



CITY OF SOMERVILLE

MARIJUANA ESTABLISHMENT HOST COMMUNITY AGREEMENT (HCA) AND LICENSE APPLICATION

Section 1. Business Information:

Business Legal Name: Holistic Industries, Inc.
Business DBA, if different: Liberty
Business Address: 304 Somerville Avenue, Somerville, MA 02143
Phone: 857-997-8202 Website: http://libertycannabis.com
Federal Employer Identification Number (EIN): [REDACTED]

Does the business currently possess any type of marijuana license in Somerville? ☒ Yes ☐ No
If yes, describe: Final Certificate of Registration for a Registered Marijuana Dispensary

Primary Contact Name: Josh Genderson
Mailing Address: [REDACTED] Washington, DC 20002
Email: josh.genderson@holisticindustries.com Phone: [REDACTED]

Emergency Contact Name: David Cohen
Email: david.cohen@holisticindustries.com Phone: [REDACTED]

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

Mailing Contact Name: David Cohen
Mailing Address: [REDACTED] New York, NY 10065

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: Holistic Industries, Inc.
Name of President: Josh Genderson
Name of Secretary: Josh Bell Name of Treasurer: Barry Bass
- ☐ **LLC:** Name of LLC: _____
Names of All Managers Who Own More Than 10%: _____

- ☐ **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 _____



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH REGISTERED MARIJUANA DISPENSARY CERTIFICATE OF REGISTRATION

In accordance with the provisions of Chapter 369 of the Acts of 2012, and 105 CMR 725.000 et seq., a certificate of registration is hereby granted to:

Holistic Industries

for the operation of a Registered Marijuana Dispensary (RMD).

Certificate of Registration Number: 35

RMD Permitted to Operate at the Following Addresses

Dispensing: 304 Somerville Ave. Somerville MA 02143

Cultivation: 96 Palmer Ave Monson MA 01057

Processing: 96 Palmer Ave Monson MA 01057

A handwritten signature in black ink, appearing to read 'MB', written over a horizontal line.

Monica Bharel, MD, MPH | Commissioner
Department of Public Health

4/13/18

Date Issued

This Certificate of Registration is subject to conditions listed in a separate document on file with the Department of Public Health and available for review at www.mass.gov/medicalmarijuana

POST CONSPICUOUSLY

Section 2. Priority Status

For Marijuana Retailers Only

- ☐ **Group A Priority. Attach proof** that the applicant is 1) an Economic Empowerment Applicant, 2) is owned by Somerville resident(s) or entities with at least 50% of its ownership made up of Somerville residents, or 3) is a cooperatively-owned entity.

An Economic Empowerment Applicant is one who meets **at least 3** of the following criteria:

- 1) A majority of ownership belongs to people who have lived for 5 of the preceding 10 years in an area of disproportionate impact, as determined by the MA CCC;
- 2) A majority of ownership has held one or more previous positions where the primary population served were disproportionately impacted, or where primary responsibilities included economic education, resource provision or empowerment to disproportionately impacted individuals or communities;
- 3) At least 51% of current employees or subcontractors reside in areas of disproportionate impact and by the first day of business, the ratio will meet or exceed 75%;
- 4) At least 51% of employees or subcontractors have drug-related CORI and are otherwise legally employable in cannabis enterprises;
- 5) A majority of ownership is made up of individuals of Black, African American, Hispanic or Latino descent;
- 6) Other significant articulable demonstration of past experience in or business practices that promote economic empowerment in areas of disproportionate impact.

- ☒ **Group B Priority. Attach proof** that your company is a Registered Marijuana Dispensary currently operating in Somerville that will continue selling medicinal products.

- ☐ **No Priority.** All applicants who are not Group A or B should check here.

Section 3. Operating Information

Holistic Industries, Inc. (“Holistic”), trading under the brand name “Liberty,” will leverage our 5+ years’ experience operating licensed marijuana businesses in a plethora of municipalities across the U.S. to ensure the alignment of our Registered Marijuana Dispensary (“RMD”) business operations and the City of Somerville’s values.



1. Describe how the Applicant will help monitor the health impacts of recreational marijuana in their neighborhood and on local youth.

To support our mission of patient, customer and community safety and comprehensive marijuana education, we will launch a hotline accessible via telephone and text message available 24/7 to answer questions and concerns for customers as well as the local community. The hotline number, and associated email address, will be printed on all of our in-store labeling and would be included on in-store marketing materials and RMD signage. A rotating team of trained experts would staff the phone and respond to emails.

Through this open form of communication with the community, we will be able to monitor the health impacts, as well as social impacts, of recreational marijuana in our neighborhood and on local youth.

Moreover, Holistic will develop a partnership with local Somerville substance abuse programs that will provide additional insight into the health impacts of marijuana in the neighborhood and on local youth. Through financial donations and volunteerism, Holistic plans to support the program’s mission and offer crucial assistance to mitigate any negative impacts of our RMD.

2. Describe how the Applicant will prevent and educate youth and families about the dangers of underage exposure to, and the consumption of, recreational marijuana. Describe how the Applicant will sustain these efforts over time.

With the goal of preventing and educating youth and families about the dangers of underage exposure to, and the consumption of, recreational marijuana, Holistic will develop a Community Education Handbook based on subsections contained in our Customer Education Handbook (see more details on our Customer Education Handbook below) that will be made readily available. A digital version will be easily accessible on our website and a physical printed version will be made available upon request. Among other key topics, the Community Education Handbook will contain information on Massachusetts and Somerville law, rules and regulations related to marijuana, as well as the medical and adult-use programs in general, the known health risks associated with marijuana use (including information on underage exposure), and other pertinent subject matter. The Handbook will be reviewed by RMD management at least once annually to assess the need for updates and enhancements of its informational content.

In addition to the Community Education Handbook, will provide educational opportunities to educate local youth and families, free of charge, to inform our neighbors on a number of important topics, including the pharmacology of marijuana and its active ingredients, the potential therapeutic and adverse effects of medical and recreational marijuana (including the potential dangers of underage exposure to marijuana and the consumption of marijuana), dosage forms and their pharmacodynamic impact, potential drug interactions, and consumer safety issues with use. Notably, we will also train on-site staff to be versed on these topics so they can function as readily accessible sources of information at our Somerville facility for those who seek such information outside of our formal community education program described further below.

Community education will take the form of pamphlets, newsletters, emails, handouts, hosted seminars and the like. When appropriate, we will invite program regulators, cultivation and manufacturing experts, renown scientists and physicians, and other interesting subject matter experts to speak to our patients, customers and community members in an offsite venue using an open forum format to facilitate education and knowledge of various marijuana related topics. Such forums are under development in other markets and will be implemented in Somerville in the coming months.

Of course, most customer education will primarily take place within our registered premises through literature and written materials available in-store (e.g., pamphlets, handouts, menus, etc.). Such educational materials will be accessible in our waiting room and service area, free of charge. Customers can review these educational materials

either in physical written form or digitally on available in-store tablets (in-store tablets will replace physical copies in the coming months as part of our green practices described below). Such in-store educational materials will generally cover topics such as:

- *Available products and services at our RMD*
- *Available accessories and other non-marijuana products available at our RMD*
- *Information related to the MA Marijuana Program (e.g., key provisions of regulations), Somerville marijuana regulations, and federal law related to marijuana*
- *Dispensary rules, policies, and prohibitions*
- *Recent research and studies related to the medical use and benefits of marijuana*
- *Potential therapeutic and adverse effects of marijuana*
- *Dosage forms of marijuana and their pharmacodynamic impact*
- *Instructions on the proper use and store of available marijuana products*
- *Proper storage information for various marijuana product types*
- *General information on marijuana, including differences between classifications, strains/variety, product types, and methods of administration*
- *Journals made available to patients and customers to record use and effects of different strains and consumption methods*
- *Potential drug interactions and consumer safety issues with marijuana use*
- *Other pertinent subjects which could enhance customer knowledge*

Furthermore, Holistic will provide educational materials and other pertinent information to customers and the community (including youth and families) through our professional (and age-controlled) website, community events (e.g., job fairs, networking events, charity and community service events, etc.), patient and customer outreach events (e.g., educational seminars and the like) and other approved means. Educational materials related specifically to marijuana products and dispensary services will only be targeted to qualified patients/caregivers and qualified recreational customers, whereas educational materials related to the MA Medical Marijuana Program or medical marijuana in general as a viable treatment option may be targeted to individuals who have qualifying medical conditions but have not yet registered with the Commonwealth's program for one reason or another (such materials are intended to educate the local community on the benefits of medical marijuana and the details of the MA Medical Marijuana Program in an effort to bring awareness of the medicine and the program to potential patients who can then discuss the subject with their healthcare practitioners and evaluate whether or not they are a suitable candidate for medical marijuana).

3. Describe how the Applicant will inform customers about restrictions on public consumption and workplace use, the risks of second-hand smoke, and dangers of operating a motor vehicle while impaired.

All new customers to our facility will be provided a packet of information, including our Customer Education Handbook, which will specifically inform customers about restrictions on public consumption and workplace use (plus other critical aspects of the Massachusetts law, rules and regulations, as well as the medical and adult-use programs in general), the risks of second-hand smoke (plus risks associated with other forms of administration), and dangers of operating a motor vehicle while impaired (plus other potential dangers associated with the use of marijuana). Written materials containing such information will also be available for review in our lobby and by each point of sale station. Digital versions will be made available online on our company website. We will install appropriate in-store signage as well to remind customers of this important information.

Aside from the written materials described above, Holistic staff members are trained to verbally provide the same information and warnings to customers upon their initial registration with our RMD (i.e., during their initial visit) and upon request thereafter.

4. Describe how the Applicant will market its products, including but not limited to, broadcast, print, and online advertising, direct-response advertising, social media, and signage.

All product marketing will be compliant with Massachusetts and Somerville law, rules and regulations. Specifically, Holistic will not market products through broadcast and instead will rely on the following:

- In-store signage and in-store print materials (i.e., daily product offerings will be marketed using a physical menu provided to in-store customers). No signage or print materials shall be visible from a public right of way.*
- Online advertising through our permission-based website that will display photos and information on the day's product offerings.*
- Indirect online advertising through third-party dispensary review websites (e.g., Weedmaps and Leafly).*
- Email blasts to customers who opt-in for such digital communications upon registering with our RMD (frequency is expected to continue at 1-2 times per week).*
- Word of mouth marketing from our customers.*

5. Describe the sources of the Applicant's inventory or manufacturing materials.

Our inventory is currently 100% sourced from Holistic's own cultivation/manufacturing facility located in Monson, MA. Notably, at Holistic, our mission is to provide customers with the highest quality, safest marijuana products possible. Our manufacturing arm develops and offers a wide range of proprietary strains, including many CBD strains with low psychoactivity and lack of undesirable side effects. Across the U.S. and in Somerville, we offer top quality products at the lowest possible price for the customer. It is our promise to supply products grown using the most environmentally friendly techniques available.

As demand increases over time, we anticipate supplementing our own marijuana products with additional inventory sourced from supply vendors licensed in the Commonwealth, many of whom we have existing business relationships with in other medical/adult-use marijuana jurisdictions across the U.S. When the time comes, our MA Sales Department will communicate with the appropriate parties of available suppliers to negotiate supplier agreements and then coordinate purchase orders to accommodate market demand.

6. Describe how the Applicant will package and label products at the point of sale.

Note: All product comes to us in compliant packaging with all necessary labels and information (in other words, there will be no re-packaging on site at our dispensing facility and all products will be delivered to our premises with compliant state required product labels). We will, however, continue to affix state required customer-specific labels for in accordance with the policies and procedures described below.

Once in the dispensing area of our facility, a trained sales associate will assist the customer in selecting the desired product(s). When a selection has been made, the associate will review the order, verify compliance with purchasing/supply limits set forth by Commonwealth law, and then enter the data into the state's database as well as our internal inventory tracking and record keeping system. The sales associate will then affix a compliant customer-specific label to the items at the point of sale using provided label making equipment and place the products ordered in an opaque bag secured with a staple. Notably, as labels are created and affixed to the packaging, sales agents will carefully inspect the packaging and label for integrity and compliance with both the law and our own quality control and quality assurance standards. Should a label be obscured, damaged, illegible or otherwise unfit, our staff will be trained to immediately reject the label and create and affix a new compliant label.

After accepting payment, the order will be given to the customer who will then exit the dispensing area and swiftly leave the premises. All activities within the dispensing area

will be monitored by security staff and recorded by our surveillance system. Customers are strictly forbidden from opening and/or consuming marijuana products on site.

7. Describe who the Applicant will employ, and the wages and benefits that will be provided.

Holistic's facility in Somerville currently employs 13 staff members (including 10 full time employees). Today, 5 of the employees are Somerville residents, with the remaining from the surrounding areas of the City. As demand increases, particularly upon transitioning operations to accommodate adult-use patrons, we plan to hire additional staff and we intend to source such staff primarily from Somerville.

Current staff wages range from \$16.56/hour to \$18.63/hour for hourly employees and from approximately \$62,000 to \$87,000 for salaried employees. All full-time employees are provided the option to enroll in our full benefits package, including medical, dental, paid leave, etc. Below, please find a copy of our 2019-2020 Benefits Plan Overview.



2019-20 Benefits Plan Overview

Benefit	Effective	Coverage Overview	Cost to Employee
Paid Leave (effective 7/1/19)	3 months from Hire	<p>Leave is accrued as follows, for full-time employees:</p> <p>0-2 Years – 15 days per year 2-4 Years – 20 days per year 4-6 Years – 25 days per year 6+ Years – 30 days per year</p> <p>Leave is accrued as follows, for part-time employees: .048 hours for every 1 hour worked</p> <p>Up to 5 days may be rolled over into the next calendar year.</p>	\$0.00
Sick and Safe Leave	90 days from Hire	Leave is accrued as follows, for full-time and part-time employees: 1 hour for every 30 hours worked (8.5 days/year for full-time employees)	\$0.00
Other Paid Leave	On Date of Hire	<p>Bereavement Leave – Up to 3 paid days for immediate family members</p> <p>Jury Duty – Up to 3 paid dates</p> <p>See Employee Handbook for details.</p>	\$0.00
Family and Medical Leave	12 months from Hire	Unpaid leave may be granted for personal illness or to care for family member as outlined by FMLA regulations. Amount of leave varies by location based on applicable state law. See Handbook for details.	\$0.00
Holidays (effective 7/1/19)	On Date of Hire	<p>3 paid holidays:</p> <ul style="list-style-type: none"> New Year's Day Thanksgiving Day Christmas Day 	\$0.00
Medical Insurance Option A: PPO HSA Plan	1st of month following date of hire	<p>Benefits through Cigna.</p> <p>Coverage for employee plus dependents through age 25.</p> <p>\$2,000 - \$4,000 In-Network Deductible.</p> <p>\$2,000 - \$4,000 Out-Of-Network Deductible.</p> <p>\$0 preventive care, immunizations and screenings (In-Network).</p> <p>Deductible then \$20 for PCP visit; \$40 for specialist (In-Network).</p> <p>90% In-Network co-insurance.</p> <p>Deductible then you pay 10% for ER visit.</p> <p>Deductible then you pay 10% for In-Network inpatient hospitalization.</p> <p>Prescriptions: \$10 generic, \$35 formulary brand, \$60 non-formulary, and \$100 for specialty.</p> <p>\$6,750 single - \$13,500 family max in-network out-of-pocket limits.</p> <p>HSA: Set aside pre-tax dollars to pay for qualified out-of-pocket medical expenses. HSA funds earn tax-free interest and investment earnings, and roll over and accumulate year to year if not used.</p>	<p>Per Pay Period:</p> <p>EE Only \$57.99 EE+Spouse \$164.30 EE+Children \$144.97 Family \$251.28</p> <p>HSA 2019 Annual Maximums: Single - \$3,500, Family - \$7,000</p>
Medical Insurance Option B: PPO Buy-Up Plan	1st of month following date of hire	<p>Benefits through Cigna.</p> <p>Coverage for employee plus dependents through age 25.</p> <p>\$0 In-Network Deductible.</p> <p>\$3,000 - \$6,000 Out-Of-Network Deductible.</p> <p>\$0 preventive care, immunizations and screenings (In-Network).</p> <p>\$20 for PCP visit; \$40 for specialist (In-Network).</p>	<p>Per Pay Period:</p> <p>EE Only \$101.24 EE+Spouse \$255.13 EE+Children \$227.15</p>

Updated 04/01/2019

Benefit	Effective	Coverage Overview	Cost to Employee
		90% In-Network co-insurance. 70% Allowed Benefit for Out-Of-Network co-insurance. You pay 10% for ER visit. You pay 10% for In-Network inpatient hospitalization. Prescriptions: \$10 generic, \$35 formulary brand, \$60 non-formulary, and \$100 for specialty. \$7,350 single - \$14,700 family max in-network out-of-pocket limits.	Family \$381.04
Dental Insurance Option A: DHMO Base Plan	1st of month following date of hire	Benefits through Cigna. Coverage for employee plus dependents through age 25. \$0 deductible. In-Network coverage only. 100% coverage for routine exam. No calendar year maximum. See Patient Schedule in Benefits Guide for price list per service.	Per Pay Period: EE Only \$2.21 EE+Spouse \$5.16 EE+Children \$6.82 Family \$10.56
Dental Insurance Option B: DPPO Buy-Up Plan	1st of month following date of hire	Benefits through Cigna. Coverage for employee plus dependents through age 25. \$50/\$150 deductible. Deductible waived for diagnostic and preventive services. 100% coverage for preventive care. 80% coverage for in-network basic care. 80% coverage for in-network major surgical care. 50% coverage for in-network major restorative care. No orthodontia \$1,500 calendar year maximum.	Per Pay Period: EE Only \$18.83 EE+Spouse \$39.85 EE+Children \$38.63 Family \$61.09
Vision Insurance	1st of month following date of hire	Benefits through Cigna. \$10 co-pay for in-network Routine Eye Exam. Up to \$45 for out-of-network Routine Eye Exam. \$25 co-pay for single, bifocal, or trifocal lenses (In-Network). \$130 allowance for contact lenses (In-Network). \$130 allowance for frames, 20% of additional charges	Per Pay Period: EE Only \$3.00 EE+Spouse \$5.48 EE+Children \$5.53 Family \$8.52

*This Benefits Overview is provided for informational purposes only. It is not a Summary Plan Description (SPD) or Summary of Material Modification (SMM). This overview of your employee benefits is intended only as a brief summary and is not a contract. In the event of a conflict between information provided in this summary and the plan document, the plan document determines the benefits that will be provided. Holistic retains the right to change the plan details at any time. For further explanation of Holistic's benefit plans or other employee programs, please contact Human Resources.

Updated 04/01/2019

8. Describe how the Applicant will use sustainable green practices and renewable energy sources.

Throughout all our affiliate marijuana operations across the country, we employ sustainable green practices and renewable energy sources with a preference for eco-friendly efforts in all our designs, builds and operations. With regards to dispensaries, we

wholeheartedly seek to minimize waste and mitigate our facilities' environmental impact, which is in line with our corporate commitment to "do no harm."

Holistic has developed and refined numerous standard operating procedures as well as other policies focused on improving environmental efficiencies and reducing our resource demand. We have implemented these same methods in our Somerville facility and will continue to introduce new and improved concepts in the future. Below are some examples:

- *We only use VOC-free paint*
- *Wherever possible, we use LED bulbs in our lighting fixtures (which as the added benefit of reducing our cooling needs in warmer months)*
- *Wherever practical, we use motion-based lighting systems that automatically shut off after a pre-set period of time (e.g., in our bathrooms, vault, and private patient education/consultation room)*
- *All staff is encouraged to turn off lights and non-essential electrical devices as they leave a room that is unoccupied*
- *We provide re-usable totes for product storage within our vault*
- *We installed on-demand water heaters in our sinks*
- *We encourage all staff to walk, bicycle, use public transportation or share-riding services, and/or other green methods to get to work and we also encourage staff to use plug-in hybrid or electric vehicles (our Dispensary Director leads by example by driving a Prius Prime)*
- *We encourage our customers to walk, bicycle, use public transportation or share-riding services, and/or other green methods to get to our Somerville facility and we intend to introduce a price subsidy program offering up to 5% discount on their purchase to those who prove they used approved green methods to reach our store*
- *To the extent permissible under current regulations, we strive to be a paperless facility (we create and store as many records as practical in a digital format, as opposed to keeping paper copies)*
- *We employ a recycling program for cans, cardboard, paper, and other typical office rubbish and use a dedicated recycling dumpster in the back of our facility*
- *Many in-store furnishings are up-cycled or second hand*
- *We installed a commercial-grade HVAC system equipped with HEPA filters to reduce airborne contaminants*
- *We are exploring the possibility of hiring an environmental quality expert to help us improve our facility designs and create and implement additional green policies and procedures*

Aside from the above-mentioned green practices and strategies, we strongly prefer to introduce a product packaging recycling program which is currently not permitted under Commonwealth law. In this program, which we deploy in other jurisdictions where it is lawful, we encourage our customers to return product packaging for recycling and re-use purposes in exchange for a discount or other incentive. We then return the packaging to our product suppliers for inclusion in their recycling program (where the containers are cleaned, sanitized and re-used or are otherwise recycled and re-purposed).

