

EAST COAST
REMEDIES

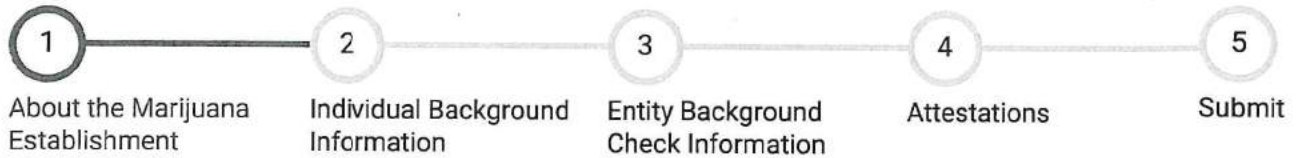
**BACKGROUND CHECK PACKET FOR
MARIJUANA RETAILER APPLICATION**



Massachusetts Cannabis Industry Portal (MassCIP)

GV

Cannabis Control Commission > My Licenses > Marijuana Retailer

**Application #: MRN282565**

About the Marijuana Establishment

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

Business Legal Name *

East Coast Remedies Corp.

Federal Tax Identification Number EIN/TIN *

Phone Number *

Email Address *

gladysv@chelseacollab.org

Business Address 1 *

116 Clark Avenue

Business Address 2

Business City *

Chelsea

Business State *

MA

Business Zip Code *

02150

Mailing Address 1 *

Mailing Address 2

Mailing City *

Mailing State *

Mailing Zip Code *

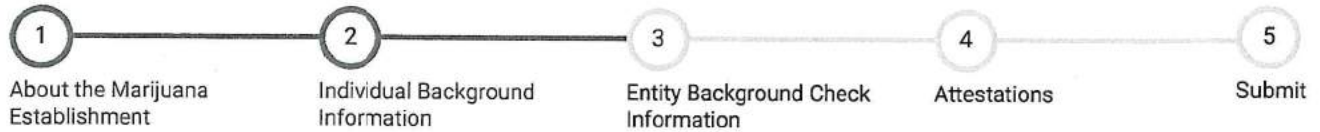
Save & Stay On This Page

Save & Go To Next Page >>

Exit



Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

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 *

Executive / Offic... ▼

Other Role

President, Partner

First Name *

Gladys

Middle Name

Last Name *

Vega

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

RMD Association *

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

Not associated ... ▼

Background Question *

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

- Criminal actions, but do not report any juvenile adjudications and delinquency matters or sealed records
- Civil or administrative action
- Past or pending legal or enforcement
- Past or pending denial, suspension, or revocation of a license or registration
- Past discipline or unresolved complaint
- Actions against a license to prescribe or distribute
- Any previous attempt to obtain a license or registration

☐ Yes ☐ No

Description of Background Events

*If yes was answered to any of the questions above
provide description and relevant dates here for each
event.*

Individual Background Information 2



Role *

Other Role

Other (specify) ▼

Treasurer

First Name *

Middle Name

Last Name *

Suffix

Former Last Name

Leah

Piantidosi

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.*

Not associated ... ▾

Background Question *

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

- Criminal actions, but do not report any juvenile adjudications and delinquency matters or sealed records
- Civil or administrative action
- Past or pending legal or enforcement
- Past or pending denial, suspension, or revocation of a license or registration
- Past discipline or unresolved complaint
- Actions against a license to prescribe or distribute
- Any previous attempt to obtain a license or registration

☐ Yes ☐ No

Description of Background Events

*If yes was answered to any of the questions above
provide description and relevant dates here for each
event.*

Individual Background Information 3

Role *

Director ▾

Other Role

Secretary, Partner, CFO

First Name * Middle Name Last Name * Suffix Former Last Name
Thomas Mourmouras

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.
Not associated ...

Background Question *

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

- Criminal actions, but do not report any juvenile adjudications and delinquency matters or sealed records
- Civil or administrative action
- Past or pending legal or enforcement
- Past or pending denial, suspension, or revocation of a license or registration
- Past discipline or unresolved complaint
- Actions against a license to prescribe or distribute
- Any previous attempt to obtain a license or registration

☐ Yes ☐ No

Description of Background Events

If yes was answered to any of the questions above provide description and relevant dates here for each event.

