



# Massachusetts Cannabis Industry Portal (MassCIP)

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Cannabis Control  
Commission

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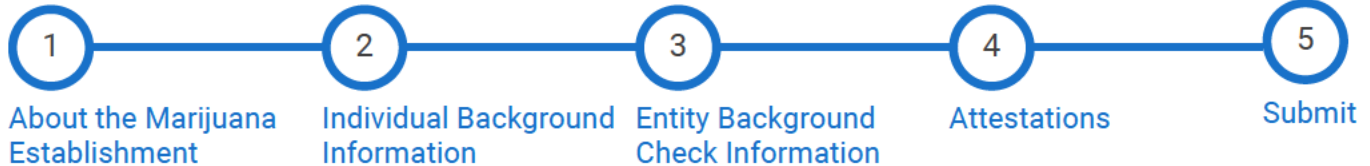
[My  
Licenses](#)

&gt;

[Marijuana  
Retailer](#)

&gt;

[Marijuana Retailer -  
Background Check](#)



**Application #: MRN281469**

**Please review your Marijuana Retailer - Background Check packet below.** If all information is accurate, click the "Submit" button at the bottom of the page. Three things will happen when you submit this packet:

- You will go to a confirmation page on this site – please print this page or save a screenshot for your records;
- You will receive a confirmation email with your application number confirming the submission of this packet; and
- Your application packet will enter the review queue if you have paid the application fee.

After you submit your application packet, you may login and view it on this website, but you cannot make edits unless the Commission gives permission for changes. That may happen if the reviewer has questions or needs more information.

A timestamp will be issued when your full application which is comprised of four packets has been received and approved. Upon approval, a fifth "License Fee Payment" packet will be available on your main page.

The review process may take several weeks or longer. You will be notified via email when the Commission has made a decision regarding your application.

## About the Marijuana Establishment

Business Legal Name: Nuestra, LLC

Federal Tax Identification Number EIN/TIN: [REDACTED]

Phone Number: 857-212-1021 Email Address: ivelise.rivera@verizon.net

Business Address 1: 198 Tremont Street

Business Address 2: Suite 228

Business City: Boston

Business State: MA

Business Zip  
Code: 02116

Mailing Address 1: 198 Tremont Street

Mailing Address 2: Suite 228

Mailing City: Boston

Mailing State: MA

Mailing Zip  
Code: 02116

## Individual Background Information

### Individual Background Information 1

Role: Executive /  
Officer

Other Role: Chief Engagement  
Officer, Manager, Owner of  
Herban Legends of Boston,  
LLC

First Name: Renata

Middle Name:

Last Name: Caines

Suffix:

Former Last  
Name:

Alias 1:

Alias 2:

Alias 3:

[REDACTED]

Email:

[REDACTED]

Primary Address 1:

[REDACTED]

Primary Address 2:

Primary  
City: Boston

Primary State: MA

Primary Zip  
Code: 02119

Years at this  
Address: 9

Date of  
Birth:

[REDACTED]

Last Four Digits of  
Social Security  
Number:

[REDACTED]

RMD

Association: Not  
associated with an  
RMD

Background Question: No

Description of Background Events:

## Individual Background Information 2

Role: Owner /  
Partner

Other Role: Chief Executive  
Officer, Manager, Owner of  
Herban Legends of Boston,  
LLC

First Name: Ivelise

Middle Name:

Last Name: Rivera

Suffix:

Former Last  
Name:

Alias 1:

Alias 2:

Alias 3:

[REDACTED]

Email: [REDACTED]

Primary Address 1: [REDACTED]

Primary Address 2:

Primary  
City: Roxbury

Primary State: MA

Primary Zip  
Code: 02119

Years at this  
Address: 9

Date of Birth: [REDACTED]

Last Four Digits of  
Social Security  
Number: [REDACTED]

RMD  
Association: Not  
associated with an  
RMD

Background Question: No

Description of Background Events:

### Individual Background Information 3



Role: **Manager**

Other Role:

First  
Name: **Shaquille**

Middle Name:

Last  
Name: **Anderson**Suffix: Former Last  
Name:

Alias 1:

Alias 2:

Alias 3:

Phone:

Email: **anderson**

Primary Address 1:

Primary Address 2:

Primary  
City: **Boston**Primary State: **MA**Primary Zip  
Code: **02121**Years at this  
Address: **1**Date of  
Birth:Last Four Digits of  
Social Security  
Number:

RMD

Association: **Not  
associated with an  
RMD**Background Question: **No**

Description of Background Events:

**Individual Background Information 4**

Role: Executive /  
Officer

Other Role: Chief Operating  
Officer, Manager, Owner of  
Mikaz, LLC

First  
Name: Jonathan

Middle Name:

Last Name: Tucker

Suffix:

Former Last  
Name:

Alias 1:

Alias 2:

Alias 3:

[REDACTED]

Email

[REDACTED]

Primary Address 1:

[REDACTED]

Primary Address 2:

Primary City: Los  
Angeles

Primary State: CA

Primary Zip  
Code: 90036

Years at this  
Address: 7

Date of Birth:

[REDACTED]

Last Four Digits of  
Social Security  
Number: [REDACTED]

RMD

Association: Not  
associated with an  
RMD

Background Question: No

Description of Background Events:

### Individual Background Information 5

Role: **Manager**

Other Role:

First Name: **Tara**

Middle Name:

Last Name: **Tucker**

Suffix:

Former Last  
Name: **Ahamed**

Alias 1:

Alias 2:

Alias 3:

Phone:

Email:

Primary Address 1:

Primary Address 2:

Primary City: **Los  
Angeles**Primary State: **CA**Primary Zip  
Code: **90036**Years at this  
Address: **7**Date of  
Birth:Last Four Digits of  
Social Security  
Number:

RMD

Association: **Not  
associated with an  
RMD**Background Question: **No**

Description of Background Events:

## Background Check Supporting Documentation

### Supporting Documentation

PDF

Document Name: **Caines - IVES.pdf**  
Document Category: **IVES form 4506-T**  
Upload Date: **6/3/19**

PDF

Document Name: **Caines - Disclosure.pdf**  
Document Category: **Disclosure and  
acknowledgement form**  
Upload Date: **6/3/19**

PDF

Document Name: Caines - Release  
Authorization.pdf  
Document Category: Release authorization  
form  
Upload Date: 6/3/19

PDF

Document Name: Caines - CORI.pdf  
Document Category: Massachusetts CORI  
Authorization Form  
Upload Date: 6/3/19

PDF

Document Name: Caines - ID.pdf  
Document Category: MA Driver's License  
Upload Date: 6/3/19

PDF

Document Name: Rivera - IVES.pdf  
Document Category: IVES form 4506-T  
Upload Date: 6/3/19

PDF

Document Name: Rivera - Disclosure.pdf  
Document Category: Disclosure and  
acknowledgement form  
Upload Date: 6/3/19

PDF


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Authorization.pdf  
Document Category: Release authorization  
form  
Upload Date: 6/3/19

PDF


Document Name: Rivera - CORI.pdf  
Document Category: Massachusetts CORI  
Authorization Form  
Upload Date: 6/3/19

PDF









Document Name: Rivera - ID.pdf  
Document Category: MA ID Card  
Upload Date: 6/3/19



Document Name: Tucker IVES.jpeg  
Document Category: IVES form 4506-T  
Upload Date: 2/23/20



Document Name: Tucker T CA DL.jpeg  
Document Category: Other US State Driver's  
License  
Upload Date: 2/23/20

		Upload Date: 2/23/20
		Document Name: Tucker T - CORI.pdf Document Category: Massachusetts CORI Authorization Form Upload Date: 2/23/20
		Document Name: Tucker T Disclosure.jpeg Document Category: Disclosure and acknowledgement form Upload Date: 2/23/20
		Document Name: Tucker T - Release Auth.pdf Document Category: Release authorization form Upload Date: 2/23/20
		Document Name: Tucker J CORI.pdf Document Category: Massachusetts CORI Authorization Form Upload Date: 2/23/20
		Document Name: Tucker J Disclosure.pdf Document Category: Disclosure and acknowledgement form Upload Date: 2/23/20
		Document Name: Tucker J Release Auth.pdf Document Category: Release authorization form Upload Date: 2/23/20
		Document Name: Tucker Passport.jpg Document Category: US Passport (photo page only) Upload Date: 2/23/20

## Entity Background Check Information

### Entity Background Check Information 1

Role: Investor/Contributor Other Role:

Entity Legal  
Name: Commonwealth Farm  
1761, Inc.