9. Describe how the Applicant will further each of these Somerville values:

a. Celebrating the diversity of our people, cultures, housing and economy.

Holistic and Somerville's values, particularly with regards to the celebration of diversity, are completely aligned. The foundation of our company's Diversity Plan is our Equal Employment Opportunity ("EEO") commitment, which states that Holistic is an equal opportunity employer and we are committed to hiring the highest quality employment applicants regardless of race, creed, color, religion, sex, gender identity, sexual orientation, disability, age, socioeconomic status, political views, veteran status or national origin. EEO policies include ensuring:

- *All head hunters, staffing companies and other employment recruiters we engage are sufficiently informed of our EEO commitments and EEO policies*
- *Those responsible for interviewing and hiring new personnel are implementing our diversity policies*
- *All employees are sufficiently aware of and trained (and annually re-trained for a minimum of 2 hours) on our EEO commitments and policies, including our affirmative action plan*
- *HR regularly reviews all employee files to assess and determine candidates for promotion*
- *HR is engaged with local trade schools, universities and colleges with diverse student bodies for recruitment purposes*
- *HR advertises job openings in a variety of media, a sufficient number of which are targeted to diverse groups*
- *Reasonable accommodations to the religious and cultural observances and practices of diverse employees*
- *All employees complete a "respectful workplace training" at hire, as well as yearly thereafter that details our expectations of employee behavior*

Notably, Holistic has already hired and trained diverse staff sourced from the local talent pool proximal to our Somerville RMD facility which mirrors the diversity of the community. Specifically, of our current staff of 13, we employ 6 females, 6 racial/religious minorities, and 5 persons who identify as LGBTQ. As customer demand increases, we plan to hire additional personnel which will continue to reflect the diversity of Somerville's residents.

Holistic Industries is in the process of developing an agenda for an assortment of diversity-oriented outreach and events in furtherance of our diversity goals. Aside from commonplace job listings on popular employment websites or ads in large newspapers, we are seeking to specifically target new talent in diverse communities through recruitment programs that identify qualified racial minorities, females, veterans, service-disabled veterans and other diverse job applicants. Specifically, the agenda prompts the company to:

- *Host job fairs and workshops accessible to targeted diverse communities, including at local community colleges, at local houses of worship and at local community recreational centers*
- *Advertise open positions through media outlets with known diverse audiences, including local newspapers, magazines and radio stations*
- *Establish an internship/externship program with local community colleges as well as universities, colleges and other educational institutes with diverse student bodies*
- *Engage with local universities, colleges and other educational institutes whose students are of diverse backgrounds and whose graduates would be interested in a position within our organization*
- *Establish a company-wide networking program to facilitate referrals for open positions*
- *Engage with community organizations, including nonprofits, charities, workforce development and placement agencies, healthcare agencies, veterans' organizations, and local business organizations, particularly those located in and/or serving diverse communities and those which promote diversity*
- *Sponsor and participate in community events in diverse areas*
- *Consult with local and national professional associations which service and empower diverse businesses, including the National Black MBA Association, Urban League, National Black Chamber of Commerce, etc.*
- *Develop and promote a job seeking website and other media tools to attract diverse job applicants*
- *Engage with employment recruitment professionals and advise them of our diverse goals*

- *Work with local agencies responsible for QIOA funded workforce programs*

Holistic also values community engagement and has participated in several local organizations and events that promote Somerville's stated values. First, we are members of the Union Square Main Streets organization where we have contributed financially and regularly attend meetings. Recently, we entered a cross-promotional program with Union Square Donuts. And finally, we have participated in both the Fluff Fest and River Fest where we have bought and manned tables and contributed financially to the local events.

b. Fostering the unique character of our residents, neighborhoods, hills and squares, and the strength of our community spirit as expressed in our history, our cultural and social life, and our deep sense of civic engagement.

As described above, Holistic has already begun to integrate ourselves in the fabric of the Somerville community, particularly through our participation and partnerships with Union Square Main Streets, Union Square Donuts, the Fluff Fest and River Fest. If permitted, we would like to join the Somerville Chamber of Commerce and other local business organizations as well.

Culturally, Holistic is an eco-conscious, diverse, accepting and locally oriented small business that promotes volunteerism and civic engagement of both our staff members and our customers. Currently, we are developing a plan to incentivize staff to donate time and resources to community organizations and we also plan to introduce a coupon program for customers who can provide sufficient proof of their local volunteerism and civic engagement (if approved by the state).

Another mechanism by which we foster the unique character of Somerville residents, neighborhoods, hills and squares, and the strength of our community spirit is through our financial commitment to the City as a critical component of our Host Community Agreement (i.e., 3% of net profits). As our business grows, so does our direct financial commitment to Somerville.

c. Investing in the growth of a resilient economic base that is centered around transit, generates a wide variety of job opportunities, creates an active daytime population, supports independent local businesses, and secures fiscal self-sufficiency.

Holistic has already expended in excess of \$1.5mm in Somerville developing our medical-only dispensing facility. Though we are pleased with the current state of

our business, we anticipate a substantial increase in revenue upon transitioning to a medical/recreational store, which will naturally boost the local economy through increased tax revenue and local jobs (both directly and from supporting/ancillary businesses). Obviously, as we bring new and increased business to our store, we will also naturally facilitate new and increased business to our neighboring businesses and to Somerville in general, surely providing direct growth to the overall local economy, as we have witnessed firsthand in our sister facilities across the country.

- d. Promoting a dynamic urban streetscape that embraces public transportation, reduces dependence on the automobile, and is accessible, inviting and safe for all pedestrians, bicyclists and transit riders.**

With our 304 Somerville Avenue location, we believe we already promote a dynamic streetscape embracing public transportation, reducing dependence on the automobile, and creating an accessible, inviting and safe atmosphere for pedestrians, bicyclists and transit riders. Below are photos of our Somerville location, which by many accounts is the most aesthetically pleasing store in our immediate neighborhood.



Facility Exterior Signage



Facility Exterior



Facility Interior

As stated above, as part of our sustainable green practices, we intend to introduce new categories of discounts to our customers who walk, bicycle, use public transportation or share-riding services, and/or other green methods to get to our

Somerville facility (i.e., up to 5% discount on any purchase to those who prove they used approved green methods to reach our store). Notably, we purposefully sought out a retail location that was accessible by pedestrians, bicyclers, transit riders and others who use public transportation- our store is near bus stops, about a mile from a MBTA station and a Bluebike station, and is proximal to a number of public parking lots to accommodate our customers.

With regards to customer safety, as a component of our state-approved, comprehensive Security Plan, Holistic requires a trained security guard to be present at the front of our facility during all operational hours (including one hour before opening and one hour after closing) to ensure the security and protection of our staff, customers, products, and building. Additionally, we have installed 45 surveillance cameras throughout our facility interior and exterior that are monitored by our security staff during business hours and by a centralized monitoring station during afterhours (and can be reviewed remotely by authorized personnel). To date, we have had zero security incidents at our dispensary, and we plan to take all reasonable measures to ensure the continuation of our enviable track record of safety, security, and compliance.

e. Building a sustainable future through strong environmental leadership, balanced transportation modes, engaging recreational and community spaces, exceptional schools and educational opportunities, improved community health, varied and affordable housing options, and effective stewardship of our natural resources.

As described above, Holistic is a significant contributor to building a sustainable future through our environmental leadership, balanced transportation modes, engaging recreational and community spaces, etc. Specifically:

- We have implemented sustainable green practices and will continue to improve and enhance this program as new technologies are developed and new practices are designed*
- We are in the process of implementing new discount categories for green customers who use alternative transportation options to reach our facility*
- We are exploring the possibility of hiring an environmental quality expert to help us improve our facility designs and create and implement additional green policies and procedures*
- We have implemented a physician outreach, engagement and education program to directly/indirectly support and improve community health (we provide substantial educational information and training to local physicians interested in learning more about the use of marijuana as a*

medical treatment option and provide them with the necessary tools to assist patients and their families)

- *We will host off-site educational seminars in appropriate recreational/community spaces for interested members of the community to learn more about Holistic, our Somerville dispensary, the MA Marijuana Program and marijuana in general*

f. Committing to continued innovation and affirmation of our responsibility to current and future generations in all our endeavors: business, technology, education, arts and government, including your neighbors (within 300 feet), City youth, and the City as a whole.

Holistic's commitments are not temporary or stagnant; we are fully committed to continued innovation and affirmation of our corporate responsibilities to current and future generations as described throughout this document. To ensure continuity and continual improvement of our commitments, Holistic leadership will host quarterly meetings to discuss our green practices program, customer, community, youth/family and physician education programs, good neighbor program, company and staff volunteer and charitable giving programs, price subsidy program, etc. in an effort to analyze and assess current programs to determine the need for updates and improvements.

Similarly, these quarterly meetings will address areas in need of improvement within the business itself, including but not limited to new technologies, methods, policies and procedures, marijuana related research and development, and best practices to ensure we are at the cutting edge of RMD operations (e.g., seed-to-sale tracking improvements, POS system advancements, ID verification technology updates, improved security equipment, and so on).

Once an area in need of change or improvement has been identified, Holistic will empower a committee to develop an action plan that addresses design and implementation (including any re-training, if necessary) to quickly and seamlessly integrate the new concepts into practice.

Section 4. Compliance Information

Each individual (e.g. partner, trustee, manager) with a 10% or greater ownership stake in the business must complete a separate copy of this form.

Owner's Name: Beni Golani Ownership Stake (%) 16.67

1. Has the Owner ever obtained a marijuana-related license in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

2. Has the Owner ever had any type of license denied, revoked or suspended in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

3. Has the Owner ever received a Notice of Violation in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

4. Has the Owner been in compliance for the last 3 years (or since being in business in Massachusetts, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the State of Massachusetts? ☒ Yes ☐ No

If no, explain: _____

5. Has the Owner been in compliance for the last 3 years (or since being in business in Somerville, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the City of Somerville? ☒ Yes ☐ No

If no, explain: _____

6. Has the Owner been charged in any jurisdiction with any form of wage theft in the last 3 years? ☐ Yes ☒ No

If yes, explain: _____

Section 4. Compliance Information

Each individual (e.g. partner, trustee, manager) with a 10% or greater ownership stake in the business must complete a separate copy of this form.

Owner's Name: Jonathan Genderson Ownership Stake (%) 11.11

1. Has the Owner ever obtained a marijuana-related license in any jurisdiction? ☒ Yes ☐ No

If yes, explain: medical in Washington DC, MD, PA and adult use & medical in CA

2. Has the Owner ever had any type of license denied, revoked or suspended in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

3. Has the Owner ever received a Notice of Violation in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

4. Has the Owner been in compliance for the last 3 years (or since being in business in Massachusetts, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the State of Massachusetts? ☒ Yes ☐ No

If no, explain: _____

5. Has the Owner been in compliance for the last 3 years (or since being in business in Somerville, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the City of Somerville? ☒ Yes ☐ No

If no, explain: _____

6. Has the Owner been charged in any jurisdiction with any form of wage theft in the last 3 years? ☐ Yes ☒ No

If yes, explain: _____

Section 4. Compliance Information

Each individual (e.g. partner, trustee, manager) with a 10% or greater ownership stake in the business must complete a separate copy of this form.

Owner's Name: Josh Genderson Ownership Stake (%) 11.11

1. Has the Owner ever obtained a marijuana-related license in any jurisdiction? ☒ Yes ☐ No

If yes, explain: medical in Washington DC, MD, PA and adult use & medical in CA

2. Has the Owner ever had any type of license denied, revoked or suspended in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

3. Has the Owner ever received a Notice of Violation in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

4. Has the Owner been in compliance for the last 3 years (or since being in business in Massachusetts, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the State of Massachusetts? ☒ Yes ☐ No

If no, explain: _____

5. Has the Owner been in compliance for the last 3 years (or since being in business in Somerville, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the City of Somerville? ☒ Yes ☐ No

If no, explain: _____

6. Has the Owner been charged in any jurisdiction with any form of wage theft in the last 3 years? ☐ Yes ☒ No

If yes, explain: _____

Section 4. Compliance Information

Each individual (e.g. partner, trustee, manager) with a 10% or greater ownership stake in the business must complete a separate copy of this form.

Owner's Name: Mikhail Don Ownership Stake (%) 16.67

1. Has the Owner ever obtained a marijuana-related license in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

2. Has the Owner ever had any type of license denied, revoked or suspended in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

3. Has the Owner ever received a Notice of Violation in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

4. Has the Owner been in compliance for the last 3 years (or since being in business in Massachusetts, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the State of Massachusetts? ☒ Yes ☐ No

If no, explain: _____

5. Has the Owner been in compliance for the last 3 years (or since being in business in Somerville, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the City of Somerville? ☒ Yes ☐ No

If no, explain: _____

6. Has the Owner been charged in any jurisdiction with any form of wage theft in the last 3 years? ☐ Yes ☒ No

If yes, explain: _____

Section 4. Compliance Information

Each individual (e.g. partner, trustee, manager) with a 10% or greater ownership stake in the business must complete a separate copy of this form.

Owner's Name: Richard Genderson Ownership Stake (%) 11.11

1. Has the Owner ever obtained a marijuana-related license in any jurisdiction? ☒ Yes ☐ No

If yes, explain: medical in Washington DC, MD, PA and adult use & medical in CA

2. Has the Owner ever had any type of license denied, revoked or suspended in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

3. Has the Owner ever received a Notice of Violation in any jurisdiction? ☐ Yes ☒ No

If yes, explain: _____

4. Has the Owner been in compliance for the last 3 years (or since being in business in Massachusetts, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the State of Massachusetts? ☒ Yes ☐ No

If no, explain: _____

5. Has the Owner been in compliance for the last 3 years (or since being in business in Somerville, whichever is less), and is the applicant currently in compliance, with all laws and regulations of the City of Somerville? ☒ Yes ☐ No

If no, explain: _____

6. Has the Owner been charged in any jurisdiction with any form of wage theft in the last 3 years? ☐ Yes ☒ No

If yes, explain: _____

Section 6. Applicant's Certification, Acknowledgment, Release and Indemnification, and Wage Theft Statement

I certify that I am the Applicant or that I am duly authorized to act as an agent for the Applicant.

I certify that all of the information on this application is true and accurate, and that any information found to be false or misleading will result in the forfeiture of this license and may result in a one-year wait before a new application can be submitted, as well as criminal prosecution.



I certify that I will make no changes to any component of the business plan described in this application without written notification to, and the prior approval of, the City.

I acknowledge that any violation of the City's ordinances, regulations, and conditions pertaining to this license could subject me and anyone operating under this license to arrest, fine, and loss of this license.

I release, discharge and hold harmless, the City of Somerville, a municipal corporation of the Commonwealth of Massachusetts, and its officers, employees, agents and servants from all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation associated with the issuance of this license.

I certify that the Applicant, to my best knowledge and belief, has filed all State tax returns and paid all State taxes required under law.

I certify that the Applicant has not been found guilty, liable or responsible, in any judicial or administrative proceeding, of committing or attempting to commit a violation of any of the laws set forth in Municipal Ordinance 9-31, the "Wage Theft Ordinance", which appears below.

Signature:  Date: 4/4/2019
Print Name: David Cohen
Title (Owner, President, Agent, Etc.): Vice President
Email: david.cohen@holisticindustries.com Phone: 

Sec. 9-31. - Wage theft.

(a) The city, by and through its officials, boards and commissions, may deny an application for any license or permit issued by it, if, during the three-year period prior to the date of the application, the applicant admitted guilt or liability or has been found guilty, liable or responsible, in any judicial or administrative proceeding, of committing or attempting to commit a violation of: (1) Commonwealth of Massachusetts Payment of Wages Law, General Laws Chapter 149, Section 148, and any and all other state or federal laws regulating the payment of wages, including, but not limited to, Chapter 149, Sections 27, 27G, 27H, 52D, 148A, 148B, 150C, 152, 152A, 159C; and Chapter 151, sections 1, 1A, 1B, 15, 19 and 20 of the General Laws; and (2) The Fair Debt Collection Practices Act, 15 U.S.C. §1692, or any other federal or state law regulating the collection of debt, as to the employees of the applicant or others who had performed work for said applicant. — (b) Any license or permit issued by the City of Somerville, its boards or commissions, may be revoked or suspended if, during the three years prior to the issuance of the license or permit, the licensee or permittee admitted guilt or liability or has been found guilty or liable in any judicial or administrative proceeding of committing a violation of any of the laws set forth in subsection (a) above. — (c) Any license or permit issued by the City of Somerville, its boards or commissions, may be revoked or suspended if the applicant, licensee or permittee is a person who was subject to a final judgment or other decision for violation of any of the laws set forth in subsection (a) above within three years prior to the effective date of this section, and the judgment was not satisfied within the lawful period for doing same, or the expiration of the period for filing an appeal; or if an appeal is made, the date of the final resolution of that appeal and any subsequent appeal resulting in a final administrative or judicial affirmation of violation of any of the laws set forth in subsection (a) above. — (d) The period of non-issuance, revocation or non-renewal shall be one year, and the licensee or permittee or the person who is the principal of a license or permit shall not again be licensed or permitted in any other manner during such period. — (e) Within 14 calendar days from the date that the notice of refusal to issue, revocation or refusal to renew notice is mailed to the applicant or licensee or permittee, the applicant, licensee or permittee may appeal such decision by filing a written notice of appeal setting forth the grounds therefor. Said notice shall be sent by certified mail, return receipt requested. The hearing shall be conducted by the board, commission or individual who made the decision not to issue, not to renew, or to revoke within 30 days of receipt of such notice of appeal. — (f) An applicant for a business certificate, license or permit shall be provided with a copy of the ordinance from which this section derived and shall certify that he has not been found guilty, liable or responsible, in any judicial or administrative proceeding, of committing or attempting to commit a violation of any of the laws set forth in subsection (a) above. — (g) This law shall apply to any person or entity whose final administrative decision or adjudication or judicial judgment or conviction was entered on or after July 1, 2013, with the exception of judgments that remain unsatisfied as set forth in subsection (c) above. — (h) Application of this section is subject to applicable state or federal laws.

Section 7. Worker's Compensation Insurance Affidavit



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: Holistic Industries Inc. DBA Liberty

Address: 304 Somerville Avenue

City/State/Zip: Somerville, MA 02143 Phone #: 857-997-8207

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 61 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☒ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: Protective Insurance

Insurer's Address: P.O. Box 7099

City/State/Zip: Indianapolis, IN 46207

Policy # or Self-ins. Lic. # SS-2305685-02

Expiration Date: 2/2/20

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____

Date: 4/4/2019

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____



P.O. Box 7099 • Indianapolis, IN 46207

January 25, 2019

From: Protective Insurance
To: Holistic Industries, Inc.
CC: CannGen Insurance Services LLC
RE: Workers' Compensation Policy SS-2305685-02 Policyholder Welcome Letter

Thank you for renewing your workers' compensation coverage. We sincerely appreciate your business. Attached is your renewal policy.

Your workers' compensation premium is calculated based on payrolls for each job classification. Each classification has a state-approved rate that is multiplied by the payroll to calculate the premium. At policy expiration, a premium audit will be performed to determine your policy's final premium based on your business' actual payrolls during the policy period. You will receive a letter from our Audit Department with specific audit instructions shortly after the policy expires.

If you have any questions about your Workers' Compensation policy, please feel free to contact your agent who can assist.

