

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](#)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
About the Marijuana Establishment	Priority Applicant	RMD Information	Persons with Direct or Indirect Authority	Entities with Direct or Indirect Authority	Close Associates and Members	Capital Resources - Individuals	Capital Resources - Entities	Business Interests in other States or Countries	Disclosure of Individual Interests	Individual Interest Documentation	Marijuana Establishment Property Details	Host Community Information	Plan for Positive Impact	Additional Information	Submit

Application #: MRN282596

About the Marijuana Establishment

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

Business Legal Name *

Green Soul Organics LLC

Federal Tax Identification Number EIN/TIN *

[REDACTED]

Phone Number *

[REDACTED]

Email Address *

taba@greensoulorganics.boston

Business Address 1 *

24 Sigoumey Street

Business Address 2

Unit 2

Business City *

Jamaica Plain

Business State *

MA

Business Zip Code *

▼ 02130

Mailing Address 1 *

24 Sigoumey Street

Mailing Address 2

Unit 2

Mailing City *

Jamaica Plain

Mailing State *

MA

Mailing Zip Code *

▼ 02130

Certified Disadvantaged Business Enterprises (DBEs)

Certified Disadvantaged Business Enterprises (DBEs) *

Select all that apply.

- ☐ Disability-Owned Business
- ☐ Lesbian, Gay, Bisexual, and Transgender Owned Business
- ☐ Minority-Owned Business
- ☐ Veteran-Owned Business
- ☐ Woman-Owned Business

Not a DBE

[Save & Stay On This Page](#)

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

1 of 1

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

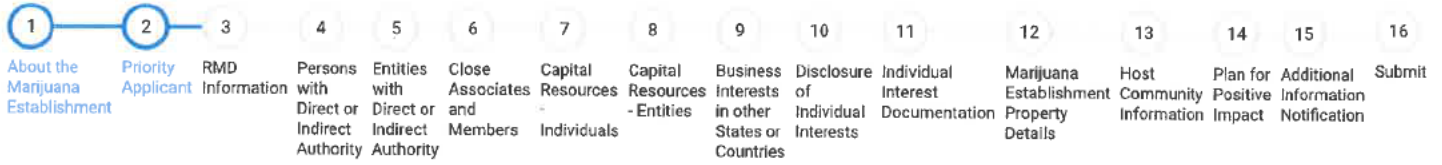
The MassCIP system will be down for maintenance and will not be available between 6:00 PM Friday, May 3rd and 2:00 AM Saturday, May 4th.



Massachusetts Cannabis Industry Portal (MassCIP)

TM

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



Application #: MRN282596

Priority Applicant

Some entities qualified for priority certification. Please indicate if this status applies to your Marijuana Establishment. All fields marked with an * are required.

Priority Applicant *

Has the Marijuana Establishment been certified as an Economic Empowerment Priority Applicant or an RMD Priority Applicant?

☒ Yes ☐ No

Priority Applicant Type *

If you have been approved as a priority applicant, select the certification type. If you are not a priority applicant, select "Not a Priority Applicant".

Economic Empowerment Priority

Economic Empowerment Applicant Certification Number

EEA202243

RMD Priority Certification Number

If you selected "RMD Priority" above enter you certification number here.

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

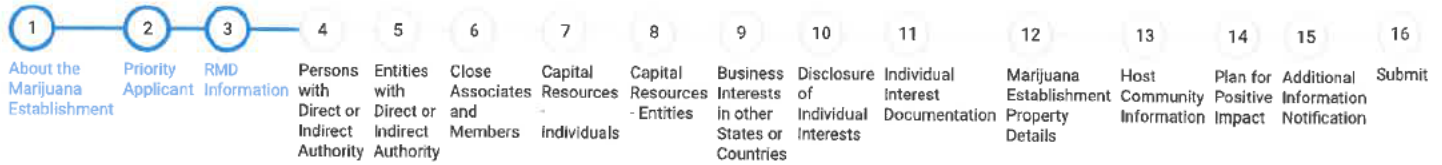
[Exit](#)

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

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

RMD Information

If you are a Registered Marijuana Dispensary (RMD) with a final or provisional certificate of registration in good standing with the Department of Public Health (DPH) may apply as an RMD Priority Applicant. By submitting this information, you consent to your information being exchanged between DPH and the Commission. Please provide proof of your RMD's registration status below.

