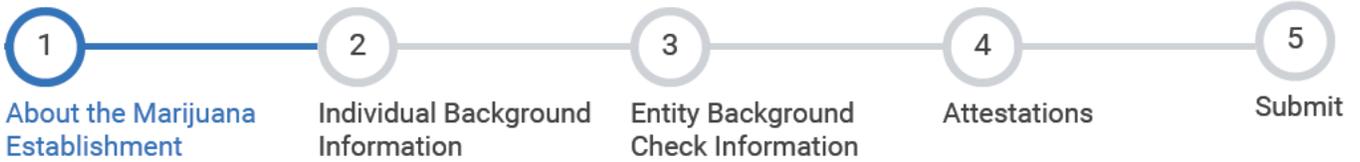


**COMPLETED BACKGROUND CHECK PACKET  
FOR  
MARIJUANA RETAILER APPLICATION**



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



**Application #: MRN282571**

## About the Marijuana Establishment

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

<b>Business Legal Name *</b> <input type="text" value="Northeast Select Harvest Corp."/>	<b>Federal Tax Identification Number EIN/TIN *</b> <input type="text" value="REDACTED"/>
---	---

<b>Phone Number *</b> <input type="text" value="REDACTED"/>	<b>Email Address *</b> <input type="text" value="rob@redbones.com"/>
--	---

<b>Business Address 1 *</b> <input type="text" value="23 Chester Street"/>	<b>Business Address 2</b> <input type="text"/>
---	---

<b>Business City *</b> <input type="text" value="Somerville"/>	<b>Business State *</b> MA	<b>Business Zip Code *</b> ▼ <input type="text" value="02144"/>
---	-------------------------------	--

<b>Mailing Address 1 *</b> <input type="text" value="23 Chester Street"/>	<b>Mailing Address 2</b> <input type="text"/>
--	--

<b>Mailing City *</b> <input type="text" value="Somerville"/>	<b>Mailing State *</b> MA	<b>Mailing Zip Code *</b> ▼ <input type="text" value="02144"/>
--	------------------------------	---

[Save & Stay On This Page](#)

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

[Exit](#)

Cannabis Control Commission > My Licenses > Marijuana Retailer



Application #: MRN282571

### 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 ✖

<b>Role *</b>	<b>Other Role</b>			
Executive / Officer ▼	<input type="text" value="President, Secretary"/>			
<b>First Name *</b>	<b>Middle Name</b>	<b>Last Name *</b>	<b>Suffix</b>	<b>Former Last Name</b>
<input type="text" value="Robert"/>	<input type="text"/>	<input type="text" value="Gregory"/>	<input type="text"/>	<input type="text"/>
<b>Alias 1</b>	<b>Alias 2</b>		<b>Alias 3</b>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
<b>Phone *</b>	<b>Email *</b>			
<input type="text" value="REDACTED"/>	<input type="text" value="rob@redbones.com"/>			
<b>Primary Address 1 *</b>		<b>Primary Address 2</b>		
<input type="text" value="23 Chester Street"/>		<input type="text"/>		
<b>Primary City *</b>	<b>Primary State *</b>	<b>Primary Zip Code *</b>	<b>Years at this Address *</b>	
<input type="text" value="Somerville"/>	MA ▼	<input type="text" value="02144"/>	<input type="text" value="15"/>	
<b>Date of Birth *</b>	<b>Last Four Digits of Social Security Number *</b>			
<input type="text" value="10/19/1955"/>	<input type="text"/>			

10/17/1999



NUMBER

1968

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.

[Empty text area for description of background events]

Individual Background Information 2



Role \*

Executive / Officer

Other Role

[Empty text box for other role]

First Name \*

Maria

Middle Name

[Empty text box for middle name]

Last Name \*

Cacciola

Suffix

[Empty text box for suffix]

Former Last Name

Bazzi

Alias 1

[Empty text box for alias 1]

Alias 2

[Empty text box for alias 2]

Alias 3

[Empty text box for alias 3]

Phone \*

[Redacted phone number]

Email \*

[Redacted email address]