Respectfully,
Protective Insurance



P.O. Box 7099 • Indianapolis, IN 46207

20190125100137312@4ec279eb-cb3a-483e-895
a-340cfce243b7

Coverage is underwritten by company checked:

- ☒ Protective Insurance Company
☐ Sagamore Insurance Company

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY: INFORMATION PAGE

Policy Number: SS-2305685-02 NCCI Carrier Code: 14788
Prior Policy Number: SS-2305685-01

1. The Insured

☐ Individual ☐ Partnership ☒ Corporation ☐ Other
Bureau ID / Risk ID Number (Massachusetts) n/a
Federal Employer Identification Number (FEIN): 47-5374980
Company: Holistic Industries, Inc. Address: c/o Anna Don 109 Ruth Eager Court
City: Pikesville State: MD Zip: 21208 Phone: _____

2. The policy period is from 2/2/2019 12:01am to 2/2/2020 12:01am at the insured's mailing address.
Date & hour *Date & hour*

3. Insurance Details

A. **Workers' Compensation Insurance:** Part One of the policy applies to the Workers' Compensation
Law of the states listed here: Massachusetts

B. **Employers' Liability Insurance:** Part Two of the policy applies to work in each state listed above.
The limits of our liability under Part Two are:

Bodily Injury by Accident	<u>\$1,000,000</u>	<i>each accident</i>
Bodily Injury by Disease	<u>\$1,000,000</u>	<i>policy limit</i>
Bodily Injury by Disease	<u>\$1,000,000</u>	<i>each employee</i>

C. **Other States Insurance:** Part Three of the policy applies to these states, if any, listed here:
N/A

D. **This policy includes these endorsements and schedules:**

WC 00 00 00 C 01 15	Workers Compensation And Employers Liability Insurance Policy
WC 00 03 10 04 84	Sole Proprietors, Partners, Officers And Others Coverage Endorsement
WC 00 04 06 A 07 95	Premium Discount Endorsement
WC 00 04 22 B	Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement
WC 20 03 01 04 84	Massachusetts Limits Of Liability Endorsement
WC 20 03 02 A 09 08	Massachusetts Assessment Charge



P.O. Box 7099 • Indianapolis, IN 46207

WC 20 03 03 D 08 10	Massachusetts Notice To Policyholder Endorsement
WC 20 04 05 06 01	Massachusetts Premium Due Date Endorsement
WC 20 06 01 A 07 08	Massachusetts Cancellation Endorsement

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Massachusetts				
Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate per \$100 of Remuneration	Estimated Annual Premium
Farm: Florist & Drivers	0035	\$1,420,000	1.91	\$27,122
Clerical Office Employees Noc	8810	\$200,000	0.07	\$140
Salespersons, Collectors Or Messengers-Outside	8742	\$1	0.12	\$
Store: Retail Noc	8017	\$500,000	0.88	\$4,400
Total Manual Premium				\$31,662
	9812	Employers Liability Increased Limits		\$633
	0063	Premium Discount		-\$2,035
	0900	Expense Constant		\$338
	9740	Terrorism		\$636
Total Estimated Annual Premium				\$31,234
Massachusetts Department of Industrial Accidents Work Comp Surcharge				\$1,213
Minimum Premium	\$321	Total Amount		\$32,447

Producer: CannGen Insurance Services LLC 110 West A Street, Ste. 675 San Diego, CA 92101	Countersigned By: _____ Authorized Representative	January 25, 2019 _____ Date
--------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------	-----------------------------------



P.O. Box 7099 • Indianapolis, IN 46207

Extension of Information Page for Item No. 1

NAMED INSURED SCHEDULE

Name Link Code	Named Insured	FEIN	NAICS Code
001	Holistic Industries, Inc.	47-5374980	111422

LOCATION SCHEDULE

Name Link Code	Location	UI No.
001	96 Palmer Road, Monson, MA 01057	
001	304 Somerville Ave., Somerville, MA 02143	

A

LOADING DOCK.

B

NOT USED

C

NEW WOOD SLAT SLIDING SECURITY GATE TO REPLACE EXISTING CHAIN LINK. SEE AD+D DRAWINGS FOR DETAILS

D

PROPOSED ACCESSIBLE CONCRETE RAMP/SIDEWALK

GENERAL SITE NOTES:

1.

ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH CURRENT LOCAL, STATE AND FEDERAL REGULATIONS.

2.

THE EXISTING UTILITIES AND OBSTRUCTIONS SHOWN ARE FROM THE BEST AVAILABLE RECORDS AND SHALL BE VERIFIED BY THE CONTRACTOR TO HIS SATISFACTION PRIOR TO CONSTRUCTION. NECESSARY PRECAUTIONS SHALL BE TAKEN BY THE CONTRACTOR TO PROTECT EXISTING SERVICES AND MAINS, AND ANY DAMAGE TO THEM SHALL BE REPAIRED IMMEDIATELY AT HIS OWN EXPENSE.

3.

IT SHALL BE UNDERSTOOD THAT THE CONTRACTOR IS REQUIRED TO COMPLETE ALL WORK THAT IS DISCUSSED WITH THE ACM AND IS REQUIRED BY McDONALD'S STANDARD SPECIFICATIONS, REGARDLESS OF INCLUSION OF SAID WORK ON DOCUMENTS.

4.

NO UTILITY, SEWER, WATER OR STORM DRAINAGE CONSTRUCTION IS ANTICIPATED AS PART OF SITE IMPROVEMENTS, UNLESS NOTED OTHERWISE.

5.

AREAS INDICATED AS HANDICAPPED PARKING SPACES, LANDINGS AND CROSSWALKS WILL BE CONSTRUCTED AT GRADE, NOT TO EXCEED 1.2% SLOPE IN ANY DIRECTION, UNLESS INDICATED ON SITE PLAN.

6.

CONTRACTOR SHALL REMOVE AND REPLACE ONLY THAT ASPHALT PAVEMENT NECESSARY TO CONSTRUCT IMPROVEMENT SHOWN ON THE SITE PLAN. THE CONTRACTOR SHALL MILL AND REPLACE EXISTING ASPHALT PAVEMENT, IF NECESSARY, TO PROVIDE POSITIVE DRAINAGE AND SMOOTH TRANSITION TO AND FROM IMPROVEMENTS.

2

SITE PLAN KEYED NOTES

SCALE: N.T.S.

3

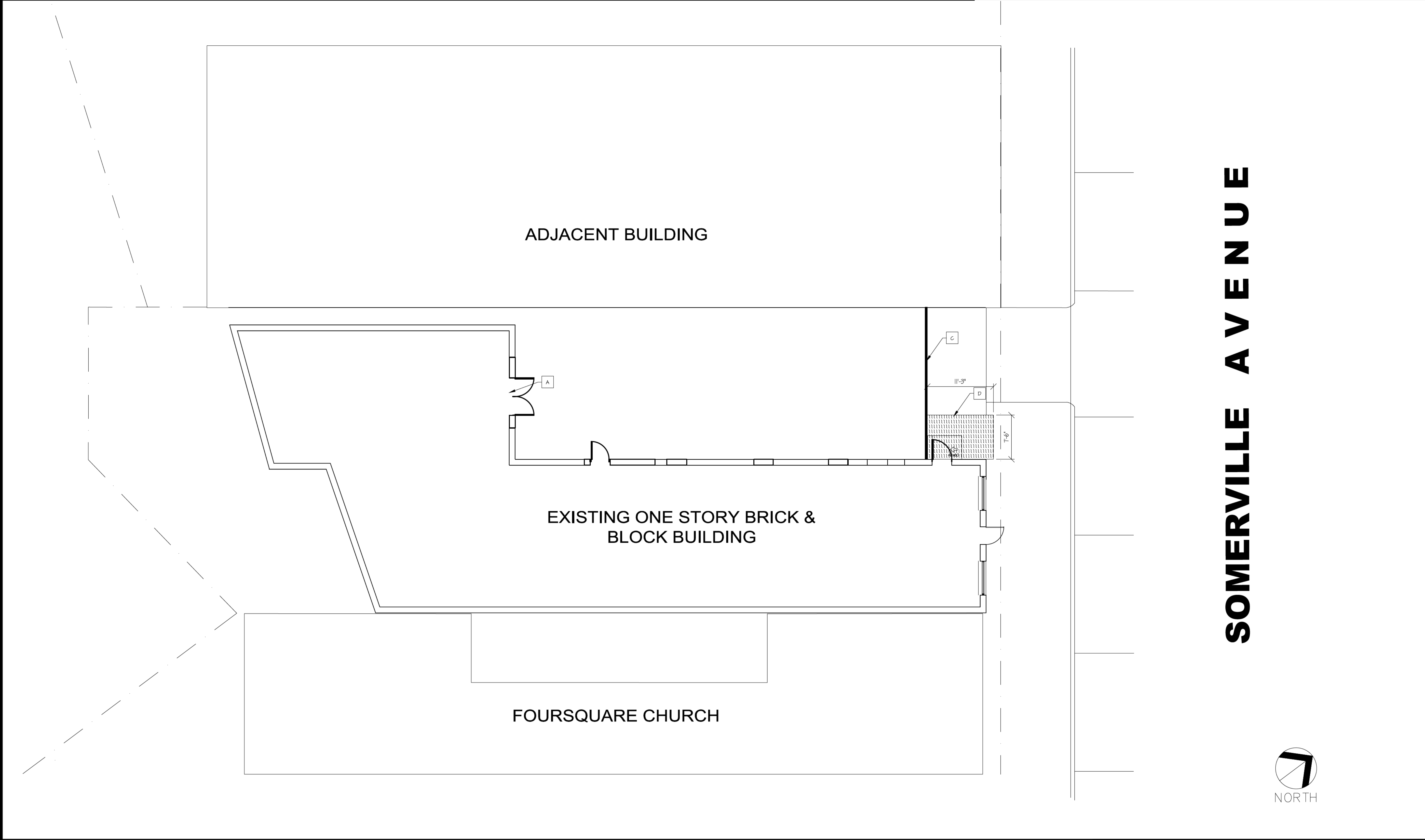
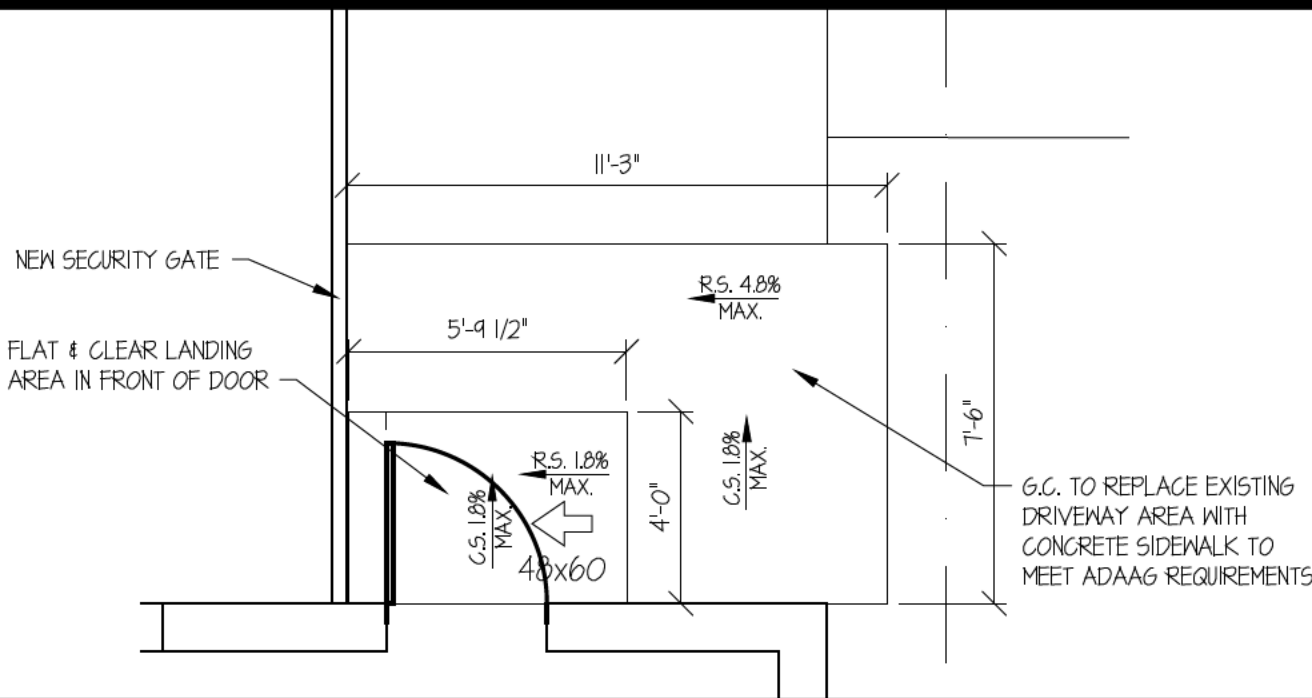
SITE PLAN GENERAL NOTES

SCALE: N.T.S.

4

ADA ENTRANCE

SCALE: N.T.S.



1

SITE PLAN

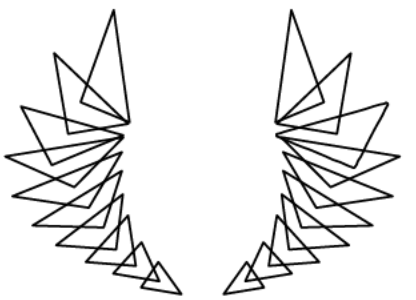
SCALE: #####

#	BY	SUBMISSIONS/REVISIONS	DATE
1	JM	PERMIT SET	02-07-18
2	JM	CONSTRUCTION SET	04-06-18

PROFESSIONAL CERTIFICATION:
I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MA LICENSE NO.7847
EXPIRATION DATE: 08/31/18

PROJECT:

304 SOMERVILLE AVENUE
SOMERVILLE, MA. 02143




LIBERTY

CONSULTANTS:

AD+ASSOCIATES

INTERNATIONAL DESIGN CONSULTANTS

930 CARLETON STREET
BERKELEY, CA 94710



The Chesapeake Design Group
Architects, Incorporated

419 North Charles Street
Baltimore, Maryland 21201
t: 410.837.3622
f: 410.837.3621

CLIENT:

LIBERTY

304 SOMERVILLE AVE
SOMERVILLE, MA. 02143

DRAWING NAME:

SITE PLAN

DRAWN BY:

JDM

CHECKED BY:

RCG

DATE:

02/07/18

SCALE:

AS NOTED

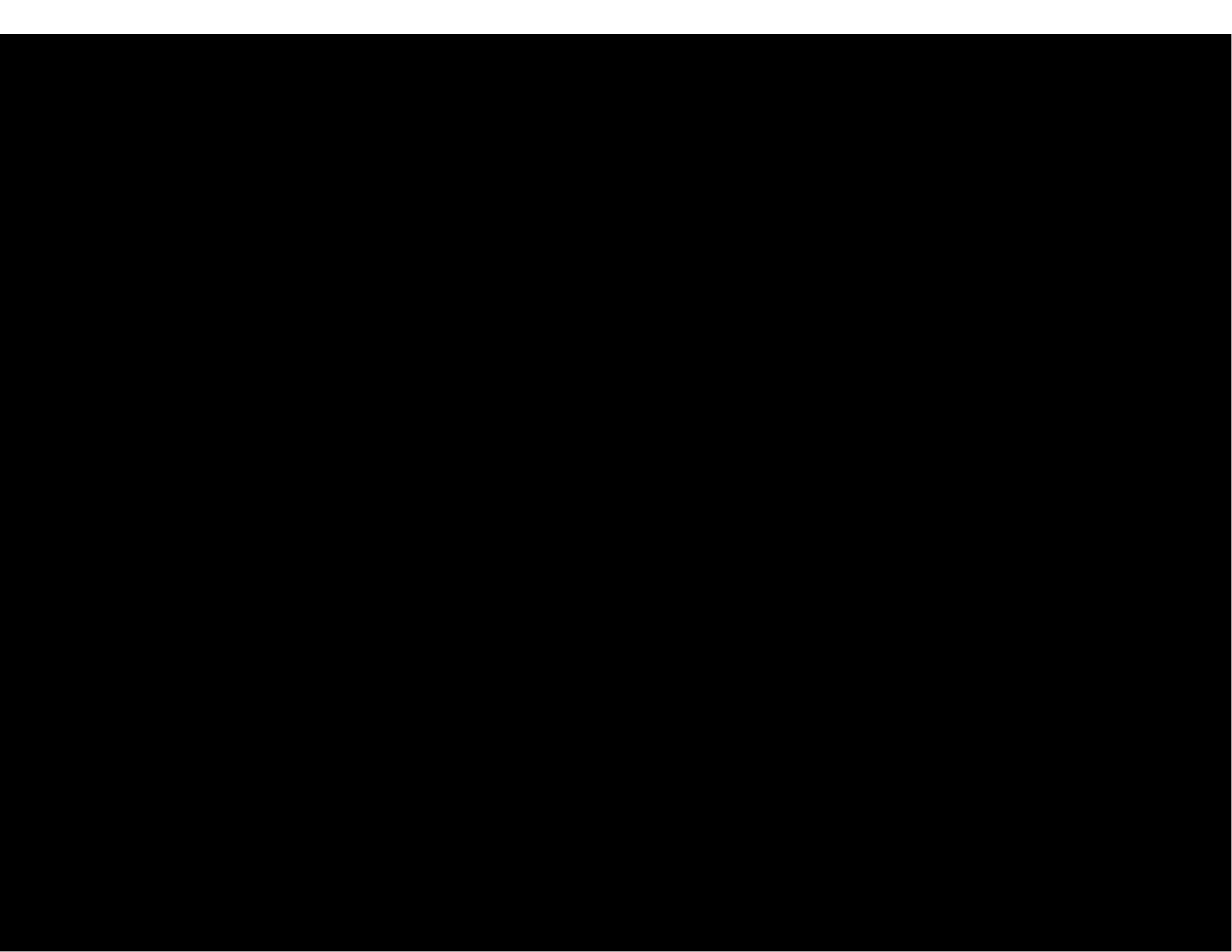
PROJECT #

17WE04

PAGE #

SP-100

CONSTRUCTION SET 04/06/18





Cannabis Control Commission

[My Licenses](#)[Marijuana Retailer](#)

Application #: MRN281787

About the Marijuana Establishment

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

Business Legal Name *

Holistic Industries, Inc

Federal Tax Identification Number EIN/TIN *

Phone Number *

Email Address *

david@holisticindustries.com

Business Address 1 *

04 Somerville Avenue

Business Address 2

Business City *

Somerville

Business State *

MA

Business Zip Code *

02143

Mailing Address 1 *

Mailing Address 2

Mailing City *

Boston

Mailing State *

MA

Mailing Zip Code *

02108

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 >>](#)[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 #: MRN281787

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".

RMD Priority ▼

Economic Empowerment Applicant Certification Number

If you selected "Economic Empowerment Priority" above enter your

RMD Priority Certification Number

RP201840

[<< 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 #: MRN281787

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

Holistic Industries, Inc.

