



CITY OF SOMERVILLE

MARIJUANA ESTABLISHMENT HOST COMMUNITY AGREEMENT (HCA) AND LICENSE APPLICATION

Section 1. Business Information:

Business Legal Name: Somerville Cannabiz Collaborative. LLC

Business DBA, if different: "The Collaborative" or "The Harvest Collaborative"

Business Address: 153 Main St. STE 222, North Reading, MA 01864

Phone: 617-331-3686 Website: Under Construction

Federal Employer Identification Number (EIN): [REDACTED]

Does the business currently possess any type of marijuana license in Somerville? ☐ Yes ☐ No

If yes, describe: _____

Primary Contact Name: Alex Coon

Mailing Address: [REDACTED]

Email: [REDACTED] Phone: [REDACTED]

Emergency Contact Name: Jen Coon

Email: [REDACTED] Phone: [REDACTED]

If you would like mail to be sent to a different address, provide alternate mailing information below:

Mailing Contact Name: _____

Mailing Address: _____

Type of Business

Check only one and provide names as indicated:

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 10%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 10%: _____

☐ **Corporation:** Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☒ **LLC:** Name of LLC: Somerville Cannabiz Collaborative

Names of All Managers Who Own More Than 10%: Alex Coon

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Type of Establishment

Select all that apply:

- ☒ Marijuana Retailer
- ☐ Marijuana Cultivator
- ☐ Craft Marijuana Cooperative
- ☐ Marijuana Product Manufacturer
- ☐ Independent Testing Laboratory
- ☐ Marijuana Research Facility
- ☐ Other: Describe _____