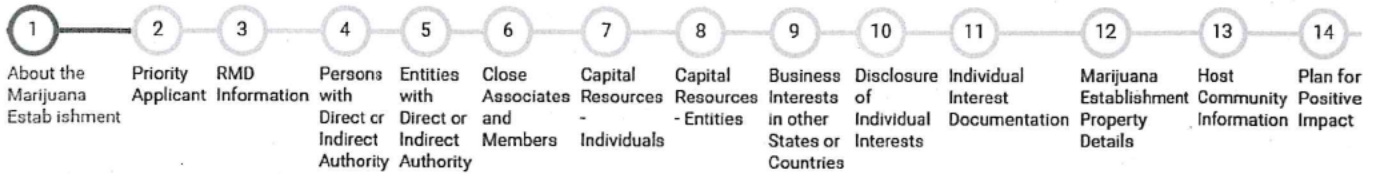


**COMPLETED APPLICATION OF INTENT FOR  
MARIJUANA RETAILER APPLICATION**



Cannabis Control Commission &gt; My Licenses &gt; Marijuana Retailer



Application #: MRN282571

## About the Marijuana Establishment

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

Business Legal Name \*

Northeast Select Harvest Corp.

Federal Tax Identification Number EIN/TIN \*

Phone Number \*

Email Address \*

rob@redbones.com

Business Address 1 \*

23 Chester Street

Business Address 2

Business City \*

Somerville

Business State \*

MA

Business Zip Code \*

02144

Mailing Address 1 \*

23 Chester Street

Mailing Address 2

Mailing City \*

Somerville

Mailing State \*

MA

Mailing Zip Code \*

02144

## Certified Disadvantaged Business Enterprises (DBEs)

Certified Disadvantaged Business Enterprises (DBEs) \*

Select all that apply.

- ☐ Disability-Owned Business
- ☐ Lesbian, Gay, Bisexual, and Transgender Owned Business
- ☐ Minority-Owned Business
- ☐ Veteran-Owned Business
- ☐ Woman-Owned Business

Not a DBE

Save & Stay On This Page

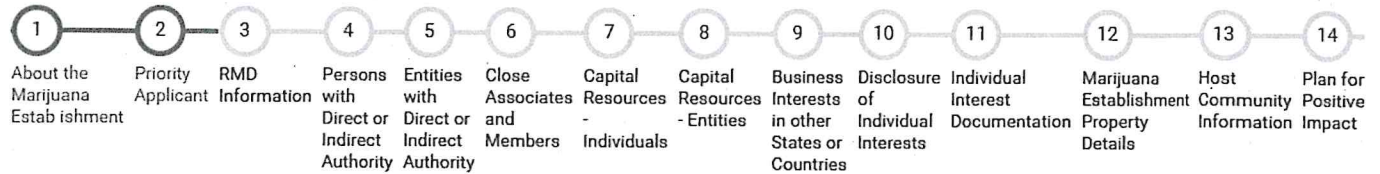
Save & Go To Next Page >>

Exit

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)



Cannabis Control Commission &gt; My Licenses &gt; Marijuana Retailer



Application #: MRN282571

## Priority Applicant

Some entities qualified for priority certification. Please indicate if this status applies to your Marijuana Establishment. All fields marked with an \* are required.

Priority Applicant \*

Has the Marijuana Establishment been certified as an Economic Empowerment Priority Applicant or an RMD Priority Applicant?

☐ Yes ☐ No

Priority Applicant Type \*

If you have been approved as a priority applicant, select the certification type. If you are not a priority applicant, select "Not a Priority Applicant".

Not a Priority Applicant ▼

Economic Empowerment Applicant Certification Number

If you selected "Economic Empowerment Priority" above enter your

RMD Priority Certification Number

If you selected "RMD Priority" above enter your certification number

&lt;&lt; Go To Previous Page

Save &amp; Stay On This Page

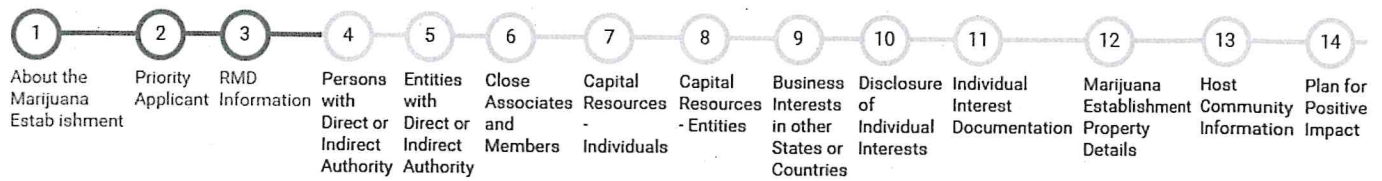
Save &amp; Go To Next Page &gt;&gt;

Exit

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabisccommission@state.ma.us](mailto:cannabisccommission@state.ma.us)



Cannabis Control Commission &gt; My Licenses &gt; Marijuana Retailer



Application #: MRN282571

## RMD Information

If you are a Registered Marijuana Dispensary (RMD) with a final or provisional certificate of registration in good standing with the Department of Public Health (DPH) may apply as an RMD Priority Applicant. By submitting this information, you consent to your information being exchanged between DPH and the Commission. Please provide proof of your RMD's registration status below.