Department of Public Health RMD Registration Number

35

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



Document Name: FCR Approval Certificate_Holistic Industries.pdf

Document Category: Final Certificate

Upload Date: 8/16/18



[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

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 #: MRN281787

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 *

Role *

Other (specify) ▼

Other Role

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

Alias - 1

Alias - 2

Alias - 3

Phone *

Email *

Primary Address 1 *

Primary Address 2

City *

State *

Zip Code *

Gender *

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

Enter the specific race(s) or ethnicity(ies) the person identifies a

Person with Direct or Indirect Authority 2



Percentage Of Ownership *

0

Percentage Of Control *

0

Role *

Other (specify)

Other Role

Facilities Manager

First Name *

Charles

Middle Name

T

Last Name *

Bryant

Suffix

Jr

Former Last Name

(e.g. maiden name)

Alias - 1

Alias - 2

Alias - 3

Phone *

4 [REDACTED]

Email *

charles.bryant@holisticindustries.com

Primary Address 1 *

[REDACTED]

Primary Address 2

City *

Belchertown

State *

MA

Zip Code *

01007

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

Enter the specific race(s) or ethnicity(ies) the person identifies a

Person with Direct or Indirect Authority 3



Percentage Of Ownership *

11.11

Percentage Of Control *

11.11

Role *

Other (specify)

Other Role

Chief Executive Officer & Liberty Capital Partner

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Joshua		Genderson		(e.g. maiden name)
Alias - 1		Alias - 2		Alias - 3
Josh Genderson				
Phone *	Email *			
	josh@holisticindustries.com			
Primary Address 1 *		Primary Address 2		
City *	State *	Zip Code *		
Washington	DC	20001		
Gender *	User Defined Gender			
Male				
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				
Enter the specific race(s) or ethnicity(ies) the person identifies as				

Person with Direct or Indirect Authority 4



Percentage Of Ownership *	Percentage Of Control *			
0	0			
Role *	Other Role			
Other (specify)	Dispensary Director			
First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Sarah		Stretchberry		(e.g. maiden name)
Alias - 1		Alias - 2		Alias - 3
Phone *	Email *			
	sarah.stretchberry@holisticindustries.com			
Primary Address 1 *		Primary Address 2		
City *	State *	Zip Code *		
Dedham	MA	02026		
Gender *	User Defined Gender			

Gender

Female

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

Enter the specific race(s) or ethnicity(ies) the person identifies as

Person with Direct or Indirect Authority 5



Percentage Of Ownership

*

0

Percentage Of Control *

0

Role *

Other (specify)

Other Role

Compliance Officer

First Name *

Jamie

Middle Name

Marie

Last Name *

Ware

Suffix

Former Last Name

(e.g. maiden name)

Alias - 1

Alias - 2

Alias - 3

Phone *

Email *

jamie.ware@holisticindustries.com

Primary Address 1 *

Primary Address 2

City *

Philadelphia

State *

PA

Zip Code *

19125

Gender *

Female

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

Enter the specific race(s) or ethnicity(ies) the person identifies a

Person with Direct or Indirect Authority 6

Percentage Of Ownership *

*

0

Percentage Of Control *

0

Role *

Other (specify) ▼

Other Role

Chief Scientific Officer

First Name *

Adam

Middle Name

Last Name *

Kavalier

Suffix

Former Last Name

(e.g. maiden name)

Alias - 1

Alias - 2

Alias - 3

Phone *

Email *

adam.kavalier@holisticindustries.com

Primary Address 1 *

Primary Address 2

City *

Chevy Chase

State *

MD ▼

Zip Code *

20815

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

Enter the specific race(s) or ethnicity(ies) the person identifies a

Person with Direct or Indirect Authority 7

Percentage Of Ownership *

*

0

Percentage Of Control *

0

Role *

Other (specify) ▼

Other Role

Chief Financial Officer

First Name *

Barry

Middle Name

Last Name *

Bass

Suffix

Former Last Name

(e.g. maiden name)

Alias - 1	Alias - 2	Alias - 3
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone *	Email *	
<input type="text"/>	<input type="text" value="barry.bass@holisticindustries.com"/>	
Primary Address 1 *	Primary Address 2	
<input type="text"/>	<input type="text"/>	
City *	State *	Zip Code *
<input type="text" value="Potomac"/>	<input type="text" value="MA"/>	<input type="text" value="20854"/>
Gender *	User Defined Gender	
<input type="text" value="Male"/>	<input type="text"/>	
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		
<input type="text" value="Enter the specific race(s) or ethnicity(ies) the person identifies a"/>		

Person with Direct or Indirect Authority 8



Percentage Of Ownership *	Percentage Of Control *			
<input type="text" value="0"/>	<input type="text" value="0"/>			
Role *	Other Role			
<input type="text" value="Other (specify)"/>	<input type="text" value="Chief Operating Officer"/>			
First Name *	Middle Name	Last Name *	Suffix	Former Last Name
<input type="text" value="Josh"/>	<input type="text"/>	<input type="text" value="Bell"/>	<input type="text"/>	<input type="text" value="(e.g. maiden name)"/>
Alias - 1	Alias - 2	Alias - 3		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone *	Email *			
<input type="text"/>	<input type="text" value="josh.bell@holisticindustries.com"/>			
Primary Address 1 *	Primary Address 2			
<input type="text"/>	<input type="text"/>			
City *	State *	Zip Code *		
<input type="text" value="Montague"/>	<input type="text" value="MA"/>	<input type="text" value="01351"/>		
Gender *	User Defined Gender			
<input type="text" value="Male"/>	<input type="text"/>			

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

Enter the specific race(s) or ethnicity(ies) the person identifies as

Person with Direct or Indirect Authority 9



Percentage Of Ownership *

11.11

Percentage Of Control *

11.11

Role *

Other (specify)

Other Role

Owner

First Name *

Jonathan

Middle Name

Mark

Last Name *

Genderson

Suffix

Former Last Name

(e.g. maiden name)

Alias - 1

Jon Genderson

Alias - 2

Alias - 3

Phone *

[REDACTED]

Email *

jon@cellar.com

Primary Address 1 *

[REDACTED]

Primary Address 2

[REDACTED]

City *

Washington

State *

DC

Zip Code *

20003

Gender *

Male

User Defined Gender

[REDACTED]

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

Enter the specific race(s) or ethnicity(ies) the person identifies as

Person with Direct or Indirect Authority 10



Percentage Of Ownership *

Percentage Of Control *

Role *

Other (specify) ▼

Other Role

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

Alias - 1

Alias - 2

Alias - 3

Phone *

Email *

Primary Address 1 *

Primary Address 2

City *

State *

Zip Code *

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

[Add a Person](#)[<< 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 #: MRN281787

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.

Entity with Direct or Indirect Authority 1



Percentage of Ownership *

Percentage of Control *

Entity Legal Name *

Entity DBA

DBA City

Entity Description *

Foreign Subsidiary Narrative

If this entity is a subsidiary or otherwise related to an entity that is a foreign entity please describe the relationship and identify the name of the foreign country.

Entity Phone *

Entity Email *

Entity Website

Entity Address 1 *

Entity Address 2

Entity City *

Entity State *

Entity Zip Code *

Entity Mailing Address 1 *

Entity Mailing Address 2

Entity Mailing City *

Entity Mailing State *

Entity Mailing Zip Code *

Relationship Description *

Describe the relationship between the Marijuana Establishment and the entity that has direct or indirect authority. Provide details about how that authority is exercised.

Entity is a 33% owner of Holistic Industries, Inc. They have voting rights pursuant to the Bylaws, and provided capital

Entity with Direct or Indirect Authority 2

Percentage of Ownership *

*

33

Percentage of Control *

*

33

Entity Legal Name *

Liberty Capital Partners LLC

Entity DBA

Doing-Business-As

DBA City

Massachusetts city where the DBA is registered

Entity Description *

Venture Capital

Foreign Subsidiary Narrative

If this entity is a subsidiary or otherwise related to an entity that is a foreign entity please describe the relationship and identify the name of the foreign country

Entity Phone *

Entity Email *

david.cohen@holisticindustries

Entity Website

Entity Address 1 *

Entity Address 2

Entity City *

Boston

Entity State *

MA

Entity Zip Code *

02108

Entity Mailing Address 1 *

Entity Mailing Address 2

Entity Mailing City *

Boston

Entity Mailing State *

MA

Entity Mailing Zip Code *

02108

Relationship Description *

Describe the relationship between the Marijuana Establishment and the entity that has direct or indirect authority Provide details about how that authority is exercised

Entity is a 33% owner of Holistic Industries, Inc They have voting rights pursuant to the

Bylaws, and provided capital.

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



Cannabis Control Commission

[My Licenses](#)[Marijuana Retailer](#)

Application #: MRN281787

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.

Close Associates or Member 1



First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Michael		Kessel		
Alias 1		Alias 2	Alias 3	
Phone *	Email *			
	mhkessel@gmail.com			
Primary Address 1 *		Primary Address 2		
City *	State *	Zip Code *		
Summit	NJ	07901		

Describe the nature of the relationship this person has with the Marijuana Establishment *

Liberty Capital Partners General Partner

Close Associates or Member 2



First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Mitchell		Kulick		
Alias 1		Alias 2	Alias 3	

Phone *

Email *

mitch@dfmklaw.com

Primary Address 1 *

Primary Address 2

City *

carsdale

State *

NY

Zip Code *

10583

Describe the nature of the relationship this person has with the Marijuana Establishment *

Liberty Capital Partners General Partner

Close Associates or Member 3



First Name *

Mikhail

Middle Name

Last Name *

Don

Suffix

Former Last Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

Primary Address 1

Primary Address 2

City *

Owings Mills

State *

MD

Zip Code *

21117

Describe the nature of the relationship this person has with the Marijuana Establishment *

Avery Road LLC General Partner

Close Associates or Member 4



First Name *

Beni

Middle Name

Last Name *

Golani

Suffix

Former Last Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

<div></div>		<div>benigolani@gmail.com</div>
Primary Address 1 *		Primary Address 2
<div></div>		<div></div>
City *	State *	Zip Code *
<div>Rockville</div>	<div>MD</div>	<div>20855</div>
Describe the nature of the relationship this person has with the Marijuana Establishment *		
<div>Avery Road LLC General Partner</div>		

Close Associates or Member 5



First Name *	Middle Name	Last Name *	Suffix	Former Last Name
<div>David</div>	<div>P</div>	<div>Cohen</div>	<div></div>	<div></div>
Alias 1	Alias 2	Alias 3		
<div></div>	<div></div>	<div></div>		
Phone *	Email *			
<div></div>	<div>david.cohen@holisticindustries.com</div>			
Primary Address 1 *		Primary Address 2		
<div></div>		<div></div>		
City *	State *	Zip Code *		
<div>New York</div>	<div>NY</div>	<div>10065</div>		
Describe the nature of the relationship this person has with the Marijuana Establishment *				
<div>Liberty Capital Partners General Partner</div>				

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 #: MRN281787

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
<input type="text" value="Josh"/>	<input type="text"/>	<input type="text" value="Genderson"/>	<input type="text"/>
Email *	Phone *		
<input type="text" value="josh@holisticindustries.com"/>	<input type="text" value="REDACTED"/>		
Address 1 *		Address 2	
<input type="text" value="REDACTED"/>		<input type="text"/>	
City *	State *	Zip Code *	
<input type="text" value="Washington"/>	<input type="text" value="DC"/>	<input type="text" value="20001"/>	
Types of Capital *	Other Type of Capital	Total Value of the Capital	Percentage of Initial
Select all that apply	If o her select, specify here	Provided *	Capital *
<input checked="" type="checkbox"/> Monetary/Equity		<input type="text" value="53333 33"/>	<input type="text" value="11 11"/>
<input type="checkbox"/> Debt			
<input type="checkbox"/> Land			
<input type="checkbox"/> Buildings			
<input type="checkbox"/> Other (Specify)			
Capital Attestation *			
The funds identified above that were used to invest in or finance the Marijuana Establishment were lawfully earned or obtained			
<input checked="" type="checkbox"/> Yes			

Individual Contributing Capital 2



First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="Jonathan"/>	<input type="text" value="Mark"/>	<input type="text" value="Genderson"/>	<input type="text"/>
Email *	Phone *		
<input type="text" value="jon@cellar.com"/>	<input type="text" value="REDACTED"/>		
Address 1 *		Address 2	
<input type="text" value="REDACTED"/>		<input type="text"/>	
City *	State *	Zip Code *	
<input type="text" value="Washington"/>	<input type="text" value="DC"/>	<input type="text" value="20003"/>	

Types of Capital * <i>Select all that apply.</i> <input checked="" type="checkbox"/> Monetary/Equity <input type="checkbox"/> Debt <input type="checkbox"/> Land <input type="checkbox"/> Buildings <input type="checkbox"/> Other (Specify)	Other Type of Capital If o her select, specify here	Total Value of the Capital Provided * 53333.33	Percentage of Initial Capital * 11.11
Capital Attestation * <i>The funds identified above that were used to invest in or finance the Marijuana Establishment were lawfully earned or obtained</i> <input checked="" type="checkbox"/> Yes			

Individual Contributing Capital 3

First Name * Richard	Middle Name	Last Name * Genderson	Suffix
Email * rick.genderson@holisticindust	Phone *		
Address 1 *		Address 2	
Washington		20002	
City *	State * DC	Zip Code *	
Types of Capital * <i>Select all that apply</i> <input checked="" type="checkbox"/> Monetary/Equity <input type="checkbox"/> Debt <input type="checkbox"/> Land <input type="checkbox"/> Buildings <input type="checkbox"/> Other (Specify)		Other Type of Capital If o her select, specify here	Total Value of the Capital Provided * 53333 33
Percentage of Initial Capital * 11 11			
Capital Attestation * <i>The funds identified above that were used to invest in or finance the Marijuana Establishment were lawfully earned or obtained</i> <input checked="" type="checkbox"/> 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: JonGenderson_CertificationOffFunds.pdf	
	Document Category: Bank Record	
	Upload Date: 4/5/19	
	Document Name: JoshGenderson_CertificationOffFunds.pdf	

	Document Category: Bank Record	
	Document Name: RichardGenderson_CertificationOfFunds.pdf	
	Document Category: Bank Record	
	Upload Date: 4/5/19	
	Document Name: nov 2015 statement.pdf	
	Document Category: Bank Record	
	Upload Date: 4/5/19	

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



Cannabis Control Commission

My Licenses

Marijuana Retailer



Application #: MRN281787

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

Entity Contributing Capital 1



Entity Legal Name *

Avery Road, LLC

Entity DBA

Email *

anna.don@holisticindustries.c

Phone *

Address 1 *

Address 2

City *

Pikesville

State *

MD

Zip Code *

21208

Types of Capital *

Select all that apply

☒ Monetary/Equity☐ Debt☐ Land☐ Buildings☐ Other

Other Type of Capital

If other was selected, specify

Total Value of Capital

Provided *

5000000

Percentage of Initial

Capital *

33.33

Capital Attestation *

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

☒ Yes

Entity Contributing Capital 2



Entity Legal Name *

Liberty Capital Partners, LLC

Entity DBA

Email *

david.cohen@holisticindustries

Phone *

Address 1 *

Address 2

City *

Boston

State *

MA

Zip Code *

02108

Types of Capital *

Select all that apply.

- ☒ Monetary/Equity
- ☐ Debt
- ☐ Land
- ☐ Buildings
- ☐ Other

Other Type of Capital

If other was selected, specify it

Total Value of Capital Provided *

10000000

Percentage of Initial Capital *

33.33

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 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

	Document Name: David Cohen LCP Attestation.pdf	
	Document Category: Funds Certification	
	Upload Date: 4/3/19	
	Document Name: Mitch Kuck LCP Attestation.pdf	
	Document Category: Funds Certification	
	Upload Date: 4/3/19	
	Document Name: Michael Kessel LCP Attestation.PDF	
	Document Category: Funds Certification	
	Upload Date: 4/3/19	
	Document Name: Century Bank February 2019 Liberty Capital Partners.pdf	
	Document Category: Existence of Capital Verification	
	Upload Date: 4/3/19	
	Document Name: Ben Golani Avery Road Attestation.pdf	
	Document Category: Funds Certification	
	Upload Date: 4/3/19	
	Document Name: Mikhail Don Avery Road Attestation.pdf	
	Document Category: Funds Certification	
	Upload Date: 4/5/19	
	Document Name: Avery Road March 2019 Bank Statement.pdf	
	Document Category: Existence of Capital Verification	
	Upload Date: 4/5/19	

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

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

Application #: MRN281787

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.

Business Interest in Other State 1

Business Interest of an Owner or the Marijuana Establishment *

If the interest is of an owner please provide the owner's name below.

☐ Business Interest of the Marijuana Establishment

☐ Business Interest of an Owner

Owner First Name

Owner Middle Name

Owner Last Name

Owner
Suffix

Entity State Business Identification Number *

N/A

Entity Federal Tax Identification Number (EIN/TIN) or
Foreign Business ID *

Entity Legal Name *

Beach Enlightenment and Compassionate Healing Corporation

Entity DBA

Doing-Business-As

Entity Description *

Medical Cannabis Dispensary

Entity Phone *

Entity Email *

holisticindustries@gmail.com

Entity Website

Entity Address 1 *

Entity Address 2

Entity City *

Gardena

Entity State *

CA

Entity Zip Code *

90248

Entity Country *

United States

Entity Mailing Address 1 *

Entity Mailing Address 2

Entity Mailing City *

Gardena

Entity Mailing State *

CA

Entity Mailing Zip Code *

90248

Entity Mailing Country *

United States

Business Interest in Other State 2

Business Interest of an Owner or the Marijuana Establishment *

Business Interest of an Owner or the Marijuana Establishment

If the interest is of an owner please provide the owner's name below.

☒ Business Interest of the Marijuana Establishment☐ Business Interest of an Owner

Owner First Name

Owner Middle Name

Owner Last Name

Owner

Suffix

Entity State Business Identification Number *

N/A

Entity Federal Tax Identification Number (EIN/TIN) or
Foreign Business ID *

Entity Legal Name *

Holistic Industries LLC

Entity DBA

Doing-Business-As

Entity Description *

Organic medical cannabis company

Entity Phone *

Entity Email *

holisticindustries@gmail.com

Entity Website

Entity Address 1 *

Entity Address 2

Entity City *

Potomac

Entity State *

MD

Entity Zip Code *

20854

Entity Country *

United States

Entity Mailing Address 1 *

Entity Mailing Address 2

Entity Mailing City *

Potomac

Entity Mailing State *

MD

Entity Mailing Zip Code *

20854

Entity Mailing Country *

United States

Business Interest in Other State 3

Business Interest of an Owner or the Marijuana Establishment *

If the interest is of an owner please provide the owner's name below.

☒ Business Interest of the Marijuana Establishment☐ Business Interest of an Owner

Owner First Name

Owner Middle Name

Owner Last Name

Owner

Suffix

Entity State Business Identification Number *

N/A

Entity Federal Tax Identification Number (EIN/TIN) or
Foreign Business ID *

Entity Legal Name *

Holistic Farms LLC

Entity DBA

Doing-Business-As

Entity Description *

Organic cannabis company

Entity Phone *

Entity Email *

holisticindustries@gmail.com

Entity Website

Entity Address 1 *

Entity Address 2

Entity City *	Entity State *	Entity Zip Code *	Entity Country *
Haverford	PA	19041	United States

Entity Mailing Address 1 *	Entity Mailing Address 2
[REDACTED]	[REDACTED]

Entity Mailing City *	Entity Mailing State *	Entity Mailing Zip Code *	Entity Mailing Country *
Haverford	PA	19041	United States

Business Interest in Other State 4



Business Interest of an Owner or the Marijuana Establishment *

If the interest is of an owner please provide the owner's name below.

☐ Business Interest of the Marijuana Establishment

☐ Business Interest of an Owner

Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix

Entity State Business Identification Number *	Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID *
N/A	81-5083502

Entity Legal Name *	Entity DBA
Holistic Pharma LLC	Doing-Business-As

Entity Description *
Organic cannabis company

Entity Phone *	Entity Email *	Entity Website
[REDACTED]	holisticindustries@gmail.com	

Entity Address 1 *	Entity Address 2
[REDACTED]	[REDACTED]

Entity City *	Entity State *	Entity Zip Code *	Entity Country *
Haverford	PA	19041	United States

Entity Mailing Address 1 *	Entity Mailing Address 2
[REDACTED]	[REDACTED]

Entity Mailing City *	Entity Mailing State *	Entity Mailing Zip Code *	Entity Mailing Country *
Haverford	PA	19041	United States

Business Interest in Other State 5



Business Interest of an Owner or the Marijuana Establishment *

If the interest is of an owner please provide the owner's name below.

☐ Business Interest of the Marijuana Establishment

☐ Business Interest of an Owner

Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix

Entity State Business Identification Number *		Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID *	
<input type="text" value="L0000052903"/>		<input type="text" value="45-5282628"/>	
Entity Legal Name *		Entity DBA	
<input type="text" value="Holistic Remedies LLC"/>		<input type="text" value="Doing-Business-As"/>	
Entity Description *			
<input type="text" value="Organic cannabis company"/>			
Entity Phone *	Entity Email *	Entity Website	
<input type="text" value=""/>	<input type="text" value="holisticindustries@gmail.com"/>	<input type="text" value=""/>	
Entity Address 1 *		Entity Address 2	
<input type="text" value=""/>		<input type="text" value=""/>	
Entity City *	Entity State *	Entity Zip Code *	Entity Country *
<input type="text" value="Washington"/>	<input type="text" value="DC"/>	<input type="text" value="20002"/>	<input type="text" value="United States"/>
Entity Mailing Address 1 *		Entity Mailing Address 2	
<input type="text" value="1100 H street N W"/>		<input type="text" value="uite 840"/>	
Entity Mailing City *	Entity Mailing State *	Entity Mailing Zip Code *	Entity Mailing Country *
<input type="text" value="Washington"/>	<input type="text" value="DC"/>	<input type="text" value="20002"/>	<input type="text" value="United States"/>

Business Interest in Other State 6

Business Interest of an Owner or the Marijuana Establishment *

If the interest is of an owner please provide the owner's name below.