[Add Another Individual](#)

Background Check Supporting Documentation

Please upload the following supporting documentation for each individual listed above:

- US Driver's License or other Government Issued ID card
- CORI acknowledgement form
- Disclosure and acknowledgement form
- IVES form 4506-T
- Release authorization form

Please DO NOT upload copies of actual CORI reports.

To access required background check documents click here.

Supporting Documentation *



Document Name: Vega, Gladys 4506-T Form.pdf



Document Category: IVES form 4506-T

Upload Date: 4/3/19



Document Name: Vega, Gladys Disclosure and Acknowledgement Form.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 4/3/19

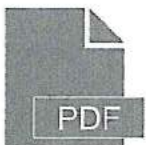


Document Name: Vega, Gladys MA CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 4/3/19

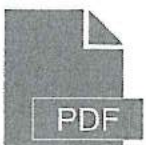


Document Name: Vega, Gladys MA License.pdf



Document Category: MA Driver's License

Upload Date: 4/3/19



Document Name: Vega, Gladys Release Authorization Form.pdf



Document Category: Release authorization form

Upload Date: 4/3/19

Document Name: Piantidosi, Leah 4506-T Form.pdf





Document Category: IVES form 4506-T



Document Name: Piantidosi, Leah Disclosure Form.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 4/3/19



Document Name: Piantidosi, Leah MA CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 4/3/19



Document Name: Piantidosi, Leah MA License.jpg



Document Category: MA Driver's License

Upload Date: 4/3/19



Document Name: Piantidosi, Leah Release Authorization.pdf



Document Category: Release authorization form

Upload Date: 4/3/19



Document Name: Mourmouras, Thomas Disclosure and Acknowledgement.pdf



Document Category: Disclosure and acknowledgement form

Upload Date: 4/3/19



Document Name: Mourmouras, Thomas IVES.pdf



Document Category: IVES form 4506-T

Upload Date: 4/3/19



Document Name: Mourmouras, Thomas MA CORI.pdf



Document Category: Massachusetts CORI Authorization Form

Upload Date: 4/3/19



Document Name: Mourmouras, Thomas ME License.jpg



Document Category: Other US State Driver's License

Upload Date: 4/3/19



Document Name: Mourmouras, Thomas Release Authorization.pdf



Document Category: Release authorization form

Upload Date: 4/3/19

**BACKGROUND CHECK DOCUMENTS –
GLADYS VEGA**



Release Authorization

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093 or (508) 339-5451 and its agents to conduct a full investigation into my background and activities at any point after this authorization and, if licensed, throughout my licensure as directed by the Cannabis Control Commission. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, a "consumer report," "consumer credit report," and/or "investigative consumer report" (consumer report) information may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to employment, credit, education, criminal, and driving history. I release all courts, probation departments, selective service boards, employers, educational institutions, banks, credit bureaus, financial and other institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original.

CSI's Privacy Policy can be found at http://www.creativeservices.com/html/privacy_policy.html or obtained by request to the above address.

California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like a copy of the consumer report if one is prepared on you? ☐

If currently employed, may we contact your current employer? ☐ YES ☐ NO ☐ N/A

Vega

(Last Name)

Gladys

(First Name)

(Middle Name)

(Other Names) In the space above, list all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.

Cell Phone

Home Phone: () - - -

Email address: Gladys@chelseacollab.org

Current Address:

116 CLARK Ave

City & State:

Chelsea

MA

Zip Code:

02150

Social Security Number

Date of Birth: *
MM/DD/YYYY

Driver's License Number:*

State of Issue:

Signature:

Gladys Vega

Date:

3-21-2019

*Social security numbers, dates of birth, and drivers license numbers are requested to ensure accurate retrieval of records.

*Please refer to page 2 for required notarization

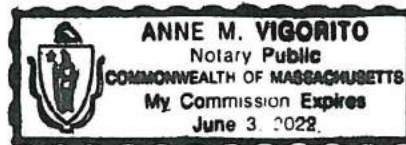
Release & Authorization

Authentication of Signature by Notary Public

On this 27th day of March, 2019, before me, the undersigned notary public, personally appeared Glenn Vega (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.