If you are not a Registered Marijuana Dispensary, you may click on "Save & Go To Next Page"

Name of RMD

Department of Public Health RMD Registration Number

### Operational and Registration Status

The current state of your registration with the Department of Public Health (DPH)

- ☐ Obtained Final Certificate of Registration and is open for business in Massachusetts
- ☐ Obtained Final Certificate of Registration, but is not open for business in Massachusetts
- ☐ Obtained Provisional Certificate of Registration only
- ☐ Applied for Certificate of Registration, decision by DPH is pending
- ☐ Denied by DPH for Certificate of Registration as an RMD in Massachusetts

### Certificate of Registration

Upload a scanned copy of your current Certificate of Registration (Provisional or Final) from the Department of Public Health

Drag document(s) or click here

To your knowledge, is the existing RMD certificate of registration in good standing?

☐ Yes ☐ No

If no, describe the circumstances below

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

Application #: MRN282571

## Persons with Direct or Indirect Authority

Provide demographic information for all executives, managers, or other persons having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment. You will need to provide additional information on individuals identified here in the Background Check packet.

To add another person click the "Add a Person" button at the bottom of the page.

All fields marked with an \* are required.

### Person with Direct or Indirect Authority 1



Percentage Of Ownership \*

Percentage Of Control \*

Role \*

Executive / Officer ▼

Other Role

First Name \*

Middle Name

Last Name \*

Suffix

Former Last Name

Alias - 1

Alias - 2

Alias - 3

Phone \*

Email \*

Primary Address 1 \*

Primary Address 2

City \*

State \*

 ▼

Zip Code \*

Gender \*

Male ▼

User Defined Gender

What is this person's race or ethnicity? \*

Mark all boxes that apply

- ☒ White (German, Irish, English, Italian, Polish, French)
- ☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)
- ☐ Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)
- ☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
- ☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)
- ☐ Some Other Race or Ethnicity
- ☐ Decline to Answer

☐ Decline to Answer

Specify Race or Ethnicity

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

## Person with Direct or Indirect Authority 2



Percentage Of Ownership \*

TBD

Percentage Of Control \*

TBD

Role \*

Executive / Officer ▼

Other Role

Vice President, Treasurer, Partner

First Name \*

Maria

Middle Name

Last Name \*

Cacciola

Suffix

Former Last Name

Bazzi

Alias - 1

Alias - 2

Alias - 3

Phone \*

Email \*

Primary Address 1 \*

Primary Address 2

City \*

Revere

State \*

MA ▼

Zip Code \*

02151

Gender \*

Female ▼

User Defined Gender

What is this person's race or ethnicity? \*

Mark all boxes that apply

- ☒ White (German, Irish, English, Italian, Polish, French)
- ☐ Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)
- ☐ Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)
- ☐ Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)
- ☐ American Indian or Alaska Native
- ☐ Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)
- ☐ Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)
- ☐ Some Other Race or Ethnicity
- ☐ Decline to Answer

Specify Race or Ethnicity

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

## Person with Direct or Indirect Authority 3



Percentage Of Ownership \*

12.5

Percentage Of Control \*

TBD

Role \*

Director ▼

Other Role

Director and Capital Contributor

First Name \*

Middle Name

Last Name \*

Suffix

Former Last Name

Christos		Poutahidis		(e.g. maiden name)
Alias - 1		Alias - 2		Alias - 3
Phone *	Email *			
Primary Address 1 *		Primary Address 2		
147 Willow Avenue				
City *	State *	Zip Code *		
Somerville	MA	02144		
Gender *	User Defined Gender			
Male				
What is this person's race or ethnicity? *				
Mark all boxes that apply				
<input type="checkbox"/> White (German, Irish, English, Italian, Polish, French)				
<input type="checkbox"/> Hispanic, Latino, or Spanish (Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian)				
<input type="checkbox"/> Black or African American (of African Descent, African American, Nigerian, Jamaican, Ethiopian, Haitian, Somali)				
<input type="checkbox"/> Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese)				
<input type="checkbox"/> American Indian or Alaska Native				
<input type="checkbox"/> Middle Eastern or North African (Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)				
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese)				
<input type="checkbox"/> Some Other Race or Ethnicity				
<input type="checkbox"/> Decline to Answer				
Specify Race or Ethnicity				
Enter the specific race(s) or ethnicity(ies) the person identifies as				

[Add a Person](#)[<< Go To Previous Page](#)[Save & Stay On This Page](#)[Save & Go To Next Page >>](#)[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)

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



Application #: MRN282571

### Entities with Direct or Indirect Authority

*Provide information for all entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment. You will need to provide additional information on individuals identified here in the Background Check packet.*

*To add another entity click the "Add an Entity" button at the bottom of the page.*

*All fields marked with an \* are required.*

[Add an Entity](#)





Cannabis Control Commission

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

Application #: MRN282571

## Close Associates and Members

Provide information about all Close Associates and Members of the applicant.

**Close Associate** means a person who holds a relevant managerial, operational or financial interest in the business of an applicant or licensee and, by virtue of that interest or power, is able to exercise a significant influence over the management, operations or finances of a Marijuana Establishment licensed under 935 CMR 500 000

If there are no individuals meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add individuals as close associates or members, click the "Add an Individual" at the bottom of the page

All fields marked with an \* are required.