Entity DBA:

Federal Tax  
Identification  
Number  
EIN/TIN: [REDACTED]

Entity Description: Capital Contributor

Phone: [REDACTED] Email: [REDACTED]

Primary Business Address 1: 600  
Worcester Road, Suite 401

Primary Business Address 2:

Primary Business  
City: Framingham

Primary Business  
State: MA

Principal Business  
Zip Code: 01702

Additional Information:

### Entity Background Check Information 2

Role: Partner Other Role:

Entity Legal Name: Mikaz, LLC Entity DBA:

Federal Tax  
Identification  
Number  
EIN/TIN: [REDACTED]

Entity Description: Minority Owner

Phone: [REDACTED] Email: [REDACTED]

Primary Business Address 1: 600  
Worcester Road, Suite 401

Primary Business Address 2:

Primary Business  
City: Framingham

Primary Business  
State: MA

Principal Business  
Zip Code: 01702

Additional Information:

### Entity Background Check Information 3

Role: **Partner**

Other Role:

Entity Legal Name: **Herban  
Legends of Boston, LLC**

Entity DBA:

Federal Tax  
Identification  
Number  
[REDACTED]Entity Description: **Majority owner**Phone: [REDACTED]  
[REDACTED]

Email: [REDACTED]

Primary Business Address 1: **198  
Tremont Street**Primary Business Address 2: **Suite 228**Primary Business  
City: **Boston**Primary Business  
State: **MA**Principal Business  
Zip Code: **02116**

Additional Information:

## Attestations

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**[<< Go To Previous Page](#)[Submit](#)

For assistance please call the Cannabis Control Commission at 774-415-0200 or email at [Commission@CCCMass.com](mailto:Commission@CCCMass.com)





THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-680-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

The Cannabis Control Commission is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. The Cannabis Control Commission has authorized  
(Organization)  
Creative Services, Inc. to submit CORI checks  
(Consumer Reporting Agency)  
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Creative Services, Inc.  
(Consumer Reporting Agency)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Cannabis Control Commission  
(Organization)

with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact The Cannabis Control Commission  
(Organization)

to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the Creative Services, Inc., on behalf of  
(Consumer Reporting Agency)  
The Cannabis Control Commission may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

[Signature]  
Signature of CORI Subject

4/30/2019  
Date



## DISCLOSURE AND ACKNOWLEDGMENT

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Cannabis Control Commission ("the Commission") may obtain information about you from a consumer reporting agency, a consumer credit reporting agency, and/or an investigative consumer reporting agency for licensure purposes. Thus, you may be the subject of a "consumer report," "consumer credit report," and/or an "investigative consumer report" (consumer report) obtained for licensing purposes, which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These consumer reports may be obtained at any time after receipt of your authorization and, if you are licensed by the Cannabis Control Commission, and throughout your licensure to the extent authorized by the Commission and permitted by law.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants for licensure is an investigation into your civil and criminal history conducted by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048, (800) 536-0093 / (508) 339-5451, [http://www.creativeservices.com/html/privacy\\_policy.html](http://www.creativeservices.com/html/privacy_policy.html). The scope of this notice and authorization is all-encompassing; allowing the Commission to obtain from any outside organization all manner of consumer reports now and, if you are licensed, throughout the course of your license as directed by the Cannabis Control Commission. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any consumer report requested by the Commission by contacting the consumer reporting agency identified above.

### ACKNOWLEDGMENT

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

California applicants or employees only: By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

New York applicants or employees only: By signing below, you also acknowledge receipt of the NEW YORK STATE CORRECTION LAW - ARTICLE 23-A, Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses.

Applicant (print name):

IVELISE RIVERA

Applicant (signature):



Date:

4/30/2019





# Release & Authorization

## Authentication of Signature by Notary Public

On this 30 day of April, 2017, before me, the undersigned notary public, personally appeared Reise Evers (name of document signer), proved to me through satisfactory evidence of identification, which were personal knowledge 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

12/19/2028  
\_\_\_\_\_  
My Commission Expires On









# Release & Authorization

## Authentication of Signature by Notary Public

On this 30 day of April, 2019, before me, the undersigned notary public, personally appeared Parata Carmel (name of document signer), proved to me through satisfactory evidence of identification, which were personal knowledge 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



12/19/2025  
\_\_\_\_\_  
My Commission Expires On



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-680-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



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(Organization)  
Creative Services, Inc. to submit CORI checks  
(Consumer Reporting Agency)  
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Creative Services, Inc.  
(Consumer Reporting Agency)

