BETTER HEALING MMP-RFA "REDACTED"



884 BOSTON POST ROAD MILFORD, CT 06460



Business Information



Section A, Number 1 Dispensary Facility Information Form, attached as Appendix A



Medical Marijuana Program



165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6 E-mail: dcn.mmg@ct.ggy • Website: www.ct.goy/dcn/mmp.

Appendix A Dispensary Facility License Information Form

Section A: B	usiness Info	rmation					
1. Applicant bu	sinesa type:						
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liability Partnership	Unincor (Assoc	porated	Olyer-
2. Legal Name Better Heal		2.91	*** ***	,		ام مانورون الامانور الام	V
3. Trade Name Better Heal		-		:•			<i>;</i>
4. Applicant's P	Business Addres ourt	s:					
5. City: Brookfi				4	Siste: CT	7. Zip Cod	C 06804
8. Daytime Tcl: (203) 92		î -		9. E-mail Addr ttangredi@bel		47.com	i.
10. Applicant's	Mailing Addre	s (if different th	nan business ar	ldress):	11.C	ty:	
12. State: 3 313	Zin Code:	1	4. Daytime To	lephone Number:	IS Fa	k Number	

Section B: Contact Information	
All communications from the department regarding this application will contact, if one is designated. We will assume that you receive all community by your responsibility to neatly us if any of their contact information	ri bac (a) recesso bergeniash wing at mas anoiteach
16. Name of Primary Contact:	17. Primary Contact Tole:
Travis Tangredi	Business Manager
18, Primary Contact E-mail Address:	19. Primary Contact Telephone Number:
ttangradi@betterneating247.com	(203) 928-9248
20, OPTIONAL - Name of Alternate Contact: Auron Romano	21. Alternate Contact Trile:
22. Alternate Contact E-mail Address:	23. Alternata Conzat Telephone Number:
aromeno@belterhealing247.com	860-335-4293

Section C: Formation/Incorporation Information			
24 Date of Formation/Incorporation: 07 / 29 / 15	25. Piece of Formation Incorporation: Connecticut		
26. Registered with the Connection Secretary of States 27 Yes 17 No.	27. Sale and Use Tax Perini Number: 66573460-001 Provide a copy of your Sale and Use Tax permit with your application.		





Medical Marijuana Program



165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066
E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp

384 Boston	d Dispensary Facility . Post Road			29. City Milfo		
0. State:	31. Zip Code:	32. Telephone Nun	32. Telephone Number: (203) 928-9248		33. Fax Number:	
CT	06460	(203) 928-			(646) 495-9933	
4. Own or	Lease Property: 🗆 C)wn ☑ Lease	35. Name	of Property Own	er:	
Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		Ross Re	eal Estate, LL	.C		
- 377	- C-27 10010	30	30,			
		ation Information ther dispensary facility licensee	or license an	alicant or produc	ar Licanesa or Licanes	
o. Are you pplicant:	associated with any o	ther dispensary facility necessor	Of ficense ap	pricant or produc	er ficensee or ficense	
] Yes ☑ ì	No					
		licants with whom you are asso				
Applicar	nt Name:			8. Licensee or Ap		
9. Applicar	nt Name:			□ Dispensary Facility □ Producer 40. Licensee or Applicant Type:		
			100	☐ Dispensary Facility ☐ Producer		
1. State the		nsary Department Hours department hours of operation		The dispensary d	epartment is where mar	
1. State the will be sold.	9:30 to	department hours of operation		9:30	to 9	
1. State the will be sold. Monday	0:30	8	for each day.		q	
11. State the will be sold. Monday Fuesday	9:30 to	8 8 8	for each day. Friday	9:30	to 9	
11. State the will be sold. Monday Fuesday Wednesday	9:30 to	8 8 8	for each day. Friday Saturday	9:30 9:30	to 9 to 6 5	
11. State the will be sold. Monday Fuesday Wednesday	9:30 to 9:30 to 9:30 to	8 8 8	for each day. Friday Saturday	9:30 9:30	to 9 to 6 5	
11. State the will be sold. Monday Fuesday Wednesday Thursday	9:30 to 9:30 to 9:30 to 9:30 to	8 8 8	for each day. Friday Saturday	9:30 9:30	to 9 to 6 5	
41. State the will be sold. Monday Fuesday Wednesday Thursday Section G 42. State the	9:30 to 9:30 to 9:30 to 9:30 to 9:30 to	8 8 8 8 nsary Facility Hours facility hours of operation of the second s	Friday Saturday Sunday	9:30 9:30 10:30	to 9 to 6 to 5	
41. State the will be sold. Monday Fuesday Wednesday Thursday Section G 42. State the marijuana p	9:30 to 9:30 to 9:30 to 9:30 to 9:30 to	8 8 8 8 nsary Facility Hours facility hours of operation for exill be offered.	Friday Saturday Sunday	9:30 9:30 10:30	to 9 to 6 to 5	
H. State the will be sold. Monday Fuesday Wednesday Thursday Section G 12. State the narijuana promonday	9:30 to 9:30 to 9:30 to 9:30 to 9:30 to 9:30 to 9:30 to 9:30 to proposed Disperent proposed dispensary roducts and services were proposed to to	8 8 8 8 nsary Facility Hours facility hours of operation for exill be offered.	Friday Saturday Sunday each day. The	9:30 9:30 10:30	to 9 to 6 to 5 to 9	
41. State the will be sold. Monday Fuesday Wednesday Thursday Section G 42. State the	9:30 to	8 8 8 8 nsary Facility Hours facility hours of operation for exill be offered. 8	Friday Saturday Sunday sach day. The	9:30 9:30 10:30 dispensary facilit	to 9 to 6 to 5 to 5	





Medical Marijuana Program



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Section H: Other Business Names & Addr	esses
List all names under which the applicant has done bus your response to business operations in Connecticut.	siness or has held itself out to the public as doing business. Do not limit Attach additional pages if necessary.
43. Name: N/A	44. Time Period:
	to Section A, that the applicant owns, has owned or from which it has a give the approximate time periods during which such locations were y.
45. Address: N/A	46. Time Period:
any legal entity) with a direct or indirect financial into investment interest provided the interest held by such child, in the aggregate, does not exceed five per cent	y facility backer. A dispensary facility backer is any person (including trest in the applicant, except it shall not include a person with an person and such person's co-workers, employees, spouse, parent or of the total ownership or interest rights in the applicant and such person
will not participate directly or indirectly in the control granted.	l, management or operation of the dispensary facility if a license is
Create additional copies of this page if necessary.	
Each backer identified in response to this section n	nust complete and sign Appendix B.
47. Name:	48. Percentage of ownership
Fitor Mamudi	44.5
Travis Tangredi	22.25
Michaele Zappone	22.25
Aaron Romano	10
John Ellis	1





Medical Marijuana Program



165 Capitol Avenue, Room 145, Hantond, CT 06106-1630 • (280) 713-6066
E-mail: donnum@ct.gov • Website: gays_ct.gor/donump

Section J: Directors, Owners, Officers and Other High-Level Employees Provide the following information for each individual, including each dispensary facility backer, who will: directly or indirectly have control over, or participate in the management or operation of, the dispensary facility; or who currently receives, or who reasonably can be expected to receive, within one calendar year, compensation from the applicant exceeding \$100,000. Create additional copies of this page if necessary. Each person identified in response to this section must complete and sign Appendix C. 49. Name (First, Middle, Last): -50. Trile: 51. Role: Travis Tengredi Business/Privacy Manager Business/Privacy Manager Altron Romano in house counsel legal John Ellis Advisory Board Member Dir., Comm. Benefits Plan Rev. Jeff Dugan Advisory Board Member Dir., Patient Advocacy Ron Young Advisory Board Member Dir of Security:

52. Expense Item:	S3. Cosr	54. Source of Funds:
Auron J Romano, PC	***	24,000.00 Fitor Macaudi
Green Rush Consulting	s	50,000.00 Fitor Manuits
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Section L: Security System Identify the company or companies that will provide security services for the dispensery famility if a license is awarded. If more than two companies will provide security services, complete this section for each such additional company. 55. Primary Security Company Name: Sonitrol New England. 56. Primary Security Company Address (including Apartment or Sinte #): 57. City: 65 Inwood Road Rocky Hill





Medical Marijuana Program



165 Cspitol Avenue, Room 145, Hartford, CT 06106-1630 * (860) 713-6966
E-mail: dep.mmp@cz.gog * Website: xxxx/cj.gog/dep/mmp

58. State:	59. Zip Code:	60. Telephone Number:	61. Fax Number:
CT:	06067	(860) 616-7556	
62. E-mail	Address fran.lawlong	gsonitrolnewengland.com	
63. Backup	Security Company No Mactive Services Sec	ame (if applicable):	
64. Beckup 28 Bank S		ddress (including Apartment or Suite #):	65. Chy: New Milford
66. State:	67. Zip Code:	68. Telephone Number:	69. Fax Number:
CT	06776	(860) 350-5130	
70. E-mail	Address: riprotective(Østicolohal net	
		3 7 74 3	
71. Attach : a discussion Apeneies.	a detailed description on n of each of the require	of the security plan to be offered by the secur of elements set forth in Section 21a-408-62 o	ity company or companies. Be sure to inclu f the Regulations of Connecticut State.

Section M: Legal Proceedings

72. Has the applicant ever had any petition filed by or against it, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period? **D Yes ** E No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

73. Has the applicant ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Q Yes 28 No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at listie, and a description of the electrostances relating to each suspension, respection or other disciplinary action.

74. Is the applicant a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? 12 Yes E No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identity of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant or the applicant of the applicant of the applicant.

75. Has the applicant ever had any fines or other penalties over \$10,000 assessed by any regulatory agency? Ti Yes DiNo If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section N: Criminal Actions

76. Has the applicant ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited ball for any offense in criminal or military court or are any such charges pending? DIYes 18 No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.





Medical Marijuana Program 165 Capitol Avenue, Room 145; Hartford, CT 06106-1630 • (860) 713-6066 E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



Section Or Criminal Background	Check	
I understand that the department may review suitability to participate in the medical mari authorize the release of any and all informa	ijuana program. As the duly auth	norized representative of the applicant, I hereby
77. Signature:		78. Date Signed: 9/15/15
L'hereby certify the	at the above, information i	s correct and complete.
Consumer Protection or any person designa	ited by the Department in the pe eticut General Statutes. As the d	which is intended to mislead the Department of Formance of their official function, I will be in fully authorized representative of the applicant, I
79. Signature	7-	80. Date Signed: 9/15/15
	/	



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CASH C	HECK NO	COLAD
CASH C	HECK ALO.	COLAD
RECEIVED FOR	HECK MO.	COLAD
CASH C	HECK MO.	COLAD
RECEIVED FOR	HECK MO.	COLAD



Section A, Number 1 Addendum Appendix A

Section D: Question 34:

Signed lease can be found in Section B

Section J: Additional Sheet 1

Kelly Johnson-Arbor, MD, Advisory Board Member, Medical Director (Toxicology)

Peter Morgan, MD, PhD, Advisory Board Member, Medical Director (Research/Addiction)

Michaele Zappone, Owner/Backer

Fitor Mamudi, Financial Manager, Owner/Backer

Corey Jaquez, Medical Director

Section L: Question 71

Detailed Security Plan can be found in Section C



Section A, Number 2

Provide a brief summary of the applicant's qualifications, experience and industry knowledge relevant to the development and operation of a dispensary facility.

Better Healing is a team of highly skilled professionals seeking to operate a state-of-the-art medical marijuana dispensary in New Haven County. Better Healing is dedicated to providing safe, confidential, legal, and affordable access to high quality medical marijuana. Our trained staff will create individualized treatment plans designed to address each patient's needs. Better Healing's holistic approach supports the overall well-being of each patient, with the goal of directly improving quality of life.

Better Healing is proud to be a part minority-owned business that values diversity. Our qualified staff and Advisory Board include senior citizens, African Americans, Hispanics, women, and a current Medical Marijuana Program cardholder who suffers from a debilitating illness. Our unparalleled experience and leadership in marijuana knowledge, patient advocacy, substance abuse prevention, and community involvement provides us with a substantial foundation for success.

The following leaders and organizations are integral to our mission and will be discussed in turn below:

- Northeastern Institute of Cannabis
- Rev. Jeffrey Dugan, Director of Patient Advocacy



- Dr. Corey Jaquez, Patient Advocate and local Physician
- Attorney Aaron Romano, Legal Counsel
- Dr. Kelly Johnson-Arbor, Medical Director/Toxicology
- Dr. Peter Morgan, Medical Director/Psychiatry (Yale)
- Officer Ronald Young, Director of Security
- John Ellis, Director of Community Benefits
- The Connecticut Sports Foundation (CSF)
- Jessica Auciello, Pharmacist and Facility Manager

With these leaders at the head of our dispensary team, we strive to set the bar for Connecticut's medical marijuana industry. This starts with training our staff pharmacists and pharmacy technicians at the Northeastern Institute of Cannabis (NIC) in Natick, Massachusetts. This NIC training will ensure that our employees understand the complete array of issues facing dispensaries: legal, media, history, and, most importantly, patient care. The NIC will provide training regarding the identification of proper marijuana strains and recommended dosages, alternative methods of ingestion, and safety protocols. The NIC has advised Better Healing that Better Healing is the only Connecticut applicant group that has sought enrollment for its staff at NIC.

Our Advisory Board has two Patient Advocates: Reverend Jeffrey Dugan and Dr. Corey Jaquez. Rev. Dugan, a current medical marijuana cardholder, has been involved



in hospice care and patient advocacy for several decades. As a member of the Connecticut Health Center's Institutional Review Board, Rev. Dugan ensured the ethical and moral treatment of patients throughout the state. Dr. Jaquez, a primary care physician with offices in Trumbull and West Hartford, is well equipped to respond to the varied needs of the patient population. He has been active with the medical marijuana program in Connecticut since its inception, and is always available to consult with Better Healing's staff. His Trumbull practice is only fifteen minutes away from the Better Healing Dispensary, perfectly positioning him to lend support on an ongoing basis.

Our patient advocates were integral to the development of Better Healing's compassionate need plan, which recognizes that insurance currently does not cover medicinal marijuana. Better Healing will provide discounts to veterans, low-income patients, and the terminally ill in order to ensure that the most vulnerable in our community are provided with safe, affordable access to their medicine.

Further, our Advisory Board includes criminal defense attorney Aaron Romano. Attorney Romano has 17 years of experience representing clients with substance abuse issues. He understands the importance of maintaining relationships with treatment facilities, prosecutors, and law enforcement to prevent the criminal behavior associated with addiction. Our toxicologist, Dr. Kelly Johnson-Arbor, was formerly a physician for Connecticut's Poison Control Center. She will provide expertise regarding appropriate



dosages for patients, and assist Better Healing in identifying patients who are at potential risk for substance abuse. Dr. Peter Morgan, a psychiatrist at Yale University, will oversee our substance abuse prevention protocols. He has performed extensive research into substance-related disorders, specifically related to marijuana. With oversight by these experts, Better Healing can identify patients who may be at risk for substance abuse and refer them to the appropriate agency.

Advisory Board member Officer Ronald Young, a current member of the New Milford Police force, is our Director of Security. Utilizing his 20 years of experience as a Law Enforcement Officer, Ronald Young founded his own security company, R & R Protective Services Security located in New Milford, Connecticut. R&R Protective Services Security will provide the necessary guards, cameras, alarm systems, and biometric security devices to ensure legal compliance and diversion protection. The proposed site for the Better Healing Dispensary was chosen due to its inherent security features: a highly visible, standalone concrete and brick building, in a well-lit area, only one mile from the Milford police station.

John Ellis, our Advisory Board member, founded the Connecticut Sports Foundation (CSF), a unique non-profit organization that has provided financial relief to cancer patients and their families since 1987. With Mr. Ellis at the helm of our community benefits plan, and our partnership commitment with the CSF, Better Healing



already has access to an established network of service providers prepared to offer assistance to persons afflicted with debilitating illnesses.

Facility Manager Jessica Auciello will spearhead our educational initiatives. She has worked in numerous pharmacies, where she developed protocols to ensure patient compliance with medical dosage, and explored naturopathic medicine treatment options. She and other staff members will enroll in the Northeastern Institute of Cannabis' certification program, and share that knowledge with the dispensary's patients and the broader community. Better Healing has reached out to the Milford Public Library, which has agreed to make its Community Room available for Better Healing to give educational presentations regarding the medical marijuana program. Through these presentations, the local community will become more informed about Connecticut's medical marijuana program.

We will provide quality, affordable medicine to patients in an environment dedicated to safety, privacy, and comfort. With our diverse and experienced Advisory Board, Better Healing is poised to help patients throughout Connecticut achieve a better quality of life.



Section A, Number 3

Provide a financial statement setting forth the elements and details of all business transactions connected with your application.

Name	Description	Co
Aaron Romano Lawyer Fee	Legal	
Amanda Maurutis Art Direction & Design	Logo Creation, Web Design, Design & Print	
Green Rush Consulting	Consultants	
Paul Checco	Architect	
Paul J. Stowell	Licensed CT Land Surveyor	
Runway Creative	3D Exterior Renders	***************************************
State of Connecticut	Sales Tax Permit	
State of Connecticut	Initial Application Fee	
State of Connecticut	Registration Fee	
Thomas B. Lynch	Legal	
Milford Blueprint	Printing Costs	



Location and Site Plan



1. The location of the proposed dispensary facility;

Legal Address: 884 Boston Post Road, Milford, CT 06460 Site Address: 884 Boston Post Road, Milford, CT 06460

APN: 077-828-010

Property Summary: A parcel of land with the buildings and improvements, a

single-story, freestanding retail building built in 1977 along a major thoroughfare in the City of Milford, County of New

Haven and State of Connecticut

Assessor Map: 77, Block 828, Lot 10
Owner: Ross Real Estate LLC
Site Size: 6,792 sq. ft. (0.14 AC)

Building Size: 2,024 sq. ft.

General Building Information

A 2,024 sq. ft. freestanding commercial building, currently built out as an open showroom in the front with a recording studio to the rear. The building also has a 10' x 10' overhead door.

Building Features

- Access:
 - High-traffic area easily accessed by the US-1 4-lane highway, and only two minutes from the I-95
 - Located on a commercial corridor close to Milford hospital offices
 - Neighboring print business will rent parking spaces in their lot for dispensary employees, meaning patients will have exclusive use of the dispensary parking lot
 - Not located along a school bus route
- Privacy:
 - Sufficient distance from other businesses
 - Stand-alone building; exclusive use of the dispensary parking lot
- Security:
 - Highly secure type 2 non-combustible brick and concrete building
 - Existence of the sallyport receiving bay for hidden deliveries
 - High visibility on 3 sides of the building
 - One mile from the Milford Police Department
 - Location in well-lit area
 - Parking lot with high visibility
 - Not located on school bus route; low exposure to minors



2. Documents sufficient to establish that the applicant is authorized to conduct business in Connecticut and that state and local building, fire and zoning requirements and local ordinances are met for the proposed location of the dispensary facility;

This section includes the following documents:

- Articles of Organization demonstrates authorization to conduct business in Connecticut
- Letter from Zoning Enforcement Officer Stephen Harris demonstrates zoning requirements have been met to establish a medical marijuana dispensary at this location
- Milford Fire Department Plan Review Report demonstrates compliance with the Connecticut State Fire Safety Code, and states that the Fire Marshal's Office has no issue with a medical marijuana dispensary license being issued to a business at this location
- Four pages of detailed floor plans and diagrams demonstrate compliance with state and local building codes





SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL, RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150476, HARTFORD, CT 06115-0476
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
PHONE: 860-509-6003
WEBSITE: WWW. CONQUIT-SOLS.CI, QOV

ARTICLES OF ORGANIZATION

LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121	FILING #0005373362 PG 01 OF 03 VOL B- FILED 07/29/2015 04:00 PM PAGE 0 SECRETARY OF THE STATE
USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2;	CONNECTICUT SECRETARY OF THE STATE
FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRE	v
NAME: Fitor Mamudi	MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
ADDRESS: 17 Logging Trail Ln	
CITY: Brookfield	
OTATE. OT	P:06804
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED	2: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)
Better Healing, LLC	
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED O	OR PURPOSE TO BE PROMOTED - REQUIRED:
ATTACH 81/2 X 11 SHEETS IF NECESSARY.	
medical marijuana dispensary	
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (N	(O.P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.
ADDRESS: 17 Logging Trail Ln	
CITY: Brookfield	
STATE: CT	ZIP: 06804
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE	FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.
ADDRESS: 17 Logging Trail Ln	
CITY: Brookfield	
STATE: CT	ZIP: 06804
	CE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)
	CONNECTICUT RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE)
	ADDRESS: 17 Logging Trail Ln
	CITY: Brookfield
CITY:	
STATE:	STATE: CT
ZIP:	ZIP: 06804
SIGNATURE ACCEPTING APPOINTMENT:	Maml.
PAGE 1 OF 2	FORM LC-1-1.0 Rev. 1/11/2011



B. IF AGENT IS	A BUSINESS.				
	ME OF BUSINESS AS IT	APPEARS C	N OUR RECORDS:		
,Better Healing,	LLG				
CT BUSINESS ADDI	RESS (P.O.BOX UNACCEPT	ABLE)			
ADDRESS:	17 Logging Trail Ln	~			
CITY:	Brookfield				
STATE:	CT		ZI	P: 06804_	
SIGNATURE ACCE	PTING APPOINTMENT O	N BEHALF O		00007-	
PRINT NAME & TITI	E OF PERSON SIGNING	3:			
Fitor Mamudi	(Member)				
6. MANAGER OR ME				MANAGER OR MEMBER OF THE LLC.)	
ATTACH 81/2 X 11 SHEE			SINESS ADDRESS	T	
NAME	TITLE		(No. P.O Box)	RESIDENCE ADDRESS: (No. P.O Box)	
		IF NON	NE, MUST STATE "NONE"	(NO. P.O BOX)	
				17 Logging Trail Ln	
Fitor Mamudi	Member	NONE		Brookfield, CT 06804	
Travis Tangredi	Member	NONE		3 Clover Court Brookfield, CT 06804	
				Brookileid, CT 00004	
7. MANAGEMENT - F	PLACE A CHECK NEXT	TO THE FOLL	OWING STATEMENT	ONLY IF IT APPLIES	
MANAGEMEN	OF THE LIMITED LIABI	LITY COMPA	NY SHALL BE VESTED	IN A MANAGER OR MANAGER	
8. EXECUTION: (SUB.	JECT TO PENALTY OF FALSE	STATEMENT)			
DATED THIS	29 DAY	OF July		, 2015	
NAME OF ORGANIZER (PRINT OR TYPE)			SIGNATURE		
			V 10 10 10 10 10 10 10 10 10 10 10 10 10		
	Fitor Mamudi		It m	und:	
1					
				FORMED/REGISTERED AND CAN BE	
IN ANNUAL REPORT WILL	BE DUE YEARLY IN THE ANN	IVERSARY MON	III INAI INE ENIIIT WAS		
N ANNUAL REPORT WILL ASILY FILED ONLINE @ Y	www.concord-sots.ct.gov	VICE CENTER A	T THE DEPARTMENT OF R	EVENUE SERVICES AS TO ANY JSINESS ENTITY TAX	

Note: The stricken language is part of the official document. The document indicates the agent for service of process is an individual, not a business.





Office

City of Milford, Connecticut

Founded 1639
70 West River Street – Milford, CT 06460-3317
Tel 203-783-3246 FAX 203-783-3303
Website: www.ci.milford.ct.us
Email: shharris@ci.milford.ct.us

Stephen H. Harris, C.Z.E.O Zoning Enforcement Officer

September 9, 2015

Thomas B. Lynch, Esq. Lynch, Trembicki and Boynton Attorneys at Law 63 Cherry Street Milford, Connecticut o6460 203-878-4669 www.lynchtrembickiboynton.com

RE: Certificate of Zoning Compliance for 884 Boston Post Road

Dear Attorney Lynch,

This is to certify that the existing building located at 884 Boston Post Road has been researched and found to conform to Section 5.19 the zoning regulations of the City of Milford and may be used as a medical marijuana dispensary.

Stephen Harris, C.Z.E.O. Zoning Enforcement Officer





Milford Fire Department - Fire Marshal Office

72 New Haven Ave Milford, Ct 06460



Plan Review Report

Date: Wednesday September 16, 2015

Applicant:

Travis Tangredi - Better Healing, LLC 3 Clover Court

Brookfield, CT 06804

Project: Plan Review - Interior Better Healing, LLC VACANT 884 Boston Post Rd Milford, CT 06460

Occupancy:

This office has reviewed the plans received on September 15, 2015.

The above-referenced plan was reviewed for compliance with the 2005 Edition of the Connecticut State Fire Safety Code (CSFSC) and all applicable codes and standards. All plan reviews conducted by this office are performed in accordance with Section 29-292 of the Connecticut General Statutes.

The following items were noted and shall be addressed:

Provide Building Department with full submittal package for permitting.

A full submittal package (shop drawings, specifications, cut-sheets, calculations, etc.) is required for any fire alarm system work. The submittal package is required for review and approval prior to the issuance of any associated permits.

A full submittal package (shop drawings, specifications, cut-sheets, calculations, etc.) is required for any sprinkler system work. The submittal package is required for review and approval prior to the issuance of any associated permits.

The following inspections are required by this Office: Above-ceiling prior to the closing of ceilings. Fire-rated construction Final Inspection

This plan has been: APPROVED as Submitted





Milford Fire Department - Fire Marshal Office

72 New Haven Ave Milford, Ct 06460



Plan Review Report

Date: Wednesday September 16, 2015

Applicant: Travis Tangredi - Better Healing, LLC 3 Clover Court Brookfield, CT 06804

Project: Plan Review - Interior Better Healing, LLC

Occupancy: VACANT

884 Boston Post Rd Milford, CT 06460

THIS OFFICE HAS NO OBJECTION TO THE APPLICABLE BUILDING PERMIT BEING ISSUED.

This plan review does not relieve the architect, engineer, contractor and/or builder of meeting all the requirements of the Connecticut State Fire Safety Code and all other referenced Codes and Standards. A Final inspection is required for a final Certificate of Occupancy and/or completion.

The Fire Marshal's Office requires 72 Hours notice to schedule an appointment for inspections.

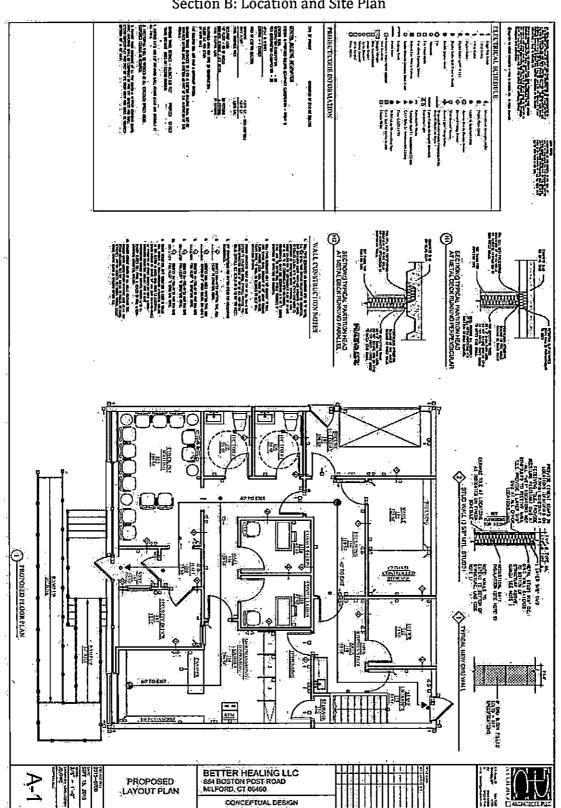
Reviewed By: Gary Baker Office: 203-874-6321

Email:

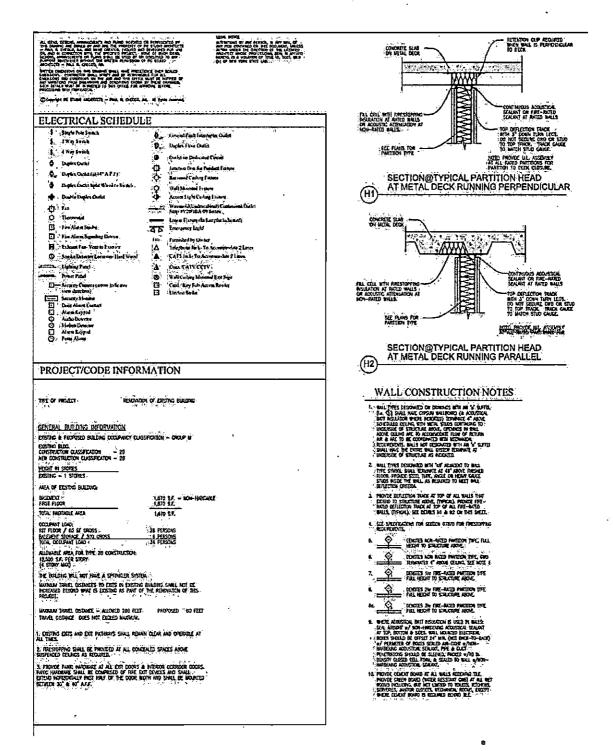
Fax: 203-783-3744



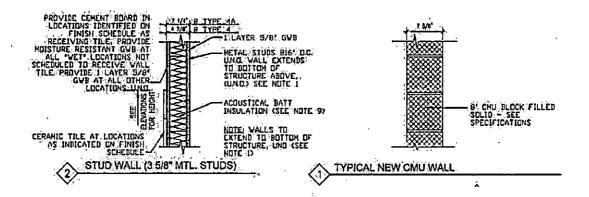
Section B: Location and Site Plan





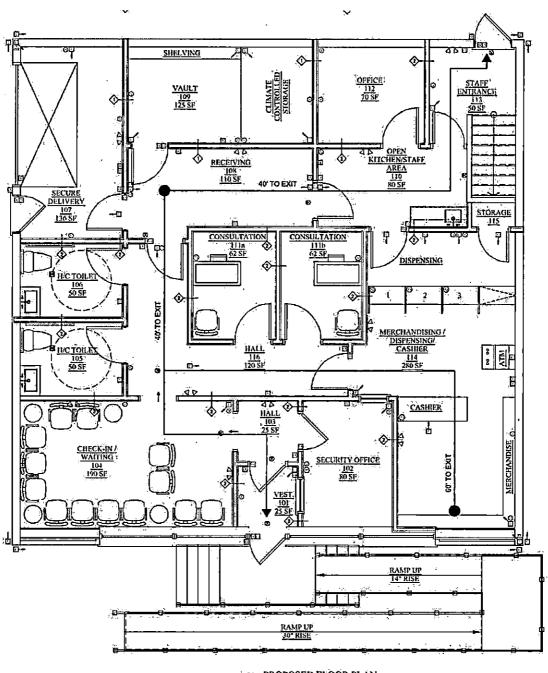








Section B: Location and Site Plan



PROPOSED FLOOR PLAN



3. Provide a written statement from the property owner and landlord certifying that they have consented to the applicant operating a dispensary facility on the premises;

This section includes the following document:

 Option to Lease signed by Ross Real Estate, LLC, owner of the property, and Travis Tangredi, owner of Better Healing, LLC. This document specifies that the Landlord knows and consents to the operation of a medical marijuana dispensary on the property, pending the approval of a Connecticut dispensary license for Better Healing, LLC.



Option to Lease

The signers of this letter agree to the terms contained herin and if all of the contingencies are met, agree to enter into a Lease per these terms:

PREMISES:

Approximately 2,024 SF on the ground floor of 884

Boston Post Road, Milford Ct. 06460

TENANT:

Better Healing LLC

USE:

Wellness Center and Medical Marijuana Dispensary

(Required, State of Connecticut approval pending)

LANDLORD:

Ross Real Estate ,LLC

INITIAL TERM:

Five years 2 months

FREE RENT:

Two months starting with the lease commencement date.

EXTENSION

OPTIONS:

Tenant shall have two x 5 year options to extend by giving landlord 9 months prior written notice of its intent to exercise the extension options in each

instance.

BASE RENT:

/ sf plus Utilities* First 2 month

Year 1:

JSF NNN

Year 2:

/sf NNN

Year 3:

/sf NNN

Year 4

/sf NNN

Year 5:

/sf NNN

*Tenant shall pay Utilities charges during its free rent period

EXTENSION **OPTION RENT:** Rent for the extension option periods shall increase by // square foot annually over the previous years rent.



SPACE CONDITION:	•		
LEASE COMMENCEMENT:	U Iii d		
RENT COMMENCEMENT:	Т		
INTERIM RENT:	S C tt T 2 fc O O		
SIGNAGE:	ti Te Li Ti		
SECURITY DEPOSIT:	Т		
PARKING:	Α		
CONTINGENCY:	5		
	t t a		



LANDLORD OBLIGATION:		
HAZARDOUS MATERIALS:		
CHOICE OF LAW:		
EXCLUSIVITY CLAUSE:		
Agreed and Authorized By:		
Better Healing, LLC		



4. Any text and graphic materials that will be shown on the exterior of the proposed dispensary facility;

This section includes the following images:

 3D graphic rendering of what the 884 Boston Post Road building would look like when occupied by Better Healing, LLC operating as a licensed medical marijuana dispensary. These models include prospective views of the front, back, and side of the building.







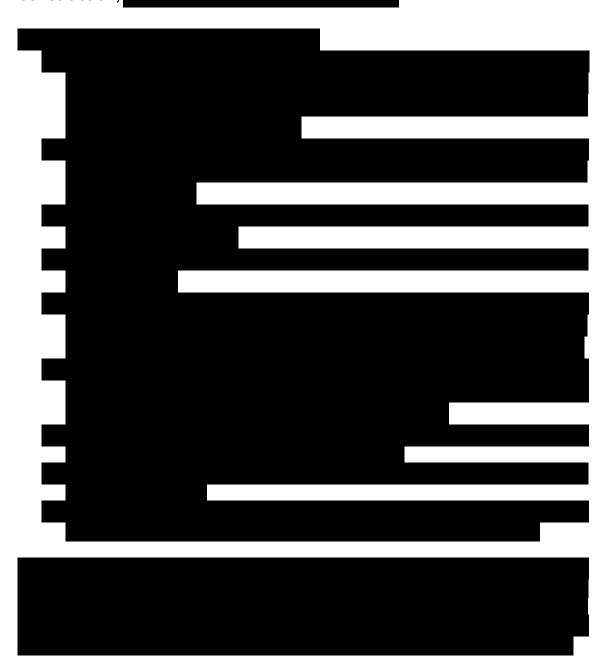








5. Photographs of the surrounding neighborhood and businesses sufficient to evaluate the proposed dispensary facility's compatibility with commercial or residential structures already constructed, or under construction,





This section includes seven (7) form letters from nearby businesses and residents expressing their support for Better Healing. The attached letters are from nearby residents and businesses. Two of these letters are from Dr. Mark Pomerantz, D.C., and Dr. Nancy Marshall, who have provided chiropractic care to thousands of patients in Milford, CT, and surrounding areas. Their office is located only 0.7 miles away from the proposed dispensary location.



Front Building Photo 1



Front Building Photo 2





Front Building Photo 3



Front Building Photo 4





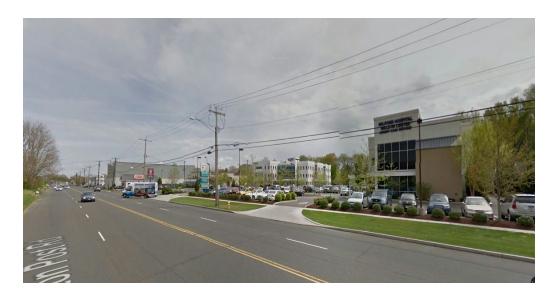
Overhead Building Photo 5





Health and Safety Proximity:

Local Urgent Care Services at 831 Boston Post Road (528 feet from proposed dispensary location)

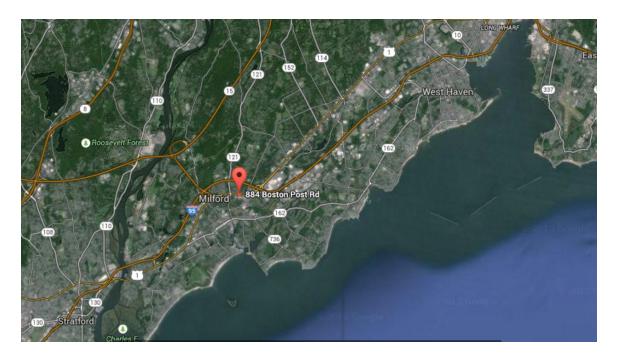


Local Police Station at 430 Boston Post Rd (One mile from proposed dispensary location)

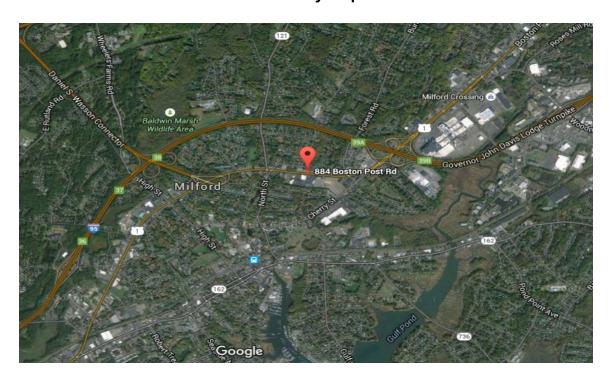




Community Map 1



Community Map 2

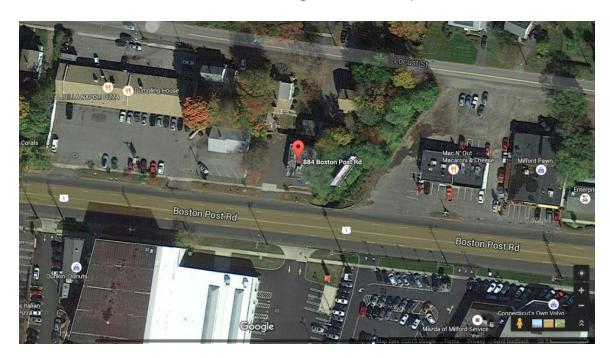




Surrounding Neighborhood Map



Immediate Neighborhood Map







Department of Consumer Protection Drug Control Division Medical Marijuana Program RFA #2015-109387 165 Capitol Avenue, Room 145 Hartford, CT 06106

September 14, 2015

Re: Application of Better Healing, LLC

Dear Commissioner Harris:

I write this letter in support of the dispensary application for Better Healing, LLC. I have held a real estate sales license for thirty years. The bulk of my clientele are businesses in the Milford, West Haven area. I am very familiar with the neighborhoods, schools, and businesses in the area.

Better Healing, LLC hired me to find a location for their dispensary. In attempting to identify an appropriate location for a dispensary the following factors were taken into consideration: the location to neighborhoods and schools, traffic patterns, access to highways, safety, building structure for security reasons, privacy, proximity to other medical offices and/or commercial areas, and proximity to police departments. After performing extensive research we narrowed down the perfect location to 884 Boston Post Road. The Boston Post Road location was compared to other retail locations on 318 New Haven Avenue and 9 Research Drive. The New Haven Avenue location was eliminated because of its close proximity to a dance school for children and the fact that it is on a school bus route. Nine Research Drive was eliminated because it was not properly zoned for the town of Milford. The Boston Post Road location was favored for the following reasons:

- 1. Close proximity to the highway
- 2. Close proximity to Milford Hospital offices (located across the street)
- 3. Location in a commercial quarter
- 4. Location on a high traffic area (4 lane highway) as to not disrupt current traffic pattern
- 5. Stand alone building which has the benefit of: a)not disrupting other businesses; b) safety/high visibility is a crime deterrent as the building is open on three sides; c) patient privacy because there are no other shared businesses unlike a strip mall or office building; d) equipped with a sallyport (secure garage) for safe delivery of cannabis.



- 6. High security building, type two non-combustable brick and concrete block.
- 7. Close proximity to police department (1 mile)
- 8. Not located on school bus route (New Haven Avenue commercial spaces are located on school bus route).

Based on all of the above factors, I believe this location to be the safest, secure, and convenient location that would permit the successful operation of a dispensary. If you have any questions please do not hesitate to contact me at 203-783-9999.

Yours truly,

John Bergin

Senior Commercial Specialist Pearce/George J. Smith Commercial





Department of Consumer Protection Drug Control Division - MMP 165 Capitol Avenue, Room 145 Hariford, CT 06106

September 127, 2015

Dear Commissioner Harris:

My name is Groce Fuzda and I own a business in or have been a resident of Milford, Connecticut since 1995. My business location or residence is at 51 PLAT.

Law I want to provide this letter of support for Better Healing's application to open and operate a medical marijuana dispensary.

Thave had the opportunity to meet with a representative from Better Healing and I think that their team would be able to responsibly and successfully operate a registered medical cannabis dispensary in our city. The representative communicated Better Healing's vision to serve patients in our community and the surrounding area. I was impressed with their community outreach programs, educational initiatives, and sincere drive to help patients in need. Better Healing has demonstrated civic-mindedness in its initiatives to bring low-cost and no-cost services to the most under-served members of the community. Additionally, the representative advised me of Better Healing's desire to contribute to the safety and well-being of the community by developing a strong community network and partnering with local medical facilities, charities, such as the Connecticut Sports Foundation.

I understand that Better Healing would be located at 884 Boston Post Road, Milford, Connecticut. I think that is important as 884 Boston Post Road is a stand-alone building with direct highway access; therefore, I do not have concerns about the dispensary disrupting other businesses, or about patients being able to maintain their privacy. The building is across the street from the Milford Hospital Offices and is a natural complement to the healthcare resources in Milford. With the Milford Police Station located only one mile from the dispensary location, I do not have security concerns. I also appreciate how the building is in a commercial quarter, on a four lane road, and not on a school bus route.

After careful consideration, I think that Better Healing Dispensary will be a very positive addition to our community and Better Healing has my full support. I believe it is important for patients in Connecticut to have safe access to medical cannabis. I feet our community is ready for a dispensary and that Better Healing is best suited to operate a dispensary in Milford. Those that you will look favorably on Better Healing's application and allow us in Milford to welcome this dispensary converte our fine city. If you should have any questions, please do not he situte to contact me at

Very truly yours.





Department of Consumer Protection Drug Control Division - MMP 165 Capitol Avenue, Room 145 Hardord, CT 06106

Sestember 9 , 2015

Dear Commissioner Harris:

My name is W. Mark fance. tz and I own a business in or time been a resident of Milford, Connecticut since 21 year. My bisiness location or residence is at 111 Cherry st. Miller (I want to provide this letter of support for Better Healing's application to open and operate a medical manijuana dispensary.

I have had the opportunity to meet with a representative from Better Healing and I think that their team would be able to responsibly and successfully operate a registered medical cannabis dispensary in our city. The representative communicated Better Healing's vision to serve patients in our community and the surrounding area. I was impressed with their community outleach programs, educational initiatives, and sincere drive to help patients in need. Better Healing has demonstrated civic mindedness in its initiatives to bring low-cost and no-cost services to the most under-served members of the community. Additionally, the representative advised me of Better Healing's desire to contribute to the safety and well-being of the community by developing a strong community network and partnering with local medical facilities, charities, such as the Connecticut

I understand that Better Healing would be located at SS4 Boston Post Read, Milliord, Connecticut. I think that is important as \$\$4 Boston Post Road is a stand-alone building with direct highway access, therefore, I do not have ecoceras about the dispensity disrupting other businesses, or about patients being able to maintain their privacy. The building is across the street from the Milford Hospital Offices and is a natural complement to the healthcare resources in Milford. With the Milford Police Station located only one mile from the dispensity location, I do not have socurity concerns. I also appreciate how the building is in a commercial quarter, on a four lane road, and not on a school bus route.

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Dr. Mark Ponerate





Department of Consumer Protection Drug Control Division - MMP 165 Capitol Avenue, Room 145 Hartford, CT 06106

September 7 . 2015

Dear Commissioner Harris: My name is and I own a business in or have been a resident of My business location or residence is at _ & TO _ M Charge SI Millord, Connecticut since 71712

. I want to provide this letter of support for Better Healing's application to open

and operate a medical marijuana dispensary.

Thave had the opportunity to meet with a representative from Better Healing and I think that their team would be able to responsibly and successfully operate a registered medical cannabis dispensity in our city. The representative communicated Better Healing's vision to serve patients in our community and the surrounding area. I was impressed with their community outreach programs, educational initiatives, and sincere drive to help patients in need. Better Healing has demonstrated civic-mindedness in its initiatives to bring low-cost and no-cost services to the most under-served members of the community. Additionally, the representative advised me of Better Healing's desire to contribute to the safety and well-being of the community by developing a strong community network and partnering with local medical facilities, charities, such as the Compensant Sports Foundation.

I understand that Better Healing would be located at 884 Boston Past Read, Milford. Connecticut. I think that is important as 884 Boston Post Road is a stand-alone building with direct highway access; therefore, I do not have concerns about the dispensivy disrupting other businesses, or about patients being able to maintain their privacy. The building is seems the sucer from the Millford Hospital Offices and is a natural complement to the healthcare resources in Millford. With the Millerd Police Station located only one mile from the dispentary location. I do not have security concerns. Take appreciate how the building is in a commercial quarter, on a four lane road, and not on a school bus route.

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Department of Consumer Protection Drug Control Division - MMP 165 Capital Avenue, Room 145 Hanford, CT 06106

September 14, 2015

Deir Commissioner Harrisc

My name is // 166/2 / Marge_ and I own a bosiness in or have been a resident of

Milford, Connecticut since 1984 My business location or residence is at 79 Tack to

Development to provide this letter of support for Better Healing's application to open

and operate a medical manijuana dispensary.

Thave had the opportunity to meet with a representative from Better Healing and I think that their team would be able to responsibly and successfully operate a registered medical cannabis dispensity in our city. The representative communicated Better Healing's vision to serve patients in our community and the autrounding area. I was impressed with their community ourreach programs, educational initiatives, and sincere thive to help patients in need. Better Healing has demonstrated civic-mindedness in its initiatives to bring low-cost and no-cost services to the most under-served members of the community. Additionally, the representative advised me of Better Healing's desire to community to the safety and well-being of the community by developing a strong community network and partnering with local medical facilities, charities, such as the Connecticut Sparts Foundation.

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Very truly yours,

Augen & Greppe





Department of Consumer Protection Drug Control Division - MMP 165 Capitol Avenue, Room 145 Hartford, CT 06106

September 7 . 2015

Dear Commissioner Harris:

My name is Skylonia Vista A and I own a business in or have been a resident of Milrord, Connecticut since 2015. My business location or residence is at 37 6 20 1/2 1 want to provide this letter of support for Better Healing's application to open and operate a medical marijuana dispensary.

That's had the opportunity to meet with a representative from Better Hierling and I think that their team would be able to responsibly and successfully operate a registered medical cannabis dispensary in our city. The representative communicated Better Healing's vision to serve putients in our community and the surrounding area. I was impressed with their community entreach programs, educational initiatives, and smeere drive to help patients in need. Better Healing has demonstrated civic-mindedness in its initiatives to bring low-cost and no-cost services to the most under-served members of the community. Additionally, the representative advised the of Better Healing's desire to contribute to the safety and well-being of the community by developing a strong community network and partnering with local medical facilities, charities, such as the Connecticut Sports Foundation.

I understand that Better Hedling would be located at 884 Beston Post Road, Millord, Connecticut. I think that is important as 884 Beston Post Road is a stand-alone building with direct highway access; therefore, I do not have concerns about the dispensity disturbing other businesses, or about patients being able to maintain their privary. The building is across the street from the Millord Hospital Offices and is a natural complement to the beatthcare resources in Millord. With the Millord Police Station located only one mile from the dispensary location, I do not have security concerns. I also appreciate how the building is in a commercial quarter, on a four line road, and not on a school bus route.

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Very truly yours,





Department of Consumer Protection Drug Control Division - MMP 165 Capitol Avenue, Room 145 Hartford, CT 06106

Dear Commissioner Harris:

September 1/2, 2015

Handin My name is COMMON DO and I own a business in or have been a resident of Millord, Connecticut since 1993 My business location or residence is at 40 SO Whith My first.

Handico LT I want to provide this lener of support for Better Healing's application to open and operate a medical marijuana dispensive.

I have had the opportunity to meet with a representative from Better Healing and I think that their team would be able to responsibly and successfully operate a registered medical cannabis dispensary in our city. The representative communicated Better Healing's vision to serve patients in our community and the surrounding erea. I was impressed with their community outreach programs, educational initiatives, and sincere three to help patients in need. Better Healing has demonstrated civic-mindedness in its initiatives to being low-cost and no cost services to the most under-served members of the community. Additionally, the representative advised me of Better Healing's desire to contribute to the safety and well-being of the community by developing a strong community network and partnering with local medical facilities, charities, such as the Connection Sports Foundation.

I understand that Better Healing would be located at \$34 Boston Post Read, Milford, Connecticut. I think that is important as \$84 Boston Post Read is a stand-alone building with direct highway access; therefore, I do not have concerns about the dispensity disrupting other businesses, or about patients being able to maintain their privacy. The building is across the succe from the Milford Hospital Offices and is a natural complement to the bealthcare resources in Milford. With the Milford Police Station located only one mile from the dispensary location, I do not have security concerns. Inless appreciate how the building is in a commercial quarter, on a four lane med, and not on a school best route.

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Septrane Who





Department of Consumer Protection Drug Control Division - MMP 165 Capitol Avenue, Room 145 Hartford, CT 06106

September 16, 2015

Dear Commissioner Harris:

My name is 1.36. Oction and I cam a besidess in or have been a resident of Milford, Connecticut since) 2015. My business location or residence is at 2030-and Code 124. I want to provide this letter of support for Better Healing's application to open and operate a medical marijuana dispensary.

Thave had the opportunity to meet with a representative from Better Healing and I think that their team would be able to responsibly and successfully operate a registered medical cannabis dispensivy in our city. The representative communicated Better Healing's vision to serve patients in our community and the surrounding area. I was impressed with their community outpech programs, educational initiatives, and sincere drive to help patients in need. Better Healing has demonstrated civic-mindedness in its initiatives to bring law-cess and no-cost services to the most under-served members of the community. Additionally, the representative advised me of Better Healing's desire to contribute to the safety and well-being of the community by developing a strong community network and partnering with local medical facilities, charities, such as the Connecticut Sports Foundation.

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Amellerice

Very truly yours,



6. A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable that are within the same block as the dispensary facility.

The next pages includes the following images:

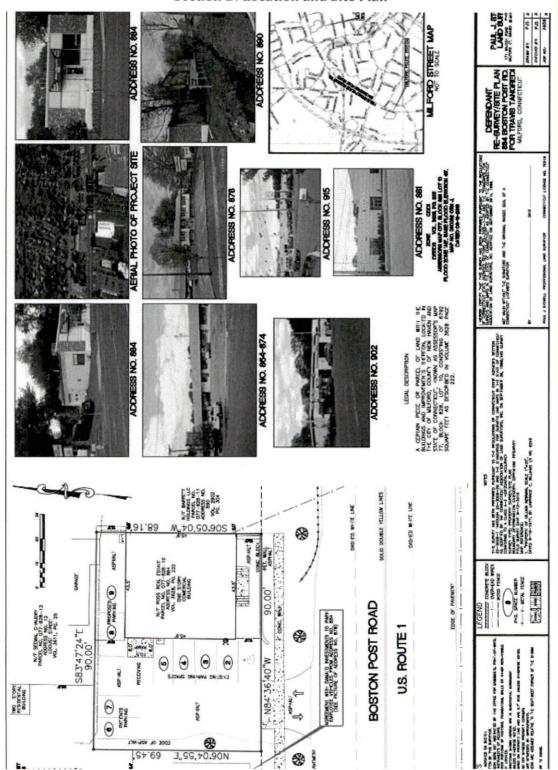
- Full view of the survey/site-plan.
- Partial view of the site-plan, to show more detail.

Note that in both images, the red outline indicates the property line.

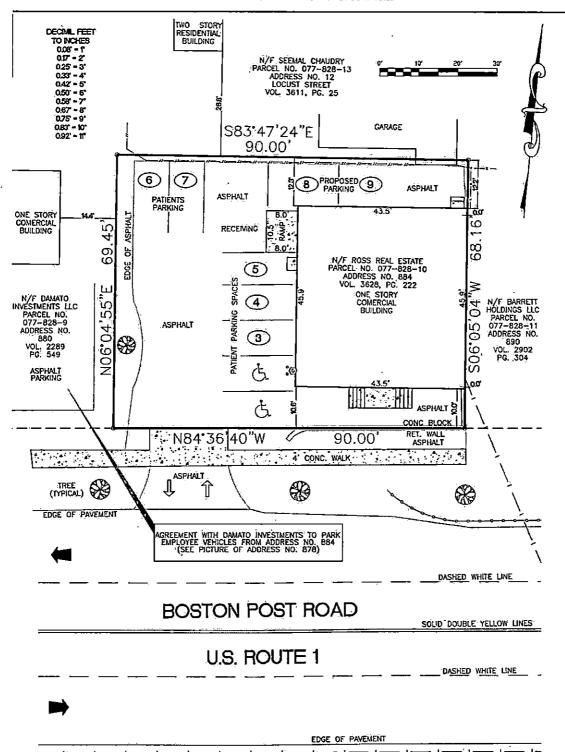
Specific notes on the full survey/site-plan include:

- Square footage of total lot is 6,792 sq. ft.
- 884 Boston Post Road image of Better Healing.
- 864-874 Boston Post Road image of retail strip mall 2 lots to the left of Better Healing.
- 902 Boston Post Road image of retail strip mall one lot to the right of Better Healing (separated by a billboard).
- 878 Boston Post Road image of business immediately to the left of Better Healing. This business has permitted Better Healing employees to utilize his parking spaces.
- 915, 881 Boston Post Road car dealerships across the street from Better Healing.
- 890 lot with billboard immediately to the right of Better Healing.
- Milford Street map indicating distance to police station (1 mile).











7. A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1000 feet of the proposed dispensary facility location;

The only institution of the list types within 1000 feet of the proposed dispensary facility location is the Milford Hospital Walk-In Center at 831 Boston Post Road. The following images document the distance to this site and to the closest church and schools.

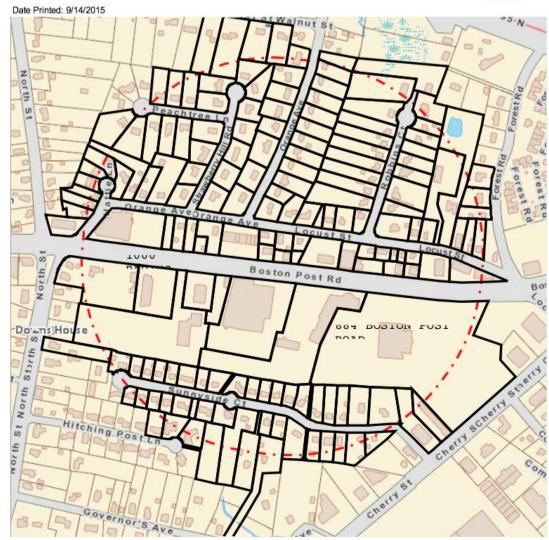
This section includes the following images:

- Map documenting the 528 feet to the Milford Hospital Walk-In Center.
- Map documenting the 2,177 feet to St Mary's School (also a church).
- Map documenting the 2,845 feet to Milford Public School.
- Map documenting the 1,921 feet to Orange Ave. Elementary School.



City of Milford Geographic Information System (GIS)







Map to Nearby Hospital - Milford Hospital Walk-In Center - 641 ft.





Map to Nearby Church - St. Mary's School - 2177 ft.

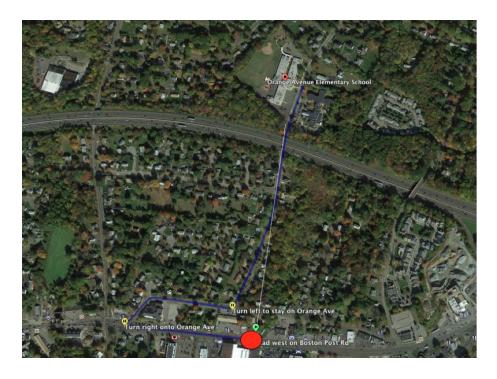




Map to Nearby School - Milford Public School - 2845 Ft.



Map to Nearby School - Orange Ave. Elementary School - 1921 Ft.





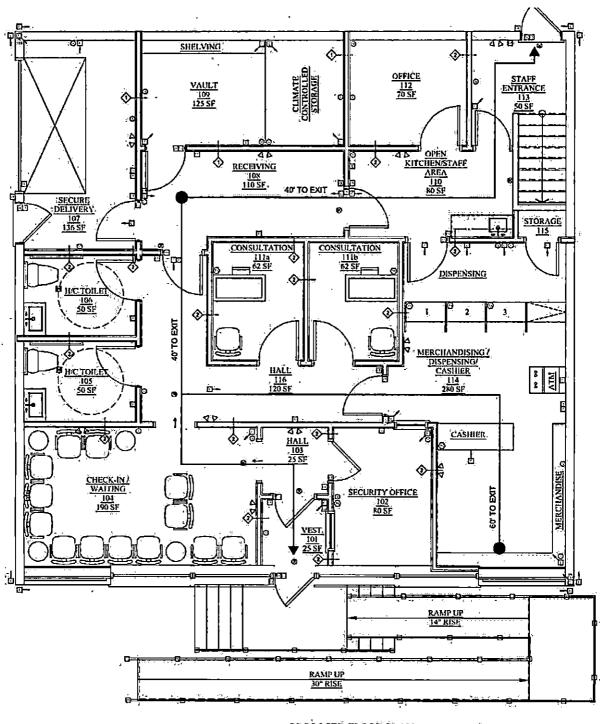
8. A blueprint, or floor plan drawn to scale, of the proposed dispensary facility, which shall, at a minimum, show and identify the following:

- a. The location and square footage of the area which will constitute the dispensary department from which marijuana and marijuana products will be sold:
- b. The square footage of the overall dispensary facility;
- c. The square footage and location of areas used as storerooms or stockrooms within the dispensary department;
- d. The size of the counter that will be used for selling marijuana and marijuana products within the dispensary department;
- e. The location of the dispensary facility sink and refrigerator, if any;
- f. The location of all approved safes and approved vaults that will be used to store marijuana and marijuana products;
- g. The location of the toilet facilities;
- h. The location of a break room and location of personal belonging lockers;
- i. The location and size of patient counseling areas, if any;
- j. The locations where any other products or services, in addition to marijuana and marijuana products, will be offered, if any; and
- k. The location of all areas that may contain marijuana and marijuana products showing the location of walls, partitions, counters and all areas of ingress and egress.

The following section starts with the complete floor plan of the dispensary facility, then identifies the individual elements as requested.



Section B: Location and Site Plan

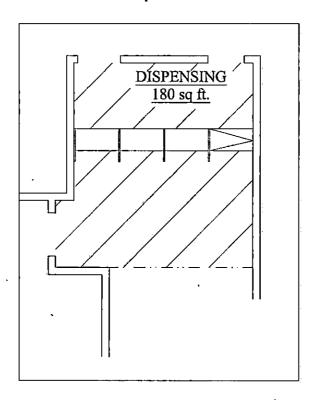


PROPOSED FLOOR PLAN



A. Square footage of the area which will constitute the dispensary department from which marijuana and marijuana products will be sold;

180 sq. ft.



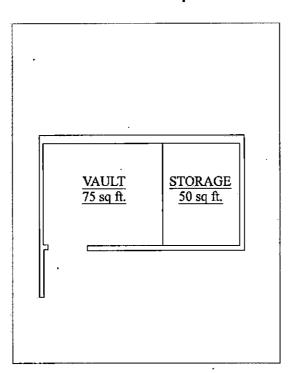
B. The square footage of the overall dispensary facility;

2024 sq. ft.



C. The square footage used as storerooms or stockrooms within the dispensary department;

125 sq. ft.



D. The size of the counter that will be used for selling marijuana and marijuana products within the dispensary department;

131.44 sq. ft.

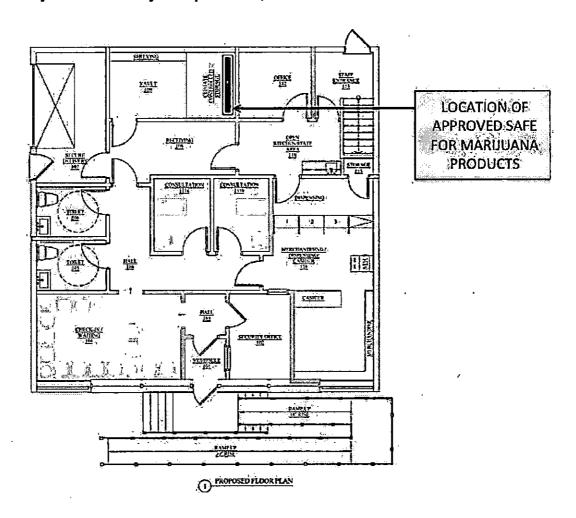
Drawings for size dimensions on the following page:



E. The location of the dispensary facility sink and refrigerator, if any;

The sink and refrigerator will be located in open kitchen/staff area, labeled 110 on the floor plan.

F. The location of all approved safes and approved vaults that will be used to store marijuana and marijuana products;

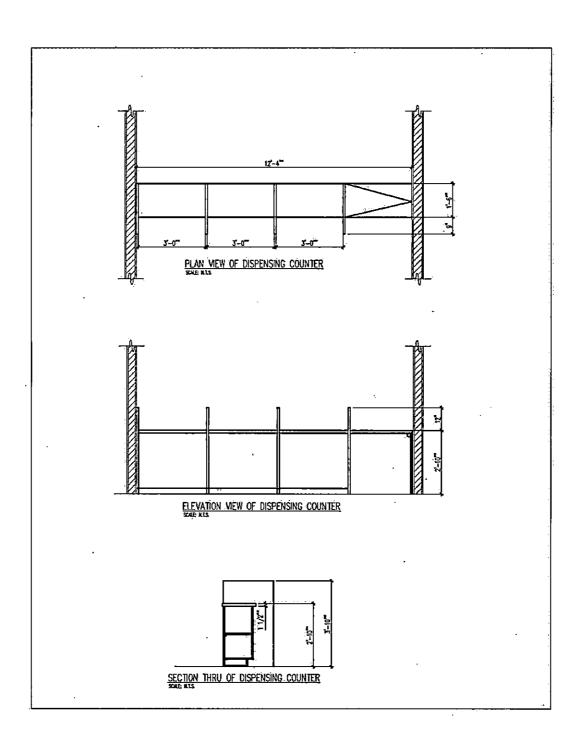


G. The location of the toilet facilities;

The toilet facilities are located in the full floor plan at 105 and 106.

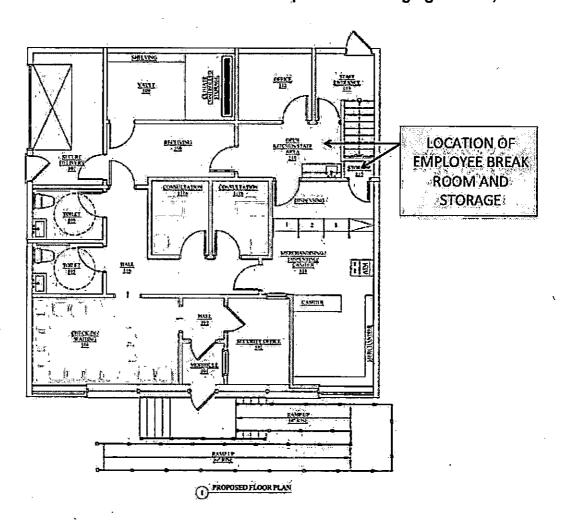


Section B: Location and Site Plan



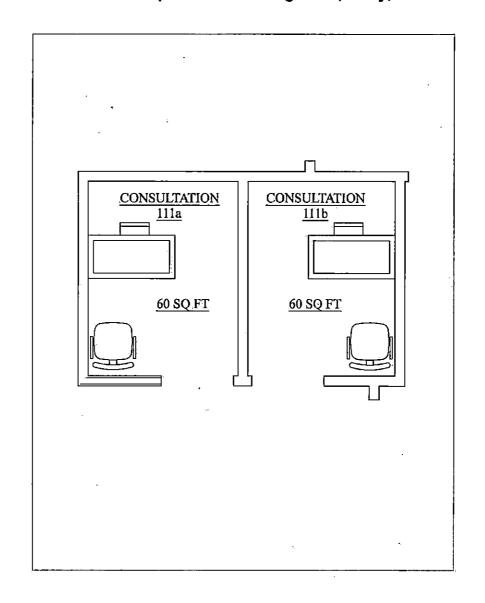


H. The location of a break room and location of personal belonging lockers;



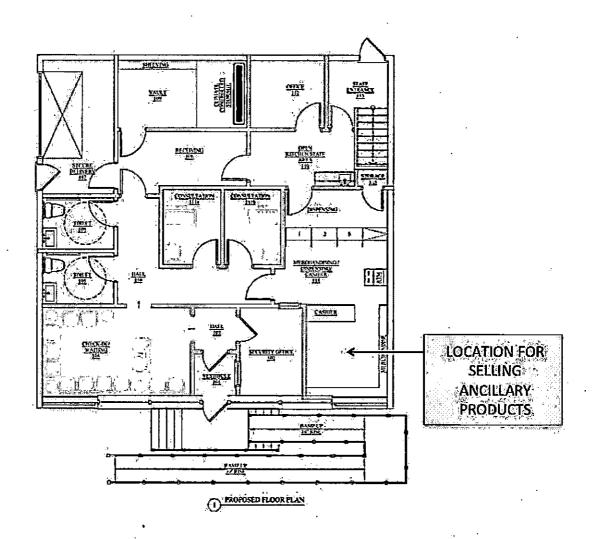


I. The location and size of patient counseling areas, if any;



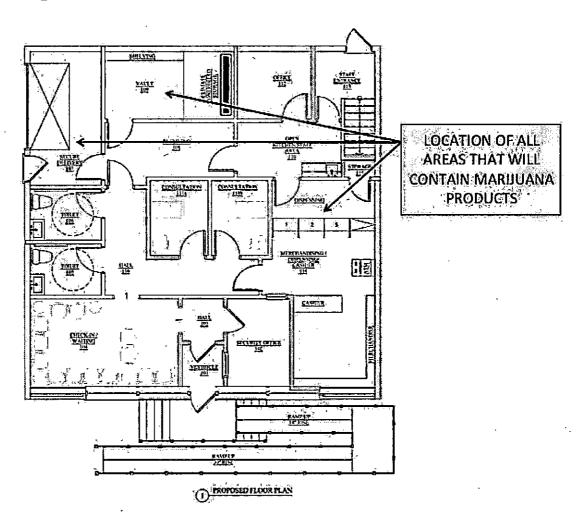


J. The locations where any other products or services, in addition to marijuana and marijuana products, will be offered, if any; and





K. The location of all areas that may contain marijuana and marijuana products showing the location of walls, partitions, counters and all areas of ingress and egress.