### Close Associates or Member 1



First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Robert		Gregory		
Alias 1		Alias 2	Alias 3	
Phone *	Email *			
	rob@redbones.com			
Primary Address 1 *		Primary Address 2		
23 Chester street				
City *	State *	Zip Code *		
Somerville	MA	02144		

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

President and Secretary

### Close Associates or Member 2



First Name *	Middle Name	Last Name *	Suffix	Former Last Name
Maria		Cacciola		Bazzi
Alias 1		Alias 2	Alias 3	

Phone *	Email *	
<input type="text"/>	<input type="text"/>	
Primary Address 1 *	Primary Address 2	
<input type="text"/>	<input type="text"/>	
City *	State *	Zip Code *
<input type="text" value="Revere"/>	<input type="text" value="MA"/>	<input type="text" value="02151"/>
Describe the nature of the relationship this person has with the Marijuana Establishment *		
<input type="text" value="Vice President and Treasurer"/>		

## Close Associates or Member 3



First Name *	Middle Name	Last Name *	Suffix	Former Last Name
<input type="text" value="Christos"/>	<input type="text"/>	<input type="text" value="Poutahidis"/>	<input type="text"/>	<input type="text"/>
Alias 1	Alias 2	Alias 3		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone *	Email *			
<input type="text"/>	<input type="text"/>			
Primary Address 1 *	Primary Address 2			
<input type="text" value="147 Willow Avenue"/>	<input type="text"/>			
City *	State *	Zip Code *		
<input type="text" value="Somerville"/>	<input type="text" value="MA"/>	<input type="text" value="02144"/>		
Describe the nature of the relationship this person has with the Marijuana Establishment *				
<input type="text" value="Director and Capital Contributor"/>				

[Add an Individual](#)[<< Go To Previous Page](#)   [Save & Stay On This Page](#)   [Save & Go To Next Page >>](#)[Exit](#)



Cannabis Control Commission

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

Application #: MRN282571

## Capital Resources Individuals

Provide information about individuals that have or will contribute 10% or more to the initial capital for the Marijuana Establishment.

If there are no individuals meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page

To add an individual, click the "Add an Individual" button below.

All fields marked with an \* are required

### Individual Contributing Capital 1



First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="Christos"/>	<input type="text"/>	<input type="text" value="Poutahidis"/>	<input type="text"/>
Email *	Phone *		
<input type="text" value="[REDACTED]"/>	<input type="text" value="[REDACTED]"/>		
Address 1 *		Address 2	
<input type="text" value="147 Willow Avenue"/>		<input type="text"/>	
City *	State *	Zip Code *	
<input type="text" value="Somerville"/>	<input type="text" value="MA"/>	<input type="text" value="02144"/>	
Types of Capital *	Other Type of Capital	Total Value of the Capital Provided *	Percentage of Initial Capital *
Select all that apply	If o her select, specify here	<input type="text" value="50000"/>	<input type="text" value="100"/>
<input checked="" type="checkbox"/> Monetary/Equity			
<input type="checkbox"/> Debt			
<input type="checkbox"/> Land			
<input type="checkbox"/> Buildings			
<input type="checkbox"/> Other (Specify)			
Capital Attestation *			
The funds identified above that were used to invest in or finance the Marijuana Establishment were lawfully earned or obtained			
<input checked="" type="radio"/> Yes			

[Add an Individual](#)


## Capital Resources Documentation - Individuals

Please provide documentation that establishes

- The existence of the funds
- Certification that the funds were legally obtained
- Amount(s) and source(s) of the funds provided to the applicant including, but not limited to, funds from any individual that will be contributing capital resources for the purposes of establishing or operating the identified Marijuana Establishment

Amounts and sources of Capital Documentation

Documentation detailing the amounts and sources of capital resources available to the applicant from any entity that will be contributing capital



Document Name: NorthEast Select Harvest - Bank Statement from Christos Poutahidis\_Redacted.pdf

Document Category: Bank Record

Upload Date: 4/3/19

Drag document(s) or click here

[<< Go To Previous Page](#)   [Save & Stay On This Page](#)   [Save & Go To Next Page >>](#)

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)

# **BANK STATEMENT**



One College Avenue  
Somerville, MA 02144

**Questions?**  
We're here to help.  
Visit our website at  
[www.MiddlesexFederal.com](http://www.MiddlesexFederal.com)  
or call our Customer Service  
Department at 617-666-4700

000834

CHRISTOS POUTAHIDIS  
147 WILLOW AVE  
SOMERVILLE MA 02144-2308

## Customer Statement

Pg 1 of 3

**Account Number:** [REDACTED]

**Statement Date:** Feb 01, 2019 thru Feb 28, 2019

### Summary - All Accounts

Product	Account #	Ending Balance
Statement Savings	[REDACTED]	\$179,779.73

### Statement Savings - xxxxxxxx6932

Date	Transaction Description	Withdrawal	Deposit	Balance
	<b>BEGINNING BALANCE</b>			<b>\$150,517.85</b>
Feb 04	Deposit		25,000.00	175,517.85
Feb 15	Withdrawal	-10,000.00		165,517.85
Feb 19	Deposit		10,000.00	175,517.85
Feb 22	Deposit		4,000.00	179,517.85
Feb 28	Credit Interest		261.88	179,779.73
	<b>ENDING BALANCE</b>			<b>\$179,779.73</b>