☒ Business Interest of the Marijuana Establishment

☐ Business Interest of an Owner

Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Entity State Business Identification Number *		Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID *	
<input type="text" value="N/A"/>		<input type="text" value=""/>	
Entity Legal Name *		Entity DBA	
<input type="text" value="Organic Wellness LLC"/>		<input type="text" value="Doing-Business-As"/>	
Entity Description *			
<input type="text" value="Organic cannabis company"/>			
Entity Phone *	Entity Email *	Entity Website	
<input type="text" value=""/>	<input type="text" value="holisticindustries@gmail.com"/>	<input type="text" value=""/>	
Entity Address 1 *		Entity Address 2	
<input type="text" value=""/>		<input type="text" value=""/>	
Entity City *	Entity State *	Entity Zip Code *	Entity Country *
<input type="text" value="Washington"/>	<input type="text" value="DC"/>	<input type="text" value="20002"/>	<input type="text" value="United tates"/>
Entity Mailing Address 1 *		Entity Mailing Address 2	
<input type="text" value=""/>		<input type="text" value=""/>	
Entity Mailing City *	Entity Mailing State *	Entity Mailing Zip Code *	Entity Mailing Country *

Entity Mailing City	Entity Mailing State	Entity Mailing Zip Code	Entity Mailing Country
Washington	DC	20002	United States

Business Interest in Other State 7

Business Interest of an Owner or the Marijuana Establishment *
If the interest is of an owner please provide the owner's name below.

- ☐ Business Interest of the Marijuana Establishment
☒ Business Interest of an Owner




Owner First Name	Owner Middle Name	Owner Last Name	Owner Suffix
Joshua		Genderson	
Entity State Business Identification Number *		Entity Federal Tax Identification Number (EIN/TIN) or Foreign Business ID *	
N/A			
Entity Legal Name *		Entity DBA	
chneider's Liquor Co		Doing-Business-As	
Entity Description *			
Liquor Store			
Entity Phone *	Entity Email *	Entity Website	
	joe@cellar.com		
Entity Address 1 *		Entity Address 2	
Entity City *	Entity State *	Entity Zip Code *	Entity Country *
Washington	DC	20002	United States
Entity Mailing Address 1 *		Entity Mailing Address 2	
Entity Mailing City *	Entity Mailing State *	Entity Mailing Zip Code *	Entity Mailing Country *
Washington	DC	20002	United States






















[Add an Entity](#)

Business Interest Documentation

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

Supporting Document

	Document Name: PA Holistic Farms LLC Articles of Organization.pdf	
	Document Category: Documentation of Interest	
	Upload Date: 3/19/19	
	Document Name: PA Holistic Farms LLC EIN Issuance IRS.pdf	
	Document Category: Documentation of Interest	
	Upload Date: 3/19/19	

	Document Name: PA Holistic Pharma LLC Articles of Organization.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: PA Holistic Pharma LLC EIN Issuance IRS.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: DC Holistic Remedies LLC EIN Letter.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: DC Organic Wellness LLC Certificate of Organization and filed Articles of Organization.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: DC Organic Wellness LLC EIN Letter.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: CA Beach - IRS EIN Verification Letter.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: MD Holistic Industries LLC EIN.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: MD Holistic Industries LLC Articles of Organization MD Filing 7-8-15.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: Holistic_Remedies_ArticlesOfIncorporation.pdf Document Category: Documentation of Interest Upload Date: 3/19/19	
	Document Name: CA Beach Restated Registration.pdf Document Category: Documentation of Interest Upload Date: 3/28/19	
	Document Name: ARTICLES OF INCORPORATION SCHNEIDER'S LIQUOR CO.pdf	

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



Application #: **MRN281787**

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](#)

[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 #: MRN281787

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 #: MRN281787

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 *

304 Somerville Avenue

Establishment Address 2

Establishment City *

Somerville

Establishment Zip Code *

02143

Approximate square footage of the establishment *

3910

How many abutters does this property have? *

7

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: CCC Escrow Letter - Hostic Industries Inc.pdf

Document Category: Documentation of Escrow Account

Upload Date: 3/28/19



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: 304 Somerville Lease.pdf



Document Category: Agreement to Give Title

Upload Date: 3/29/19

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



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



Application #: **MRN281787**

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: Ensuring Zoning Compliance.pdf

Document Category: Plan to Remain Compliant with Local Zoning

Upload Date: 3/29/19



[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



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



Application #: MRN281787

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: Positive Impact Plan.pdf	
	Document Category: Plan for Positive Impact	
	Upload Date: 4/5/19	

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



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



Application #: MRN281787

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](#)

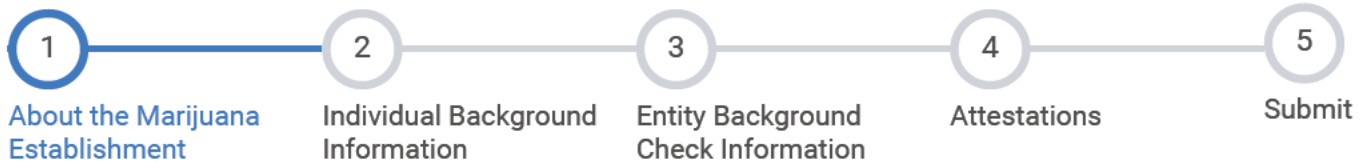
[Save & Go To Next Page >>](#)

[Exit](#)

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



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



Application #: MRN281787

About the Marijuana Establishment

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

Business Legal Name *

Holistic Industries, Inc.

Federal Tax Identification Number EIN/TIN *

[REDACTED]

Phone Number *

[REDACTED]

Email Address *

david.cohen@holisticindustries.com

Business Address 1 *

304 Somerville Avenue

Business Address 2

Business City *

Somerville

Business State *

MA

Business Zip Code *

02143

Mailing Address 1 *

[REDACTED]

Mailing Address 2

Mailing City *

Monson

Mailing State *

MA

Mailing Zip Code *

01057

[Save & Stay On This Page](#)

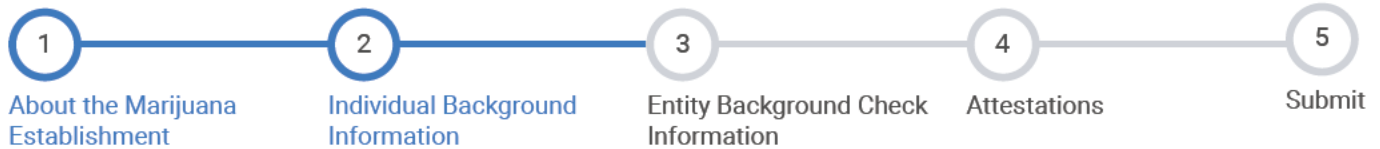
[Save & Go To Next Page >>](#)

[Exit](#)

cannabiscommission@state.ma.us



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



Application #: MRN281787

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 (specify) ▼

Other Role

Chief Security Officer

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

Ismael

V

Canales

Alias 1

Alias 2

Alias 3

Phone *

Email *

vince.canales@holisticindustries

Primary Address 1 *

Primary Address 2

Primary City *

Primary State *

Primary Zip Code *

Years at this

Primary City ^

Bowie

Primary State ^

MD

Primary Zip Code

*

20720

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.*

RMD Staff



Background Question *

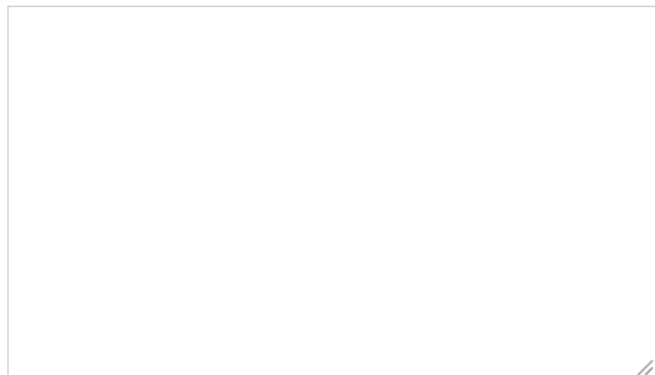
Has this individual ever been the subject any of the following actions? If yes please provide a description and relevant dates for each event below by either entering the description in the text area or by uploading a document containing a narrative description.

- *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.*



Role *	Other Role			
Other (specify) ▼	Facilities Manager			
First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Charles	T	Bryant	Jr	
Alias 1	Alias 2		Alias 3	
Phone *	Email *			
	charles.bryant@holisticindustries			
Primary Address 1 *		Primary Address 2		
Primary City *	Primary State *	Primary Zip Code *	Years at this Address *	
Belchertown	MA ▼	01007	1	
Date of Birth *	Last Four Digits of Social Security Number *			
RMD Association *				
If not associated with an RMD select not associated.				
RMD Manager ▼				

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

Other (specify) ▼

Chief Executive Officer and Liber

First Name *

Joshua

Middle Name

Last Name *

Genderson

Suffix

Former Last Name

Alias 1

Josh Genderson

Alias 2

Alias 3

Phone *

0

Email *

josh@holisticindustries.com

Primary Address 1 *

Primary Address 2

Primary City *

Washington

Primary State *

DC ▼

Primary Zip Code *

20001

Years at this Address *

5

Date of Birth *

Last Four Digits of Social Security Number *

RMD Association *

If not associated

with an RMD
select not
associated.

Not associate... ▼

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.

Obtained PCR License on 12/9/16

Individual Background Information 4



Role *

Other Role

Other (specify) ▼

Dispensary Director

First Name *

Sarah

Middle Name

Last Name *

Stretchberry

Suffix

Former Last
Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

sarah.stretchberry@holisticindus

Primary Address 1 *

Primary Address 2

Primary City *

Dedham

Primary State *

MA ▼

Primary Zip Code *

02026

Years at this Address *

1

Date of Birth *



Last Four Digits of Social Security Number *

RMD Association *

If not associated with an RMD select not associated.

RMD Manager ▼

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

Other (specify) ▼

Compliance Officer

First Name *

Jamie

Middle Name

Marie

Last Name *

Ware

Suffix

Former Last
Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

jamie.ware@holisticindustries.co

Primary Address 1 *

Primary Address 2

Primary City *

Philadelphia

Primary State *

PA ▼

Primary Zip Code
*

19125

Years at this
Address *

7

Date of Birth *

Last Four Digits of
Social SecurityRMD Association
*

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

RMD Staff ▼

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 6



Role *

Other Role

Other (specify) ▼

Liberty Capital Partners General

First Name *

David

Middle Name

P

Last Name *

Cohen

Suffix

Former Last Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

david.cohen@holisticindustries.c

Primary Address 1 *

Primary Address 2

Primary City *

New York

Primary State *

NY

Primary Zip Code *

10065

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.*

RMD Owner ▼

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 7



Role *

Other Role

Other (specify) ▼

Liberty Capital Partners General

First Name *

Middle Name

Last Name *

Suffix

Former Last

Richard		Genderson		Name

Alias 1	Alias 2	Alias 3

Phone *	Email *
	rick.genderson@holisticindustries.com

Primary Address 1 *	Primary Address 2

Primary City *	Primary State *	Primary Zip Code *	Years at this Address *
Washington	DC ▼	20002	14

Date of Birth *	Last Four Digits of Social Security Number *

RMD Association *

If not associated with an RMD select not associated.

RMD Owner ▼

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

Note for each event:

Obtained PCR License on 12/9/16

Individual Background Information 8



Role *

Other Role

Other (specify) ▼

Chief Scientific Officer

First Name *

Adam

Middle Name

Last Name *

Kavalier

Suffix

Former Last
Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

adam.kavalier@holisticindustries

Primary Address 1 *

Primary Address 2

Primary City *

Chevy Chase

Primary State *

MD ▼

Primary Zip Code *

20815

Years at this
Address *

1

Date of Birth *

Last Four Digits of
Social Security
Number *RMD Association
**If not associated
with an RMD
select not
associated.*

RMD Staff ▼

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 9**Role *****Other Role**

Other (specify) ▼

Liberty Capital Partners General

First Name *

Michael

Middle Name**Last Name ***

Kessel

Suffix**Former Last Name****Alias 1****Alias 2****Alias 3****Phone ***

908-277-1712

Email *

mhkessel@gmail.com

Primary Address 1 ***Primary Address 2**

Primary City *

Summit

Primary State *

NJ

Primary Zip Code *

07901

Years at this

Address *

16

Date of Birth *

Last Four Digits of
Social Security
Number *RMD Association
*

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

RMD Owner ▼

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 10

Role *

Other Role

Other (specify) ▼

Chief Financial Officer

First Name *

Barry

Middle Name

H

Last Name *

Bass

Suffix

Former Last

Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

barry.bass@holisticindustries.com

Primary Address 1 *

Primary Address 2

Primary City *

Potomac

Primary State *

MA ▼

Primary Zip Code

20854

Years at this

Address *

22

Date of Birth *

Last Four Digits of
Social Security
Number *RMD Association
*

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

RMD Staff ▼

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*

- 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 11



Role *

Other Role

Other (specify) ▼

Liberty Capital Partners General

First Name *

Mitchell

Middle Name

R

Last Name *

Kulick

Suffix

Former Last Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

mitch@dfmklaw.com

Primary Address 1 *

Primary Address 2

Primary City *

Scarsdale

Primary State *

NY ▼

Primary Zip Code

*

10583

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.*

RMD Owner ▼

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 12**Role *****Other Role**

Other (specify) ▼

Avery Road LLC General Partner

First Name *

Mikhail

Middle Name**Last Name ***

Don

Suffix**Former Last
Name****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.

RMD Owner

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 13



Role *

Other Role

Other (specify) ▼

Avery Road LLC General Partner

First Name *

Beni

Middle Name

Last Name *

Golani

Suffix

Former Last
Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

Primary Address 1 *

Primary Address 2

Primary City *

Rockville

Primary State *

MD ▼

Primary Zip Code
*

20855

Years at this
Address *

15

Date of Birth *

Last Four Digits of
Social Security
Number *

RMD Association

*

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

RMD Owner ▼

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 14



Role *

Other Role

Other (specify) ▼

Chief Operating Officer

First Name *

Josh

Middle Name

Last Name *

Bell

Suffix

Former Last Name

Alias 1

Alias 2

Alias 3

Phone *

Email *

josh.bell@holisticindustries.com

Primary Address 1 *

Primary Address 2

Primary City *

Montague

Primary State *

MA ▼

Primary Zip Code *

01351

Years at this Address *

1

Date of Birth *

Last Four Digits of

Date of Birth *



Last Four Digits of

Social Security
Number *

RMD Association

*

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

RMD Staff ▼

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 15



Role *

Other Role

Other (specify) ▼

Owner

First Name *

Middle Name

Last Name *

Suffix

Former Last

Jonathan

Mark

Genderson

Name

Alias 1

Jon Genderson

Alias 2

Alias 3

Phone *

Email *

jon@cellar.com

Primary Address 1 *

Primary Address 2

Primary City *

Washington

Primary State *

DC

Primary Zip Code *

20003

Years at this

Address *

12

Date of Birth *

Last Four Digits of
Social Security
Number

RMD Association

*

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

RMD Owner

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.*

Obtained PCR License on 12/9/16

[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: Canales_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19



Document Name: Canales_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Canales_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19

Document Name: Canales_DL.pdf





Document Category: Other US State Driver's License



Document Name: Canales-4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 3/13/19



Document Name: Bryant_4506T.pdf



Document Category: IVES form 4506-T

Upload Date: 3/13/19



Document Name: Bryant_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19



Document Name: Bryant_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Bryant_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19



Document Name: Bryant_DL.pdf



Document Category: Other US State Driver's License

Upload Date: 3/13/19



Document Name: JoshGenderson_4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 3/13/19



Document Name: JoshGenderson_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19



Document Name: JoshGenderson_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: JoshGenderson_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19



Document Name: JoshGenderson_DL.pdf



Document Category: Other US State Driver's License

Upload Date: 3/13/19



Document Name: Stretchberry_DL.pdf



Document Category: MA Driver's License

Upload Date: 3/13/19



Document Name: Stretchberry_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19



Document Name: Stretchberry_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Stretchberry_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19

Document Name: Ware_DL.pdf



Document Category: Other US State Driver's License

Document Category: Other US State Driver's License



Document Name: Ware_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19



Document Name: Ware_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Ware_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19



Document Name: Ware_4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 3/13/19



Document Name: Cohen_DL.pdf



Document Category: Other US State Driver's License

Upload Date: 3/13/19



Document Name: Cohen_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19



Document Name: Cohen_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Cohen_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19

Document Name: Cohen 4506-T.pdf





Document Category: IVES form 4506-T



Document Name: Kavalier_DL.pdf



Document Category: Other US State Driver's License

PDF

Upload Date: 3/13/19



Document Name: Kavalier_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

PDF

Upload Date: 3/13/19



Document Name: Kavalier_CSI.pdf



Document Category: Release authorization form

PDF

Upload Date: 3/13/19



Document Name: Kavalier_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

PDF

Upload Date: 3/13/19



Document Name: Kavalier_4506-T.pdf



Document Category: IVES form 4506-T

PDF

Upload Date: 3/13/19



Document Name: RickGenderson_DL.pdf



Document Category: Other US State Driver's License

PDF

Upload Date: 3/13/19



Document Name: RickGenderson_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

PDF

Upload Date: 3/13/19



Document Name: RickGenderson_CSI.pdf





















Document Category: Release authorization form

PDF

Upload Date: 3/13/19

Document Name: RickGenderson_CORI.pdf

	Document Category: Massachusetts CORI Authorization Form	
	Document Name: RickGenderson_4506-T.pdf Document Category: IVES form 4506-T Upload Date: 3/13/19	
	Document Name: Kessel_DL.pdf Document Category: Other US State Driver's License Upload Date: 3/13/19	
	Document Name: Kessel_Disclosure.pdf Document Category: Disclosure and acknowledgement form Upload Date: 3/13/19	
	Document Name: Kessel_CSI.pdf Document Category: Release authorization form Upload Date: 3/13/19	
	Document Name: Kessel_CORI.pdf Document Category: Massachusetts CORI Authorization Form Upload Date: 3/13/19	
	Document Name: Kessel_4506-T.pdf Document Category: IVES form 4506-T Upload Date: 3/13/19	
	Document Name: Bass_DL.pdf Document Category: Other US State Driver's License Upload Date: 3/13/19	
	Document Name: Bass_Disclosure.pdf Document Category: Disclosure and acknowledgement form Upload Date: 3/13/19	



Document Name: Bass_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Bass_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19



Document Name: Bass_4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 3/13/19



Document Name: Kulick_DL.pdf



Document Category: Other US State Driver's License

Upload Date: 3/13/19



Document Name: Kulick_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19



Document Name: Kulick_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Kulick_4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 3/13/19



Document Name: Don_4506-T.pdf



Document Category: IVES form 4506-T

Upload Date: 3/13/19



Document Name: Don_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19



Document Name: Don_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Don_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19



Document Name: Don_DL.pdf



Document Category: Other US State Driver's License

Upload Date: 3/13/19



Document Name: Golani_DL.pdf



Document Category: Other US State Driver's License

Upload Date: 3/13/19



Document Name: Golani_Disclosure.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 3/13/19



Document Name: Golani_CSI.pdf



Document Category: Release authorization form

Upload Date: 3/13/19



Document Name: Golani_CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 3/13/19



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



Application #: MRN281787

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.*

Entity Background Check Information 1



Role *

Other Role

Investor/Co... ▼

Entity Legal Name *

Avery Road, LLC

Entity DBA

Doing-Business-As

Federal Tax
Identification
Number
EIN/TIN *

Entity Description *

Acquire, manage and lease real estate,

Phone *

Email *

anna.don@holisticindustries.

Primary Business Address 1 *

Primary Business Address 2

Primary
Business City *

Pikesville

Primary
Business State *

MD

Principal
Business Zip
Code *

21208

Additional Information

Entity Background Check Information 2



Role *

Investor/Co ▼

Other Role

Entity Legal Name *

Liberty Capital Partners, LLC

Entity DBA

Doing-Business-As

Federal Tax
Identification
Number
EIN/TIN *

Entity Description *

Venture Capital

Phone *

Email *

david.cohen@holisticindustries.