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FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

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(Consumer Reporting Agency)  
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(Organization)  
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By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

[Signature]  
Signature of CORI Subject

4.30.19  
Date



**DISCLOSURE AND ACKNOWLEDGMENT**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

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You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants for licensure is an investigation into your civil and criminal history conducted by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048, (800) 536-0093 / (508) 339-5451, [http://www.creativeservices.com/html/privacy\\_policy.html](http://www.creativeservices.com/html/privacy_policy.html). The scope of this notice and authorization is all-encompassing; allowing the Commission to obtain from any outside organization all manner of consumer reports now and, if you are licensed, throughout the course of your license as directed by the Cannabis Control Commission. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any consumer report.

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New York applicants or employees only: By signing below, you also acknowledge receipt of the **NEW YORK STATE CORRECTION LAW - ARTICLE 23-A, Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses**.

Applicant (print name): Renata Caines

Applicant (signature):  Date: 4.30.19











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EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
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[Signature]  
Signature of CORI Subject

2/26/2020  
Date







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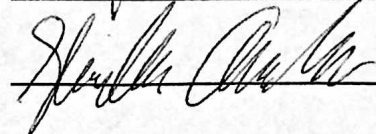
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Applicant (print name):

Shaquille Anderson

Applicant (signature):



Date:

2/26/2020







THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
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FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the

Creative Services, Inc.

, on behalf of

(Consumer Reporting Agency)

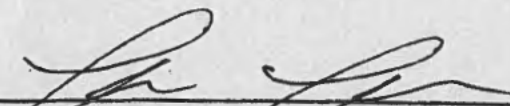
The Cannabis Control Commission

may conduct

(Organization)

subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

  
Signature of CORI Subject

11/5/19

Date







# Release & Authorization

## Authentication of Signature by Notary Public

On this 5<sup>th</sup> day of November, 2019, before me, the undersigned notary public, personally appeared Tara Tucker (name of document signer), proved to me through satisfactory evidence of identification, which were Calif. Driver's License, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public Steven Michael Korbin

My Commission Expires On July 27, 2021







# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

**CITY NATIONAL BANK**

 AN RBC COMPANY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

} SS.

On 10/11/2019

DATE

before me, Paul Vincent Ferrer, Notary Public

Name, Title of Officer (e.g., "Jane Doe, Notary Public")