### Interest Summary

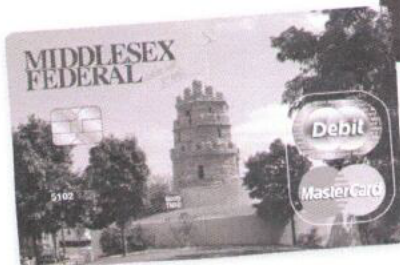
Avg. Daily Balance	Min. Balance for Period	Interest Period	Days in Period	Interest Earned	Annual Percentage Yield Earned	Interest Paid YTD
172,410.71	150,517.85	Feb 01, 2019 - Feb 28, 2019	28	261.88	2.00%	486.92

### Interest Rate Summary

Date	Rate%	Date	Rate%	Date	Rate%	Date	Rate%
Sep 12	1.98%						

### Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



## Debit Card Travel Notification

**Plan ahead – send us a travel notice online or give us a call.**

**Online:** Log in and click on Service Center/Electronic Services (*desktop*)  
or click on Mobile Services/Secure Forms (*phone*).

**On-the-Phone:** Call 617-666-4700 and we'll take care of it for you.

Member FDIC







Account Number: [REDACTED]

Statement Date: Feb 01, 2019 thru Feb 28, 2019

**Account Summary**

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Feb 01, 2019	150,517.85	39,000.00	261.88	10,000.00	0.00	179,779.73



NORTHEAST SELECT HARVEST CORP. – CERTIFICATION THAT FUNDS WERE LEGALLY OBTAINED

Documentation will be submitted for state-level application process pending Somerville Host Community Agreement selection.



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



Application #: MRN282571

## Capital Resources - Entities

Provide information about entities that have or will contribute 10% or more to the initial capital for the Marijuana Establishment.

If there are no entities meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add an entity, click the "Add an Entity" button below.

All fields marked with an \* are required.

[Add an Entity](#)

## Capital Resources Documentation - Entity

Please provide documentation that establishes:

- The existence of the funds
- Certification that the funds were legally obtained
- Amount(s) and source(s) of the funds provided to the applicant including, but not limited to, funds from any individual that will be contributing capital resources for the purposes of establishing or operating the identified Marijuana Establishment

Amounts and Sources of Capital Documentation

[Drag document\(s\) or click here](#)

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)



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



Application #: MRN282571

## Business Interests in other States or Countries

Provide information about all past or present business interests of the Marijuana Establishment and its owners in other states or countries.

If there are no entities meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add entities click on the "Add an Entity" button below.

All fields marked with an \* are required.

[Add an Entity](#)

## Business Interest Documentation

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

Supporting Document

Drag document(s) or [click here](#)

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

[Exit](#)



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



Application #: MRN282571

## Disclosure of Individual Interests

Provide information about the interest of each individual named in the application in any Marijuana Establishment application for licensure or in any Marijuana Establishment that has been licensed.

If there are no individuals meeting the above criteria, click the "Save & Go To Next Page" button at the bottom of the page.

To add individuals, click on the "Add an Individual" button below.

All fields marked with an \* are required.

[Add an Individual](#)

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)



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



Application #: MRN282571

## Individual Interest Documentation

*Please upload documentation for each of the individual interests listed above.*

Supporting Documents

Drag document(s) or click here

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

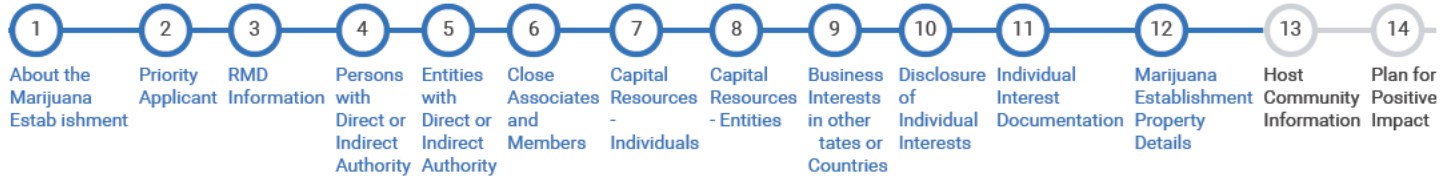
[Save & Go To Next Page >>](#)

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)



Cannabis Control Commission

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

Application #: MRN282571

## Marijuana Establishment Property Details

*Details about the property where the Marijuana Establishment will be located. All fields marked with an \* are required.*

Establishment Address 1 \*

378 380 Highland Avenue

Establishment Address 2

Establishment City \*

Somerville

Establishment Zip Code \*

02144

Approximate square footage of the establishment \*

3,890

How many abutters does this property have? \*

TBD

Have all property abutters been notified of the intent to open a Marijuana Establishment at this address? \*

☒ Yes☐ No☐ I Don't Know

Bond or Escrow Documentation \*

*Documentation of a bond or other resources held in an escrow account in an amount sufficient to adequately support the dismantling and winding down of the Marijuana Establishment*



Document Name Escrow Documentation pdf

Document Category Documentation of Escrow Account

Upload Date: 4/3/19



Drag document(s) or click here

Property Interest Documentation \*

*Documentation of a property interest in the proposed address. Interest may be demonstrated by one of the following:*

- Clear legal title to the proposed site;
- An option to purchase the proposed site;
- A legally enforceable agreement to give such title; or
- Binding permission to use the premises.