[Signature]
Notary Public

June 3, 2022
My Commission Expires On



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. 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): Glady's Vega

Applicant (signature):  Date: 3-19-2019

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
▶ Request may be rejected if the form is incomplete or illegible.
▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first. <i>Glady's Vega</i>	1b First social security number on tax return, individual taxpayer identification number (s) [REDACTED]
2a If a joint return, enter spouse's name shown on tax return.	2b Identification number if joint tax return [REDACTED]
3 [REDACTED]	
4 [REDACTED]	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Creative Services, Inc. 64 Pratt Street; Mansfield, MA 02048 Participant # 0000300880 Mailbox: LSULLIVAN4	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐
- b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐
- c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐
- 7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
- ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

- ☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1

Glady's Vega 3-19-2019
Signature (see instructions) Date

Sign Here ▶ Title (if line 1a above is a corporation, partnership, estate, or trust) _____

▶ Spouse's signature _____ Date _____



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: 617-660-4606 | 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)

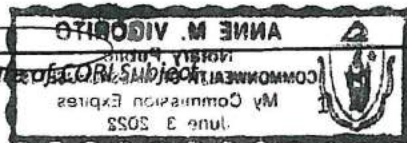
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact The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



March 20, 2019
Date



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: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: Gladys Middle Initial: -
* Last Name: Vega Suffix (Jr., Sr., etc.): -
Former Last Name 1: -
Former Last Name 2: -
Former Last Name 3: -
Former Last Name 4: -
* Date of Birth (MM/DD/YYYY): [REDACTED] Place of Birth: [REDACTED]
* Last SIX digits of Social Security Number: [REDACTED] ☒ No Social Security Number
Sex: [REDACTED] Height: [REDACTED] Eye Color: [REDACTED] Race: [REDACTED]
Driver's License or ID Number: [REDACTED] State of Issue: [REDACTED]
Father's Full Name: [REDACTED]
Mother's Full Name: [REDACTED]

Current Address

* Street Address: [REDACTED]
Apt. # or Suite: [REDACTED] * City: [REDACTED] * State: [REDACTED] Zip: [REDACTED]

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by: _____ Print Name of Verifying Employee

Signature of Verifying Employee _____

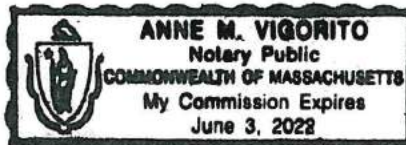
Date _____

SUBJECT VERIFICATION BY NOTARY PUBLIC

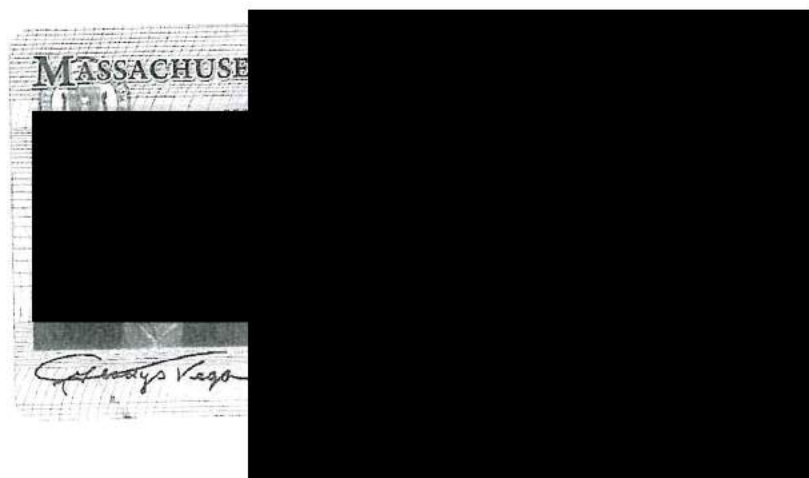
On this 27 day of March, 2019, before me, the undersigned notary public, personally appeared Gladys Vega (name of document signer), proved to me through satisfactory evidence of identification, which were personal knowledge (type of document), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires On June 3, 2022