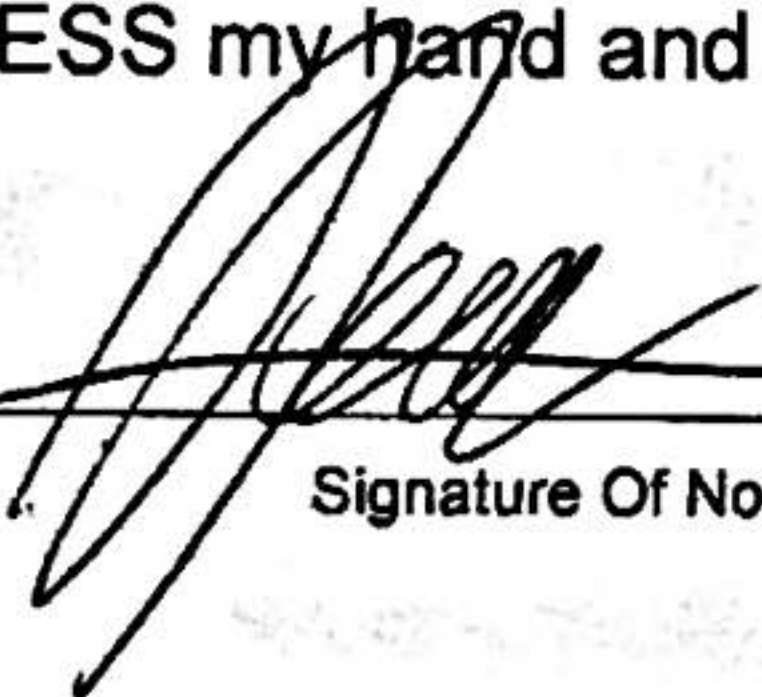
personally appeared Jonathan Tucker

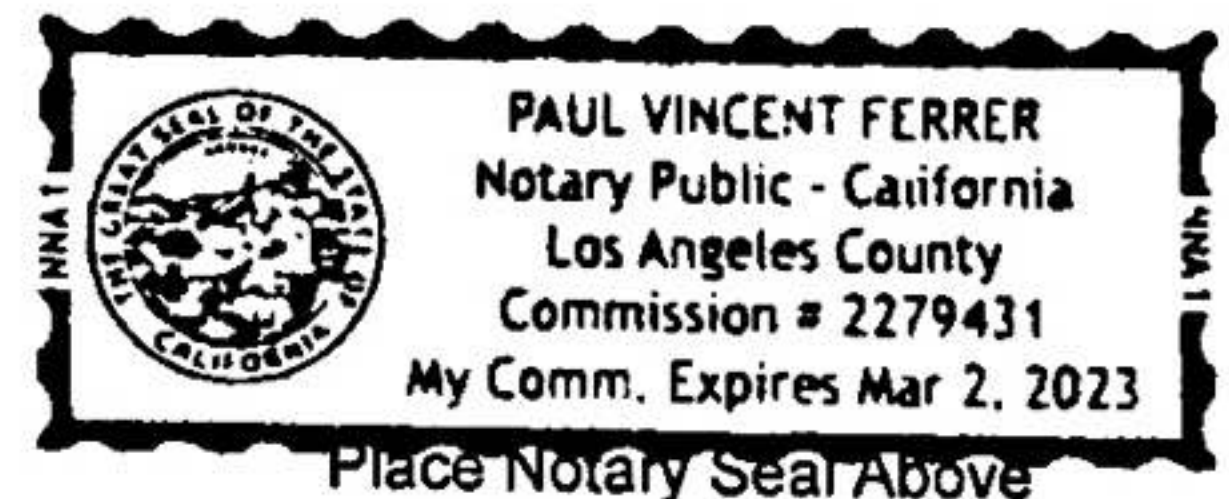
NAME(S) OF SIGNER(S)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

  
Signature Of Notary Public



## OPTIONAL

*Though the data is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Release Authorization

Document Date: 10/11/2019

Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_

### CAPACITY(IES) CLAIMED BY SIGNER

Signer's Name: Jonathan Tucker

- ☒ Individual
- ☐ Corporate Officer – Title(s): \_\_\_\_\_
- ☐ Partnership - ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

**RIGHT THUMPRINT  
OF SIGNER**

Top of thumb here











THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services 200  
Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4608 | FAX: 617-660-5973  
MASS.GOV/CJIS



This form is not to be faxed. Please return form to organization.

**Criminal Offender Record Information (CORI)  
Acknowledgement Form**

To be used by organizations using consumer reporting agencies to conduct CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

The Cannabis Control Commission Is registered under the  
(Organization)  
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. The Cannabis Control Commission has authorized  
(Organization)  
Creative Services, Inc. to submit CORI checks  
(Consumer Reporting Agency)  
to the Massachusetts Department of Criminal Justice Information Services (DCJIS) on its behalf.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Creative Services, Inc.  
(Consumer Reporting Agency)  
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Cannabis Control Commission  
(Organization)  
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact The Cannabis Control Commission  
(Organization)  
to request this information.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

I also understand that the Creative Services, Inc. on behalf of  
(Consumer Reporting Agency)  
The Cannabis Control Commission may conduct  
(Organization)  
subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

RLTR

Signature of CORI Subject

10/3/19

Date







# CALIFORNIA JURAT WITH AFFIANT STATEMENT

**CITY NATIONAL BANK**

 AN RBC COMPANY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

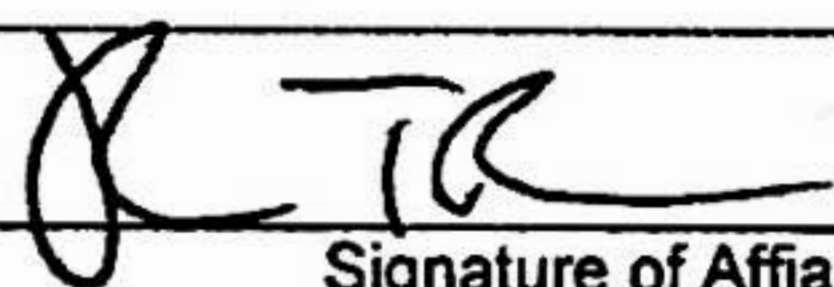
State of California

County of Los Angeles

} SS.