If you are not a Registered Marijuana Dispensary, you may click on "Save & Go To Next Page"

Name of RMD

Department of Public Health RMD Registration Number

Operational and Registration Status

The current state of your registration with the Department of Public Health (DPH)

- ☐ Obtained Final Certificate of Registration and is open for business in Massachusetts
- ☐ Obtained Final Certificate of Registration, but is not open for business in Massachusetts
- ☐ Obtained Provisional Certificate of Registration only
- ☐ Applied for Certificate of Registration, decision by DPH is pending
- ☐ Denied by DPH for Certificate of Registration as an RMD in Massachusetts

Certificate of Registration

Upload a scanned copy of your current Certificate of Registration (Provisional or Final) from the Department of Public Health

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

To your knowledge, is the existing RMD certificate of registration in good standing?

☐ Yes ☐ No

If no, describe the circumstances below

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

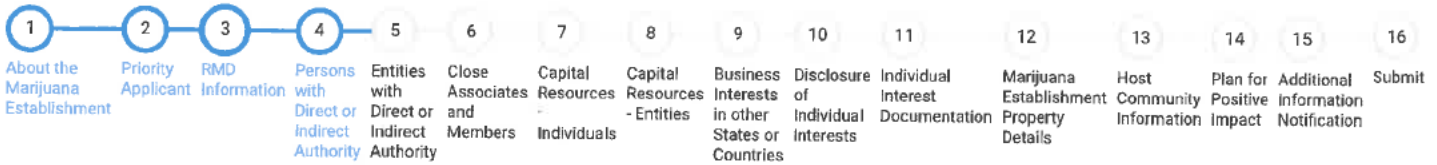
[Save & Go To Next Page >>](#)

Exit

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

Persons with Direct or Indirect Authority

Provide demographic information for all executives, managers, or other persons having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment. You will need to provide additional information on individuals identified here in the Background Check packet.

To add another person click the "Add a Person" button at the bottom of the page.

All fields marked with an * are required.

Person with Direct or Indirect Authority 1

Percentage Of Ownership *	Percentage Of Control *			
0	0			
Role *	Other Role			
Manager	If Other was selected for role			
First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Tabasuri		Moses		(e.g. maiden name)
Alias - 1	Alias - 2	Alias - 3		
Phone *	Email *			
[REDACTED]	taba@greensoulorganics.boston			
Primary Address 1 *	Primary Address 2			
24 Sigourney Street	Unit 2			
City *	State *	Zip Code *		
Jamaica Plain	MA	02130		
Gender *	User Defined Gender			
Male				

What is this person's race or ethnicity? *

Mark all boxes that apply

- ☐ White (German, Irish, English, Italian, Polish, French)
- ☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)
- ☐ Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)
- ☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
- ☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)
- ☐ Some Other Race or Ethnicity
- ☐ Decline to Answer

Specify Race or Ethnicity

African American

Person with Direct or Indirect Authority 2

Percentage Of Ownership * Percentage Of Control *

0	0			
Role *	Other Role			
Manager	If Other was selected for role			
First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Saba		Kahassai		(e.g. maiden name)
Alias - 1	Alias - 2	Alias - 3		
Phone *	Email *			
	saba@greensoulorganics.boston			
Primary Address 1 *	Primary Address 2			
24 Sigourney Street	Unit 2			
City *	State *	Zip Code *		
Jamaica Plain	MA	02130		
Gender *	User Defined Gender			
Female				
What is this person's race or ethnicity? *				
Mark all boxes that apply				
<input type="checkbox"/> White (German, Irish, English, Italian, Polish, French)				
<input type="checkbox"/> Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)				
<input type="checkbox"/> Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)				
<input type="checkbox"/> Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)				
<input type="checkbox"/> American Indian or Alaska Native				
<input type="checkbox"/> Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)				
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)				
<input type="checkbox"/> Some Other Race or Ethnicity				
<input type="checkbox"/> Decline to Answer				
Specify Race or Ethnicity				
African American				

Person with Direct or Indirect Authority 3

Percentage Of Ownership *	Percentage Of Control *			
0	0			
Role *	Other Role			
Manager	If Other was selected for role			
First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Chad		Milner		(e.g. maiden name)
Alias - 1	Alias - 2	Alias - 3		
Phone *	Email *			
	chad@greensoulorganics.boston			
Primary Address 1 *	Primary Address 2			
City *	State *	Zip Code *		
Boston	MA	02119		
Gender *	User Defined Gender			
Male				

What is this person's race or ethnicity? *

Mark all boxes that apply

- ☐ White (German, Irish, English, Italian, Polish, French)
- ☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)
- ☐ Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)
- ☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
- ☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)
- ☐ Some Other Race or Ethnicity
- ☐ Decline to Answer