(seal)



**BACKGROUND CHECK DOCUMENTS –
LEAH PIANTIDOSI**



Release Authorization

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093 or (508) 339-5451 and its agents to conduct a full investigation into my background and activities at any point after this authorization and, if licensed, throughout my licensure as directed by the Cannabis Control Commission. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, a "consumer report," "consumer credit report," and/or "investigative consumer report" (consumer report) information may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to employment, credit, education, criminal, and driving history. I release all courts, probation departments, selective service boards, employers, educational institutions, banks, credit bureaus, financial and other institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original.

CSI's Privacy Policy can be found at http://www.creativeservices.com/html/privacy_policy.html or obtained by request to the above address.

California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like a copy of the consumer report if one is prepared on you? ☐

If currently employed, may we contact your current employer?

☐ YES ☒ NO ☐ N/A

PIANTIDOSI

(Last Name)

LEAH

(First Name)

DAWN

(Middle Name)

(Other Names) In the space above, list all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.

Cell Phone:

Home Phone: :

Email address

Current Address

City & State:

Zip Code:

Social Security Number

Date of Birth: *
M/DD/YYYY

Driver's License Number

State of Issue

Signature:

Date:

3/14/19

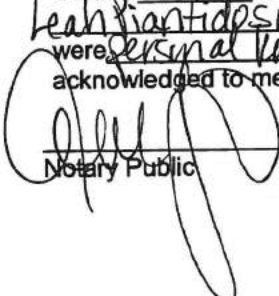
*Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records.

*Please refer to page 2 for required notarization

Release & Authorization

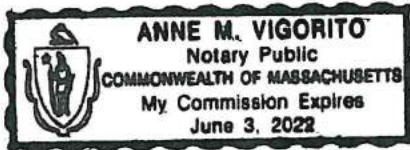
Authentication of Signature by Notary Public

On this 14 day of MARCH, 2019, before me, the undersigned notary public, personally appeared Leah Fanti (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

June 3, 2022
My Commission Expires On






Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first. LEAH PIANTIDOSI	1b First name, last name, and maiden name (if different) of individual taxpayer identification number (ITIN) holder (if joint return, enter ITIN holder's name) 
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 State and ZIP code (see instructions) 	
4 	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
Creative Services, Inc. 64 Pratt Street; Mansfield, MA 02048 Participant # 0000300880 Mailbox: LSULLIVAN4	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days ☐

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days ☐

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days ☐

7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days ☐

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days ☐


Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12 / 31 / 2015 | 12 / 31 / 2016 | 12 / 31 / 2017 | / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions. Phone number of taxpayer on line 

Signature (see instructions) Leah D. Piantidosi **Date** 13/14/19

Sign Here **Title** (if line 1a above is a corporation, partnership, estate, or trust) _____

Spouse's signature _____ **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. 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):

LEAH PIANTIDOSI

Applicant (signature):

Leah D. Piantidosi

Date:

3/14/19



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: 617-680-4640 | TTY: 617-680-4606 | FAX: 617-680-5973
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.

Leah D. Paeffgen
Signature of CORI Subject

3/14/19
Date



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: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: LEAH Middle Initial: D
* Last Name: PIANTIDOSI Suffix (Jr., Sr., etc.): _____
Former Last Name 1: _____
Former Last Name 2: _____
Former Last Name 3: _____
Former Last Name 4: _____
* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____
* Last SIX digits of Social Security Number: _____ ☐ No Social Security Number
Sex: _____ Height: _____ in. Eye Color: _____ Race: _____
Driver's License or ID Number: _____ State of Issuance: _____
Father's Full Name: _____
Mother's Full Name: _____

Current Address

* Street Address: _____
Apt. # or Suite: _____ * City: _____ * State: _____ * Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by: _____ Print Name of Verifying Employee