Business Plan



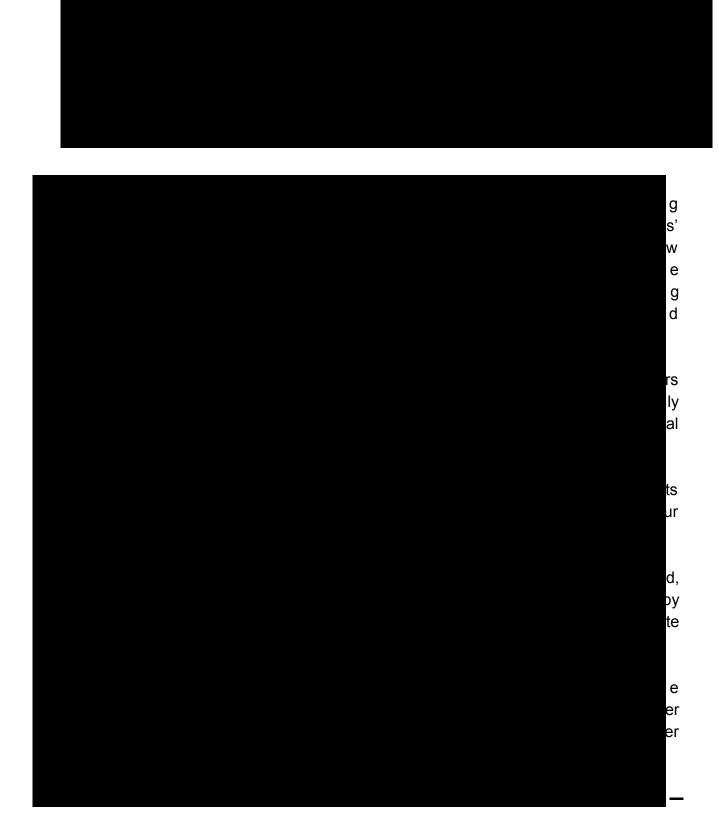
Section C, Number 1

A detailed description of all products, aside from marijuana and marijuana products, intended to be offered by the dispensary facility during the first year of operation;

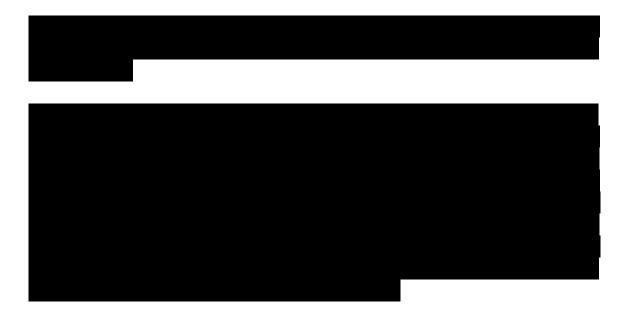




Commitment to Providing Multiple Modes of Administration



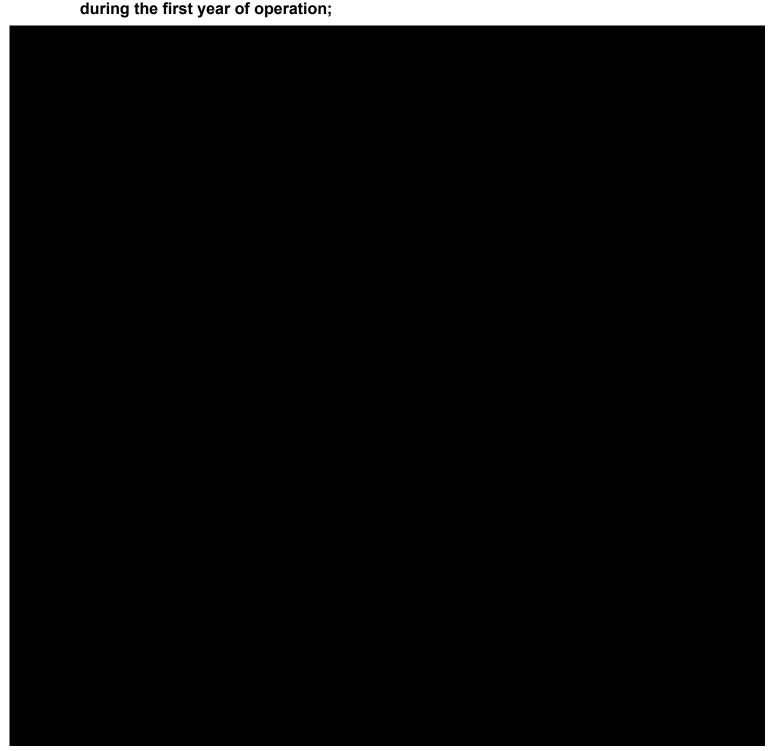






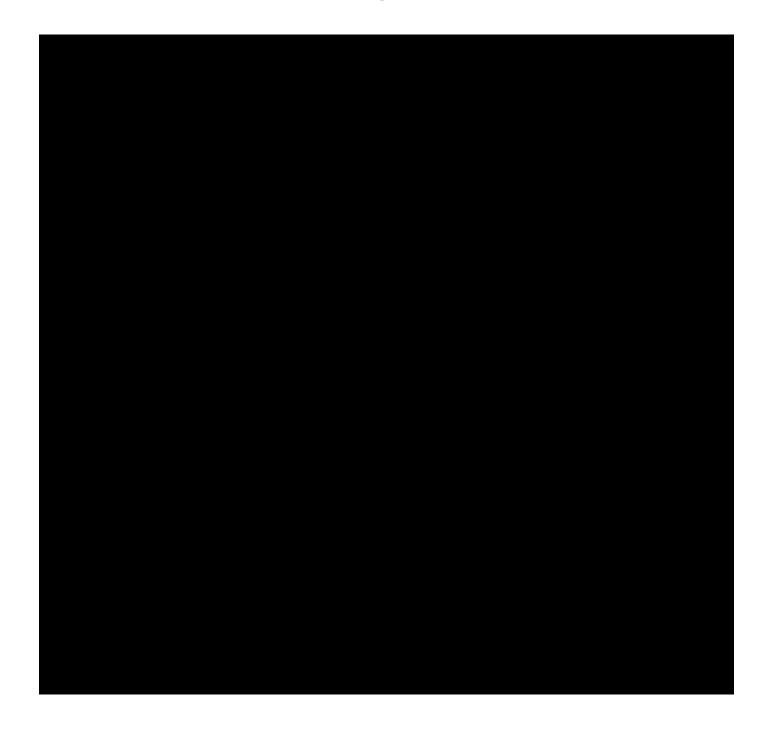
Section C, Number 2

A detailed description of all services to be offered by the dispensary facility during the first year of operation;













State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 05:105-1591

REPRESENTATIVE JUAN CANDELARIA

LEGISLATIVE OFFICE BUILDING ROOM 1804 HARTFORD, CONNECTICUT COUS CAPITOL 8002492385

CAPITOL: 800-240-2585
TOLL FREE! 1-500-512-5207
FAX: 880-240-0206
C-1441L: 1480-Commonwealth

DEPUTY MAJORITY LEADER

MEMBER
APPROPRIATIONS CREATITEE
CONSTITUE ON CHILDREN
GOHER EDUCATION & EXPLOYMENT ADVANCEMENT
CONSTITUE
SONT CONSTITUE ON LOSSIMM MANAGEMENT

September 16th, 2015

To Whom It May Concern:

My name is Juan Candelara and I am the Deputy Majority Leader for the Connecticut House Democrats, proudly serving New Haven's 95 District since 2002. I am a member of the Appropriations, Education, Higher Education and Employment Advancement Committees and the Joint Committee on Legislative Management Committee. In 2013, I was elected by my colleagues as Chair of the Black and Latino Caucus to lead their legislative agenda in the legislature.

During my terme in the General Assembly, I have been a strong supporter of education issues. In furtherance of that, I have led efforts to empower youth and Latinos statewide to get involved in the democratic process through voter registration drives and education. Additionally, I lead a strong network of young people who have ambitious professional and social aspirations. I have worked tirelessly to support and enable groups such as the Spanish American Merchanis Association (SAMA) to be recognized, making them eligible to receive state funding to help them move ideas and initiatives forward on behalf of local businesses.

Some of my former memberships include the Hill Development Corporation, the Regional Workforce and Centro San Jose in New Haven where I indized my experience to support community driven initiatives. Besides holding public office as a State Representative, I am a former New Haven Adderman and a current member of New Haven's Town Comminee. Additionally, I serve on several boards and organizations, such the National Hispanic Caucus of State Legislators, the Connecticut State Hispanic Caucus and the National Conference of State Legislators.

It is with this background that I write to you in support of Better Healing's application to operate a medical cannabis dispensary in Milbrid, Connecticut. As you may be aware, doe to the current geography of dispensary locations, the New Haven area has thus far been trable to receive the emirety of available benefits from medical cannabis. Better Healing has already



expressed a commitment to serving the under-served New Haven population, specifically by employing a strong scale payment scheme designed to make medical cannebis affordable to all those in need.

I was impressed with their community outreach programs, educational initiatives, and sincere drive to help patients in need. Additionally, the representative advised me of Better Healing's desire to community to the safety and well-being of the community by developing a strong community network and partnering with local medical facilities, charties, such as the Commetticut Sports Foundation and local New Haven charties.

Furthermore, Better Healing, LLC has expressed its commitment to affirmative action bring. For example, one of its owners is Hispanic and the Advisory Board is comprised of a senior, two African Americans, one Latino, and a woman. I am impressed that this business has a genuine desire to insure that people of color are active participants in our state's Medical Marijuana program.

This is truly an exciting opportunity for the city of New Haven and one that we are easer to embrace. As the Representative for New Haven's 95th District, I hope you take this letter of support into consideration when reviewing Better Healing's application.

If you should have any questions, please do not besize to contact me.

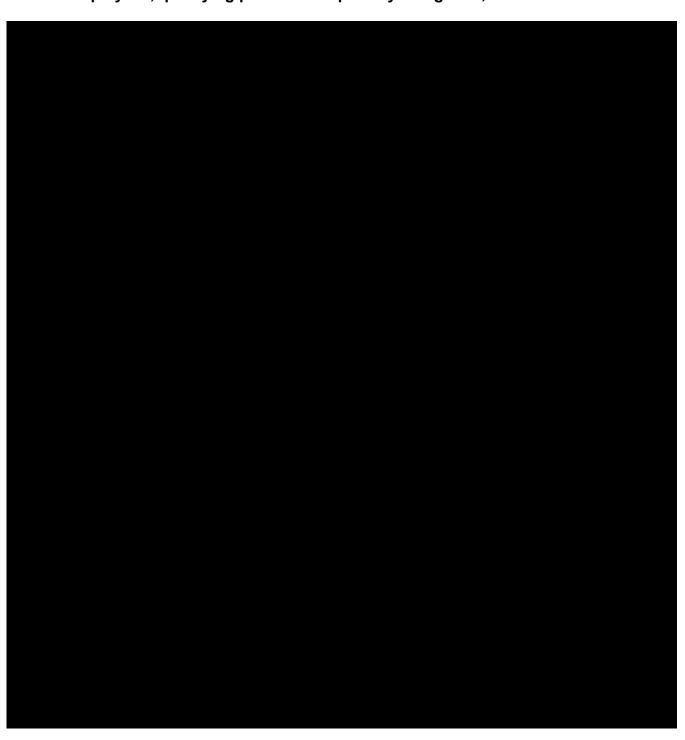
Very truly yours,

Juan Candelaria, State Representative



Section C, Number 3

A detailed description of the process that a dispensary facility will take to ensure that access to the dispensary facility premises will be limited only to employees, qualifying patients and primary caregivers;





1. Prospective or existing member:

- a. Must enter and exit the facility through the front public door.
- b. Will be allowed access to the receptionist in order to register as a member or to verify existing registration with the dispensary facility. This process is described in detail below.
- c. After this registration process is complete, prospective members have the same access as existing members.
- d. At no time will a prospective or existing member be allowed into secure areas of the dispensary facility.

2. Vendor Agents (Prospective or Returning):

- a. Must enter and exit the facility through the front public door (with the exception of medical marijuana delivery agents, which are covered by the protocol in section C6).
- b. Must verify their identity and business relationship with the receptionist.
- c. Must be escorted at all times by an employee appropriate to the vendor agent's purpose while at the dispensary facility, except while in the waiting area.
- d. Only vendor agents whose purpose necessitates entrance to the secured areas of the dispensary facility will be permitted to enter those areas, even under escort.

3. Non-Management Employees:

- a. Must enter and exit the dispensary facility through the rear employee entrance, using security codes that uniquely identify that employee in the digital security registration system, and that record a timestamp for each access.
- b. May use the dispensing area, load-in area, vault, or high-level offices as is appropriate for their duties, but only under supervision by a dispensary.
- c. At no time will there be more than three other employees per dispensary on-site.



4. Management Employees:

- a. Must enter and exit the dispensary facility through the rear employee entrance, using security codes that uniquely identify that employee in the digital security registration system, and that record a timestamp for each access.
- b. May use any area of the dispensary facility as is appropriate for their duties.
- c. May grant access credentials, including alarm and access codes, to employees as necessary, and provide oversight for the patient registration process.

5. Public Individual (not a patient):

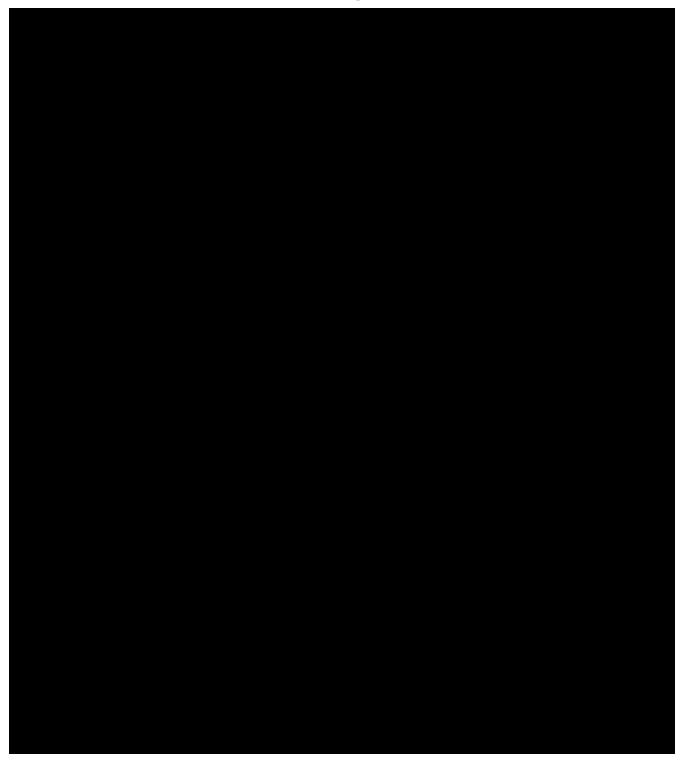
- a. May not enter the dispensary facility, except with prior written permission from the Commission as per Sec. 21a-408-35(g). Official agents, city staff, work vendors, and other temporary access individuals must be approved and accompanied by a holder of management access credentials before they will be allowed in restricted access areas of the dispensary.
- b. Security guards and employees are obligated to escort any unauthorized individuals off the premises.

Access Procedures for Prospective and Returning Members

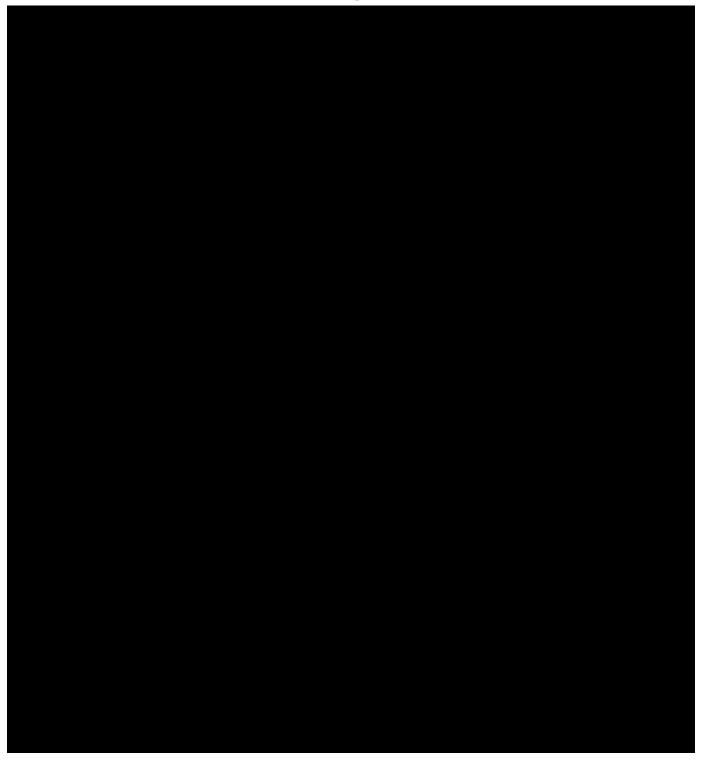
Adhering to the following procedures is critical to deter crime:

- 1. At the main entrance, all non-employees will be screened by a trained security guard. This includes the use of a handheld metal detector. Patients will then be directed to the registration desk.
- 2. The patient will present a Connecticut Medical Marijuana Program registration card and government-issued ID to the receptionist, who will enter the patient into our database for verification.

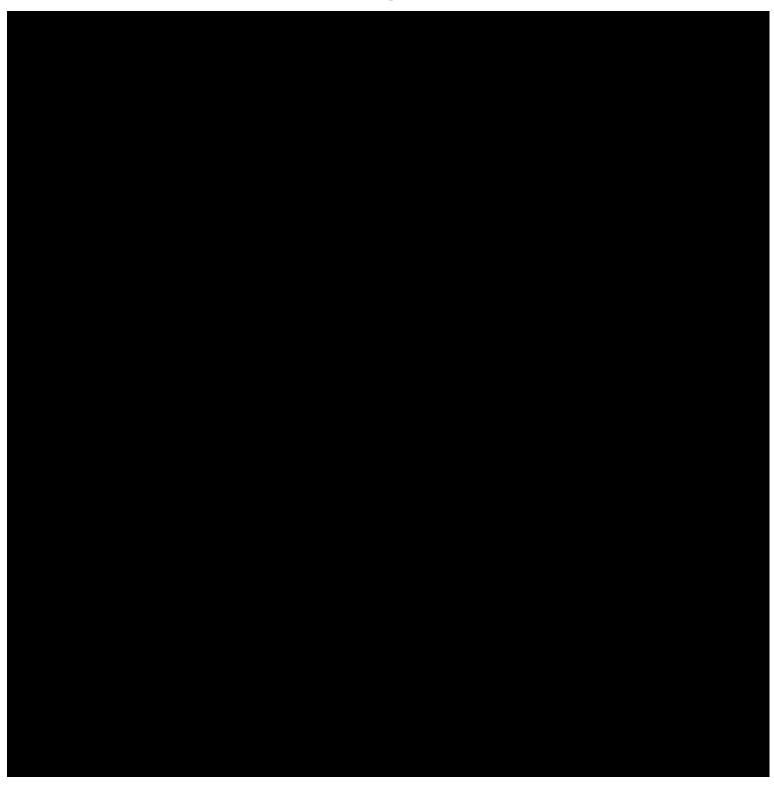






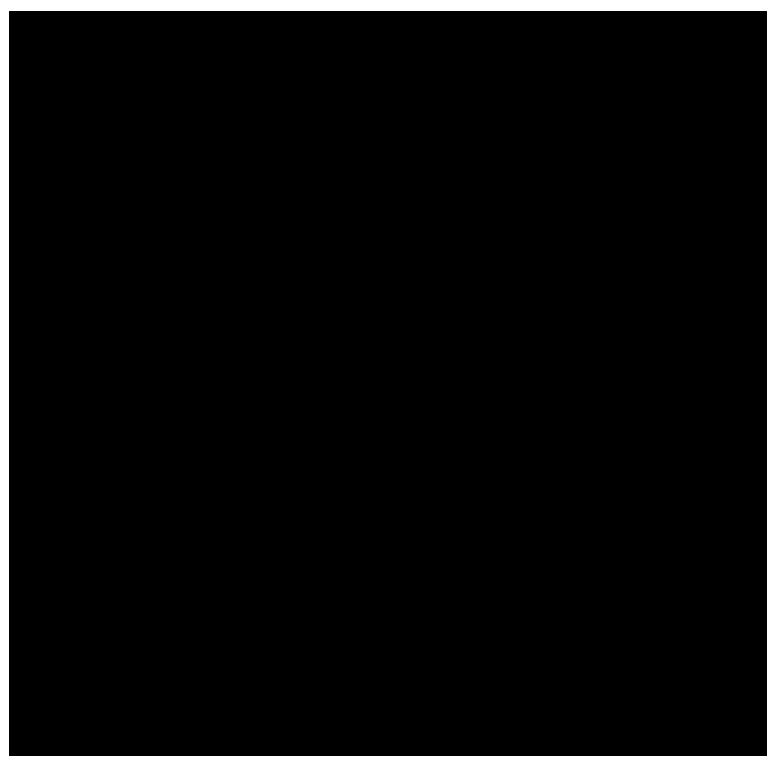






seeks exemption due to the fact it is a trade secret under $\S(b)(5)(A)$ of the Act, and under $\S(b)(19)$ that disclosure would constitute a safety risk. Applicant avers that disclosure of the security plan in a public forum would compromise the security of the dispensary and expose the dispensary to potential theft.

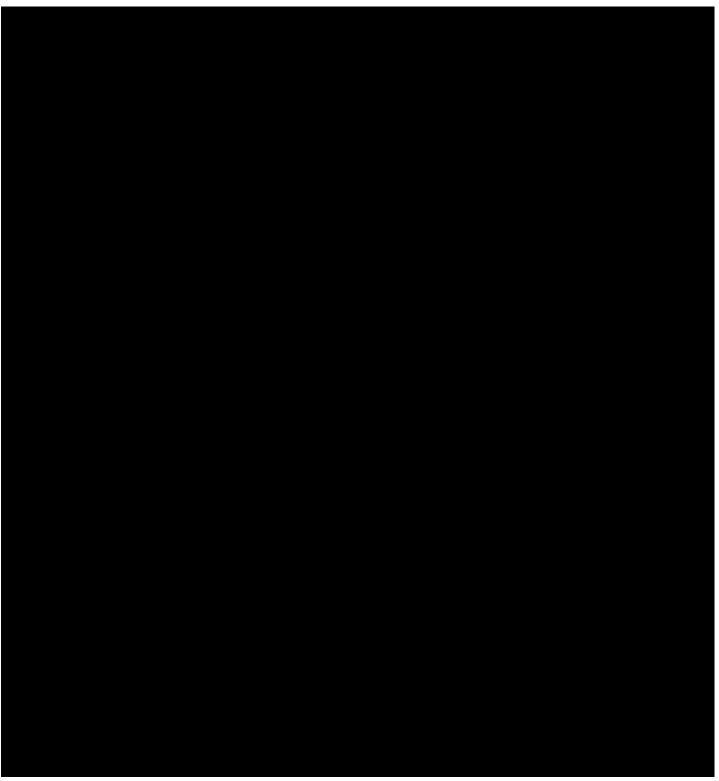












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Section C, Number 4

A detailed description of the features, if any, that will provide accessibility to qualifying patients and primary caregivers beyond what is required by the Americans with Disabilities Act;

Better Healing has selected a facility that has features designed to address the needs of patients who may be disabled, injured, or suffering from impaired mobility. Our accommodations conform to or exceed those required by the Americans with Disabilities Act (ADA).

In addition to the aforementioned facility features, Better Healing and its executive-level employees--Rev. Jeff Dugan, Director of Patient Advocacy, and Ron Young, Director of Security--will ensure that all patients and caregivers are able to access the dispensary.

The proposed site features:

- Wheelchair ramps are in place at the street level to ensure ease of transfer onto the premises as patients enter.
- Handicap accessible restroom facilities, conveniently located on the same floor/level as the dispensary facility. This convenient location will provide our patients comfort and peace of mind, especially those who may have bladder or bowel control issues.
- Better Healing will install 36-inch wide doors at all patient ingress and egress points, and ensure wheelchair-friendly access and easy mobility at all times while conducting business, receiving services, and entering/exiting. We will designate an area for storing mobility devices for patients.

The following auxiliary services are offered to ensure that all patients receive the maximum benefit from medical cannabis in a respectful, empathetic, and compassionate setting:

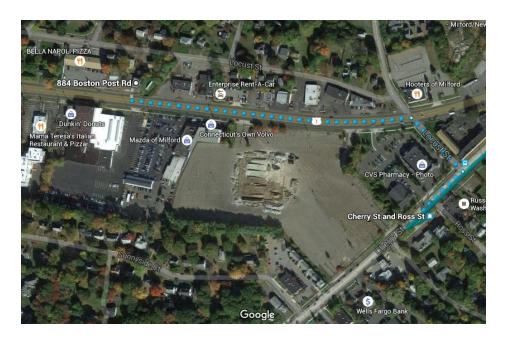
 Employees will receive sensitivity training in order to establish a relationship of trust between staff and patients. These trainings will be evaluated each fiscal quarter.



- Patients who are suffering from temporary conditions affecting their physical mobility (e.g., broken bones, illness, etc.) will be provided with a wide spectrum of therapeutic options. These services will be located in-house and will be provided by our strategic partners. Medical supplies (crutches, wheelchairs, etc.) will be accessible to patients when available and if necessary.
- Better Healing is conveniently located on a public transportation line, freeway accessible, with ample parking.
- Better Healing will provide services for our visual and hearing impaired patients.
- Better Healing will facilitate a ride-sharing program for patients who cannot drive, or otherwise independently access medical marijuana products.



Public Transportation Access



Freeway Accessibility

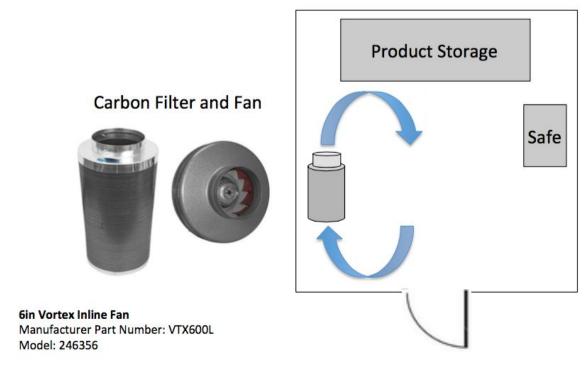




Section C, Number 5

A detailed description of any air treatment or other system that will be installed and used to reduce off-site odors;

Better Healing will use a combination of natural odor control methods to remove odor particulates without producing harmful byproducts. Active Carbon filtration is a method commonly utilized by marijuana growers/producers and has been proven effective in eliminating marijuana, cannabinoid, terpene, and other associated odors. These filters are natural and safe to use.



6in Phresh Filter SKU: 701265

http://www.phreshfilter.com/about/size-selector.aspx



- Activated carbon air filters Inline exhaust fans suction air through porous activated carbon (also called "activated charcoal") filters that absorb volatile chemicals -- including the terpenes, terpenoids and fragrances that give marijuana its distinctive odor -- and effectively neutralize them. These filters will be used throughout the dispensary facility, including the vault areas, product storage areas, and dispensing areas, where the air is "scrubbed" and recirculated back into the dispensing facility. These filters may be exhausted directly via exterior ventilation access points in a vertical direction. Airflow through the activated carbon filters will be determined based on room size, and will be enough to cycle / scrub the entire facility on a continuous basis throughout the day to ensure that marijuana odors are removed.
- Polarized-Media Electronic Air Cleaners These air cleaners create an
 electric field polarizing the air particles that pass through it, causing them
 to adhere to a disposable fiber pad. This technology is non-ionizing and
 does not generate ozone. These cleaners will be used throughout the
 dispensary facility, and can be easily moved around to strategic locations.
- HEPA filters HEPA filters will eliminate associated marijuana odors and improve overall air quality by reducing the risk of airborne germ / virus / allergen transference. The filters will be placed in strategic areas inside the dispensary facility, such as waiting areas and offices.
- Cannabis-Specific Odor Gel (e.g., ONA Gel) will be placed inside the
 dispensary facility to form new scent-free compounds. The gel is organic
 and comprised solely of compounds that occur in nature. It is
 environmentally friendly, and has been found by the EPA to be non-toxic
 in conventional amounts. The MSDS for this substance will be clearly and
 conspicuously posted and available to employees, patients and primary
 caregivers.



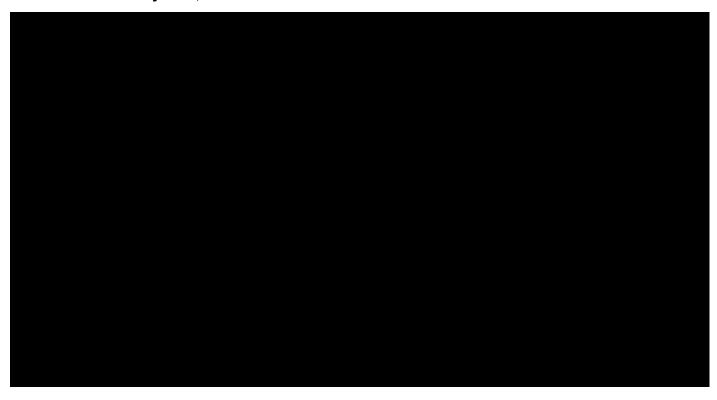
Better Healing makes an ongoing commitment to our surrounding neighbors to control odors efficiently and quietly. We promise to never use ozone generators or other ionizers, which may have adverse health effects and impair the potency, quality and shelf-life of marijuana products.

Better Healing will comply with American Herbal Products Association recommendations for dispensary facilities and EPA Indoor Air Quality (IAQ).



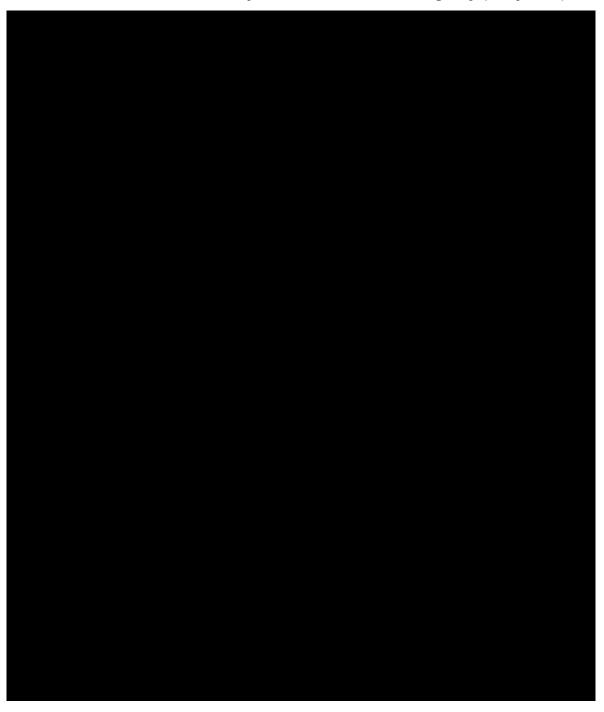
Section C, Number 6

A detailed description of the process by which marijuana and marijuana products will be delivered to a dispensary facility from the producer, including the protocols that will be used to avoid any diversion, theft or loss of marijuana;





Pictures of Medical Marijuana Products Receiving Bay (Sally Port)

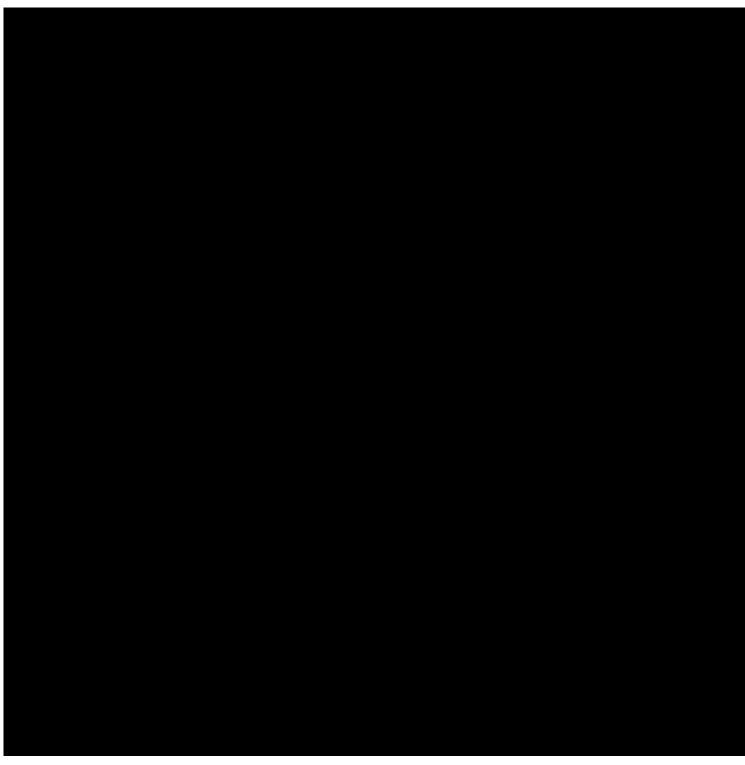




Secure Receiving Operations



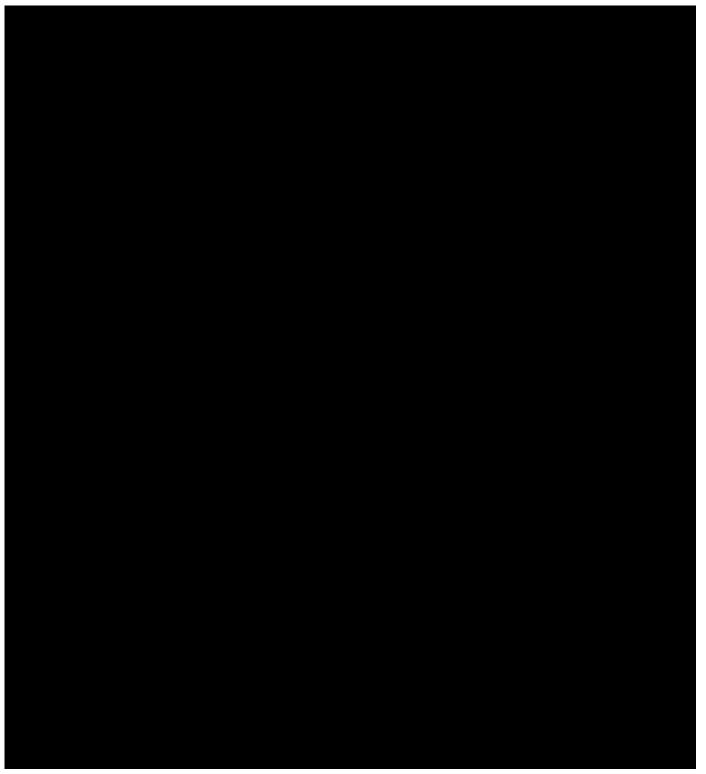








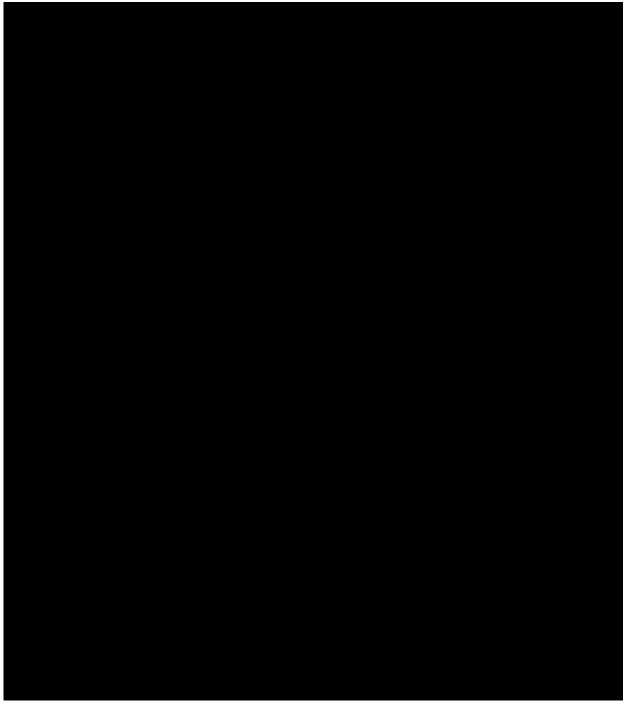




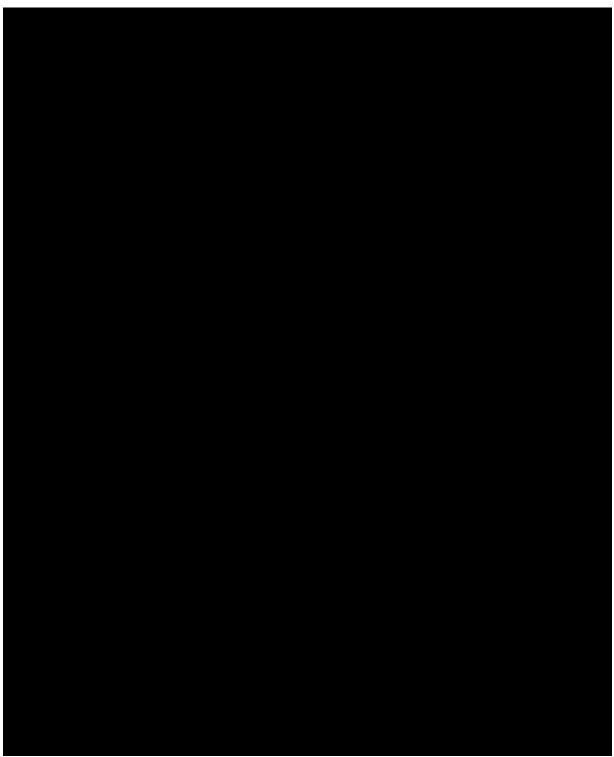
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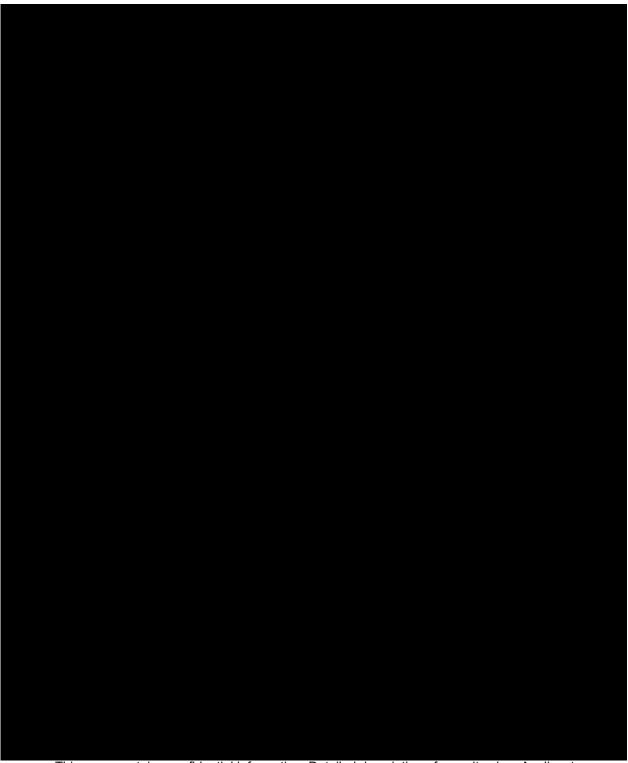
Retail / Dispensary Check In



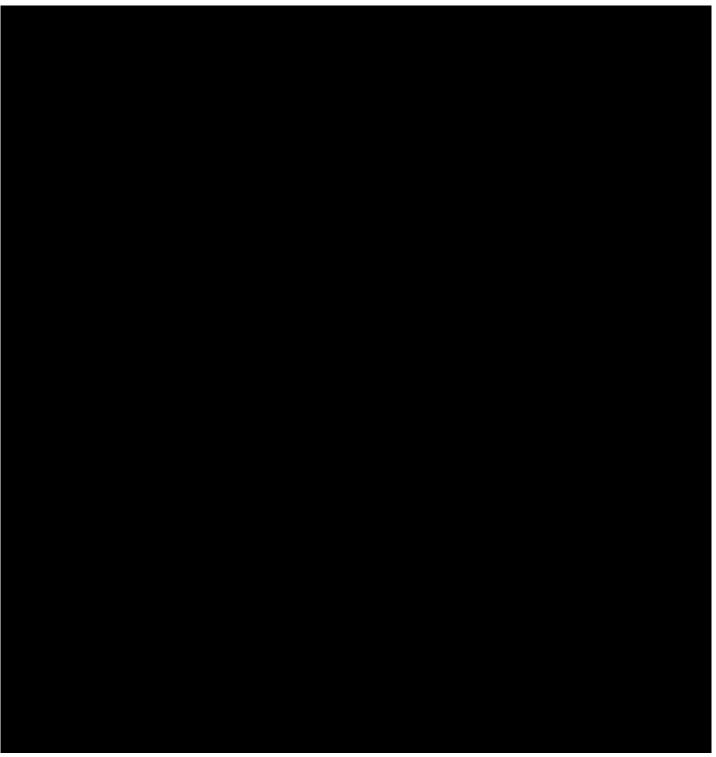














Section C, Number 7: Training and Continuing Education

Section C, Number 7

A detailed description of the training and continuing education opportunities that will be provided to dispensary facility employees;

(This section should be considered in conjunction with the Employee Working Environment Plan outlined in <u>Section F. Number 1</u>, as the issues addressed in this section governing training directly address issues of safety, environmental standards, and codes of conduct, and employee well being)

All employees, staff members, administrators, and technicians of Better Healing will be comprehensively trained in patient care, sales, medical documentation, and medical marijuana research and innovation under the supervision and approval of our licensed dispensary.

Better Healing is employing the service of a third party to administer an industry-specific training program that is designed to benefit patient care compliance and effectiveness. Employees will receive more intensive and advanced training in the areas that are specific to their job description and role. Employees will receive training in all of the following areas, except for those solely designated for the dispensary facility manager.

At minimum, the following educational, training, and ongoing care subsections will be implemented:

Security Procedures & Measures

- Licensed Dispensary Absentee Protocol
- Product Reception/Delivery
- Product Safety and Handling
- Sanitization Standards for Packaging and Handling
- Inventory and Access Control Protocol

Sensitivity and Understanding Training

- Patient Care Protocol
- HIPAA Compliance and Information Protocol
- Labeling and Informational Input
- Patient Engagement and Ongoing Care
- Quality Assurance and Error Reporting Protocol



Legal Information & Documentation Provisions

- OSHA Standards and Expectations
- Cannabis Specific Information Training
- Ongoing Care Preservation and Improvement
- Cannabis Worker Specific Training and Continuing Education
- Human Resources and Employee Manual

Staff Security Training & Measures

Employees will be trained in the loss prevention protocol.

The following procedures, plans, and arrangements will be implemented upon operation. Each quarter, Better Healing will evaluate staff performance and its protocols and identify areas for improvement.

Employees, based on their position, will be instructed on how to operate or interpret the following security measures:

- the perimeter alarm
- motion detectors
- duress alarm
- panic alarm
- holdup alarms
- automatic voice dialer
- failure notification system

Employees will be instructed on how and when to test these security components. Staff facilitating the transportation/delivery team in transferring medical marijuana into the dispensary facility will be briefed on the necessary procedures, including those of the producer as outlined by Sec. 21a-408-60.

Technicians who require access will be synced into the metrics of the system. This allows them access to all marijuana products during periods of direct supervision from the licensed pharmacist on duty. The secured product housing/safe area will not be opened without the pharmacist present.

Should the pharmacist be temporarily absent, security features including motion detection and intrusion will be armed to prevent any access to a prohibited / secured area.



Emergency Protocol (Operational & Medical)

The Emergency Response Training Plan includes contingencies for non-security related emergencies including medical emergencies, bomb threats, fires, explosions, thefts, and weather-related disasters. This ensures an appropriate and orderly response, preventing non-security related emergencies from escalating. Emergency procedures and emergency contact numbers will be provided in writing to all employees and posted prominently in all areas of the dispensary facility.

Emergency Protocol (Operational)

 Employees will be instructed on the procedures to be taken during operational emergencies in the dispensary facility, including (but not limited to) the event of a fire, carbon monoxide incident, flooding or other structural damage, robbery, power outage (backup generator operation) and any other real or perceived threats that warrant an emergency.

Emergency Protocol (Medical)

- All employees of Better Healing will be certified by the American Heart Association in Basic Life Saving for Healthcare Providers. These skills will help them recognize a number of life-threatening emergencies, activate the emergency response system, provide CPR, utilize an AED (on site at the dispensary facility) and relieve choking.
- Better Healing will partner with the local volunteer EMS agency to provide instruction and certification at no cost to the employees.

Sensitivity and Understanding Training

It is important to the dispensary that all patients receive care and consultation to make them comfortable and foster an environment of trust.

- All employees will undergo sensitivity and understanding training, which will be conducted by human resource and/or health professionals.
- Employees will be instructed on how to identify and respond to patients suffering from immediate psychological distress and assist them in obtaining immediate medical care.



Patient Care Protocol

- Employees will be instructed, according to the rules and regulations provided by the Department of Consumer Protection, on the correct way to render patient care.
- Employees who are prevented by law from discussing marijuana products and other drugs with patients will be explicitly instructed not to do so.
 Failure to comply with error reporting protocol will result in discipline and termination if warranted.
- Each quarter we will review our standard of patient care and employee expectations.
- We will enforce HIPAA policy and its procedural guidelines via the available manual, and evaluate compliance quarterly.
- All employees shall obtain HIPAA certification.
- Any technician who is responsible for the handling, dispensing and/or storing marijuana products will be trained in the most sanitary, effective and professional methods, under the instruction of the licensed pharmacist. Employees performing these tasks will be instructed in the process of identifying, creating, and/or affixing labels for marijuana products, as outlined by Sec 21a-408-40.
- Better Healing utilizes the recommended protocol regarding Dispensing operations as set forth by the American Herbal Products Association (AHPA).

Electronic Data Entry

- Employees will be instructed in the proper use and transmission of electronic data intermediaries, including the information set forth in the most recent edition of the Standard for Prescription Monitoring Programs established by the American Society for Automation in Pharmacy.
- Employees will be trained to assign serial numbers to each marijuana product dispensed and record this into an electronic file as necessary.
- Employees will be trained to routinely back up all electronic data intermediaries and electronic files pertinent to the dispensing of marijuana and patient care both via cloud software and multiple hardware drives, and



how to ensure that these backup records remain private and confidential (pursuant to Sec. 21a-408-49).

- Patient Care Report software will be introduced to employees with detailed instruction. A leading software firm dedicated to the medicinal cannabis industry has been selected to provide point of sale, inventory, and tracking capabilities. The software is able to help distinguish patient needs, successful applications, and other key facilitative elements.
- Emphasis will be placed on recording a patient's self-assessment of their medication's effects, while engaging the patient in an ongoing and wellness-centered approach.
- Employees will be trained on how to initiate a product recall using the Patient Care Report software.
- Employees will notify the producer and the Commission, as well as any appropriate state regulatory entity, about any product recall or product that has been determined to be unusable.

Legal Information and Documentation

Employees will be briefed on the provisions of the law as stated in Connecticut General Statutes and Regulations and sections 21a-408-1 to 21a-408-70 of the Regulations of Connecticut State Agencies, as well as provided with required information regarding the laws surrounding employment both at state and federal levels. Specifically, instruction will focus on:

- Patient rights
- Employee rights
- Rules and regulations of the operation of a dispensary facility
- Rules and regulations regarding their specific position in the dispensary facility
- Complete and satisfactory documentation of all elements otherwise required to be recorded for proper registration, verification, and certification
- Chain of Custody



Quality Assurance and the Reporting of Dispensing Errors

Signage regarding dispensary errors shall be displayed in the dispensary in accordance with Sec. 21a-408-47(a).

Where a dispensing error has occurred, Better Healing will undertake an immediate review through its quality assurance program protocol.

- Pursuant to Sec. 21a-408-47, a written quality assurance program will be distributed to all employees, and measures to prevent dispensing errors will be reviewed by the dispensary facility manager.
- Pursuant to Sec. 21a-408-48, employees will be informed of the review process that will take place following a dispensing error.
- Quality Assurance program for applicable technicians / licensed dispensaries, including ensuring accurate labeling of dispensary facility packaging and marijuana products, verification of producer label accuracy, checking expiration dates, and product specific quality control including interpretation of chromatography / similar testing results, applied cannabis, etc.
- Employees will be informed of OSHA workplace standards and control
 policy. Monthly meetings (if not more frequently) dedicated to on-site
 safety and OSHA protocol will be mandatory for all employees,
 technicians, and high-level staff.

Specific Information on Cannabis as Medicine

All employees will be educated on the use of marijuana as a medicine and the science behind its efficacy, with emphasis on training the dispensary facility manager and the pharmacy technicians under instruction from the facility manager. This training will include:

- Usefulness in applying the diversity of marijuana and the different effects commonly associated with Cannabis sativa, Cannabis indica, Cannabis Afghanica, and High CBD Ruderalis strain lineages.
- Different effects, duration and action of various routes of administration including oral, inhalation, sublingual and transdermal (topical).



- Different effects, administering methods, and reasons for using various preparations of cannabis that are permitted to be produced in the state of Connecticut pursuant to Sec. 21a-408-55, including raw plant material, pre-rolled cigarettes, extracts, sprays, tinctures, oils, topical applications (salves, lotions, oils, transdermal patches), baked good and capsules or pills.
- Different effects and clinical relevance of the most prevalent cannabinoids and what their levels in marijuana products mean for the patient, including THC, CBD, THCV, THCA, CBDA and CBN.
- Understanding the clinical significance of producer labels, such as laboratory analysis results, allergen warnings, and specific instructions for cannabis use (e.g., prohibitions on driving or operating machinery while under its effects).
- Understanding how the licensed dispensary will work with the prescribing physician's recommendations and instructions in order to find an appropriate marijuana product for the patient in question.

Above and Beyond: Leadership by Example

A facility-wide two to three hour meeting will be held at a minimum, on a monthly basis to ensure the preservation of the highest standard of patient care as well as the continuing education and improvement of our staff. The meetings will be led by employees, with specific staff members responsible for covering one of the following topics:

- Recent Marijuana Research and Medical Developments
- Technology and Interface Changes
- Possible Concerns and Solutions
- Security and Emergency Procedure Drill Schedule
- Legislative Updates
- Any employee/staff member who is nearing on the expiration of his or her registration with the commissioner or his or her professional certifications



will be alerted and options for having application or refresher fees provided by Better Healing will be discussed.

- Patient Feedback Discussion
- Community Outreach and Neighborhood Relations

Better Healing will disseminate all training plans and educational materials to its staff.

The dispensary facility manager is designated to provide training for dispensary staff. Training programs will be tailored to the roles and responsibilities of the job function of each dispensary facility personnel, including but not limited to, training on confidentiality and patient services.

Employee training will emphasize the importance of teamwork, and solution oriented approaches to providing services to patients.

Educational resources will draw from all facets of patient services, including dispensing, wellness, and support roles. All continuing education and certification requirements will be sponsored by Better Healing.

All Better Healing dispensary facility personnel will receive a minimum of eight hours of training annually. The dispensary facility manager is responsible for maintaining required documentation of all necessary training, including signed statements of trainees.

A module-based training strategy will be established and a required training schedule provided. Procedures for new employee orientation are described with specific areas of focus, including a required overview of the applicable laws and regulations. Additional provisions address training relevant to department meetings, marijuana science, record keeping, incident management, diversion prevention, compliance, product handling and sanitation, community and customer relations, safety and security.

All employees shall obtain HIPAA certification. Additionally, all pharmacists and pharmacy techs will complete the 50 hour program offered by the NIC. Additional written training materials published by Americans for Safe Access and the American Herbal Products Association must be reviewed by all pharmacists and pharmacy technicians employed by Better Healing. The information from ASA can be found at http://www.safeaccessnow.org/medical_professionals. The



AHPA standards relating to dispensaries are included in the following attached pages. The dispensary will be certified by ASA to have complied with the AHPA protocol.

Training and Continuing Education

All of our employees will obtain certification or training through the following institutions: the Northeastern Institute of Cannabis, Americans for Safe Access, the Cannabis Training Institute. Other industry-specific trainings may become necessary as the industry evolves



Northeastern Institute of Cannabis

INSTITUTE OF CANNABIS

According to the Northeastern Institute of Cannabis, the Cannabis Industry Competency Program is a 12-course

competency program that will help Better Healing learn the many aspects of the industry. These courses are developed and instructed by industry professionals to provide a complete introductory education in areas of importance to cannabis businesses and industry professionals. The 12 courses amount to 50 hours of cannabis training, encompassing the many aspects of the expanding industry, and are required in order to take an exam. Upon successful examination of all subject matters a certificate of competency will be provided.

COMPETENCY PROGRAM COURSES:

- Medical Marijuana 101
- Understanding Regulations
- Industry Vocational Training
- Cannabis Safety
- Cannabis Law New England
- Cannabis History
- Cannabis Business
- Cannabis Science
- Industrial Hemp
- Cannabis Cultivation
- Patient Services
- Media Training





Americans for Safe Access (ASA)

The Patient Focused Certification Program is part of ASA's CORE Certification, which has become an industry standard and will be part of Better Healing's cross-training for all staff.

Distribution Certification

Patient Focused Certification is available to cannabis companies in all states with medical cannabis and is designed to show the quality commitment of cannabis companies engaged in providing patients with cannabis and cannabis-derived products.

The Distribution certification process includes:

- Comprehensive staff training
- Document review
- Label review to verify product formulation and marketing claims
- Laboratory testing to ensure there are no unsafe levels of contaminants in products provided to patients
- Company is compliant with state and local regulations
- Verifies adherence to AHPA and AHP quality standards
- Determines the hazard, risk and impact of the products used during the cultivation of medical cannabis

Essential dispensary facility personnel may include but are not limited to:

The Dispensary Facility Manager is responsible for supervising the daily operations of the dispensary, including:

- sales and cash handling processes
- financial reporting
- inventory management
- regulatory and policy compliance
- patient services
- communication
- education/ training
- information management
- Execute patient service and quality surveys as assigned by leadership
- Ensure compliance with all state and local laws, regulations, and ordinances
- Ensure compliance with all marijuana policies and procedures



- Assist State and Local government auditors and law enforcement with inventory, sales, and compliance audits
- Comply with all HR policies including confidentiality and non-disclosure
- Know Your Rights trainings
- Facility maintenance and troubleshooting as necessary including:
 - phone
 - utilities
 - technology
 - maintenance
 - repairs
 - stocking products and supplies
 - Contribute to team environment and company advancement per strategic direction set by leadership

The Dispensary Facility Manager will be certified by at least one of the following educational institutions, the Northeastern Institute of Cannabis, Cannabis Industry Vocational Training, the Cannabis Training Institute, American for Safe Access, and Patient Focused Certification.

Stringent compliance with the American Herbal Products Association Best Practice Guidelines Recommendations for Operators will allow Better Healing to conduct significant due diligence in assessing personnel training and education terms of a supportive and welcoming environment. This contributes to the common goal of improving the quality of life for patients in a compassionate and professional atmosphere by enhancing the level of convenience and comfort for the patient.

Better Healing has the financial resources necessary to hire and maintain a highly qualified, educated staff.

To promote employee retention, Better Healing will prioritize personnel education and training to maintain talented staff and professionals. Personnel hired by Better Healing will have the required professional maturity and scholarly attributes to participate in a full range of services and roles required by our dispensary.

Better Healing's Employee Handbook and Training Manuals will address the following topics:

(1) Staff qualification and education requirements.



- (2) Maintain records of any training provided to employees for the:
 - (a) Dispensary facility operations should provide all employees with training that includes:
 - (1) Instructions regarding regulatory inspection preparedness and law enforcement interactions; and
 - (2) Information on U.S. federal laws, regulations, and policies relating to:
 - (b) Dispensary operations must implement employee hygiene protocols and training, which at a minimum address:
 - (1) Policies which prohibit staff who are showing signs of illness;
 - (2) Hygiene training for any Agent who handles medicinal marijuana and medical marijuana-infused products.
 - (3) Hand washing requirements
 - (4) Instructive handwashing signage must be in appropriate areas such training, and experience, or any combination thereof, to enable that person to perform all assigned functions.

All employees shall obtain HIPAA certification. Additionally, all pharmacists and pharmacy technicians will complete the 50-hour program offered by the Northeastern Institute of Cannabis (NIC). As indicated in the letter enclosed on the next page, Better Healing is the only dispensary applicant that has arranged with NIC for staff training.

Additional written training materials published by Americans for Safe Access and the American Herbal Products Association must be reviewed by all pharmacists and pharmacy technicians employed by Better Healing. The information from American's for Safe Access can be obtained at http://www.safeaccessnow.org/medical_professionals.

The AHPA standards relating to dispensaries are enclosed in the following attached pages. The ASA will certify that Better Healing's dispensary is in compliance with the AHPA standards.





Northeastern Institute of Cannabls 10 Tech Circle- Natick, MA 01760 Email: nfo@instituteOfCannabls.com www.instituteOfCannabls.com Phone: [308] 855-7420 Fax: (508) 300-7670

Department of Consumer Protection Drug Control Division Medical Marijuana Program RFA #2015-109387 165 Capitol Avenue, Room 145 Hartford, CT 06106

Re: Application of Better Healing, LLC

Dear Commissioner Harris:

We at the NIC are pleased to provide education and partner with Better Healing, LLC, a Connecticut dispensary applicant. To date, we have not been contacted by any other Connecticut dispensary applicant to perform educational services.

Our 50 hour course is intended to advance knowledge and educate students in cannabis as a plant, the cannabis industry, and other areas of learning that are of importance to cannabis culture and business.advance knowledge. The NIC is the only educational institution that provides a complete 50 hour competency certificate program. Our cerification program is an ideal companion piece for Pharmacists and Pharmacy Technicians who will be pursuing a career in the CT Medical Marijuana Industry.

Our students study twelve different courses covering a variety of issues facing dispensaries including the history of cannabis, cultivation, media, law, and patient care and services. Our curriculum may be found at https://instituteofcannabis.com/academics/

For example, one of our courses is taught by Uma V.A. Dhanabalan, MD, MPH, FAAFP, MRO is a highly respected physician trained in Family Medicine and Occupational & Environmental Medicine. She is certified in cannabis medicine and has agreed to participate in ongoing continuing medical education classes for Better Healing, LLC through the NIC.

Better Healing LLC's participation in our program will make its Pharmacists and Pharmacy technicians leaders in the cannabis community. We are pleased to discuss our program and our partnership with Better Healing. If you have any questions I can be reached at 508-655-7420.

Yours truly

NC Admissions

www.instituteofcannabis.com



Recommendations for Regulators – Cannabis Operations

Developed by: Cannabis Committee American Herbal Products Association 8630 Fenton Street, Suite 918 Silver Spring, MD 20910 www.ahpa.org

This document includes the following Recommendations for Regulators:

· Dispensing Operations



Introduction

The legal status of products derived from *Cannabis* spp. is in a transitional phase in many states in the United States. Where products that contain marijuana and its derivatives were formally illegal throughout the U.S., many state laws now allow adult use of these either for medical purposes only or for any social adult use.

The American Herbal Products Association (AHPA) chartered a Cannabis Committee in 2010 with an express purpose to address issues related to the safe use and responsible commerce of legally-marketed products derived from Cannabis species.

To meet its purpose the AHPA Cannabis Committee has developed recommendations to regulators for best practice rules to address four operational stages of *Cannabis* production and distribution: cultivation; manufacturing and related operations; laboratory practice; and dispensing.

The present document provides recommendations to regulators in the specific area of Cannabis Dispensing Operations, and is presented in the form of a draft regulation. These recommendations are intended to establish a basis for oversight of entities that provide marijuana products directly to compliant adult consumers. These recommendations focus on personnel, security, product acquisition, record keeping, customer policies, and other matters that can contribute to best practice in the dispensary setting.

This Revision 3 of the document incorporates some minor editorial changes to definitions. No changes to requirements specified in the document have been made.

The AHPA Cannabis Committee offers this document to states and local municipalities where use of marijuana is allowed under local law such that regulatory authorities can consider the adoption of these recommendations, in whole or in part, as the basis for development of jurisdiction-specific regulations.

Please contact AHPA for further information or to discuss this document further.

Points of contact:

Michael McGuffin / P: 301-588-1171 x201 / E: mmcguffin@ahpa.org

Jane Wilson / P: 734-476-9690 / E: jwilson@ahpa.org



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SUBPART A - GENERAL PROVISIONS

Section 1.1 Subject operations

- (a) Except as provided by paragraph (b) of this section, any person, group of persons, non-profit entity, or business entity that provides cannabis or cannabis-derived product to compliant individuals in the jurisdiction in which this part applies¹ is engaged in a cannabis dispensing operation², and is subject to this part.
- (b) A compliant individual who transfers or gives cannabis or cannabis-derived product to another compliant individual at no charge is not a cannabis dispensing operation and is not subject to this part.

Section 1.2 Other statutory provisions and regulations

In addition to this part, dispensing operations must comply with all other applicable statutory provisions and regulations related to providing cannabis or cannabis-derived product in the jurisdiction in which this part applies, and related to all other business activities undertaken in conducting the dispensing operation.

Section 1.3 Definitions

The following definitions apply to this part:

Cannabis means any of the aerial parts of a plant in the genus Cannabis, and does not mean hemp.

Cannabis-derived product means a product, other than cannabis itself, which contains or is derived from cannabis, and does not mean a product that contains or is derived from hemp.

Compliant individual means an individual who has met all legal requirements to obtain and use cannabis or cannabis-derived product in the jurisdiction where this part applies.

Co-owned operation means a cultivation or manufacturing operation that has the same ownership as a dispensing operation.

Cultivate means to grow plants in the genus Cannabis. A person, group of persons, non-profit entity, or business entity that cultivates is a cultivator, and a facility where cannabis plants are cultivated is a cultivation operation.

Delivery service means a dispensing operation that delivers cannabis or cannabisderived product to compliant individuals.

Direct-from-garden or caregiver operation means a dispensing operation whereby compliant individuals obtain cannabis or cannabis-derived product directly from a cannabis cultivator.

Dispense means to provide cannabis or cannabis-derived product to compliant individuals.

¹ This term "in the jurisdiction where this part applies" may be replaced throughout with the name of the specific jurisdiction.

² It is noted that different jurisdictions may have other terminology for the type of operation that is defined as a dispensing operation in this document.



Dispensing operation means a person, group of persons, non-profit entity, or business entity that provides cannabis or cannabis-derived product to compliant individuals and includes delivery services, direct-from-garden operations, growing co-ops, and storefront operations².

Growing co-op means a dispensing operation that consists of a group of compliant individuals who grow cannabis collectively on property belonging to, leased or rented by, or otherwise authorized for use by the entire group, or by a member of the group, or who cooperatively produce cannabis-derived product for use by members of the group.

Hemp means any part of a plant in the genus Cannabis, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 (three-tenths) percent on a dry weight basis.

Manufacture means to compound, blend, grind, extract, or otherwise make or prepare cannabis-derived product. A person, group of persons, non-profit entity, or business entity that manufactures is a manufacturer, and a facility where manufacture occurs is a manufacturing operation.

May is used to indicate an action or activity that is permitted; may not is used to indicate an action or activity that is not permitted.

Must is used to state a requirement.

Oral cannabis or edible means cannabis or cannabis-derived product that is ingested through the mouth and into the digestive system.