- ☒ Attached Document (Notary to cross out lines 1-5 below)  
☐ Statement Below (Lines 1-5 to be completed only by document signer[s], *not* Notary)

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_

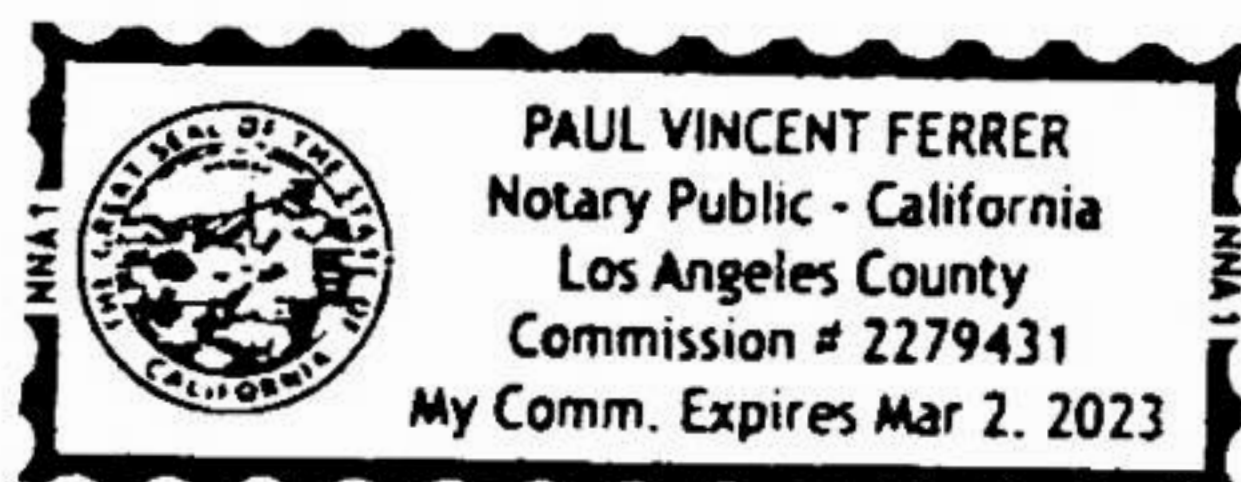


Signature of Affiant No. 1

Signature of Affiant No. 2 (if any)

Subscribed and sworn to (or affirmed) before me on this

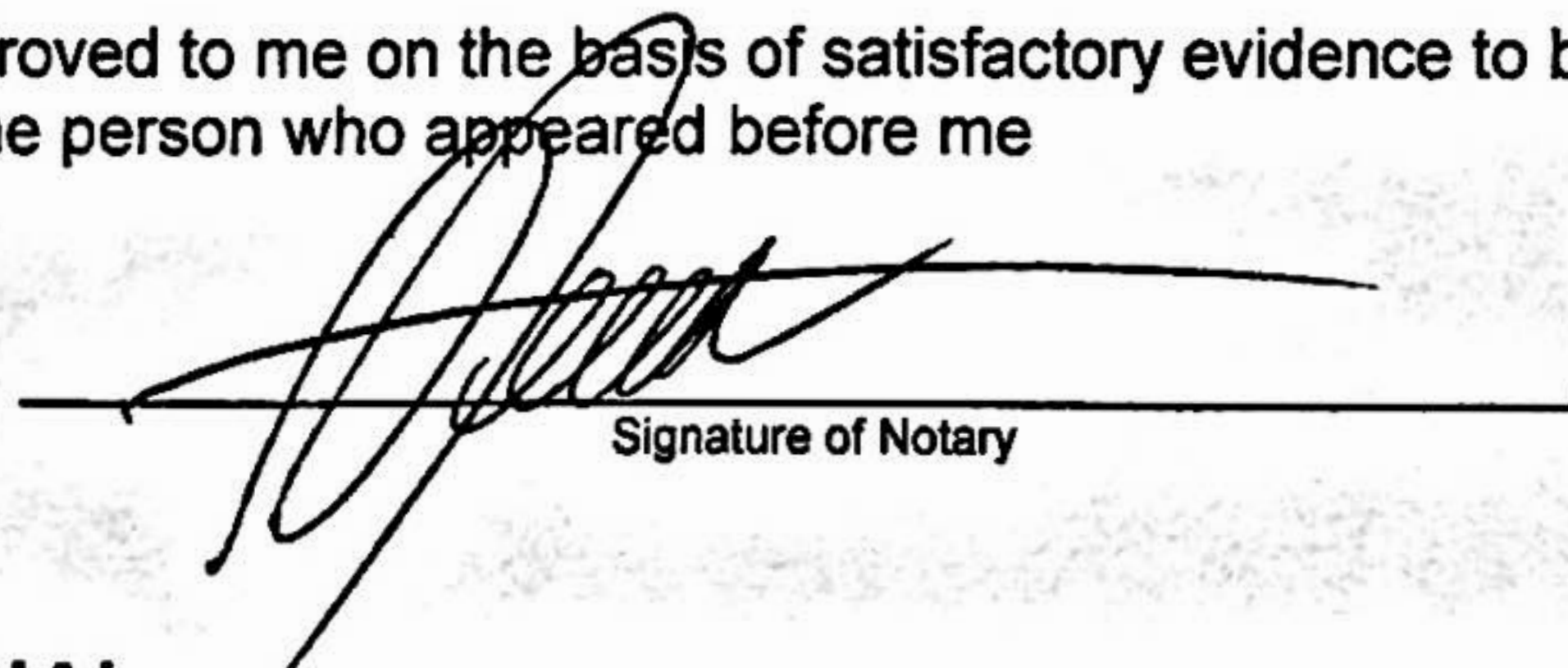
11th day of October, 2019, by  
 Date Month Year



