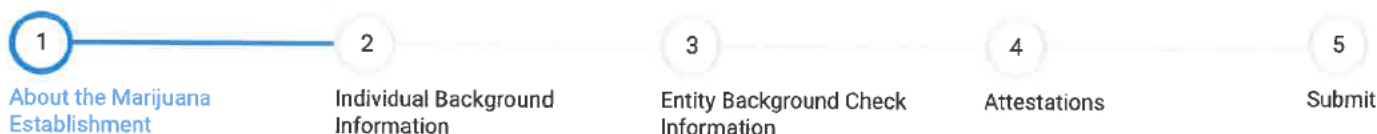


The MassCIP system will be down for maintenance and will not be available between 6:00 PM Friday, May 3rd and 2:00 AM Saturday, May 4th.



Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#)



Application #: **MRN282596**

About the Marijuana Establishment

Please provide information on the Marijuana Establishment below. All fields marked with an * are required.

Business Legal Name *

GreenSoul Organics LLC

Federal Tax Identification Number EIN/TIN *

[REDACTED]

Phone Number *

[REDACTED]

Email Address *

taba@greensoulorganics.boston

Business Address 1 *

500 Ashmont Street

Business Address 2

Business City *

Dorchester

Business State *

MA

Business Zip Code *

▼ 02124

Mailing Address 1 *

[REDACTED]

Mailing Address 2

[REDACTED]

Mailing City *

Jamaica Plain

Mailing State *

MA

Mailing Zip Code *

▼ 02130

[Save & Stay On This Page](#)

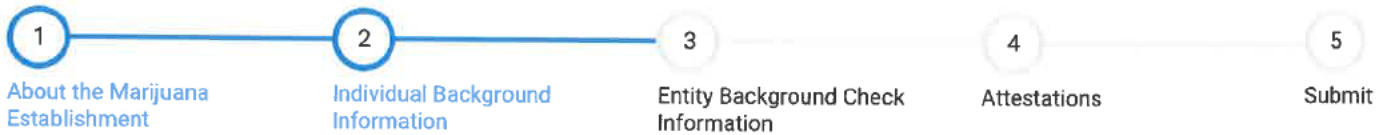
[Save & Go To Next Page >>](#)

[Exit](#)

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Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#)



Application #: MRN282596

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			
Executive / Officer ▾				
First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Tabasuri		Moses		
Alias 1	Alias 2	Alias 3		
Phone *	Email *			
	taba@greensoulorganics.boston			
Primary Address 1 *	Primary Address 2			
Primary City *	Primary State *	Primary Zip Code *	Years at this Address *	
Boston	MA ▾	02130	1.5	

Date of Birth *

Last Four Digits of
Social Security



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

Executive / Officer ▾

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

Saba

Kahassai

Alias 1

Alias 2

Alias 3

Phone *

Email *

saba@greensoulorganics.boston

Primary Address 1 *

Primary Address 2

Primary City *

Boston

Primary State *

MA

Primary Zip Code *

02130

Years at this Address *

1.5

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

Employee

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

Richard

Harding

Jr.

Alias 1

Alias 2

Alias 3

Phone *

Email *

mokey@greensoulorganics.boston

Primary Address 1 *

Primary Address 2

Primary City *

Cambridge

Primary State *

MA

Primary Zip Code *

02139

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 Role			
Employee ▼				
First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Chad		Milner		
Alias 1	Alias 2		Alias 3	
Phone *	Email *			
[REDACTED]	chad@greensoulorganics.boston			
Primary Address 1 *	Primary Address 2			
[REDACTED]	[REDACTED]			
Primary City *	Primary State *	Primary Zip Code *	Years at this Address	
Boston	MA ▼	02119	*	
			10	
Date of Birth *	Last Four Digits of Social Security Number *			
[REDACTED]	[REDACTED]			
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 5



Role * Other Role

Executive / Officer ▼

First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Nicole		Gittens		

Alias 1	Alias 2	Alias 3

Phone *	Email *
	nicole@greensoulorganics.boston

Primary Address 1 *	Primary Address 2

Primary City *	Primary State *	Primary Zip Code *	Years at this Address *
Somerville	MA ▼	02145	6.5

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.

[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: DRAFT APPLICATION - Background Check Documents.pdf

Document Category: Massachusetts CORI Authorization Form

Upload Date: 5/2/19



[Drag document\(s\) or click here](#)

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[Save & Go To Next Page >>](#)

[Exit](#)

Background Check Documents
TO BE COMPLETED PRIOR TO SUBMISSION

Each individual who appears on the Green Soul Organics, LLC (GSO) Marijuana Retailer application has completed the background check documents required by the Cannabis Control Commission; however due to privacy concerns GSO has decided not to include these documents in the draft application at this time. GSO is committed to transparency with the City of Somerville and will provide any information to them that does not jeopardize the privacy and security of our executives and employees.

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Massachusetts Cannabis Industry Portal (MassCIP)

TM

Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#)



Application #: MRN282596

Entity Background Check Information

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

- Have direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment;
- Contribute 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings.

If there are no entities that meet the above criteria, click the "Save & go to Next Page" button below.

To add additional entities click the "Add Another Entity" button at the bottom of the page. If you are completing this section for multiple entities, 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.

[Add Another Entity](#)

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

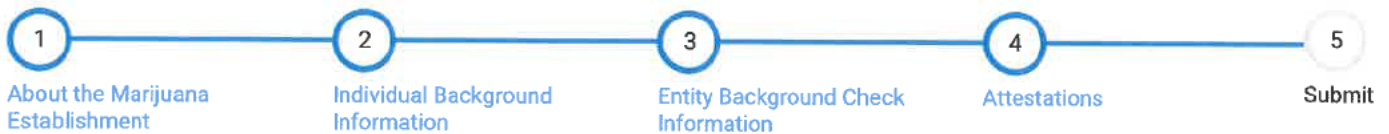
[Save & Go To Next Page >>](#)

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at cannabiscommission@state.ma.us

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Application #: MRN282596

Attestations

Please read and agree to the following statements.

I certify that no additional entities or individuals meeting the requirement set forth in 935 CMR 500.101(1)(b)(1) or 935 CMR 500.101(2)(c)(1) have been omitted by the applicant from any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission. *

☐ I Agree

I understand that the regulations stated above require an applicant for licensure to list all executives, managers, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment; close associates and members of the applicant, if any; and a list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings. *

☐ I Agree

I certify that any entities who are required to be listed by the regulations above do not include any omitted individuals, who by themselves, would be required to be listed individually in any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission. *

☐ I Agree

Notification *

I understand that a complete application includes four packets:

- *Application of Intent*
- *Background Check*
- *Management and Operations Profile*
- *Application Fee Payment*

I understand that this packet is only one of those four packets.

I understand that I will need to complete the Application Fee Payment packet before any part of my application is evaluated by the Cannabis Control Commission.

☐ I Understand

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