Specify Race or Ethnicity

African American

Person with Direct or Indirect Authority 4

Percentage Of Ownership *

0

Percentage Of Control *

0

Role *

Employee

Other Role



If Other was selected for role

First Name *

Richard

Middle Name

Last Name *

Harding

Suffix

Former Last Name

(e.g. maiden name)

Alias - 1

Alias - 2

Alias - 3

Phone *

[REDACTED]

Email *

mokey@greensoulorganics.boston

Primary Address 1 *

[REDACTED]

Primary Address 2

[REDACTED]

City *

Cambridge

State *

MA

Zip Code *

02139

Gender *

Male

User Defined Gender



What is this person's race or ethnicity? *

Mark all boxes that apply

- ☐ White (German, Irish, English, Italian, Polish, French)
- ☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)
- ☐ Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)
- ☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
- ☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)
- ☐ Some Other Race or Ethnicity
- ☐ Decline to Answer

Specify Race or Ethnicity

African American

Person with Direct or Indirect Authority 5

Percentage Of Ownership *

0

Percentage Of Control *

0

Role *

Employee

Other Role



If Other was selected for role

First Name * Middle Name Last Name * Suffix Former Last Name
Nicole Gittens (e.g. maiden name)

Alias - 1 Alias - 2 Alias - 3

Phone * Email *
 nicole@greensoulorganics.boston

Primary Address 1 * Primary Address 2

City * State * Zip Code *
Somerville MA 02145

Gender * User Defined Gender
Female

What is this person's race or ethnicity? *

Mark all boxes that apply

- ☐ White (German, Irish, English, Italian, Polish, French)
☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)
Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)
☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
☐ American Indian or Alaska Native
☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)
☐ Some Other Race or Ethnicity
☐ Decline to Answer

Specify Race or Ethnicity

African American

Person with Direct or Indirect Authority 6

Percentage Of Ownership * Percentage Of Control *
0 0

Role * Other Role
Employee If Other was selected for role

First Name * Middle Name Last Name * Suffix Former Last Name
Joseph Fergus (e.g. maiden name)

Alias - 1 Alias - 2 Alias - 3

Phone * Email *

Primary Address 1 * Primary Address 2

City * State * Zip Code *
Mattapan MA 02126

Gender * User Defined Gender
Male

What is this person's race or ethnicity? *

Mark all boxes that apply

- ☐ White (German, Irish, English, Italian, Polish, French)

- ☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)
Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)
- ☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
- ☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)
- ☐ Some Other Race or Ethnicity
- ☐ Decline to Answer

Specify Race or Ethnicity

African American

Add a Person

[Go To Previous Page](#) [Save & Stay On This Page](#) [Save & Go To Next Page >>](#)

15/15

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

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

Entities with Direct or Indirect Authority

Provide information for all entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment. You will need to provide additional information on individuals identified here in the Background Check packet.

To add another entity click the "Add an Entity" button at the bottom of the page.

All fields marked with an * are required.

[Add an Entity](#)

[← Go To Previous Page](#)

[Save & Stay On This Page](#)

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

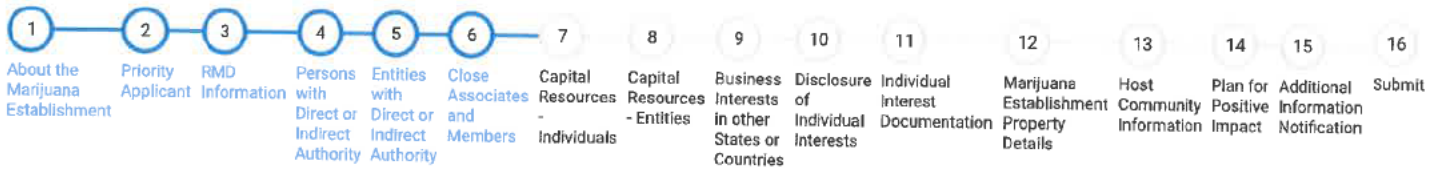
[Exit](#)

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

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

Close Associates and Members

Provide information about all Close Associates and Members of the applicant.

Close Associate means a person who holds a relevant managerial, operational or financial interest in the business of an applicant or licensee and, by virtue of that interest or power, is able to exercise a significant influence over the management, operations or finances of a Marijuana Establishment licensed under 935 CMR 500.000.

If there are no individuals meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add individuals as close associates or members, click the "Add an Individual" at the bottom of the page.

All fields marked with an * are required.