Primary Business Address 1 *

Primary Business Address 2

Primary
Business City *

Boston

Primary
Business State
*

MA



Principal
Business Zip
Code *

02108

Additional Information

Add Another Entity

<< Go To Previous Page

Save & Stay On This Page

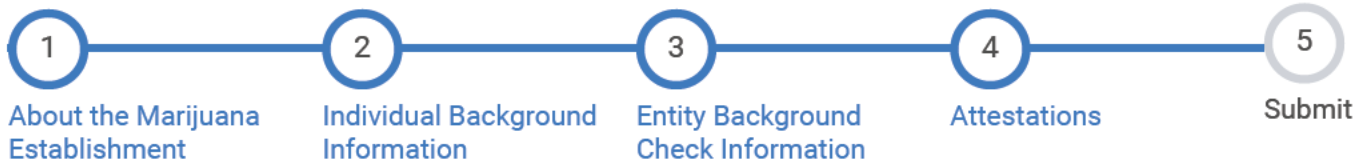
Save & Go To Next Page >>

Exit

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



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



Application #: MRN281787

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


[<< 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

Release & Authorization

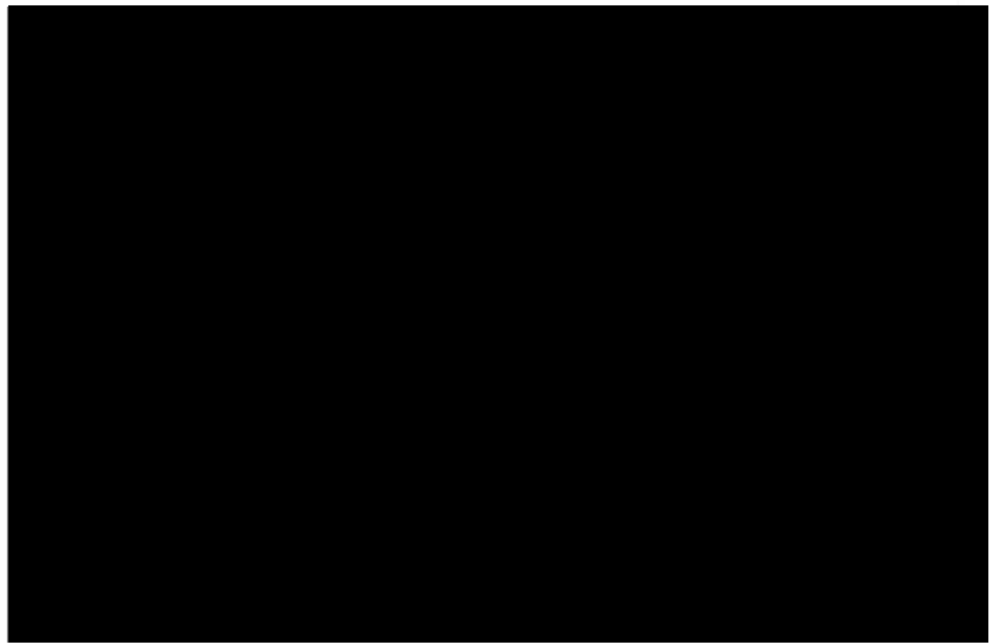
Authentication of Signature by Notary Public

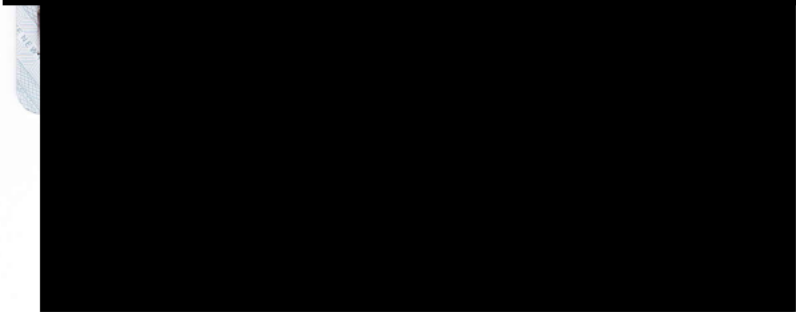
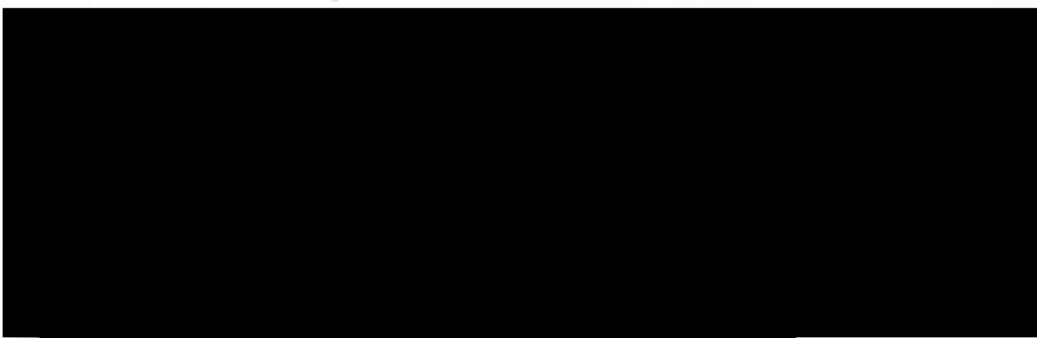
On this 6th day of February, 2019, before me, the undersigned notary public, personally appeared Barry Bass (name of document signer), proved to me through satisfactory evidence of identification, which were MD DL; B-200-081-313-858, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

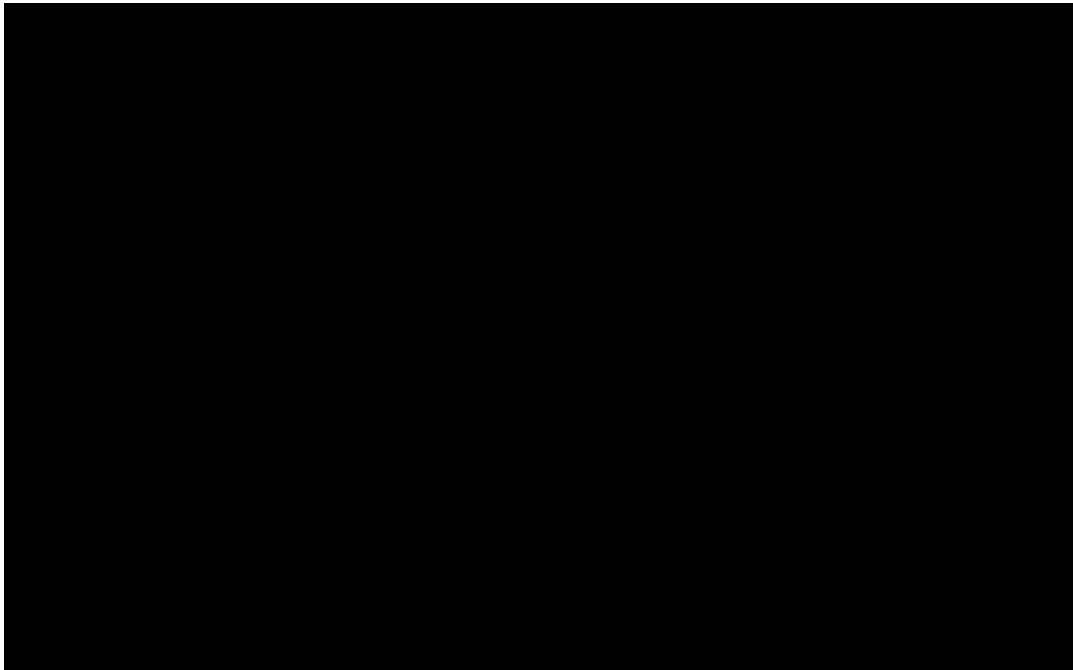

Notary Public, Tammy Nguyen

September 14, 2022
My Commission Expires On



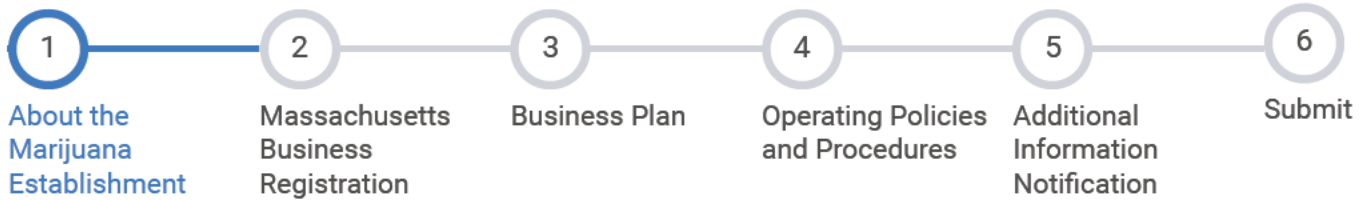








Cannabis Control Commission > [My Licenses](#) > [Marijuana Retailer](#)



Application #: MRN281787

About the Marijuana Establishment

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

Business Legal Name *

Holistic Industries, Inc.

Federal Tax Identification Number EIN/TIN *

[REDACTED]

Phone Number *

[REDACTED]

Email Address *

david.cohen@holisticindustries.com

Business Address 1 *

304 Somerville Avenue

Business Address 2

Business City *

Somerville

Business State *

MA

Business Zip Code *

02143

Mailing Address 1 *

[REDACTED]

Mailing Address 2

Mailing City *

Mon on

Mailing State *

MA

Mailing Zip Code *

01057

[Save & Stay On This Page](#)

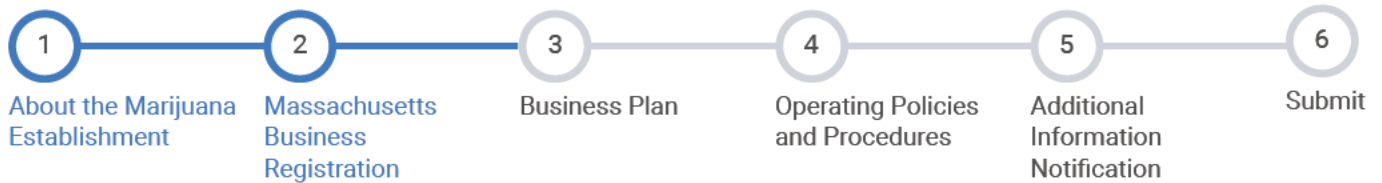
[Save & Go To Next Page >>](#)

[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 #: MRN281787

Massachusetts Business Registration

A Marijuana Establishment must:

- *Be registered to do business in the Commonwealth of Massachusetts as a domestic business corporation or another domestic business entity*
- *Maintain the corporation in good standing with the Secretary of the Commonwealth of Massachusetts*
- *Maintain the corporation in good standing with the Massachusetts Department of Revenue*

If you do not know the Massachusetts Business Identification Number for the Marijuana Establishment, you can look it up on this website:

<https://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>

Massachusetts Business Identification Number *

001176982

Doing-Business-As Name

Liberty

DBA Registration City

The Massachusetts city or town in which the DBA is registered.

Somerville ▼

Required Business Documentation *

Please upload and categorize each of these four required documents:

- *Certificate of Good Standing from the Secretary of the Commonwealth of Massachusetts*
- *Certificate of Good Standing from the Massachusetts Department of Revenue*
- *Articles of Organization*
- *Bylaws*



Document Name: Commonwealth of Massachusetts Certificate of Good Standing Dept of Revenue August 2018.pdf
Document Category: Department of Revenue - Certificate of Good standing
Upload Date: 10/2/18



Document Name: Holistic Industries_Bylaws_2019.pdf



Document Category: Bylaws

Upload Date: 4/5/19



Document Name: HolisticIndustries_IncorporationDocuments.pdf



Document Category: Articles of Organization

Upload Date: 4/5/19



Document Name: Commonwealth of Massachusetts Certificate of Good Standing April 2019.pdf
Document Category: Secretary of Commonwealth - Certificate of Good Standing
Upload Date: 4/5/19



Drag document(s) or click here

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

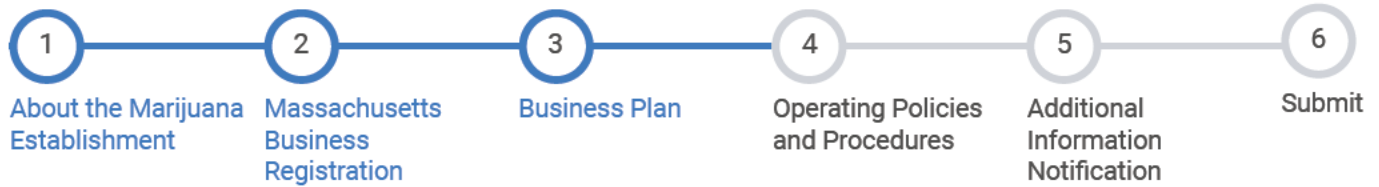
[Save & Go To Next Page >>](#)

[Exit](#)

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



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



Application #: MRN281787

Business Plan

Please provide information below on the Marijuana Establishment's Business plan. The following information is required:

- *Business Plan*
- *Proposed Timeline*
- *Plan for Obtaining Liability Insurance*

Please upload documentation providing this information in the field below.

Business Plan Documentation *



Document Name: HolisticIndustries_BusinessTimeline.pdf



Document Category: Proposed Timeline

Upload Date: 4/5/19



Document Name: Plan for Obtaining Liability Insurance.pdf



Document Category: Plan for Liability Insurance

Upload Date: 4/5/19



Document Name: Business Plan.pdf



Document Category: Business Plan

Upload Date: 4/5/19

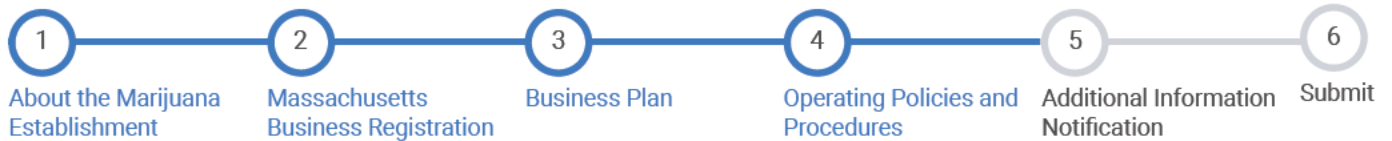
Drag document(s) or click here

[<< 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



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



Application #: MRN281787

Operating Policies and Procedures

You are required to provide documentation describing the Marijuana Establishment's policies and procedures for each of the following areas:

- Plan for obtaining marijuana or marijuana products
- Separating recreational from medical operations, if applicable
- Restricting Access to age 21 and older
- Security plan
- Prevention of diversion
- Storage of marijuana
- Transportation of marijuana
- Inventory procedures
- Quality control and testing
- Dispensing procedures
- Personnel policies including background checks
- Record Keeping procedures
- Maintaining of financial records
- Diversity plan
- Qualifications and training

Please upload a separate document for each of the areas listed. When uploading, identify the document by selecting the appropriate document type. Each document uploaded should address only one of the areas with no overlap between documents. Uploading the same document for multiple areas or omitting a document for any of the areas may require resubmitting your documents and delay the processing of your application.

Policies and Procedures Documentation *

Upload documentation for each area listed above. Select the appropriate document type to identify the file.



Document Name: Dispensing Procedures.pdf



Document Category: Dispensing procedures

Upload Date: 4/5/19



Document Name: Diversity Plan.pdf

























Document Category: Diversity plan

Upload Date: 4/5/19

Document Name: Inventory Procedures.pdf



	Document Category: Inventory procedures	
	Document Name: Maintaining Financial Records.pdf Document Category: Maintaining of financial records Upload Date: 4/5/19	
	Document Name: Personnel Policies Including Background Checks.pdf Document Category: Personnel policies including background checks Upload Date: 4/5/19	
	Document Name: Plan for Obtaining Marijuana.pdf Document Category: Plan for obtaining marijuana or marijuana products Upload Date: 4/5/19	
	Document Name: Prevention of Diversion.pdf Document Category: Prevention of diversion Upload Date: 4/5/19	
	Document Name: Qualifications and Training.pdf Document Category: Qualifications and training Upload Date: 4/5/19	
	Document Name: Quality Control and Testing.pdf Document Category: Quality control and testing Upload Date: 4/5/19	
	Document Name: Record Keeping Procedures.pdf Document Category: Record Keeping procedures Upload Date: 4/5/19	
	Document Name: Restricting Access to Age 21 and Older.pdf Document Category: Restricting Access to age 21 and older Upload Date: 4/5/19	
	Document Name: Security Plan.pdf Document Category: Security plan Upload Date: 4/5/19	

	Document Name: Separating Medical From Recreational.pdf Document Category: Separating recreational from medical operations, if applicable Upload Date: 4/5/19	
	Document Name: Storage of Marijuana.pdf Document Category: Storage of marijuana Upload Date: 4/5/19	
	Document Name: Transportation of Marijuana.pdf Document Category: Transportation of marijuana Upload Date: 4/5/19	

Drag document(s) or click here

<< Go To Previous Page

Save & Stay On This Page

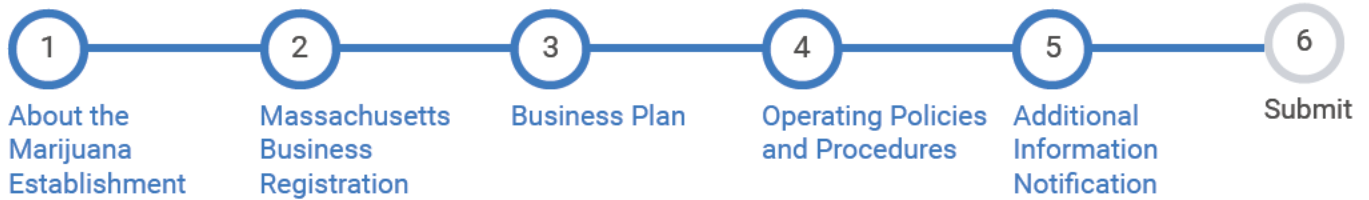
Save & Go To Next Page >>

Exit

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



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



Application #: MRN281787

Additional Information Notification

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](#)

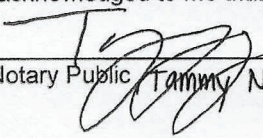
For assistance please call the Cannabis Control Commission at 617 701 8400 or email at

cannabiscommission@state.ma.us

Release & Authorization

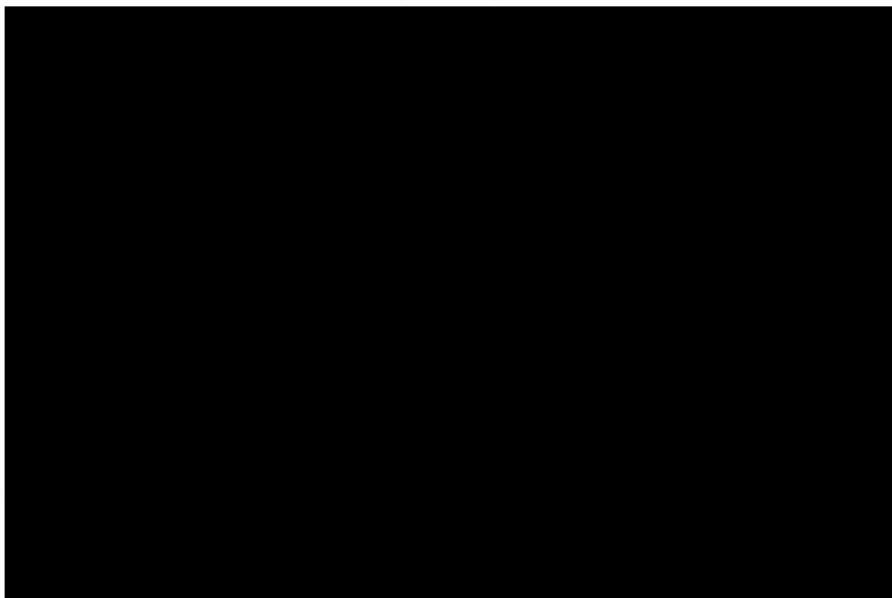
Authentication of Signature by Notary Public

On this 8th day of February, 2019, before me, the undersigned notary public, personally appeared Jamie Ware (name of document signer), proved to me through satisfactory evidence of identification, which were PA DL 28923817, 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 Tammy Nguyen

September 14, 2022
My Commission Expires On







02/27/2020

City of Somerville
Re: Holistic Industries

To whom it may concern,

Somerville Homeless Coalition is a local nonprofit that works to end homelessness in our community. We operate two shelters, a food pantry, a number of supportive housing units, a street outreach team, housing search services, and homelessness prevention services. One of the most important things that Somerville Homeless Coalition staff strives for in all of the work that we do is to break the stigmas surrounding mental health, addiction, homelessness, and poverty. In speaking with Holistic Industries employees, it is clear that breaking the stigma is a shared goal.

Earlier this year, Somerville Homeless Coalition was contacted by Liberty Cannabis/Holistic Industries. They provided us with an opportunity to join them at Liberty Cannabis for the day to meet staff and clients and to provide information and resources to those who may be in need of Somerville Homeless Coalition's assistance. On this day, Liberty Cannabis donated a portion of their sales to the coalition. This was a great opportunity for Somerville Homeless Coalition staff to reach individuals who may not otherwise be aware of the resources available to them and to get to know what kind of work Holistic Industries may be able to do to benefit our community.

Holistic Industries supports local agencies and gives back to the community while offering a positive and judgement-free environment for their clients.

Please feel free to contact me at 617-623-6111 or ereilly@shcinc.org with any questions. Thank you!