Primary Address 1 \*

Primary Address 2

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 \*  Other Role

First Name \*  Middle Name  Last Name \*  Suffix  Former Last Name

Christos		Poutahidis		
----------	--	------------	--	--

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 \*

	<p><b>Document Name:</b> Cacciola, Maria IVES 4506-T Form.pdf</p> <p><b>Document Category:</b> IVES form 4506-T</p> <p><b>Upload Date:</b> 4/3/19</p>	
	<p><b>Document Name:</b> Cacciola, Maria MA CORI.pdf</p> <p><b>Document Category:</b> Massachusetts CORI Authorization Form</p> <p><b>Upload Date:</b> 4/3/19</p>	
	<p><b>Document Name:</b> Cacciola, Maria MA License.pdf</p> <p><b>Document Category:</b> MA Driver's License</p> <p><b>Upload Date:</b> 4/3/19</p>	
	<p><b>Document Name:</b> Cacciola, Maria Release Authorization.pdf</p> <p><b>Document Category:</b> Release authorization form</p> <p><b>Upload Date:</b> 4/3/19</p>	
	<p><b>Document Name:</b> Cacciola, Maria Disclosure and Acknowledgement Form.pdf</p> <p><b>Document Category:</b> Disclosure and acknowledgement form</p> <p><b>Upload Date:</b> 4/3/19</p>	
	<p><b>Document Name:</b> Christos, Poutahidis IVES 4506-T.pdf</p> <p><b>Document Category:</b> IVES form 4506-T</p> <p><b>Upload Date:</b> 4/3/19</p>	
	<p><b>Document Name:</b> Christos, Poutahidis MA CORI.pdf</p>	

- 

**Document Category:** Massachusetts CORI Authorization Form
- 

**Document Name:** Christos, Poutahidis MA License.pdf  
**Document Category:** MA Driver's License  
**Upload Date:** 4/3/19
- 

**Document Name:** Christos, Poutahidis Release Authorization.pdf  
**Document Category:** Release authorization form  
**Upload Date:** 4/3/19
- 

**Document Name:** Christos, Poutahidis Disclosure and Acknowledgement.pdf  
**Document Category:** Disclosure and acknowledgement form  
**Upload Date:** 4/3/19
- 

**Document Name:** Gregory, Robert Disclosure and Acknowledgement.pdf  
**Document Category:** Disclosure and acknowledgement form  
**Upload Date:** 4/5/19
- 

**Document Name:** Gregory, Robert IVES 4506-T.pdf  
**Document Category:** IVES form 4506-T  
**Upload Date:** 4/5/19
- 

**Document Name:** Gregory, Robert MA CORI.pdf  
**Document Category:** Massachusetts CORI Authorization Form  
**Upload Date:** 4/5/19
- 

**Document Name:** Gregory, Robert MA License.pdf  
**Document Category:** MA Driver's License  
**Upload Date:** 4/5/19
- 

**Document Name:** Gregory, Robert\_Release Authorization.pdf  
**Document Category:** Release authorization form  
**Upload Date:** 4/5/19

**BACKGROUND CHECK DOCUMENTS –  
MARIA CACCIOLA**

**Request for Transcript of Tax Return**

CMB 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](http://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](http://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.

<p><b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.</p> <p>MARIA CACCIOIA</p>	<p><b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)</p> <p>[REDACTED]</p>
<p><b>2a</b> If a joint return, enter spouse's name shown on tax return.</p> <p>GIOVANNI FERRARO</p>	<p><b>2b</b> Second social security number or individual taxpayer identification number if joint tax return</p> <p>[REDACTED]</p>
<p><b>3</b> Current name, address (including apt., room, or suite number), and telephone number (see instructions)</p> <p>[REDACTED]</p>	
<p><b>4</b> Previous address shown on the last return filed</p> <p>[REDACTED]</p>	
<p><b>5a</b> 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.</p> <p>Creative Services, Inc. 64 Pratt Street; Mansfield, MA 02048 Participant # 0000300880 Mailbox: LSULLIVAN4</p>	
<p><b>5b</b> Customer file number (if applicable) (see instructions)</p>	

**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 1a or 2a

<p>▶ <u>Maria Caccioia</u> Signature (see instructions)</p>	<p><u>14-2-19</u> Date</p>
<p><b>Sign Here</b></p> <p>▶ Title (if line 1a above is a corporation, partnership, estate, or trust)</p>	
<p>▶ <u>Giovanni Ferraro</u> Spouse's signature</p>	<p><u>14-2-19</u> Date</p>



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: 617-660-4806 | 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.