[Add an Individual](#)

[<< 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



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



Application #: MRN282596

Capital Resources - Individuals

Provide information about individuals that have or will contribute 10% or more to the initial capital for the Marijuana Establishment.

If there are no individuals meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add an individual, click the "Add an Individual" button below.

All fields marked with an * are required.

Individual Contributing Capital 1

First Name *	Middle Name	Last Name *	Suffix
Tabasuri		Moses	
Email *	Phone *		
taba@greensoulorganics.boston	[REDACTED]		
Address 1 *		Address 2	
24 Sigourney Street		Unit 2	
City *	State *	Zip Code *	
Jamaica Plain	MA	02130	
Types of Capital * Select all that apply. Monetary/Equity	Other Type of Capital If other select, specify here	Total Value of the Capital Provided *	Percentage of Initial Capital *
<input type="checkbox"/> Debt <input type="checkbox"/> Land <input type="checkbox"/> Buildings <input type="checkbox"/> Other (Specify)		185000	100
Capital Attestation * The funds identified above that were used to invest in or finance the Marijuana Establishment were lawfully earned or obtained. Yes			

Individual Contributing Capital 2

First Name *	Middle Name	Last Name *	Suffix
Chad		Milner	
Email *	Phone *		
chad@greensoulorganics.boston	[REDACTED]		
Address 1 *		Address 2	
[REDACTED]		[REDACTED]	
City *	State *	Zip Code *	
Boston	MA	02119	
Types of Capital * Select all that apply. Monetary/Equity	Other Type of Capital If other select, specify here	Total Value of the Capital Provided *	Percentage of Initial Capital *
<input type="checkbox"/> Debt <input type="checkbox"/> Land		185000	100

☐ Buildings
☐ Other (Specify)

Capital Attestation *

The funds identified above that were used to invest in or finance the Marijuana Establishment were lawfully earned or obtained.
Yes

[Add an individual](#)

Capital Resources Documentation - Individuals

Please provide documentation that establishes:

- The existence of the funds
- Certification that the funds were legally obtained
- Amount(s) and source(s) of the funds provided to the applicant including, but not limited to, funds from any individual that will be contributing capital resources for the purposes of establishing or operating the identified Marijuana Establishment

Amounts and Sources of Capital Documentation

Documentation detailing the amounts and sources of capital resources available to the applicant from any entity that will be contributing capital resources to the applicant for purposes of establishing or operating the identified Marijuana Establishment for each license applied for.



Document Name: Bank Statement_compressed.pdf

Document Category: Bank Record

Upload Date: 5/2/19



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

[Go To Previous Page](#)

[Save & Stay On This Page](#)

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



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

ADDRESS SERVICE REQUESTED

TABASURI W MOSES
 CHAD W MILNER

Statement Ending 03/29/2019

Page 1 of 28

Managing Your Accounts

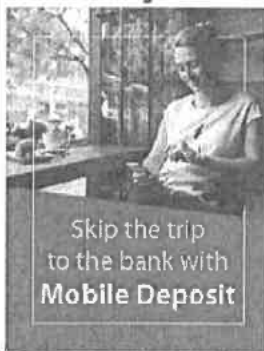
-  Branch Phone Number (617) 497-2500
-  Branch Location 675 Massachusetts Ave
Cambridge, MA 02139
-  Tele-Banking (877) 654-7900
-  Online Access www.leaderbank.com
-  Email Address deposits@leaderbank.com



Effortless security deposit

-  **Open Bank Account**
Enter your personal information (and that of your business, if applicable) to open a new security deposit account.
-  **Invite Tenants**
Invite your tenant to sign a W-9, which will designate them as the owner of the funds.
-  **Sit Back & Relax**
ZDeposit will automatically generate required disclosures and send the annual interest accrued.

Summary of Accounts



Account Type	Account Number	Ending Balance
STEP AHEAD CHECKING		\$185,865.47

STEP AHEAD CHECKING

Account Summary

Date	Description	Amount
06/01/2018	Beginning Balance	\$30,942.86
	21 Credit(s) This Period	\$1,208,164.43
	671 Debit(s) This Period	\$1,053,241.82
03/29/2019	Ending Balance	\$185,865.47

The MassCIP system will be down for maintenance and will not be available between 5:00 PM Friday, May 3rd and 2:00 AM Saturday, May 4th.



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



Application #: MRN282596

Capital Resources - Entities

Provide information about entities that have or will contribute 10% or more to the initial capital for the Marijuana Establishment.

If there are no entities meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add an entity, click the "Add an Entity" button below.

All fields marked with an * are required.