Process (verb) means to trim, inspect, grade, or pack cannabis. A person, group of persons, non-profit entity, or business entity that processes is a processor, and a facility where cannabis is processed is a processing operation.

Provide means to offer for sale or to sell, including by barter, cannabis or cannabisderived product to compliant individuals.

Should is used to state recommended or advisory procedures.

Smoked cannabis means cannabis or cannabis-derived product that is burned and inhaled into the lungs.

Storefront operation means a dispensing operation that provides cannabis or cannabisderived product to compliant individuals at a physical location.

Topical cannabis or topical means a cannabis-derived product intended to be rubbed on the skin and not intended for oral consumption.

Vaporized cannabis means cannabis or a cannabis-derived product that is heated to a temperature at which the contained constituents are released into a vapor without combustion of the material.

Vendor means a person, group of persons, non-profit entity, or business entity that supplies cannabis or cannabis-derived product to storefront or delivery service dispensing operations, and may be either the direct representative of a cultivation or manufacturing operation, or may function independently of such operations by



purchasing cannabis or cannabis-derived product from such operations and reselling it to dispensing operations.

SUBPART B - DISPENSING OPERATIONS

Section 2.1 Types of dispensing operations

- (a) Except as provided by paragraph (c) of this section, cannabis or cannabis-derived product may be provided by any of the following types of dispensing operations, as defined in section 1.3, that are in compliance this part:
 - Storefront operations, which may also operate a delivery service operation from the same physical location;
 - (2) Delivery service operations, which may operate either with or without a storefront operation; and
 - (3) Direct-from-garden operations, which may:
 - (i) Operate either with or without a storefront operation; and
 - (ii) Be located either at the same location as cultivation occurs, or at another location.
 - (4) Growing co-op operations.
- (b) Dispensing operations may provide:
 - (1) Cannabis that is cultivated by:
 - (i) The dispensing operation itself;
 - (ii) A co-owned cultivation operation; or
 - (iii) A cultivation operation that is not co-owned, which may be obtained by the dispensing operation either:
 - (A) Directly from the cultivation operation; or
 - (B) From a vendor of the cannabis;
 - (2) Cannabis-derived product that is manufactured by:
 - (i) The dispensing operation itself;
 - (ii) A co-owned manufacturing operation; or
 - (iii) A manufacturing operation that is not co-owned, which may be obtained by the dispensing operation either:
 - (A) Directly from the manufacturing operation; or
 - (B) From a vendor of the cannabis-derived product.
- (c) Notwithstanding paragraph (a) of this section, dispensing operations must be in compliance with all other legal requirements in the jurisdiction where this part applies.

Section 2.2 Ancillary operations

- (a) In addition to providing cannabis or cannabis-derived product, a dispensing operation described in section 2.1 may also engage in other operations, including:
 - (1) Cultivation of cannabis;
 - (2) Manufacturing, packaging, holding, and labeling of cannabis-derived product;
 - (3) Laboratory operations; and
 - (4) Sale and marketing of products other than cannabis or cannabis-derived product.



- (b) The ancillary operations identified in section 2.2(a) may be conducted:
 - At the same location as providing cannabis or cannabis-derived product, so long as such operations are permitted at this location in the jurisdiction in which this part applies; or
 - (2) At another location at which such operations are permitted in the jurisdiction in which this part applies.
- (c) The ancillary operations identified in section 2.2(a) must be conducted in compliance with all regulations relevant to such operations in the jurisdiction in which this part applies.

Section 2.3 Personnel

- (a) All dispensing operation employees must have the education, training, or experience to perform all assigned functions.
- (b) Dispensing operations must:
 - (1) Provide employees who have any assigned functions that involve providing compliant individuals with cannabis or cannabis-derived product with training that includes:
 - (i) Specific uses of cannabis or a specific cannabis-derived product;
 - (ii) Clinical application of the specific constituents of cannabis;
 - (iii) The laws, regulations, and policies relevant to providing cannabis or cannabis-derived product to compliant individuals in the jurisdiction where this part applies.
- (c) Dispensing operations should provide all employees with training that includes:
 - (1) Instructions regarding regulatory inspection preparedness and law-enforcement interactions; and
 - (2) The U.S. federal laws, regulations, and policies relating to individuals employed in dispensing operations, and the implications of these for employees and for compliant individuals.
- (d) Storefront operations should be prepared to administer cardiopulmonary resuscitation (CPR) at all times during which the operation is open for business. To do so, the operation should:
 - Ensure that one or more employee has received adequate training to be capable of performing CPR;
 - (2) Schedule personnel to ensure that one such CPR-trained employee is on the premises at all times during which the operation is open for business.

Section 2.4 Physical facilities

- (a) Physical facilities of dispensing operations must:
 - (1) Be operated in adherence with any regulation in the jurisdiction in which this part applies that is relevant to its specific operations, including:
 - (i) Locations and zoning, which can vary depending upon the specific operation or operations undertaken at each facility.
 - (ii) Business hours;
 - (iii) Parking:
 - (iv) Drive-through services; and
 - (v) Signage:



- (2) Be maintained in a clean and orderly condition;
- (3) Be equipped with such utensils and equipment as are necessary to conduct all operations, including ancillary operations as described in section 2.2 of this part, that occur at the facility;
- (4) Implement policies that ensure the privacy of financial transactions; and
- (5) Have information available to compliant individuals regarding local and federal laws on cannabis possession.
- (b) Physical facilities of dispensing operations should:
 - (1) Provide and use appropriate storage conditions to protect the physical and chemical integrity of cannabis-derived product, as needed:
 - (2) Provide and use a secure area for storage of cannabis or cannabis-derived product in inventory; and
 - (3) Provide and use a secure area to manage financial transactions.
- (c) Storefront operations must:
 - (1) Maintain Americans with Disabilities Act (ADA) compliance;
 - (2) Establish a policy regarding on-site consumption of cannabis or cannabisderived product, except that, if a statutory or regulatory requirement exists in the location of the operation with regard to this practice, the operations must comply with such requirement. Any voluntary on-site consumption policy should address:
 - (i) The type or types of consumption allowed (e.g., eating; smoking; vaporizing; or topical application);
 - (ii) A limit on the amount of time that can be spent in on-site consumption if such a time limit is advisable;
 - (iii) A ventilation plan, if needed;
 - (iv) A protocol to prevent and to address a compliant individual who is or becomes over-medicated;
 - (v) Additional issues as needed.

Section 2.5 Security

- (a) Dispensing operations must establish and adhere to such security procedures as are provided by applicable regulation in the jurisdiction in which this part applies.
- (b) Dispensing operations should:
 - (1) Provide additional security as needed and in a manner appropriate for the community where it operates, and should include, as necessary:
 - (i) For storefront operations:
 - (A) In-store security personnel in sufficient number to ensure the safety of staff and served compliant individuals;
 - (B) In-store security cameras; and
 - (C) Monitoring of dedicated parking, if any, either with security personnel or with security cameras.
 - (ii) For delivery service operations:
 - (A) Security personnel at the facility where product is acquired, stored, or processed in sufficient number to ensure the safety of staff and security of all cannabis and cannabis-derived product on site.



- (B) Training for delivery staff to ensure awareness of how to maintain personal and product safety and to provide contact information to police or other emergency personnel.
- (C) Restriction of deliveries only to a private address and never to a public location.
- (D) Compliance with local regulations regarding delivery areas and hours of operation.
- (iii) For direct-from-garden and growing co-op operations:
 - (A) Security practices at the growing facility, and at associated locations where cannabis or cannabis-derived product or money are kept or from which money or cannabis or cannabis-derived product is transferred, sufficient to ensure the safety of staff and security of cannabis on site.
- (2) Refrain from arming security personnel, except as allowed and in full compliance with all relevant legal requirements in the jurisdiction in which this part applies; and
- (3) Provide training to make all staff aware of the operation's security procedures, and each individual employee's security roles and responsibilities.
- (c) Dispensing operations that are also engaged in cultivation or manufacturing operations must also comply with all security measures required for such operations, and should also establish and implement any relevant security measures recommended for such operations.

SUBPART C - CANNABIS PRODUCT

Section 3.1 Subject cannabis products

- (a) Dispensing operations that are subject to this part may provide cannabis and cannabis-derived product that meet any of the following definitions, as stated in section 1.3, and that are intended to be consumed consistent with these definitions:
 - (1) Smoked cannabis;
 - (2) Vaporized cannabis;
 - (3) Oral cannabis (edibles); and
 - (4) Topical cannabis (topicals).
- (b) Each dispensing operation must keep an up-to-date record of the cannabis and cannabis-derived product it provides, including:
 - Identification of the cannabis and cannabis-derived product it provides, as described in section 3.1 (a)(1)-(a)(4);
 - (2) Information to indicate whether each cannabis or cannabis-derived product it offers to compliant individuals is provided or produced by a co-owned operation, or is from an operation that is not co-owned;
 - (3) For cannabis and cannabis-derived product obtained from an operation that is not co-owned:
 - (i) If obtained directly from a cultivation or manufacturing operation, the identity of the operation; or
 - (ii) If obtained from a vendor, the identity of the vendor;



- (4) Restrictions, if any, on providing any specific cannabis or cannabis-derived product to compliant individuals, such as, for example:
 - (i) Limitations as to employees who may, or who may not, provide the specific cannabis or cannabis-derived product to compliant individuals;
 - (ii) Limitations as to compliant individuals who may, or who may not, obtain the specific cannabis or cannabis-derived product.

Section 3.2 Cannabis product acquisition

- (a) Dispensing operations that receive cannabis or cannabis-derived product from one or more cultivation or manufacturing operations, or from one or more vendors, should establish and implement policies for acquisition of such cannabis or cannabis-derived product, including policies on:
 - (1) Locations for receipt of cannabis or cannabis-derived product;
 - (2) Scheduling of deliveries, which may be made either:
 - (i) By scheduling appointments with specific vendors; or
 - (ii) By establishing open vending times, during which any vendor may make a delivery without a specific appointment.
 - (3) Any policies required of cultivation or manufacturing operations, or of vendors, if any, with regard to:
 - (i) Cultivation practices;
 - (ii) Manufacturing:
 - (iii) Packaging or labeling;
 - (iv) Chemical analysis; or
 - (v) Transport conditions, such as refrigeration.
- (b) Dispensing operations that receive cannabis or cannabis-derived product from one or more cultivation or manufacturing operations, or from one or more vendors must:
 - (1) Record each receipt of cannabis and cannabis-derived product, such record to include:
 - (i) The name of the cultivation or manufacturing operation, or of the vendor;
 - (ii) An appropriately complete and specific description of the cannabis or cannabis-derived product; and
 - (iii) A statement of the quantity of each cannabis or cannabis-derived product.
 - (2) If the operation is a storefront, minimize deliveries at times and in locations where compliant individuals are present, if space allows.
 - (3) Inform all cultivation and manufacturing operations and all vendors of the policies established in compliance with paragraph (a) of this section, and of the requirements set forth in paragraph (b) of this section.

Section 3.3 Cannabis product information

- (a) Information provided by a dispensing operation, whether written or verbal, about the identity, quality, and cultivation conditions of cannabis it provides must be accurate.
- (b) A dispensing operation must disclose the extent and type of testing it conducts, or causes to have conducted, on the cannabis it provides, including:
 - The type of test or examination used, if any, to determine the particular strain or cultivar of each lot of cannabis provided;



- (2) Whether or not the cannabis provided is tested to determine the quantitative levels of contained constituents, and if so, the type of testing used;
- (3) Whether or not the cannabis provided is tested to determine the absence or presence of specific classes of potential contaminants, and if so, the type of testing used. The information required by this paragraph must be disclosed for each of the following:
 - (i) Pesticides:
 - (ii) Yeasts and molds; and
 - (iii) Other microbiological contaminants.
- (4) The information required to be disclosed by this paragraph must be made available:
 - (i) At each physical facility maintained by a storefront dispensing operation, either:
 - (A) With posted and readily visible signage; or
 - (B) With printed handouts that are provided to each compliant individual prior to purchase of any cannabis.
 - (ii) On any website at which cannabis or cannabis-derived products are available for ordering by or sale to compliant individuals, by posting the information so that compliant individuals will see the information prior to ordering and purchasing.
- (c) Information provided by a dispensing operation about cannabis-derived product it provides must:
 - (1) Be provided in whatever manner is required in the jurisdiction in which this part applies, whether with labeling or with other markings, or with other written or verbal information:
 - (2) Be accurately conveyed:
 - (i) If manufactured by a co-owned operation, through labeling or other accurate markings or communications, in a manner that complies with all relevant requirements; or
 - (ii) If manufactured by another person or business entity, by providing the information as provided by each product's manufacturer, such that the dispensing operation may not modify the labeling or other information provided by such product's manufacturer.
 - (3) In the event that a dispensing operation has reason to believe that the information provided by the manufacturer of a cannabis-derived product is not accurate, the dispensing operation must seek clarification or correction of any such information.

Section 3.4 Cannabis product recalls

(a) Each dispensing operation must establish a policy for communicating a recall of a cannabis or cannabis-derived product that has been shown to present a reasonable or a remote probability that the use of or exposure to the product will cause serious adverse health consequences, or could cause temporary or medically reversible adverse health consequences. This policy should include:



- A mechanism to contact all customers who have, or could have, obtained the product from the dispensing operation, which communication must include information on the policy for return or destruction of the recalled product;
- (2) A mechanism to contact the cultivation or manufacturing operation, or the vendor which supplied the product to the dispensing operation; and
- (3) Communication and outreach via media, as necessary and appropriate.
- (b) Any recalled cannabis or cannabis-derived product that is returned to a dispensing operation must either:
 - (1) Be disposed of by the dispensing operation in manner that ensures that it cannot be salvaged and will not be used by a compliant individual or by any other person; or
 - (2) Be returned to its cultivator or manufacturer for such disposal.

SUBPART D - COMPLIANT INDIVIDUALS

Section 4.1 Requirements for purchase

- (a) Dispensing operations may provide cannabis or cannabis-derived product only to compliant individuals and may not provide cannabis or cannabis-derived product to any other person.
- (b) If any restrictions exist by statute or regulation in the jurisdiction in which this part applies on the health or medical conditions for which cannabis or cannabis-derived product can be recommended, dispensing operations may not recommend use of any cannabis or cannabis-derived product for any other condition.
- (c) Dispensing operation employees who have any assigned functions that involve providing compliant individuals with cannabis or cannabis-derived product must be aware of the legal requirements for becoming a compliant individual.
- (d) Dispensing operations must make available information on the regulations that apply in the jurisdiction in which this part applies to obtaining and maintaining status as a compliant individual.

Section 4.2 Purchase limits

- (a) Quantitative limitations on the amount of cannabis or cannabis-derived product obtained by a compliant individual in any given timeframe:
 - (1) Must be enforced by a dispensing operation in conformity with any statutory or regulatory restriction, if any exists in the jurisdiction in which this part applies;
 - (2) May be established by a dispensing operation in the absence of any statutory or regulatory limitation; and
 - (3) Should be clearly communicated to compliant individuals.

Section 4.3 Personal information

- (a) Dispensing operations should obtain identifying information for each compliant individual to whom cannabis or cannabis-derived product is provided, including:
 - (1) The individual's name;



- (2) Contact information of sufficient specificity to serve as a means of contact, such as a phone number, email address, or mailing address;
- (3) A physician of record identified by the compliant individual; and
- (4) Health or medical conditions for which cannabis or cannabis-derived product is used.
- (b) All identifying information obtained about any compliant individual must be obtained and stored in compliance the privacy and security rules of the Health Insurance Portability and Accountability Act (HIPAA).³

Section 4.4 Adverse event records

- (a) Dispensing operations should establish a policy for receiving and recording adverse event reports associated with use of the cannabis or cannabis-derived products it provides. Such policy should include:
 - (1) Identification of the minimum data elements to record for any adverse event report, which could include:
 - (i) An identifiable individual who is reported to have experienced the adverse event;
 - (ii) An initial reporter, who may be the same as the identifiable individual or another person;
 - (iii) The identity of the specific cannabis or cannabis-derived product used, if known; and
 - (iv) A description of the adverse event.
 - (2) A procedure for determining if an adverse event should:
 - (i) Be reported to any public health authority;
 - (ii) Be reported to the physician of record for the compliant individual reported to have experienced the adverse event, if known;
 - (iii) Require a product recall.
 - (3) Procedures for communicating the policy to:
 - (i) Employees of the dispensing operation with task assignments that require knowledge of the policy; and
 - (ii) Compliant individuals who are provided with cannabis or cannabisderived products by the dispensing operation.
- (b) For purposes of this section, an adverse event is a health-related event associated with use of cannabis or a cannabis-derived product that is adverse, and that is unexpected or unusual.
- (c) For purposes of this section, an adverse event report recorded under a policy established by a dispensing operation may not be construed as an admission or as evidence that the cannabis or cannabis-derived product involved caused or contributed to the adverse event.

Section 4.5 Rights and responsibilities of compliant individuals

(a) Each dispensing operation should establish a policy that describes the rights and responsibilities of compliant individuals who obtain cannabis or cannabis-derived products from the dispensing operation. Such policy should include:

³ These can be found at http://www.hhs.gov/ocr/privacy.



- How compliant individuals can expect to be treated by employees of the dispensing operation;
- (2) Information that each compliant individual will be required or requested to provide to the dispensing operation;
- (3) A procedure for providing feedback and suggestions, including procedures for communicating commendations and complaints;
- (4) Contact information for the dispensing operation, and for specific employees for a compliant individual to contact;
- (4) Hours of operation; and
- (5) The dispensing operation's policies related to:
 - (i) Payment for cannabis and cannabis-derived products;
 - (ii) Use of cannabis and cannabis-derived product on the premises;
 - (c) Any other applicable policies.

All types of medical cannabis produce effects that are more similar than not, including pain and nausea control, appetite stimulation, reduced muscle spasm, improved sleep, and others. But individual strains will have differing cannabinoid and terpene content, producing noticeably different effects. Many people report finding some strains more beneficial than others. For instance, strains with more CBD tend to produce better pain and spasticity relief. As noted above, effects will also vary for an individual based on the setting in which it is used and the person's physiological state when using it.

In general, sativas and indicas are frequently distinguished as follows:

Sativas

The primary effects are on thoughts and feelings. Sativas tend to produces stimulating feelings, and many prefer it for daytime use. Some noted therapeutic effects from use of Sativas:

- Stimulating/energizing
- Increased sense of well-being, focus, creativity
- Reduces depression, elevates mood
- Relieves headaches/migraines/nausea
- Increases appetite

Some noted Side-Effects from use of Sativas

- Increased anxiety feelings
- Increased paranoia feelings

Indicas

The primary effects are on the body. Indicas tend to produce sedated feelings, and many prefer it for nighttime use.

Some noted Therapeutic Effects from use of Indicas:

- Provides relaxation/reduces stress
- Relaxes muscles/spasms
- Reduces pain/inflammation/headaches/migraines
- Helps sleep
- Reduces anxiety
- Reduces nausea, stimulates appetite
- Reduces intra-ocular pressure
- Reduces seizure frequency/anti-convulsant
- Some noted side-effects from use of Indicas:

- Feelings of tiredness
- "Fuzzy" thinking

Hybrids

Strains bred from crossing two or more varieties, with typically one dominant. For example, a sativa-dominant cross may be helpful in stimulating appetite and relaxing muscle spasms. Crosses are reported to work well to combat nausea and increase appetite.

Cannabis Extracts and Concentrates

The dried flower or bud from the manicured, mature female plant is the most widely consumed form of cannabis in the U.S. Elsewhere in the world, extracts or concentrates of the cannabis plant are more commonly used. Concentrates are made from cannabinoid-rich glandular trichomes, which are found in varying amounts on cannabis flowers, leaves and stalks. The flowers of a mature female plant contain the most trichomes.

Many methods are used to separate the trichomes from the plant:

- Sift the cannabis flower and/or leaves through a fine screen either via a mechanical/motorized tumbler or by hand. Called "dry sift." What passes through the screen is primarily the oil-rich glandular heads.
- Roll the cannabis flowers between the fingers to rupture the trichomes and collect the resin that sticks to the fingers. Called "finger hash."
- Submerge cannabis leaves in ice water and agitate mixture to solidify trichomes. Filter mixture through series of increasingly fine screens or bags. Dry the trichomes and press into blocks. Called "bubble hash." This method has increased yield.

There are other ways to separate the trichomes from other plant material, such as butane extractions, but consult your local medical cannabis laws concerning restrictions on certain types of preparations and use caution as some methods can create serious combustion dangers.

Kief

Kief is a powder made from trichomes removed from the leaves and flowers of cannabis plants. Can be compressed to produce cakes of hashish, or consumed (typically smoked) in powder form in a pipe or with cannabis bud or other herbs.

Hashish

Hashish (also known as hash or hashisha) is a collection of compressed or concentrated resin glands (trichomes). Hash contains the same active cannabinoids as the flower and leaves but typically in higher concentrations (in other words, hash is more potent by volume than the plant material from which it was made).

- Hashish usually is a paste-like substance with varying hardness. Good quality is typically described as soft and pliable. It becomes progressively harder and less potent as it oxidizes and oil evaporates.
- THC content of hashish ranges from 15-70%.
- Often smoked with a small pipe. Can be used in food, in a hookah, vaporizer, mixed with joints of cannabis bud or aromatic herbs.
- Color varies from black to brown to golden or blonde. Color typically reflects methods of harvesting, manufacturing, and storage.

MYTH: The effects from smoking hash are different.

FACT: The effects of hash vary in the same way strains of cannabis do. This stems from differences in potency of hash and the regional variations between cannabis strains used for making it.

Hash oil

Hash oil is a mix of essential oils and resins extracted from mature cannabis foliage through the use of various solvents such as ethanol or hexane. The solvent is then evaporated, which leaves the oil. Hash oil tends to have a high proportion of cannabinoids—a range from 30 to 90% THC content can be found.

Can be smoked with a specialty pipe (specifically for hash oil or hash), with a vaporizer, with cannabis bud in a pipe, joint, or added to food.

Cannabis Edibles

Cannabis can be ingested or eaten when added to cake, cookies, dressings, and other foods. It can also be brewed into a tea or other beverage. To be effective, cannabis and its extracts or concentrates must be heated in order to convert the cannabinoid tetrahydrocannabinolic acid into active THC.

Digestive processes alter the metabolism of cannabinoids and produce a different metabolite of THC in the liver. That metabolite may produce markedly different effects or negligible ones, depending on the individual. Onset of effects are delayed and last longer due to slower absorption of the cannabinoids.

Cannabinoids are fat-soluble, hydrophobic oils, meaning they dissolve in oils, butters, fats and alcohol, but not water. Processes using oil, butter, fat or alcohol can extract the cannabinoids from plant material.

Various forms of converted cannabis can be used for edible medicating. Each can be made from cannabis flowers, leaves of concentrates such as hash. The potency of the edible will depend on the material used in making it and the amount used. Edibles made with hash will be stronger than those made from leaf trim.

Cannabis Oil

Cannabis Oil (cannaoil): is cooking oil infused with cannabinoids. Various means to extract include heating the oil and cannabis mixture at low temperature in a frying pan or pot, double boiler, or slow cooker then straining out the plant material. Can be used in any recipe that includes oil and that doesn't go over 280 degrees Fahrenheit (evaporating point). Think cookies, cakes, candies, and other food items.

Cannabis Butter

Cannabis butter (cannabutter) is butter infused with cannabinoids. Heat raw cannabis with butter to extract cannabinoids into the fat. Various means to extract include heating the butter and cannabis mixture at low temperature in a frying pan or pot, double boiler, or slow cooker then straining out the plant material. Can be used in any recipe that includes oil and that doesn't go over 280 degrees Fahrenheit.

Tincture

Tinctures use ethanol alcohol (e.g. pure grain alcohol, not rubbing alcohol) to extract the cannabinoids. You use droplet amounts, and it is absorbed through the mucous membranes in the mouth.

Spray

Sublingual sprays is another way of using a tincture. Use ethanol alcohol to extract the cannabinoids. You use a pump to spray cannabis-alcohol solution under your tongue.

Cannabis Liquor

Liquor may be infused with cannabinoids. Best to cook stems and leaves into brandy or rum. Can be added to coffee and other beverages.

Cannabis Topicals (applied to the skin)

Cannabinoids combined with a penetrating topical cream can enter the skin and body tissues and allow for direct application to affected areas (e.g. allergic skin reactions, post-herpes neuralgia, muscle strain, inflammation, swelling, etc.).

- Cannabinoids in cannabis interact with CB1 and CB2 receptors that are found all over the body, including the skin.
- Both THC and Cannabidiol (CBD) have been found to provide pain relief and reduce inflammation.
- Topical cannabis use does not produce a psychoactive effect, which is different from eating or inhaling the medicine.

Different types of cannabis topicals include:

- Salve: cannabinoids heated into coconut oil combined with bees wax and cooled. Rub directly on skin.
- Cream: cannabinoids heated into shea butter combined with other ingredients and cooled. Rub directly on skin.

Topicals may produce anti-inflammatory and analgesic or pain relief effects.. Research has to date been limited to studies on allergic and post-herpes skin reactions and pain relief. Anecdotal reports on topical treatment efficacy include:

- Certain types of dermatitis (including atopic) and psoriasis
- Balm for lips, fever blisters, herpes
- Superficial wounds, cuts, acne pimples, furuncles, corns, certain nail fungus
- Rheumatism and arthritic pains (up to the 2nd degree of arthritis)
- Torticollis, back pains, muscular pains and cramps, sprains and other contusions
- Phlebitis, venous ulcerations
- Hemorrhoids
- Menstruation pains
- Cold and sore throat, bronchitis
- Asthmatic problems with breathing
- Chronic inflammation of larynx (application in the form of a Priessnitz compress)
- Migraine, head pains, tension headaches
- Pharmaceutical Cannabis or Cannabinoids

Pharmaceutical cannabis or cannabinoid drugs are those that have been standardized in composition, formulation and dose. That means you always know exactly what and how much you are getting with each pill or spray. These are

drugs which have been developed to meet regulatory requirements for prescribing by physicians.

Dronabinol (Marinol®)

Dronabinol (Marinol®) is a prescribed capsule classified as a Schedule III drug used to treat nausea and vomiting caused by chemotherapy and loss of appetite and weight loss in people who have acquired immunodeficiency syndrome (AIDS). It is a synthetic version of THC suspended in sesame oil and does not contain CBD (cannabidiol) or other cannabinoids.

Sativex®

Sativex® is a prescribed oromucosal (mouth) spray to alleviate various symptoms of MS and cancer, including neuropathic pain, spasticity, overactive bladder and other symptoms, depending on the country. Derived from two strains of cannabis, the principal active cannabinoid components are THC and CBD suspended in ethanol. Each spray of Sativex® delivers a fixed dose of 2.7mg THC and 2.5mg CBD.

Cannabis Consumption

How Can I Use Cannabis More Safely?

Adjust the way you use cannabis. One of the great aspects of cannabis is that there are many ways to use the medicine effectively.

Ingest via Eating

This is one of the safest ways to consume your medication, but understand that the effects from eaten cannabis may be more pronounced and onset of the effects will be delayed by an hour or more and typically last longer than inhalation. Using edible cannabis effectively will usually take some experimentation with particular product types and dosage. Digesting cannabis also metabolizes the cannabinoids somewhat differently and can produce different subjective effects, depending on the individual.

Use small amounts of edibles and wait 2 hours before gradually increasing the dose, if needed. Take care to find and use the right dose-excessive dosage can be uncomfortable and happens most often with edibles.

Try cannabis pills made with hash or cannabis oil or ingest via Tinctures/Sprays

Find your ideal dosage to enhance your therapeutic benefits. Start with no more than two drops and wait at least an hour before increasing the dosage, incrementally and as necessary.

Apply via Topicals

This is one of the safest ways to consume your medication and may be the best option for certain pains or ailments. Rubbing cannabis products on the skin will not result in a psychoactive effect.

Inhale via Smoking

Because the effects are noticed or felt quickly, this is a good way to get immediate relief and find the best dose for you. Research has shown that smoking cannabis does not increase your risk of lung or other cancers, but because it entails inhaling tars and other potential irritants, it may produce unpleasant bronchial effects such as harsh coughing.

Smoke as little as possible. Try 1 to 3 inhalations and wait 10 to 15 minutes to find the right dosage. Increase dosage as necessary.

Take smaller, shallower inhalations rather than deep inhales. Holding smoke in does not increase the effects; studies show that 95% of the THC is absorbed in the first few seconds of inhaling.

If consuming with others, for health reasons, try not to share the smoking device. If sharing, quickly apply flame to the pipe mouthpiece or wipe with rubbing alcohol to kill germs.

To avoid inhaling unnecessary chemicals, use hemp paper coated with beeswax to light your medicine rather than matches or a lighter.

Inhale via Vaporizer

This is the safest way to inhale your medicine because it heats the cannabinoid-laden oils to the point where they become airborne vapors, without bringing the other plant material to combustion, drastically reducing the amount of tars and other chemical irritants that you otherwise would inhale. Vaporizers also emit much less odor than any type of smoking.

Invest in a tabletop Volcano brand vaporizer or a hand-held vaporizer (such as vaporPlus). Construct your own vaporizer if you can't afford to buy one.

Inhale via a Pipe/One-Hitter/Steam Roller

Use a glass, stainless steel, or brass pipe; avoid wood or plastic pipes. Glass one hitters, tubular pipes that contain a single dose, are the most economical devices.

Inhale via a Bong/Water Pipe

Don't use a bong or water pipe regularly. The water absorbs some of the THC and other cannabinoids, and you can inhale water vapor or water drops into your lungs.

Don't use a bong made from plastic, rubber or aluminum that can produce harmful fumes when heated or melted. If you do use one, change the water frequently to limit exposure to germs and viruses.

Know Your Variety

Cannabis comes in many varieties, roughly divided between Sativas that originated near the equator and Indicas that come from northern latitudes, though modern breeding programs have created a wide range of hybrids. Each variety has its own cannabinoid and terpene profile and subtly different effects. Whether you use Sativa-dominant, Indica-dominant, or a Hybrid it makes a difference.

- 1. Take note of what effect each variety produce for you (therapeutic and side effects); keeping a log can be helpful.
- 2. Use higher potency cannabis so you use less medicine. Concentrates can be useful, particularly if you need higher doses.
- 3. For concentrates, use a glass pipe made for cannabis concentrates.
- 4. Experiment with high CBD strains, particularly for nausea, appetite, and pain.
- 5. Take a medicine vacation occasionally. While cannabis does not produce tolerance in the way opiates do, reducing or ceasing cannabis use can yield enhanced effects when restarted. Either reduce or stop for however long it feels comfortable for you.
- 6. Change the variety if the one you're using seems to be losing its effectiveness.
- 7. Whenever possible, choose organic cannabis products. Never consume cannabis that has been treated with pesticides.

Think About Drug Interactions

No significant interactions between cannabis and other drugs are known at this time, though research indicates cannabis enhances the effects of opiate painkillers. Little is known about the interaction of cannabis and other pharmaceutical medications, but it is important to consider any complementary effects.

Talk to your doctor or find a doctor who you can talk to about medical cannabis. Some studies show interactions with barbiturates, theophyline, fluxetine, disulfiram, sedatives, antihistamines, etc.

A synergistic effect can occur with alcohol use; limit mixing the two.

Consider Safety. For yourself and your community.

Indicas can cause drowsiness-avoid driving or operating heavy machinery when using your medicine.

Don't consume cannabis and drive. Cannabis use can impair motor skills. Find a safe environment to consume your medicine. Wait at least 1-2 hours after you medicate before getting behind the wheel.

Managing medicine costs

If paying for your medicine is an issue, try a few of these tips.

- 1. Track your costs to get an accurate picture of your spending on cannabis.
- 2. Take a "grow your own" class and explore growing your own medicine or work with a small group of patient cultivators.
- 3. If you access your medicine through a dispensary, use discount cards or investigate other ways to receive free or discounted medicine (like a low-income program, sliding scale program, activism volunteer)
- 4. Store your medicine properly to maintain quality over time. Airtight glass jars kept in a cool dark space work best.

Keeping a Cannabis Log

To establish an optimal treatment regime with cannabis, you will need to balance the effects of different strains, doses, and methods of ingestion. It may be helpful to record your therapeutic relationship with cannabis on an ongoing basis. One method is through keeping a cannabis-use log that captures your experience, including thoughts, feeling and behaviors. Periodically reviewing the log can help both you and your doctor make decisions about what works best.

To start, keep a detailed log, as described below, for at least one week. Once you've got a week's worth of information, complete the self-assessment worksheet that follows. This worksheet will help you better understand many things about yourself, including: your ailments and symptom patterns, your treatment behaviors, and the efficacy and side effects of the cannabis medicines you use.

In keeping a medication log, try to keep things standardized, and be as consistent as possible. Here are some logging tips on useful information to collect:

- 1. Date/Time: Record every time you consume cannabis with the current date and time of day.
- 2. Amount: The amount of cannabis used (gram estimate or other consistent measure).
- 3. Strain: The name, strain or variety of the cannabis strain or variety of cannabis medicine used. If you don't know the name, write a detailed description of the medicine.
- 4. Code: Strains are generally described as Indica, Sativa, or hybrid. You may want to code your entries: I=Indica, S=Sativa, S/I=Sativa-dominant Indica Cross, and I/S= Indica-dominant Sativa Cross.
- 5. Type is the form of cannabis consumed: dried bud flower (most common), concentrates, tincture/sprays, edibles/drinks or topical. You may want to use: F=flower, C=concentrate, T=tincture/spray, E=edible, TO=topical.
- 6. Cannabinoid Content: refers to the percent of THC, CBD and/or CBN. If you have this information available to you, write down percentages of each cannabinoid. If you're using edibles or similar, a description of potency and preparation is helpful.
- 7. Mode: Write down how you used your medication. Either inhale via S=smoke or V=vaporize, E=eat/digest, T=tincture or spray, TO=topical.
- 8. Therapeutic Effects: List any positive effects you experience (physical, mental, social, behavioral, etc).
- 9. Negative Side Effects: List your negative effects
- 10. Timing: How quickly did you experience the first therapeutic effects? When did you feel the peak of relief? When did it start to noticeably dissipate? How long until effects were gone?
- 11. What prompted your cannabis use? List the specific factors that told you it was time for medicine, as well as the general symptoms or conditions being treated (e.g. pain, nausea, anxiety, etc.
- 12. How did you feel (mindset)? Record your mood and feelings before and after you used cannabis.
- 13. Where were you (setting)? Were you at home, at a collective, in your office? Sitting, standing, lying down?
- 14. Who were you with? Were you by yourself, with a friend, a large group, among other cannabis consumers, etc?
- 15. What were you doing? Just before you used cannabis, what was going on? What were the activities or circumstances leading up to it?

Recommendations for Regulators – Cannabis Operations

Developed by: Cannabis Committee American Herbal Products Association 8630 Fenton Street, Suite 918 Silver Spring, MD 20910 www.ahpa.org

This document includes the following Recommendations for Regulators:

• Dispensing Operations

Introduction

The legal status of products derived from *Cannabis* spp. is in a transitional phase in many states in the United States. Where products that contain marijuana and its derivatives were formally illegal throughout the U.S., many state laws now allow adult use of these either for medical purposes only or for any social adult use.

The American Herbal Products Association (AHPA) chartered a Cannabis Committee in 2010 with an express purpose to address issues related to the safe use and responsible commerce of legally-marketed products derived from *Cannabis* species.

To meet its purpose the AHPA Cannabis Committee has developed recommendations to regulators for best practice rules to address four operational stages of *Cannabis* production and distribution: cultivation; manufacturing and related operations; laboratory practice; and dispensing.

The present document provides recommendations to regulators in the specific area of Cannabis Dispensing Operations, and is presented in the form of a draft regulation. These recommendations are intended to establish a basis for oversight of entities that provide marijuana products directly to compliant adult consumers. These recommendations focus on personnel, security, product acquisition, record keeping, customer policies, and other matters that can contribute to best practice in the dispensary setting.

This Revision 3 of the document incorporates some minor editorial changes to definitions. No changes to requirements specified in the document have been made.

The AHPA Cannabis Committee offers this document to states and local municipalities where use of marijuana is allowed under local law such that regulatory authorities can consider the adoption of these recommendations, in whole or in part, as the basis for development of jurisdiction-specific regulations.

Please contact AHPA for further information or to discuss this document further.

Points of contact:

Michael McGuffin / P: 301-588-1171 x201 / E: mmcguffin@ahpa.org

Jane Wilson / P: 734-476-9690 / E: jwilson@ahpa.org

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SUBPART A - GENERAL PROVISIONS

Section 1.1 Subject operations

- (a) Except as provided by paragraph (b) of this section, any person, group of persons, non-profit entity, or business entity that provides cannabis or cannabis-derived product to compliant individuals in the jurisdiction in which this part applies¹ is engaged in a cannabis dispensing operation², and is subject to this part.
- (b) A compliant individual who transfers or gives cannabis or cannabis-derived product to another compliant individual at no charge is not a cannabis dispensing operation and is not subject to this part.

Section 1.2 Other statutory provisions and regulations

In addition to this part, dispensing operations must comply with all other applicable statutory provisions and regulations related to providing cannabis or cannabis-derived product in the jurisdiction in which this part applies, and related to all other business activities undertaken in conducting the dispensing operation.

Section 1.3 Definitions

The following definitions apply to this part:

Cannabis means any of the aerial parts of a plant in the genus Cannabis, and does not mean hemp.

Cannabis-derived product means a product, other than cannabis itself, which contains or is derived from cannabis, and does not mean a product that contains or is derived from hemp.

Compliant individual means an individual who has met all legal requirements to obtain and use cannabis or cannabis-derived product in the jurisdiction where this part applies.

Co-owned operation means a cultivation or manufacturing operation that has the same ownership as a dispensing operation.

Cultivate means to grow plants in the genus *Cannabis*. A person, group of persons, non-profit entity, or business entity that cultivates is a *cultivator*, and a facility where cannabis plants are cultivated is a *cultivation operation*.

Delivery service means a dispensing operation that delivers cannabis or cannabis-derived product to compliant individuals.

Direct-from-garden or *caregiver operation* means a dispensing operation whereby compliant individuals obtain cannabis or cannabis-derived product directly from a cannabis cultivator.

Dispense means to provide cannabis or cannabis-derived product to compliant individuals.

¹ This term "in the jurisdiction where this part applies" may be replaced throughout with the name of the specific jurisdiction.

² It is noted that different jurisdictions may have other terminology for the type of operation that is defined as a dispensing operation in this document.

Dispensing operation means a person, group of persons, non-profit entity, or business entity that provides cannabis or cannabis-derived product to compliant individuals and includes delivery services, direct-from-garden operations, growing co-ops, and storefront operations².

Growing co-op means a dispensing operation that consists of a group of compliant individuals who grow cannabis collectively on property belonging to, leased or rented by, or otherwise authorized for use by the entire group, or by a member of the group, or who cooperatively produce cannabis-derived product for use by members of the group.

Hemp means any part of a plant in the genus Cannabis, whether growing or not, with a delta-9 tetrahydrocannabinol concentration of not more than 0.3 (three-tenths) percent on a dry weight basis.

Manufacture means to compound, blend, grind, extract, or otherwise make or prepare cannabis-derived product. A person, group of persons, non-profit entity, or business entity that manufactures is a *manufacturer*, and a facility where manufacture occurs is a *manufacturing operation*.

May is used to indicate an action or activity that is permitted; may not is used to indicate an action or activity that is not permitted.

Must is used to state a requirement.

Oral cannabis or *edible* means cannabis or cannabis-derived product that is ingested through the mouth and into the digestive system.

Process (verb) means to trim, inspect, grade, or pack cannabis. A person, group of persons, non-profit entity, or business entity that processes is a *processor*, and a facility where cannabis is processed is a *processing operation*.

Provide means to offer for sale or to sell, including by barter, cannabis or cannabis-derived product to compliant individuals.

Should is used to state recommended or advisory procedures.

Smoked cannabis means cannabis or cannabis-derived product that is burned and inhaled into the lungs.

Storefront operation means a dispensing operation that provides cannabis or cannabisderived product to compliant individuals at a physical location.

Topical cannabis or *topical* means a cannabis-derived product intended to be rubbed on the skin and not intended for oral consumption.

Vaporized cannabis means cannabis or a cannabis-derived product that is heated to a temperature at which the contained constituents are released into a vapor without combustion of the material.

Vendor means a person, group of persons, non-profit entity, or business entity that supplies cannabis or cannabis-derived product to storefront or delivery service dispensing operations, and may be either the direct representative of a cultivation or manufacturing operation, or may function independently of such operations by

purchasing cannabis or cannabis-derived product from such operations and reselling it to dispensing operations.

SUBPART B - DISPENSING OPERATIONS

Section 2.1 Types of dispensing operations

- (a) Except as provided by paragraph (c) of this section, cannabis or cannabis-derived product may be provided by any of the following types of dispensing operations, as defined in section 1.3, that are in compliance this part:
 - (1) Storefront operations, which may also operate a delivery service operation from the same physical location;
 - (2) Delivery service operations, which may operate either with or without a storefront operation; and
 - (3) Direct-from-garden operations, which may:
 - (i) Operate either with or without a storefront operation; and
 - (ii) Be located either at the same location as cultivation occurs, or at another location.
 - (4) Growing co-op operations.
- (b) Dispensing operations may provide:
 - (1) Cannabis that is cultivated by:
 - (i) The dispensing operation itself;
 - (ii) A co-owned cultivation operation; or
 - (iii) A cultivation operation that is not co-owned, which may be obtained by the dispensing operation either:
 - (A) Directly from the cultivation operation; or
 - (B) From a vendor of the cannabis;
 - (2) Cannabis-derived product that is manufactured by:
 - (i) The dispensing operation itself;
 - (ii) A co-owned manufacturing operation; or
 - (iii) A manufacturing operation that is not co-owned, which may be obtained by the dispensing operation either:
 - (A) Directly from the manufacturing operation; or
 - (B) From a vendor of the cannabis-derived product.
- (c) Notwithstanding paragraph (a) of this section, dispensing operations must be in compliance with all other legal requirements in the jurisdiction where this part applies.

Section 2.2 Ancillary operations

- (a) In addition to providing cannabis or cannabis-derived product, a dispensing operation described in section 2.1 may also engage in other operations, including:
 - (1) Cultivation of cannabis;
 - (2) Manufacturing, packaging, holding, and labeling of cannabis-derived product;
 - (3) Laboratory operations; and
 - (4) Sale and marketing of products other than cannabis or cannabis-derived product.

- (b) The ancillary operations identified in section 2.2(a) may be conducted:
 - (1) At the same location as providing cannabis or cannabis-derived product, so long as such operations are permitted at this location in the jurisdiction in which this part applies; or
 - (2) At another location at which such operations are permitted in the jurisdiction in which this part applies.
- (c) The ancillary operations identified in section 2.2(a) must be conducted in compliance with all regulations relevant to such operations in the jurisdiction in which this part applies.

Section 2.3 Personnel

- (a) All dispensing operation employees must have the education, training, or experience to perform all assigned functions.
- (b) Dispensing operations must:
 - (1) Provide employees who have any assigned functions that involve providing compliant individuals with cannabis or cannabis-derived product with training that includes:
 - (i) Specific uses of cannabis or a specific cannabis-derived product;
 - (ii) Clinical application of the specific constituents of cannabis;
 - (iii) The laws, regulations, and policies relevant to providing cannabis or cannabis-derived product to compliant individuals in the jurisdiction where this part applies.
- (c) Dispensing operations should provide all employees with training that includes:
 - (1) Instructions regarding regulatory inspection preparedness and law-enforcement interactions; and
 - (2) The U.S. federal laws, regulations, and policies relating to individuals employed in dispensing operations, and the implications of these for employees and for compliant individuals.
- (d) Storefront operations should be prepared to administer cardiopulmonary resuscitation (CPR) at all times during which the operation is open for business. To do so, the operation should:
 - (1) Ensure that one or more employee has received adequate training to be capable of performing CPR;
 - (2) Schedule personnel to ensure that one such CPR-trained employee is on the premises at all times during which the operation is open for business.

Section 2.4 Physical facilities

- (a) Physical facilities of dispensing operations must:
 - (1) Be operated in adherence with any regulation in the jurisdiction in which this part applies that is relevant to its specific operations, including:
 - (i) Locations and zoning, which can vary depending upon the specific operation or operations undertaken at each facility.
 - (ii) Business hours;
 - (iii) Parking:
 - (iv) Drive-through services; and
 - (v) Signage;

- (2) Be maintained in a clean and orderly condition;
- (3) Be equipped with such utensils and equipment as are necessary to conduct all operations, including ancillary operations as described in section 2.2 of this part, that occur at the facility;
- (4) Implement policies that ensure the privacy of financial transactions; and
- (5) Have information available to compliant individuals regarding local and federal laws on cannabis possession.
- (b) Physical facilities of dispensing operations should:
 - (1) Provide and use appropriate storage conditions to protect the physical and chemical integrity of cannabis-derived product, as needed;
 - (2) Provide and use a secure area for storage of cannabis or cannabis-derived product in inventory; and
 - (3) Provide and use a secure area to manage financial transactions.
- (c) Storefront operations must:
 - (1) Maintain Americans with Disabilities Act (ADA) compliance;
 - (2) Establish a policy regarding on-site consumption of cannabis or cannabisderived product, except that, if a statutory or regulatory requirement exists in the location of the operation with regard to this practice, the operations must comply with such requirement. Any voluntary on-site consumption policy should address:
 - (i) The type or types of consumption allowed (e.g., eating; smoking; vaporizing; or topical application);
 - (ii) A limit on the amount of time that can be spent in on-site consumption if such a time limit is advisable;
 - (iii) A ventilation plan, if needed;
 - (iv) A protocol to prevent and to address a compliant individual who is or becomes over-medicated:
 - (v) Additional issues as needed.

Section 2.5 Security

- (a) Dispensing operations must establish and adhere to such security procedures as are provided by applicable regulation in the jurisdiction in which this part applies.
- (b) Dispensing operations should:
 - (1) Provide additional security as needed and in a manner appropriate for the community where it operates, and should include, as necessary:
 - (i) For storefront operations:
 - (A) In-store security personnel in sufficient number to ensure the safety of staff and served compliant individuals;
 - (B) In-store security cameras; and
 - (C) Monitoring of dedicated parking, if any, either with security personnel or with security cameras.
 - (ii) For delivery service operations:
 - (A) Security personnel at the facility where product is acquired, stored, or processed in sufficient number to ensure the safety of staff and security of all cannabis and cannabis-derived product on site.

- (B) Training for delivery staff to ensure awareness of how to maintain personal and product safety and to provide contact information to police or other emergency personnel.
- (C) Restriction of deliveries only to a private address and never to a public location.
- (D) Compliance with local regulations regarding delivery areas and hours of operation.
- (iii) For direct-from-garden and growing co-op operations:
 - (A) Security practices at the growing facility, and at associated locations where cannabis or cannabis-derived product or money are kept or from which money or cannabis or cannabis-derived product is transferred, sufficient to ensure the safety of staff and security of cannabis on site.
- (2) Refrain from arming security personnel, except as allowed and in full compliance with all relevant legal requirements in the jurisdiction in which this part applies; and
- (3) Provide training to make all staff aware of the operation's security procedures, and each individual employee's security roles and responsibilities.
- (c) Dispensing operations that are also engaged in cultivation or manufacturing operations must also comply with all security measures required for such operations, and should also establish and implement any relevant security measures recommended for such operations.

SUBPART C - CANNABIS PRODUCT

Section 3.1 Subject cannabis products

- (a) Dispensing operations that are subject to this part may provide cannabis and cannabis-derived product that meet any of the following definitions, as stated in section 1.3, and that are intended to be consumed consistent with these definitions:
 - (1) Smoked cannabis;
 - (2) Vaporized cannabis;
 - (3) Oral cannabis (edibles); and
 - (4) Topical cannabis (topicals).
- (b) Each dispensing operation must keep an up-to-date record of the cannabis and cannabis-derived product it provides, including:
 - (1) Identification of the cannabis and cannabis-derived product it provides, as described in section 3.1 (a)(1)-(a)(4);
 - (2) Information to indicate whether each cannabis or cannabis-derived product it offers to compliant individuals is provided or produced by a co-owned operation, or is from an operation that is not co-owned;
 - (3) For cannabis and cannabis-derived product obtained from an operation that is not co-owned:
 - (i) If obtained directly from a cultivation or manufacturing operation, the identity of the operation; or
 - (ii) If obtained from a vendor, the identity of the vendor;

- (4) Restrictions, if any, on providing any specific cannabis or cannabis-derived product to compliant individuals, such as, for example:
 - (i) Limitations as to employees who may, or who may not, provide the specific cannabis or cannabis-derived product to compliant individuals;
 - (ii) Limitations as to compliant individuals who may, or who may not, obtain the specific cannabis or cannabis-derived product.

Section 3.2 Cannabis product acquisition

- (a) Dispensing operations that receive cannabis or cannabis-derived product from one or more cultivation or manufacturing operations, or from one or more vendors, should establish and implement policies for acquisition of such cannabis or cannabis-derived product, including policies on:
 - (1) Locations for receipt of cannabis or cannabis-derived product;
 - (2) Scheduling of deliveries, which may be made either:
 - (i) By scheduling appointments with specific vendors; or
 - (ii) By establishing open vending times, during which any vendor may make a delivery without a specific appointment.
 - (3) Any policies required of cultivation or manufacturing operations, or of vendors, if any, with regard to:
 - (i) Cultivation practices;
 - (ii) Manufacturing;
 - (iii) Packaging or labeling;
 - (iv) Chemical analysis; or
 - (v) Transport conditions, such as refrigeration.
- (b) Dispensing operations that receive cannabis or cannabis-derived product from one or more cultivation or manufacturing operations, or from one or more vendors must:
 - (1) Record each receipt of cannabis and cannabis-derived product, such record to include:
 - (i) The name of the cultivation or manufacturing operation, or of the vendor;
 - (ii) An appropriately complete and specific description of the cannabis or cannabis-derived product; and
 - (iii) A statement of the quantity of each cannabis or cannabis-derived product.
 - (2) If the operation is a storefront, minimize deliveries at times and in locations where compliant individuals are present, if space allows.
 - (3) Inform all cultivation and manufacturing operations and all vendors of the policies established in compliance with paragraph (a) of this section, and of the requirements set forth in paragraph (b) of this section.

Section 3.3 Cannabis product information

- (a) Information provided by a dispensing operation, whether written or verbal, about the identity, quality, and cultivation conditions of cannabis it provides must be accurate.
- (b) A dispensing operation must disclose the extent and type of testing it conducts, or causes to have conducted, on the cannabis it provides, including:
 - (1) The type of test or examination used, if any, to determine the particular strain or cultivar of each lot of cannabis provided;

- (2) Whether or not the cannabis provided is tested to determine the quantitative levels of contained constituents, and if so, the type of testing used;
- (3) Whether or not the cannabis provided is tested to determine the absence or presence of specific classes of potential contaminants, and if so, the type of testing used. The information required by this paragraph must be disclosed for each of the following:
 - (i) Pesticides;
 - (ii) Yeasts and molds; and
 - (iii) Other microbiological contaminants.
- (4) The information required to be disclosed by this paragraph must be made available:
 - (i) At each physical facility maintained by a storefront dispensing operation, either:
 - (A) With posted and readily visible signage; or
 - (B) With printed handouts that are provided to each compliant individual prior to purchase of any cannabis.
 - (ii) On any website at which cannabis or cannabis-derived products are available for ordering by or sale to compliant individuals, by posting the information so that compliant individuals will see the information prior to ordering and purchasing.
- (c) Information provided by a dispensing operation about cannabis-derived product it provides must:
 - (1) Be provided in whatever manner is required in the jurisdiction in which this part applies, whether with labeling or with other markings, or with other written or verbal information;
 - (2) Be accurately conveyed:
 - (i) If manufactured by a co-owned operation, through labeling or other accurate markings or communications, in a manner that complies with all relevant requirements; or
 - (ii) If manufactured by another person or business entity, by providing the information as provided by each product's manufacturer, such that the dispensing operation may not modify the labeling or other information provided by such product's manufacturer.
 - (3) In the event that a dispensing operation has reason to believe that the information provided by the manufacturer of a cannabis-derived product is not accurate, the dispensing operation must seek clarification or correction of any such information.

Section 3.4 Cannabis product recalls

(a) Each dispensing operation must establish a policy for communicating a recall of a cannabis or cannabis-derived product that has been shown to present a reasonable or a remote probability that the use of or exposure to the product will cause serious adverse health consequences, or could cause temporary or medically reversible adverse health consequences. This policy should include:

- (1) A mechanism to contact all customers who have, or could have, obtained the product from the dispensing operation, which communication must include information on the policy for return or destruction of the recalled product;
- (2) A mechanism to contact the cultivation or manufacturing operation, or the vendor which supplied the product to the dispensing operation; and
- (3) Communication and outreach via media, as necessary and appropriate.
- (b) Any recalled cannabis or cannabis-derived product that is returned to a dispensing operation must either:
 - (1) Be disposed of by the dispensing operation in manner that ensures that it cannot be salvaged and will not be used by a compliant individual or by any other person; or
 - (2) Be returned to its cultivator or manufacturer for such disposal.

SUBPART D - COMPLIANT INDIVIDUALS

Section 4.1 Requirements for purchase

- (a) Dispensing operations may provide cannabis or cannabis-derived product only to compliant individuals and may not provide cannabis or cannabis-derived product to any other person.
- (b) If any restrictions exist by statute or regulation in the jurisdiction in which this part applies on the health or medical conditions for which cannabis or cannabis-derived product can be recommended, dispensing operations may not recommend use of any cannabis or cannabis-derived product for any other condition.
- (c) Dispensing operation employees who have any assigned functions that involve providing compliant individuals with cannabis or cannabis-derived product must be aware of the legal requirements for becoming a compliant individual.
- (d) Dispensing operations must make available information on the regulations that apply in the jurisdiction in which this part applies to obtaining and maintaining status as a compliant individual.

Section 4.2 Purchase limits

- (a) Quantitative limitations on the amount of cannabis or cannabis-derived product obtained by a compliant individual in any given timeframe:
 - (1) Must be enforced by a dispensing operation in conformity with any statutory or regulatory restriction, if any exists in the jurisdiction in which this part applies;
 - (2) May be established by a dispensing operation in the absence of any statutory or regulatory limitation; and
 - (3) Should be clearly communicated to compliant individuals.

Section 4.3 Personal information

- (a) Dispensing operations should obtain identifying information for each compliant individual to whom cannabis or cannabis-derived product is provided, including:
 - (1) The individual's name;

- (2) Contact information of sufficient specificity to serve as a means of contact, such as a phone number, email address, or mailing address;
- (3) A physician of record identified by the compliant individual; and
- (4) Health or medical conditions for which cannabis or cannabis-derived product is used.
- (b) All identifying information obtained about any compliant individual must be obtained and stored in compliance the privacy and security rules of the Health Insurance Portability and Accountability Act (HIPAA).3

Section 4.4 Adverse event records

- (a) Dispensing operations should establish a policy for receiving and recording adverse event reports associated with use of the cannabis or cannabis-derived products it provides. Such policy should include:
 - (1) Identification of the minimum data elements to record for any adverse event report, which could include:
 - (i) An identifiable individual who is reported to have experienced the adverse event:
 - (ii) An initial reporter, who may be the same as the identifiable individual or another person;
 - (iii) The identity of the specific cannabis or cannabis-derived product used, if known: and
 - (iv) A description of the adverse event.
 - (2) A procedure for determining if an adverse event should:
 - (i) Be reported to any public health authority;
 - (ii) Be reported to the physician of record for the compliant individual reported to have experienced the adverse event, if known;
 - (iii) Require a product recall.
 - (3) Procedures for communicating the policy to:
 - (i) Employees of the dispensing operation with task assignments that require knowledge of the policy; and
 - (ii) Compliant individuals who are provided with cannabis or cannabisderived products by the dispensing operation.
- (b) For purposes of this section, an adverse event is a health-related event associated with use of cannabis or a cannabis-derived product that is adverse, and that is unexpected or unusual.
- (c) For purposes of this section, an adverse event report recorded under a policy established by a dispensing operation may not be construed as an admission or as evidence that the cannabis or cannabis-derived product involved caused or contributed to the adverse event.

Section 4.5 Rights and responsibilities of compliant individuals

(a) Each dispensing operation should establish a policy that describes the rights and responsibilities of compliant individuals who obtain cannabis or cannabis-derived products from the dispensing operation. Such policy should include:

agencies in states within the United States.

- (1) How compliant individuals can expect to be treated by employees of the dispensing operation;
- (2) Information that each compliant individual will be required or requested to provide to the dispensing operation;
- (3) A procedure for providing feedback and suggestions, including procedures for communicating commendations and complaints;
- (4) Contact information for the dispensing operation, and for specific employees for a compliant individual to contact;
- (4) Hours of operation; and
- (5) The dispensing operation's policies related to:
 - (i) Payment for cannabis and cannabis-derived products;
 - (ii) Use of cannabis and cannabis-derived product on the premises;
 - (c) Any other applicable policies.

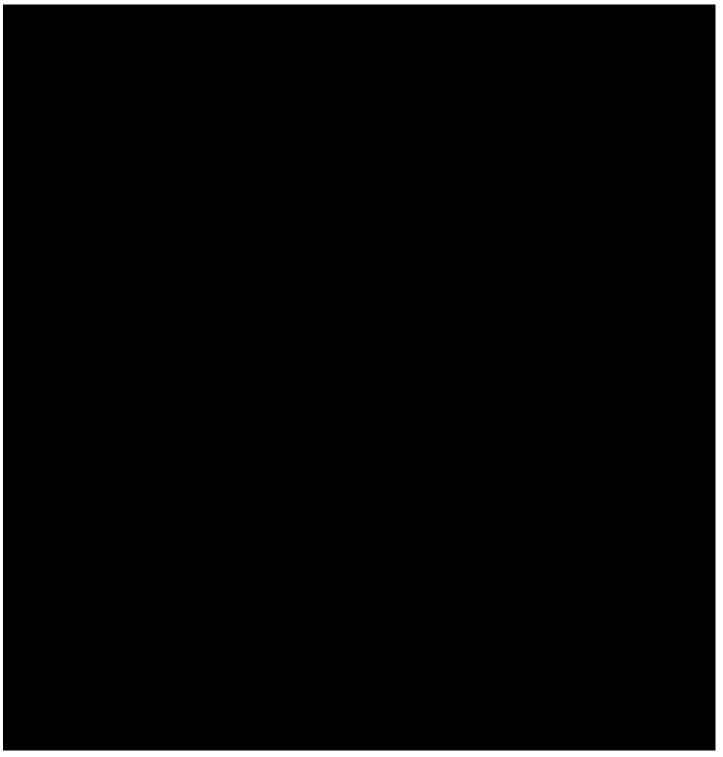


Section C, Number 8

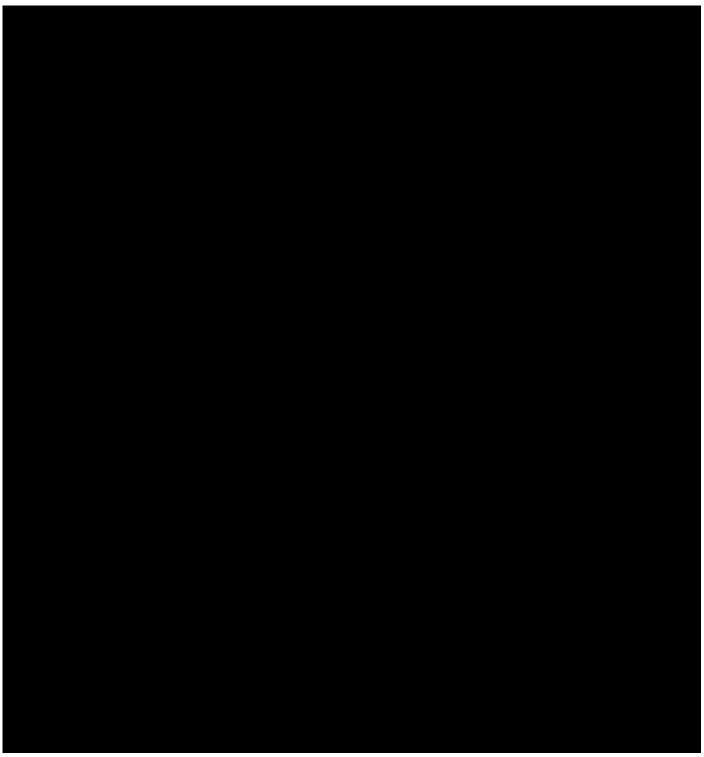
A detailed description of any processes or controls that will be implemented to prevent the diversion, theft or loss of marijuana.

seeks exemption due to the fact it is a trade secret under $\S(b)(5)(A)$ of the Act, and under $\S(b)(19)$ that disclosure would constitute a safety risk. Applicant avers that disclosure of the security plan in a public forum would compromise the security of the dispensary and expose the dispensary to potential theft.