*Maura Cicciola*  
 Signature of CORI Subject

4-2-19  
 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: 617-860-5973  
 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: MARIA Middle Initial: \_\_\_\_\_  
 \* Last Name: CACCIOLA Suffix (Jr., Sr., etc.): \_\_\_\_\_  
 Former Last Name 1: BAZZI  
 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: Female Height: [REDACTED] in. Eye Color: [REDACTED] Race: [REDACTED]  
 Driver's License or ID Number: [REDACTED] State of Issue: MA  
 Father's Full Name: [REDACTED]  
 Mother's Full Name: [REDACTED]

**Current Address**  
 \* Street Address: [REDACTED]  
 Apt. # or Suite: \_\_\_\_\_ \*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 2nd day of April, 2019, before me, the undersigned notary public, personally appeared MARIA CACCIOLA (name of document signer), proved to me through satisfactory evidence of identification, which were MA DRIV. LICENSE (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 [Signature]  
 My Commission Expires On 7/27/23  
 (seal)

MASSACHUSETTS

DRIVER'S  
LICENSE



ISS 07/13/2018

EXP 09/21/2023

CLASS D REST NONE

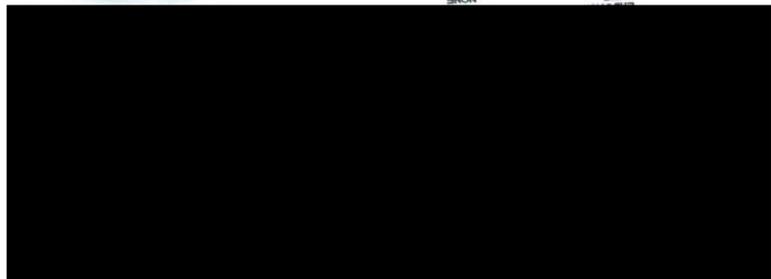
CACCIOLA  
MARIA

*Maria Cacciola*



CHANGE OF ADDRESS, PRINT BELOW PERMANENT INK

NONE NONE





# 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](http://www.creativeservices.com/html/privacy_policy.html) or obtained by request to the above address.

<b>California, Minnesota, and Oklahoma applicants or employees only:</b> Please check this box if you would like a copy of the consumer report if one is prepared on you? <input type="checkbox"/>	
If currently employed, may we contact your current employer?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
C A C C I O L A	B A Z Z I
(Last Name)	
M A R I A	
(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:	
Current Address:	
City & State:	MA Zip Code:
Social Security Number:*	Date of Birth: * MM/DD/YYYY
Driver's License Number:*	State of Issue: MA
Signature: <i>Maria Cacciola</i>	Date: 4-2-19

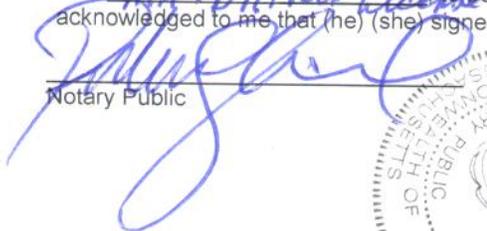
\*Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records.

\*Please refer to page 2 for required notarization

# Release & Authorization

## Authentication of Signature by Notary Public

On this 2nd day of April, 2019 before me, the undersigned notary public, personally appeared MARIA CACCHIA (name of document signer), proved to me through satisfactory evidence of identification, which were MA DRIVER 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



7/27/23  
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](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): MARIA CACCIOLA

Applicant (signature):  Date: 4-2-19

**BACKGROUND CHECK DOCUMENTS –  
CHRISTOS POUTAHIDIS**

**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](http://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](http://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. <b>Christos Poutahidis</b>	1b First social security number on tax return, individual taxpayer identification number [REDACTED]
2a If a joint return, enter spouse's name shown on tax return.	2b Second identification number if joint tax return [REDACTED]

3 C [REDACTED]

4 P [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.  
 | 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 1a or 2a  
[REDACTED]

▶ **Signature** (see instructions) **Christos Poutahidis** ▶ **Date** **3/31/19**

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

▶ **Spouse's signature** ▶ **Date**

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

## General Instructions

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

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  855-821-0094

## Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  855-800-8015

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(a) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
and Publications Division  
Constitution Ave, NW, IR-6526 Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



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.

*Armeny Poutalidis*  
 Signature of CORI Subject

3/31/19  
 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: CHRISTOS Middle Initial: \_\_\_\_\_

\* Last Name: POUTAHIDIS 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: MALE Height: [REDACTED] Eye Color: B Race: [REDACTED]

Driver's License or ID Number: [REDACTED] e: [REDACTED]

Father's Full Name: [REDACTED]

Mother's Full Name: [REDACTED]

**Current Address**

\* Street Address: [REDACTED]

Apt. # or Suite: \_\_\_\_\_ \*City: [REDACTED] \*State: [REDACTED] \*Zip: [REDACTED]

**SUBJECT VERIFICATION**

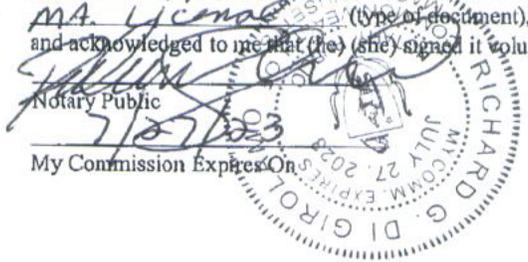
The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by: \_\_\_\_\_ *Print Name of Verifying Employee*

*Signature of Verifying Employee* \_\_\_\_\_ *Date* \_\_\_\_\_

**SUBJECT VERIFICATION BY NOTARY PUBLIC**

On this 31<sup>st</sup> day of March, 2019, before me, the undersigned notary public, personally appeared CHRISTOS POUTAHIDIS (name of document signer), proved to me through satisfactory evidence of identification, which were MA License (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.



