

Cannabis Control  
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Background Check

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[Submit](#)**Application #: MRN282568**

## Individual Background Information

*Please enter information required to conduct a background check on all individuals:*

- *Who are executives, managers, persons having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment;*
- *Who are close associates and members of the applicant; or*
- *Who are contributing 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings.*

*For each yes / no question below, if yes is answered you must provide a description for each issue. You may provide a description(s) either by entering text or uploading a document.*

*To add additional individuals, click the "Add Another Individual" button at the bottom of the page. If you are completing this section for multiple individuals, we recommend that you save after adding each one by clicking on the "Save & Stay On This Page" button below.*

*All fields marked with an \* are required.*

### Individual Background Information 1



Role \*

Other Role

Other (specify ▼)

Member

First Name \*

Michael

Middle Name

Last Name \*

O'Donovan

Suffix

Former Last  
Name


Alias 1

Alias 2

Alias 3

Phone \*

Email \*

<div></div>		<div></div>	
Primary Address 1 *		Primary Address 2	
<div></div>		<div></div>	
Primary City *	Primary State *	Primary Zip Code *	Years at this Address *
<div>Medford</div>	<div>MA ▼</div>	<div>02155</div>	<div>10</div>
Date of Birth *	Last Four Digits of Social Security Number *		
<div></div> 	<div></div>		

RMD Association \*  
*If not associated with an RMD select not associated.*

Not associated ▼

#### Background Question \*

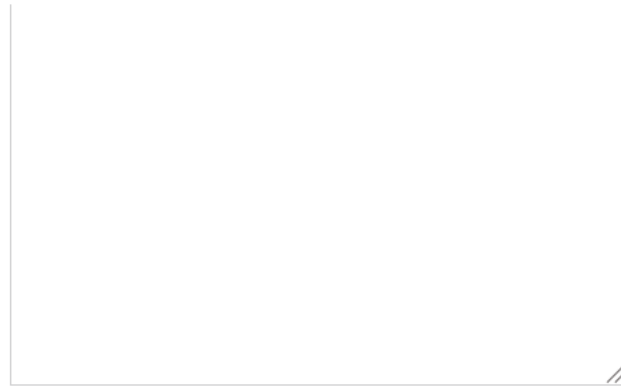
*Has this individual ever been the subject any of the following actions? If yes please provide a description and relevant dates for each event below by either entering the description in the text area or by uploading a document containing a narrative description.*

- *Criminal actions, but do not report any juvenile adjudications and delinquency matters or sealed records*
- *Civil or administrative action*
- *Past or pending legal or enforcement*
- *Past or pending denial, suspension, or revocation of a license or registration*
- *Past discipline or unresolved complaint*
- *Actions against a license to prescribe or distribute*
- *Any previous attempt to obtain a license or registration*

☐ Yes ☒ No

#### Description of Background Events

*If yes was answered to any of the questions above provide description and relevant dates here for each event.*



## Individual Background Information 2



Role \*

Other Role

Other (specify ▼)

Member

First Name \*

Denise

Middle Name

Last Name \*

O'Donovan

Suffix

Former Last  
Name

Alias 1

Alias 2

Alias 3

Phone \*

Email \*

Primary Address 1 \*

Primary Address 2

Primary City \*

Somerville

Primary State \*

MA ▼

Primary Zip  
Code \*

02144

Years at this  
Address \*

10

Date of Birth \*

Last Four Digits  
of Social  
Security  
Number \*

RMD  
Association \*

If not  
associated  
with an RMD  
select not  
associated  
Not associated ▼

### Background Question \*

*Has this individual ever been the subject any of the following actions? If yes please provide a description and relevant dates for each event below by either entering the description in the text area or by uploading a document containing a narrative description.*

- *Criminal actions, but do not report any juvenile adjudications and delinquency matters or sealed records*
- *Civil or administrative action*
- *Past or pending legal or enforcement*
- *Past or pending denial, suspension, or revocation of a license or registration*
- *Past discipline or unresolved complaint*
- *Actions against a license to prescribe or distribute*
- *Any previous attempt to obtain a license or registration*

☐ Yes ☒ No

### Description of Background Events

*If yes was answered to any of the questions above provide description and relevant dates here for each event.*

## Individual Background Information 3



Role \*

Other Role

Executive / Off ▼

First Name \*

Middle Name

Last Name \*

Suffix

Former Last  
Name

Matthew

Radebach

Alias 1

Alias 2

Alias 3

Phone \*

Email \*

Primary Address 1 \*

Primary Address 2

Primary City \*

Primary State \*

Primary Zip  
Code \*Years at this  
Address \*

Date of Birth \*

Last Four Digits  
of Social  
Security  
Number \*

RMD  
Association \*  
*If not  
associated  
with an RMD  
select not  
associated.*