[Add an Entity](#)

Capital Resources Documentation - Entity

Please provide documentation that establishes:

- The existence of the funds
- Certification that the funds were legally obtained
- Amount(s) and source(s) of the funds provided to the applicant including, but not limited to, funds from any individual that will be contributing capital resources for the purposes of establishing or operating the identified Marijuana Establishment

Amounts and Sources of Capital Documentation

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

[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

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

Business Interests in other States or Countries

Provide information about all past or present business interests of the Marijuana Establishment and its owners in other states or countries.

If there are no entities meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add entities click on the "Add an Entity" button below.

All fields marked with an * are required.

[Add an Entity](#)

Business Interest Documentation

Please upload documentation for each of the business interests listed above.

Supporting Document

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

[◀ 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

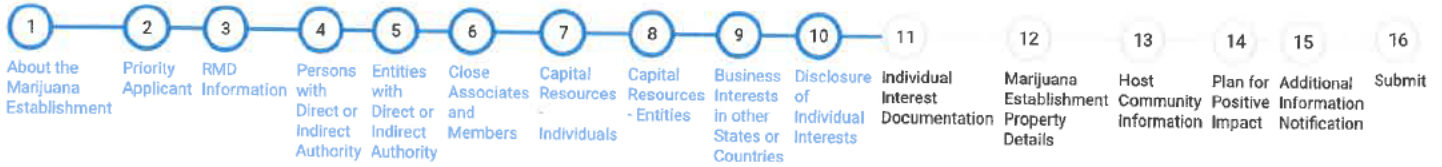
The MassCIP system will be down for maintenance and will not be available between 6:00 PM Friday, May 3rd and 2:00 AM Saturday, May 4th.



Massachusetts Cannabis Industry Portal (MassCIP)

TM

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



Application #: MRN282596

Disclosure of Individual Interests

Provide information about the interest of each individual named in the application in any Marijuana Establishment application for licensure or in any Marijuana Establishment that has been licensed.

If there are no individuals meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add individuals, click on the "Add an Individual" button below.

All fields marked with an * are required.

[Add an Individual](#)

[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

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.



Massachusetts Cannabis Industry Portal (MassCIP)

TM

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



Application #: MRN282596

Individual Interest Documentation

Please upload documentation for each of the individual interests listed above.

Supporting Documents

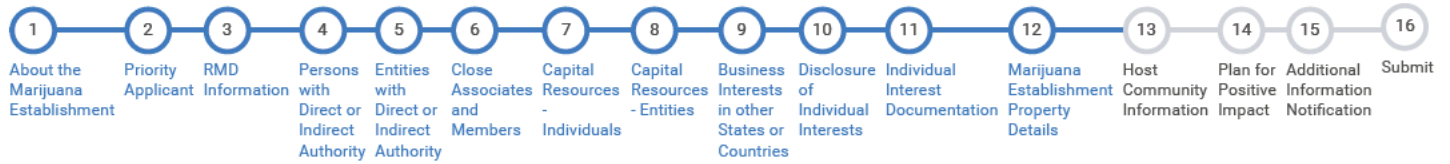
[Drag document\(s\) or click here](#)

[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

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



Application #: MRN282596

Marijuana Establishment Property Details

*Details about the property where the Marijuana Establishment will be located. All fields marked with an * are required.*

Establishment Address 1 *

23 Holland Street

Establishment Address 2

Establishment City *

Somerville

Establishment Zip Code *

02144

Approximate square footage of the establishment *

2036

How many abutters does this property have? *

33

Have all property abutters been notified of the intent to open a Marijuana Establishment at this address? *

☒ Yes

☐ No

☐ I Don't Know

Bond or Escrow Documentation *

Documentation of a bond or other resources held in an escrow account in an amount sufficient to adequately support the dismantling and winding down of the Marijuana Establishment



Document Name: DRAFT APPLICATION - Bond Documentation.pdf

Document Category: Documentation of Bond

Upload Date: 5/2/19



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

Property Interest Documentation *

Documentation of a property interest in the proposed address. Interest may be demonstrated by one of the following:

- Clear legal title to the proposed site;
- An option to purchase the proposed site;
- A legally enforceable agreement to give such title; or
- Binding permission to use the premises.



Document Name: Letter Of Intent GSO-17 Holland-SIGNED.pdf

Document Category: Permission to Use Premises

Upload Date: 4/24/19



Drag document(s) or click here

[<< 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

Bond Documentation
TO BE COMPLETED PRIOR TO SUBMISSION

Green Soul Organics, LLC has identified a company willing to issue a bond for its marijuana establishment and will get that bond prior to applying for their retail license.