(1) Jonathan Tucker  
 Name of Affiant No. 1

(2) \_\_\_\_\_  
 Name of Affiant No. 2 (Strike if not applicable)

Proved to me on the basis of satisfactory evidence to be the person who appeared before me



Signature of Notary

Place Notary Seal Above

## OPTIONAL

*Though the data is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Further Description of Any Attached Document

Title or Type of Document: Subject Information Form

Document Date: 10/11/19 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

**RIGHT THUMPRINT OF SIGNER #1**

Top of thumb here

**RIGHT THUMPRINT OF SIGNER #2**

Top of thumb here



**DISCLOSURE AND ACKNOWLEDGMENT**  
**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

The Cannabis Control Commission ("the Commission") may obtain information about you from a consumer reporting agency, a consumer credit reporting agency, and/or an investigative consumer reporting agency for licensure purposes. Thus, you may be the subject of a "consumer report," "consumer credit report," and/or an "investigative consumer report" (consumer report) obtained for licensing purposes, which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These consumer reports may be obtained at any time after receipt of your authorization and, if you are licensed by the Cannabis Control Commission, and throughout your licensure to the extent authorized by the Commission and permitted by law.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants for licensure is an investigation into your civil and criminal history conducted by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048, (800) 536-0093 / (508) 339-5451, [http://www.creativeservices.com/html/privacy\\_policy.html](http://www.creativeservices.com/html/privacy_policy.html). The scope of this notice and authorization is all-encompassing; allowing the Commission to obtain from any outside organization all manner of consumer reports now and, if you are licensed, throughout the course of your license as directed by the Cannabis Control Commission. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any consumer report requested by the Commission by contacting the consumer reporting agency identified above.

**ACKNOWLEDGMENT**

**I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.**

**California applicants or employees only:** By signing below, you also acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of the NEW YORK STATE CORRECTION LAW - ARTICLE 23-A, Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses.

Applicant (print name): JONATHAN TUCKER

Applicant (signature):  Date: 10/3/19



**DISCLOSURE AND ACKNOWLEDGMENT**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

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You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants for licensure is an investigation into your civil and criminal history conducted by Creative Services, Inc., 64 Pratt Street, Mansfield, MA 02048, (800) 536-0093 / (508) 339-5451, [http://www.creativeservices.com/html/privacy\\_policy.html](http://www.creativeservices.com/html/privacy_policy.html). The scope of this notice and authorization is all-encompassing; allowing the Commission to obtain from any outside organization all manner of consumer reports now and, if you are licensed, throughout the course of your license as directed by the Cannabis Control Commission. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any consumer report.

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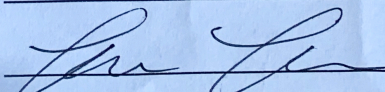
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New York applicants or employees only: By signing below, you also acknowledge receipt of the NEW YORK STATE CORRECTION LAW - ARTICLE 23-A, Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses.

Applicant (print name): Tara Tucker

Applicant (signature):  Date: 11/5/19