical marijuana establishment registration certificate authorizing operation of the establishment.

I attest that the information provided to the Division for this medical marijuana establishment registration certificate application is true and correct.

_____	_____
Print Name	Title
_____	_____
Signature	Date Signed
_____	_____
Print Name	Title
_____	_____
Signature	Date Signed

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**ATTACHMENT B – OWNER, OFFICER, AND BOARD MEMBER ATTESTATION  
FORM**

STATE OF NEVADA

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Governor

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Director



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Administrator

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Chief Medical Officer

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**OWNER, OFFICER, AND BOARD MEMBER ATTESTATION FORM – (Attachment B)**

I, \_\_\_\_\_,

PRINT NAME

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS Chapter 453A;  
and,

I agree that the Division may investigate my background information by any means feasible  
to the Division; and,

I will not divert marijuana to any individual or person who is not allowed to possess  
marijuana pursuant NRS Chapter 453A; and,

All information provided is true and correct.

\_\_\_\_\_

\_\_\_\_\_

Signature of Owner, Officer, or Board Member

Date Signed

State of Nevada	
County of _____	
Signed and sworn to (or affirmed) before me on _____ (date)	
By _____ (name(s) of person(s) making statement)	
Notary Stamp	Signature of Notarial Officer

STATE OF NEVADA

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**ATTACHMENT C – OWNER, OFFICER, AND BOARD MEMBER INFORMATION  
FORM**

STATE OF NEVADA

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**OWNER, OFFICER, AND BOARD MEMBER INFORMATION FORM - (Attachment C)**

Provide the following information for each Owner, Officer, and Board Member listed on the Medical Marijuana Establishment application. Use as many sheets as needed.			
Last Name:	First Name:	MI:	<input type="checkbox"/> OR <input type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth:			
Residence Address:			
City:	County:	State:	Zip:
A short description of the role the individual will serve in for the organization and the responsibilities of the position of the individual:			
Has this individual served as a principal officer or board member for a medical marijuana establishment that has had their establishment registration certificate revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual a physician currently providing written certifications for qualifying patients? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this individual employed by or a contractor of the Division? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individual's signed and dated Medical Marijuana Dispensary Principal Officer or Board Member Attestation Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If applicable, what is this individual's designated caregiver or dispensary agent registry identification number if issued within the previous six months?			
Has a copy of this individual's fingerprints on a fingerprint card been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Has a copy of this individual's signed and dated Child Support Verification Form been submitted with this application? <input type="checkbox"/> YES <input type="checkbox"/> NO			