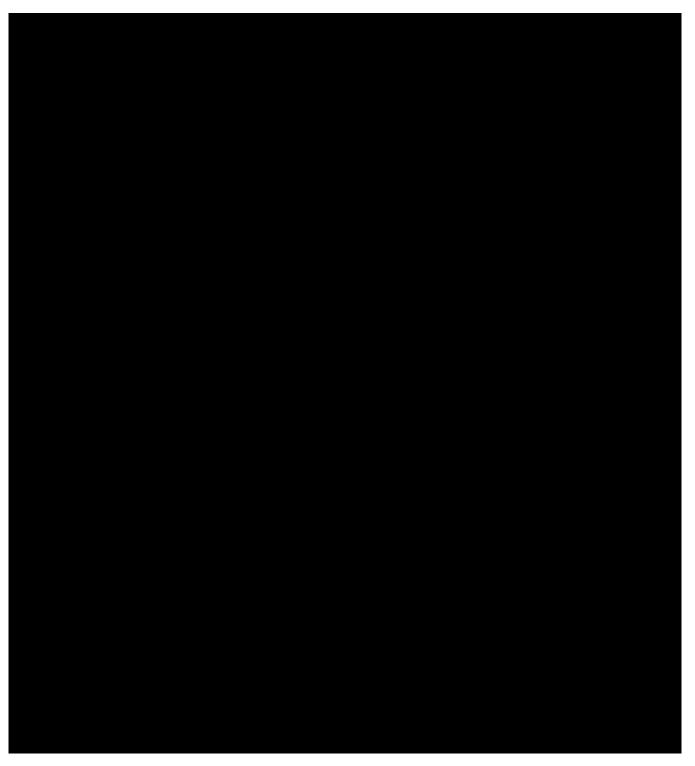




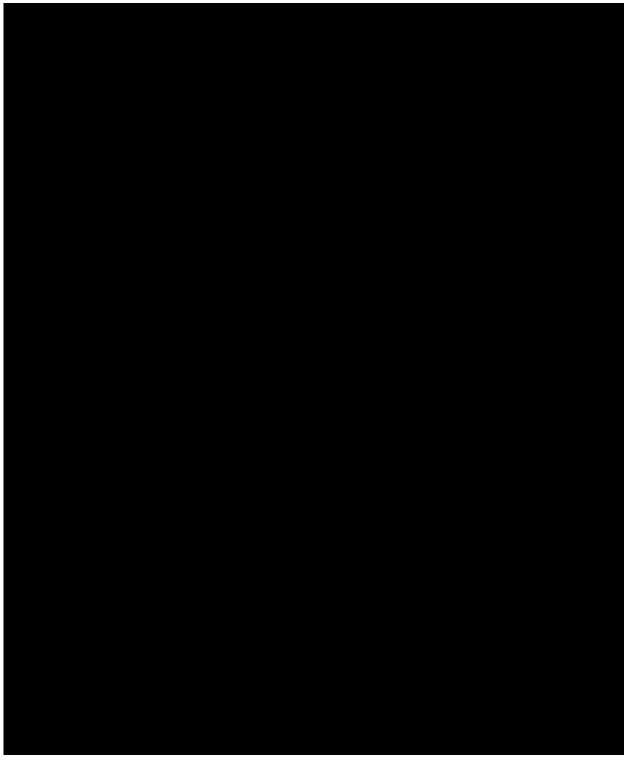




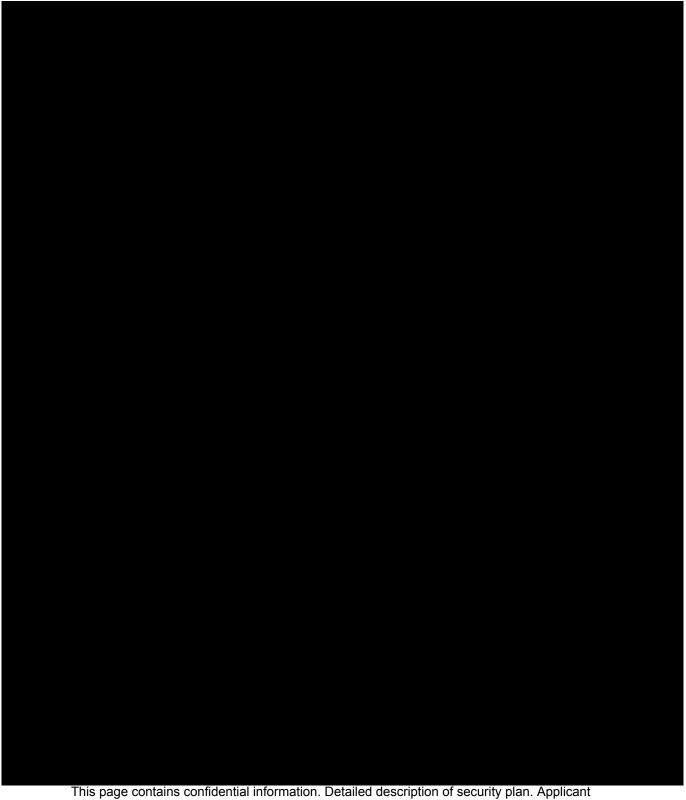




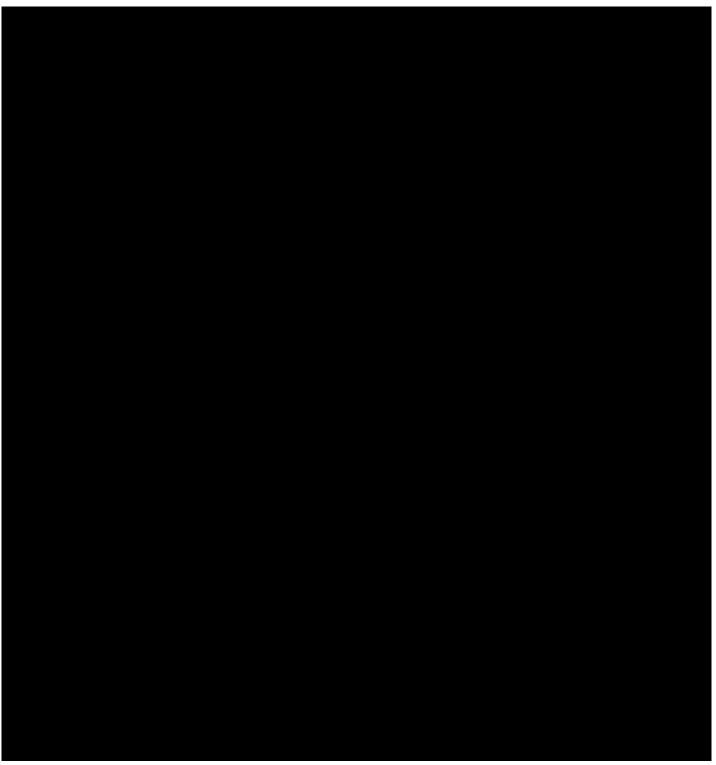




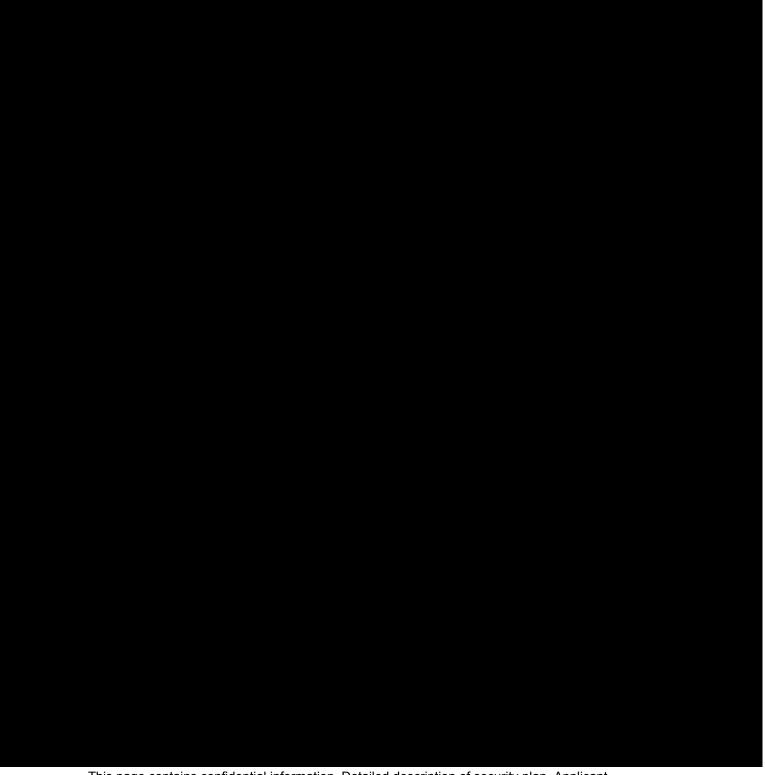




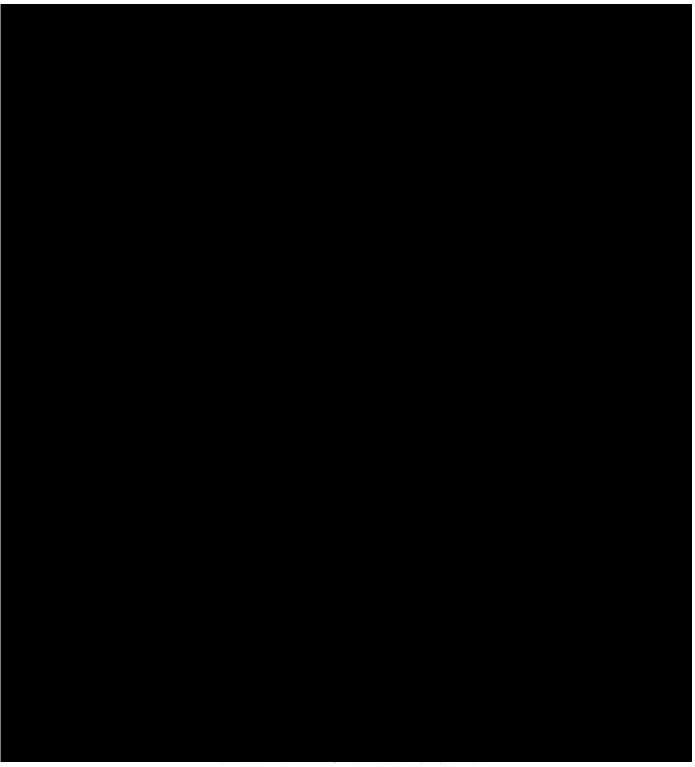




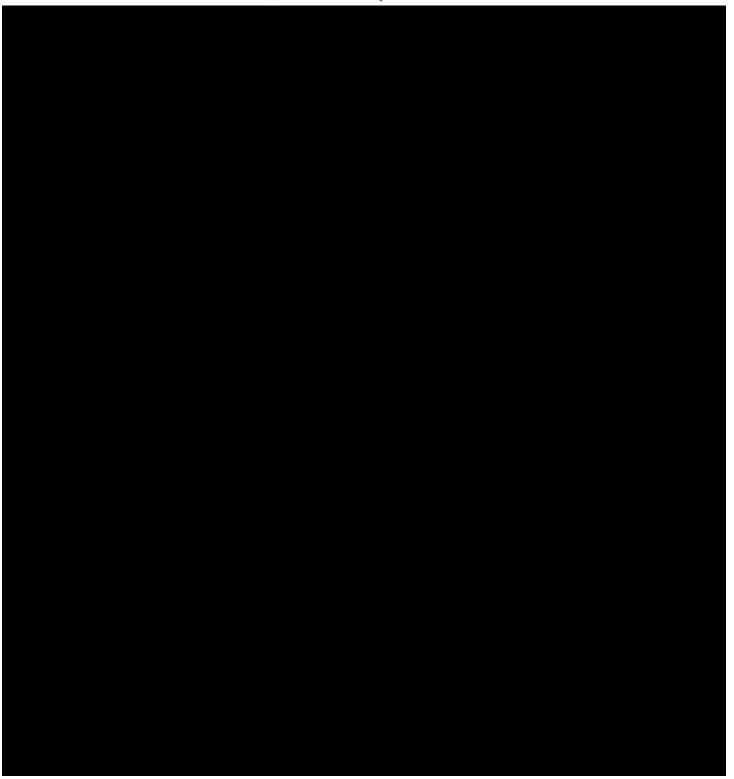










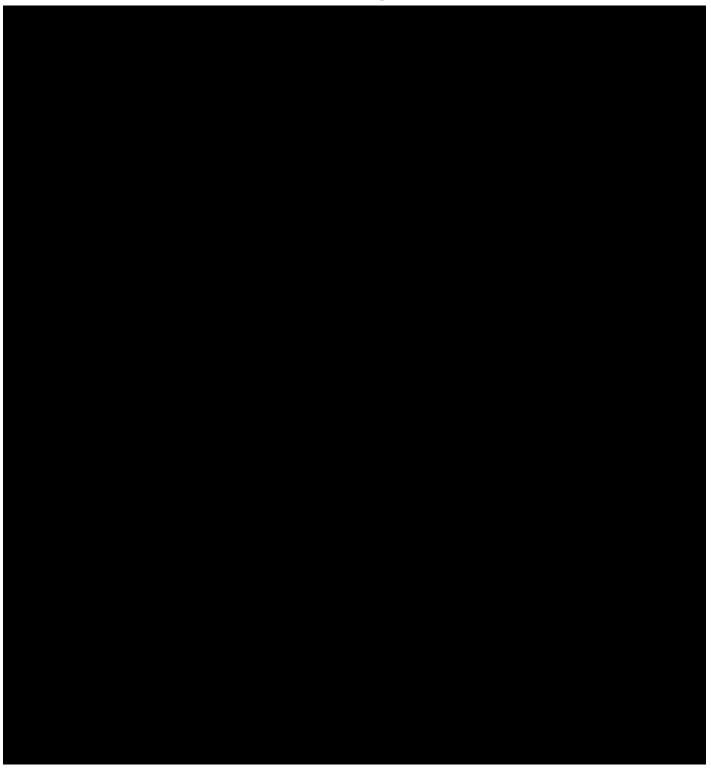


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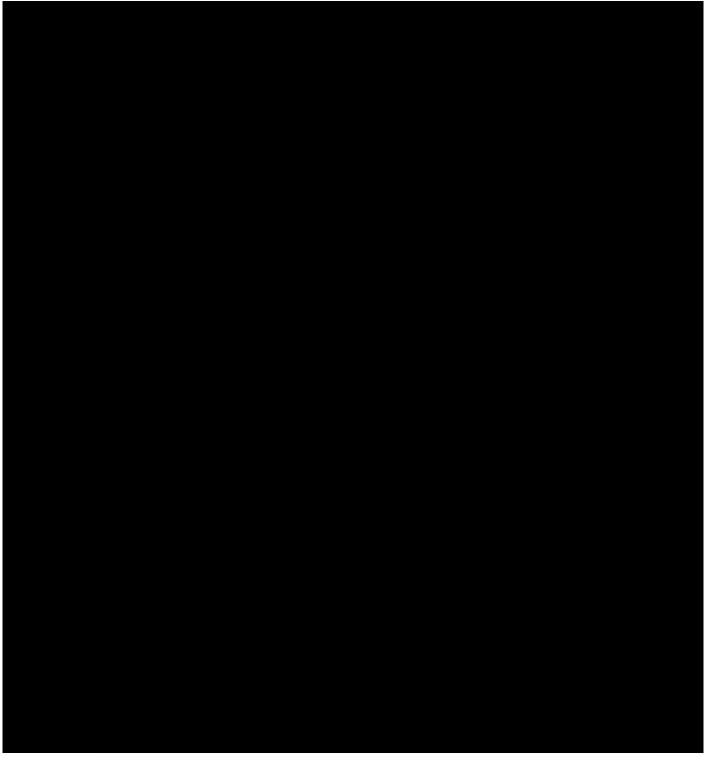


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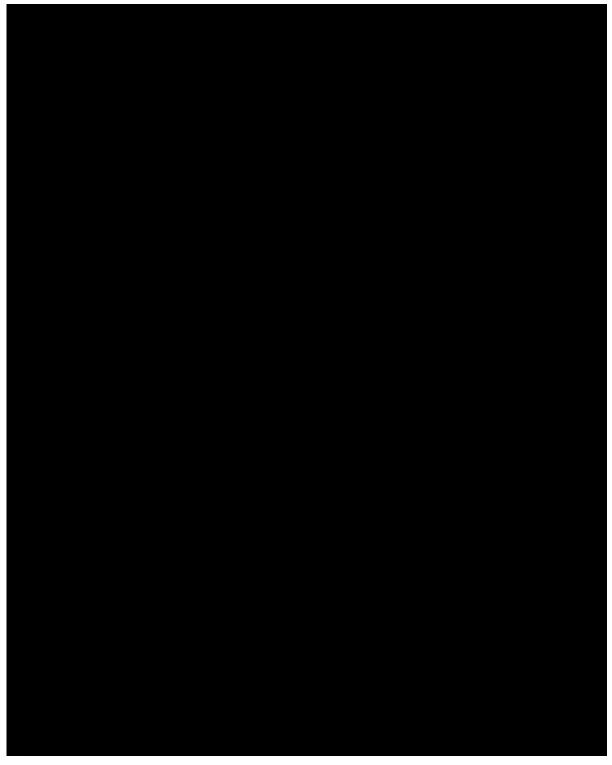




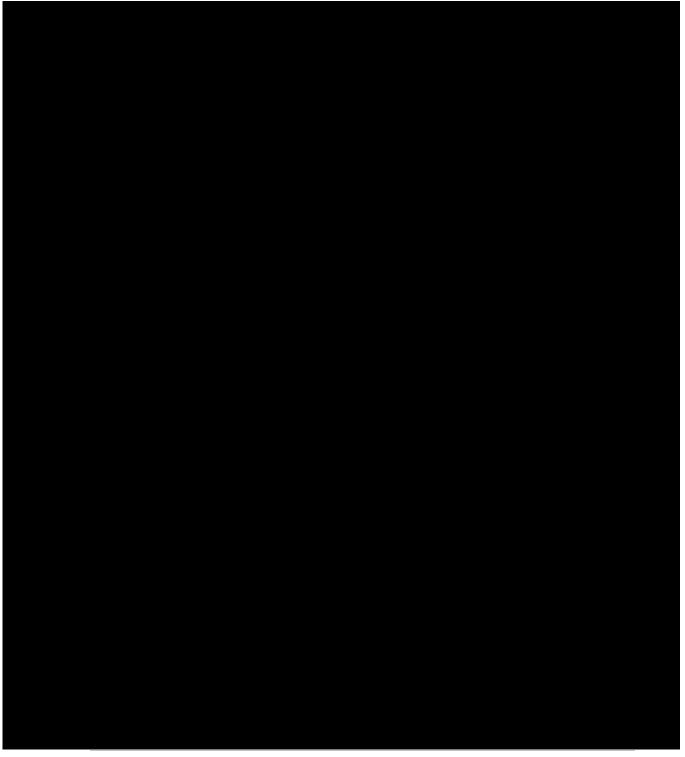




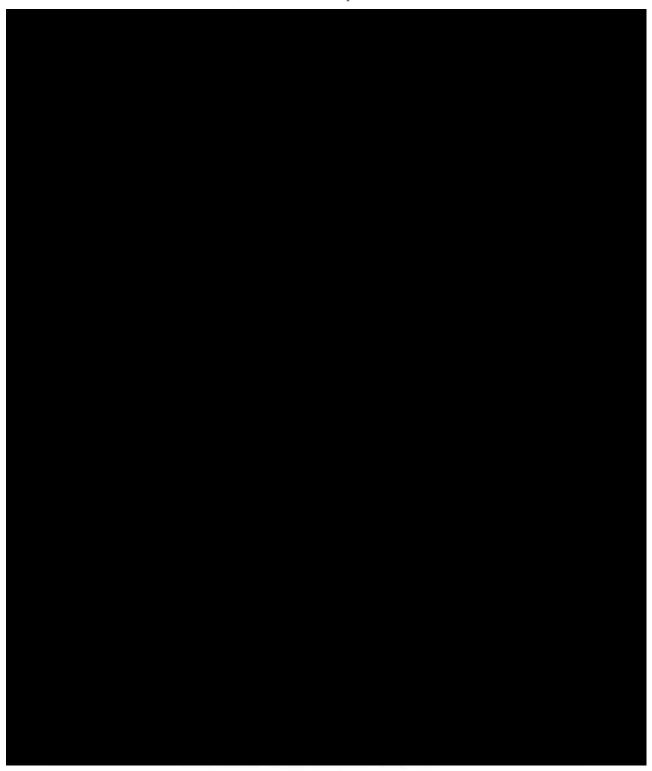








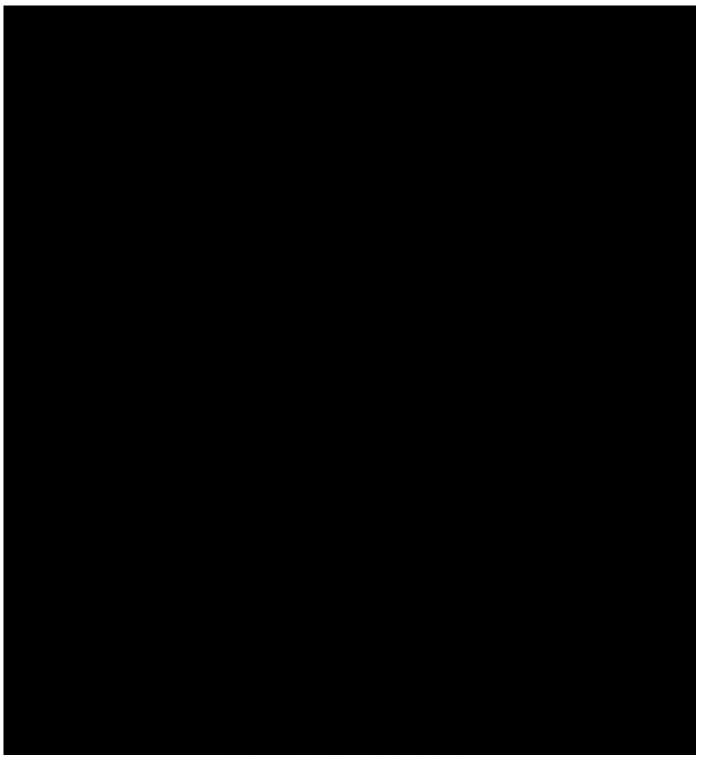




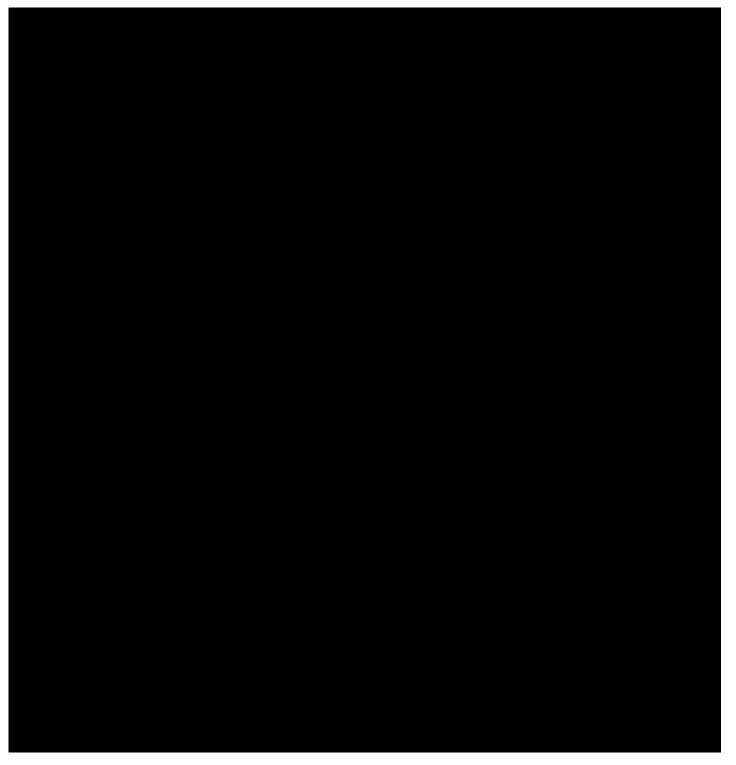




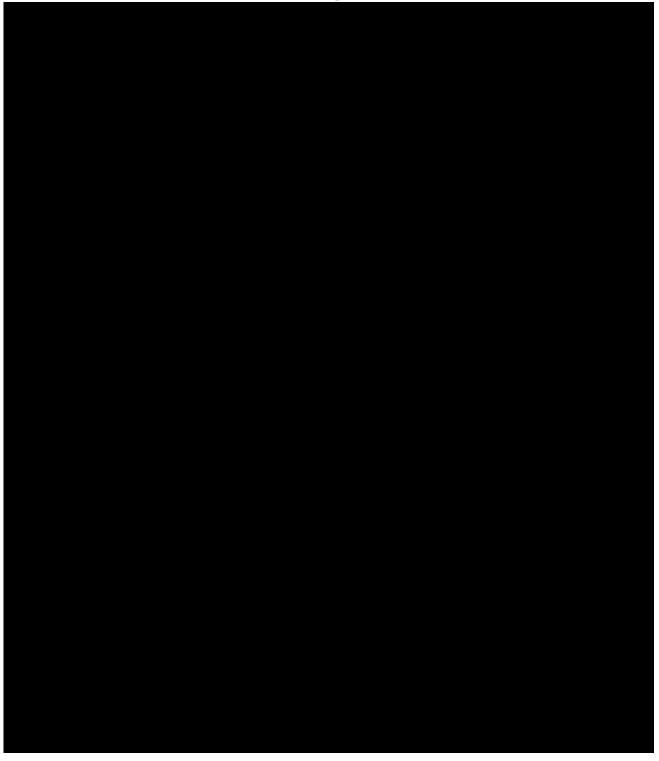








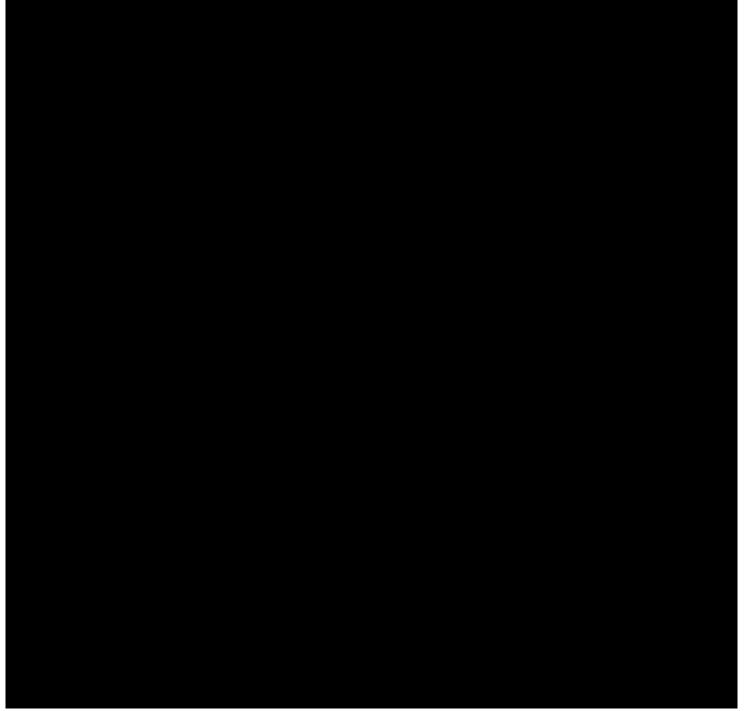




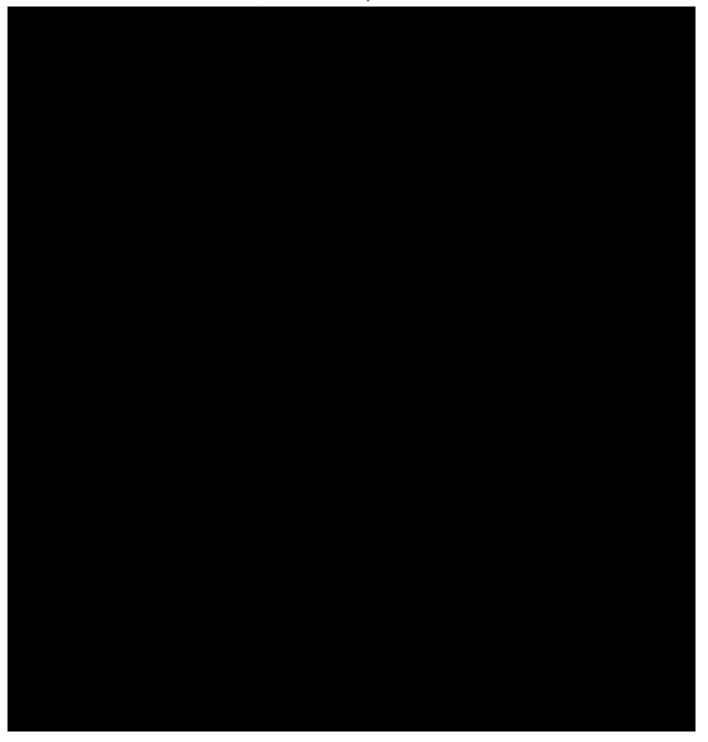




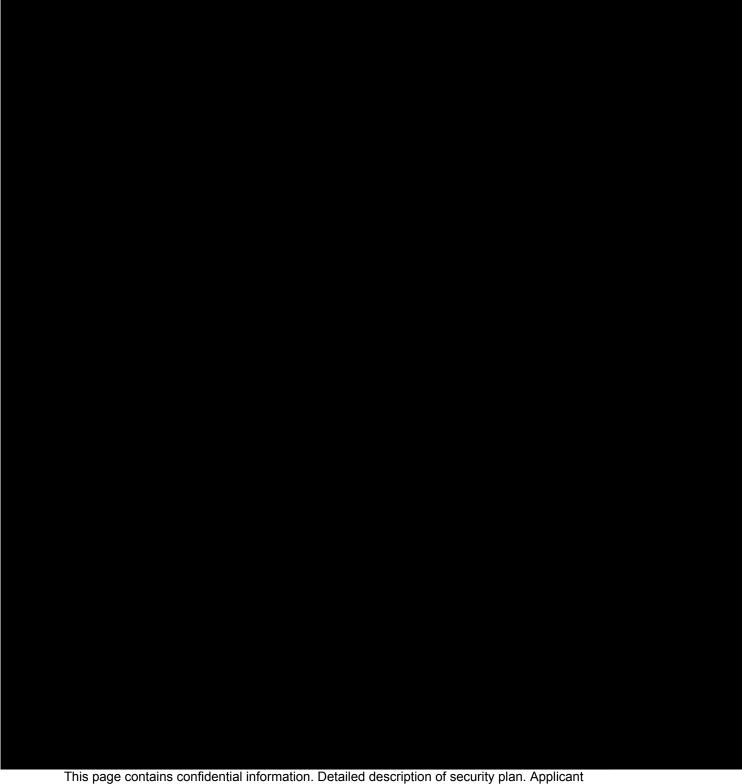




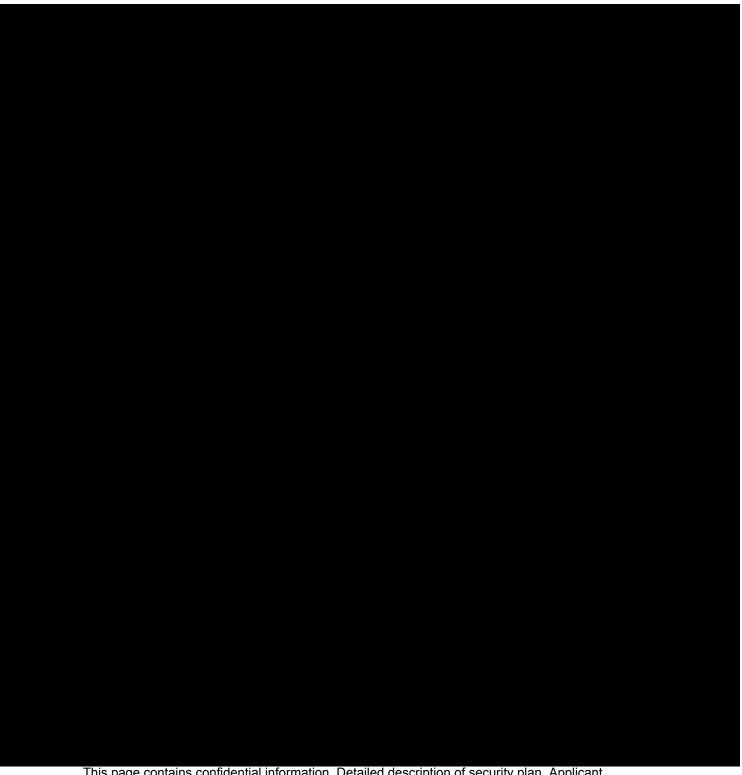




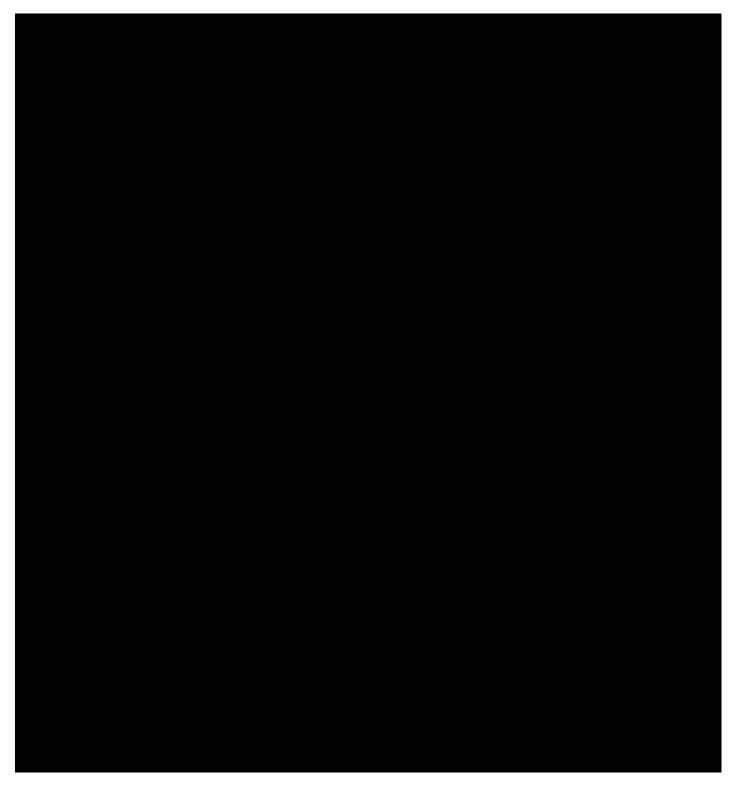




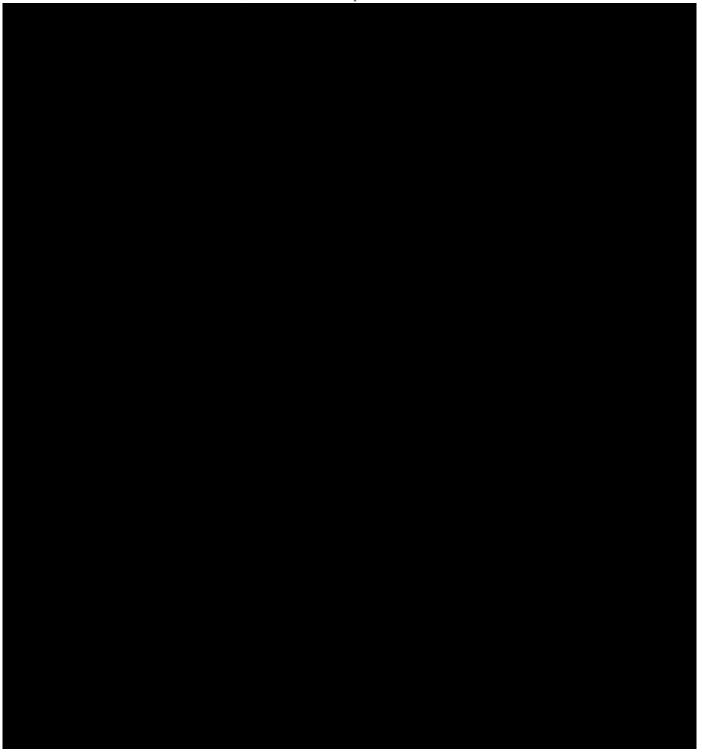








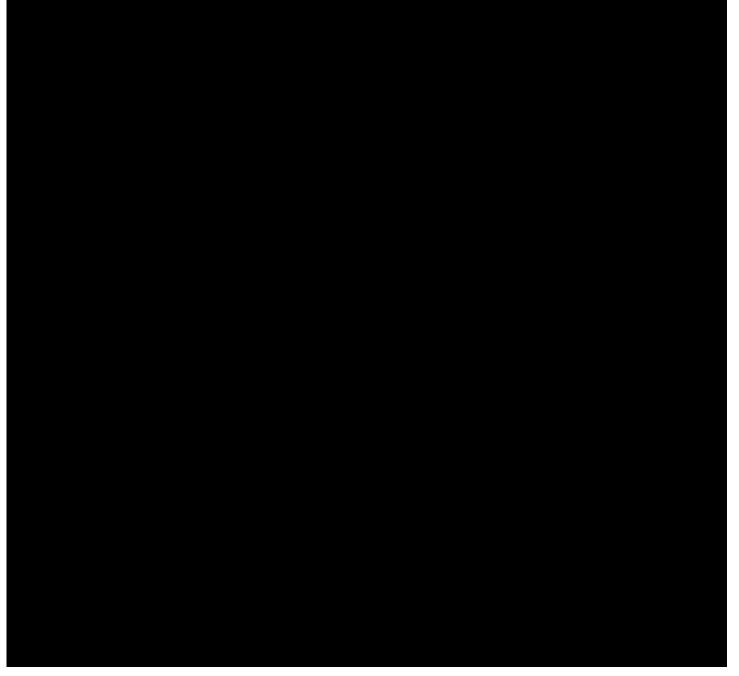








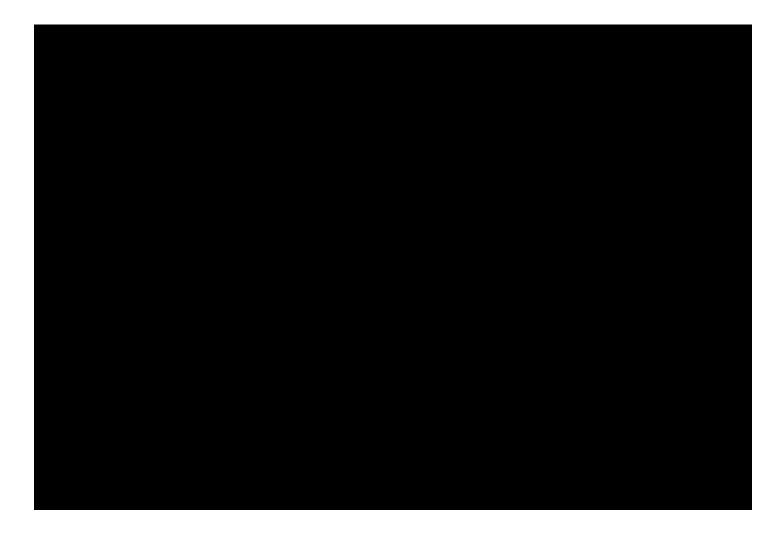




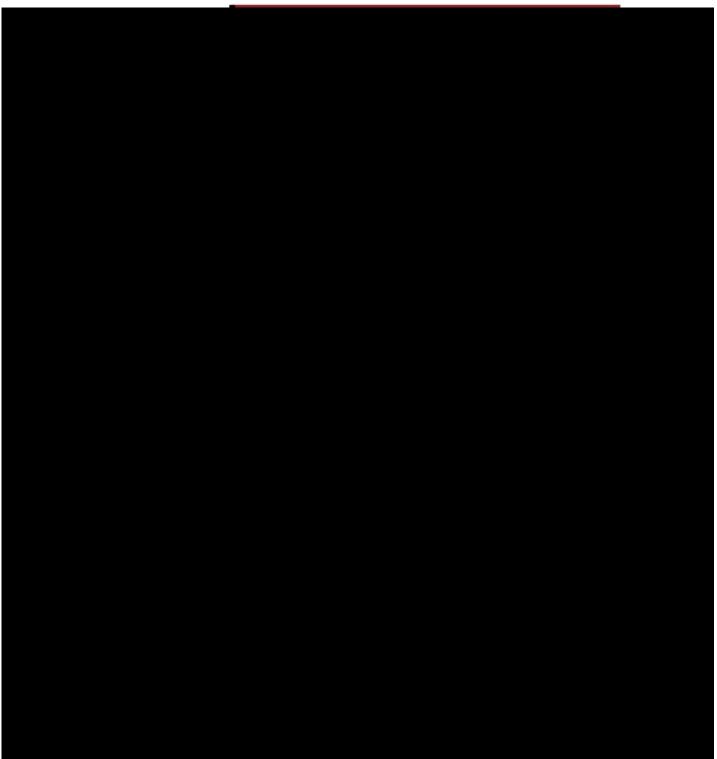










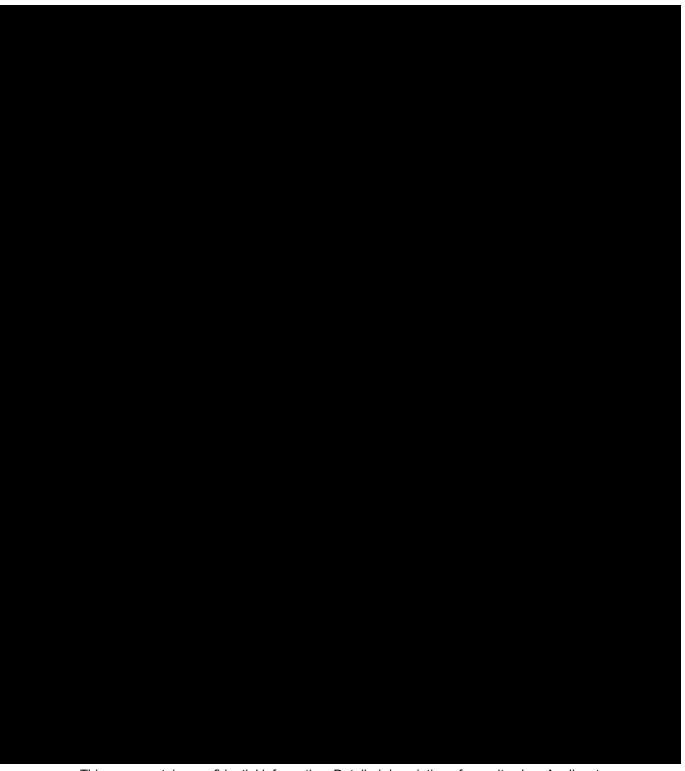




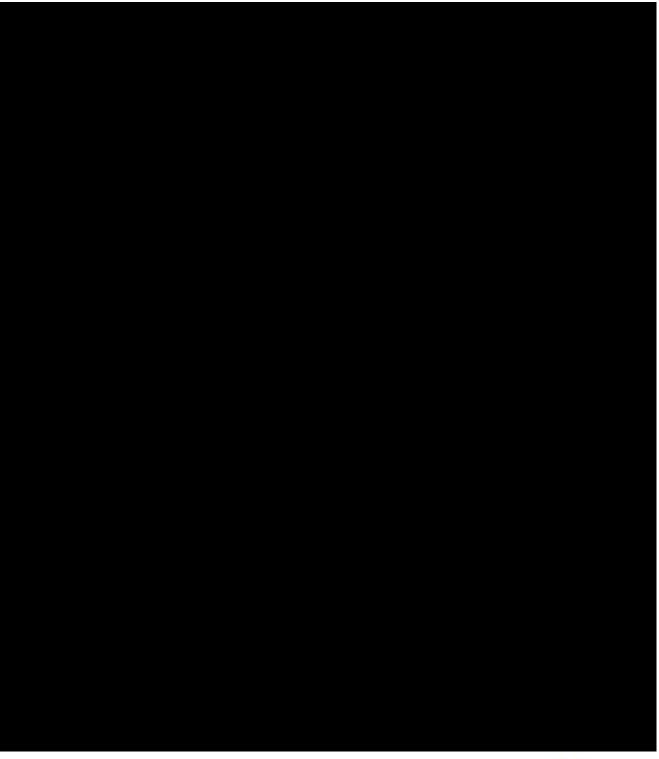




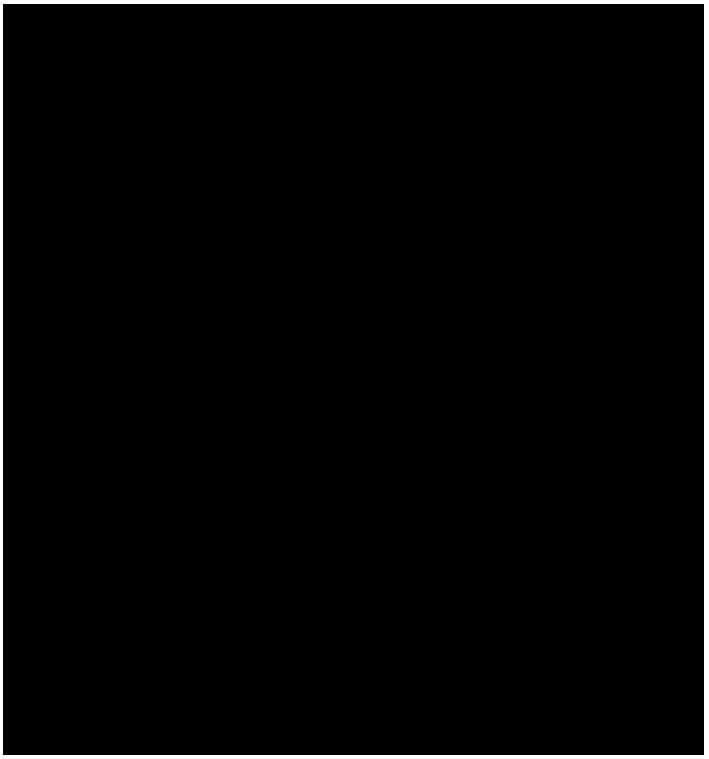




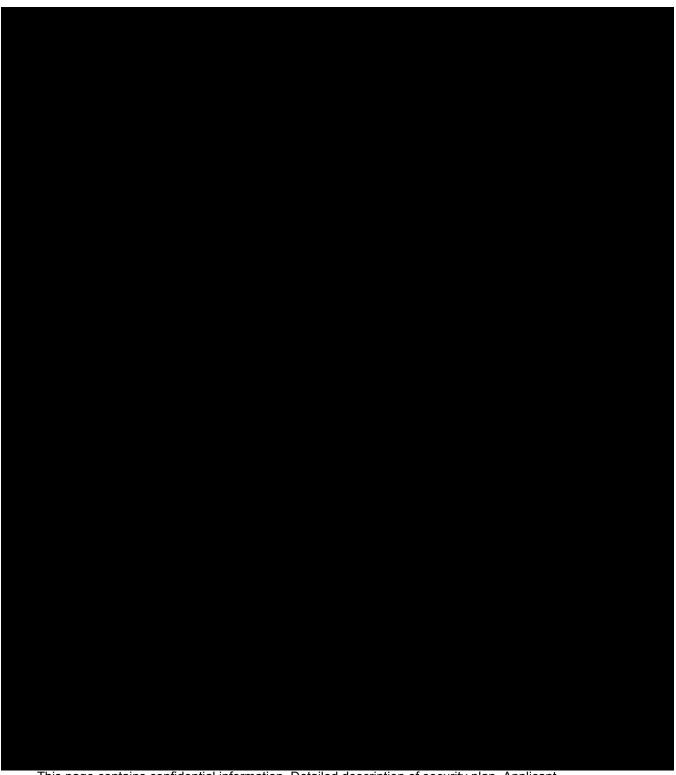




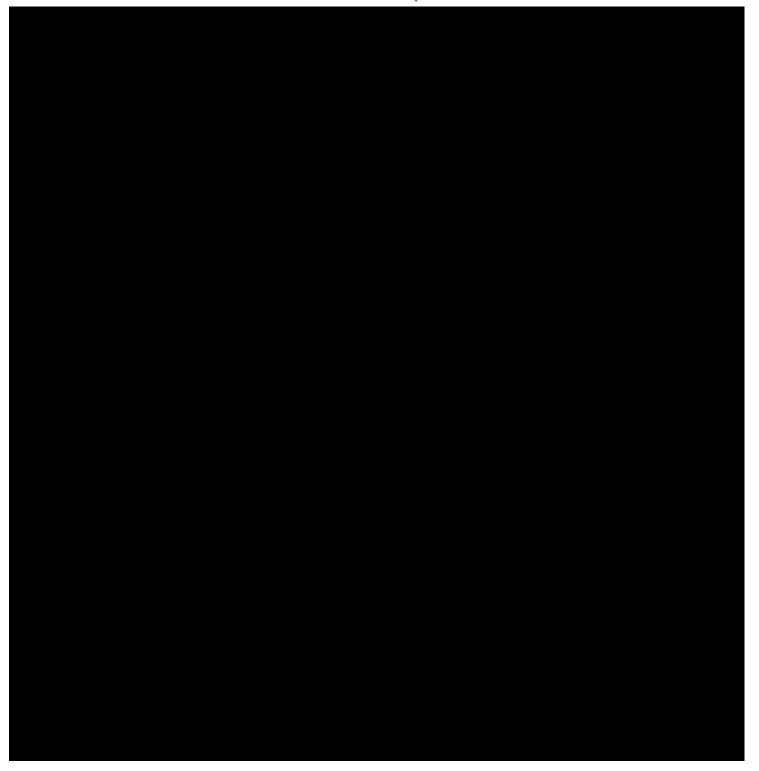








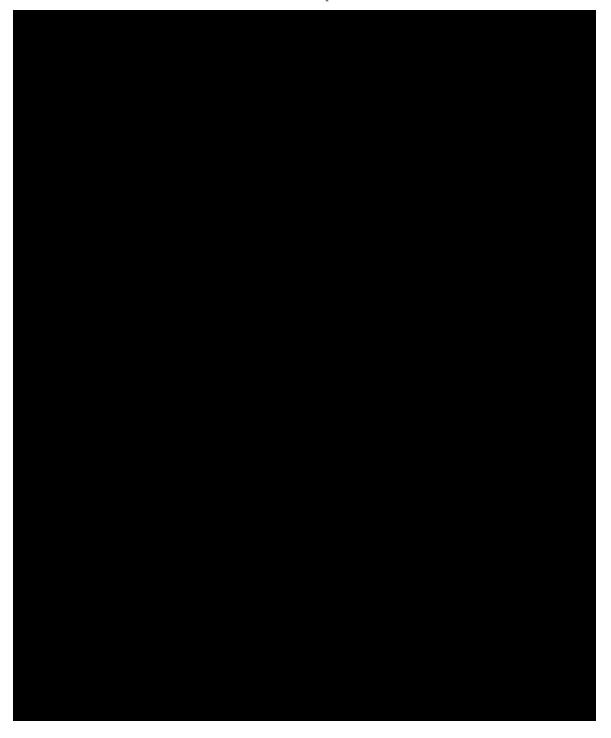




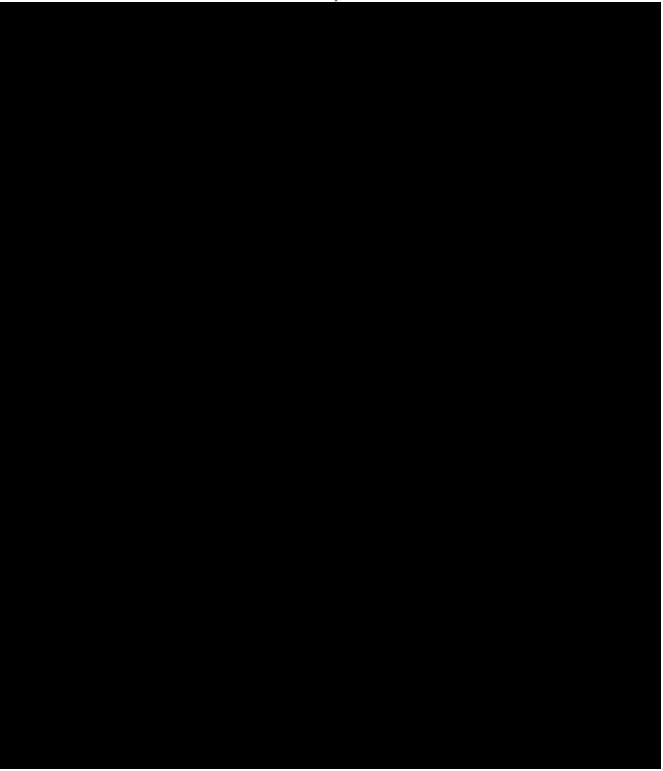








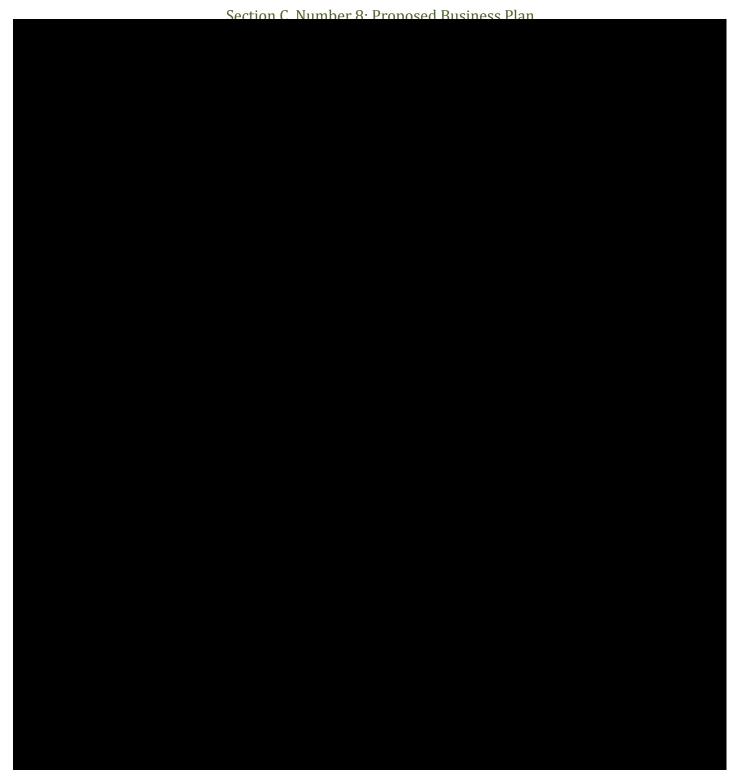




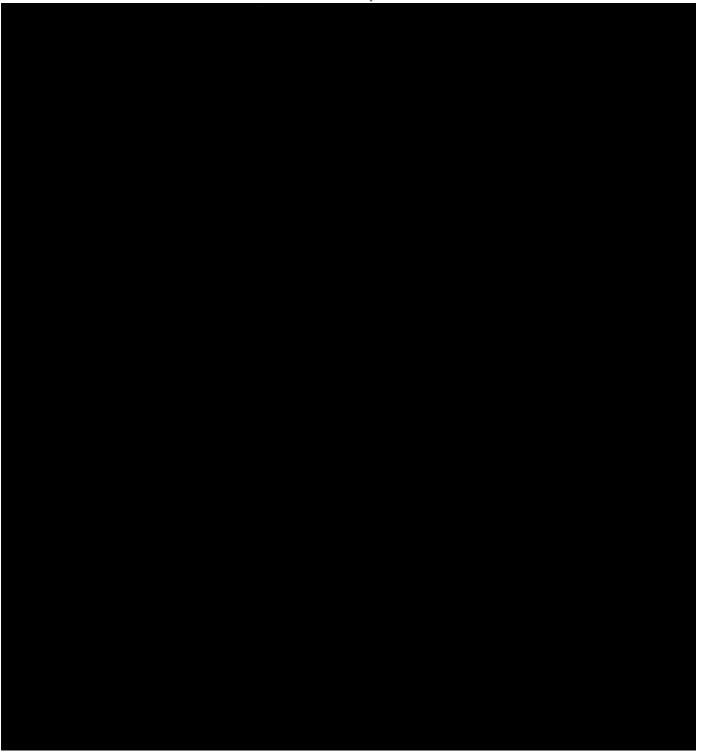




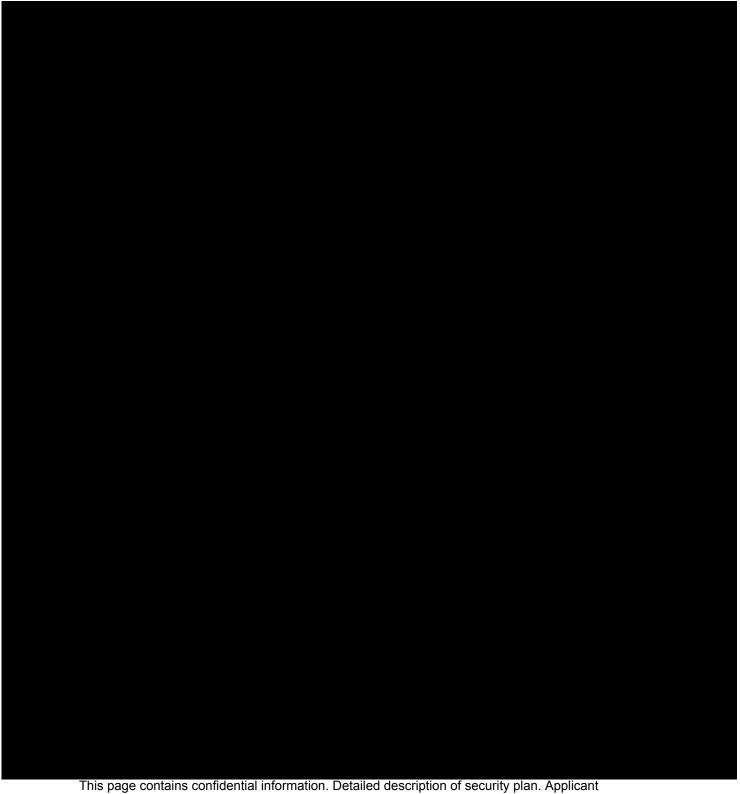






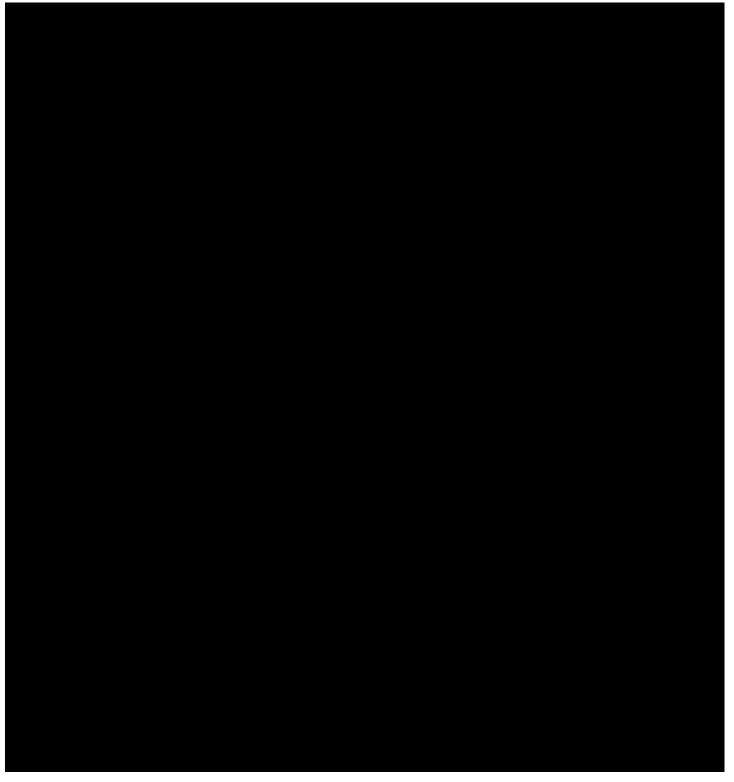






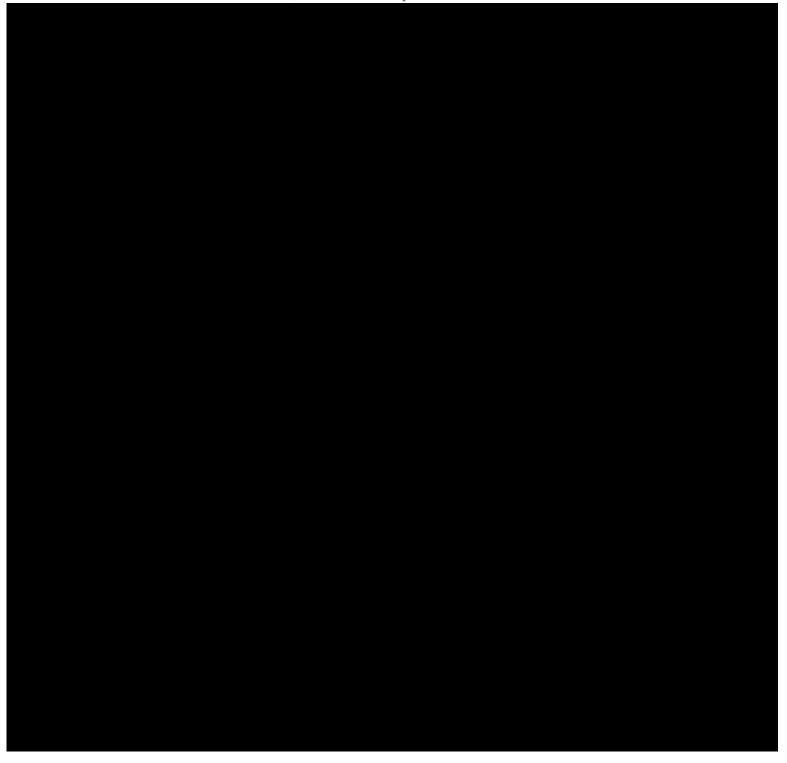




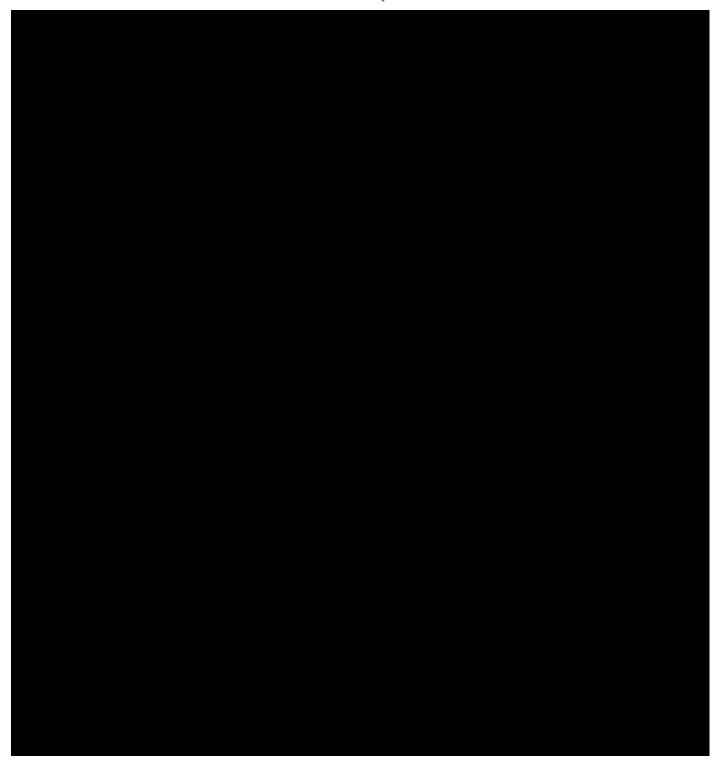




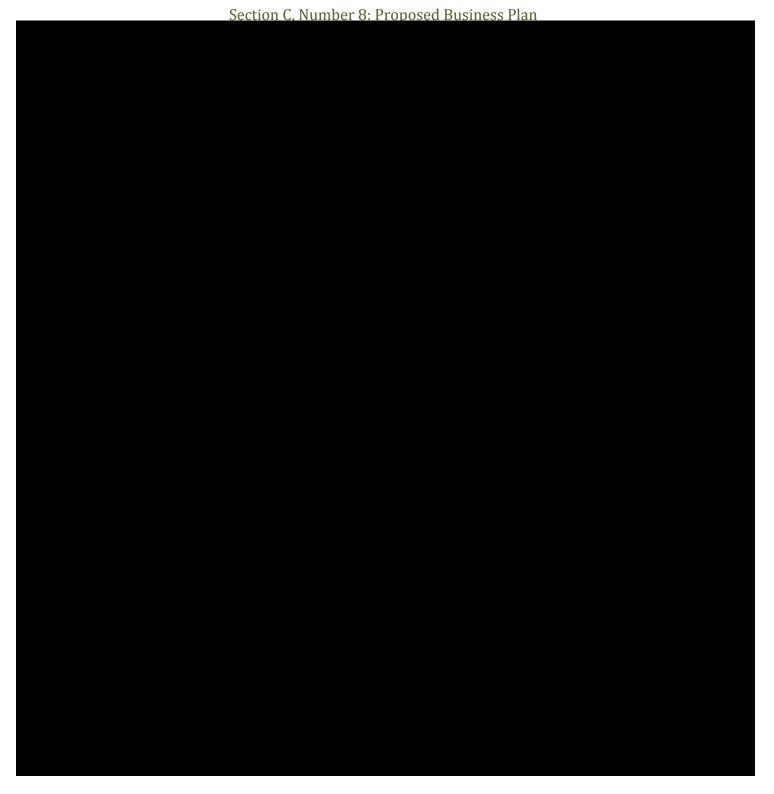




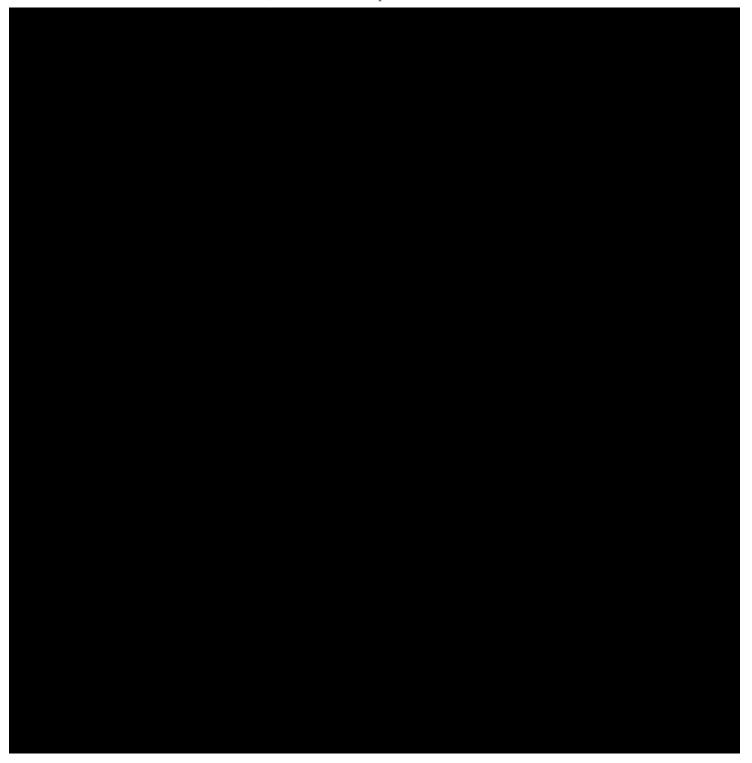






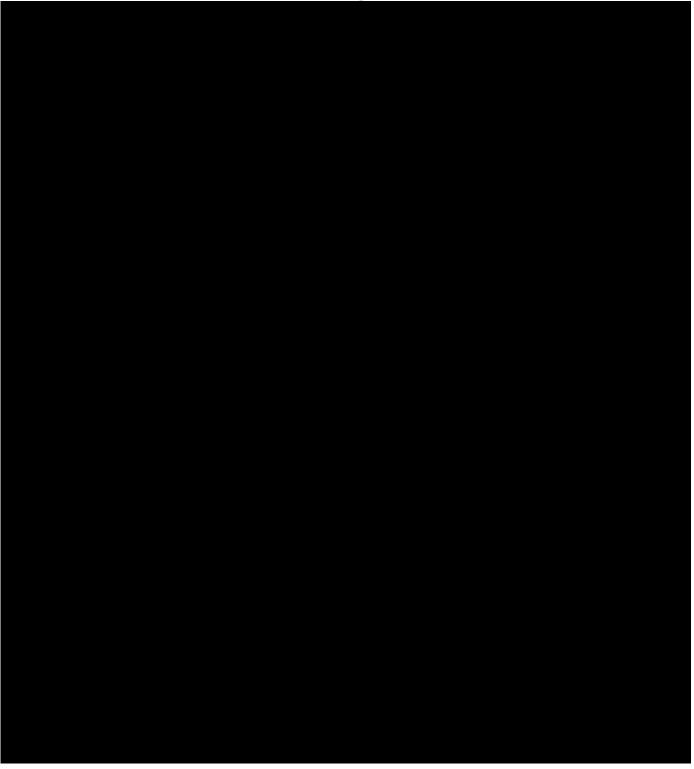


















Marketing Plan



Section D PROPOSED MARKETING PLAN

Better Healing will combine traditional and modern marketing in order to access a broad spectrum of potential patients. This array of coverage will also help disseminate educational material about Connecticut's Medical Marijuana Program to the general public, and help reduce any stigma associated with the use of medical cannabis.