January 10, 2019

Tabasuri Moses
Green Soul Organics

RE: *Green Soul Organics
23-25 Holland Street
Somerville, MA*

Tenant: Green Soul Organics (Please Provide Entity)

Guarantor: Corporate Guarantee- Please provide financials for Landlord Review

Landlord: JTD 17 Holland, LLC

Premises: Approximately 2,066 SF total (1,636 square feet of street level space and 430 square feet of basement space)

Use: The Premises will be used for a typical Recreational Marijuana location (the "Permitted Use"), to be further defined in lease, and for no other use unless agreed to in writing by Landlord. Tenant's use not to conflict with use restrictions of any existing tenant leases in the building.

Lease Term: Seven (7) year initial term with one (1) seven (7) year option to renew. Said option shall be exercised by Tenant giving twelve (12) months prior written notice to Landlord.

Base Rent:

Year 1	\$200,000 per year + NNN
Years 2-7	3% annual increases

Option Rent: 3% annual increases

Real Estate Taxes, Insurance and Common Area Maintenance: Beginning at Rental Commencement, in addition to Base Rent, Tenant to pay its pro rata share of Taxes, Insurance and Common Area Maintenance. Estimated to be approximately \$10 per square foot.

Security Deposit:	Due upon execution of the final lease agreement. Minimum of three months rent. In the event tenant elects to terminate prior to Lease Commencement, security deposit to be applied to 3 months' rent due during the Notice Period.
Condition of the Premises:	Landlord shall deliver the Premises with exception to the basement space per the condition outlined in the attached "exhibit B". Tenant shall be responsible for related construction costs associated with design/ fit out of Tenant's basement space. Condition of basement delivery to be further defined in lease.
Tenant Improvement Allowance:	None
Utilities:	Tenant responsible for payment on all utilities consumed at the Premises. To be separately metered.
Delivery Date:	Estimated to be May 1, 2019
Base Rent/Lease Commencement:	The date upon which tenant has received all required permits and approvals
Pre-Term Rent:	Starting on February 1, 2019, the Tenant shall be required to pay 12.5% of the monthly rental amount in the amount of \$3,333.33, due on the 1 st of the month. Starting 30 days after the Delivery Date, Tenant shall be required to pay 50% of the anticipated monthly rental amount in the amount of \$8,333.33. Upon the earlier of the opening of the Recreational Marijuana retail store or January 1, 2020, Tenant shall be required to pay the full rent in monthly installments. In the event Tenant is unable to obtain all required approvals, Tenant may terminate the lease with six months' "Notice Period."
Lease:	Landlord's lease form. Tenant shall pay a non refundable deposit of \$10,000 within 3 days of the execution of this LOI. Landlord shall have the right to apply deposit towards legal fees associated with delivery of a finalized lease, or relevant architecture, design or engineering fees associated with Tenant's delivery. Upon Lease Commencement, deposit will be added to security deposit. In addition, the above terms and conditions are subject to a fully executed lease on or before February 1, 2019
Brokers:	Landlord and Tenant acknowledge that no broker is entitled to a commission on the transaction other than Atlantic Retail Properties (representing Landlord). The brokerage fee for this transaction will be 4% of the aggregate base terms rent. This fee will be paid evenly by Landlord and Tenant (2% by Landlord, and 2% by Tenant). To be paid 100% upon Tenant's receipt of permits necessary to commence retail operation.

Additional Conditions:

The Tenant shall participate in the following charitable event, no later than 1 year after the commencement of operation:

Tenant shall donate \$3,000.00 to HonkFest! and will contribute at least \$2,000.00 towards the sponsorship of Somerville Homeless Coalition Road Race Per year

Please review the proposal at your earliest convenience. If it meets with your approval, please so indicate by executing and dating in the space provided below and returning to us.