Document Name: Northeast Select Harvest\_QuitClaim Deed.pdf



Document Category: Legal Title

Upload Date: 4/4/19

Drag document(s) or click here

[<< Go To Previous Page](#)[Save & Stay On This Page](#)[Save & Go To Next Page >>](#)[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)

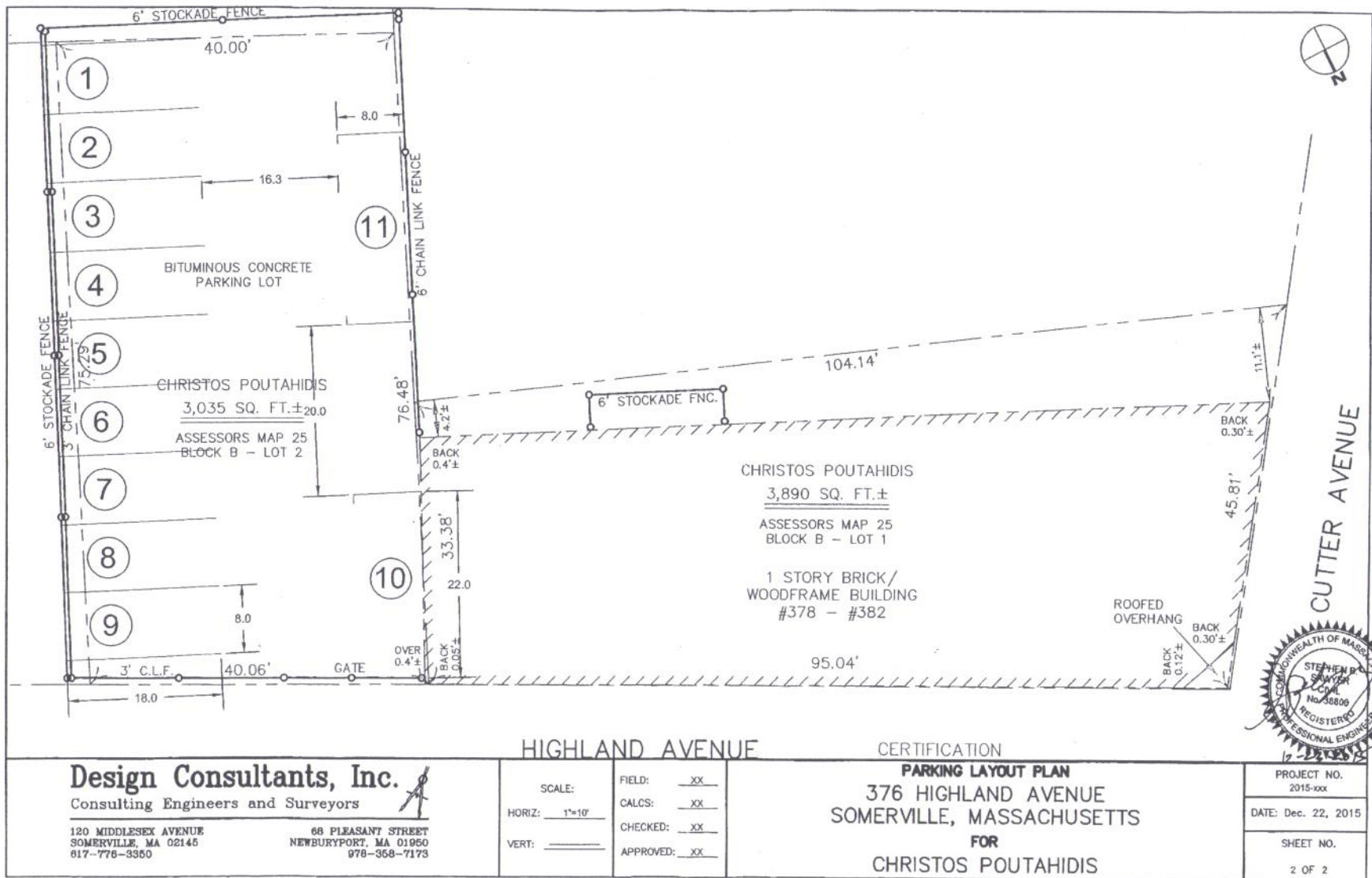
## NORTHEAST SELECT HARVEST CORP. – ESCROW DOCUMENTATION

Documentation will be submitted for state-level application process pending Somerville Host Community Agreement selection.



**NORTHEAST SELECT HARVEST –  
QUITCLAIM DEED**

FAX- 781-4897684





2010 00238583

Bk: 56124 Pg: 137 Doc: DEED  
Page: 1 of 2 12/22/2010 10:36 AM

376 HIGHLAND AVE

## QUITCLAIM DEED

THE CHRISTOS POUTAHIDIS NO. 2 FAMILY LIMITED PARTNERSHIP, a Massachusetts limited partnership, with its principal office located at 147 Willow Avenue, Somerville, Middlesex County, Massachusetts 02144,

*for consideration paid, and in full consideration of the sum of Ten and 00/100 Dollars (\$10.00),*

*grants to* CHRISTOS POUTAHIDIS MANAGEMENT, LLC, a Massachusetts limited liability company, with its principal office located at 147 Willow Avenue, Somerville, Middlesex County, Massachusetts 02144,

### *WITH QUITCLAIM COVENANTS*

A certain parcel of land with the buildings thereon, situated in said Somerville, being the lot numbered three (3) on a Plan of Land in Somerville surveyed for James Elston, dated September 17, 1888, Charles D. Elliot, Engineer & Surveyor, duly recorded with Middlesex South District Deeds at the end of Book 1873, bounded and described as follows:

NORTHEASTERLY	by Highland Avenue, forty and 06/100 (40.06) feet;
SOUTHEASTERLY	by the lot numbered two on said plan, seventy-five and 29/100 (75.29) feet;
SOUTHWESTERLY	by land now or formerly of White, forty (40) feet; and
NORTHWESTERLY	by land now or late of Damon, seventy-six and 48/100 (76.48) feet.