All the best,

A handwritten signature in dark ink that reads "Erin Reilly". The signature is fluid and cursive, with the first name "Erin" and last name "Reilly" clearly distinguishable.

Erin Reilly
Rapid Response Case Manager





INTRODUCING HOLISTIC INDUSTRIES: PROVIDING CANNABIS WITH CARE

THE HOLISTIC STORY

Scaling from a seed of inspiration in 2011, Holistic Industries is aspiring to be the best place to work, shop, and invest in the cannabis industry. We're able to deliver consistent value to employees, patients, and investors because of the values that drive our work - how we do business and why. We have one of the most seasoned teams in the industry, a budding "Greenhouse of Brands" and a meaningful model of doing well by doing good.

THE HOLISTIC PROMISE

At Holistic Industries, our mission is to provide patients with the highest quality, safest cannabis products available. As our name suggests, we care for the whole person. For us, this is personal. At Holistic Industries, we are both patients and caregivers. We make it our duty to ensure our patients have access to expert information, and that our wholesale partners and investors receive the high standard of service we're known for. Through our facilities and dispensaries, we also create hundreds of jobs in local communities.





LIBERTY IS LOCAL.

LIBERTY CANNABIS is wellness done well, connected to local communities across the country. With inviting retail spaces and innovative medical products, it's simultaneously an accessible starting point for new patients and one of the most polished brands in the industry. The "Wings of Liberty" are the backbone of an accessible experience - a system of icons and terms that define our offerings. Vitality, Clarity, Harmony, Tranquility and Serenity are categories Liberty patients and partners come to know and love.

Inviting Environments

Liberty's dispensaries offer an uncommon standard of personalized care, beginning with appealing retail spaces that make patients feel welcome and inspire them to get well.

Quality Products

The products we make or stock are a carefully curated mix of industry-leading strains and medical-grade concentrates from trusted brands operating at the forefront of innovation.

Experienced Team

Our management and staff are committed to our mantra of "Life. Love. Liberty." They are knowledgeable and passionate, advancing cannabis literacy and efficacy through hands-on care.

LIBERTY GIVES BACK.

LIBERTY CANNABIS CARES (LCC) is a collection of initiatives that reflect our company's deepest held values and our employees' commitment to cannabis as a force for good. As one of the largest and fastest growing cannabis companies in the country, Holistic Industries has the opportunity to do good on a grand scale - one program or project at a time. Our efforts are simultaneously national, local and personal, spanning four areas of work: Social Equity, Diversity, Cannabis Education and Community Outreach.



SOCIAL EQUITY

Improving and empowering distressed neighborhoods and underserved individuals in all our work.



PROMOTING DIVERSITY

Emphasizing diversity in the cannabis industry through job training and employment opportunities.



CANNABIS EDUCATION

Devoting significant resources to funding cannabis research and community education programs.



COMMUNITY OUTREACH

Addressing the specific needs of each community we go to, taking a purposeful, hands-on approach.



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$35.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Special Filing Instructions
Please file on an expedited basis
(as quickly as possible)

Articles of Organization

(General Laws, Chapter 180)

Identification Number: 001176982

ARTICLE I

The exact name of the corporation is:

HOLISTIC INDUSTRIES, INC.

ARTICLE II

The purpose of the corporation is to engage in the following business activities:

THIS CORPORATION IS ORGANIZED FOR ANY CIVIC, EDUCATIONAL, CHARITABLE, BENEVOLENT OR RELIGIOUS PURPOSE, FOR THE PROSECUTION OF ANY ANTIQUARIAN, HISTORICAL, LITERARY, SCIENTIFIC, MEDICAL, CHIROPRACTIC, ARTISTIC, MONUMENTAL OR MUSICAL PURPOSE, AND FOR ANY OTHER LAWFUL PURPOSE PURSUANT TO M.G.L. CHAPTER 180 SECTION 4.

ARTICLE III

A corporation may have one or more classes of members. If it does, the designation of such classes, the manner of election or appointments, the duration of membership and the qualifications and rights, including voting rights, of the members of each class, may be set forth in the by-laws of the corporation or may be set forth below:

ARTICLE IV

Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

(If there are no provisions state "NONE")

NONE

Notes: The preceding four (4) articles are considered to be permanent and may only be changed by filing appropriate Articles of Amendment.

ARTICLE V

The by-laws of the corporation have been duly adopted and the initial directors, president, treasurer and clerk or other presiding, financial or recording officers, whose names are set out on the following page, have been duly elected.

ARTICLE VI

The effective date of organization of the corporation shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty days* after the

date of filing.

ARTICLE VII

The information contained in Article VII is not a permanent part of the Articles of Organization.

a. The street address (post office boxes are not acceptable) of the principal office of the corporation in Massachusetts is:

No. and Street: C/O GARY FIALKY

33 STATE STREET

City or Town: SPRINGFIELD

State: MA

Zip: 01103

Country: USA

b. The name, residential street address and post office address of each director and officer of the corporation is as follows:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	JONATHAN GENDERSON	300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA 300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA	Two years
TREASURER	RICHARD GENDERSON	300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA 300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA	Two years
CLERK	JOSH GENDERSON	300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA 300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA	Two years
DIRECTOR	JOSH GENDERSON	300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA 300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA	Two years
DIRECTOR	RICHARD GENDERSON	300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA 300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA	Two years
DIRECTOR	JONATHAN GENDERSON	300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA 300 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002 USA	Two years

c. The fiscal year (i.e., tax year) of the business entity shall end on the last day of the month of:
December

d. The name and business address of the resident agent, if any, of the business entity is:

Name: GARY FIALKY

No. and Street: 33 STATE STREET

City or Town: SPRINGFIELD

State: MA

Zip: 01103

Country: USA

I/We, the below signed incorporator(s), do hereby certify under the pains and penalties of perjury that I/we have not been convicted of any crimes relating to alcohol or gaming within the past ten years. I/We do hereby further certify that to the best of my/our knowledge the above-named officers have not been similarly convicted. If so convicted, explain:

JONATHAN GENDERSON

IN WITNESS WHEREOF AND UNDER THE PAINS AND PENALTIES OF PERJURY, I/we, whose signature(s) appear below as incorporator(s) and whose name(s) and business or residential address (es) beneath each signature do hereby associate with the intention of forming this business entity under the provisions of General Law, Chapter 180 and do hereby sign these Articles of Organization as incorporator(s) this 10 Day of June, 2015. (If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.)

JONATHAN GENDERSON 300 MASSACHUSETTS AVE NE WASHINGTON, DC 20002

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

June 10, 2015 02:54 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

D

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

**Articles of Entity Conversion of a
Domestic Non-Profit with a Pending Provisional
or Final Certification to Dispense Medical Use Marijuana
to a Domestic Business Corporation**
(General Laws Chapter 156D, Section 9.53; 950 CMR 113.30)

FORM MUST

Holistic Industries, Inc., which has submitted the
Articles of Entity Conversion, is licensed and approved to
engage in the purposes stated on said document.

W. Collins
Stacy Collins
Executive Director
Cannabis Control Commission

- (1) Exact name of the non-profit: Holistic Industries, Inc.
- (2) A corporate name that satisfies the requirements of G.L. Chapter 156D, Section 4.01:
Holistic Industries, Inc.
- (3) The plan of entity conversion was duly approved in accordance with the law.
- (4) The following information is required to be included in the articles of organization pursuant to G.L. Chapter 156D, Section 2.02(a) or permitted to be included in the articles pursuant to G.L. Chapter 156D, Section 2.02(b):

ARTICLE I

The exact name of the corporation upon conversion is:

Holistic Industries, Inc.

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. Chapter 156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:*

The general character of the business of the corporation shall be the cultivation, manufacturing, transportation and distribution of marijuana and marijuana products, to the extent permitted and in accordance with Massachusetts law, and any other business in which a corporation formed pursuant to G.L. Chapter 156D is authorized to engage.

D

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED **Articles of Entity Conversion of a** FORM MUST BE TYPED
Domestic Non-Profit with a Pending Provisional
or Final Certification to Dispense Medical Use Marijuana
to a Domestic Business Corporation
(General Laws Chapter 156D, Section 9.53; 950 CMR 113.30)

- (1) Exact name of the non-profit: Holistic Industries, Inc.
- (2) A corporate name that satisfies the requirements of G.L. Chapter 156D, Section 4.01:
Holistic Industries, Inc.
- (3) The plan of entity conversion was duly approved in accordance with the law.
- (4) The following information is required to be included in the articles of organization pursuant to G.L. Chapter 156D, Section 2.02(a) or permitted to be included in the articles pursuant to G.L. Chapter 156D, Section 2.02(b):

ARTICLE I

The exact name of the corporation upon conversion is:

Holistic Industries, Inc.

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. Chapter 156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:*

The general character of the business of the corporation shall be the cultivation, manufacturing, transportation and distribution of marijuana and marijuana products, to the extent permitted and in accordance with Massachusetts law, and any other business in which a corporation formed pursuant to G.L. Chapter 156D is authorized to engage.

ARTICLE III

State the total number of shares and par value, * if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

WITHOUT PAR VALUE		WITH PAR VALUE		
TYPE	NUMBER OF SHARES	TYPE	NUMBER OF SHARES	PAR VALUE
Common	250,000			
Preferred	100,000			

ARTICLE IV

Prior to the issuance of shares of any class or series, the articles of organization must set forth the preferences, limitations and relative rights of that class or series. The articles may also limit the type or specify the minimum amount of consideration for which shares of any class or series may be issued. Please set forth the preferences, limitations and relative rights of each class or series and, if desired, the required type and minimum amount of consideration to be received.

See Continuation Sheet IV

ARTICLE V

The restrictions, if any, imposed by the articles or organization upon the transfer of shares of any class or series of stock are:

None

ARTICLE VI

Other lawful provisions, and if there are no such provisions, this article may be left blank.

See Continuation Sheet VI

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

HOLISTIC INDUSTRIES, INC.

HOLISTIC INDUSTRIES, INC.

ARTICLES OF ORGANIZATION

CONTINUATION SHEET IV

ARTICLE IV. Preferences, Limitations and Relative Rights of Preferred Stock:

1. The Preferred Stock may consist of one or more series. The Board of Directors may, from time to time, establish and designate the different series and designate variations in the relative rights and preferences between the different series as provided below, but in all other respects all shares of the Preferred Stock shall be identical. In the event that, at any time, the Board of Directors shall have established and designated one or more series of Preferred Stock consisting of a number of shares less than all of the authorized number of shares of Preferred Stock, the remaining authorized shares of Preferred Stock shall be deemed to be shares of an undesignated series of Preferred Stock until designated by the Board of Directors as being a part of a series previously established or a new series then being established by the Board of Directors.

2. Subject to the provisions hereof, the Board of Directors is authorized to establish one or more series of Preferred Stock and, to the extent now or hereafter permitted by the laws of the Commonwealth of Massachusetts, to fix and determine the preferences, voting powers, qualifications and special or relative rights or privileges of each series including, but not limited to:

a. the number of shares to constitute such series and the distinguishing designation thereof;

b. the dividend rate on the shares of such series and the preferences, if any, and the special and relative rights of such shares of such series as to dividends;

c. whether or not the shares of such series shall be redeemable, and, if redeemable, the price, terms and manner of redemption;

d. the preferences, if any, and the special and relative rights of the shares of such series upon liquidation of the Corporation;

e. whether or not the shares of such series shall be subject to the operation of a sinking or purchase fund and, if so, the terms and provisions of such fund

f. whether or not the shares of such series shall be convertible into shares of any other class or of any other series of the same or any other class of stock of the Corporation and, if so, the conversion price or ratio and other conversion rights;

HOLISTIC INDUSTRIES, INC.

g. the conditions under which the shares of such series shall have separate voting rights or no voting rights; and

h. such other designations, preferences and relative, participating, optional or other special rights and qualifications, limitations or restrictions of such series to the full extent now or hereafter permitted by the laws of the Commonwealth of Massachusetts.

3. Notwithstanding the fixing of the number of shares constituting a particular series, the Board of Directors may at any time authorize the issuance of additional shares of the same series.

HOLISTIC INDUSTRIES, INC.

ARTICLES OF ORGANIZATION

CONTINUATION SHEET VI

ARTICLE VI. Other lawful provisions:

1. Authority of Directors to Create New Classes and Series of Shares. The board of directors, acting without the shareholders, may (a) reclassify any unissued shares of any authorized class or series into one or more existing or new classes or series, and (b) create one or more new classes or series of shares, specifying the number of shares to be included therein, the distinguishing designation thereof and the preferences, limitations and relative rights applicable thereto, provided that the board of directors may not approve an aggregate number of authorized shares of all classes and series which exceeds the total number of authorized shares specified in the articles of organization approved by the shareholders.

2. Minimum Number of Directors. The board of directors may consist of one or more individuals, notwithstanding the number of shareholders.

3. Personal Liability of Directors to Corporation. No director shall have personal liability to the corporation or its shareholders for monetary damages for breach of his or her fiduciary duty as a director notwithstanding any provision of law imposing such liability, provided that this provision shall not eliminate or limit the liability of a director (a) for any breach of the director's duty of loyalty to the corporation or its shareholders, (b) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (c) for improper distributions under Section 6.40 of Chapter 156D of the General Laws of Massachusetts, or (d) for any transaction from which the director derived an improper personal benefit. No amendment or repeal of this paragraph shall apply to or have any effect on the liability or alleged liability of any director of the corporation for or with respect to any acts or omissions of such director occurring prior to the date of such amendment or repeal.

4. Shareholder Vote Required to Approve Matters Acted on by Shareholders. The affirmative vote of the holders of a majority of all the shares in a voting group eligible to vote on a matter shall be sufficient for the approval of the matter, notwithstanding any greater vote on the matter otherwise required by any provision of Chapter 156D of the General Laws of Massachusetts.

5. Shareholder Action Without a Meeting by Less Than Unanimous Consent. Action required or permitted by Chapter 156D of the General Laws of Massachusetts to be taken at a shareholders' meeting may be taken without a meeting by shareholders having not less than the minimum number of votes necessary to take the action at a meeting at which all shareholders entitled to vote on the action are present and voting.

HOLISTIC INDUSTRIES, INC.

6. Authorization of Directors to Make, Amend or Repeal Bylaws. The board of directors may make, amend or repeal the bylaws in whole or in part, except with respect to any provision thereof which by virtue of an express provision in Chapter 156D of the General Laws of Massachusetts, the articles of organization or the bylaws requires action by the shareholders.

7. Indemnification of Directors and Officers. The following indemnification provisions shall apply to the persons enumerated below.

(a) Right to Indemnification of Directors and Officers. The Corporation shall indemnify and hold harmless, to the fullest extent permitted by applicable law as it presently exists or may hereafter be amended, any person (an “**Indemnified Person**”) who was or is made or is threatened to be made a party or is otherwise involved in any action, suit or proceeding, whether civil, criminal, administrative or investigative (a “**Proceeding**”), by reason of the fact that such person, or a person for whom such person is the legal representative, is or was a director or officer of the Corporation or, while a director or officer of the Corporation, is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation or of a partnership, joint venture, limited liability company, trust, enterprise or nonprofit entity, including service with respect to employee benefit plans, against all liability and loss suffered and expenses (including attorneys’ fees) reasonably incurred by such Indemnified Person in such Proceeding. Notwithstanding the preceding sentence, except as otherwise provided in subsection (c) of this Section 7(a), the Corporation shall be required to indemnify an Indemnified Person in connection with a Proceeding (or part thereof) commenced by such Indemnified Person only if the commencement of such Proceeding (or part thereof) by the Indemnified Person was authorized in advance by the board of directors, or an authorized committee of the board of directors.

(b) Prepayment of Expenses of Directors and Officers. To the extent permitted by law, the Corporation shall pay the expenses (including attorneys’ fees) incurred by an Indemnified Person in defending any Proceeding in advance of its final disposition, provided, however that, to the extent required by law, such payment of expenses in advance of the final disposition of the Proceeding shall be made only upon receipt of an undertaking by the Indemnified Person to repay all amounts advanced if it should be ultimately determined that the Indemnified Person is not entitled to be indemnified under this Section 7 or otherwise.

(c) Claims by Directors and Officers. If a claim for indemnification or advancement of expenses under this Section 7 is not paid in full within 30 days after a written claim therefor by the Indemnified Person has been received by the Corporation, the Indemnified Person may file suit to recover the unpaid amount of such claim and, if successful in whole or in part, shall be entitled to be paid the expense of prosecuting such claim. In any such action the Corporation shall have the burden of proving that the Indemnified Person is not entitled to the requested indemnification or advancement of expenses under applicable law.

HOLISTIC INDUSTRIES, INC.

(d) Indemnification of Employees and Agents. The Corporation may indemnify and advance expenses to any person who was or is made or is threatened to be made or is otherwise involved in any Proceeding by reason of the fact that such person, or a person for whom such person is the legal representative, is or was an employee or agent of the Corporation or, while an employee or agent of the Corporation, is or was serving at the request of the Corporation as a director, officer, employee or agent of another corporation or of a partnership, joint venture, limited liability company, trust, enterprise or nonprofit entity, including service with respect to employee benefit plans, against all liability and loss suffered and expenses (including attorneys' fees) reasonably incurred by such person in connection with such Proceeding. The ultimate determination of entitlement to indemnification of persons who are non-director or officer employees or agents shall be made in such manner as is determined by the board of directors, or an authorized committee of the board of directors, in its sole discretion. Notwithstanding the foregoing sentence, the Corporation shall not be required to indemnify a person in connection with a Proceeding initiated by such person if the Proceeding was not authorized in advance by the board of directors, or an authorized committee of the board of directors.

(e) Advancement of Expenses of Employees and Agents. The Corporation may pay the expenses (including attorneys' fees) incurred by an employee or agent in defending any Proceeding in advance of its final disposition on such terms and conditions as may be determined by the board of directors, or an authorized committee of the board of directors.

(f) Non-Exclusivity of Rights. The rights conferred on any person by this Section 7 shall not be exclusive of any other rights which such person may have or hereafter acquire under any common law, statute, provision of these Articles of Organization, by-laws, agreement, vote of stockholders or disinterested directors or otherwise.

(g) Other Indemnification. The Corporation's obligation, if any, to indemnify any person who was or is serving at its request as a director, officer or employee of another corporation, partnership, limited liability company, joint venture, trust, organization or other enterprise shall be reduced by any amount such person may collect as indemnification from such other corporation, partnership, limited liability company, joint venture, trust, organization or other enterprise.

(h) Insurance. The board of directors may, to the full extent permitted by applicable law as it presently exists, or may hereafter be amended from time to time, authorize the Corporation to purchase and maintain at the Corporation's expense insurance: (i) to indemnify the Corporation for any obligation which it incurs as a result of the indemnification of directors, officers and employees under the provisions of this Section 7; and (ii) to indemnify or insure directors, officers and employees against liability in instances in which they may not otherwise be indemnified by the corporation under the provisions of this Section 7.

ARTICLE VII

The effective date of organization of the corporation is the date and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a later effective date is desired, specify such date, which may not be later than the 90th day after the articles are received for filing:

ARTICLE VIII

The information contained in this article is not a permanent part of the articles of organization.

- a. The street address of the initial registered office of the corporation in the commonwealth:
24 School Street, 5th Floor, Boston, MA 02108-5113
- b. The name of its initial registered agent at its registered office:
Josh Genderson
- c. The names and addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

President: Josh Genderson

Treasurer: Barry Bass

Secretary: David Cohen


Director(s): Michael Don Bení Golani Jonathan Genderson
Josh Genderson Richard Genderson

If a professional corporation, include a list of shareholders with residential addresses and attach certificates of the appropriate regulatory board.

- d. The fiscal year end of the corporation:
December 31
- e. A brief description of the type of business in which the corporation intends to engage:
Cultivate and dispense cannabis as permitted by Massachusetts law
- f. The street address of the principal office of the corporation:
24 School Street, 5th Floor, Boston, MA 02108-5113
- g. The street address where the records of the corporation required to be kept in the commonwealth are located is:

24 School Street, 5th Floor, Boston, MA 02108-5113, which is
(number, street, city or town, state, zip code)

- ☒ its principal office;
☐ an office of its transfer agent;
☐ an office of its secretary/assistant secretary;
☐ its registered office.

Signed by:  _____
(signature of authorized individual)

- ☐ Chairman of the board of directors,
☒ President,
☐ Other officer,
☐ Court-appointed fiduciary,

on this 25th day of February, 2019

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

**Articles of Entity Conversion of a
Domestic Other Entity
to a Domestic Business Corporation**
(General Laws Chapter 156D, Section 9.53; 950 CMR 113.30)

I hereby certify that upon examination of these articles of conversion, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said articles; and the filing fee in the amount of \$_____ having been paid, said articles are deemed to have been filed with me this _____ day of _____, 20_____, at _____ a.m./p.m.
time

Effective date: _____
(must be within 90 days of date submitted)

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Examiner

Filing fee: Minimum \$200

Name approval

TO BE FILLED IN BY CORPORATION

Contact Information:

C

Gary C. Bubb, Esq.