Signature of Verifying Employee

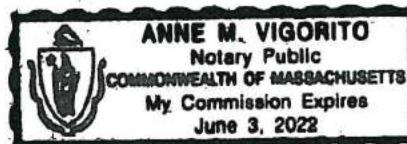
Date

SUBJECT VERIFICATION BY NOTARY PUBLIC

On this 19th day of March, 2019, before me, the undersigned notary public, personally appeared Leah Piantidosi (name of document signer), proved to me through satisfactory evidence of identification, which were personal knowledge (type of document), 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

My Commission Expires On June 3, 2022



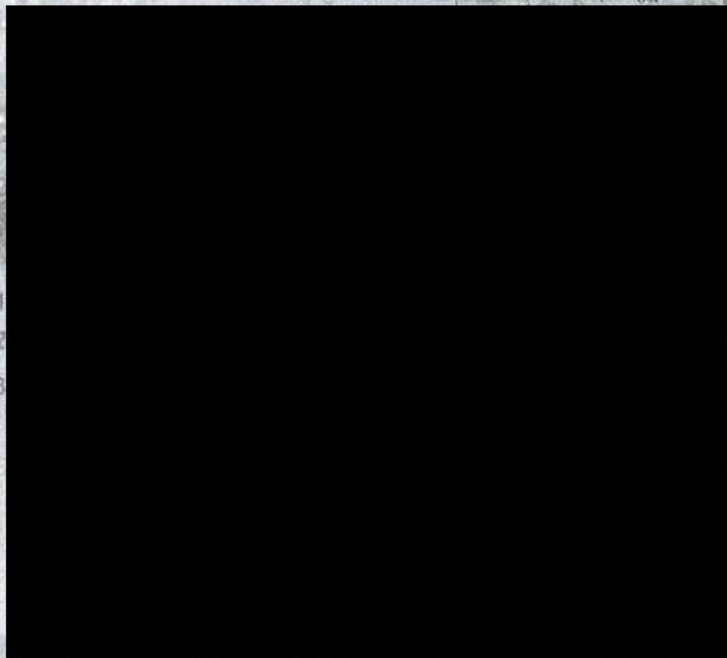
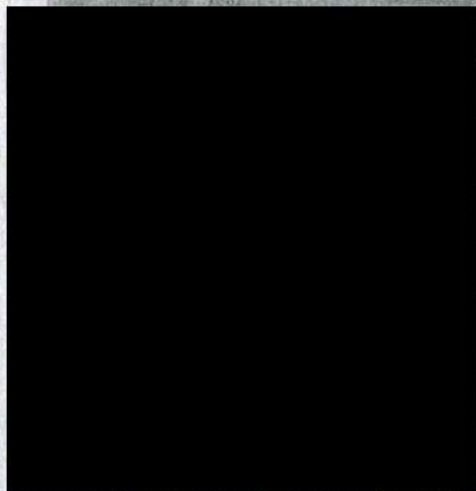
(seal)

MASSACHUSETTS

DRIVER'S
LICENSE



USA



[Handwritten signature]

**BACKGROUND CHECK DOCUMENTS –
THOMAS MOURMOURAS**



Release Authorization

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093 or (508) 339-5451 and its agents to conduct a full investigation into my background and activities at any point after this authorization and, if licensed, throughout my licensure as directed by the Cannabis Control Commission. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, a "consumer report," "consumer credit report," and/or "investigative consumer report" (consumer report) information may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to employment, credit, education, criminal, and driving history. I release all courts, probation departments, selective service boards, employers, educational institutions, banks, credit bureaus, financial and other institutions, law enforcement and local, state (including the Minnesota Bureau of Criminal Apprehension), and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original.

CSI's Privacy Policy can be found at http://www.creativeservices.com/html/privacy_policy.html or obtained by request to the above address.

California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like a copy of the consumer report if one is prepared on you? ☐

If currently employed, may we contact your current employer? ☒ YES ☐ NO ☐ N/A

MOURMOURAS

(Last Name)

THOMAS

(First Name)

PETER

(Middle Name)

(Other Names) In the space above, list all other NAMES (including maiden or married names) utilized during the previous 7 years and/or used when obtaining any degrees or certifications.

Cell Phone:

Home Phone:

Email address:

Current Address:

City & State:

Zip Code:

Date of Birth: *
MM/DD/YYYY

Social Security Number:

State of Issue:

Driver's License Number:*

Signature:

Date:

3/15/19

*Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records.