Containing 3035 square feet of land according to said plan.

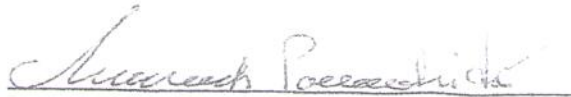
The above described premises are subject to easements and restrictions of record, if any there be.

For title reference, see deed of Christos Poutahidis dated November 23, 1999, and recorded in Middlesex County Southern District Registry of Deeds Book 31051, Page 271.

Property Address: 376 Highland Avenue, Somerville, MA

EXECUTED as an instrument under seal this 17<sup>th</sup> day of December, 2010.

THE CHRISTOS POUTAHIDIS NO. 1  
FAMILY LIMITED PARTNERSHIP



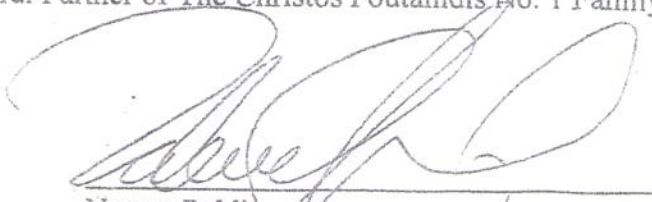
By: Christos Poutahidis, Manager of  
Christos Poutahidis Management, LLC,  
General Partner

COMMONWEALTH OF MASSACHUSETTS

Middlesex County, ss

December 17, 2010

On this day, before me, the undersigned notary public, personally appeared Christos Poutahidis, proved to me through satisfactory evidence of identification, which was a Mass. driver's license, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose, as Manager of Christos Poutahidis Management, LLC, General Partner of The Christos Poutahidis No. 1 Family Limited Partnership.



Notary Public

My Commission Expires:

7/29/16

(Official Seal)



After recording, please return to:

Law Offices of Richard G. Di Girolamo  
424 Broadway  
Somerville, MA 02145



2010 00238581

Bk: 56124 Pg: 134 Doc: DEED

Page: 1 of 2 12/22/2010 10:36 AM

## QUITCLAIM DEED

THE CHRISTOS POUTAHIDIS NO. 1 FAMILY LIMITED PARTNERSHIP, a Massachusetts limited partnership, with its principal office located at 147 Willow Avenue, Somerville, Middlesex County, Massachusetts 02144,

*for consideration paid, and in full consideration of the sum of Ten and 00/100 Dollars (\$10.00),*

*grants to* CHRISTOS POUTAHIDIS MANAGEMENT, LLC, a Massachusetts limited liability company, with its principal office located at 147 Willow Avenue, Somerville, Middlesex County, Massachusetts 02144,

### *WITH QUITCLAIM COVENANTS*

A certain parcel of land with the buildings thereon situated in Somerville, being now numbered 378-382 Highland Avenue and being shown as Lot 1, on a plan entitled "Plan of Lots in Somerville Surveyed For Wilbur P. Rice", dated June 1, 1893, by Charles D. Elliot, Civil Engineer, recorded with Middlesex South District Deeds, Plan Book 83, Plan 39, being bounded and described as follows:

NORTHEASTERLY	by said Highland Avenue, ninety-five and 04/100 (95.04) feet;
NORTHWESTERLY	by Cutter Avenue, forty-five and 81/100 (45.81) feet;
SOUTHWESTERLY	by land of owners unknown, one hundred four and 14/100 (104.14) feet;
SOUTHEASTERLY	by land of owners unknown, thirty-three and 38/100 (33.38) feet.

Containing 3890.4 square feet of land, more or less.

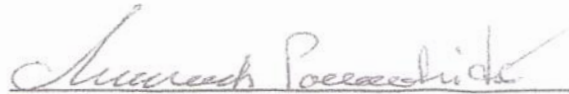
The above described premises are subject to easements and restrictions of record, if any there be.

For title reference, see deed of Christos Poutahidis dated November 23, 1999, and recorded in Middlesex County Southern District Registry of Deeds Book 31051, Page 269.

Property Address: 378-382 Highland Avenue, Somerville, MA

EXECUTED as an instrument under seal this 17<sup>th</sup> day of December, 2010.