Not associated ▼

Background Question \*

*Has this individual ever been the subject any of the following actions? If yes please provide a description and relevant dates for each event below by either entering the description in the text area or by uploading a document containing a narrative description.*

- *Criminal actions, but do not report any juvenile adjudications and delinquency matters or sealed records*
- *Civil or administrative action*
- *Past or pending legal or enforcement*
- *Past or pending denial, suspension, or revocation of a license or registration*
- *Past discipline or unresolved complaint*
- *Actions against a license to prescribe or distribute*
- *Any previous attempt to obtain a license or registration*

☐ Yes ☒ No

Description of Background Events  
*If yes was answered to any of the questions above provide description and relevant dates here for each event.*

Individual Background Information 4



Role \*

Other (specify ▼

Other Role

Managing Member

First Name \*

Middle Name

Last Name \*

Suffix

Former Last Name

Brenda

DeAngelis

Alias 1

Alias 2

Alias 3

Phone \*

Email \*

Primary Address 1 \*

Primary Address 2

Primary City \*

Primary State \*

Primary Zip Code \*

Years at this Address \*

Somerville

MA ▼

02145

10

Date of Birth \*

Last Four Digits of Social



Security  
Number \*

RMD

Association \*

*If not*

*associated  
with an RMD  
select not  
associated.*

Not associated ▼

Background Question \*

*Has this individual ever been the subject any of the following actions? If yes please provide a description and relevant dates for each event below by either entering the description in the text area or by uploading a document containing a narrative description.*

- *Criminal actions, but do not report any juvenile adjudications and delinquency matters or sealed records*
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- *Past or pending denial, suspension, or revocation of a license or registration*
- *Past discipline or unresolved complaint*
- *Actions against a license to prescribe or distribute*
- *Any previous attempt to obtain a license or registration*

☐ Yes ☒ No

Description of Background Events

*If yes was answered to any of the questions above provide description and relevant dates here for each event.*

Add Another Individual

## Background Check Supporting Documentation

Please upload the following supporting documentation for each individual listed above:

- US Driver's License or other Government Issued ID card
- CORI acknowledgement form
- Disclosure and acknowledgement form
- IVES form 4506-T
- Release authorization form

**Please DO NOT upload copies of actual CORI reports.**

To access required background check documents click [here](#).

### Supporting Documentation \*



Document Name: Michael O Donovan\_MA License.pdf



Document Category: MA Driver s License

Upload Date: 4/3/19



Document Name: Michael O Donovan\_CORI Acknowledgment.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 4/3/19



Document Name: Michael O Donovan\_Disclosure and Acknowledgment.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 4/3/19



Document Name: Michael O Donovan\_4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 4/3/19



Document Name: Michael O Donovan\_Release Authorization.pdf



Document Category: Release authorization form

Upload Date: 4/3/19





Document Name: Denise O Donovan\_MA License.pdf



Document Category: MA Driver s License

Upload Date: 4/3/19



Document Name: Denise O Donovan\_CORI Acknowledgment.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 4/3/19



Document Name: Denise O Donovan\_Disclosure and Acknowledgment.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 4/3/19



Document Name: Denise O Donovan\_4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 4/3/19



Document Name: Denise O Donovan\_Release Authorization.pdf



Document Category: Release authorization form

Upload Date: 4/3/19



Document Name: Brenda DeAngelis\_MA License.pdf



Document Category: MA Driver s License

Upload Date: 4/3/19



Document Name: Brenda DeAngelis\_CORI Acknowledgment.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 4/3/19



Document Name: Brenda DeAngelis\_Disclosure and Acknowledgement.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 4/3/19



Document Name: Brenda DeAngelis\_4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 4/3/19



Document Name: Brenda DeAngelis\_Release Authorization.pdf



Document Category: Release authorization form

Upload Date: 4/3/19

Drag document(s) or click here

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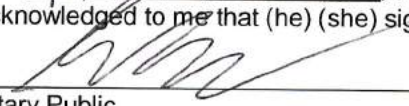
For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)



# Release & Authorization

## Authentication of Signature by Notary Public

On this 14th day of October, 2019, before me, the undersigned notary public, personally appeared Matthew K. Lebach (name of document signer), proved to me through satisfactory evidence of identification, which were RI Drivers License, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

  
Notary Public

08/04/20  
My Commission Expires On