Travis Tangredi, Better Healing's Business Manager, will oversee all marketing content to ensure that it is responsible, factual, and presents a professional and positive image of medical cannabis. He will also be in charge of balancing the traditional and modern approaches so that the dispensary is able to create new market share, secure existing share, and encourage responsible medication.

All marketing will be in compliance with sections 21a-408-66 through 21a-408-68 of the Regulations of Connecticut State Agencies. Most critically, all marketing content will be reviewed to ensure it does not in any way suggest the endorsement of recreational use of marijuana or the use of marijuana by anyone under the age of 18. All advertisements will be submitted to the DCP and Commissioner at the same time as or prior to their dissemination.

Overview: Traditional Marketing

Traditional marketing will enable Better Healing to provide the materials necessary to promote general awareness of the dispensary and of the Connecticut Medical Marijuana Program.

 Printed Material: We will develop educational materials, such as brochures or posters. We will provide these materials to patients free of charge in our dispensary facility, as well as outreach about Better Healing to share with the community at events. A sample brochure is included at the end of this section.



- Radio, Television, and Newspaper: In appropriate public broadcast forums, where zoning permits, Better Healing will place audio and visual advertisements. Better Healing will also seek opportunities to engage the public through these forums in educational discussions or debates about Connecticut's Medical Marijuana Program.
- Community Engagement and Benefit Events: Better Healing intends to participate and engage the community directly through future events, fundraisers for charitable causes, and other community benefits. Once Better Healing is operational, the dispensary will develop a volunteer program where staff, employees, and patients will together attend runs and walks associated with specific patient ailments. Examples include The Relay for Life of Milford, Walk for Parkinson's Disease, and the 4th Annual Crohn's & Colitis 5K. In the future, Better Healing will coordinate with event organizers to seek space at the event where dispensary staff and volunteers can provide education to attending community members. The participants from Better Healing are committed to participating in community events to create a positive awareness for the medical marijuana program.

Overview: Modern Marketing

Modern marketing techniques allow Better Healing to develop a voice and brand that can promote engagement with patients and community members. By positioning ourselves as an educational hub and sharing emerging research, tips, and other content, Better Healing can lead the field in Connecticut, where social media engagement in the marijuana industry has so far been extremely slow.







- Mobile App: Better Healing will develop a mobile application. This highly secured app will allow patients to place orders at their leisure and facilitate fast service, avoiding the long wait times often experienced at more traditional dispensary locations. Features may include:
 - Viewing Better Healing's current menu of medical marijuana
 - GPS Driving Directions and Proximity Check-In
 - Loyalty programs such as GPS-activated coupons
 - Push notifications (sending messages directly to users)
 - Events calendar and Registration
 - Social Media integration
 - Appointment Setting
 - Prescription Refills
 - Past Refill History
 - o Current News and Developments
 - Pricing and Specials

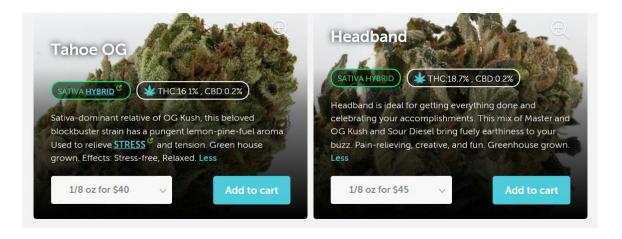


Location based driving directions and location information. One touch calling and driving directions from the front of the app and in the Locations Tab make it very simple to gain direct access to the dispensary.

Live Menu

Providing patient with live views of the current medicine in all forms is very important. Patients will have access to High Definition pictures and video of all forms of medicine and instructional videos for aiding in proper administration methods.

This is an example of what our mobile applications and website will be offering. A user friendly experience which allows patients to view high quality photographs with an explanation provided to in details about the particular strains and dosages. The patient can then has the flexibility to refill the prescription and pay using the shopping cart through the mobile application or websites. The drop down box shows the various quantities and pricing for patients. Upon completion of payment the patient will then receive a payment confirmation by text, email, or print and also a pick up time for the prescription.





Events

Better Healing will use the mobile apps to promote upcoming events within the dispensary and in the community. We will urge patient participation in our events to again gain a strong sense of community. The mobile app will allow for patients to register for events and RSVP.

Push Notifications

This method of communication is the ultimate way for patients to have real time access. Better Healing will be able to instantly deliver important to information to individual patients or to the masses.

For example, a patient will be able to view past prescriptions they have made, order a refill, be given a time for pick up, and when the prescription is filled they will receive a notification to their mobile device it is ready for pick up.

If a patient would like to consult with a pharmacist, they then can go into there Better Healing app, choose an available appointment time and then receive a confirmation that the appointment is set. An email will also then be sent for confirmation.

If Better Healing receives information that a product is in limited supply, patients who regularly order this strain can be notified.

In the event of early closings we can send notifications to patients instantly.

Better Healing will utilize the app to educate patients about the latest research in the medical cannabis field.

• **Website**: Better Healing has a preliminary website. Our full site will provide a comprehensive overview of the products and services available at the dispensary facility. The website is a work in progress, but is



available live at www.betterhealing247.com. Sample screenshots are included at the end of this section.

- E-mail: Better Healing will request patients to voluntarily provide their email addresses. Better Healing will develop a content generation plan to send digital newsletters or other content related to education around medical marijuana and an overview of Better Healing's involvement in the community.
- Social Media: Better Healing will utilize the effectiveness of social media
 in creating awareness of and understanding about Connecticut's Medical
 Marijuana Program. Facebook is our preferred platform for educational
 outreach: over 1.3 billion people use Facebook, with nearly two thirds
 using Facebook every day. This consistent engagement makes Facebook
 a powerful tool to use in spreading awareness.



Timeline for Marketing

We recognize that implementing a marketing plan requires a strategic approach. As a result, we are building our plan around the following phases:

- Phase 1: Build-out. Better Healing will open its doors within 120 days of receiving a license to operate as a medical marijuana dispensary. By this time, Better Healing will have available the minimum marketing materials necessary to its planned operation:
 - Mobile App
 - Printed Material (minimum: information brochures for patients)
 - Website
- Phase 2: Ramp up. Better Healing will evaluate the initial patient base, gaps in market captured, and the best way to engage additional patients. This phase will also involve establishing commitments with community partners on top of our existing partnership agreement with the Connecticut Sports Foundation, and the establishment of our monthly seminar program (as described in F4: Community Benefits Plan). Additional marketing material developed during this time includes:
 - Community events and staff/patient volunteer commitments
 - Additional printed or digital education material
 - Email newsletters
 - Social media content generation plan
 - Development of newspaper and radio ads
- During Phase 2, Better Healing will capitalize on Backer Fitor Mamudi's involvement with "The Commission Presents." As the owner of this promotion agency, Mr. Mamudi will be able to capitalize on its marketing expertise and resources to the benefit of Better Healing with strategic advertisements and venue relations for events.
- During Phase 2, Better Healing staff will begin participating in the sponsorships with our staff and volunteers in run/walk events centered around patient ailments that are treatable with medical marijuana. Mr. Ellis



will be essential in the coordination and constant participation of sponsorship and events. Better Healing will will seek partnership opportunities with the organizers of these events.

- Phase 3: Standard Operations. By this phase, which we anticipate entering approximately one year into operations, Better Healing will have a solid understanding of its patient base and the needs of the community. Better Healing will be able to develop appropriate marketing campaigns and will have a rhythm for community engagement and outreach. During this phase, Business Manager Travis Tangredi will review existing marketing material at a minimum once per fiscal quarter, and implement necessary changes. The goal is to remain fresh and current in the community. Better Healing understands the industry and education is developing quickly. Marketing in any form needs to be updated frequently due to the constant development and then tailored for specific audiences. Better Healing is excited to be a part of this process and is equipped to carry out the outreach. Continued development of marketing material will center around:
 - Email newsletters
 - Social media content generation
 - Newspaper, radio, and television advertisements
 - Modifications to other existing materials

Creating Brand Awareness using social media

1. The Better Healing Brand

Handling a strong social media presence is an efficient way to build Better Healing's reputation. Better Healing will have established itself as an authoritative source regarding the latest information regarding Connecticut's MMP.

2. Community Engagement

People simply enjoy being part of a business that demonstrates a consistent effort in building a lively community. Studies have discovered that consumers would visit from distance businesses with an active



Facebook fan page rather than without. An emotional connection with patients will encourage a positive business reputation. Community strength is a very important instrument, and social media offers the relationship-building opportunity that is limitless.

3. Better Healing Confidence

Social media provides channels to increase company trust. When actively communicating with patients with social media, Better Healing will become a trusted source of information which makes it a great asset when creating company awareness and brand credibility. The community will feel a strong sense of confidence and support over time.



Website is now LIVE and can be found at www.betterhealing247.com



ABOUT US COMMUNITY PARTNERSHIPS

PATIENT INFO PRODUCTS

CONTACT





ABOUT US COMMUNITY PARTNERSHIPS PATIENT INFO

PRODUCTS

CONTACT



CT Medical Cannabis Dispensary

SAFE ACCESS TO MEDICAL CANNABIS

We will only carry the best and highest quality medicinal cannabis strains available for our patients. Our professionally trainded staff will create an individualized treatment plan which carefully addresses each patients needs. Better Healing's compassionate plan provides a holistic approach to insure the overall well being of the patient to improve their quality of life.

About Better Healing

SAFETY

We at Better Healing are committed to substance abuse and crime prevention, and as such, we have advanced biometric security systems and a patient protocol to insure controlled dosage of our medicine.

PRIVACY

Privacy is a priority at Better Healing and our facility design insures that every patient's medical needs are addressed with our professional staff in an individual confidential setting.

CONVENIENCE

Our facility has been specially designed to provide ease of access for those confined to wheelchairs and assisted mobility devices.





Our Dispensary

Better Healing Dispensary is trying to obtain the opportunity to become a licensed medical cannabis dispensary in CT through the Department of Consumer Protection. Better Healing focuses on providing safe access to medical cannabis for patients in CT who suffer from qualifying medical conditions.





ABOUT US CO

COMMUNITY

PARTNERSHIPS

PATIENT INFO

PRODUCTS

CONTACT



We are dedicated to helping thousands of patients achieve a better quality of life right here in Connecticut. We will maintain the highest standards of professionalism while operating in full compliance of the law.

The goal of Better Healing is to provide affordable, quality medicine to patients in an environment dedicated to safety, privacy, convenience, and comfort.

Medical marijuana is a medicine and we at Better Healing understand this. It's about providing patients the opportunity to reach a better quality of life. We are committed to providing patients reach a better quality of life. Every patient's privacy, security, health care, and well-being are our concern.





ABOUT US COMMUNITY PARTNERSHIPS PATIENT INFO PRODUCTS CONTACT



We will be partnering with health service providers in the community to provide services such as mental health and nutritional counseling, acupuncture, reiki, and massage therapy. Our compassionate plan recognizes that insurance currently does not cover medicinal cannabis. We at Better Healing will provide discounts to veterans, low-income patients, and the terminally ill to insure that the most vulnerable in our community are provided with safe affordable access to their medicine.

Our community benefit plan partners with patient support groups and local charities to provide resources such as meeting spaces, counseling services for patients and their families, health information, and financial support. We at Better Healing are committed to substance abuse and crime prevention, and as such, we have advanced biometric security systems and a patient protocol to insure controlled dosage of our medicine.

Our board certified toxicologist, a psychiatrist trained in substance abuse and cannabis neurological research, a primary care physician, and a former professional baseball player who will lead our charitable giving program.

Privacy is a priority at Better Healing and our facility design insures that every patient's medical needs are addressed with our professional staff in an individual confidential setting. Our dispensary will be staffed by licensed pharmacists and pharmacist techs and have on site security to insure safe access to medicine.



BETTER HEALING

ABOUT US

COMMUNITY

PARTNERSHIPS

PATIENT INFO

PRODUCTS

CONTACT



Better Healing's location was carefully selected to maximize convenience for patients residing in New Haven County. It is conveniently located off Interstate 95. A parking lot with an abundance of handicapped parking spaces is available for our patients. The facility has been specially designed to provide ease of access for those confined to wheelchairs and assisted mobility devices. Our exact facility will be reveled shortly.







ABOUT US COMMUNITY PARTNERSHIPS PATIENT INFO PRODUCTS CONTACT



Better Healing is committed to being an agent of positive change in our community. We believe a community's strength through collaborative efforts, and pledge to partner with local medical facilities and charities. We are especially passionate about improving the quality of life for patients that have been affected by debilitating conditions, and will prioritize our contributions to related organization.

Within our local community, we will act as an informational and awareness center, providing individuals with the most up-to-date research on the benefits of medical marijuana.

THREE-YEAR PLAN

SUPPORT GROUPS

Our three-year plan outlines our commitments to our community. While we pledge to expand community outreach at all times in our development we recognize that our ability to contribute will expand over time.

Better Healing focuses on the therapeutic benefits of community groups. We will offer to host support group meetings for people with debilitating illnesses.



ABOUT US COMMUNITY PARTNERSHIPS PATIENT INFO PRODUCTS CONTACT



We will be partnering with our local public libraries to provide programming regarding medicinal cannabis. We believe educational outreach is critical to keeping residents fully informed about the benefits of having a medicinal cannabis dispensary located in their town.

We are committed to substance abuse prevention and will offer referrals for individuals and their families who are seeking assistance in battling their addiction.

Charities

We will also work to develop partnerships with the following local charities:

• Connecticut Children's Medical Center

- · Crohn's & Colitis Foundation of American



The Connecticut Sports Foundation Against Cancer is a non-profit with a 501(c)(3) designation. Their mission is to financially Connecticut
Sports

Connecticut
Sports

Connecticut
Sports

Connecticut
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Sports

Connecticut
Connec quickly and compassionately ease their burden with direct financial assistance. When donations are make to the Connecticut Sports Foundation you will be helping cancer patients in the state of CT with their daily living expenses such as rent/mortgage payments, utilities, medical co-pays, food, medications, fuel and transportation.





ABOUT US COMMUNITY PARTNERSHIPS PATIENT INFO PRODUCTS CONTACT











ABOUT US COMMUNITY PARTNERSHIPS PATIENT INFO PRODUCTS CONTACT







ABOUT US COMMUNITY PARTNERSHIPS PATIENT INFO PRODUCTS CONTACT



SMOKING • INHALATION

Smoking is the most popular method of ingestion. Due to its quick and instant effect, controlling dosage is easiest when cannabis is smoked.

VAPORIZATION • INHALATION

Vaporization is a healthier alternative to smoking. The cannabis plant material is placed in a ceramic bowl and hot air passes through the plant material vaporizing the medicinal components of the cannabis which are then inhaled. Dosage is easy to control because it is similar to smoking but the patient does not inhale any smoke because the plant material is not burned.

CANNABIS OIL/ TINCTURES • ORAL

Cannabis oils and tinctures are concentrated of the plant material that can either be added to food or drink or consumed on their own, either for use in a vaporizer and pill or capsule form.

EDIBLES • ORAL

Medicine can be ingested in the form of food such as energy bars, drinks, and other foods. This method of ingestion is preferable for many patients because the medicine is absorbed into the body gradually and has a more sustained effect.

TOPICALS • TOPICAL

Cannabis can be administered topically in the form of creams and oils to reduce joint and muscle inflammation.

ing approval to operate a state of the and legal access for patients seeking located in Connecticut. Better Healskilled professionals currently seekart medical marijuana dispensary Better Healing is a team of highly ing is dedicated to providing safe medical marijuana.

About Us

We will only carry the best and highest quality medicinal cannabis strains available for our patients. Our professionally trainded staff will create an individualized treatment plan which carefully addresses each patients needs. Better Healing's compassionate plan provides a holistic approach to insure the overall well being of the patient to improve their quality of life. We will be partnering with health service providers in the community to provide services such as mental health and nutritional counseling, acupuncture, reiki, and massage therapy. Our compassionate plan recognizes that low-income patients, and the terminally ill to insure that the most vulnerable in our community are provided with local charities to provide resources such as meeting spaces, counseling services for patients and their families, health information, and financial support. We at Better Healing are committed to substance abuse and crime prevention, and as such, we have advanced biometric security systems and a patient protocol to insure controlled dosage of our medicine. Privacy is a priority at Better Healing and our facility design insures that every insurance currently does not cover medicinal cannabis. We at Better Healing will provide discounts to veterans, safe affordable access to their medicine. Our community benefit plan partners with patient support groups and patient's medical needs are addressed with our professional staff in an individual confidential setting. Our board certified toxicologist, a psychiatrist trained in substance abuse and cannabis neurological research, a primary care physician, and a former professional baseball player who will lead our charitable giving program. Our dispensary will be staffed by licensed pharmacists and pharmacist techs and have on site security to insure safe access to medicine.

Our Misson

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Our Location

Haven County. It is conveniently located off Interstate 95. A parking lot with an abundance of handicapped parking spaces is available for our patients. The facility has been specially designed to provide Better Healing's location was carefully selected to maximize convenience for patients residing in New ease of access for those confined to wheelchairs and assisted mobility devices.



CT Medical Marijuana Program

Pursuant to Connecticut General Statutes, Chapter 420f, Section 21a-408, patients who are currently receiving medical treatment for a debilitating medical condition set out in the law may qualify for a registration certificate.

To qualify, a patient must also be at least 18 years of age and a Connecticut resident.

Each patient may also register one primary caregiver if the need for a caregiver is documented by the patient's physician.

DEBILITATING MEDICAL CONDITIONS INCLUDE:

- Cancer
- Glaucoma

Positive Status for

- Human Immunodeficiency Virus
- Acquired Immune Deficiency Syndrome
- Parkinson's Disease

- Multiple Sclerosis
- Damage to the Nervous Tissue of the Spinal Cord with Objective Neurological Indication of Intractable Spasticity
- Epilepsy

- Cachexia
- Wasting Syndrome
- Crohn's Disease
- Post-Traumatic Stress Disorder
- Reflex Sympathetic Dystrophy (RSD)

CT Patient Registration Process

Physicians may certify qualified patients for the palliative use of marijuana through an online registration system that the <u>Department of Consumer Protection has developed</u>

STEP 1 • Make an Appointment with Your Physician

- Only your physician can initiate your application by certifying for the Department that you have a medical condition that qualifies you for a medical marijuana registration certificate.
 - If your physician decides to certify you for a medical marijuana registration certificate, he or she will ask you for a number of things including:
 - A VALID E-MAIL ADDRESS
- A PRIMARY TELEPHONE NUMBER

STEP 2 • Create a DAS Business Network Account

 Visit (www.biznet.ct.gov/AccountMaint/Login.aspx) so you can access the online registration system using the email address you provided to your physician.

STEP 3 · Su

STEP 3 • Submit the following

- Proof of Identity
- Proof of Connecticut residency
- Current passport size photograph

 \$100 Registration Fee Checks/money orders should be made payable to "Treasurer, State of CT")

(Upload Documents & Pay Fee online OR mail them to the Department)

Qualifying Patient FAQs

- Q Does the law require health insurers to cover medical marijuana? A No. The law explicitly says it does not.
- Q Can patients use medical marijuana anywhere?
- in any public place; or in the presence of anyone under 18. It also prohibits any use of palliative marijuana that endangers the health or well-being of another person, other than the patient or primary caregivplace; on any school grounds or any public or private school, dormitory, college or university property; A No. The law prohibits ingesting marijuana in a bus, a school bus or any moving vehicle; in the work-
- o My medical condition is not listed as one that would make me eligible for medical marijuana. Can additional medical conditions be added to the list?
 - cians or surgeons who are board-certified in one of the following specialties: neurology, pain medicine, (A) The Commissioner of Consumer Protection has established a Board of Physicians consisting of physipain management, medical oncology, psychiatry, infectious disease, family medicine or gynecology.
- o Can a landlord refuse to rent to someone or take action against a tenant solely because the tenant is qualified to use medical marijuana?
- Q Can a school refuse to enroll someone solely because the person is qualified to use medical marijuana?
 - A No.

- Q How much marijuana can a patient have on hand?
- amount is appropriate. Any changes to the allowable amount will be based on advice from the Board A) The maximum allowable monthly amount is 2.5 ounces unless your physician indicates a lesser
- o Can an employer decide not to hire someone or decide to fire, or otherwise penalize or threaten that person, solely because the person is qualified to use medical marijuana?
 - A No. An employer, however, may prohibit the use of intoxicating substances during work hours or discipline an employee for being intoxicated while at work.
- marijuana would be the most effective treatment for my symptoms but my physician will not certify What are my options as a patient if I have a qualifying medical condition and believe that medical me for the medical marijuana program?
- want to consider working with a different physician. The Department, however, cannot refer you to The Department of Consumer Protection cannot require physicians or hospitals to recognize marijuana as an appropriate medical treatment in general or for any specific patient. If you believe that a different physician; any information we receive regarding which physicians have, or will, certify patients for medical marijuana is being treated with the utmost level of confidentiality. your physician is not providing you with the best medical care for your condition, then you may

Effects and Uses of Medicinal Marijuana

Indica

strains generally create a sedative feeling. This sensation tends to be centered in the body, which relaxes as muscle tension is reduced. Indicas are most effective in treating muscle spasms and tremors (for example caused by multiple sclerosis and Parkinson's disease), chronic pain, arthritic and rheumatic stiffness and swelling, insomnia, anxiety and related conditions.

Hybrids

Indica/Sativa Strains or cross-breeds of Indica and Sativa strains exhibit characteristics from both types of cannabis. For some patients this offers an advantage, especially when medicating with cannabis to relieve chronic pain, something for which both Indica and Sativa strains are suitable. Combining Sativa genes with an Indica strain can aid mental clarity and decrease sedative effects, while adding Indica to Sativa strains can lower the tendency of pure Sativas to occasionally stimulate anxiety.

Sativa

Strains provide a cerebral, energetic 'high' effect which is experienced in the mind as well as in the body. These strains are most effective for the treatment of nausea (for example caused by chemotherapy or HIV/AIDS medications), appetite stimulation, migraine headaches, depression, chronic pain and similar symptoms.

THC is the pyschoactive ingredient in cannabis. Not all strains of cannabis contain high levels of THC. In fact, low level THC strains have been developed for people who want relief from certain symptoms without the effect of THC. Better Healing will offer a full product line of low THC strains for its patients.

It is important to remember that just as everyone's physiological make-up is different, the experience of using marijuana medicinally is also different for everyone. The information offered here is intended as a basic guide and it is recommended consulting with the pharmacists and well ness care providers at Better Healing when deciding which marijuana and administration method is right for you.

Community Benefits Plan

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THREE-YEAR PLAN

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We will also work to develop partnerships with the following local charities:

Connecticut Children's Medical Center

Crohn's & Colitis Foundation of American



CONNECTICUT (3) designation. Their mission is to financially assist Connecticut cancer patients and their families and to fund cancer research. Many cancer patients and families are suddenly confronted with insurmountable bills at a time when focusing on healing is critical to their recovery. CSF is able to quickly and compassionately ease their burden with direct financial assistance. When donations are make The Connecticut Sports Foundation Against Cancer is a non-profit with a 501(c)

to the Connecticut Sports Foundation you will be helping cancer patients in the state of CT with their daily living expenses such as rent/mortgage payments, utilities, medical co-pays, food, medications, fuel and transportation.

Administration Methods

After the patient has consulted with the Pharmacist a decision will be made to identify which strains of medicine may best alleviate symptoms. The pharmacist and patient will then discuss methods of administration of the medicine according to each patient's individual needs.

THERE ARE THREE BASIC ADMINISTRATION METHODS:



<u>INHALATION</u>



TOPICAL

















































- easiest when cannabis is smoked.

- Smoking is the most popular method of ingestion. Due to its quick and instant effect, controlling dosage is
- Vaporization is a healthier alternative to smoking. The cannabis plant material is placed in a ceramic bowl and not air passes through the plant material vaporizing the medicinal components of the cannabis which are then nhaled. Dosage is easy to control because it is similar to smoking but the patient does not inhale any smoke
 - oecause the plant material is not burned.
- **CANNABIS OIL/ TINCTURES**

Cannabis oils and tinctures are concentrated of the plant material that can either be added to food or drink or consumed on their own, either for use in a vaporizer and pill or capsule form

- ingestion is preferable for many patients because the medicine is absorbed into the body gradually and has a Medicine can be ingested in the form of food such as energy bars, drinks, and other foods. This method of nore sustained effect **EDIBLES**
- TOPICALS



Cannabis can be administered topically in the form of creams and oils to reduce joint and muscle inflammation.



info@betterhealing247.com www.betterhealing247.com

BETTER HEALING

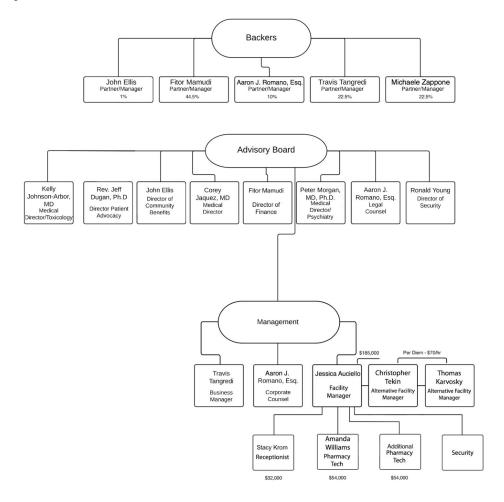


Organizational Structure and Financials



Section E, Number 2

A current organizational chart that includes position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. To the extent such information is not revealed by their resume, include additional pages with each resume setting out the employee's particular skills, education, experience or significant accomplishments that are relevant to owning or operating a dispensary facility;





Backers - Have ownership interest in Better Healing LLC and control the company, consistent with the Articles of Organization.

John Ellis - Partner/Manager 1%
Fitor Mamudi - Partner/Manager 44.5%
Aaron Romano - Partner/Manager 10%
Travis Tangredi - Partner/Manager 22.25%
Michaele Zappone - Partner/Manager 22.25%

Advisory Board - Made up of community and professional leaders to guide the general operations of Better Healing, LLC. The Board will meet quarterly and review operations and make recommendations according to reports prepared by the business and advances in the medical cannabis industry. Board members will be available to answer questions from the dispensary as needed.

Kelly Johnson-Arbor, MD Medical Director/Toxicology Reverend Jeff Dugan, Th.D Director of Patient Advocacy

Corey Jaquez, MD Medical Director

John Ellis Director of Community Benefits

Fitor Mamudi Director of Finance

Peter Morgan, MD, Ph.D. Medical Dir./Psychiatry/Research/Addict

Aaron J. Romano, Esq. Legal Counsel Ronald Young Director of Security

Management

Jessica Auciello Facility Manager
Aaron J. Romano, Esq. Corporate Counsel
Travis Tangredi Business Manager

Pharmacists

Thomas Karvosky Christopher Tekin

Pharmacy Techs

Amanda Williams, 3 additional positions to be filled

Security

Ronald Young Director of Security

Travis Tangredi Information Security & HIPAA Compliance

Receptionist Stacy Krom, 1 additional position to be filled



BACKERS

Have ownership interest in Better Healing LLC and control the company, consistent with the Articles of Organization.

JOHN C. ELLIS - Partner/Manager 1%



PROFESSIONAL EXPERIENCE BASS GROUP LLC. President/ CEO

Greenwich/Old Saybrook, CT

Old Saybrook, CT

Former Major League baseball player for the New York Yankees. Responsible for sale of assets of privately held companies. Served as a senior advisor to CEOs to provide a framework for communications to other parties. Responsible for sales over 100 million dollars in transactions. Senior consultant to start-ups and liaison to investment-bankers and financial advisors. Mortgage and equity consultant for capital campaigns. Developed marketing, management and financial studies to determine company's strategic position and competitive advantages and disadvantages.

ROCKWELL MANAGEMENT GROUP, INC. President

Director of Property Management and Commercial Real Estate Services

Proven experience in enhancement of property values by effectively competing in the marketplace and assuring a highly stabilized occupancy level at optimum rents. Have successfully developed management plans that ensures policies on rent collections, income and expenses, staffing and resident turnover that are effective. Established a well-implemented system of documentation, including policies for such procedures as hiring, developing job descriptions, employee selections, training and supervision, operation of the management office and compliance with federal, state and local laws.

Have established a proven track record for the enhancement of property values by monitoring and controlling property operations as the critical objective. Have extensive experience in designing a strong preventive maintenance program,



which involved the administration of the custodial, corrective and preventive maintenance program, hiring and monitoring of independent contractors and capital improvements. Able to identify specific property needs and opportunities for underutilized areas of properties. Have the ability to organize property potential by completing construction or refurbishment of the asset.

Expertise to advise on the physical asset, market, legal, environmental or economic development that may have an adverse or other impact on the value of the property. Cognizant of the regulatory environment in which decisions are made and directions taken. Established a strong communication system for communicating with residents, management and on-site staff, vendors, suppliers, accountants, government agencies and lenders.

ELLIS SECURITIES, INC. President

New London, CT

Through Ellis Securities, Inc., a registered member of the National Association of Securities Dealers, a variety of products and services were made available to investors. Goal of Ellis Securities was to raise equity capital and market to diverse investors, Real Estate Limited Partnership programs.

JOHN ELLIS & ASSOCIATES/ELLIS REALTY, INC. Founder/President

New London, CT

Owner and President of a closely held real estate company which managed and owned over 3,000 apartment units in the states of Florida and Connecticut.

Served as a group controller and investor liaison for limited partnerships as well as senior acquisitions director of all properties purchased by affiliates.

Engaged in all aspects of residential and commercial property acquisition, management and sales for John Ellis & Associates and affiliates.

COMMERCIAL REAL ESTATE - DEBT RESTRUCTURING - FINANCIAL SERVICES

OVERVIEW: A seasoned real estate professional with a record of distinguished performance within acquisition, sales, financial analysis, syndication, and troubled debt restructuring of commercial real estate. Possess broad-based experience and demonstrated success with over twenty years of expertise in operations, administration, origination, structure, negotiation, computer-generated analysis, documentation, and placement of major leveraged



financial transactions. Founder of the Connecticut Sports Foundation, attended Mitchell College, and have been a member of the National Association of Security Dealers, Institute of Real Estate Management, am a Certified Property Manager (CPM) and licensed Connecticut and Rhode Island Real Estate Broker.

STATE OF CONNECTICUT DEPARTMENT OF HOUSING (DOH) Project Consultant

Hartford, CT October 1993-1996

Retained to perform multifamily property management, occupancy, marketing, and financial analysis of various developments' income and expenses within the DOH's multifamily portfolio, in order to increase occupancy and stabilize project operations.

LICENSES: Licensed Real Estate Broker, Connecticut and Rhode Island

Syndicate Securities Dealer License, Connecticut

ACCREDITATION:

Founder & Board Member, Connecticut Sports Foundation, Inc. A non-profit organization to benefit cancer patients

Attended Mitchell College

Institute of Real Estate Management:
Certified Property Manager (CPM)
Accredited Management Organization (AMO)

Member:

Bess Eaton Flour Co. Board of Directors
National Association of Realtors
Connecticut Association of Realtors
New London Board of Realtors
Connecticut Business & Industry Association (CBIA)
International Real Estate Federation (FIABCI)
Eugene O'Neill Board of Trustees

Former Member:

National Association of Security Dealers Salvation Army Advisory Board Mitchell College Board of Trustees Planning Commission - Town of East Lyme, CT



Chairman, Open Space Committee - Town of East Lyme, CT

BIOGRAPHY

A former major league baseball player for the New York Yankees, John Ellis has been significantly impacted by cancer—he lost his sister, sister-in-law, and brother, each of whom developing cancer before the age of 40. He battled cancer, surviving Hodgkin's disease. Mr. Ellis has worked for the past 28 years to improve the quality of life for individuals, families, and communities affected by cancer in the state of Connecticut with his non-profit organization, The Connecticut Sports Foundation. Mr. Ellis has spent the bulk of his career working as a civically minded corporate leader.

As Chairman of CSF, Mr. Ellis understands the importance of providing patients who suffer from debilitating illnesses with safe access to medicine. CSF, a non-profit organization with a 501(c)(3) designation, provides funds and logistical support to all of Connecticut's cancer patients. It is not only through his work with CSF that Mr. Ellis has gained an understanding of the benefits of medical marijuana. Both he and his brother are cancer survivors, and Mr. Ellis knows firsthand that the pain and nausea of cancer treatment can be devastating. He understands that medical marijuana presents a viable and non-invasive therapy that can help many people suffering from debilitating ailments.

Enclosed on the next page is a letter of commitment from John Ellis for working with Better Healing.



John C. Ellis 24 Saltus Drive Old Saybrook, CT 06475 8602272609 johnbassgroup@comcast.net

September 3, 2015

Aaron J. Romano Attorney At Law 55 Woodland Avenue Bloomfield, Connecticut 06002

To Whom It May Concern:

As Chairman of the Connecticut Sports Foundation ("CSF"), I understand the importance of providing patients who suffer from debilitating illnesses with safe access to medicine. CSF, a non-profit organization with a 501(c)(3) designation, is a truly unique organization in Connecticut. CFS provides funds to all of Connecticut's cancer patients; this money can be used for rent/mortgage, utilities, transportation, medications and more. Patients are referred to CSF via a network of oncology social workers at Connecticut hospitals and cancer centers. Resources are offered with dignity and privacy, thus helping patients maintain self-respect while lessening the stress that may inhibit their recovery. It has been twenty-eight years since its inception, and CSF is still going strong.

It is not only through my work with CSF that I have gained an understanding of the benefits of medical marijuana. Both my brother and myself are cancer survivors, and I know firsthand that the pain and nausea can be devastating. Medical marijuana presents a viable and non-invasive therapy that can help many.

The opportunity to work with Better Healing Dispensary is a natural extension of my charitable work with CSF. As the Director of the Community Benefits Plan, I will oversee Better Healing's charitable outreach programs. Through my experience as Chairman of the CSF, I have an established network of service providers prepared to offer assistance to persons afflicted with debilitating illnesses. I am pleased to be working with a medical marijuana dispensary as it will improve this most vulnerable patient population's quality of life. I will insure that the dispensary maintains strong connections with other patient service providers and acts in accordance with the necessary societal imperative to help others.

I look forward to your response and a long and mutually beneficial business and personal relationship. Should you have any questions, please call me at 860-227-2609. With every regard and good wish, I remain

Sincerela

John C. Ellis Chairman, CSF



Fitor Mamudi - Partner/Manager 44.5%



PROFESSIONAL EXPERIENCE

Senior sales executive with over 15 years experience in all aspects of sales, management and marketing. Strong leadership, motivation and communication skills. Very accomplished at leading large, multi-faceted organizations. Consistent track record of recruiting top talent, building high performance teams and delivering exceptional results.

Commission Presents Founder, Owner

2014 to Present

Fitor Mamudi has since expanded his areas of expertise to include a music and entertainment promotional company. The Commission Presents aims to bring world class talent to the top live entertainment venues. Since 2014, In a short span of time, The Commission Presents has become recognized by clients, including casinos and major venues, as an important supplier of talent. Mr. Mamudi has develops true long lasting relationships with clients in every business. He takes a hands-on approach that both artists and clients appreciate. It is the standard of The Commission Presents.

Today, the agency has grown to represent well known musicians, emerging artists, stage shows, performers, and more.

- Developed long standing relations with professional performers and entertainment venues
- Successfully organized promotional events throughout the state of Connecticut
- Represented an artist line-up consisting of top talent entertainers

Starion 2009 to Present

Founder, President

- Provided leadership and set the vision for the company.
- Responsible for acquiring and negotiating new contracts and overseeing the day-to-day operation of the company



- Responsible for identifying and cultivating individuals who share the same passion for helping others in the communities.
- Managed all event marketing materials (web & direct mail), social media and promotional efforts.
- Key roles included acquisition negotiations, contract negotiation, equity and debt raising and day to day operational leadership of the company.
- Fitor was able to develop a fundraiser through Starion Energy in which a
 percentage of revenue goes to the Connecticut Sports Foundation and the
 many families in need.

Energy Savings Group, LLC Co-Founder

2008 to 2010

- Designed and implemented all staffing procedures
- Built an extensive network of sales representatives
- Trained a team of high-performing sales agents
- ESG became Contracted by Public Power to create market share
- Created and implemented staffing procedures
- Built an extensive sales channel of representatives
- Quickly became a seasoned electricity sales executive with experience in all deregulated zones.
- Developed the channels and product offerings to serve the large commercial, industrial, government, municipal and small commercial markets.
- Experienced in direct sales, channel partner sales and bids. Consistently meet or exceed sales expectations.

Connecticut Sports Foundation Board Member

Our Board of Directors reflects a range of backgrounds and talents, unified by a common mission. They provide guidance and strategic oversight of the organization. Board Committees include Executive, Finance and Development committees.

 Managed, cultivated and maintain on-going positive relationships with major donors/Board members, volunteers, committees, networking



groups, corporate partners, media partners, event sponsors, event talent/speakers, vendors and venues.

- Built partnerships. Explored avenues for development and revenue generation by identifying new opportunities and engagements.
- Created, pitched and cultivated event sponsorships and cause marketing opportunities. Forged donor relationships and committee stewardship.

BIOGRAPHY

Described by close colleagues and peers as a "visionary" Fitor Mamudi began expanding his network of business partners since the early 2000s. It was during his tenure as an owner of Energy Savings Group representing Public Power. Mamudi was then introduced to Travis Tangredi, a student of Finance from Central Connecticut State University. The two of them clicked immediately and soon Mr. Mamudi and his partners had recruited him into his stable of talent. Together, while working as energy consultants for Public Power, Mr. Mamudi and Mr. Tangredi scripted the protocol that would go-on to become standard operating procedure for the business and marketing departments at Public Power.

Once the executives of Public Power decided to sell, Mamudi and his partners of Energy Savings Group approached Tangredi about joining a third-party energy service provider of their own. Starion Energy, Inc., as it would come to be known, currently services over 125,000 customers in 9 states and has a fully staffed Customer Service Department and Compliance Department. Over the course of operation, Starion Energy, Inc., has serviced over 500,000 customers.

Fitor Mamudi is currently an active board member of the Connecticut Sports Foundation, and plays a vital role both cultivating and maintaining positive relations with our board members, volunteers, committees, and corporate sponsors. In-line with the vision outlined by the Connecticut Sports Foundation mission statement, Mr. Mamudi has committed himself to helping ease the financial burden faced by those that have affected by cancer. He is very passionate about helping others and in every business venture he finds a way to create a charity or means of giving back. He takes initiatives where financial gifts can help support families in need.



Fitor Mamudi has since expanded his areas of expertise to include a music and entertainment promotional company. The Commission Presents aims to bring world class talent to the top live entertainment venues. In less than two-years time, The Commission Presents has become a widely-recognizable brand name in the world of professional entertainment. Having created a network of casinos, major venues, and top-performing talent, Mr. Mamudi has established himself as one of the premiere promoters throughout the northeast.



<u>Aaron Romano ESQ - Partner/Manager 10%</u>



PROFESSIONAL EXPERIENCE
Law Office of Aaron J. Romano, P.C., Bloomfield, CT

2003 to Present

Law practice specializing in state and federal criminal defense and medical marijuana advocacy. Successfully argued landmark case of <u>State v. Menditto</u>, 315 Conn. 861, in the Connecticut Supreme Court, which upheld the right of people convicted of possession of marijuana for amounts now decriminalized to have their criminal records erased pursuant to state law. Statewide counsel for National Organization for Reform of Marijuana Laws. Developed pro bono patient advocacy program to assist people who suffer from debilitating ailments under Chapter 420f of the C.G.S. to obtain medical cards.

Studied and researched Colorado and California regulations and the medical marijuana industry, touring grows and dispensary operations. Successfully organized and arranged for investors in Connecticut to meet growers and producers to obtain the technological processes to begin indoor production for the state. Investment group was ultimately awarded a producer license in the State of Connecticut. Advises numerous business and individual clients on changing laws regarding marijuana decriminalization and for medical purposes.

Ensure proper compliance with HIPAA laws and maintenance of confidentiality regarding client legal files. Meet and consult with federal and state law enforcement officials regarding clients accused of criminal conduct. Negotiate and mediate legal disputes between the Government and private citizens.

Featured speaker on Democracy Now!, National Public Radio, MSN, and Fox News. Legal work has been covered by New York Times, Washington Post, The Huffington Post, The Guardian, The Hartford Courant, The Village Voice, Connecticut Law Tribune, The Journal Inquirer, and The New Haven Advocate. Accept court appointed cases to provide high quality legal representation to



indigent persons, many of whom are substance addicted and/or mentally ill. Coordinate programming with mental health professionals to treat persons with substance abuse and mental health issues.

Office of Attorney General Saipan, CNMI Prosecutor

2001 to 2002

As a trial attorney for the Commonwealth of Northern Mariana Islands, prepared and tried misdemeanor and felony cases. Responsibilities included charging, pretrial motions, preliminary hearings, trial and sentencing, violation of probation hearings, and appeals. Appointed Acting Chief of the Criminal Division in Chief's absence. Assisted the Department of Public Safety in investigations and preparation of arrest, search and wiretap warrants.

Caseload included major felonies, homicides, and sexual assault crimes. Solely responsible for the prosecution of all crimes on the island of Tinian. Mentored new attorneys in trial strategy and techniques. Represented the Attorney General's Office before the CNMI Criminal Rules Committee.

Defender Association of Philadelphia, Philadelphia, PA 1999 to 2001 Trial Attorney

Tried hundreds of misdemeanor and felony cases for adults and juveniles and prepared over fifteen hundred misdemeanor and felony cases for trial. Drafted and argued pretrial, postverdict and post-sentence motions. Calculated and reviewed sentencing guidelines for felony cases. Conducted over one thousand preliminary hearings for felony offenses. Interviewed and prepared witnesses for trial. Identified clients with mental health and substance abuse issues and developed treatment plans with social workers. Argued hundreds of violation of probation and parole hearings. Conducted arraignment and bail hearings.

EDUCATION:

- University of Pennsylvania Law School Philadelphia, PA J.D., May 1998
- Honors: University of Pennsylvania Award for Public Service, 1998
- Equal Justice Foundation Fellowship Recipient, 1996
- Activities: Editor, Hybrid: The University of Pennsylvania Journal of Law and Social Change, 1997
- Teacher, Philadelphia Urban Law School Experience, 1995
- Bard College Annandale on Hudson, NY B.A. in Political Science and Music, May 1993



BAR

- United States Virgin Islands (Federal/Territorial), 2002
- Pennsylvania (Commonwealth), 1999
- Connecticut (Federal/State), 1998
- Second Circuit Court of Appeals, 2005
- United States Supreme Court, 2005

LANGUAGES

Basic Spanish

MEMBERSHIP

- Life Member, National Association of Criminal Defense Lawyers
- Life Member, N.O.R.M.L.
- Legal Defense Committee 2005
- Legal Counsel, Connecticut State NORML Chapter Member
- Connecticut Criminal Defense Lawyer's Association, 2004 present
- Member, Virgin Island Bar Association, 2002 present

BIOGRAPHY

Aaron Romano was born and raised in Bloomfield, CT where he now operates his law practice, Aaron J Romano, PC. His area of concentration is criminal law and medical marijuana advocacy. He has an attorney and paralegal working with him on matters that bring him to criminal courts across the state.

As a youth, Aaron saw his mother, who suffered from breast cancer, obtain relief from the side effects of chemotherapy from the drug marinol. Later, during his years as a criminal defense attorney and prosecutor, Aaron saw people charged with marijuana offenses who suffered from medical ailments who were using marijuana for relief. He joined Law Enforcement Against Prohibition and NORML. His involvement in the medical marijuana industry stemmed from his membership in the NORML legal committee where he has since been invited to present as a guest lecturer at a continuing legal education conference.

As a life member of the NORML Legal Committee, Aaron Romano has collaborated with practitioners in the industry across the nation to assist businesses start up and maintain lawful operations. He has been consulted regarding the daily operation both on the business side and regulatory side discussing the often complex legal ramifications of federal/state distinctions and the tax treatment of the mmj industry.



Aaron Romano understands mmj from the patient's perspective as he initiated a pro bono service program where he assists potential patients obtain medical marijuana cards. He has networked with patients and doctors to insure safe access to medicine. As an attorney, Aaron understands the nuances of HIPAA and the patient privilege.



<u> Travis Tangredi - Partner/Manager 22.25%</u>



PROFESSIONAL EXPERIENCE

Chief Executive Officer, Flex Direct

2011 to Present

- Ensuring funding for projects supporting strategy
- Analyzing projects, ending those that are no longer efficacious
- Sustained record of profitable growth and high performance operations within deregulated energy and cable/telecommunications industries.

Vice President of Business Development, Starion Energy 2009 to 2011

- Conceptualized and executed fully integrated sales and marketing programs
- Designed programs aimed at customer acquisition & retention
- Developed training, compliance protocols, and broker support for residential market and business-to-business sales agents.

President, Utility Exchange, LLC

2008 to 2011

 Developed a network of over 300 sales agents in 7 states actively providing energy solutions and services to over 100,000 active residential and commercial customers.

Energy Consultant, Public Power, LLC

2008 to 2010

EDUCATION

Bachelor of Arts, Finance, Central Connecticut State University

2006

COMMUNITY INVOLVEMENT

Sponsor, Connecticut Sports Foundation against Cancer Starion Against Cancer Partnership

2009 to 2011



BIOGRAPHY

A longstanding member of the Milford Boat Club, Travis Tangredi is a fixture of the community and is recognized as an influential local leader. As a successful businessman and entrepreneur, Mr. Tangredi has continually used his skills and expertise to develop business entities throughout the greater Milford area, providing jobs for residents of Connecticut since 2008.

Mr. Tangredi served as the president of the Utility Exchange for three-years, during which, he led the training and development of 300 sales agents operating in seven states in the northeast region of the nation.

Mr. Tangredi is double HIPAA certified.



Michaele E. Zappone - Partner/Manager 22.25%



PROFESSIONAL EXPERIENCE

Owner, Massage Therapy for Treatment and Prevention 1999 to Present

- Licensed Massage Therapist & sole proprietor of alternative healthcare company
- Staff management, client scheduling, billing, administrative duties
- Provide holistic treatment in coordination with each patient's medical team

Freelance Physical Fitness Instructor

1997 to Present

- Certified personal trainer providing individualized health and fitness programs.
- Works as a consultant to spa owners & related fitness & health-related businesses regarding incentive programs designed to promote physical fitness.

Process Engineering Programmer, General DataComm

1984 to 1986

- Micro-computer programmer
- Developed programs to reduce cost and enhance printed circuit board (PCB) automation
- Investigated and analyzed new and existing PCB assemblies
- Designed economical solutions for automated assembly

EDUCATION

AAS, Data Processing Technology, Waterbury State Technical College Graduated 1986

LICENSES AND CERTIFICATIONS

Licensed Massage Therapist, CT, 1999-present
Nationally Certified in Therapeutic Massage and Bodywork, 1999-present
American Massage Therapy Association Membership, 1999-present
Certified Medical Massage –Professional Level, May 2000



Certified CORE Myofascial Therapist, November 2002 Certified Weight Trainer, October 2005 Certified Orthopedic Massage, September 2007 Certified CPR, 2015 Connecticut Center for Massage Therapy April 1999

BIOGRAPHY

In 2000, Ms. Zappone, having experienced chronic illness and pain for much of her life, founded and managed a private practice Massage Therapy business in Thomaston, CT. Her business specializes in the treatment and prevention of chronic pain.

Ms. Zappone's professional development over the years has given her a broad knowledge base. Her years of expertise coordinating care with each client's healthcare team gives her the ability to navigate the complex relationships and expectations that go into developing a comprehensive treatment plan.

Ms. Zappone has personally witnessed how often traditionally prescribed treatments have adverse side effects. In turn, additional prescriptions and treatments are provided to deal with those side effects, which creates and perpetuates a cycle that prevents true healing and pain relief. She has witnessed numerous people surrender to this cycle, not understanding that there are alternative solutions. Massage offers such a solution, along with other safe alternatives. Ms. Zappone's sympathy for those who suffer has generated a clientele of people with parallel situations. To treat pain with no adverse side effects is the first step on a pain-free path to wellness.



ADVISORY BOARD

Made up of community and professional leaders to guide the general operations of Better Healing, LLC. Board will meet quarterly and review operations and suggestions according to reports prepared by the business and advances in the medical cannabis industry. Board members will be available to answer questions from the dispensary as needed.

Kelly Johnson-Arbor, MD, FACEP, FUHM, FACMT- Medical Director Toxicology



PROFESSIONAL EXPERIENCE

Present Appointment:

Medical Director, Hyperbaric Medicine
Department of Plastic Surgery
MedStar Georgetown University Hospital
Washington, DC

July 2015 to Present

Past Appointments:

Assistant Clinical Professor

March 2015 to July 2015

Attending physician
Department of Emergency Medicine and Traumatology
University of Connecticut Health Center
Farmington, CT

Attending physician, Emergency Medicine EmCare/Waterbury Hospital Waterbury, CT

March 2015 to July 2015



Assistant Professor

July 2014 to March 2015

Medical Director, Center for Wound Healing and Hyperbaric Medicine and Occupational Health Services
Department of Emergency Medicine
Division of Medical Toxicology
Hartford Hospital
Hartford, CT

Assistant Professor

July 2009 to July 2014

Medical Director, Center for Wound Healing and Hyperbaric Medicine Department of Emergency Medicine Division of Medical Toxicology Hartford Hospital Hartford, CT

Attending Physician

July 2006 to July 2009

Department of Emergency Medicine and Traumatology Division of Medical Toxicology Center for Wound Healing and Hyperbaric Medicine Hartford Hospital Hartford, CT

Attending Physician (per-diem)

January 2005 to July 2006

Department of Emergency Medicine and Traumatology Hartford Hospital Hartford, CT

EDUCATION

Loyola University Stritch School of Medicine

Graduated 2001

Maywood, Illinois Degree: M.D.

Harvard University

Graduated 1996

Cambridge, Massachusetts Degree: B.A., Biology

Phillips Exeter Academy

Graduated 1992

Exeter, New Hampshire Degree: High School





Postgraduate Medical Education:

Fellow, Division of Medical Toxicology Department of Emergency Medicine University of Connecticut Medical Center Farmington, Connecticut	July 2014 to June 2006
Resident, Department of Emergency Medicine University of Rochester Medical Center Rochester, New York	June 2001 to June 2004
Volunteer Activities and Elected Positions:	
Member, Professional Advisory Committee VNA HealthCare, Inc Hartford, CT	2014-2015
Member, Board of Directors Glastonbury A Better Chance Glastonbury, CT	2008-2015
Member-At-Large Northeast Chapter Undersea and Hyperbaric Medical Society	2008-2015
Medical Consultant Connecticut Poison Control Center	2006 to Present
Applicant Interview Liaison Department of Emergency Medicine University of Rochester Medical Center	2002-2003
Instructor Medical Student Suture Lab Department of Emergency Medicine University of Rochester Medical Center	2001-2003
Applicant Interviewer Harvard University	1997-2004
Class Agent Phillips Exeter Academy	1997-2001



Formal Teaching Experience

Course Director
HS 450: Hyperbaric Medicine
University of Hartford
Hartford, CT

Professional Affiliations:

Wound Healing Society	2009 to Present
Undersea and Hyperbaric Medicine Society	2005 to Present
American College of Medical Toxicology	2004 to Present
American Academy of Clinical Toxicology	2004 to Present
American College of Emergency Physicians	2001 to Present

Board Certifications/Additional Training:

American Board of Emergency Medicine

Board Certified (Emergency Medicine)
Board Certified (Medical Toxicology)
Board Certified (Undersea and Hyperbaric Medicine)

Advanced Cardiac Life Support (ACLS) Provider	Current
Advanced Trauma Life Support (ATLS) Provider	Current
Pediatric Advanced Life Support (PALS) Provider	Current
Advanced Hazmat Life Support (AHLS) Provider	2003 to 2005
Medical Review Officer (MRO) Certification	2014 to Present
(#140928227)	

National Registry of Certified Medical Examiners 2015 to Present

(#6256839526)

Licensure:

State of New York Licensed Physician and Surgeon	#230690
State of Connecticut Licensed Physician and Surgeon	#042447
District of Columbia Licensed Physician and Surgeon	#043120

BIOGRAPHY

Dr. Johnson-Arbor is a physician licensed to practice in the State of Connecticut and is board certified in Emergency Medicine, Medical Toxicology, and Undersea



and Hyperbaric Medicine. She is a consultant for the Connecticut Poison Control Center, and is actively involved in the outpatient management of toxicology patients within the State of Connecticut.

As a Medical Toxicologist, Dr. Johnson-Arbor has knowledge and expertise in the prevention, diagnosis, and treatment of intentional and accidental poisonings. She is familiar with the pharmacokinetics and mechanisms of action of drugs, including marijuana. In her practices as a Medical Toxicologist and Emergency Medicine physician, she routinely treat patients who are under the effects of marijuana. She has been certified as an expert in court and testified about the effects of marijuana on the human body. She believes that her experiences and training as a physician, specifically as a medical toxicologist, has provided her with a substantial fund of knowledge regarding the acute and chronic effects of marijuana exposure as well as an understanding of the patterns of use, routes of administration, and dosing of the drug.

As an African-American, Dr. Johnson-Arbor is also aware that there are differences in patterns and perceptions of use among different socioeconomic, racial, and ethnic groups, which can complicate the understanding that laypersons and physicians may have regarding the use of marijuana.

In her medical practice, Dr. Johnson-Arbor teaches her residents and students to explore patients' use of drugs (including marijuana) to clarify their patterns of use and minimize complications related to the misunderstanding of the use of the drugs.



Reverend Jeff Dugan, Ph.D - Director Patient Advocacy



PROFESSIONAL EXPERIENCE

Rector, St. James Episcopal Church, Farmington, CT 1990 to 2010

- Exclusive management of all things affecting the spiritual interests on the Parish.
- Directly responsible for all worships activities in the Parish.
- Led all Vestry meetings and oversaw the Vestry and Parish leadership.

Interim Rector, Christ & Holy Trinity Church, Westport, CT 1989 to 1990

- Fostered development of Outreach and Family Ministries.
- Offered sermons each week based ordinarily on the lectionary readings for the day.
- Coordinated and supervised the work of all other participants in worship, including readers, lay eucharistic ministers, choirs, musicians and all others.
- Offered baptism, marriage, burial and confirmation as appropriate.

Interim Rector, St. John's Episcopal Church, Waterbury, CT 1988 to 1989

- Offered sermons each week based ordinarily on the lectionary readings for the day.
- Coordinated and supervised the work of all other participants in worship, including readers, lay eucharistic ministers, choirs, musicians and all others.
- Offered baptism, marriage, burial and confirmation as appropriate.

Associate Rector, Bruton Parish Church, Williamsburg, VA 1983 to 1987

EDUCATION



Doctor of Theology (Th.D.) - Duke University Divinity School Master of Divinity - Yale University Divinity School Associate Degree, Business - Dartmouth College

Graduated 1988 Graduated 1980 Graduated 1976

BOARD MEMBERSHIPS

President, Seabury at Home, Inc., Bloomfield, Connecticut, 2002 to present Church Home of Hartford, Inc., Bloomfield, Connecticut, 1996 to 2010 Lillydale Literacy Program, South Africa, 2000 to 2006 Institutional Review Board, University of Connecticut Health Center, 2003 to 2009

Background:

- Master of Divinity Yale University Divinity School
- Associate Degree Dartmouth College
- Hospice training from Bon Secours Hospital, Grosse Pointe, Michigan
- Ordained Episcopal Priest

<u>Highlights:</u>

- President (present), Seabury at Home, Inc., Hospice Care, Bloomfield, Connecticut
- Board member for the Church Home of Hartford, Inc. (dba Seabury), 1996-2010
- Served on the Institutional Review Board (IRB) of the University of Connecticut Health Center, 2003-2009
- Author of "Christopher's Summer", published 2001 by Cumberland House, Nashville, TN

BIOGRAPHY

A 61 year old native of Bar Harbor, Maine, Jeffrey Dugan is an ordained Episcopal priest. For 35 years, Dugan has been involved with the Hospice movement in Michigan, Virginia and Connecticut, counseling people with debilitating and terminal illnesses and their families. He received training in Hospice philosophy and practice from Sf. Rosaria Buesching, Director of Pastoral Care and Manager of the Hospice program at Bon Secours Hospital in Grosse Pointe, Michigan. In 2001, his book, "Christopher's Summer", which describes a father's conversation with his nine year old son about death and dying, was published by Cumberland House in Nashville, Tennessee.



Dugan injured himself 6 years ago while hiking in Maine, when he fell from a cliff. He underwent extreme rehabilitation and occupational therapy to learn how to communicate and function after being comatose and in intensive care for two months. Dugan is now a medical marijuana card holder and first used cannabis in June of 2015 to alleviate spinal cord injury pain. Dugan's injuries could not be treated effectively with synthetic opiates and other prescribed drugs. He found cannabis to alleviate his symptoms to a degree where he can now lead a functional, active life.

Dugan is interested in patient advocacy and insuring that others who suffer from debilitating ailments are effectively and responsibly treated and counseled by dispensaries and physicians. From 2003 to 2009, he served on the Institutional Review Board (IRB) of the University of Connecticut Health Center in Farmington, Connecticut, with oversight for all of the medical research studies involving human subjects in that facility. In that role of patient advocacy, he helped ensure that the highest national standards of ethical and moral treatment were adhered to in every research study, from the way people were motivated to enroll to the manner in which the study was carried out.



John Ellis - Director of Community Benefits



PLEASE REFER TO OWNER/BACKER SECTION DETAILING JOHN ELLIS



<u>Corey Jaquez, MD - Medical Director</u>



PROFESSIONAL EXPERIENCE

Physician/Family Practice St. Vincent's Multispecialty Group

2014 to Present

- Make weekly nursing home rounds for approx. 15 patients in short term rehab and long term care.
- Attended to referrals from urgent care and emergency centers.
- Average 15-20 office visits per day.

Physician/Primary Care, West Hartford Medical Center 2009 to Present

- Currently performing medical cannabis evaluations in addition to regular medical care.
- Provide management of chronic diseases.
- Average 15-18 office visits per day.

Physician/Family Practice, High Ridge Family Practice 2013 to 2014

 Made weekly nursing home rounds for approx. 7 patients in short term rehab and long term care.

EDUCATION

Doctor of Medicine, Ross University Medical School Graduated 2015

Bachelor of Arts - Philosophy/Pre-Medicine, Boston College Graduated 1999





PROFESSIONAL INTERESTS

Preventative medicine Sports Medicine

Background:

- Doctor of Medicine, Ross University Medical School
- Bachelor of Arts Philosophy/Pre-Medicine, Boston College

Highlights:

- Currently performing medical cannabis evaluations at West Hartford Medical Center
- 2006 Presented "Effects of Dual Imaging Modalities on Negative Appendectomies" at the Connecticut Chapter of American College Surgeons Conference
- 2005 Authored "Effects of Complementary Medicine on Operative and PostOperative Clinical Course"
- Advisor on Patient Advocacy

BIOGRAPHY

Since its inception, Dr. Corey A. Jaquez has closely followed Connecticut's medical marijuana program. He couldn't miss it in fact – his practice is only fifteen minutes away from Better Healing Dispensary. Dr. Jaquez was even featured in a television news interview on the topic.

As a primary care physician for the St. Vincent's Multispecialty Group in Bridgeport and the West Hartford Medical Center in Connecticut, Dr. Jaquez treats and speaks to patients directly. He takes the time to understand the needs and concerns of the local patient population, so much so he serves as an advisor on patient advocacy for other hospitals and centers. Dr. Jaquez has practiced in the Hartford area since 2009 and following legalization, he has written many recommendations for medical marijuana.

After completing his doctoral studies at Ross University Medical School in Portsmouth, Commonwealth of Dominica and his clinical rotations in New York City, Mr. Jaquez completed a two-year residency at the University of Louisville-Glasgow Family Medicine where he managed care for inpatient services and performed multiple procedures for emergent and critical care patients.



Fitor Mamudi - Director of Finance



PLEASE REFER TO OWNER/BACKER SECTION DETAILING FITOR MAMUDI



Peter Morgan, MD, Ph.D. - Medical Director/Psychiatry (Research/Addiction)



PROFESSIONAL EXPERIENCE

An internationally recognized psychiatrist at Yale who has directed a highly innovative research program since 2002. A multi-talented and widely sought-after faculty member who has excelled as an administrator of both clinical services and research programs, in teaching as an expert in diverse areas of psychiatry, in clinical care of patients as a treating psychiatrist and as an expert consultant, in direct supervision of clinical and administrative staff themselves in supervisory positions, and as a highly respected forensic psychiatrist, as well as in research.

A wide-ranging, well-connected collaborator with experience designing and spearheading original research studies including both treatment and laboratory evaluation of substance use disorders, insomnia, obesity, binge eating disorder, schizophrenia, and depressive disorders. A diverse publication record in the highest impact journals in psychiatry and outstanding generalist journals. A long and diverse record of grant funding including federal, foundation, and industry sponsored awards. An unparalleled ability to work with a broad range of personalities across disciplines and career levels to efficiently lead organizations.

EDUCATION

- B.S. Yale University 1992; Physics, with honors and distinction in the major, Phi Beta Kappa
- M.S. University California, Davis-LLNL 1993; Engineering and Applied Science
- M.D. Mount Sinai School of Medicine/NYU 2000
- Ph.D. Mount Sinai School of Medicine/NYU 2000; Biomedical Sciences
- Psychiatry Residency Training, Yale University School of Medicine 2000-2004
- Substance Abuse Fellowship, Yale University School of Medicine 2003-2004



Current Positions

- Associate Professor, Psychiatry Department, Yale University School of Medicine, 2010-
- Director, Substance Use and Sleep Research, Yale University School of Medicine, 2004-
- Attending Psychiatrist, Residential Treatment Team, Psychiatric Security Review Board Clients.
- Connecticut Mental Health Center (CMHC), 2005-
- Psychiatrist, Connecticut State Office of Forensic Evaluations, 2006-
- Medical Director, Forensic Drug Diversion Program, CMHC, 2009-2010, 2014-
- Member, Board of Directors, Winter Conference on Brain Research

Past Positions

- Assistant Professor, Psychiatry, Yale University School of Medicine, 2004-2010
- Medical Director, Residential Services Division of APT Foundation, 2006-2007
- NIDA post-doctoral fellow, Yale University School of Medicine, 2003-2004
- Psychiatry Resident, Yale University School of Medicine, 2000-2004
- Graduate Student Scientist, Mount Sinai School of Medicine, 1993-2000
- Physicist, Lawrence Livermore National Laboratory, 1992-1993
- Research Assistant, Physics Department, Yale University, 1991
- Research Assistant, Biomedical Division, Lawrence Livermore National Laboratory, 1990

Licenses, Certification

- CT State Physicians License #040656, 2003-
- Attending privileges, Yale-New Haven Hospital, 2004-
- Attending privileges, Connecticut Mental Health Center. 2004-
- American Board of Psychiatry and Neurology, Board Certified in Psychiatry 2008-present
- DEA X-license, 2014-present



Administrative Experience

Six years experience in medical directorship positions at the APT Foundation and CMHC (Forensic Drug Diversion Program). 13 years experience directing a federally funded research program. Experience as acting director of the Clinical Neuroscience Research Unit (CNRU). 11 years experience as a member of the CNRU executive committee. Three years experience as a member of the Medical and Professional Staff Executive Committee of CMHC, followed by one year as Vice-President and one year as President of the Executive Committee of CMHC. Six years experience as a coordinator for the Neuroscience Research Training Program for psychiatry residents at Yale. Six years experience supervising clinical directors in the Acute Services program at CMHC. Two years experience as member of the board of directors of the Winter Conference on Brain Research.

Clinical Experience

Recognized expert in both psychodynamic psychotherapy and psychopharmacology who is regularly consulted by leading psychiatrists and other mental health care practitioners. 11 years attending experience treating patients with the full range of psychiatric disorders in inpatient, outpatient, and partial hospital, and residential and therapeutic community treatment settings including 10 years experience treating the high-risk population of mental health acquittees of major crimes who have been released into the community.

Research Experience

Thirteen (13) years experience running the only research program in the world examining the relationship between chronic cocaine use and relapse and neurophysiological changes in sleep associated with chronic cocaine use in humans. Research has identified both a strategy and the underlying mechanism for the successful pharmacological treatment of cocaine dependence, and may lead to the first medication approved for the treatment of cocaine use disorders. Seven years experience running studies on insomnia and underlying brain chemistry changes associated with insomnia, as well as studies on lucid dreaming and consciousness. Extensive experience collaborating on numerous studies at Yale and elsewhere demonstrating the ability to contribute to and promote the research of others. Approximately 50 articles, letters and reviews published or in press, including over 40 original research articles published in the leading general and specialist journals. Principal investigator on federal, foundation, and industry sponsored awards for the study of drug dependence, insomnia, depression, and lucid dreaming/consciousness.



Forensic Experience

Ten (10) years experience as a forensic psychiatrist having performed over 1000 evaluations for competency, mitigation, diminished capacity, insanity defense, and confinement status following successful insanity defense. Testified as an expert witness in bench and jury trials, in depositions for criminal and civil cases, before the Law Board of Connecticut, and before the Psychiatric Security Review Board of Connecticut. Have worked with teams of lawyers and other expert witnesses in high profile cases including the last two death penalty cases in Connecticut. 10 years experience treating mental health acquittees in the community. Four years as medical director of the Forensic Drug Diversion Program at CMHC.