THE CHRISTOS POUTAHIDIS NO. 1  
FAMILY LIMITED PARTNERSHIP



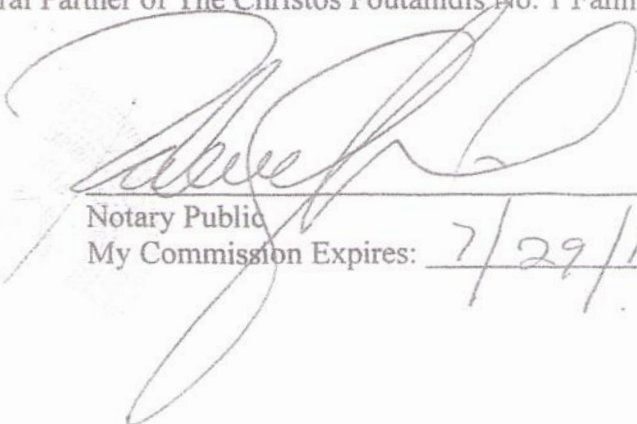
By: Christos Poutahidis, Manager of  
Christos Poutahidis Management, LLC,  
General Partner

COMMONWEALTH OF MASSACHUSETTS

Middlesex County, ss

December 17, 2010

On this day, before me, the undersigned notary public, personally appeared Christos Poutahidis, proved to me through satisfactory evidence of identification, which was a Mass. driver's license, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose, as Manager of Christos Poutahidis Management, LLC, General Partner of The Christos Poutahidis No. 1 Family Limited Partnership.



Notary Public

My Commission Expires:

7/29/16

(Official Seal)



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



Application #: MRN282571

## Host Community Information

The Host Community is the municipality in which a Marijuana Establishment is located or in which an applicant has proposed locating an establishment. Three documents are required to establish full cooperation with the host community:

- Single-page certification of host community agreement
- Community outreach meeting documentation
- Plan to Remain Compliant with Local Zoning

*Note: Guidance for Community Outreach is provided on our website including forms and templates.*

### Host Community Documentation \*

Please upload the required documentation below



Document Name: Northeast Select Harvest\_Plan to Remain Compliant with Local Zoning.pdf



Document Category: Plan to Remain Compliant with Local Zoning

Upload Date: 4/4/19

[Drag document\(s\) or click here](#)

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)

# PLAN TO REMAIN COMPLIANT WITH LOCAL ZONING

Northeast Select Harvest Corp. (“Northeast Select Harvest”) will remain compliant at all times with the local zoning requirements set forth in Somerville’s Zoning Ordinance. In accordance with Zoning Ordinance No. 2018-21, Articles 2, 6, and 7, Northeast Select Harvest’s proposed Marijuana Retailer is located in the Marijuana Overlay District, designated for Marijuana Retailers.

In compliance with the Somerville Zoning Ordinance and 935 CMR 500.110(3), the property is not located within 300 or 500 feet of any public or private school providing education in kindergarten or any of grades 1 through 12.

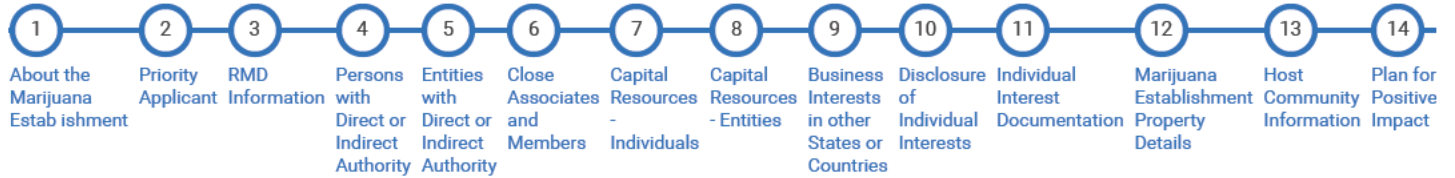
As required by Somerville’s Zoning Ordinance, Northeast Select Harvest will apply for a Special Permit and/or Site Plan Approval, as applicable, from the Planning Board. Northeast Select Harvest will apply for any other local permits, including a License from the Licensing Commission, required to operate a Marijuana Retailer at the proposed location. Northeast Select Harvest will comply with all conditions and standards set forth in any local permit required to operate a Marijuana Retailer at Northeast Select Harvest’s proposed location.

Northeast Select Harvest has already attended several meetings with various municipal officials and boards to discuss Northeast Select Harvest’s plans for a proposed Marijuana Retailer. Northeast Select Harvest will continue to work cooperatively with various municipal departments, boards, and officials to ensure that Northeast Select Harvest’s Marijuana Establishment remains compliant with all local laws, regulations, rules, and codes with respect to design, construction, operation, and security.





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



Application #: MRN282571

## Plan for Positive Impact

Please provide your plan to positively impact areas of disproportionate impact, as defined by the Commission. [The list of those areas is posted on our website.](#)