Green Soul Organics

Agreed to and accepted by:

DocuSigned by:

530619104655406...
Tabasuri Moses

Title: CEO Date: 1/11/2019

JTD 17 Holland, LLC

Agreed to and accepted by:

DocuSigned by:

A06F82411A2A404...
Carla De Lellis

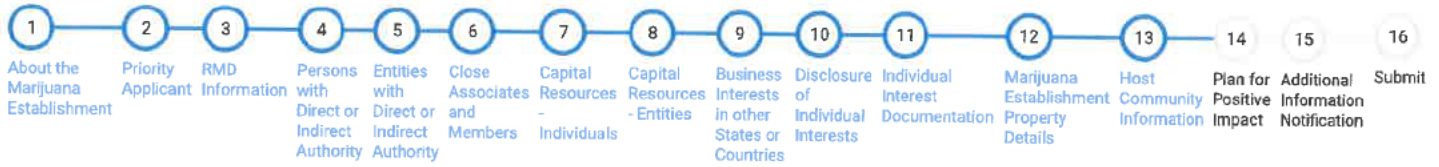


Title: sole member LLC Date: 1/11/2019

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

Host Community Information

The Host Community is the municipality in which a Marijuana Establishment is located or in which an applicant has proposed locating an establishment. Three documents are required to establish full cooperation with the host community:

- Single-page certification of host community agreement
- Community outreach meeting documentation
- Plan to Remain Compliant with Local Zoning

Note: Guidance for Community Outreach is provided on our website including forms and templates.

Host Community Documentation *

Please upload the required documentation below



Document Name: Plan to Remain Compliant with Local Zoning 4.24.19 .pdf



Document Category: Plan to Remain Compliant with Local Zoning

Upload Date: 5/2/19



Document Name: DRAFT APPLICATION - HCA Information.pdf



Document Category: Certification of Host Community Agreement

Upload Date: 5/2/19

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

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

5/3/19

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

Plan to Remain Compliant with Local Zoning

The purpose of this plan is to outline how Green Soul Organics, LLC is and will remain in compliance with local codes, ordinances and bylaws for the physical address of the retail marijuana establishment a 23 Holland Street, Somerville, MA 02144, which shall include, but not be limited to, the identification of any local licensing requirements for the adult use of marijuana.

23 Holland Street is located in Commercial Business (CBD) Zoning District and properly zoned pursuant to the Somerville Zoning Bylaws Section 7.16 Recreational Marijuana. In accordance with Section 7.16(f)(2) the retail establishment is not be located within 300 feet of a principal entry door of a public or private school providing education in kindergarten or any of grades 1 through 12. There are no other codes, ordinances, or bylaws relative to the retail marijuana establishment.

In addition to Green Soul Organics remaining compliant with existing Zoning Ordinances; Green Soul Organics will continuously engage with the City of Somerville officials to remain up to date with local zoning ordinances to remain fully compliant.

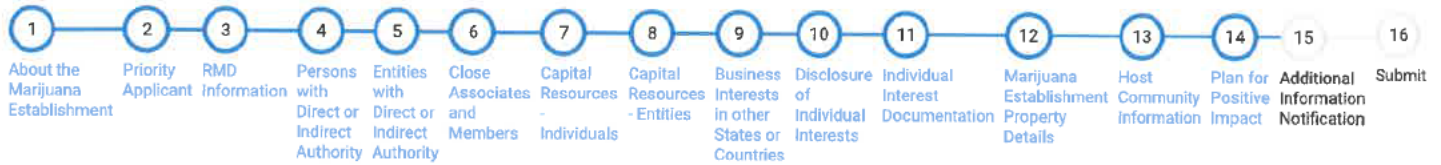
Host Community Agreement
TO BE COMPLETED PRIOR TO SUBMISSION

Green Soul Organics, LLC (GSO) will submit its single-page certification of a host community agreement and community outreach meeting documentation once GSO has held its community outreach meeting and entered into a host community agreement.

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

Plan for Positive Impact

Please provide your plan to positively impact areas of disproportionate impact, as defined by the Commission. [The list of those areas is posted on our website.](#)

Plan to Positively Impact Areas of Disproportionate Impact *

Upload narrative



Document Name: GSO Plan for Positive Impact.pdf

Document Category: Plan for Positive Impact

Upload Date: 5/2/19



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

[Go To Previous Page](#)

[Save & Stay On This Page](#)

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

End

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

Green Soul Organics, LLC

Plan for Positive Impact

INTENT

At Green Soul Organics (GSO), we are proud to be a Boston-based minority-owned adult-use cannabis company that is a Commission-designated Economic Empowerment Priority applicant. We strive to integrate our business into our host communities and areas of disproportionate impact to positively impact those that have been disproportionately impacted by marijuana prohibition. We are proud to be a 100% minority owned business with every executive role of the company filled by a minority individual. Our team has seen the harmful effects of marijuana prohibition first-hand and we intend to use this opportunity to enrich those who have been disproportionately harmed by marijuana prohibition in Massachusetts.