Professional Service

Twenty-two (22) years experience as a peer-reviewer for basic science and clinical research journals including the Journal of Neuroscience, JAMA Psychiatry, American Journal of Psychiatry, Biological Psychiatry, Drug and Alcohol Dependence, Neuropsychopharmacology, Journal of Neurophysiology, and more. Five years experience as Editorial Review Board member at Frontiers in Addictive Disorders. Ad hoc Member for NIH Study Sections including Behavioral Genetics and Epidemiology, NIDA-L, NIDA Special Emphasis Panels, and for the Israel Science Foundation. Clinical and Public Health Committee reviewer for Diagnostic and Statistical Manual of Mental Disorders-5, Stimulant Use Disorders Section. Member of College for Problems on Drug Dependence, Society for Clinical and Translational Science, American Academy of Sleep Medicine, and the Winter Conference on Brain Research. Chaired numerous symposia at national and international meetings, given numerous grand rounds and other lectures at national universities and other institutions. Four years experience as a member of the Yale Institutional Review Board.

Public Service

Six (6) years experience mentoring high school students in science projects including one Intel competition semi-finalist. Co-founded and President of Entree2Education LLC, a non-profit organization whose mission is to provide food to public school students in Kenya. Interviewed by the *Guardian* in 2013 for an article on the use of stimulants in higher education. Interviewed by the *New Scientist* in 2010 regarding lucid dreaming and consciousness. Interviewed in 2010 for news articles reported in Medscape, *The Hartford Courant*, and *NPR* News regarding work on gender-related influences of parental alcoholism on the



prevalence of psychiatric illnesses. Interviewed in 2008 for news article about research in sleep and cognition in cocaine users for *NIDA Notes*. Interviewed on numerous occasions by Yale students working in scientific journalism.

BIOGRAPHY

Peter Morgan is an associate professor and an internationally recognized psychiatrist at Yale who has directed a highly innovative research program since 2002. He has taught a wide range of students from high school to grad level and has given many lectures at institutions such as Johns Hopkins university. A multi-talented and widely sought-after faculty member he has excelled as an administrator of both clinical services and research programs as a treating psychiatrist and as an expert consultant in clinical care.

He has 13 years experience running the only research program in the world examining the relationship between chronic cocaine use and relapse and neurophysiological changes in sleep in humans. He is also an experienced forensic psychiatrist and spent 10 years performing thousands of evaluations on individuals for the State of Connecticut as well as 10 years experience treating mental health acquittees in the community and four years as medical director of the Forensic Drug Diversion Program at CMHC.

He has a diverse publication record in the highest impact journals in psychiatry and outstanding generalist journals. And also has a long and diverse record of grant funding including federal, foundation, and industry sponsored awards.

Enclosed on the next page is a letter of commitment from Dr. Peter Morgan for working with Better Healing.







Peter Morgan, M.D., Ph.D.
Associate Professor
Department of Psychiatry
(203) 974-7515; peter.morgan@vale.edu
34 Park Street, New Haven, CT 06519

August 28, 2015

Dear Attorney Romano,

Thank you for you invitation to participate as an advisor to your plan to institute a medical marijuana dispensary. As you are aware, the availability of medical marijuana in other states has led to significant issues around whether subscribers truly have medical conditions for which medical marijuana is likely to be helpful, with apparently large numbers of subscribers obtaining medical marijuana for what is either recreational use or to satisfy an addiction to cannabis. Inappropriate conclusions from poor quality research studies have also been used to support the idea that marijuana may be helpful for mental health conditions for which it is likely not helpful. Based on our conversation, I am pleased to be able to offer advice that may help set standards for how a medical marijuana dispensary should be run to minimize the misuse of cannabis and thereby promote its availability when medically appropriate. In this capacity I would also promote and provide oversight to research studies that would help determine the scenarios in which medical marijuana may have a net benefit. I am also encouraged by your plan to incorporate other modalities of therapy, and recommend that cognitive behavioral therapy for insomnia - shown to be effective when delivered in an electronic/video format through the internet - be included as a treatment offering, as it would likely be useful to a large proportion of persons seeking marijuana for medical use, and is likely to have wide-ranging benefits to physical and mental health.

Sincerely,

Peter Morgan, M.D., Ph.D.



Aaron J. Romano ESQ - Corporate Counsel



PLEASE REFER TO OWNER/BACKER SECTION DETAILING AARON J. ROMANO



Ronald Young - Director of Security



PROFESSIONAL EXPERIENCE

Police Officer, New Milford Police Department Hartford Police Department

1998-Present 1995-1998

Veteran police officer with decades of experience in Patrol and Drug Enforcement. In addition, worked alternatively as a Child Safety Seat Tech, Field Training Officer, Oleoresin Capsicum Instructor, Investigator, and 911/Police/Fire/EMS Dispatcher. Twice assigned as Temporary Investigator for New Milford Police Department to perform undercover drug interdiction in conjunction with Statewide Narcotics Task Force.

Experienced with inter-jurisdictional, multi-agency response, including coordination with the Department of Children and Families (DCF). Received specialized training in Stake Out and Surveillance- Regular and Advanced, Firearms, DWI, Self Defense Tactics, Hostage Negotiation, Crisis Interventions, School Resource Officer, Report Writing, Interview and Interrogations, First Line Supervisor.

Trained in recognizing the signs of illicit drug use, drug smuggling, crime prevention, loss prevention, and larcenous behavior- has handled hundreds of larceny cases. Currently School Resource Officer assigned to the New Milford High School during the academic year, teaching a drug prevention class based on the "Truth About Drugs Program," wherein students are taught to recognize signs of drug use among their peers.



Owner/Manager, R & R Protective Services Security New Milford, Connecticut

2004 to Present

Provide security services to numerous public and private facilities. Services range from providing uniformed security guards- both armed and unarmed, plain clothes private investigators, bodyguards, and armed escorts to conducting safety and security audits, building checks, and alarm response. Personally responsible for employee training, conducting employee background checks, scheduling, billing, and all other daily administrative duties. During busiest season, company consists of over forty (40) employees; each employee must be state certified. Clients include the Litchfield Jazz Festival, Bridgewater Fair, New Milford Town Beach, and AFS Newton.

Loss Prevention Manager, Bradlees Department Stores New Milford, Connecticut / Danbury, Connecticut

1988 to 1995

Responsible for supervising loss prevention efforts. Trained to recognize signs of larcenous behavior in both employees and customers. Intercepted hundreds of attempted thefts, thereby protecting valuable corporate assets. Supervised eight (8) Loss Prevention Officers at two (2) different locations. Monitored closed circuit televisions and conducted safety audits.

EDUCATION

High School Diploma, Danbury High School 1983-1986 Emphasis of studies on Business Administration and Computers

PERSONAL INTERESTS

Enjoys travel, golf, football, basketball, motorcycle riding, philanthropic work, reading, and listening to audio-books

BIOGRAPHY

Ron Young is currently a New Milford police officer with experience in drug interdiction, investigations, and has worked with statewide narcotics task force officers throughout Connecticut. He currently owns and operates a security company that will be providing the security detail for Better Healing. Prior to his job as a police officer, he worked as a loss prevention officer in a retail setting. Ron brings to Better Healing an understanding of the necessary security measures to protect consumers and businesses from loss prevention as well as an in depth understanding of the illicit drug trade. Ron will foster a beneficial relationship between the dispensary and law enforcement and ensure compliance with all laws.



MANAGEMENT

<u>Jessica Auciello - Facility Manager</u>



PROFESSIONAL EXPERIENCE

Compounding Pharmacist, Rye Beach Pharmacy

2014 to 2015

- Revised and implemented new Standard Operating Procedures (SOP) to ensure USP-797/795 compliance
- Responsible for fulfilling over 100 extemporaneous compounds daily
- Developed new dosage forms to increase patient compliance

Supervisor/Pharmacist, **HealthSource Pharmacy**

2013 to 2014

- Managed staff in fulfilling more than 1,000 prescriptions weekly
- Managed an orderly storefront, focusing on inventory control and profit margins
- Negotiated wholesaler contracts

Manager/Pharmacist for Synagis Program, Americare

2010 to 2013

Pharmaceutical Services

- Created and managed a Synagis® program starting 10/2010.
- Created plans of treatment for patients, coordinated patient home care medication and supplies

EDUCATION

St. John's University - Queens, NY

August 2004 to May 2010

Pharm.D., RPH, 2010



LICENSES AND CERTIFICATIONS

Certified Pharmacist
Licensed in New York, New Jersey and Connecticut

Background:

- St. John's University Queens, NY
- Licensed Pharmacist in New York, New Jersey, and Connecticut

Highlights:

- Licensed with over 4 years experience providing top-notch pharmacy services in a multitude of settings.
- Revised and implemented new Standard Operating Procedures (SOP) to ensure USP-797/795 compliance.
- Managed staff in fulfilling more than 1,000 prescriptions weekly while.
- Originated and managed a Synagis Immunization program.
- Compounding Pharmacist, Rye Beach Pharmacy
- Supervising Pharmacist, HealthSource Pharmacy
- Pharmacist in Charge for Synagis Program, Americare Pharmaceutical Services

BIOGRAPHY

Highly energetic, self-motivated and compassionate towards the needs of her patients, Jessica Auciello is a rare pharmacist indeed. For several years, she has worked to empower patients by educating them about their healthcare choices. She is by all accounts a pharmacist who genuinely cares about the overall well-being of the people she serves.

Jessica's interest in the pharmaceutical industry grew from a personal study in homeopathic, complementary and natural medicine. As the Supervising Pharmacist for HealthSource Pharmacy, she learned the foundations of natural, herbal and homeopathic care. This inspired her to further her knowledge in this field through independent research and personal coursework. It is because of this initiative that her discussions with patients grew in scope to also include homeopathic care options. This newfound passion led her to Rye Beach Pharmacy where she worked as the Compounding Pharmacist. It was here that she learned about bio-identical hormone replacement and other alternative



medications not commercially available. Working closely with patients and physicians who were also interested in homeopathic medicine as well as naturopathic doctors, offered further insight into this field.

Jessica believes personally and professionally in wellbeing and healthy living. She has been lucky to combine her personal interests in natural and complementary medicine with her professional work in hospitals, infusion centers, retail outlets, compounding centers and specialty clinics. The recent addition of medical marijuana in the state of Connecticut is an exciting opportunity for her to expand the healthcare choices she offers her patients.

Enclosed on the next page is a letter of commitment from Jessica Auciello for working with Better Healing.



Jessica Auciello, Pharm.D., RPh.

As a highly energetic and self-motivated Pharmacist, I've had the opportunity to work in a multitude of settings. I have worked in hospital settings as well as infusion, retail, compounding, and specialty. Through these experiences, I have been lucky enough to combine my personal interests of natural and complimentary medicine into my professional work. The addition of medical marijuana in the state of Connecticut gives me the opportunity to expand the healthcare choices that I have to offer patients.

As the Supervising Pharmacist at HealthSource Pharmacy, I learned the foundations of natural medicine, herbal medicine, as well as homeopathy. I then researched independently as well as through coursework to increase my knowledge of the field. It gave me a great basis to have a more well-rounded conversation with patients concerning their healthcare needs. I continued on the alternative and natural path when I took a job at Rye Beach Pharmacist as the compounding pharmacist. Here, I learned more about bio-identical hormone replacement as well as alternative medications that are not commercially available. The patients who sought out these types of medications were typically more aware of their healthcare choices. This gave me the opportunity to refine my counseling skills as well as learn from my patients. I also worked with many very talented physicians and naturopaths who gave me much insight into the field.

Over my years of practice, my compassion for patients has grown. I am happy to be able to empower patients with education on their healthcare choices. I believe a position at a dispensary with a focus on wellbeing and healthy living would be aligning with my views and talents.



Aaron J. Romano, Esq. - Corporate Counsel



PLEASE REFER TO THE OWNER/BACKER DETAILS FOR AARON J. ROMANO



Travis Tangredi - Business Manager



PLEASE REFER TO THE OWNER/BACKER DETAILS FOR TRAVIS TANGREDI



PHARMACISTS

Thomas J. Karvosky - Pharmacist



PROFESSIONAL EXPERIENCE

Consultant Pharmacist, Apothecary Consulting Services 2012 to Present

- Perform monthly medication regimen reviews of individual drugs or current pharmacotherapy for therapeutic, clinical and financial appropriateness.
- Provide evidence based medicine recommendations to the general public regarding medication use and disease state management.

Inpatient Staff Pharmacist, Veterans Admin. Home & Hospital 2011 to 2012

- Verified CPOE orders.
- Reviewed orders for renal and hepatic adjustments based on laboratory results.
- Provided drug information and recommendations for therapeutic alternatives when appropriate and required.

Consultant Pharmacist, Omnicare of Connecticut

2007 to 2010

- Specialized in the care of geriatric patients. Provided medication management and regulatory compliance services in LTC facilities.
- Provided Guidance on maintaining compliance on SOM and Federal Guidelines.

Staff Pharmacist, CVS Pharmacy

2006 to 2007



EDUCATION

Doctor of Pharmacy, Mass. College of Pharmacy & Health Sciences 2012

Bachelor of Science - Northeastern University 1994

LICENCES

State of Connecticut, Pharmacist

Commonwealth of Massachusetts, Pharmacist

1994 to Present
1994 to Present

BIOGRAPHY

Background:

- Doctor of Pharmacy, Massachusetts College of Pharmacy & Health Sciences
- Bachelor of Science Northeastern University
- Licensed Pharmacist, State of Connecticut
- Licensed Pharmacist, Commonwealth of Massachusetts

Thomas Karvosky is a licensed pharmacist, dedicated to the field of chronic health condition and disease management. After obtaining his state licenses for Connecticut and Massachusetts, he went back to school to complete a Doctoral degree in Pharmacy at Massachusetts College of Pharmacy & Health Sciences, where he extensively studied the chronic conditions that are currently approved for "The Palliative Use of Marijuana". He isn't the first in his family to show an interest in the pharmaceutical industry - The Karvosky family has owned and operated an independent pharmacy in Connecticut for the past 40 years.

Mr. Karvosky began an interest in the medical marijuana industry after his then, eleven year old daughter was diagnosed with juvenile idiopathic arthritis. His compassion for those suffering from chronic conditions deepened and he began to see a demand for alternative forms of medication. After working 18 years as a pharmacist, he's seen many drug therapies fail and how drug side effects make it difficult for patients to continue to use the medications they are prescribed.

Mr. Karvosky already has an established relationship with Better Healing, LLC - they've discussed employment once the dispensary became licensed. Additionally, he knows several of the drug enforcement agents who are



monitoring or governing this process in the state of Connecticut. He currently teaches Pharmacology at Lincoln College of New England and is the creator and consulting pharmacist for Apothecary Consulting Services.

Enclosed on the next page is a letter of commitment from Thomas Karvosky indicating his interest in working with Better Healing.



Department of Consumer Protection Drug Control Division Medical Marijuana Program RFA #2015-109387 165 Capitol Avenue, Room 145 Hartford, CT 06106

September 14, 2015

Re: Application of Better Healing, LLC- Letter of Commitment

Dear Commissioner Harris:

I write this letter to show my commitment of employment with Better Healing, LLC.

Better Healing, LLC and I have discussed employment if they are licensed as a dispensary. I am committed to working with them as a pharmacist should they be licensed.

As you likely have realized since looking for the right individuals to join your team, there are currently a lot of pharmacists in the state. This has been a growing problem not only to Connecticut, but to the Northeast the last several years. I had decided to go back to school several years ago for my doctorate to better position myself for future opportunities and become more knowledgeable in disease state management.

What differentiate me from my fellow colleagues? The answer is my work experience and my post graduate degree. I have over 10 years of retail experience working in an independent retail setting and 5 years of consulting experience to the long term care industry and the general public.

During my post graduate studies, I've studied extensively the chronic conditions that are currently approved for "The Palliative Use of Marijuana". Since receiving my doctorate, I've taken a supportive role for my wife and my daughter. My wife has worked for CVS the past 15 years and my eleven year old daughter has been diagnosed with juvenile idiopathic arthritis. I have a better understanding and empathy for people who have chronic conditions.

I believe I possess a unique skill set which would allow me to improve a patient's quality of life while working in an environment which isn't dictated by insurance companies. I would like to add I have a strong family name in regards to practicing pharmacy in the state of Connecticut. The Karvoskys' have owned and operated an independent pharmacy for the past 40 years. My license and my name is untarnished when it comes to pharmacy and the law. I also know several of the drug enforcement agents who are monitoring or governing this process in the state of Connecticut.

(continued next page)



I am interested in medical marijuana, because I believe this drug is a new avenue for many patients, in which conventional medicine does not work. I think this is a new opportunity for pharmacist and other health care members to help patients succeed in their treatment. I have been a pharmacist for over 18 years and have seen current drug therapies fail and side effects prevent patients continuing to take meds. So I truly believe this opens the door to successful treatment and another option for patients. I also find it interesting on how many different products that can be made from this plant. If you have any questions you may direct them to me at 203-775-2397.

Truly,

Homes John Kewasty

Thomas John Karvosky, Pharm.D.



Christopher Tekin - Pharmacist



PROFESSIONAL EXPERIENCE

Stop and Shop Supermarkets Pharmacy Manager/Staff Pharmacist

1997 to 2015

Provided direction and leadership in all aspects of business management of pharmacy services, in store locations throughout the Fairfield County market. Managed and coordinated pharmacy operations which included staff training, ordering, receiving, replenishment, returns management and maintenance of Pharmacy inventory levels. Filled prescriptions and patient orders, resolved discrepancies in patient therapy and followed up on problems and issues. Provided/documented drug information and patient counseling.

Participated in quality management and utilization review initiatives. Maintained the highest standards in customer service and efficiency at assigned high volume stores. Managed pharmacy inventories valued at \$200K+ in most of assigned stores. Consistently scored 100% in Superior Customer Service Ratings. Consistently scored 100% in Audit compliance. Served as Pharmacy Manager/Staff Pharmacist at Stop & Shop Pharmacies located in Danbury, Fairfield, Norwalk, Stamford and Westport Connecticut.

Throughout the course of this position, developed the following skills

- Precise Medical Documentation
- EMR-Electronic Medical Records/Prescriptions
- Patient Help Desk Phone Inquiries
- Prescription Dispensing
- Strict Adherence to Procedures, Protocols for Pharmacy



- Exceptional Customer Service
- Inventory Management
- Compliance with Federal & State Regulatory Agencies
- Articulate Communicator
- Security/Loss Prevention
- Drug Level Monitoring/Reporting/Order Supplies
- Continuous Quality Improvement
- Multi-State Licensing
- Adverse Event Monitoring/Reporting
- Immunization Administration

EDUCATION

Bachelor of Science, University of Connecticut Concentration: Pharmacy GPA 3.0 (Major)

May 1997

LICENSES

State of Connecticut State of Florida State of Massachusetts State of Nevada State of New Hampshire State of Vermont

CERTIFICATIONS

Immunization Administration, Current (Flu, Shingles, Hep B, MMR, Tetanus) American Red Cross CPR, Current

PROFESSIONAL DEVELOPMENT:

Biohazard Training, Fraud, Waste & Abuse

BIOGRAPHY

Christopher Tekin is a dedicated and experienced individual with over 15 years of experience delivering stellar pharmaceutical services with an emphasis on audit-ready operations management, meticulous documentation and superior customer service. He has great ability to remain calm amidst chaos, an ability to



work independently, prioritize effectively and maintain a safe environment for patients and staff.

Since getting his Bachelor's of Science from the University of Connecticut he has provided direction and leadership in all aspects of business management of pharmacy services, in store locations throughout the Fairfield County market. Managed and coordinated pharmacy operations which included staff training, ordering, receiving, replenishment, returns management and maintenance of Pharmacy inventory levels. Filled prescriptions and patient orders, resolved discrepancies in patient therapy and followed up on problems and issues, and has provided/documented drug information and patient counseling.

He is compassionate, experienced and has behaved in professional manner consistent with his many qualifications.



PHARMACY TECHNICIANS

<u>Amanda Williams - Pharmacy Technician</u>



PROFESSIONAL EXPERIENCE

Residential Care Aide, Essex, CT

2014 to Present

- Provides clients with on-going support, listening and advocacy.
- Maintains cleanliness of the shelter by cleaning rooms and completing daily chores as assigned.
- Supervises resident cleanup/chores.
- Assists residents with Activities of Daily Living (ADL).
- Enforces shelter policies by administering warnings when necessary.
- Monitors supplies and communicates needs to Assistant Shelter Program Manager.
- Maintains safety of the facility by monitoring security and responding to crisis issues appropriately as trained.
- Reports any witnessed or suspected child abuse to Department of Children and Families, as legally mandated.
- Maintains strict confidentiality concerning any resident's information, personal information, living information and HIV status.



Planet Fitness | North Haven, CT

2012 to 2014

- Designed workout plans and meal plans.
- Provided customer service.
- Completed daily tasks.
- Opened and closed the gym.
- Signed up new customers.

Pharmacy Technician, CVS Pharmacy, Madison, CT

2011 to 2012

- Properly filled and dispensed an average of 250 prescriptions per day.
- Effectively resolved insurance rejections and other billing issues.
- Assisted other pharmacy staff with drug inventory, purchasing, and receiving.
- Compounded and repackaged medications, including unit-doses, topical medications and sterile products.
- Cleaned equipment and work areas and sterilized glassware to maintain safe and sanitary conditions.
- Receptively answered customer questions and helped locate desired items in the pharmacy.
- Worked closely with Pharmacy Care Representatives (PCRs) in providing excellent patient care.
- Complied with all federal laws, company policies and procedures and state regulations regarding intern, technician and assistant training and licensure.
- Communicated regularly with physicians, nurses, insurance companies and managed care organizations.
- Completed accurate cycle counts, inventory management and will-calls for customers.

Sales Leader, Justice for Girls

2010 to 2011

- Interviewed job candidates and made staffing decisions.
- Assigned employees to specific duties to best meet the needs of the store.
- Instructed staff on appropriately handling difficult and complicated sales.
- Conducted store inventories once per quarter.



EDUCATION

Southern Connecticut University B.S. | Major: Public Health 2014

Franklin Pierce University | Mass communications

Guilford High School | Guilford, CT | High School Diploma 2007

CERTIFICATIONS

- Suicide prevention certified
- CPR certified
- Certified Pharmacy Technician
- Certified in Early childhood mental diagnoses and awareness
- Medication Certified

BIOGRAPHY

Amanda Williams is an ambitious young professional with excellent research, time management and problem solving skills. She is a recent graduate of Southern Connecticut State University with a Bachelors' of Science with concentrations in Public Health, Psychology, and Nutrition. She also holds a Connecticut State license as a Pharmacy Technician and is Medication Certified. She is a hard working, organized and well-mannered individual who is excellent at interacting with customers on the phone and face to face. She loves helping people, and enjoys working a teams.

Amanda got her start in a variety of retail jobs from Justice for Girls to Pier 1. From these experiences she learned swiftness, organization and interaction with the public. More recently she has worked as a pharmacy technician at CVS Pharmacy in Madison, CT where she properly filled and dispensed an average of 250 prescriptions per day. She compounded and repackaged medications, completed new and updated patient profiles including lists of patient medications. She pre-packed bulk medicines, filled bottles with prescribed medications and affixed correct labels among many other things and always provided exemplary patient care.

Currently she is working as a residential care aide at Essex Village/Meadowbrook Manor where she is responsible for on-site security and performing nightly room checks. She provides clients with on-going support,



patient advocacy and completes initial referrals. She is a mandated reporter of suspected abuse, is entrusted with confidential information such as HIV status, personal information and living information. She is responsible for the health, welfare and safety of all residents and performs her duties with compassion and thoroughness.

Enclosed on the next page is a letter of commitment from Amanda Williams indicating her interest in working with Better Healing.



Department of Consumer Protection Drug Control Division Medical Marijuana Program RFA #2015-109387 165 Capitol Avenue, Room 145 Hartford, CT 06106

September 14, 2015

Re: Application of Better Healing, LLC- Letter of Committment

Dear Commissioner Harris:

This letter is to confirm my commitment to be employed with Better Healing, LLC as a pharmacy tech should it be awarded a dispensary license. Working for Better Healing, LLC would be a fantastic fit for me because of my background in psychology, public health, and natural medical nutrition.

I graduated from Southern Connecticut State University in May of 2014 an since then I have been employed at a residential care home for people with both mental and psychological disorders which has only strengthened my belief in the natural benefits of cannabis. Medical marijuana is recommended to relieve pain and suppress nausea; I personally observed my father suffer from the side effects of chemotherapy and saw the benefits that medical marijuana had on my father.

In 2010, researchers at Harvard Medical School suggested that some of the drug's benefits may actually reduce anxiety, which would improve the smoker's mood and act as a sedative in low doses. There are countless health benefits from medical marijuana and all the different types of diseases such as Lupus, autoimmune diseases, arthritis pain, helps treat inflammatory bowel disease, and help those who suffer from side effects during treatment for hepatitis C.

From a Public health point of view I feel that there is still are large part of the country that do not truly understand marijuana and have many negative misconceptions about the effects of medical marijuana. I am excited at the prospect of being involved with the community effort to educate the public regarding the medical marijuana program to dispel these misconceptions.

With my back ground as a pharmacy technician and the training I will receive I look forward to assisting patients in understanding dosage and side effects. I am excited at this prospect to work with Better Healing, LLC. If you have any questions you may direct them to me at 203-803-9478.

Truly,

Amanda Williams, B.A.

amondo Willi B.A.



Receptionist

Stacy Krom - Receptionist



PROFESSIONAL EXPERIENCE

Independent Business and Legal Advocate/Consultant 2007 to Present Various Locations

- Provide various business plans, services and resources to clients, such as, training, consulting, advising and re-organization of business/company structure for enhancement of overall success
- Contract administration, review, negotiation, creation and amending re: business, legal, employee. Review business objectives, projections and development; employee and client relations
- Training, coaching, mentoring; measuring success; legal, analytical, marketing and statistical research; transcription and various assignments/projects as requested by client

Social Security Disability Advocate Private Employer – Shelton, CT

June 2013 to January 2015

- Disability Advocate responsible for providing individuals, deemed eligible and appropriate, expert knowledge, guidance, support and tact in pursing and exercising rights of entitled benefits governed under the Social Security Administration of the United States, while duly collaborating with local, State and Federal Agencies and Laws, allowing for maximizing utilization of Social Security Disability benefits (SSDI/SSI)
- Successfully executed methodical approaches in determining eligibility, measured by way of acquired knowledge and use of administrative guidelines issued by SSA; Specialized in extensive research, examination and investigation ensuring accuracy of claims and qualifications for



benefits -further aiding in the prevention of misuse, fraud, distribution or misappropriation of benefits received

- Knowledge of all SSDI processes initial claims, reconsideration, hearings and appeals. Interaction with State Disability Determination Agencies, SSA, ODAR, ALJ's/Clerks, medical providers/facilities (including government facilities), authorized third-party representatives, beneficiaries, legal entities, law enforcement, correctional facilities and individual state governed agencies
- Accurately and timely filed applications and supporting evidence; compliant in thorough review, summary and evaluation of information received from providers and agencies; secured and obtained fact finding evidence providing for favorable decisions and notice of awards

Advocate/Life Coach Special Education July 2009 to December 2012 (Certified DSP State of Connecticut)

- Work directly with developmentally disabled (physical, psychiatric and cognitive disabilities) client as a life coach; provide guidance and support to help client become self-sufficient; assisting client to become integrated into her community and within the least restrictive environment; aiding client with leading a self-directed life and contributing to the community, assisting with activities of daily living, and encouraging attitudes and behaviors that enhance community inclusion; acting as an advocate for client in communicating her needs, self-expression and goals
- Fulfilling the professional demands of position by utilizing complex skills and knowledge, ethical judgment and the ability to create trusting and mutually respectable relationships

EDUCATION

College of Direct Support, CT

2009

Certification State of Connecticut – Direct Support Professional – 23 Continuing Education Credits

Southern Connecticut State University, New Haven, CT 1999 to 2003
Bachelor of Science - Business Administration/Business Management
G.P.A 3.4 Honors: Delta Mu Delta National Honor Society for Business
Administration



Housatonic Community College, Bridgeport, CT

1998 to 1999

Associates Degree - Special Education

G.P.A. 3.7 Honors: Dean's List, Personnel biography listed in the National Deans List of America Book, Various awards and scholarships such as Housatonic Academic Scholar and Housatonic Alumni Scholar for Special Education

BIOGRAPHY

Stacy Krom possesses a diverse skillset and has professional experience in both the wellness service and legal fields—as our receptionist at Better Healing, Ms. Krom will play a vital role in patient relations and customer care. While working as an independently-operating Life Coach/Advocate, Ms. Krom helped individuals that were physically, psychiatrically, or cognitively disabled, attain a higher quality of life by aiding them in their efforts to become more self-sufficient and socially integrated into their local communities.

Also a former Social Security Disability Advocate, Ms. Krom used her expert knowledge of the local and state regulatory systems, and SSDI Processes to help guide her clients through a labyrinth of paperwork and legal guidelines; as well as to help prevent the misuse, fraud, or misappropriation of benefits that have been distributed by the state.

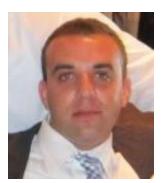
Ms. Krom is also a successful, independently-operating, business and legal consultant. For the past seven-years, she has been providing support to clients that are seeking to restructure and organize their business or company. Using her acute analytical skills and in-depth understandings of the legal, marketing, and financial aspects of business planning, Ms. Krom helps clients realize the optimization of their brand. Ms. Krom, as our receptionist at Better Healing, will draw upon her background as a wellness service provider and legal expert to compassionately guide our patients through the registration process.



Section E, Number 3

The name, title and a copy of the resume of the person who will be responsible for all information security requirements, including the requirement that patient information remain confidential;

Travis Tangredi - HIPAA Certified Business Manager



Background

A longstanding member of the Milford Boat Club, Travis Tangredi is a fixture of the community and is recognized as an influential local leader. As a successful businessman and entrepreneur, Mr. Tangredi has continually used his skills and expertise to develop business entities throughout the greater Milford area, providing jobs for residents of Connecticut since 2008.

Mr. Tangredi served as the president of the Utility Exchange for three-years, during which, he led the training and development of 300 sales agents operating in seven states in the northeast region of the nation.

Mr. Tangredi is double HIPAA certified.

PROFESSIONAL EXPERIENCE

Flex Direct 2011 to Present

President

- Responsible for ensuring funding for projects supporting strategy
- Analyzing projects, ending those that are no longer efficacious
- Sustained record of profitable growth and high performance operations within deregulated energy and cable/telecommunications industries

Starion Energy 2009 to 2011

Vice President of Business Development

- Conceptualized and executed fully integrated sales and marketing programs
- Designed programs aimed at customer acquisition and retention



• Developed training, compliance protocols, and broker support for residential market and business-to-business sales agents

Utility Exchange, LLC President

2008 to 2011

 Developed a network of over 300 sales agents in 7 states while actively providing energy solutions and services to over 100,000 active residential and commercial customers

Public Power, LLC Energy Consultant

2008 to 2010

EDUCATION

Bachelor of Arts, Finance, Central Connecticut State University

2006

COMMUNITY INVOLVEMENT

Sponsor, Connecticut Sports Foundation against Cancer Starion Against Cancer Partnership

2009 to 2011





HIPAATraining.com

Making Compliance Fast + Easy + Painless

HIPAA Awareness for Mental Health

Travis Tangredi

(Better Healing)

Has successfully completed the associated training and assessment and is hereby awarded this certificate of completion.



This course covered:

Introduction to HIPAA, Transactions, Code Sets, and Identifiers, Privacy, Security, ARRA/HITECH Act and Omnibus Rule, Implementation

Individual's Signature:

HIPAATraining.com

Tel: (512) 402-5963

Email: support@hipaatraining.com Web: www.hipaatraining.com



HIPAATraining.com

Making Compliance Fast + Easy + Painless

Transcript

Name: Travis Tangredi

Organization: Better Healing

Course: HIPAA Awareness for Mental Health

Date Taken: September 01, 2015 10:59:57 PM CST

Score: 11 out of 15 correct (73.3%)

Client IP Address: 68.194.117.238

HIPAATraining.com Tel: 512-402-5963 Web: www.hipaatraining.com



Ronald Young – Director of Security



Background

A current New Milford police officer, Ronald Young has decades of experience providing safety and security services. Currently the owner/operator of R&R Protective Services Security in New Milford, Connecticut, Ronald Young provides armed and unarmed, plain clothes private investigators, bodyguards, and armed escort. Ronald Young personally trains his employees, ensuring that they provide the highest standard of safety and security.

PROFESSIONAL EXPERIENCE

New Milford Police Department Police Officer

1998 to Present

Hartford Police Department Police Officer

1995 to 1998

- Veteran police officer with decades of experience in Patrol and Drug Enforcement. In addition, worked alternatively as a Child Safety Seat Tech, Field Training Officer, Oleoresin Capsicum Instructor, Investigator, and 911/Police/Fire/EMS Dispatcher
- Twice assigned as Temporary Investigator for New Milford Police Department to perform undercover drug interdiction in conjunction with Statewide Narcotics Task Force. Experienced with inter-jurisdictional, multi-agency response, including coordination with the Department of Children and Families (DCF). Received specialized training in Stake Out and Surveillance- Regular and Advanced, Firearms, DWI, Self Defense Tactics, Hostage Negotiation, Crisis Interventions, School Resource Officer, Report Writing, Interview and Interrogations, First Line Supervisor
- Trained in recognizing the signs of illicit drug use, drug smuggling, crime prevention, loss prevention, and larcenous behavior- has handled hundreds of larceny cases. Currently School Resource Officer assigned to the New Milford High School during the academic year, teaching a drug prevention class based on the "Truth About Drugs Program," wherein students are taught to recognize signs of drug use among their peers.



R & R Protective Services Security New Milford, Connecticut Owner/Manager

2004 to Present

- Provide security services to numerous public and private facilities.
- Personally responsible for employee training, conducting employee background checks, scheduling, billing, and all other daily administrative duties
- During busiest season, company consists of over forty (40) employees;
 each employee must be state certified
- Clients include the Litchfield Jazz Festival, Bridgewater Fair, New Milford Town Beach, and AFS Newton

Bradlees Department Stores New Milford, Connecticut Danbury, Connecticut Loss Prevention Manager 1988 to 1995

- Responsible for supervising loss prevention efforts. Trained to recognize signs of larcenous behavior in both employees and customers
- Intercepted hundreds of attempted thefts, thereby protecting valuable corporate assets. Supervised eight (8) Loss Prevention Officers at two (2) different locations. Monitored closed circuit televisions and conducted safety audits

EDUCATION

High School Diploma, Danbury High School
Emphasis of studies on Business Administration and Computers

1983 to 1986

PERSONAL INTERESTS

Enjoys travel, golf, football, basketball, motorcycle riding, philanthropic work, reading, and listening to audio-books

BIOGRAPHY

Ron Young is currently a New Milford police officer and has years of experience in drug interdiction, investigations, and has also worked with statewide narcotics task force officers throughout Connecticut. He owns and operates R&R Protective Services Security, a security company that will be providing the security guards for Better Healing.



Prior to his job as a police officer, Ron Young worked as a loss prevention officer in a retail setting. Ron brings to Better Healing an understanding of the security measures required to protect consumers and businesses from loss prevention, as well as an in depth understanding of the illicit drug trade. Ron will foster a beneficial relationship between the dispensary and law enforcement; and ensure that the dispensary is operating within full compliance of all the appropriate laws and regulations.



Section E, Number 4

A copy of all compensation agreements with dispensary facility backers, directors, owners, officers, consultants, other high-level employees or any other person required to complete Appendices B, C or E. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;

This section includes the following documents:

- Exhibit A: Better Healing, LLC Compensation Agreement (Owners, Backers, and Advisory Board)
- Exhibit B: Better Healing, LLC Members Ownership



Exhibit A: Better Healing, LLC Compensation Agreement (Owners, Backers, and Advisory Board)

BETTER HEALING, LLC — COMPENSATION AGREEMENT

I. Owners and Backers:

To be paid according to Operating Agreement. Annual net profit/loss shall be distributed to owners/backers according to percentage of ownership. If a loss is realized, Aaron J. Romano's portion of loss shall be distributed among the remaining backers/owners according to their percentage of ownership.

II. Advisory Board:

All members of the advisory board shall be paid an annual stipend of \$2,000, with the exception of Corey Jaquez, MD, who shall receive no compensation from Better Healing, LLC in exchange for his membership on the Board.

Travis Tangredi, Business Manager



Exhibit B: Better Healing, LLC Member Ownership

EXHIBIT A LLC MEMBERS AND INITIAL CONTRIBUTIONS

Name

Fitor Mamudi, Member 44.5%
Travis Tangredi, Member 22.25%
Michaele Zappone, Member 22.25%
Aaron J. Romano, Member 10%
John Ellis, Member 1%

Signature

9.4.15

9-11-15



Section E, Number 5

Describe the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening or operating of the proposed dispensary facility;

There are no outstanding loans or debt to Better Healing, LLC.



Section E, Number 6

Provide audited financial statements for the previous fiscal year, which shall include, but not be limited to, an income statement, balance sheet, statement of retained earnings or owner's equity, statement of cash flows, and all notes to such statements and related financial schedules, prepared in accordance with generally accepted accounting principles, along with the accompanying independent auditor's report. If the applicant was formed within the year preceding this application, provide certified financial statements for the period of time the applicant has been in existence.

This section includes the following documents:

• Exhibit A: Statement of Financial Position for Better Healing, LLC

• Exhibit B: Line of Credit for Better Healing, LLC

• Exhibit C: WebsterBank Bank Balance

• Exhibit D: Bank Account Balance

• Exhibit E: Statement of Financial Commitment by Michaele Zappone

• Exhibit F: Bank Account Balance

• Exhibit G: Checking Account Balance

Exhibit H: Joint Checking Account Balance

• Exhibit I: Personal Financial Statement

• Exhibit J: Statement of Financial Commitment by Fitor Mamudi



Exhibit A: Statement of Financial Position for Better Healing, LLC







Exhibit B: Line of Credit for Better Healing, LLC

GRIES INVESTMENT FUNDS

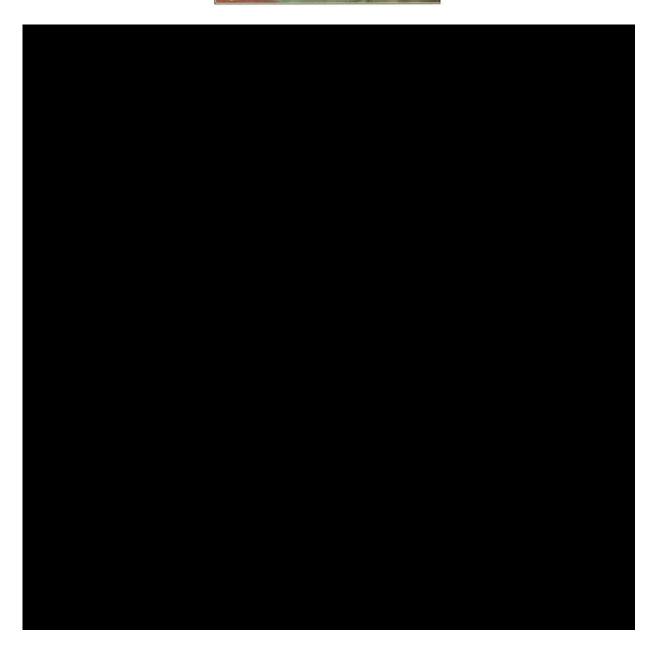




Exhibit C: Webster Bank Account Balance





Exhibit D: Bank Account Balance

09/14/2015





Exhibit E: Statement of Financial Commitment by Michaele Zappone





Exhibit F: Bank Account Balance

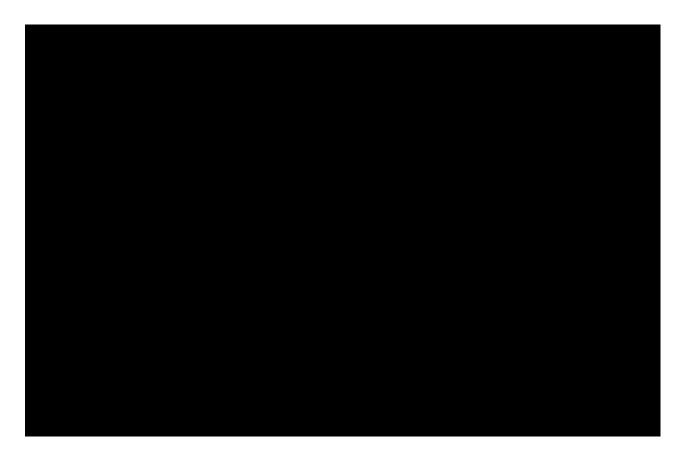




Exhibit G: Checking Account Balance

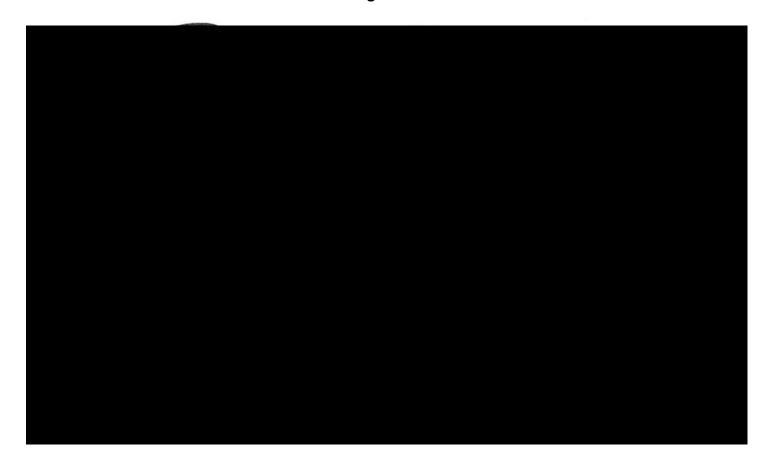


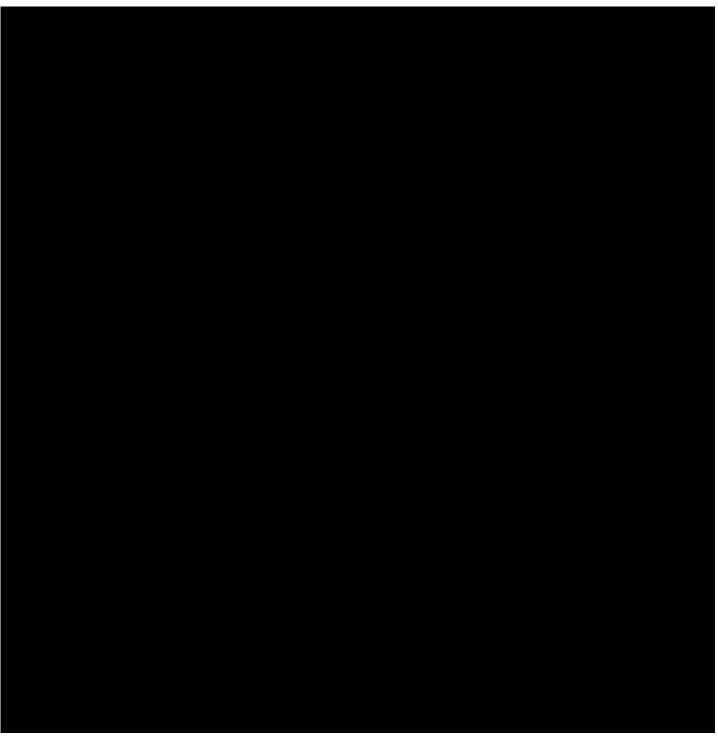








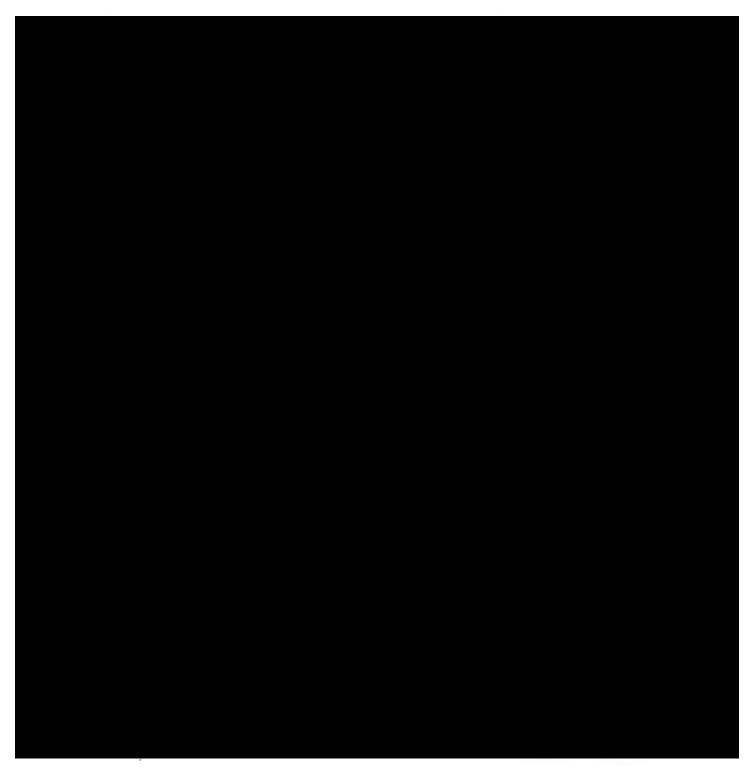
Exhibit I: Personal Financial Statement (p. 1 of 2)













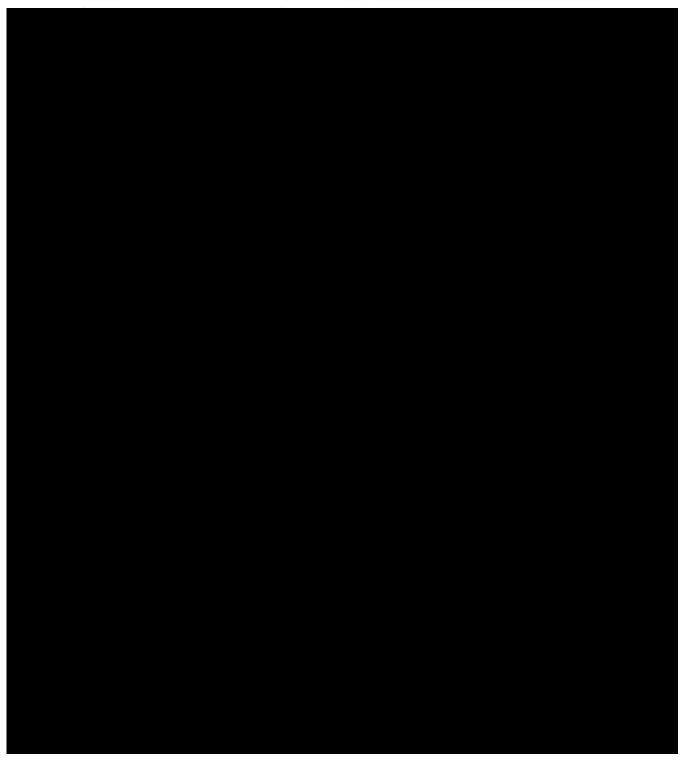
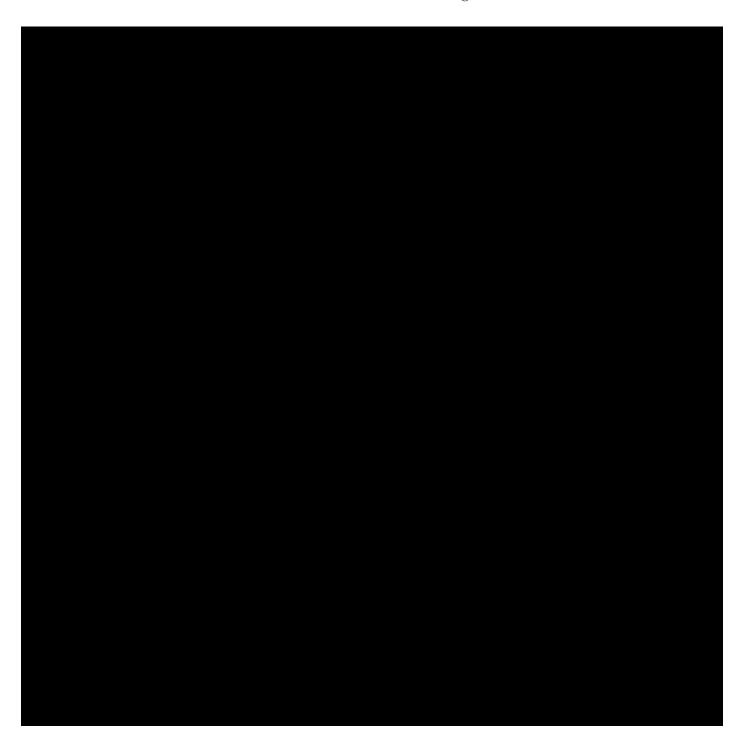




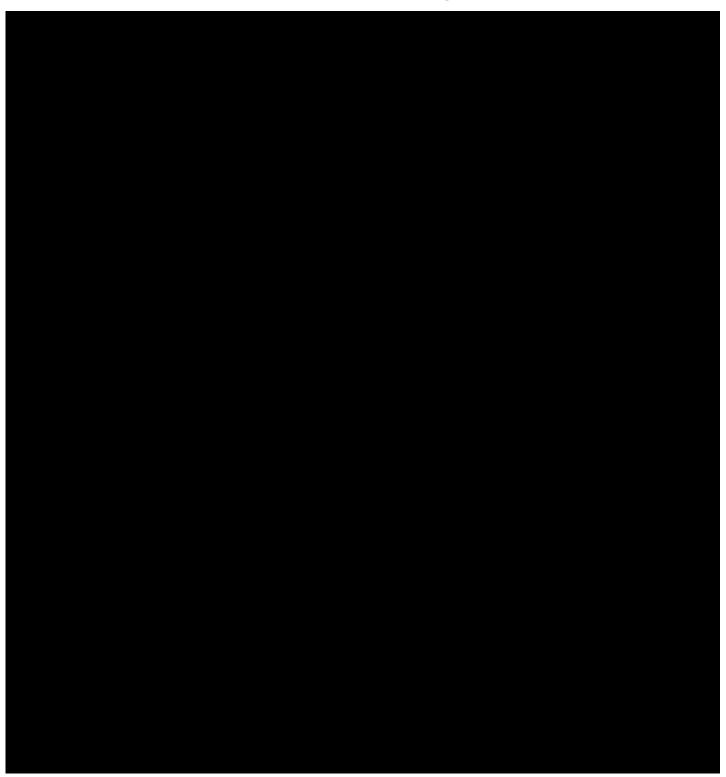
Exhibit K: Statement of Financial Commitment by Fitor Mamudi