M

Ruberto, Israel & Weiner, P.C.

255 State Street, 7th Floor, Boston, MA 02109

Telephone: 617-742-4200

Email: gcb@riw.com

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor. If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.

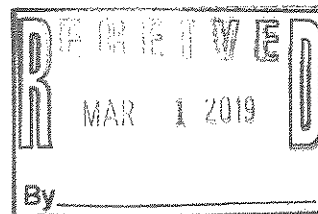


Gary C. Bubb
Ext. 238
E-mail: gcb@riw.com

February 28, 2019

VIA FEDERAL EXPRESS

Cannabis Control Commission
Medical Use of Marijuana Program
Non-Profit Conversion
99 Chauncy Street, 11th Floor
Boston, MA 02111



Re: Holistic Industries, Inc., Articles of Entity Conversion

Dear Sir or Madam,

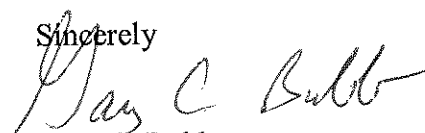
I have enclosed Articles of Entity Conversion for Holistic Industries, Inc.

Please certify that Holistic Industries, Inc. has an application pending before the Cannabis Control Commission, and return the certified Articles to my attention at:

Ruberto, Israel & Weiner, P.C.
255 State Street, 7th Floor
Boston, MA 02109
Attn: Gary C. Bubb, Esq.





Thank you for your assistance.

Sincerely


Gary C. Bubb

Plan for Obtaining Liability Insurance

Since Holistic Industries, Inc. ("Holistic") commenced medical marijuana operations as a Massachusetts Registered Marijuana Dispensary ("RMD"), we have consistently maintained adequate liability insurance from a reputable insurer. Upon award of a license to serve adult-use customers, Holistic will continue its existing liability insurance policy in full compliance with all applicable MA law and regulations. Below, please find a copy of Holistic's Certificate of Liability Insurance.

		HOLIIND-C1		ITERRAZAS																																																																																																																																
CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 02/08/2019																																																																																																																																
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>																																																																																																																																				
PRODUCER Bolton & Company 3475 E. Foothill Blvd., Suite 100 Pasadena, CA 91107		CONTACT NAME: _____ PHONE (A/C, No, Ext): (626) 799-7000 FAX (A/C, No): (626) 441-3233 E-MAIL ADDRESS: propcasualty@boltonco.com																																																																																																																																		
INSURED Holistic Industries, Inc. 205 E. 42nd Street 20th Floor New York, NY 10017		INSURER(S) AFFORDING COVERAGE		NAIC #																																																																																																																																
		INSURER A: First Mercury Insurance Co.		10657																																																																																																																																
		INSURER B: Protective Insurance Company		12416																																																																																																																																
		INSURER C:																																																																																																																																		
		INSURER D:																																																																																																																																		
		INSURER E:																																																																																																																																		
		INSURER F:																																																																																																																																		
<div style="display: flex; justify-content: space-between;"> <div>COVERAGES</div> <div>CERTIFICATE NUMBER:</div> <div>REVISION NUMBER:</div> </div> <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL SUBR (NSD, WVD)</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td rowspan="4">A</td> <td><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY</td> <td></td> <td rowspan="4">CACGL000008194701</td> <td rowspan="4">02/02/2019</td> <td rowspan="4">02/02/2020</td> <td>EACH OCCURRENCE \$ 1,000,000</td> </tr> <tr> <td><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR</td> <td></td> <td>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000</td> </tr> <tr> <td></td> <td></td> <td>MED EXP (Any one person) \$ 5,000</td> </tr> <tr> <td></td> <td></td> <td>PERSONAL & ADV INJURY \$ 1,000,000</td> </tr> <tr> <td></td> <td colspan="2">GEN'L AGGREGATE LIMIT APPLIES PER:</td> <td></td> <td></td> <td></td> <td>GENERAL AGGREGATE \$ 2,000,000</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC</td> <td></td> <td></td> <td></td> <td></td> <td>PRODUCTS - COMPIOP AGG \$ 2,000,000</td> </tr> <tr> <td></td> <td colspan="2">OTHER:</td> <td></td> <td></td> <td></td> <td>HNOA \$ 1,000,000</td> </tr> <tr> <td rowspan="5"></td> <td colspan="2">AUTOMOBILE LIABILITY</td> <td></td> <td></td> <td></td> <td>COMBINED SINGLE LIMIT (Ea accident) \$</td> </tr> <tr> <td><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY</td> <td><input type="checkbox"/> SCHEDULED AUTOS</td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per person) \$</td> </tr> <tr> <td><input type="checkbox"/> HIRED AUTOS ONLY</td> <td><input type="checkbox"/> NON-OWNED AUTOS ONLY</td> <td></td> <td></td> <td></td> <td>BODILY INJURY (Per accident) \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>PROPERTY DAMAGE (Per accident) \$</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td rowspan="2">A</td> <td><input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB</td> <td><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE</td> <td rowspan="2">CAEX00000196001</td> <td rowspan="2">02/02/2019</td> <td rowspan="2">02/02/2020</td> <td>EACH OCCURRENCE \$ 5,000,000</td> </tr> <tr> <td>DED RETENTION \$</td> <td></td> <td>AGGREGATE \$ 5,000,000</td> </tr> <tr> <td rowspan="4">B</td> <td colspan="2">WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</td> <td></td> <td></td> <td></td> <td>PER STATUTE OTH-ER</td> </tr> <tr> <td colspan="2">ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)</td> <td><input type="checkbox"/> Y <input checked="" type="checkbox"/> N</td> <td>SS230568502</td> <td>02/02/2019</td> <td>02/02/2020</td> <td>E.L. EACH ACCIDENT \$ 1,000,000</td> </tr> <tr> <td colspan="2">If yes, describe under DESCRIPTION OF OPERATIONS below</td> <td></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td>E.L. DISEASE - POLICY LIMIT \$ 1,000,000</td> </tr> <tr> <td colspan="7"> DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) </td> </tr> <tr> <td colspan="4"> CERTIFICATE HOLDER <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Proof of Insurance </td> <td colspan="3"> CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="border: 1px solid black; height: 30px; margin-top: 5px; display: flex; align-items: center; justify-content: center;">  </div> </td> </tr> </tbody> </table>						INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CACGL000008194701	02/02/2019	02/02/2020	EACH OCCURRENCE \$ 1,000,000	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			MED EXP (Any one person) \$ 5,000			PERSONAL & ADV INJURY \$ 1,000,000		GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPIOP AGG \$ 2,000,000		OTHER:					HNOA \$ 1,000,000		AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$						PROPERTY DAMAGE (Per accident) \$						\$	A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	CAEX00000196001	02/02/2019	02/02/2020	EACH OCCURRENCE \$ 5,000,000	DED RETENTION \$		AGGREGATE \$ 5,000,000	B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SS230568502	02/02/2019	02/02/2020	E.L. EACH ACCIDENT \$ 1,000,000	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000							E.L. DISEASE - POLICY LIMIT \$ 1,000,000	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							CERTIFICATE HOLDER <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Proof of Insurance				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="border: 1px solid black; height: 30px; margin-top: 5px; display: flex; align-items: center; justify-content: center;">  </div>		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																																																																																																																														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CACGL000008194701	02/02/2019	02/02/2020	EACH OCCURRENCE \$ 1,000,000																																																																																																																														
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000																																																																																																																														
						MED EXP (Any one person) \$ 5,000																																																																																																																														
						PERSONAL & ADV INJURY \$ 1,000,000																																																																																																																														
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000																																																																																																																														
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPIOP AGG \$ 2,000,000																																																																																																																														
	OTHER:					HNOA \$ 1,000,000																																																																																																																														
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$																																																																																																																														
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$																																																																																																																														
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$																																																																																																																														
						PROPERTY DAMAGE (Per accident) \$																																																																																																																														
						\$																																																																																																																														
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	CAEX00000196001	02/02/2019	02/02/2020	EACH OCCURRENCE \$ 5,000,000																																																																																																																														
	DED RETENTION \$					AGGREGATE \$ 5,000,000																																																																																																																														
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE OTH-ER																																																																																																																														
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	SS230568502	02/02/2019	02/02/2020	E.L. EACH ACCIDENT \$ 1,000,000																																																																																																																													
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000																																																																																																																													
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000																																																																																																																													
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																																																																																																																																				
CERTIFICATE HOLDER <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> Proof of Insurance				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="border: 1px solid black; height: 30px; margin-top: 5px; display: flex; align-items: center; justify-content: center;">  </div>																																																																																																																																

Restricting Access to Age 21 and Older

Holistic Industries, Inc. (“Holistic”) will leverage our experience operating licensed marijuana businesses across the U.S. to ensure our age verification processes, procedures and controls exceed Massachusetts regulatory requirements.

Holistic will implement strict measures to ensure only authorized persons are provided access to our Registered Marijuana Dispensary (“RMD”) premises. Holistic staff will be trained to follow our check-in and verification standard operating procedures (“SOPs”) requiring redundant review and verification of visitor identification documents and age upon arrival to our RMD, and again prior to the consummation of any product sale at our retail locations. This duplicative review and verification process includes the authentication of presented government identification documents using an identification scanner approved by the Massachusetts Cannabis Control Commission (“CCC”) to determine the validity of the card and confirmation that the visitor is of appropriate age to access our RMD. Staff will be thoroughly trained on identification authentication measures and will be provided sophisticated identification verification equipment, as well as written guidelines, on the authentication procedure.

Our protocols will deter, prevent, and uncover any unauthorized attempts to gain access to our facilities. Our agents will first inspect the person’s proof of identification, in order to determine if they are 21 years of age or older. If the person is younger than 21 years old but older than 18, they shall not be admitted unless they produce an active medical registration card issued by the Department of Public Health (“DPH”). If they are younger than 18 years old, in addition to the active medical registration card they will also need to be accompanied by a personal caregiver with an active medical registration card. Regardless if the person is there for medical use, they will still need a valid form of government identification. Our agents will refuse entry to any person’s who do not fulfill these requirements, *without exceptions*.

See below for detailed information on our age verification policies and procedures evincing our vast experience and operational knowhow.

General RMD Access Policies

Strict measures to control access to, and within, Holistic’s RMD facilities allows for a streamlined, effective means to verify the authenticity of any presented identification documents. Each building will be access-controlled both internally and externally, particularly in sensitive areas including those which may contain marijuana using a pin pad and swiped-card reader so only those agents with proper credentials may enter. Agents will only be granted access to restricted areas depending on their particular job responsibilities and specific authorizations. Note, the Security Manager will immediately update security clearance for each agent upon advancements, demotions, suspensions and separations, as the case may be. Upon separation, agents must return their identification cards, keys and key codes, which will all be destroyed or wiped clean accordingly.

Accordingly, only those with proper credentials and authorization may enter. In accordance with MA regulations, only the following persons may enter our premises:

- An RMD agent (who, according to policy, must be at least 21 years of age)
- An authorized representative of the CCC, the Commonwealth, the local government authority, the local and/or state law enforcement and the like
- Any person not listed above who is at least 21 years of age and is otherwise authorized to gain entry (e.g., a serviceman, a vendor, an authorized visitor, a customer of our recreational/adult-use retail dispensary facility, etc.)
- A medical patient who is under 21 years of age, and if under 18, is accompanied by a card-carrying guardian.

Upon arriving, visitors will enter through our front door leading to a “man-trap” lobby area, meaning the door leading to the interior of the facility from the lobby area will remain locked until: a) the facility front door is completely and securely closed, and b) a Holistic agent buzzes the person into the second door after initial review of the person’s identification documents and approval of the purpose for the visit. Persons who do not provide the required identification documents (e.g., current, valid government-issued identification card with photograph showing that the visitor is at least 21 years old, an active medical registration card) will be asked to leave the premises immediately. Those who provide the required identification will be granted access to a waiting area while staff further verifies and authenticates the documentation provided.

Holistic will only accept customer identification documents that contain both an unobstructed photograph and date of birth of the person clearly indicating their age. Such identification documents must be valid and unexpired, as verified by careful review, including the use of an identification scanner approved by the CCC. The following forms of identification will be accepted:

- Driver’s license or instruction permit issued by the Commonwealth of Massachusetts or any other state or territory of the United States
- Identification card issued by the Commonwealth of Massachusetts or any other state or territory of the United States for the purpose of proof of age of the holder of the card
- United States military identification card
- A Merchant Marine Credential or other similar document issued by the United States Coast Guard
- A passport issued by the United States Government or a permanent resident card issued by the United States Citizenship and Immigration Services of the Department of Homeland Security, or
- A tribal identification card issued by a tribal government which requires proof of the age of the holder of the card for issuance

Our check-in procedure must be completed upon every visit without exception.

To ensure the safety of our facility, customers, staff, and products, all persons who enter our RMD are subject to security searches of their bags, purses and other personal effects, particularly upon reasonable suspicion of possession of illicit contraband or diverted product.

During all non-working hours, all entrances/exits to and from the facility must be securely locked. During the work day, all interior doors must remain locked to control access to each

segregated area of the facility. Such doors can only be opened by authorized personnel and will only remain open for the limited time necessary to allow entry; once entry has been completed, the door must be shut closed again to prevent unauthorized access.

Verification Equipment

Over the years, Holistic has utilized several identification scanner equipment at our affiliated marijuana businesses across the country. For our agents tasked with age verification procedures, we will provide CCC-approved identification scanners. Our preference, if approved by the CCC, is the Intellicheck. Age ID® or a similar system. Key features include:

- Real time ID authentication and age calculation
- Easy to use software
- Authentication data includes highlighted fields in red, yellow, and green so the user is clearly alerted as to whether or not a sale should be completed
- Works on mobile devices (e.g., iOS and Android devices) and existing point-of-sale solutions, which is ideal for a brick and mortar store that also provides delivery services
- Manages do-not-serve and banned patron lists
- Used by countless restaurants, liquor stores, bar/nightclubs, national concession providers, distilleries, alcohol associations, and alcohol enforcement authorities across the nation
- Offers regulatory-compliant audit capabilities, such as capturing and recording a consumer's age and time of entry and it enables export of historical data
- Notifications alert system users if the same ID is used within a set amount of time
- Patented ID verification technology reads and authenticates more than 250 unique DMV barcode formats from every U.S. state and populated territories, all Canadian provinces, and all Mexican States where driver licenses include 2-D barcodes
- This system can be used by both our delivery team and our sales team at the retail store, ensuring seamless integration, uniformity, consistency, and robust record keeping measures

Customer Check-In, Sales and Redundant Age Verification Policies and Procedures at our Retail Locations

Customer Care staff will be trained to follow our check-in and dispensing procedures requiring redundant review and verification of the customer's government-issued identification card, both upon arrival to our retail store and again prior to actual dispensation in our access-controlled dispensing services area within the retail store.

In accordance with our check-in procedures, only customers who: a) present current and authenticated identification documents, including a current government-issued ID card and medical registration card if necessary, and b) have not already received their full allotment of marijuana (as confirmed by a review of the customer's purchasing history records in) may qualify to be dispensed marijuana, so long as such dispensation does not exceed state-mandated quantity limits. Our electronic inventory tracking and recordkeeping system will be updated upon each transaction, ensuring real-time accurate information on dispensing and sales activities.

Our check-in procedure must be completed upon every visit without exception.

Upon the conclusion of our check-in process, authorized agents must update our records with relevant information related to the visit (e.g., the time and date of the visit) using a computer with internet connectivity assuring access to the database.

Once approved for dispensation, the customer will be invited to our open and inviting waiting room until an agent authorized to dispense is available for consultation or dispensing. We will enforce a policy of one customer per Customer Care agent for security reasons.

Once assigned, a Customer Care agent will review the customer's identification documents to ensure their age of 21+ has again been verified, or that their active medical registration card has been verified. Thereafter, the agent will provide a free consultation and/or education to the customer and assist in choosing the correct forms, dosages, strains, etc. of marijuana.

After consultation, the agent will request the order. Before accepting, the agent will re-confirm that the order is compliant with MA law and does not exceed legal limits. If lawful, the agent will conduct a quality assurance inspection of all products dispensed (any expired, damaged, misbranded, adulterated, unsealed, or otherwise unfit unit must be quarantined and may not be dispensed), affix a compliant customer-specific label, complete the dispensing process, accept payment, issue a receipt and update the internal and CCC records.

All marijuana products purchased will be placed in an unmarked opaque exit-package, which will then be sealed, prior to distribution to the customer.

Separating Recreational from Medical Operations

Entry and Physical Layout Changes to RMD

In accordance with our check-in procedures, and with 935 CMR 502.140, when an individual enters the establishment, a marijuana establishment agent will check their proof of identification to see if they are 21 years old or over. If the individual is younger than 21 but older than 18, the agent will prompt them to also produce an active medical registration card. If the individual is younger than 18, the agent will make sure the individual also has a medical registration card, and they are accompanied by a personal caregiver whom also has an active medical registration card.

In accordance with 935 CMR 502.140(6), once the individual has entered the retail space, the adult use and medical use sales areas will be separated by stanchions and marked clearly as either “Medical” or “Adult Use”. In addition to these separate sales areas, there will be separate lines to pay, also separated with stanchions. The “Medical Use” line is exclusively for registered patients/caregivers, and the employee at the point of sale will check for a medical registration card before the purchase is initiated. The “Adult Use” line will be made available for use by both patients and customers.

Inventory Tracking Software and Co-location

Essential to inventory management is a clear, comprehensive, and perpetual recorded chain of custody from the time marijuana products are received by the RMD until they are compliantly dispensed to patients/caregivers or adult use customers. To generate and maintain an unbroken chain of custody for all marijuana in our possession, Holistic Industries, Inc. (“Holistic”) will utilize the LeafLogix inventory tracking software system. LeafLogix is a widely utilized, proprietary seed-to-sale inventory tracking system.

LeafLogix has the capability to track products through the entire cultivation, manufacturing and dispensing process, allowing accurate real-time inventory assessments and the greatest level of inventory control. Upon entering a product into the system, a unique product ID will be issued for tracking and recordkeeping purposes. All actions taken to inventory as whole, by grouping, or by individual product will be digitally recorded for instant and long-term analysis purposes. Moreover, detailed sales records can be stored for several years, allowing us the capabilities to facilitate voluntary or involuntary recalls, if necessary. LeafLogix also allows us to create precise inventory records at a moment’s notice, so any discrepancies or breaks in the chain of custody will become immediately apparent, igniting swift corrective measures to investigate and resolve issues.

All entries into LeafLogix will include the unique employee identification number of the agent taking the relevant action so that we know who is/was responsible for each step in our integrated processes. All appropriately authorized agents will be thoroughly trained upon hire (and again during mandatory annual refresher training) in the use and functionality of the LeafLogix software system to ensure the accuracy and integrity of our inventory program.

Holistic will use the LeafLogix electronic tracking system to track inventory receipt, sales, returns, recalls, disposal/destruction, and purchase limitations on sales/possession. We will also

use the system to designate whether a product is for “medical” or “adult use,” using that designation to create a virtual separation of the products. All staff will be thoroughly trained on the use and functionality of the electronic tracking system.

Inventory Management and Co-location

While our facilities will now be supplying two independent customer bases, we will ensure that we maintain enough supply of marijuana products for our patients registered under 105 CMR 725.000. As part of that process, we will assess the types and strains of marijuana products that are being purchased by the patients. Based on that data, we will submit a quarterly Inventory Plan to the CCC in compliance with 935 CMR 500.140(10). This plan will detail the quantity and variety of marijuana products required by the patients and will be based on the reasonable anticipated needs derived from our biannual assessment. If there is an occasion where a certain product’s supply has been exhausted and cannot be reasonably obtained, we will submit a report to the CCC. Additionally, if a substitution is needed, the product or strain will be replaced with what is as close as reasonably possible to the missing product.

We will keep a reserve of marijuana products specifically for patient supply. This reserve will be maintained on site and in accordance with regulations, and it be able to be replenished within 48 hours if exhausted. In addition to the biannual assessment and quarterly inventory plans, we will conduct a weekly audit of the patient supply held at our retail locations. These audits will be kept in our records for six months.

We understand that we are subject to CCC inspection and audit to ensure we are compliant with maintaining adequate patient supply.