Plan to Positively Impact Areas of Disproportionate Impact \*

Upload narrative



Document Name: Northeast Select Harvest\_Plan for Positive Impact.pdf



Document Category: Plan for Positive Impact

Upload Date: 4/4/19

Drag document(s) or click here

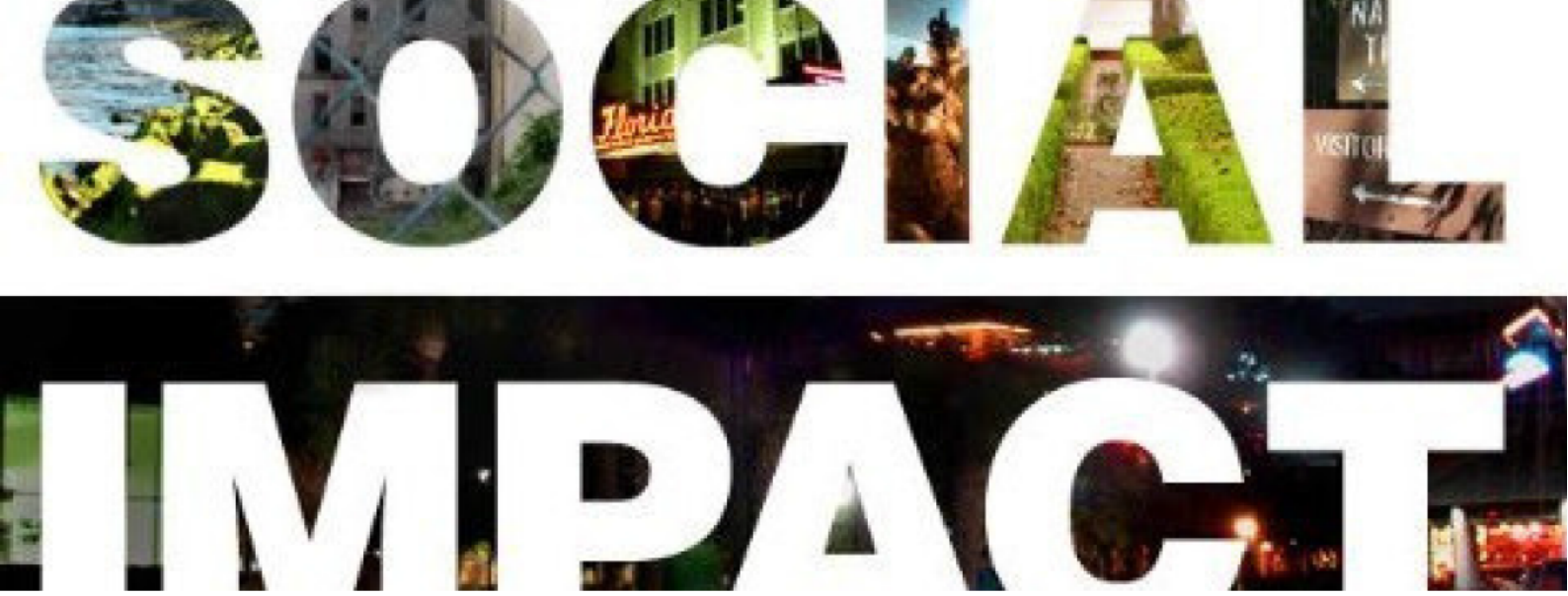
[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)



NESH supports the Commission's goal of helping minorities and people who were disproportionately convicted of marijuana-related drug offenses in the past to enter the newly regulated cannabis industry.

We are committed to a Positive Impact Plan with the following Goals, Programs and Evaluation Metrics.

## **POSITIVE IMPACT GOALS**

- Hire employees that were formerly incarcerated or convicted for marijuana-related offenses
- Offer training and other technical resources to those who may not have otherwise received opportunity to participate in the retail cannabis industry
- Partner with community groups that provide training and other assistance to those residents who were disproportionately harmed by prohibition and enforcement laws.
- Provide ownership opportunities to those with marijuana-related convictions in their background

## **POSITIVE IMPACT PROGRAMS**

- We have set our target to comprise at least 30% of our workforce from the following groups: (i) Somerville residents who are of African American decent, (ii) Somerville residents who are of Latino decent (iii) Veterans, and (iv) Individuals who are "Economic Empowerment" applicants, as defined by the Commission.
- Give hiring preference to the following disproportionately affected populations: MA residents with past convictions, MA residents with parents or spouses who have past convictions and MA residents who have been disproportionately impacted by the war on drugs
- Partner with community organizations who are currently on the ground working to improve the lives of people affected by the war on drugs due to their geographic locations.
- Provide technical assistance by offering training, workshops and seminars to enhance skill levels of individuals from disproportionately harmed areas



## EVALUATION METRICS TO MEASURE POSITIVE IMPACT

- We will conduct an annual evaluation of our hiring procedures and results at the end of every fiscal year. We will evaluate the number of applicants from our targeted groups mentioned above, how many of them were hired, retained and/or promoted, and what was the turn over rate, if any, among specific demographics.
- We will track the impact of our partnerships with community organizations in being able to reach out to targeted beneficiaries and how the relationship can be improved for greater results.
- We will evaluate our positive impact plan from an employee life-cycle perspective through employee surveys and exit interview, if any.



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



Application #: MRN282571

## Additional Information Notification

*Please upload a narrative document describing the Marijuana Establishment's plan to positively impact areas of disproportionate impact.*

Notification \*

*I understand that a complete application includes four packets:*

- *Application of Intent*
- *Background Check*
- *Management and Operations Profile*
- *Application Fee Payment*

*I understand that this packet is only one of those four packets.*

*I understand that I will need to complete the Application Fee Payment packet before any part of my application is evaluated by the Cannabis Control Commission.*

☒ I understand

[<< Go To Previous Page](#)

[Save & Stay On This Page](#)

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

[Exit](#)

For assistance please call the Cannabis Control Commission at 617-701-8400 or email at [cannabiscommission@state.ma.us](mailto:cannabiscommission@state.ma.us)