PURPOSE

GSO's plan for positive impact was developed to grant opportunities to those individuals and neighborhoods that have been disproportionately impacted by marijuana prohibition in Massachusetts. GSO is committed to implementing programs that help individuals and/or children of individuals who have been negatively impacted by marijuana criminalization. GSO will bring opportunity and resources to empower these people and others in areas of disproportionate impact.

GSO plans to establish retail operations in Somerville and Boston and a cultivation and product manufacturing facility in Fitchburg. GSO's proposed marijuana establishment locations are not in geographic areas of disproportionate impact but GSO's executive team grew up in neighborhoods of Boston that the Commission has identified as geographic areas of disproportionate impact. As a result, we hope to positively impact the residents of these neighborhoods and residents of Boston who fall into other groups of disproportionate impact as identified by the Commission.

GOALS

The following goals and policies serve as the plan for positive impact that GSO will utilize to positively impact populations within areas of disproportionate impact. Through these policies we can utilize our business and our success to offer aid to disproportionately impacted groups in Massachusetts and Boston.

Goal 1: Reduce barriers to entry in the adult-use cannabis industry by hiring a workforce that is at least 25% of populations falling within areas of disproportionate impact as identified by the Commission

Programs: To accomplish our goal, GSO will grant a hiring preference and competitive advantage to populations that fall within areas of disproportionate impact such as past or present

residents of geographic “areas of disproportionate impact”; Commission-designated Economic Empowerment Priority applicants; Commission-design Social Equity Program participants; Massachusetts residents who have past marijuana-related drug convictions; and Massachusetts residents with parents or spouses who have marijuana-related drug convictions. These communities will be reached through print and media advertising, word of mouth, and targeted social media campaigns. GSO will adhere to the requirements set forth in 935 CMR 500.105(4) relative to the permitted and prohibited advertising, brand, marketing, and sponsorship practices of marijuana establishments.

Outcome Measure: GSO will evaluate the disproportionate impact percentages of its workforce annually to assess its progress toward meeting its goal of recruiting a workforce that is made up of 25% of individuals from populations that fall within areas of disproportionate impact. GSO will assess and review its progress within a year of opening its first marijuana establishment and then annually after that time. Based upon this yearly review, GSO will determine its progress and be able to demonstrate proof of success or progress to the Commission upon the yearly renewal of its license.

Goal 2: Utilize GSO’s affiliated non-profit foundation to create and support programs that support populations from disproportionately impacted areas

Programs: To accomplish this goal, GSO’s affiliated non-profit Green Soul Foundation (GSF) will identify programs and organizations that benefit and support one of the populations of disproportionate impact identified by the Commission and donate time, resources, or services to positively impact those populations. GSF aims to restore economic mobility to traditionally marginalized communities and has already garnered donations from marijuana businesses operating in Massachusetts. GSF hopes to roll out its first initiatives in the Spring of 2019.

Outcome Measure: To measure the success of this goal, GSO and GSF will maintain a record all donations, monetary or otherwise, to programs and organizations that positively impact populations identified as disproportionately impacted and track the number of programs and organizations helped. GSO will review these records annually and review its plan to demonstrate proof of success or progress upon the yearly renewal of its license.

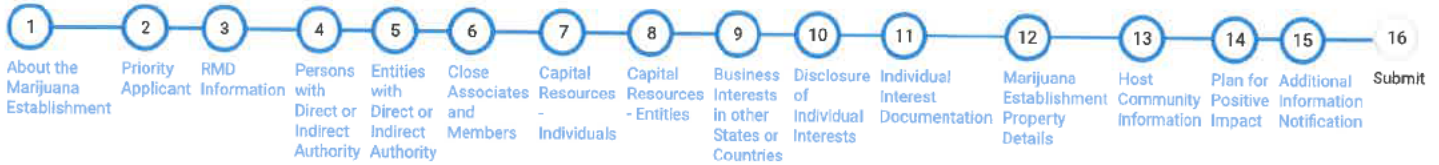
CONCLUSION

GSO will conduct continuous and regular evaluations of the implementation of our goals and at any point, retool its policies and plans in order to better accomplish the goals set out in this plan. While no specific organizations have yet been identified as a recipient of a financial donation, which may help in furthering GSO’s goals within this plan for positive impact, we will contact and receive approval that a donation can be accepted prior to making any donation, financial or otherwise. Any actions taken, or programs instituted, by the applicant will not violate the Commission’s regulations with respect to limitations on ownership or control or other applicable state laws.

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

Additional Information Notification

Please upload a narrative document describing the Marijuana Establishment's plan to positively impact areas of disproportionate impact.

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

[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