*Please refer to page 2 for required notarization

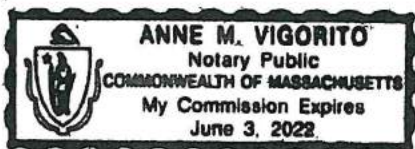
Release & Authorization

Authentication of Signature by Notary Public

On this 27th day of March, 2019, before me, the undersigned notary public, personally appeared James M. Vigorito (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.

[Signature]
Notary Public

June 3, 2022
My Commission Expires On



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. 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): Thomas Mourmouras

Applicant (signature):

Th Mourmouras

Date:

3/14/19



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: 617-680-4808 | FAX: 617-680-5973
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

3/14/19
Date



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: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: Thomas Middle Initial: P.
* Last Name: Mourmouras Suffix (Jr., Sr., etc.): _____
Former Last Name 1: _____
Former Last Name 2: _____
Former Last Name 3: _____
Former Last Name 4: _____
* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____
* Last SIX digits of Social Security Number: _____ ☐ No Social Security Number
Sex: _____ Height: _____ in. Eye Color: _____ Race: _____
Driver's License or ID Number: _____ State of Issue: _____
Father's Full Name: _____
Mother's Full Name: _____

Current Address

* Street Address: _____
Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by: _____ Print Name of Verifying Employee

Signature of Verifying Employee

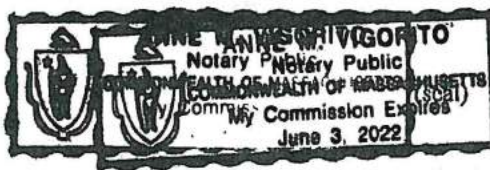
Date

SUBJECT VERIFICATION BY NOTARY PUBLIC

On this 21 day of March, 2019, before me, the undersigned notary public, personally appeared Thomas Mourmouras
(name of document signer), proved to me through satisfactory evidence of identification, which were
(type of document), 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

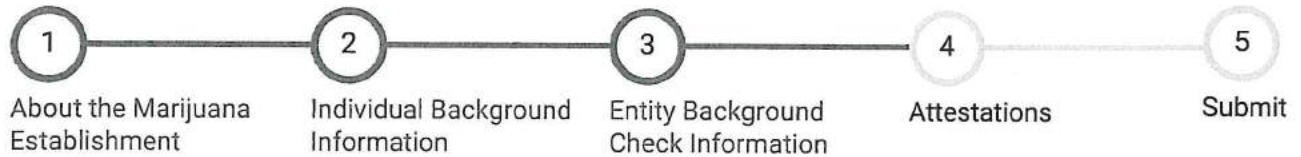
My Commission Expires On







Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282565

Entity Background Check Information

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

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

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

To add additional entities click the "Add Another Entity" button at the bottom of the page. If you are completing this section for multiple entities, we recommend that you save after adding each one by clicking on the "Save & Stay on This Page" button below.

*All fields marked with an * are required.*

[Add Another Entity](#)

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

[Exit](#)

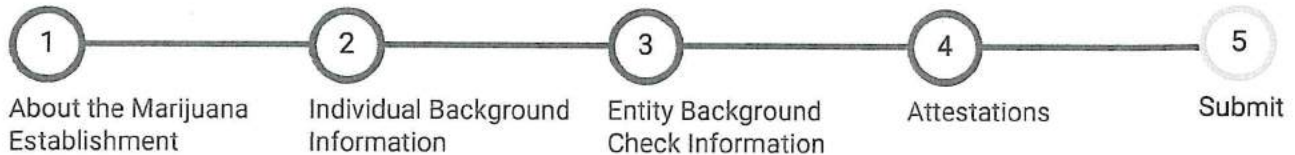
For assistance please call the Cannabis Control Commission at 617-701-8400 or email at



Massachusetts Cannabis Industry Portal (MassCIP)

GV

Cannabis Control Commission > My Licenses > Marijuana Retailer

**Application #: MRN282565**

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 cannabiscmission@state.ma.us