(seal)



CHANGE OF ADDRESS: PRINT BELOW PERMANENT RES.

**MASSACHUSETTS**  
**DRIVER'S LICENSE**



*David P. Poutahidis*

12/24/41

12/24/2023  
 12/24/1941

08/29/2018

12/24/2023  
 NONE

12/24/1941  
 NONE

S13565302

POUTAHIDIS  
 CHRISTOS  
 147 WILLOW AVE  
 SOMERVILLE, MA 02144-2208

12 EYES BRO  
 15 SEX M 15 HGT 5'-06"  
 5 DO 04292018 Riv-12222016



# 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](http://www.creativeservices.com/html/privacy_policy.html) or obtained by request to the above address.

<b>California, Minnesota, and Oklahoma applicants or employees only:</b> Please check this box if you would like a copy of the consumer report if one is prepared on you? <input type="checkbox"/>	
If currently employed, may we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
POUTAHIDIS	
(Last Name)	
CHRISTOS	
(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:	
Current Address:	
City & State:	Zip Code:
Social Security Number:*	Date of Birth: * MM/DD/YYYY
Driver's License Number:*	State of Issue: MA
Signature: <i>Charles Poutahidis</i>	Date: 3/31/19

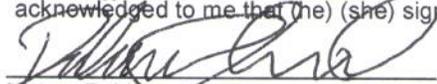
\*Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records.

\*Please refer to page 2 for required notarization

# Release & Authorization

## Authentication of Signature by Notary Public

On this 31<sup>st</sup> day of March, 2019 before me, the undersigned notary public, personally appeared CARISTOS PANTAZIS (Name of document signer), proved to me through satisfactory evidence of identification, which were MA 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



7/27/23  
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](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): CHRISTOS POUTALIDIS

Applicant (signature): *Christos Poutalidis* Date: 3/31/19

**BACKGROUND CHECK DOCUMENTS –  
ROBERT GREGORY**

**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](http://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](http://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.

<p><b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.</p> <p style="font-size: 1.2em; font-family: cursive;">ROBERT GREGORY</p>	<p><b>1b</b> First social security number on tax return, individual taxpayer identification number (see instructions)</p> <p style="background-color: black; color: black;">[REDACTED]</p>
<p><b>2a</b> If a joint return, enter spouse's name shown on tax return.</p> <p style="font-size: 1.2em; font-family: cursive;">DARCEY GREGORY</p>	<p><b>2b</b> Second social security number or individual taxpayer identification number if joint tax return</p> <p style="background-color: black; color: black;">[REDACTED]</p>
<p><b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</p> <p style="font-size: 1.2em; font-family: cursive;">ROBERT GREGORY 23 CHESTER ST SOMERVILLE MA 02144</p>	
<p><b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)</p>	
<p><b>5a</b> 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.</p> <p style="font-size: 1.1em; font-family: cursive;">Creative Services, Inc. 64 Pratt Street; Mansfield, MA 02048 Participant # 0000300880 Mailbox: LSULLIVAN4</p>	
<p><b>5b</b> Customer file number (if applicable) (see instructions)</p>	

**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.

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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.

<p><b>Sign Here</b></p> <p style="font-size: 1.2em; font-family: cursive;">[Signature]</p> <p>Signature (see instructions)</p>	<p style="font-size: 1.2em; font-family: cursive;">3/29/19</p> <p>Date</p>
<p style="font-size: 1.2em; font-family: cursive;">[Signature]</p> <p>Spouse's signature</p>	<p style="font-size: 1.2em; font-family: cursive;">3/29/19</p> <p>Date</p>

Phone number of taxpayer on line  
[REDACTED]

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to you when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

### General Instructions

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

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

### Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999  855-821-0094

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250  855-800-8015

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number should not contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer. **Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
and Publications Division  
1111  
Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.



**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)

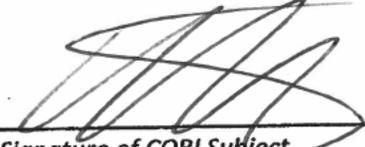
with written notice of my intent to withdraw consent to a CORI check. I also understand that this form is a CORI acknowledgement form and I am entitled to additional consumer reporting disclosure forms under the Fair Credit Reporting Act. If I have not received those disclosures, I should contact The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

3/29/19  
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: 617-860-5973  
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: ROBERT Middle Initial: \_\_\_\_\_  
 \* Last Name: GREGORY 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: MALE Height: [REDACTED] in. Eye Color: [REDACTED] Race: [REDACTED]  
 Driver's License or ID Number: [REDACTED] State of Issue: [REDACTED]  
 Father's Full Name: \_\_\_\_\_  
 Mother's Full Name: \_\_\_\_\_

**Current Address**

\* Street Address: 23 CHESTER ST  
 Apt. # or Suite: \_\_\_\_\_ \*City: SOMERVILLE \*State: MA \*Zip: 02144

**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 31<sup>st</sup> day of March, 2019, before me, the undersigned notary public, personally appeared ROBERT GREGORY (name of document signer), proved to me through satisfactory evidence of identification, which were MA LICENSE (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 \_\_\_\_\_

(scal)



# 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](http://www.creativeservices.com/html/privacy_policy.html) or obtained by request to the above address.

<b>California, Minnesota, and Oklahoma applicants or employees only:</b> Please check this box if you would like a copy of the consumer report if one is prepared on you? <input type="checkbox"/>											
If currently employed, may we contact your current employer? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A											
GREGORY											
(Last Name)											
ROBERT											
(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: ( [REDACTED] ) Home Phone: : ( [REDACTED] ) - [REDACTED]											
Email address: ROB@REDBONES.COM											
Current Address: 23 CHESTER ST											
City & State: SOMERVILLE MA						Zip Code: 02144					
Social Security Number:* [REDACTED] DD/YYYY [REDACTED]											
Driver's License Number:* [REDACTED] State of Issue: MA											
Signature: [Handwritten Signature]										Date: 3/29/19	

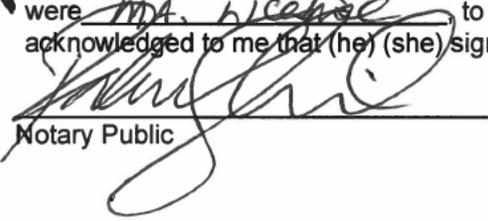
\*Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records.

\*Please refer to page 2 for required notarization

# Release & Authorization

## Authentication of Signature by Notary Public

On this 31<sup>st</sup> day of March, 2019, before me, the undersigned notary public, personally appeared ROBERT GREGOR (name of document signer), proved to me through satisfactory evidence of identification, which were MA. 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



7/27/23  
\_\_\_\_\_  
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](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.

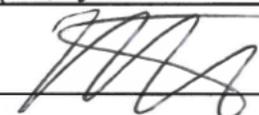
New York applicants or employees only: You have the right to inspect and receive a copy of any consumer report requested by the Commission by contacting the consumer reporting agency identified above.

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): ROBERT GREGORY  
Applicant (signature):  Date: 3/29/19

**MASSACHUSETTS** DRIVER'S LICENSE  
 NOT FOR FEDERAL ID

ISS 06/27/2018  
 EXP 10/19/2023  
 CLASS D REST B

**GREGORY**  
**ROBERT C**

MA *Gregory*

18295668 00520001

[www.mass.gov/rmv](http://www.mass.gov/rmv)  
 MA 02/22/2016  
 CLASS -  
 10/19/1988  
 D: Small vehicle less than  
 26,001 lbs, except school  
 bus

ENDORSEMENTS -  
 NONE

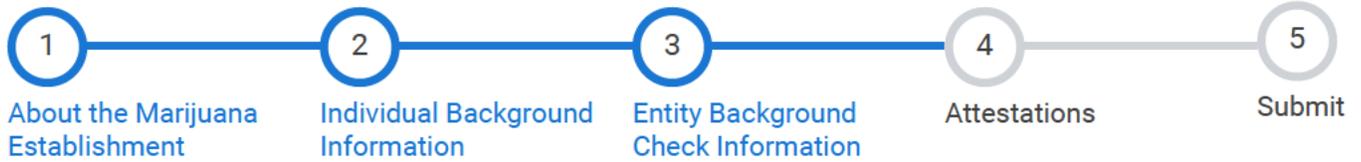
RESTRICTIONS -  
 B: Corrective Lenses

CHANGE OF ADDRESS, PRINT BELOW, PERMANENT INK






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



**Application #: MRN282571**

## 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



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



**Application #: MRN282571**

## 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*