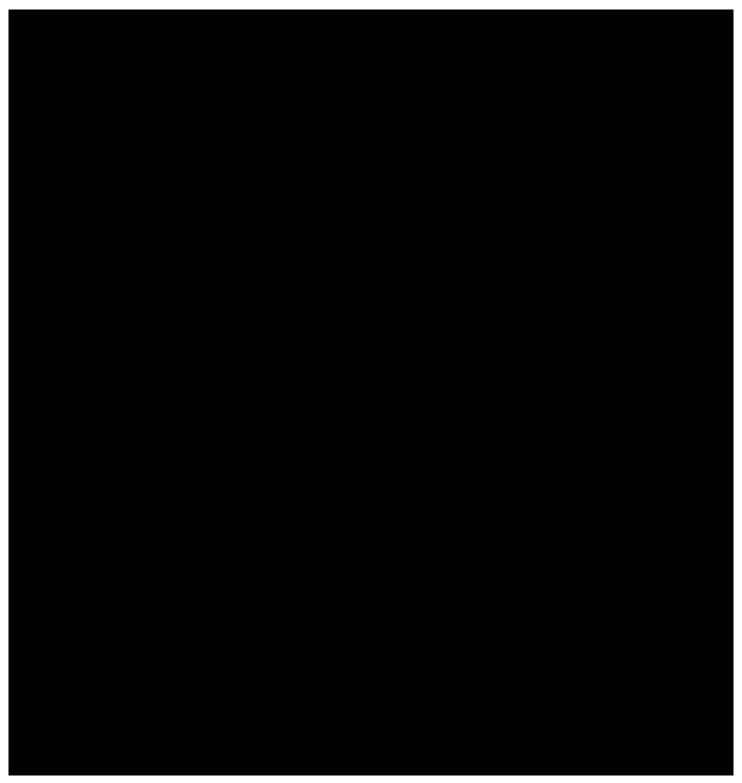




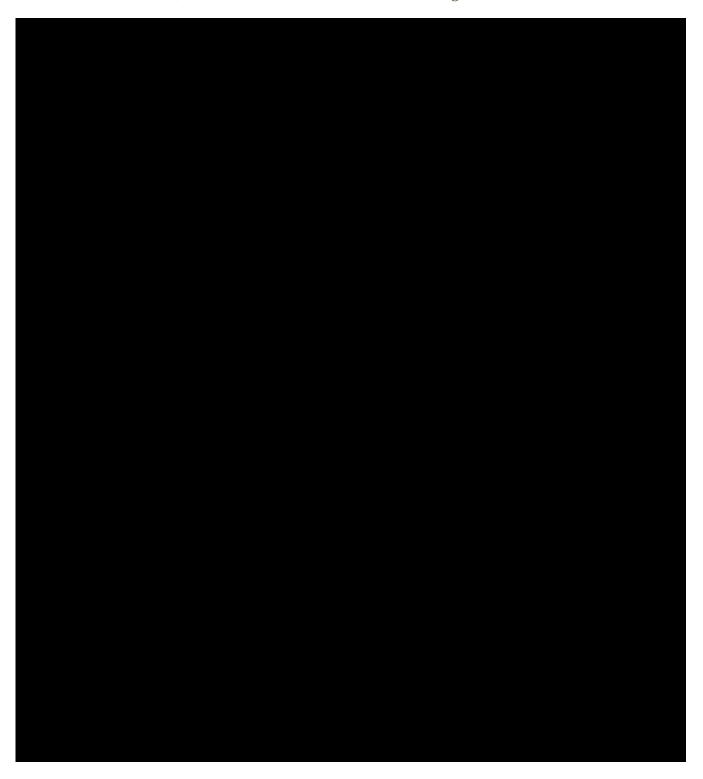




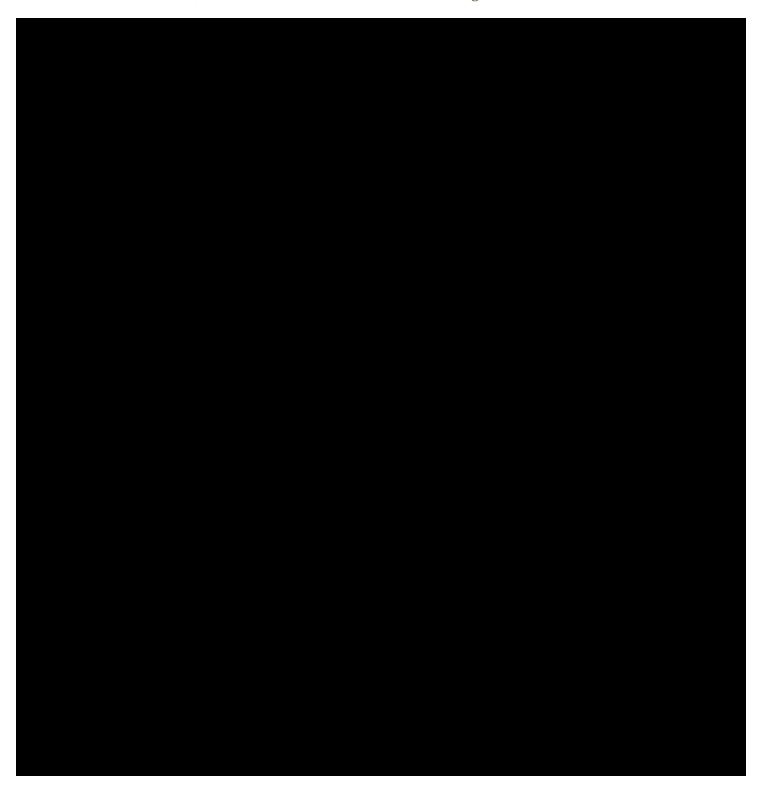




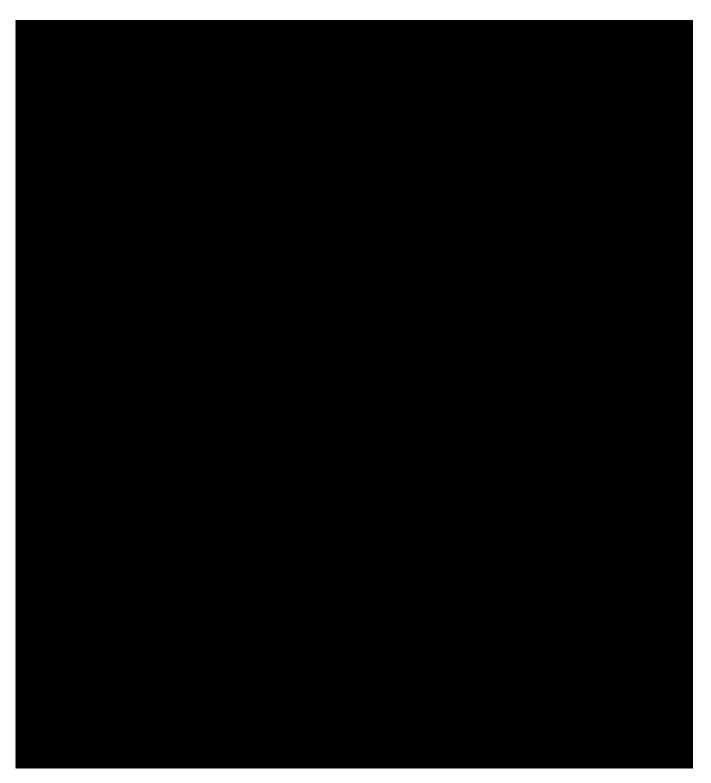




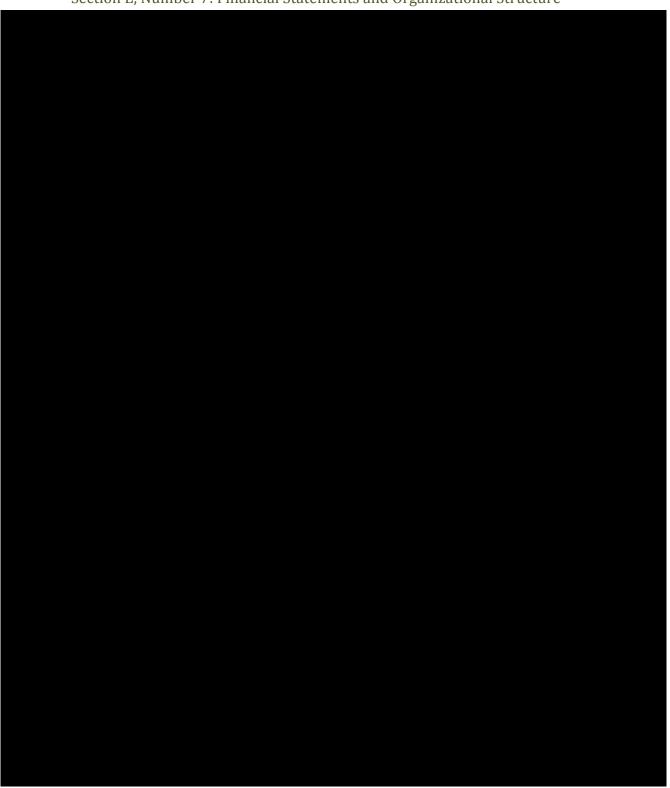












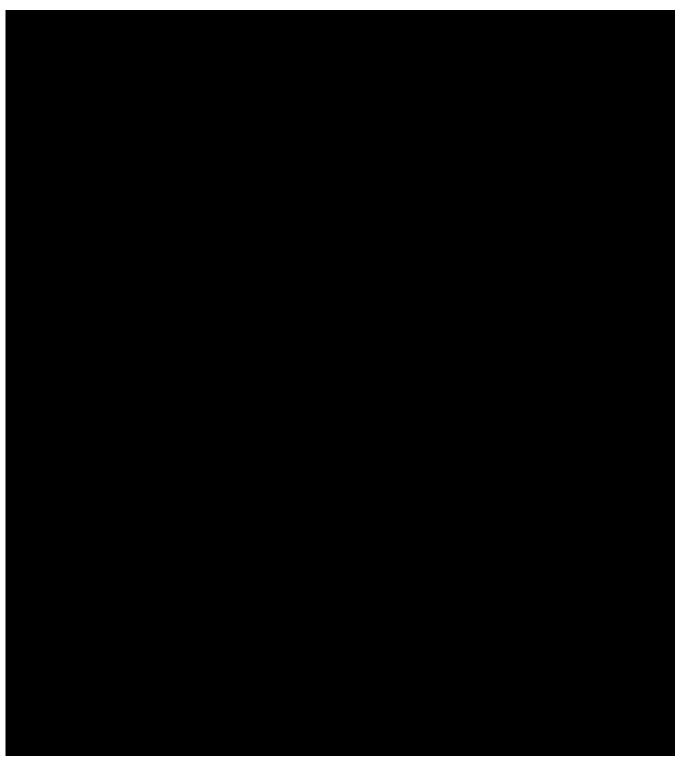




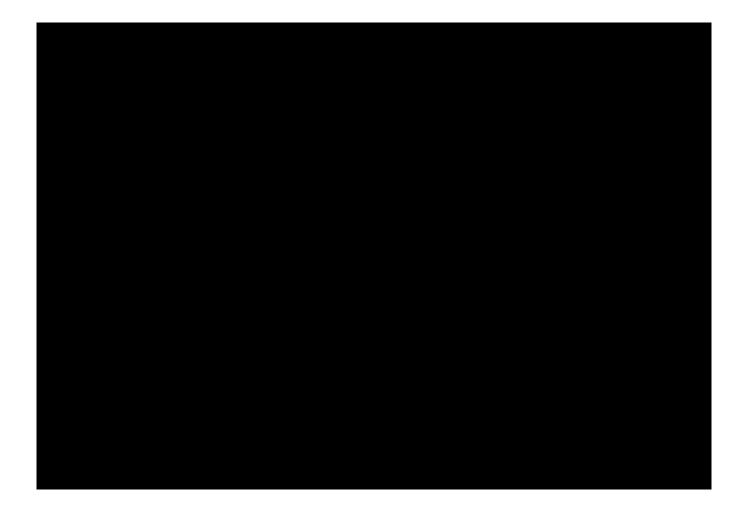






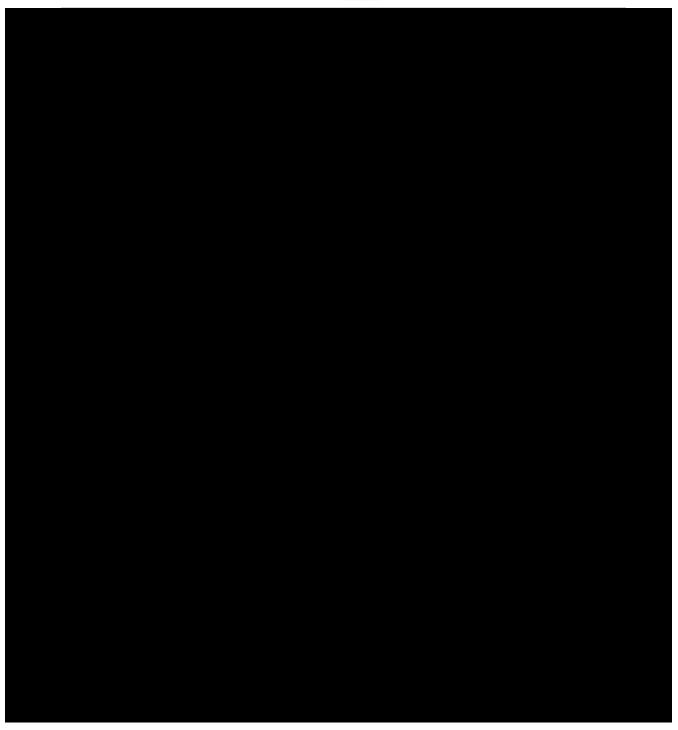








Balance Sheet

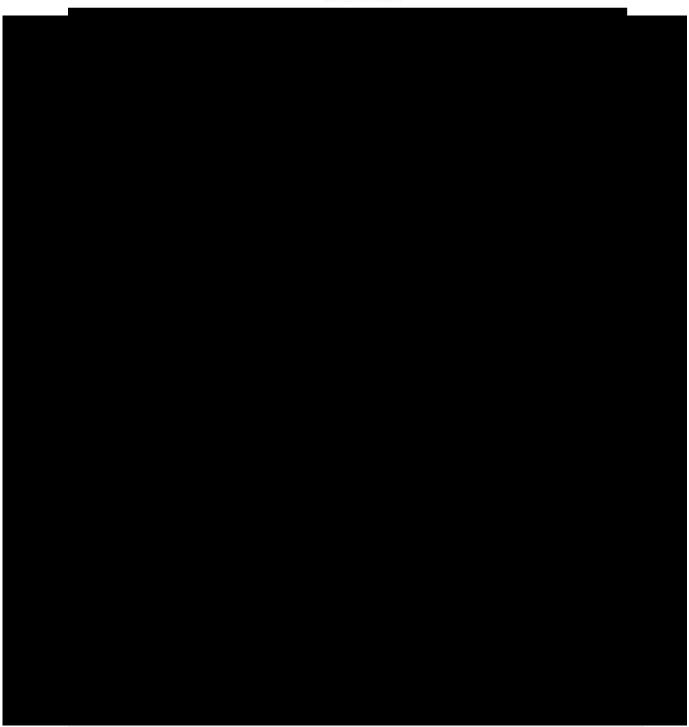




Staffing Budget

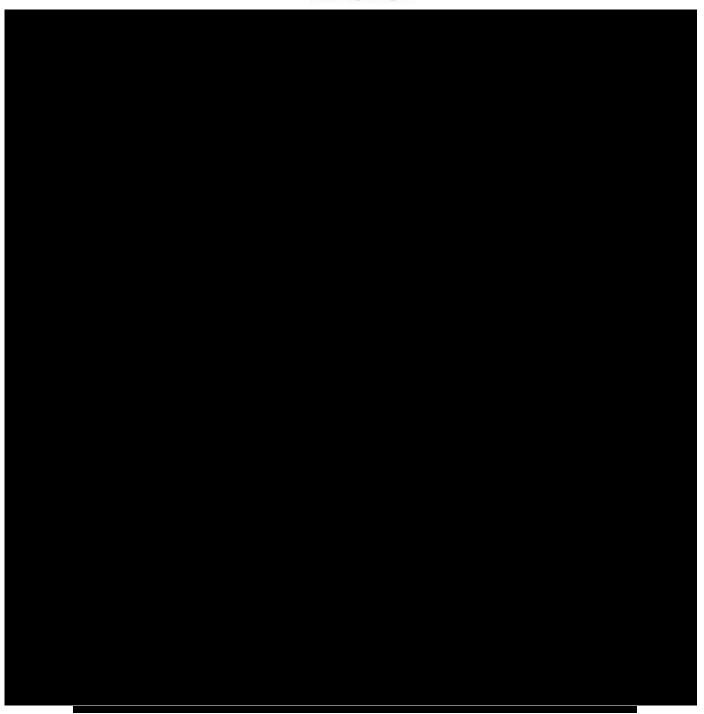


Staffing Budget



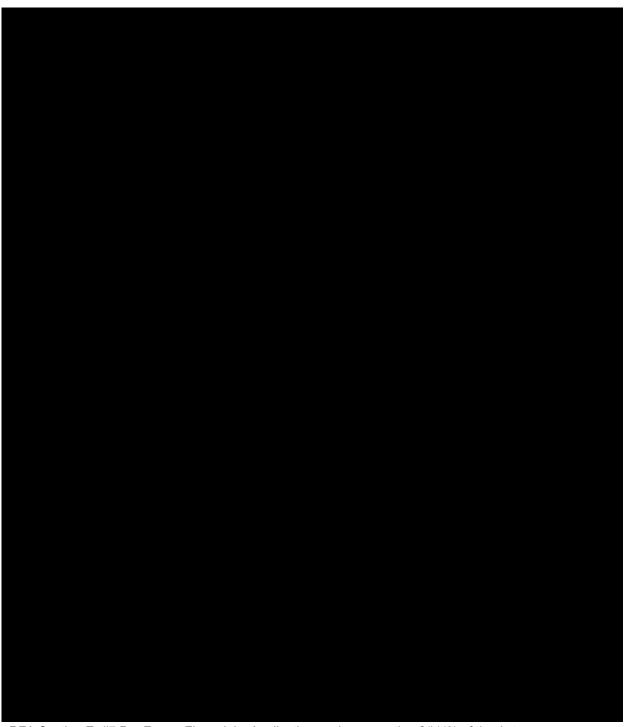


Staffing Budget

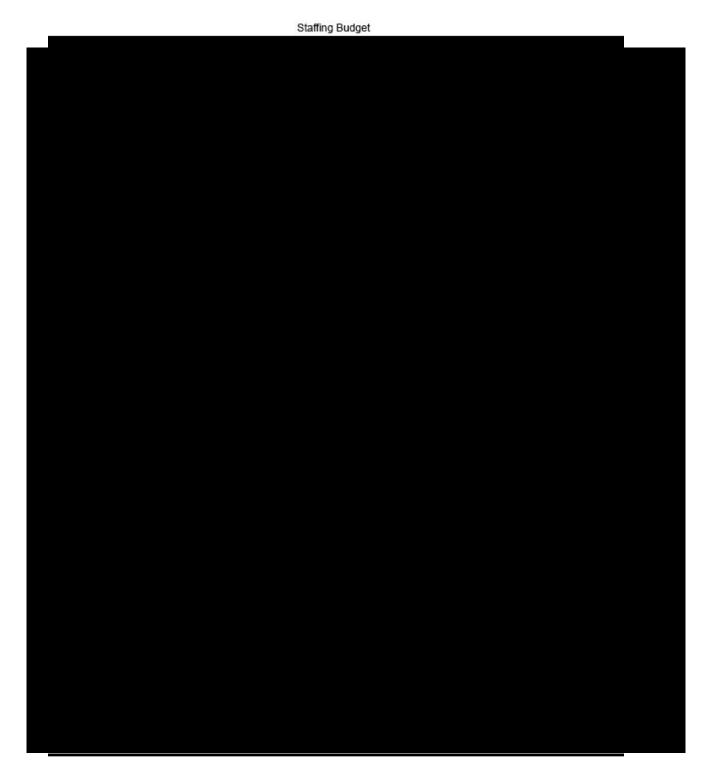




Staffing Budget







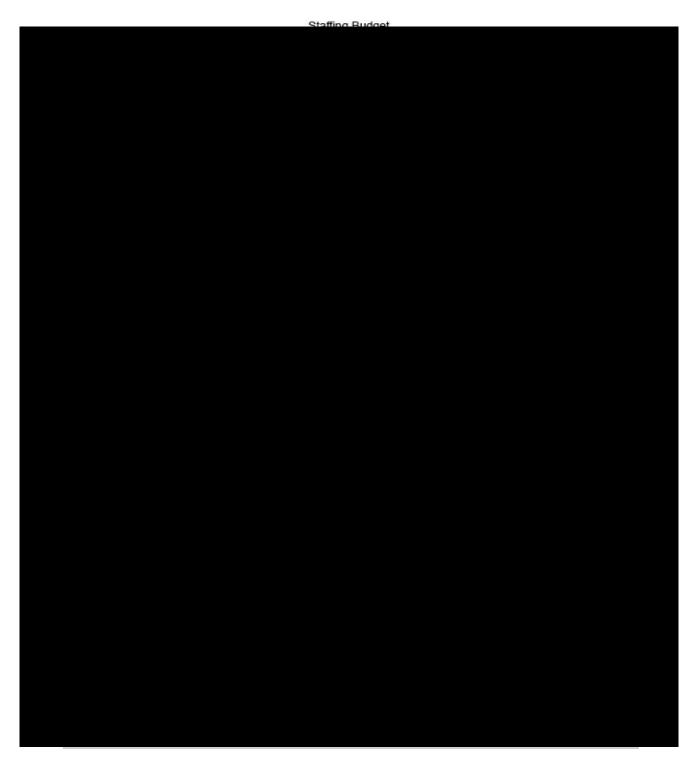






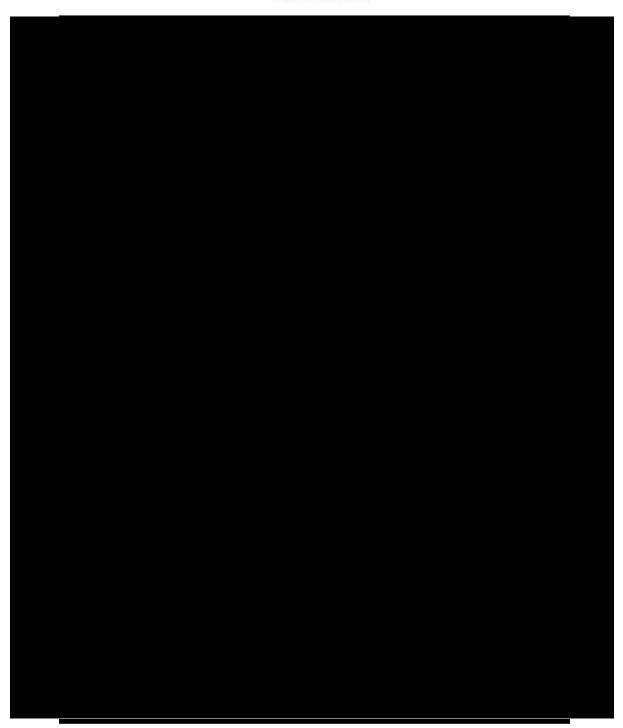
Staffing Budget



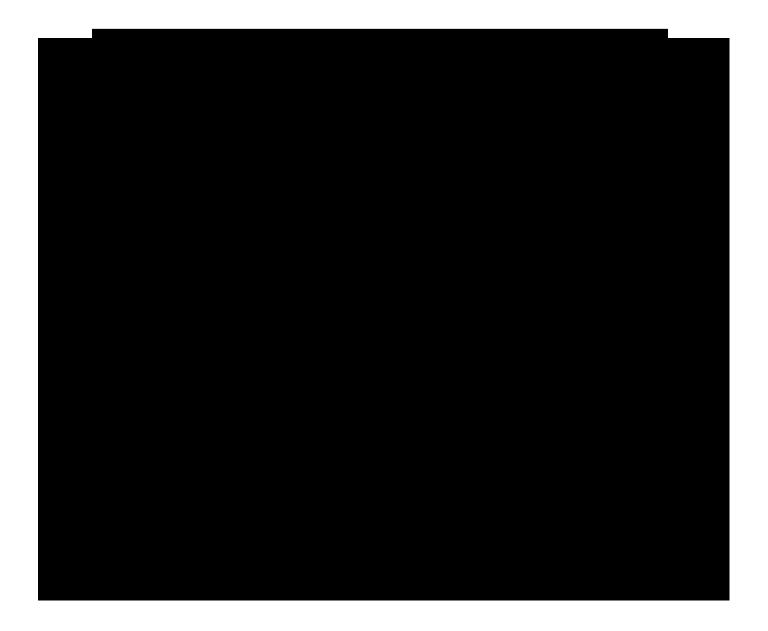




Staffing Budget

















Section E, Number 7

Provide any pro forma financials used for business planning purposes.

In order to be reviewed, all the appropriate pro forma articles have been submitted on the behalf of Better Healing, LLC for 2016-2020. To supplement these documents, projected budgets and financial analyses have also been included detailing the marketing and sales expectations for Better Healing, LLC.

The following pro forma articles have been submitted on the behalf of Better Healing, LLC for 2016-2020:

- Income Statements
- Cash-Flow Statements
- Balance Sheet Projection

In addition, the following Projected Budgets have been included:

- Sales Projections
- Staff Budget
- Professional Service Budget

Finally, included are projected Financial Analyses for Better Healing, LLC:

- Break-Even Analysis
- Company Valuation

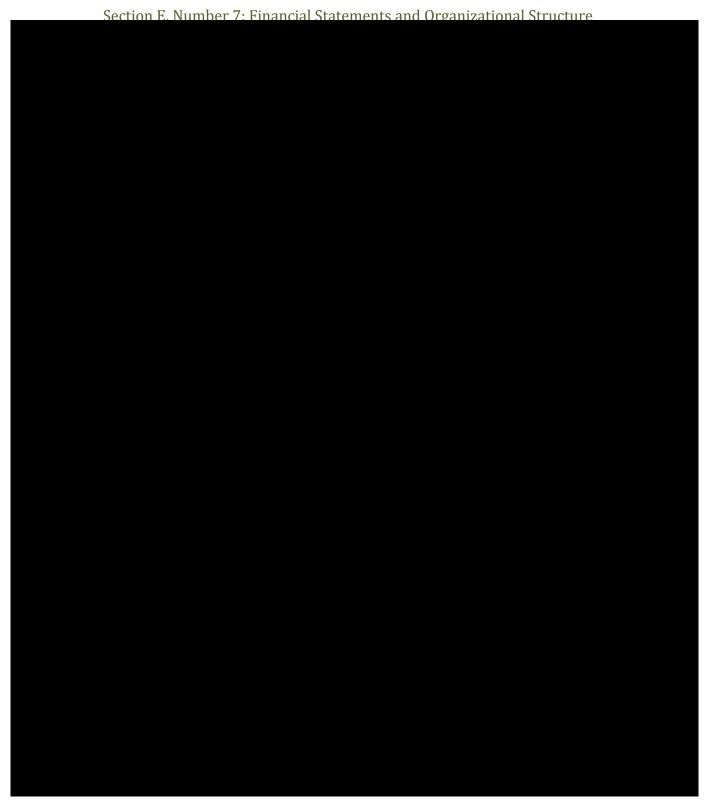


Better Healing, LLC - Financials Assumption Sheet

Set-up Assumptions:



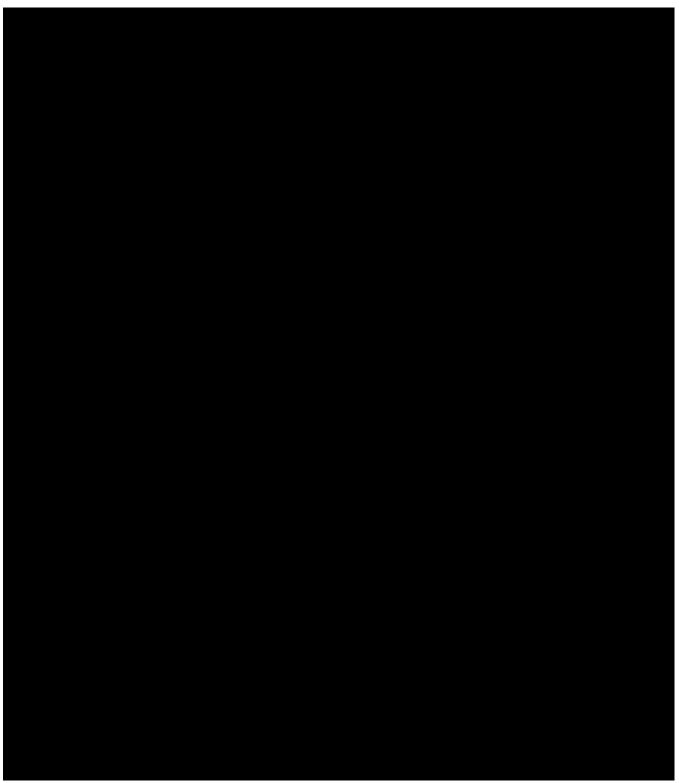








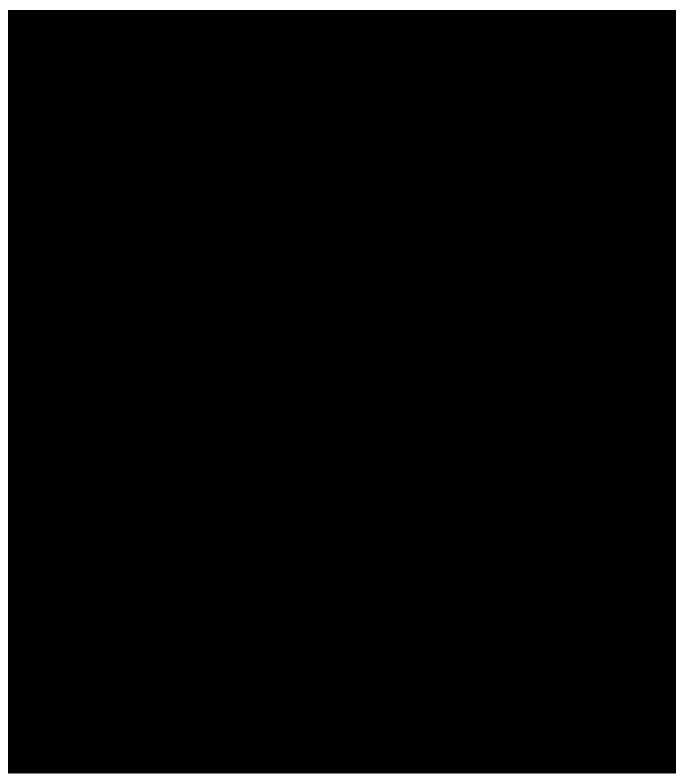








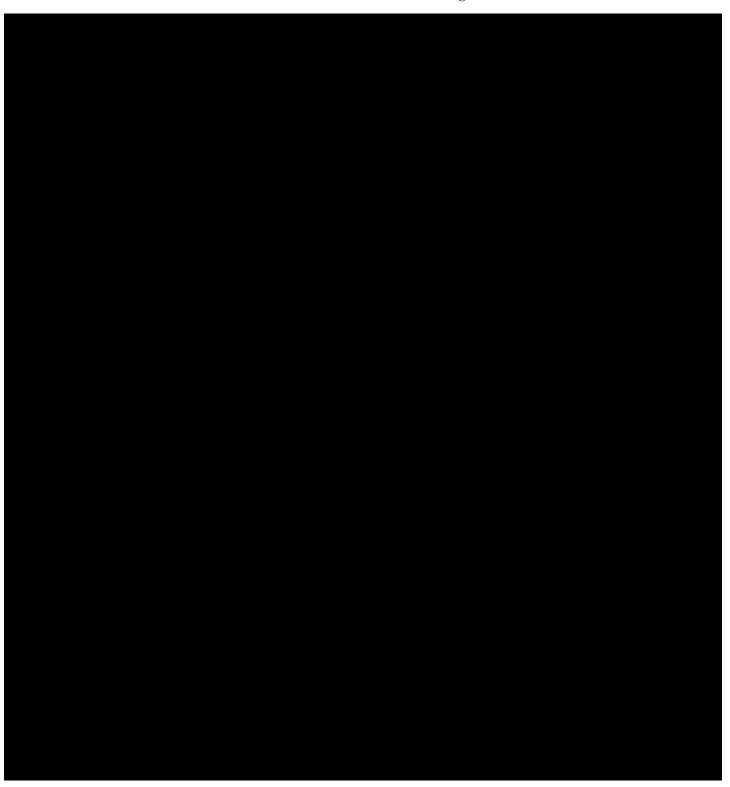
























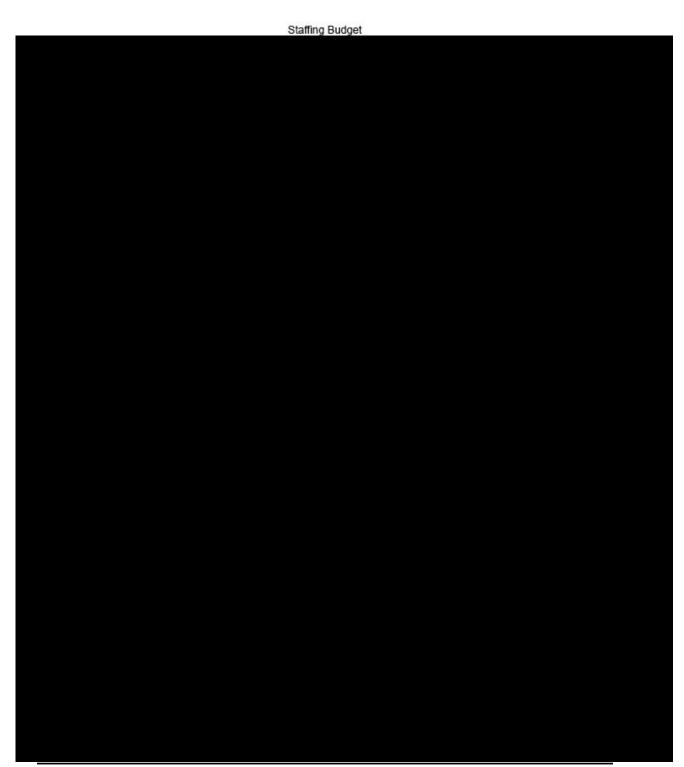
RFA Section E. #7 Pro Forma Financials. Application seeks exemption §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal net worth or personal financial data required by DCP and filed by the applicant to establish applicant's personal qualification for the license.





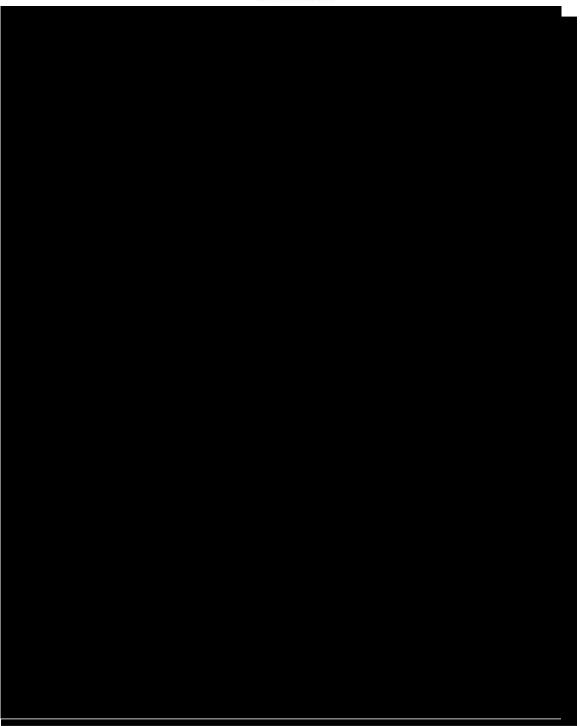






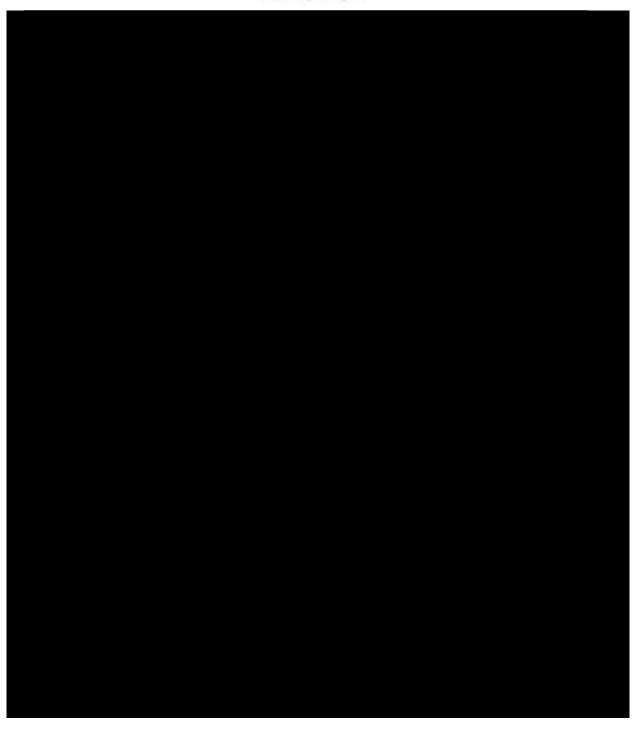








Staffing Budget





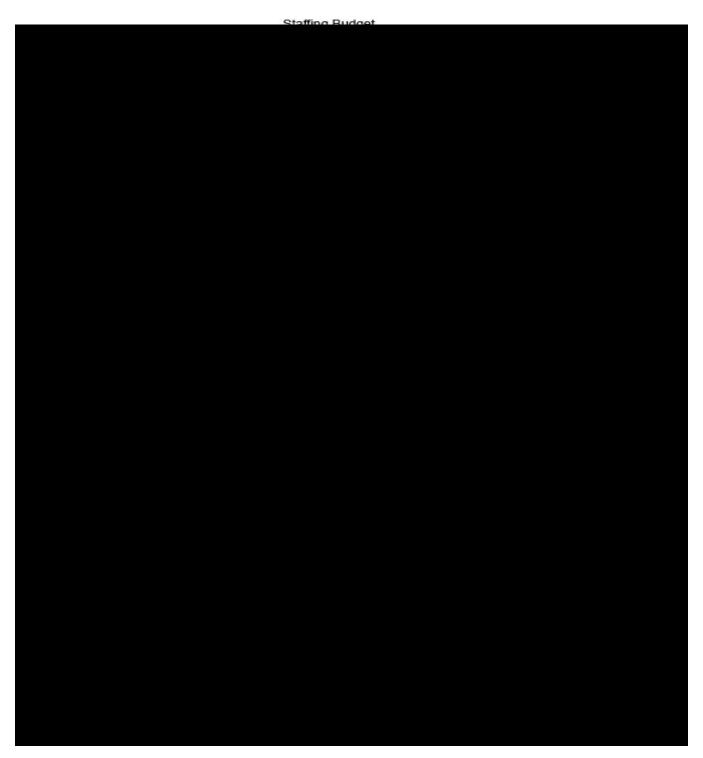
Staffing Budget









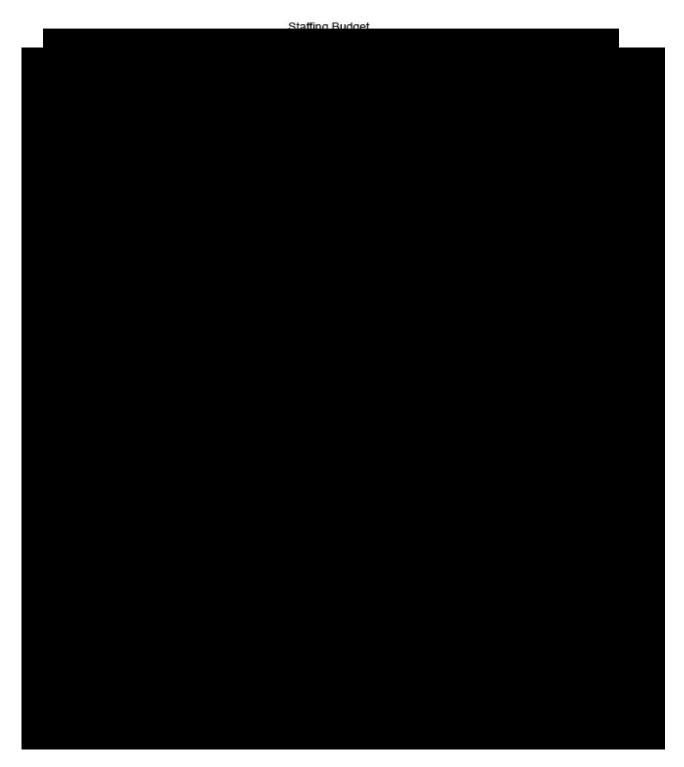




Staffing Budget

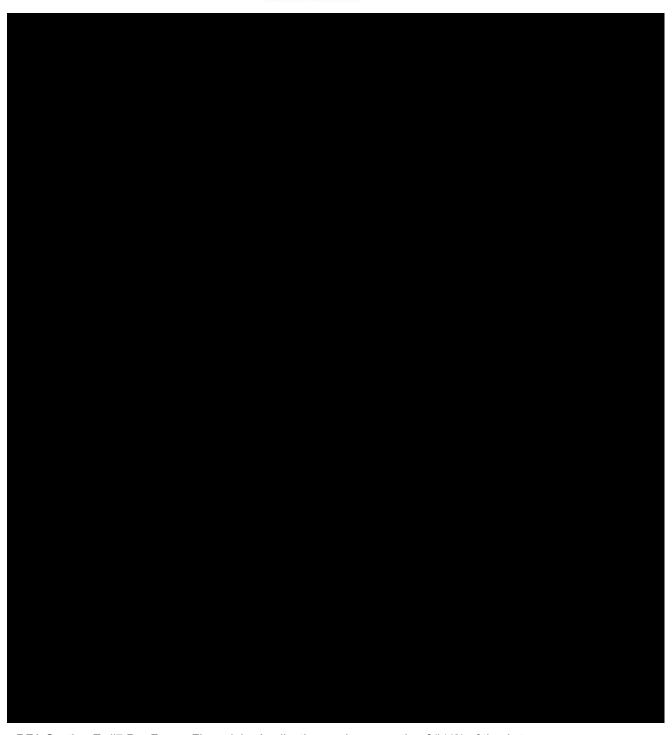








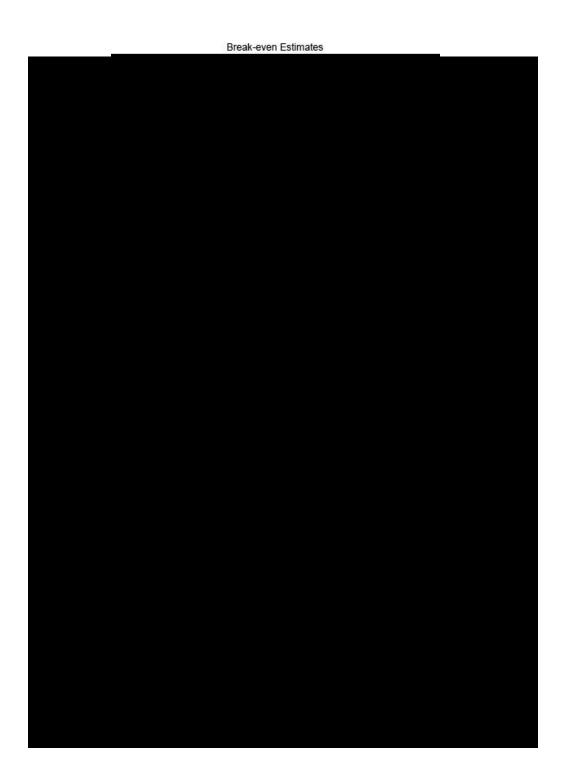
Staffing Budget



















Section E, Number 8

Provide Complete Copies Of All Federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.

Better Healing, LLC incorporated in 2015 and has not filed taxes but will do so for fiscal year 2015.



John Ellis Tax Returns

Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Form **8879**

Internal Revenue Service

IRS e-file Signature Authorization

Do not send to the IRS. This is not a tax return. Keep this form for your records. Information about Form 8879 and its instructions is at www.irs.gov/form8879. OMB No. 1545-0074

Submission Identification Number (SID)

the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirement and Publication 1345 , Handbook for Authorized IRS e-file Providers of Individual Income Tax	x Returns.	Practitioner PIN 10/15/14

For Paperwork Reduction Act Notice, see your tax return instructions.

DAA (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

2013 Form 1040-V

What Is Form 1040-V

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2013 Form 1040, Form 1040A, or Form 1040EZ.



You can also pay your taxes online or by phone either by a direct transfer from your bank account or by credit or debit card. Paying online or by phone is convenient and secure and helps make sure we get your payments on time. For

more information, go to www.irs.gov/e-pay.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

Department of the Treasury **Internal Revenue Service**

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2013 Form 1040," "2013 Form 1040A," or "2013 Form 1040EZ," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ×X/100").

How To Send In Your 2013 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2013 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

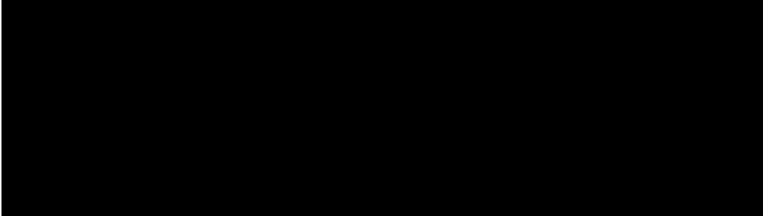
Mail To: Internal Revenue Service

P.O. Box 37008

Hartford, CT 06176-7008

Form 1040-V (2013)

Detach Here and Mail With Your Payment and Return



For Paperwork Reduction Act Notice, see your tax return instructions.

ELLISJ 10/14/2014 11:24 AM

Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2013

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

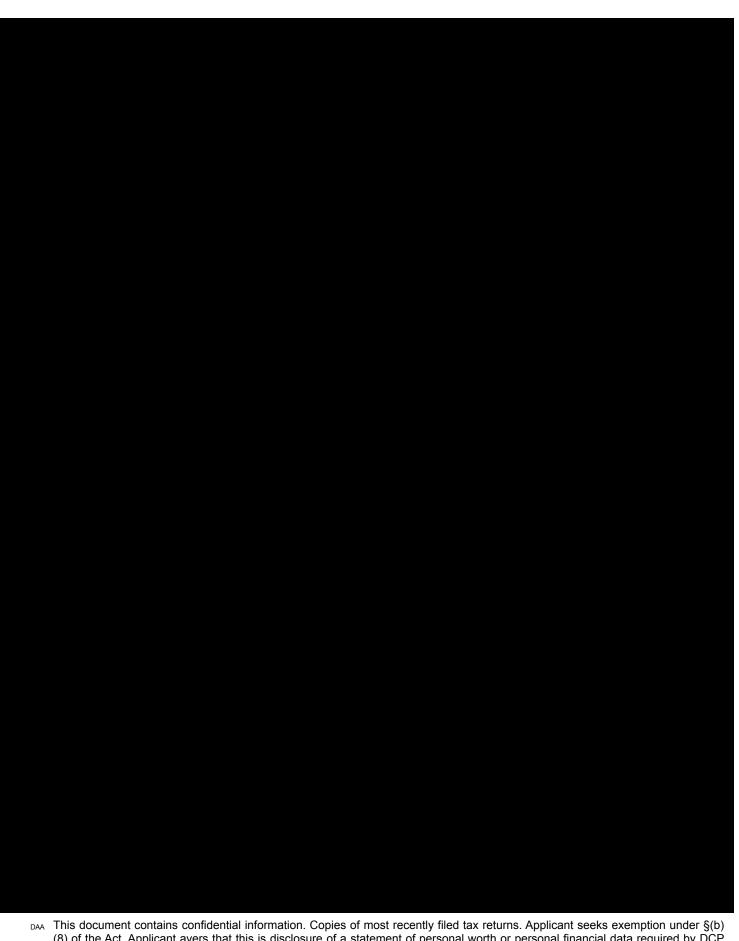
For the year Jan. 1-Dec. 31, 2013, or other tax year beginning

2013 ending

20

See separate instructions.

For Pission Utilities to antidirection of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.



(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

ELLISJ 10/14/2014 11:24 AM

ELLISJ 10/14/2014 11:24 AM

SCHEDULE C (Form 1040)

Department of the Treasury

Profit or Loss From Business

(Sole Proprietorship)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec.

OMB No. 1545-0074 **2013**Attachment



DAT his document contains confidential information. Copies of most recently filed tax returns. Applicant segan applicant segan financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

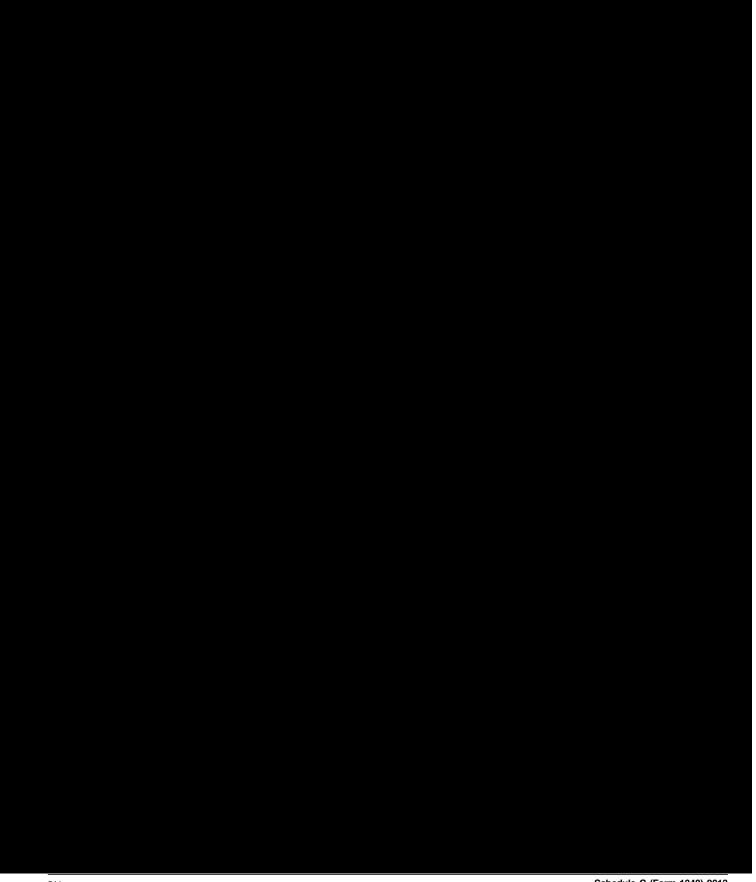
ELLISJ 10/14/2014 11:24 AM SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec

OMB No. 1545-0074 2013



DAA (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99 Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
Attach to Form 1040, 1040NR, or Form 1041.

Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2013

Attachment

For Paperwork Heduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2013

Schedule E (Form 1040) 2013 Attachment Sequence No. 13 Page 2

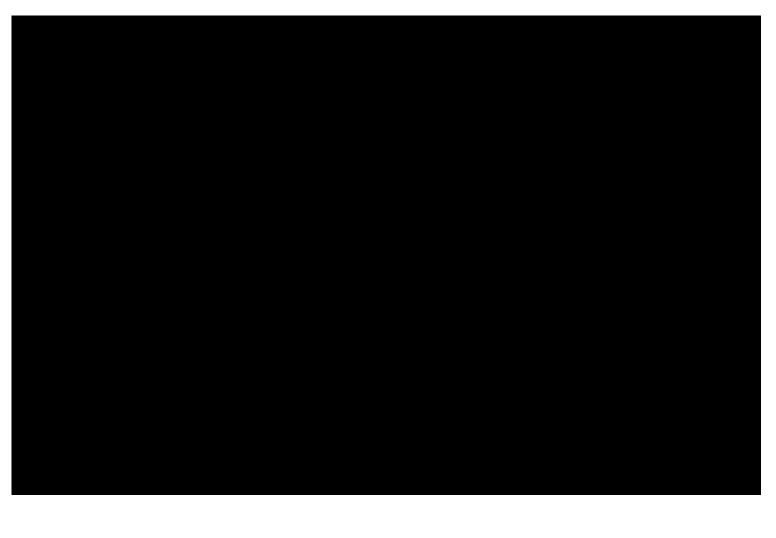
Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

ELLISJ 10/14/2014 11:24 AM Form **6251**

Alternative Minimum Tax-Individuals

OMB No. 1545-0074



For Paperwork Heduction Act Notice, see Instructions.

DAA (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.



ELLISJ 10/14/2014 11:24 AM

Form **8582**

AMT Version
Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

2013
Attachment Sequence No. 88

Department of the Treasury Internal Revenue Service (99)

Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

DAA (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.



This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b) (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

ELLISJ

7/23/2015 10:41 AM

Form 9325 (Rev. January 2014)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Form **8879**

Department of the Treasury

Internal Revenue Service

IRS e-file Signature Authorization

Do not send to the IRS. This is not a tax return.

Keep this form for your records.

Information about Form 8879 and its instructions is at www.irs.gov/form8879.

OMB No. 1545-0074

2013

Submission Identification Number (SID)

coaver's name Social security number

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Signature of person claiming refund Date This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption

under §(b) (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

2013 Form 1040-V

What Is Form 1040-V

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2013 Form 1040, Form 1040A, or Form 1040EZ.



You can also pay your taxes online or by phone either by a direct transfer from your bank account or by credit or debit card. Paying online or by phone is convenient and secure and helps make sure we get your payments on time. For

more information, go to www.irs.gov/e-pay.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

Department of the Treasury Internal Revenue Service

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2013 Form 1040," "2013 Form 1040A," or "2013 Form 1040EZ," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{XX}/₁₀₀").

How To Send In Your 2013 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2013 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

Mail To: Internal Revenue Service

P.O. Box 37008

Hartford, CT 06176-7008

Form 1040-V (2013)

Detach Here and Mail With Your Payment and Return

Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2013

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

10/15 Int 28 FTP 56 Tot 1,976 Form 1040 (2013)

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99) **Itemized Deductions**

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

OMB No. 1545-0074

2013

Sequence No.

07

-	Worksheet in t	the instructions	to	figure	the	amount	to	enter.
n	t contains	confiden	tic	∖L.iտ f	O Kr	mation	٠.	Cor

ELLISJ 10/14/2014 11:24 AM

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065,

OMB No. 1545-0074

2013
Attachment

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

For information on Schedule C and its instructions, go to www.irs.gov/schedulec. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. OMB No. 1545-0074

Attachment Sequence No. 09

trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040NR, or Form 1041.

Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2013

13

Attachment Seguence No.

Your social security number

26

Schedule E (Form 1040) 2013 Attachment Sequence No. 13 Page 2

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules 43

43

Form **6251**

Internal Revenue Service

Department of the Treasury

(99)

Alternative Minimum Tax—Individuals

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

OMB No. 1545-0074 **2013**

Attachment Sequence No.

. 32

Attach to Form 1040 or Form 1040NR.

without using Schedule J (see instructions)	34	
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	0

Form **8801**

Department of the Treasury Internal Revenue Service

(99)

Credit for Prior Year Minimum Tax— Individuals, Estates, and Trusts

Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.

Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

2013

Attachment Sequence No. **74**

JOHN C. ELLIS 045-42-8895

Form 8801 (2013) Page **2**

Part II Minimum Tax Credit and Carryforward to 2014

Form **8582**

Department of the Treasury Internal Revenue Service

(99)

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

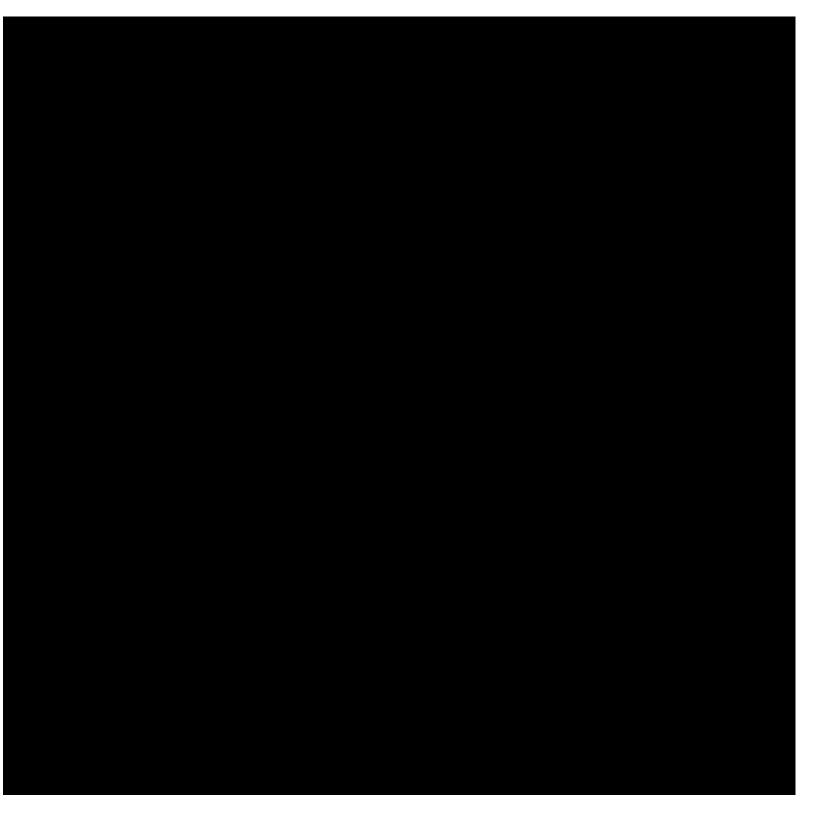
Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2013
Attachment Sequence No. 88

Name(s) shown on return

DAA Form **8582** (2013)



Form **8582**

Internal Revenue Service

Name(s) shown on return

(99)

Department of the Treasury

AMT Version **Passive Activity Loss Limitations**

See separate instructions.

Attach to Form 1040 or Form 1041.

Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008 Attachment 88 Sequence No

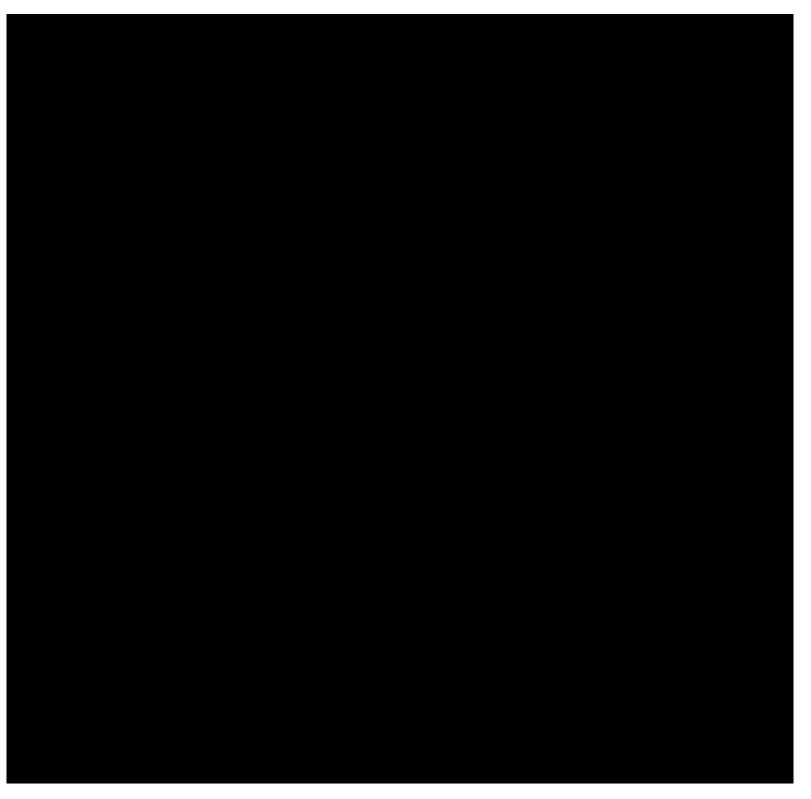
Identifying number

Totellibodseurationacantipionacanti insavets that this disclosure of at state posses of possenal worth or personal financial data required by DCP and filed by the policiant to establish the apolicant's For PaperWork Reduction Act Outlice, see instructions. Form **8582** (2013)

AMT Version

DAA Form **8582** (2013)

AMT Version











Form 1040 Two Year Comparison Report - Schedule C 2012 & 2013

Form 1040 Two Year Comparison Report - Schedule C 2012 & 2013

Form 1040 Two Year Comparison Report - Schedule E Page 1 2012 & 2013

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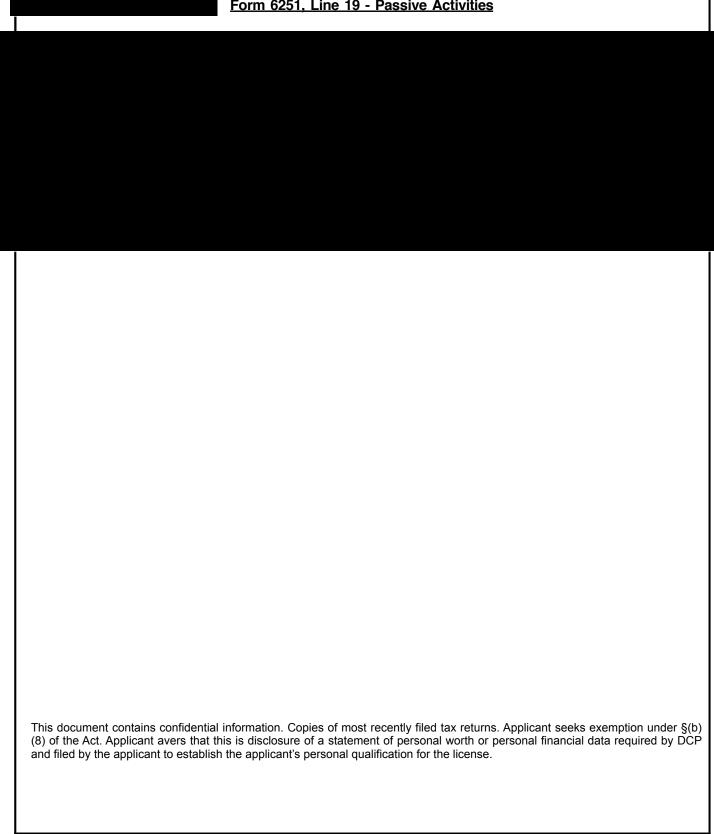
Federal Statements

Schedule A, Line 1 - Medical and Dental Expenses

COMMERCIAL STORAGE GARAGES Schedule E, Line 9 - Insurance



Form 6251, Line 19 - Passive Activities



Two Year Comparison Report - Schedule C 2012 & 2013

Two Year Comparison Report - Schedule C 2012 & 2013

Form 1040 Two Year Comparison Report - Schedule E Page 1 2012 & 2013

Name Taxoaver identification number

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7/23/2015 10:41 AM

Department of the Treasury - Internal Revenue Service

Form 9325 (Rev. January 2014)

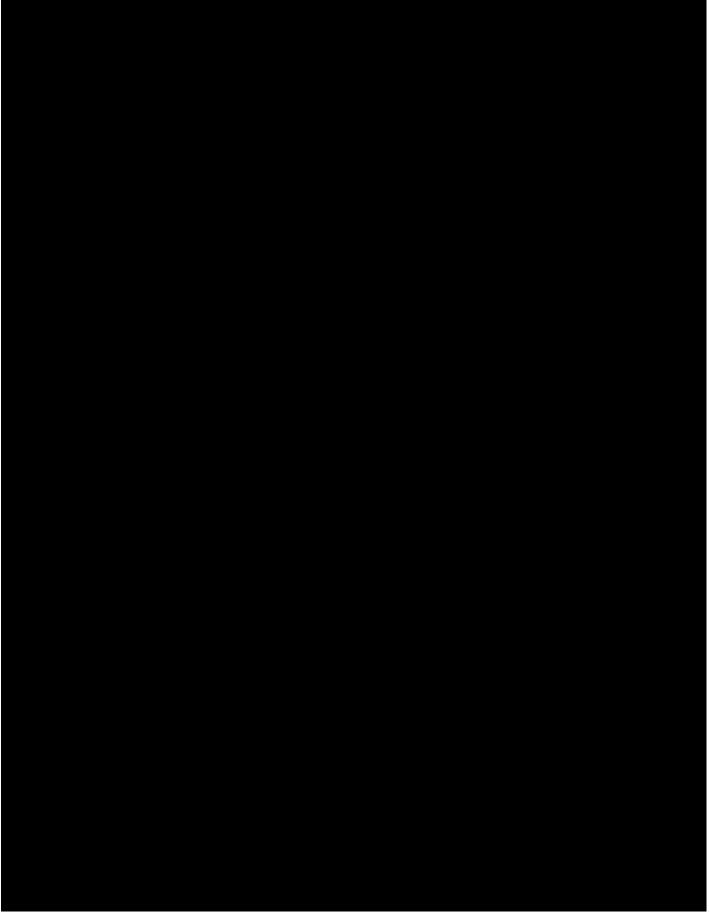
Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS e-file.

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b)

(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP

and filed by the applicant to establish the applicant's personal qualification for the license.



Department of Revenue Services State of Connecticut

CT-1040 V

(Rev. 12/13)

2013 Connecticut Electronic Filing Payment Voucher

Purpose: Complete **CT-1040 V** if you filed your Connecticut income tax return electronically and **elect to make payment by check**. You must pay the total amount of tax due on or before April 15, 2014. Any unpaid balance will be subject to penalty and interest.

Pay by Mail: Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to the correct account, write "2013 CT-1040 V e-file" and your Social Security Number (SSN), optional, on the front of the check. Sign the check and clip it to the front of the voucher. Do not send cash. The Department of Revenue Services (DRS) may submit the check to your bank electronically. Return the voucher below with your payment.

Mail to: Department of Revenue Services State of Connecticut PO Box 2921 Hartford, CT 06104-2921

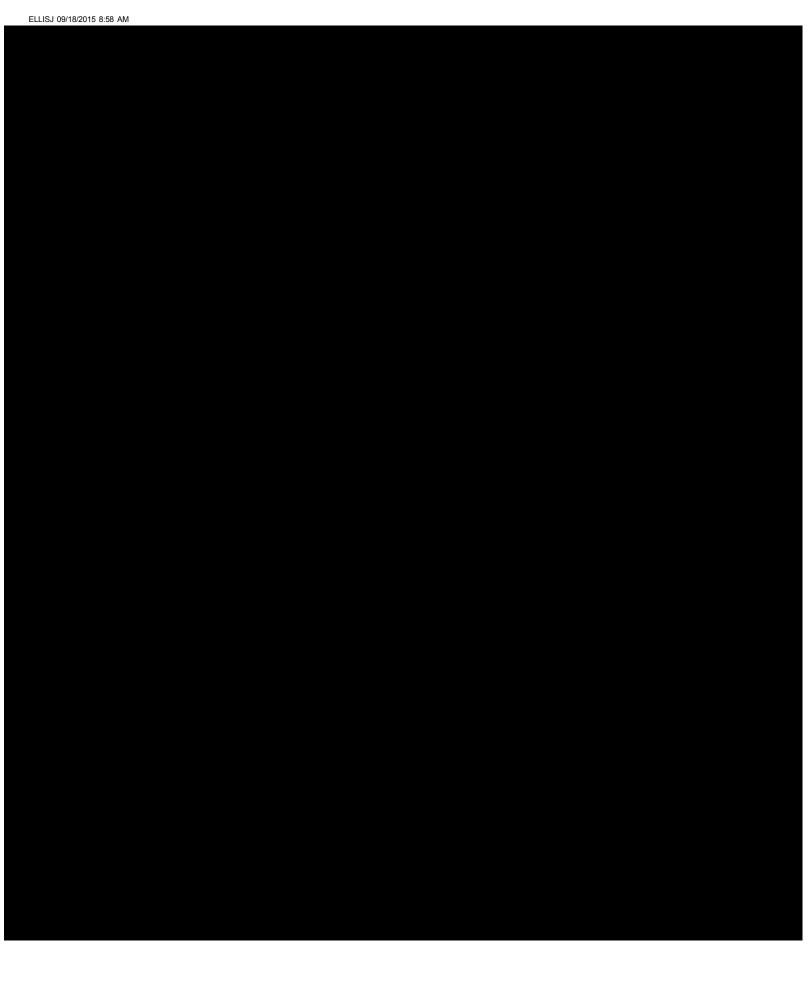
Other Payment Options

- A. Pay Electronically: Visit www.ct.gov/TSC to use the Taxpayer Service Center (TSC) to make a direct tax payment. After logging into the TSC, select the Make Payment Only option and choose a tax type from the drop down box. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically, you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.
- **B.** Pay by Credit Card or Debit Card: You may elect to pay your 2013 tax liability using a credit card (American Express®, Discover®, MasterCard®, VISA®) or comparable debit card. A convenience fee will be charged by the service provider. You will be informed of the amount of the fee and may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

There are three ways to pay by credit card or comparable debit card:

- Log in to your account in the TSC and select Make Payment by Credit Card;
- Visit www.officialpayments.com and select State Payments; or
- Call Official Payments Corporation toll-free at 800-2PAY-TAX (800-272-9829) and follow the instructions.
 You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

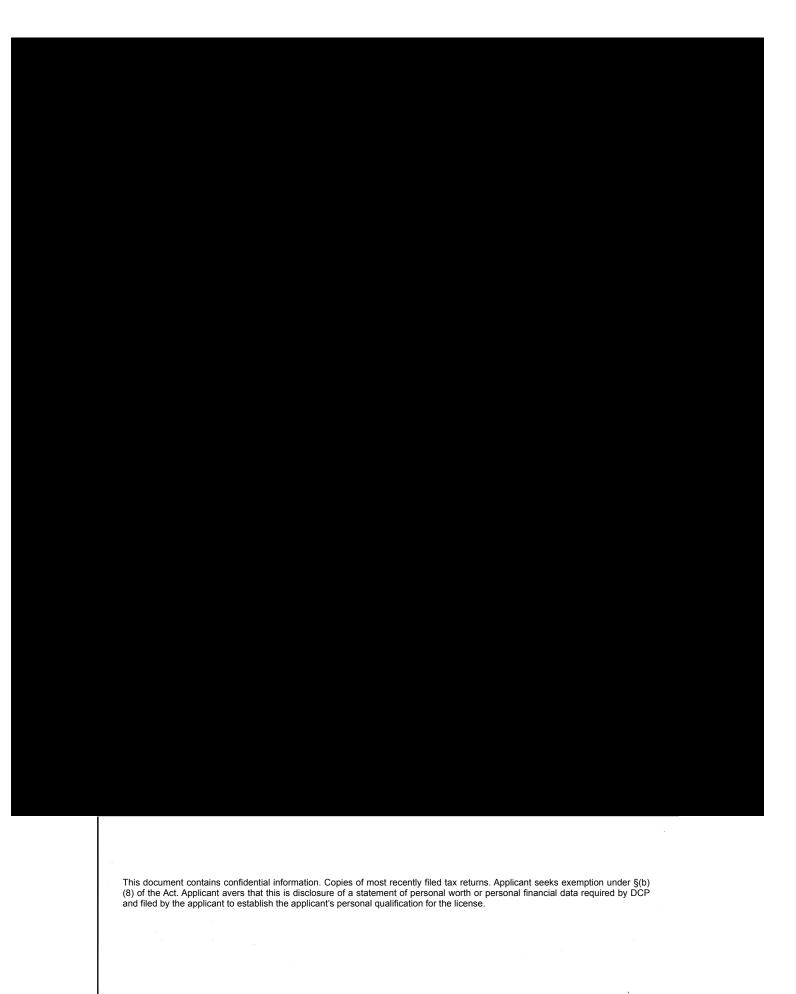


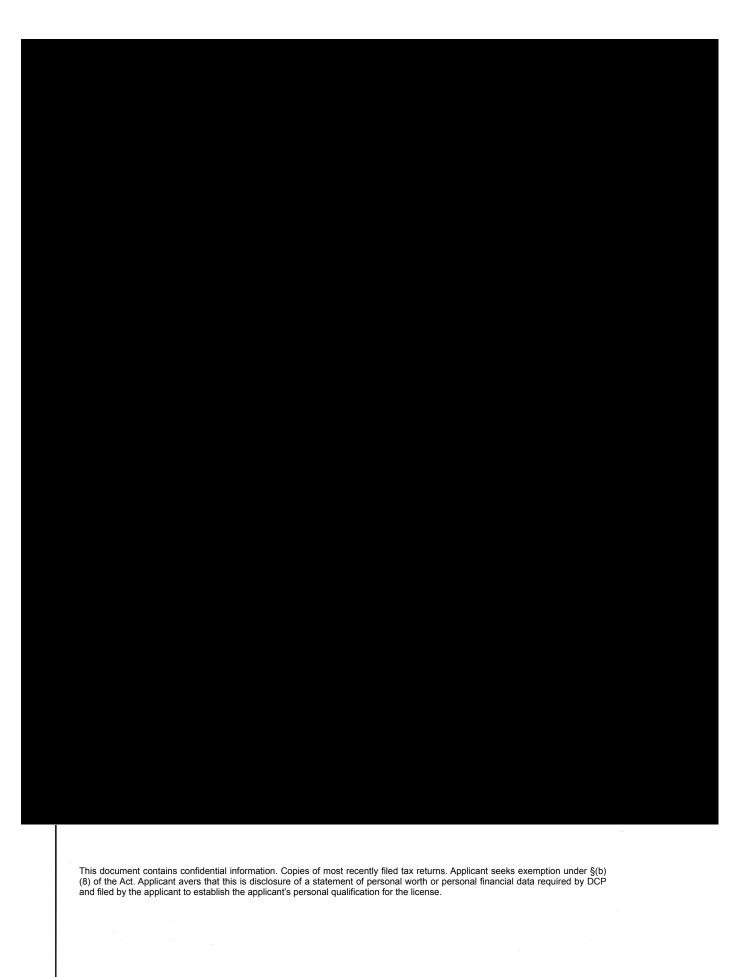


Section E, Number 9: Financial Statements and Organizational Structure

Fitor Mamudi Tax Returns

Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.





Form 4868

Department of the Treasury Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

▶ Information about Form 4868 and its instructions is available at www.irs.gov/form4868.

OMB No 1545-0074

2014

(on bottom of page)

Mail To: Department of the Treasury Internal Revenue Service P.O. BOX 37009 HARTFORD, CT 06176-7009



Form **7004**

(Rev. December 2012)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

File a separate application for each return.

▶Information about Form 7004 and its separate instructions is at www.irs.gov/form7004.

OMB No 1545-0233

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b)

DAA (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Arnell DaPonte & Company, LLC. 98 Mill Plain Rd W Danbury, CT 06811 203-797-9681

July 2, 2015

CONFIDENTIAL

FITOR & MELISSA L. MAMUDI

Arnell DaPonte & Company, LLC. 98 Mill Plain Rd W Danbury, CT 06811 203-797-9681

July 2, 2015

CONFIDENTIAL



Filing Instructions

Electronically Filed Form 1040 US Individual Income Tax Return

With Form 8879 IRS e-file Signature Authorization

Taxable Year Ended December 31, 2013

Name: FITOR & MELISSA L. MAMUDI

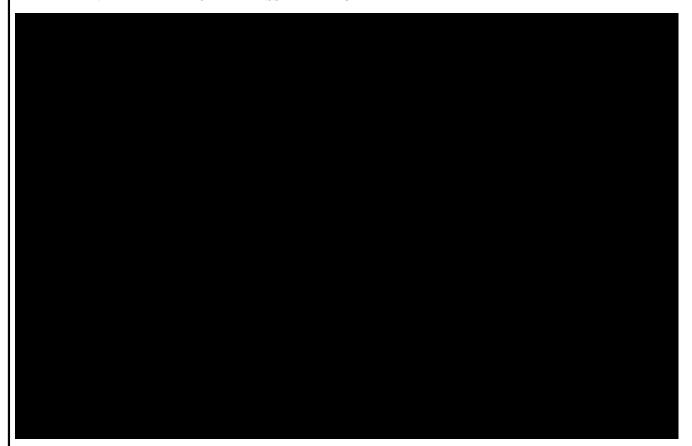


Filing Instructions

Form(s) 1040-ES - Estimated Tax Payments

Taxable Year Ended December 31, 2014

Name: FITOR & MELISSA L. MAMUDI



INTERNAL REVENUE SERVICE, P.O. BOX 37007, HARTFORD, CT 06176-7007

1040-ESDepartment of the Treasury Internal Revenue Service

2014 Estimated Tax

Payment Voucher

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to **"United States Treasury."** Write your social security number and "2014 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year-Due Sept. 15, 2014 Amount of estimated tax you are paying

by check or money order.

Dollars

Foreign postal code Foreign country name Foreign province/county

(on bottom of page)

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b) (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

CLIENT COPY

INTERNAL REVENUE SERVICE, P.O. BOX 37007, HARTFORD, CT 06176-7007 | 1040-ES |



Estimated Tax Payments Worksheet Form **1040** 2014

Form **8879**

Department of the Treasury

IRS e-file Signature Authorization

Do not send to the IRS. This is not a tax return.

Keep this form for your records.

Information about Form 8879 and its instructions is at www.irs.gov/form8879.

OMB No. 1545-0074 **2013**

Internal Revenue Service Information about Form 88/9 and its instructions is at www.irs.gov/form88/9.

Harley and the first force of th	
Under penalties of perjury, I declare that I have examined this Form 1310	cialin, and to the best of my knowledge
and belief, it is true, correct and complete.	
and belief, it is true, correct and complete.	
and belief, it is true, correct and complete. Signature of person claiming refund	 Date

and filed by the applicant to establish the applicant's personal qualification for the license.

FITOR

MELISSA L.

Taxpayer Name

Spouse Name

MAMUDI

MAMUDI

1040

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2013

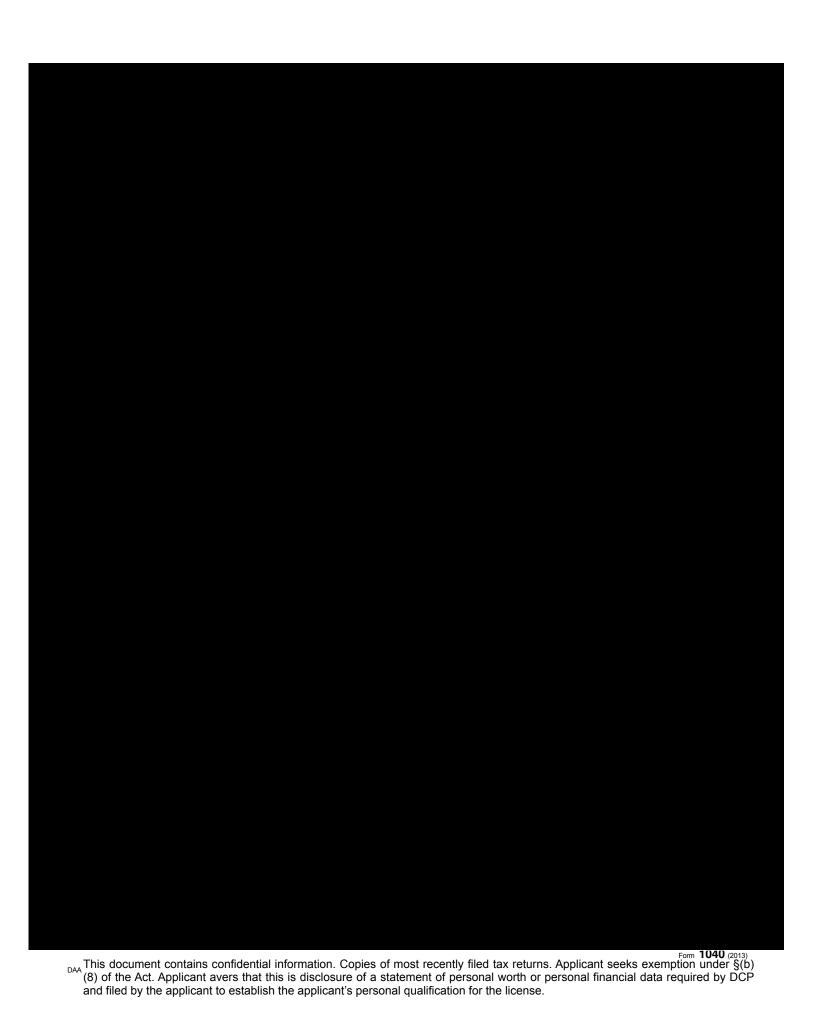
OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning

2013 ending

See separate instructions.



SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

OMB No. 1545-0074

Attachment Sequence No.

07

SCHEDULE B

(Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2013

Attachment Sequence No. **08**

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b) DAA (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCF and filed by the applicant to establish the applicant's personal qualification for the license.)

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

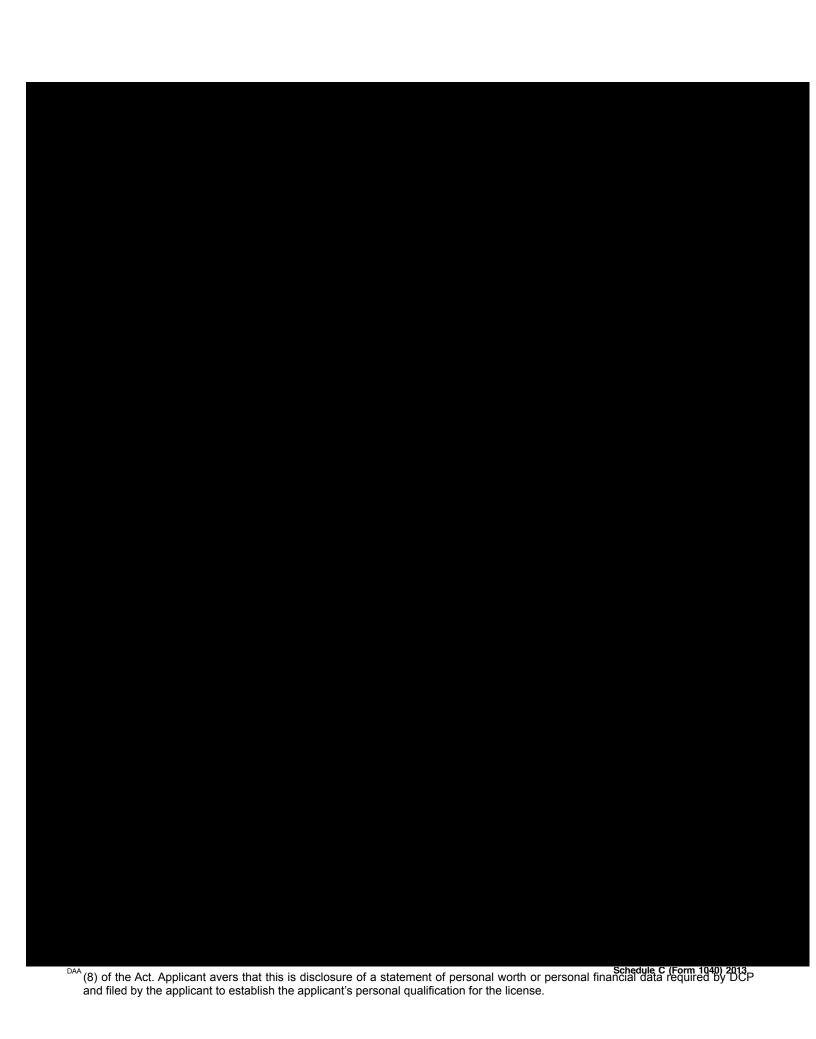
Profit or Loss From Business

(Sole Proprietorship)

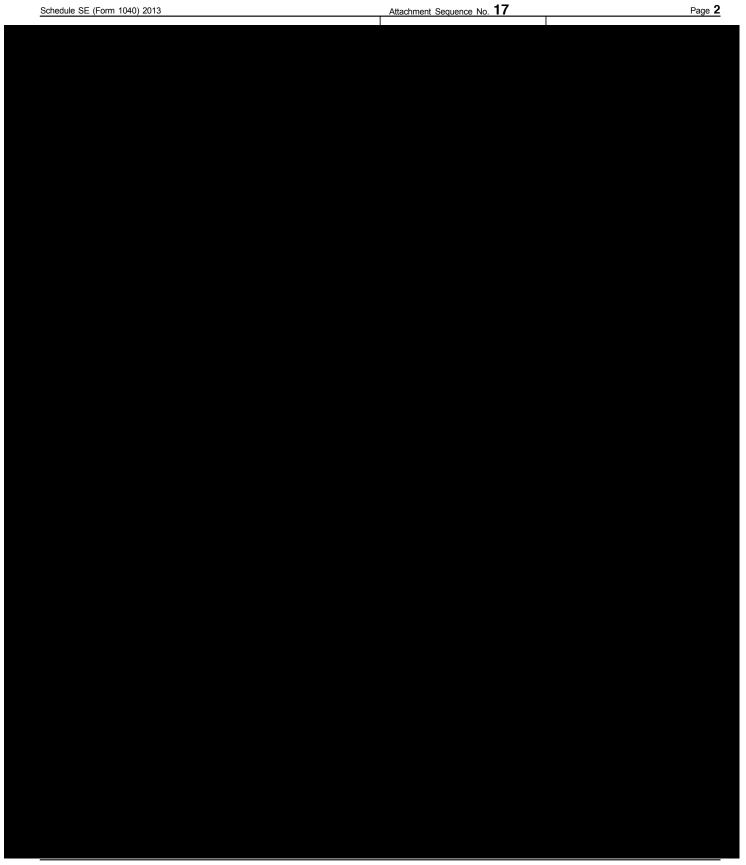
For information on Schedule C and its instructions, go to www.irs.gov/schedulec. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

Attachment Seguence No. 09



Schedule E (Form 1040) 2013 Attachment Sequence No. 13 Page 2



Form **6251**

Alternative Minimum Tax-Individuals

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

OMB No. 1545-0074 **2013**

Attachment Sequence No.

32

Department of the Treasury Internal Revenue Service

(99)

Attach to Form 1040 or Form 1040NR.

8959

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

Information about Form 8959 and its instructions is at www.irs.gov/form8959.

OMB No. 1545-0074

Form **8960**

Net Investment Income Tax-Individuals, Estates, and Trusts

Attach to Form 1040 or Form 1041.

OMB No. 1545-2227

Department of the Treasury Internal Revenue Service (99) Information about Form 8960 and its separate instructions is at www.irs.gov/form8960. Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

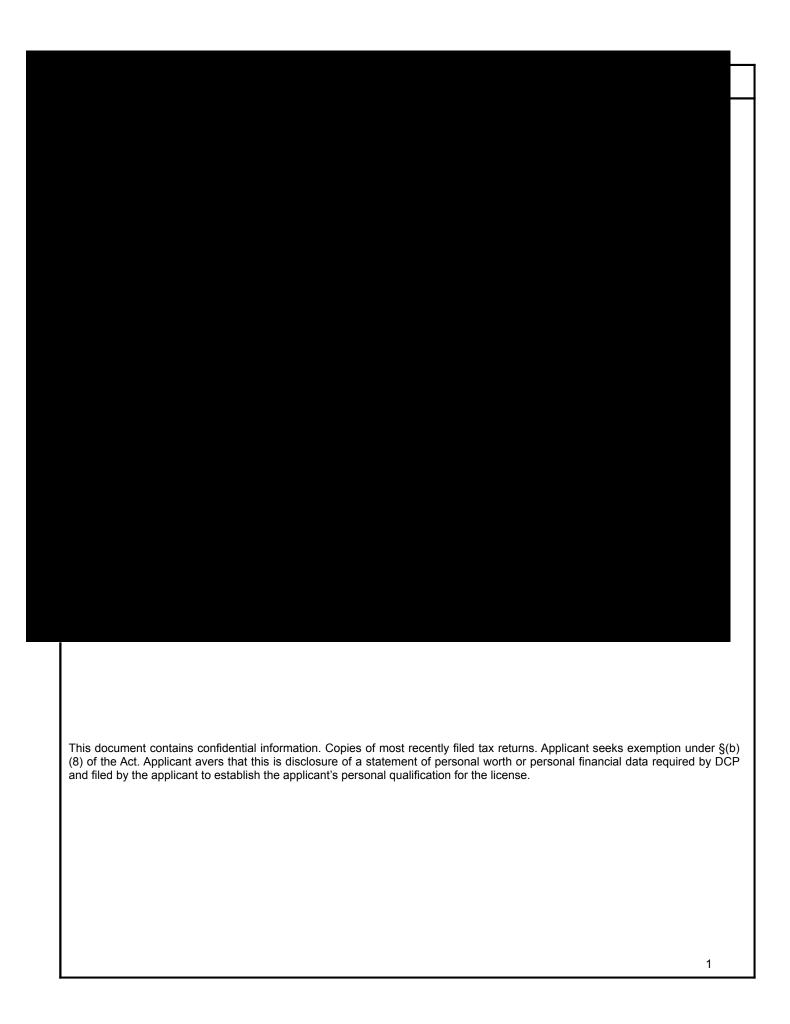
(Including Information on Listed Property)

OMB No. 1545-0172

2013
Attachment Sequence No. 179

See separate instructions.

Attach to your tax return.

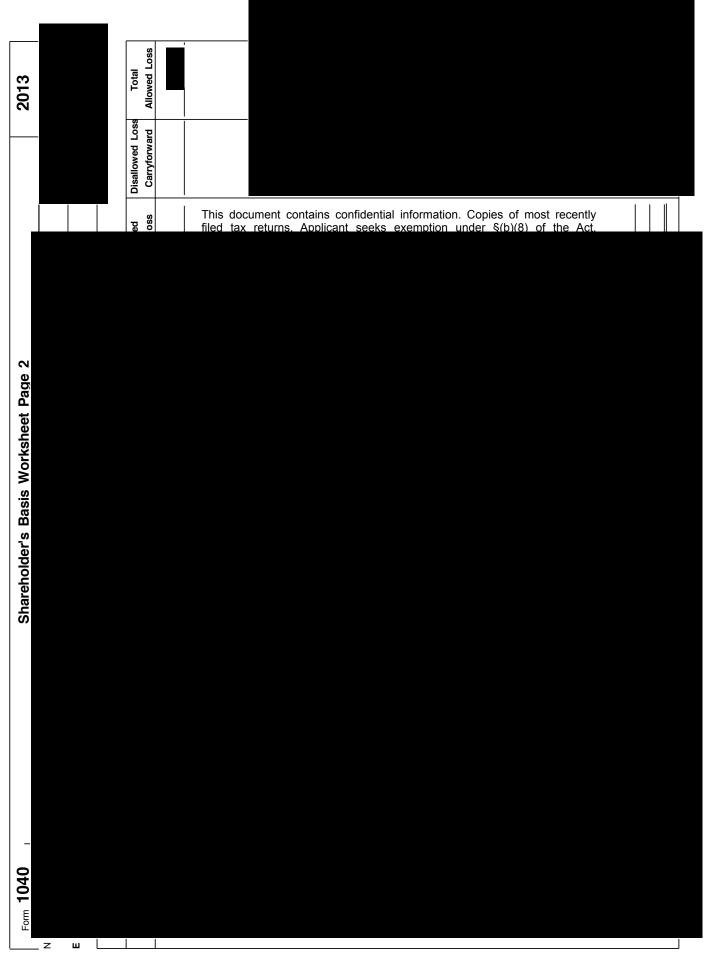


Federal Statements

CLIENT COPY

Form **1040** 2013 Shareholder's Basis Worksheet Page 1

Taxpaver Identification Number



This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Form **1040** 2013 Shareholder's Basis Worksheet Page 1, AMT Name Taxpayer Identification Number



Form 1040 Partner's Basis Worksheet Page 1 2013

Name Taxpayer Identification Number

Form 1040	Partner's Basis Worksheet Page 2		2013
Name		Taxpayer Id	entification Number

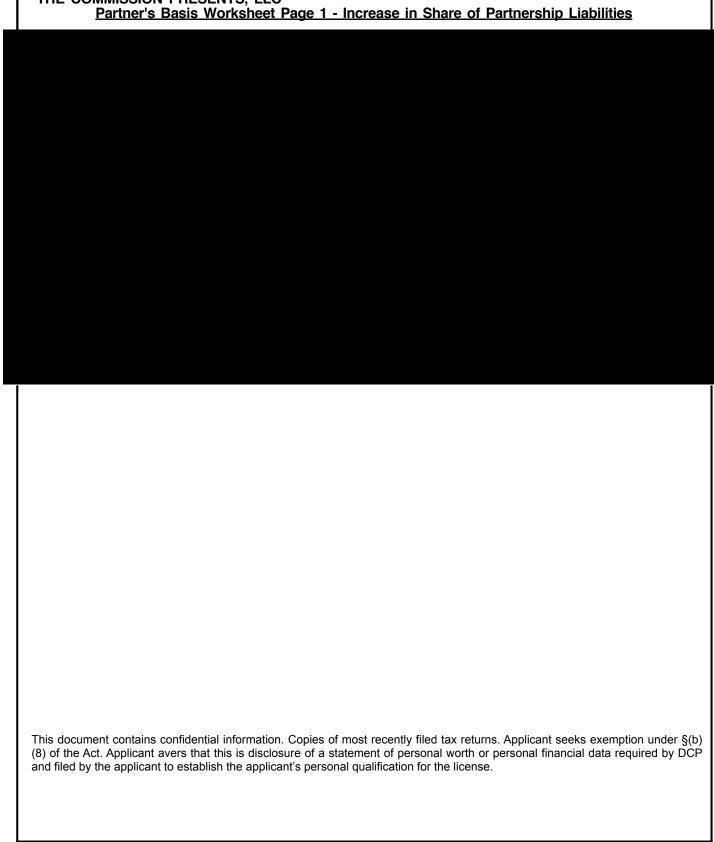
Form 1040 Partner's Basis Worksheet Page 1 2013

Name Taxpayer Identification Number

Form **1040** 2013 Partner's Basis Worksheet Page 2 Name Taxpayer Identification Number

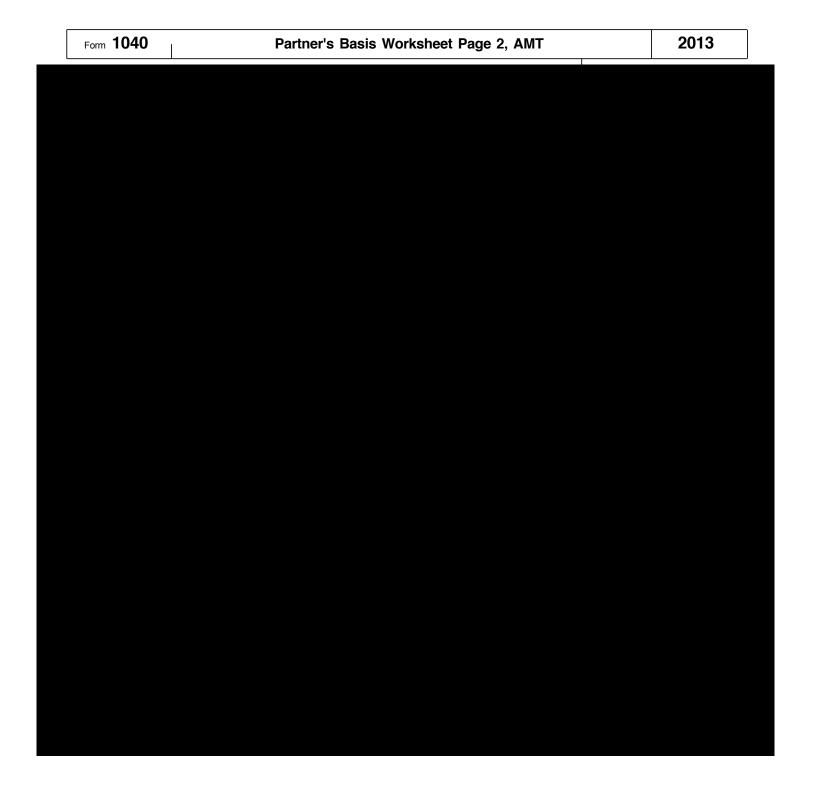
Federal Statements

THE COMMISSION PRESENTS, LLC
Partner's Basis Worksheet Page 1 - Increase in Share of Partnership Liabilities



Form 1040 Partner's Basis Worksheet Page 1, AMT 2013

Name Taxpayer Identification Number



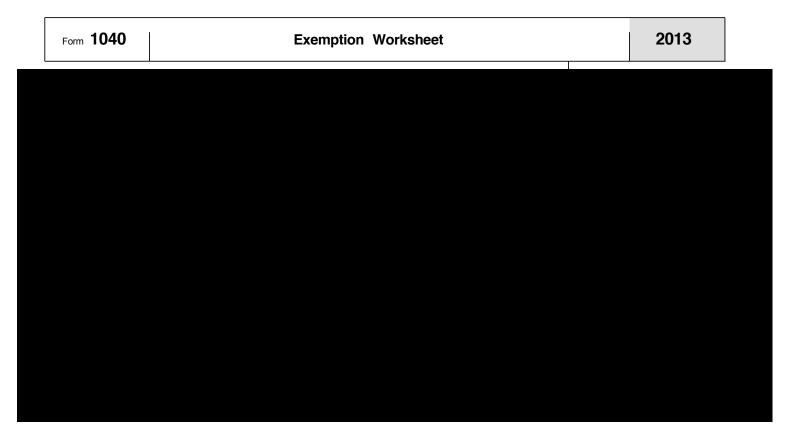
Form 1040 Partner's Basis Worksheet Page 1, AMT 2013

Name Taxpayer Identification Number

Form **1040** 2013 Partner's Basis Worksheet Page 2, AMT

Form 1040	General Sales Tax Deduction Worksheet		2013
Name as shown on return	1	Taxpaver Ide	entification Number

Form **1040** 2013 Itemized and Standard Deduction Worksheets



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Form 1040 AMT Disposition of Property/Exemption Worksheets 2013

Name:	Taxpaver Identification Number

Form **1040** AMT Passive Activity and Loss Limit Adjustment Worksheet 2013

⁽⁸⁾ of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Form **4797**

Name(s) shown on return

ALTERNATIVE MINIMUM TAX

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Sections 179 and 280F(b)(
Attach to your tax return.

Department of the Treasury
Internal Revenue Service

Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

Attachment Sequence No.

Identifying number

27

Form 1040	Roth IRA Worksheets		2013	
Name Taxpayer Id				

Form 1040 Roth IRA MAGI Worksheet 2013

Form 1040 IRA Compensation Worksheet 2013

Name Taxpayer Identification Number Form 1040 Form 8960 - Net Investment Income Worksheet 1 2013

(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

2013 Form **1040** Form 8960 - Net Investment Income Worksheet 2

Form 1040 Net Earnings from Self-Employment Worksheet 2013

Taxpayer Identification Number

Name

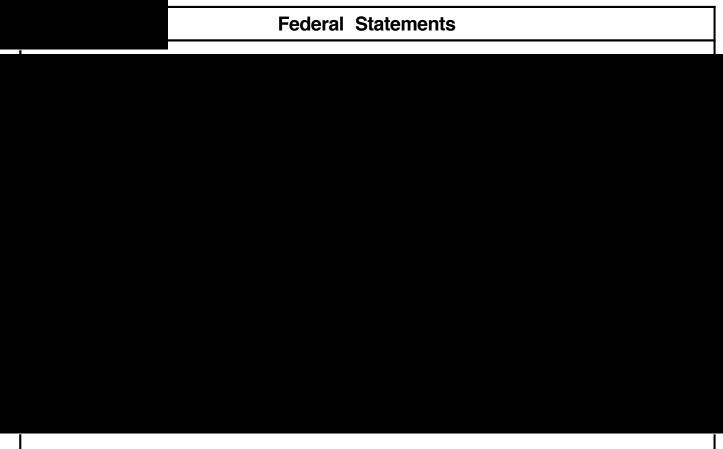
Form **1040** 2013 Self-Employed Health Insurance Deduction Worksheet Name of person with self-employment income (as shown on Form 1040)

Form 1040 Tax Refund Worksheet - 2013 State and Local Refunds 2014

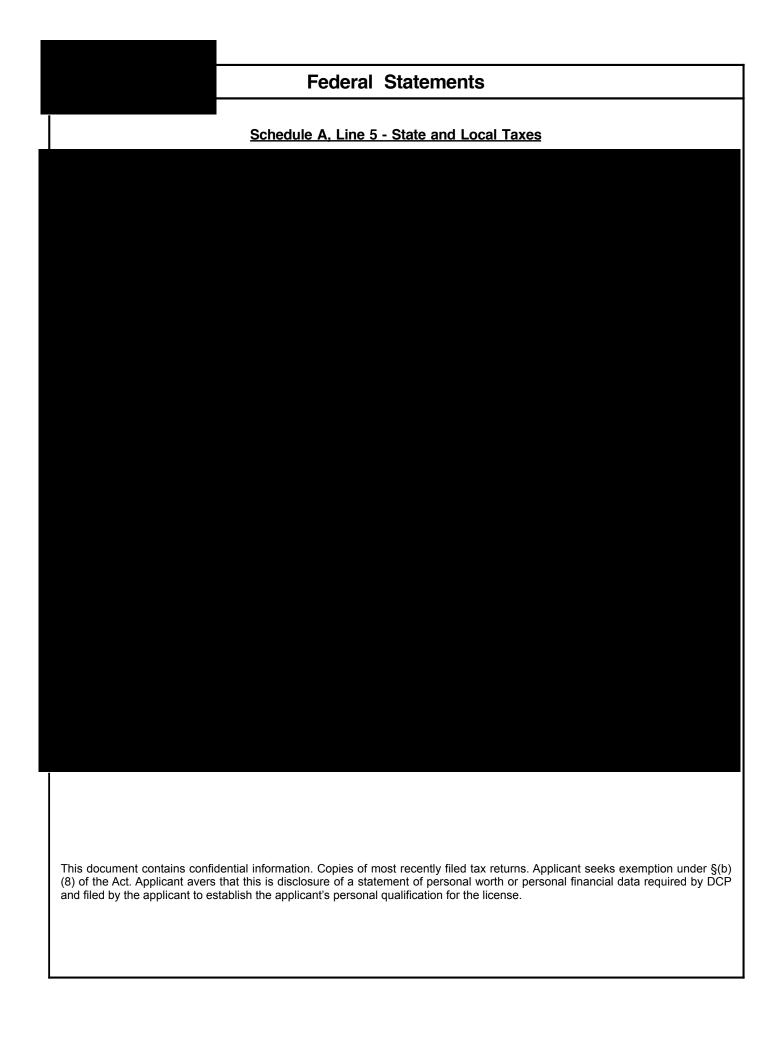
Name Taxpayer Identification Number

Form 1040 Tax Refund Worksheet - 2013 State and Local Refunds

Taxpayer Identification Number



CLIENT COPY

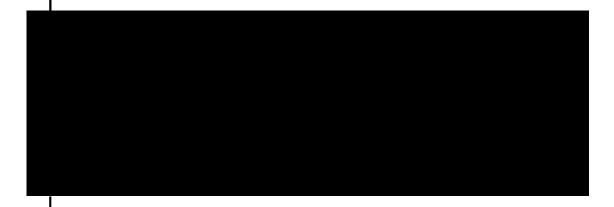


Federal Statements

Form 6251, Line 18 - Post-1986 Depreciation Adjustment



Federal Statements



CLIENT COPY

Federal Statements

CLIENT COPY





2013 Form **1040** Salaries & Wages Report

Two Year Comparison Report - Page 1 2012 & 2013

Name Taxpayer Identification Number Name

Taxoaver Identification Number

Taxoaver Identification Number

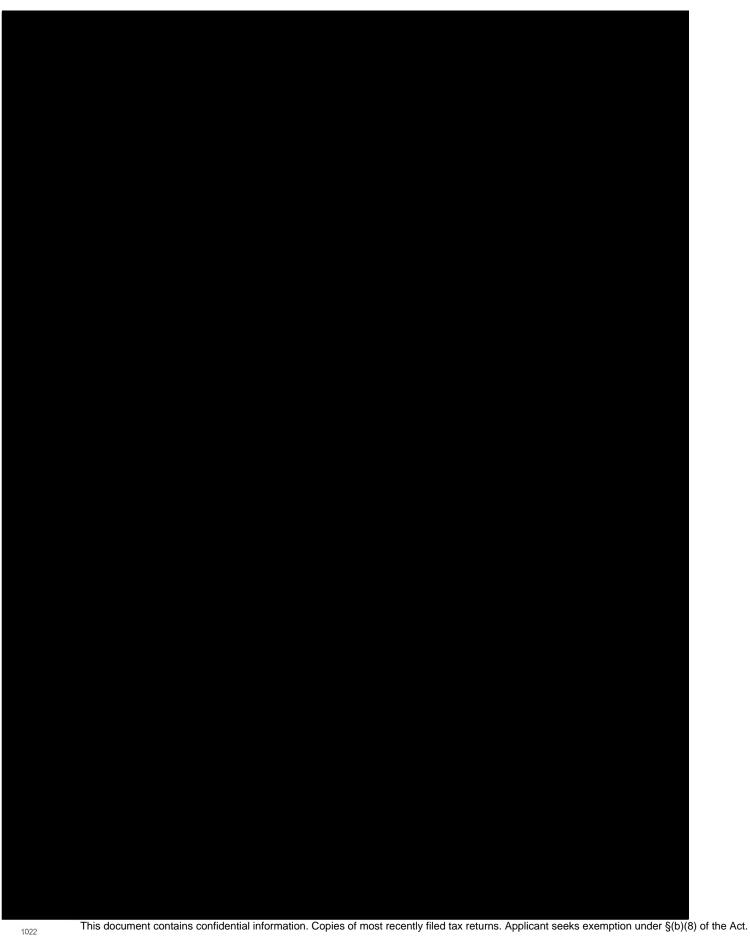
Form **1040** 2012 & 2013 Two Year Comparison Report - Schedule C

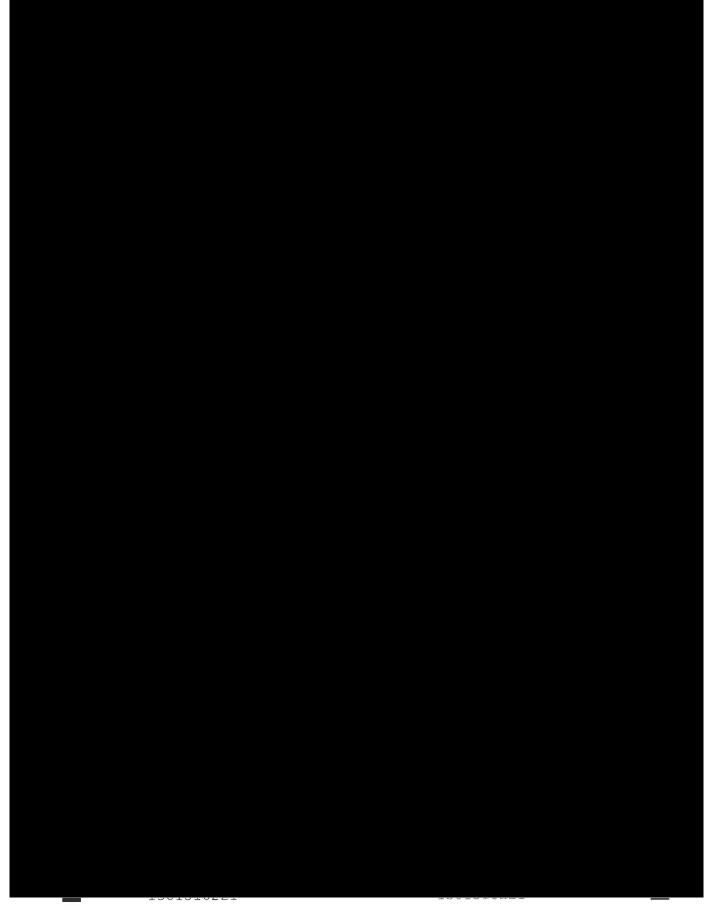
Filing Instructions

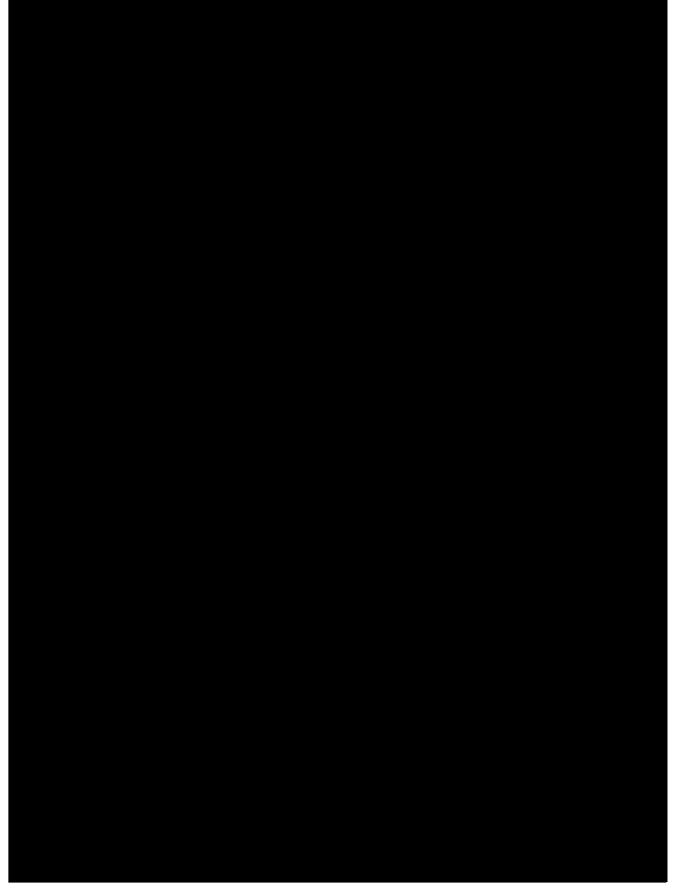
Form CT-1040 - Connecticut Resident Income Tax Return

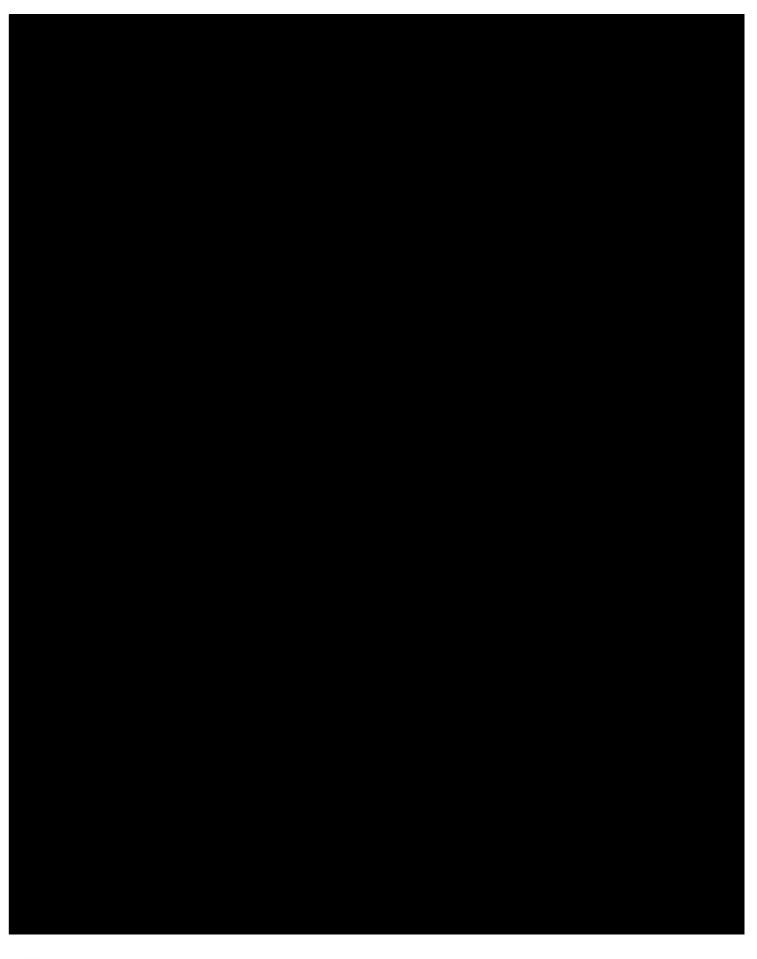
Taxable Year Ended December 31, 2013













Form **CT-2210**

Connecticut Underpayment of Estimated Tax Worksheet

2013

Taxpayer Identification Number Name

Signature of Paid Preparer

Date

Address of Paid Preparer

ARNELL DAPONTE & COMPANY, LLC.

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under \$(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal financial financial data required by DCP and filed by the applicant to establish the applicant's personal financial financial data required by DCP and filed by the applicant to establish the applicant's personal financial financial data required by DCP and filed by the applicant to establish the applicant's personal financial financial data required by DCP and filed by the applicant to establish the applicant t





RECOMPUTED FOR DELAWARE

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

OMB No. 1545-0074

2013

Atlachment Sequence No. 07

Your good coough number

For paperwent regularity of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Illinois Department of Revenue

2013 Form IL-1040 Individual Income Tax Return or for fiscal year ending over 80% of taxpayers file electronically. It is easy and you will get $\frac{13}{100}$ your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

ID: 2C9

Do not write above this line.

ID: 2C9	711		

Illinois Department of Revenue

2013 Schedule M

Other Additions and Subtractions for Individuals

Attach to your Form IL-1040

Read this information first

Complete this schedule if you are required to add certain income on Form IL-1040, Line 3, or if you are entitled to take subtractions on Form IL-1040, Line 7.

Note If you are required to complete Schedule 1299-C, Schedule F, or Form IL-4562, you must do so before you complete this schedule.

L-1040 Schedule M front (R-12/13)

Illinois Department of Revenue 2013 Schedule NR

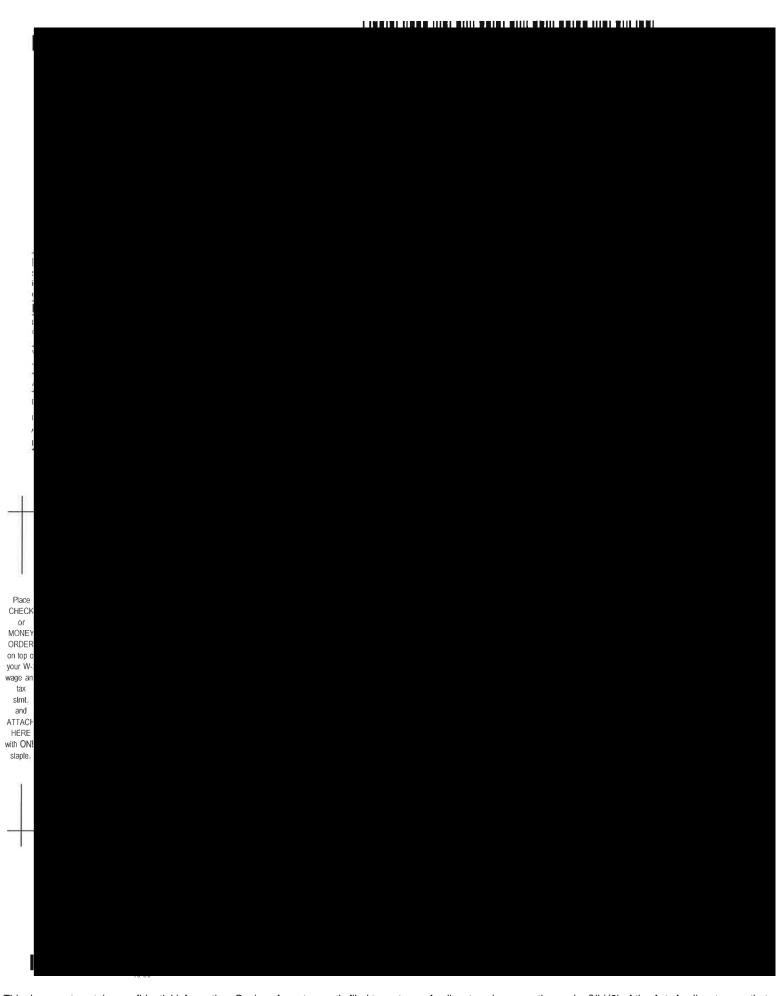
Nonresident and Part-Year Resident Computation of Illinois Tax

Attach to your Form IL-1040

IL Attachment No. 2

ETTOD	MAMIIDT





PAGE 2

MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN

135050135

2013

MARYLAND FORM 505SU

NONRESIDENT SUBTRACTIONS FROM INCOME

ATTACH TO YOUR NONRESIDENT TAX RETURN





MARYLAND FORM 505SU 2013

NONRESIDENT SUBTRACTIONS
FROM INCOME

ATTACH TO YOUR NONRESIDENT TAX RETURN



Page 2

RECOMPUTED FOR MARYLAND PURPOSES

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

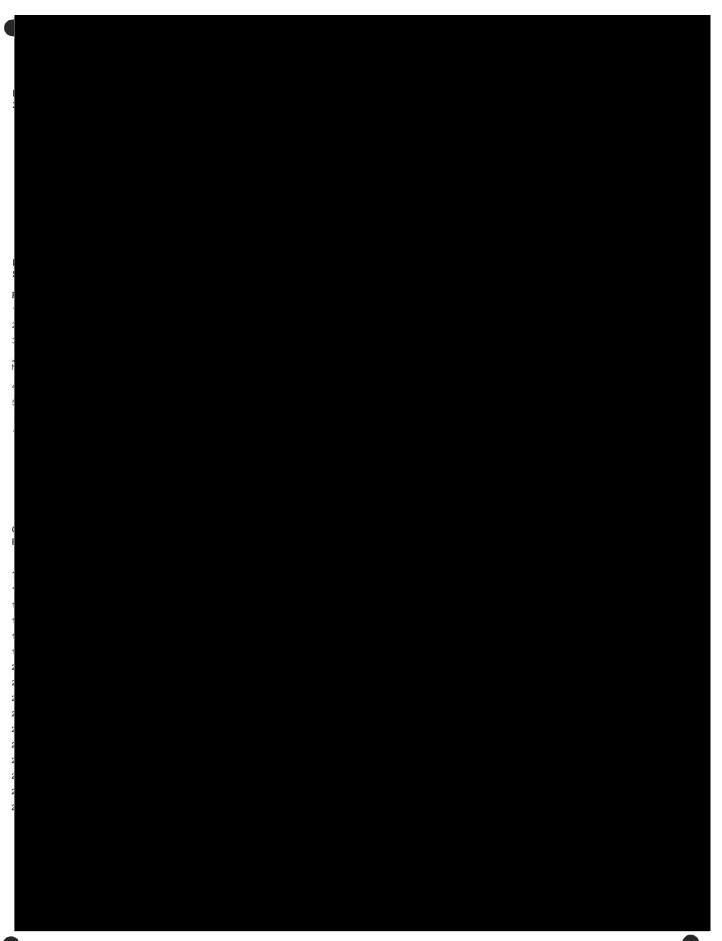
Internal Revenue Service

Department of the Treasury Attachment Sequence No. ► See separate instructions. Attach to your tax return. Identifying number

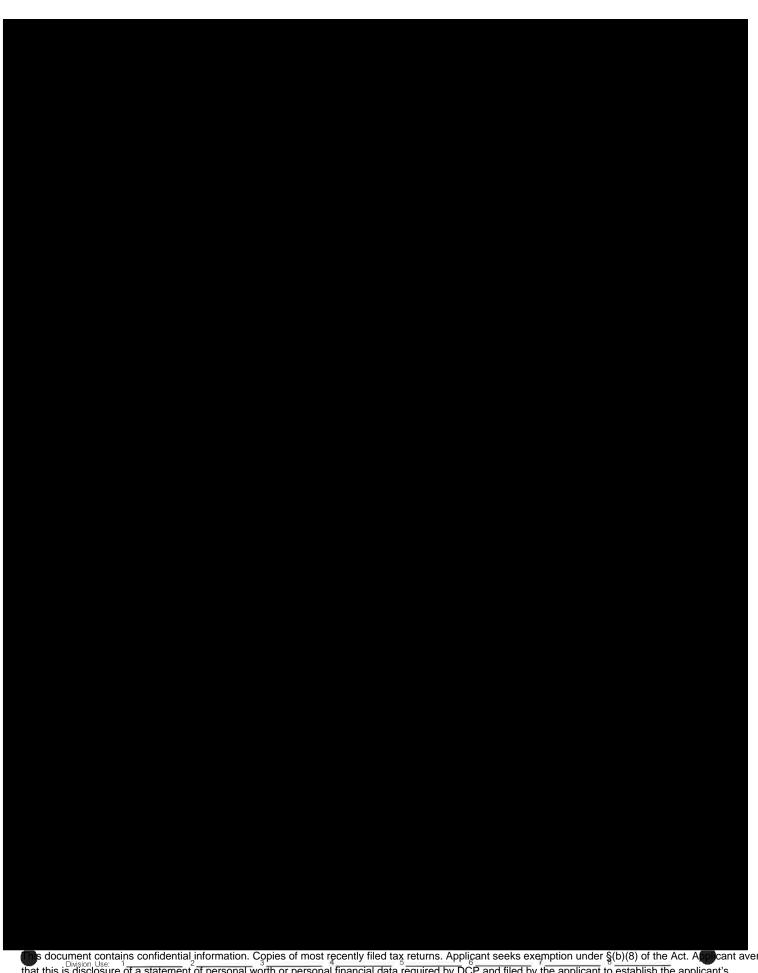
Maryland Statements

Statement 1 - Form 505 - Other Additions to Income





This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.



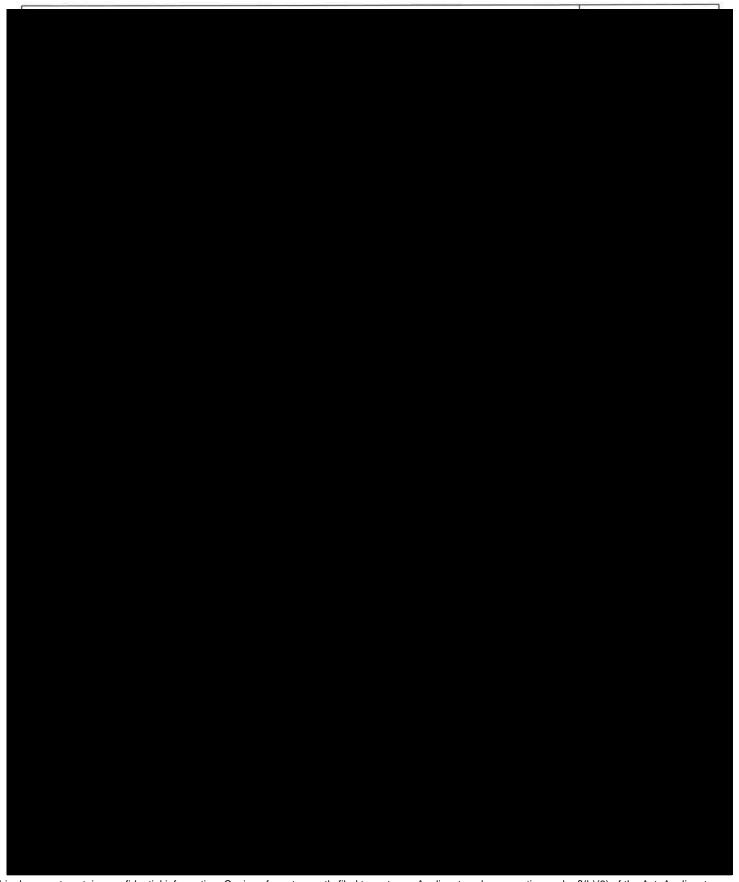
that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.





NEW JERSEY GROSS INCOME TAX BUSINESS INCOME SUMMARY SCHEDULE

2013



New Jersey Statements

Statement 1 - NJ Schedule NJ-BUS-1 - Distributive Share of Partnership Income

CLIENT COPY

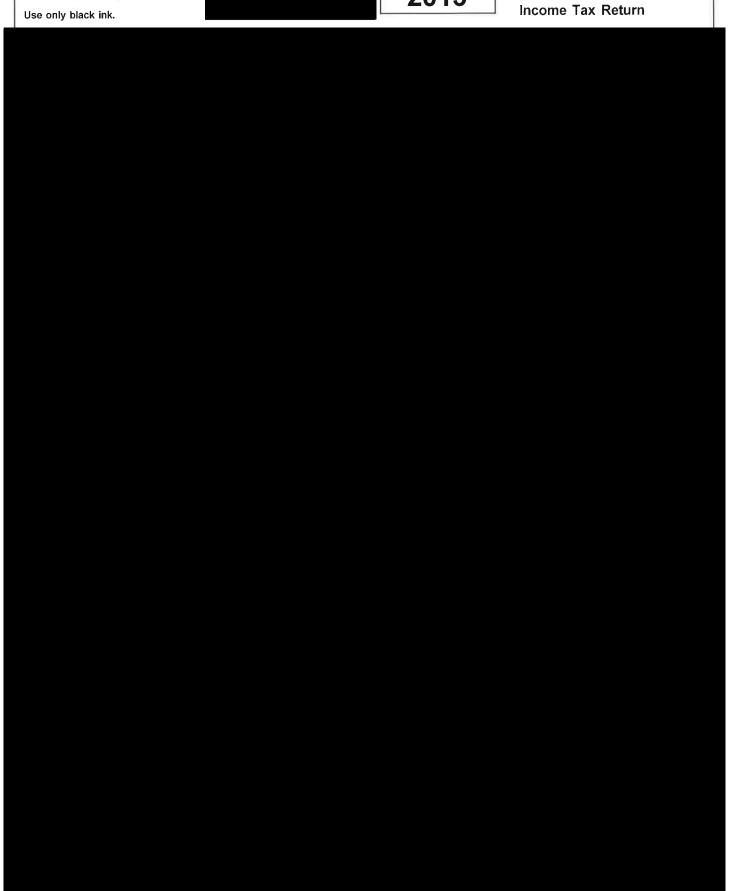
Do not use staples.

Ohio Department of Taxation

2013

Taxable year beginning in

IT 1040 Rev. 11/13 Individual





Taxable year beginning in

2013

IT 1040 Rev. 11/13 Individual Income Tax Return



Taxable year beginning in

2013

IT 1040 Rev. 11/13 Individual Income Tax Return



Year 20 13



IT 2023 Rev. 12/12

IT 2023 Income Allocation and Apportionment Nonresident Credit and Part-Year Resident Credit

Include this three-page form with Ohio form IT 1040 (individuals) or Ohio form IT 1041 (estates).

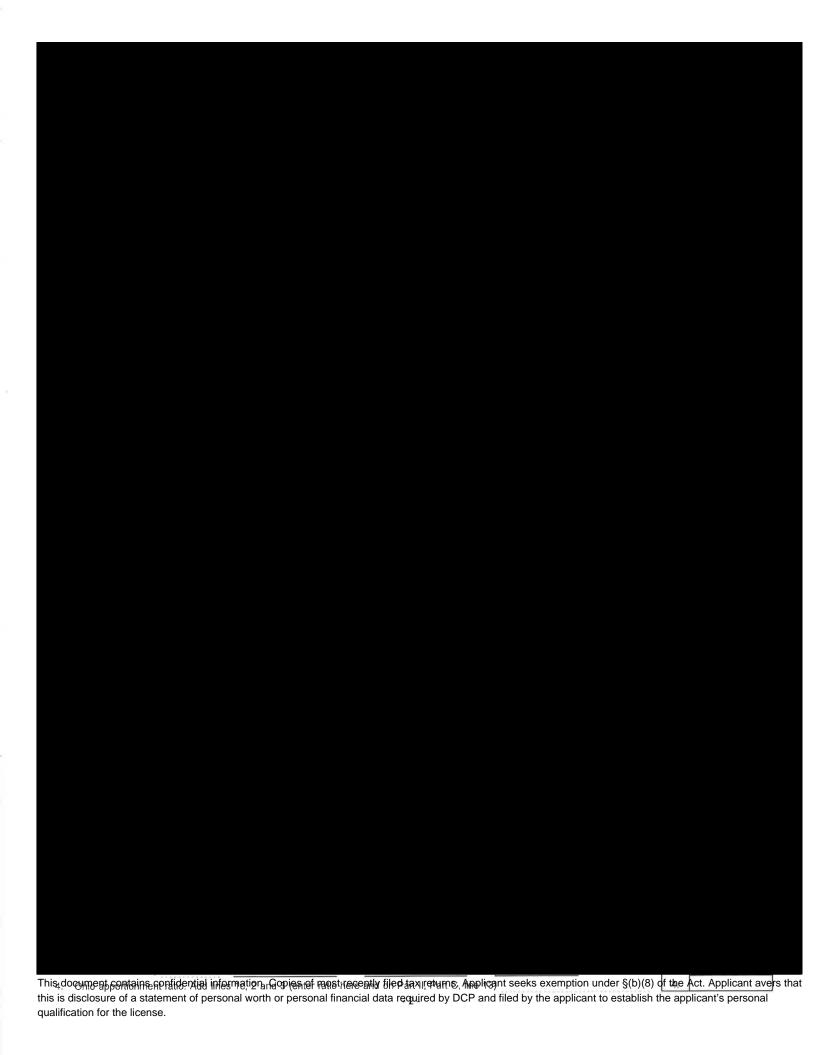


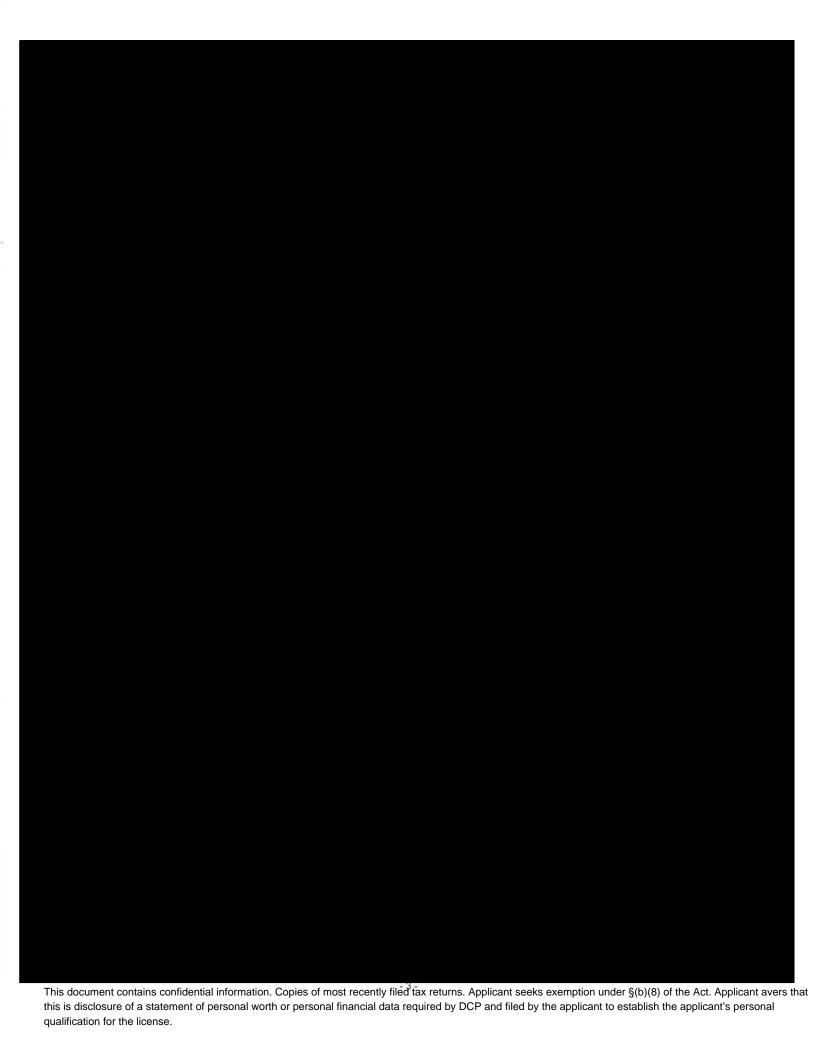
you must complete this form unless your only source of Ohio income is wages paid by an unrelated employer. Use this form to apportion and allocate your share of all types of Ohio-sitused income, gains, deductions and losses from a sole proprietorship or a pass-through entity.

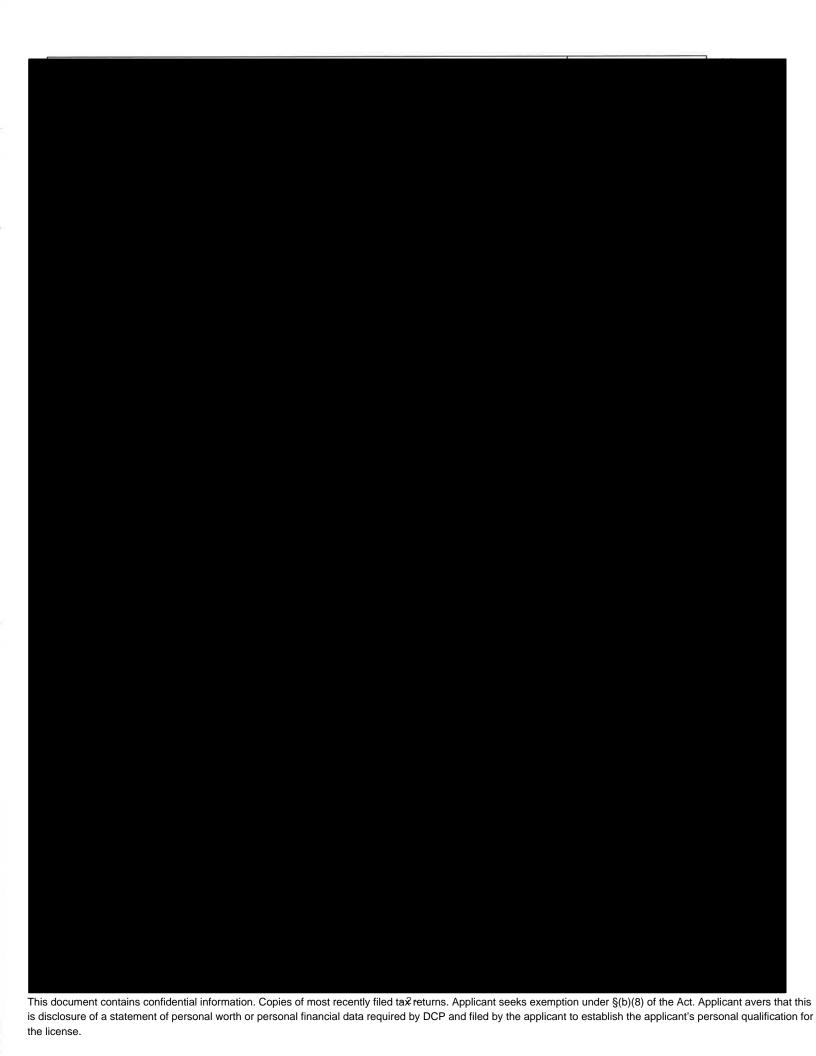
tary business group in which you hold an ownership interest. See page 1 of the instructions. For assistance, please contact the department at (888) 405-4039.

Part I – Summary of Business and Nonbusiness Income

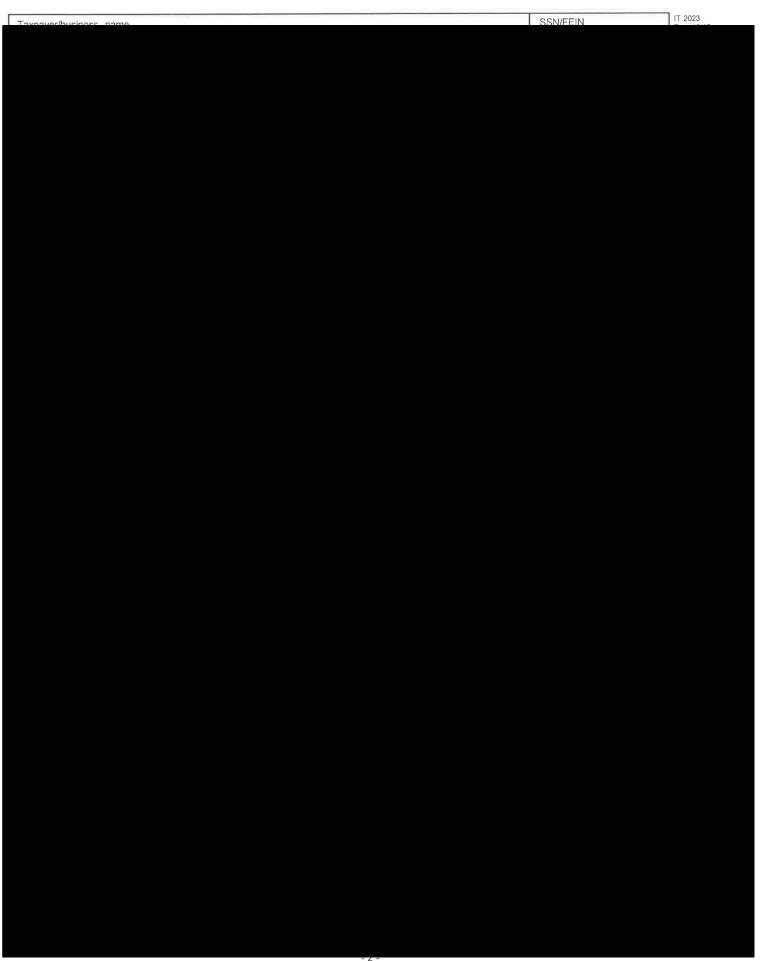




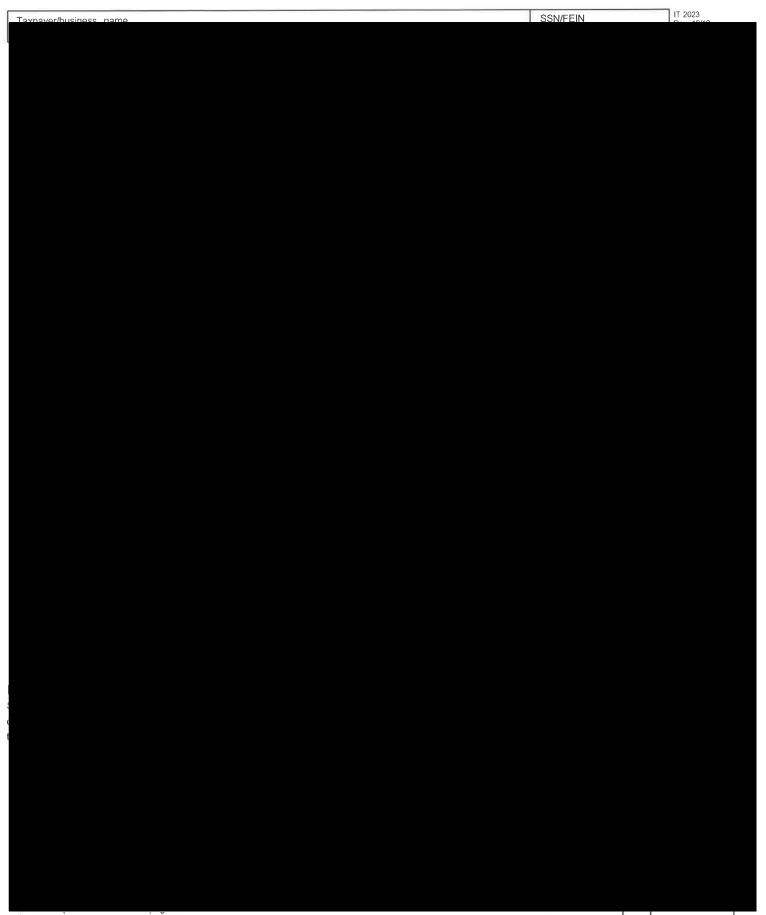




T	SSN/EFIN	IT 2023



Townsynahusings	10 DOMA	SSN/FFIN	IT 2023
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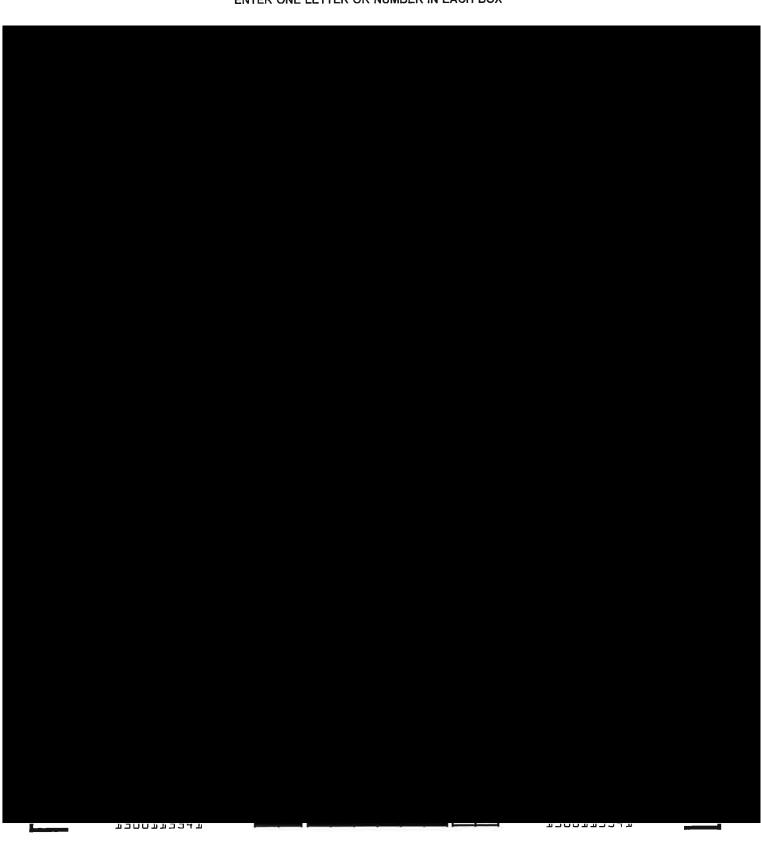
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Ohio Statements

Statement 1 - Form IT 2023 - Interest, Dividends, Capital Gain/Loss and Other Income

CLIENT COPY

PA-40 - 2013 Pennsylvania Income Tax Return ENTER ONE LETTER OR NUMBER IN EACH BOX



PA Schedule NRK-1 (05-13)

2013 Nonresident Schedule
of Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

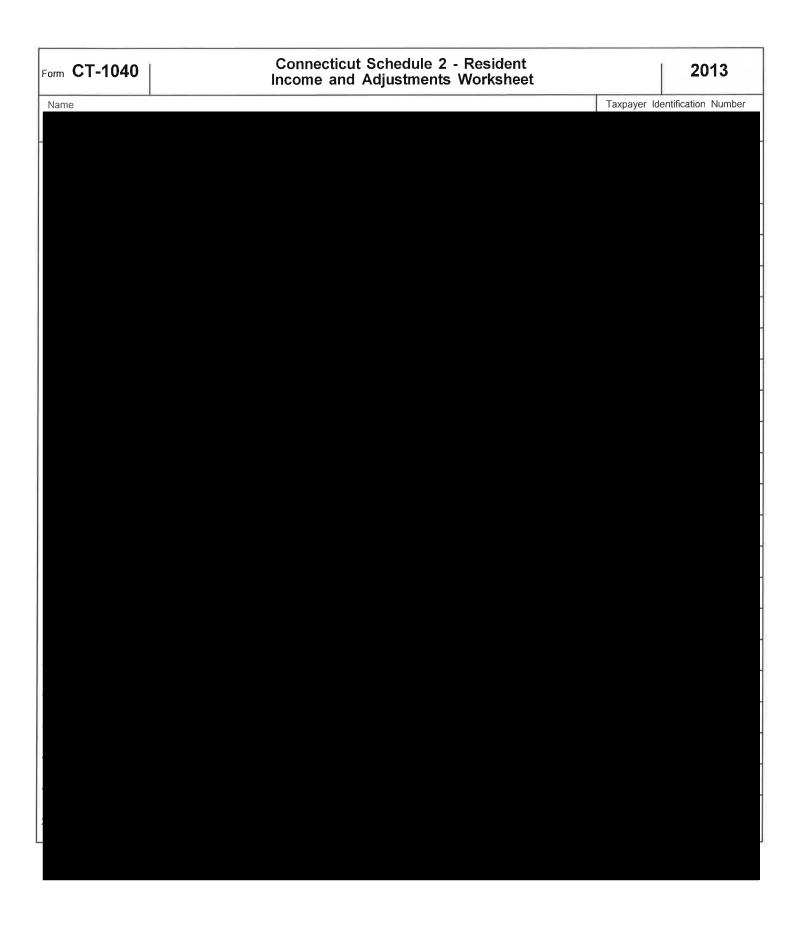
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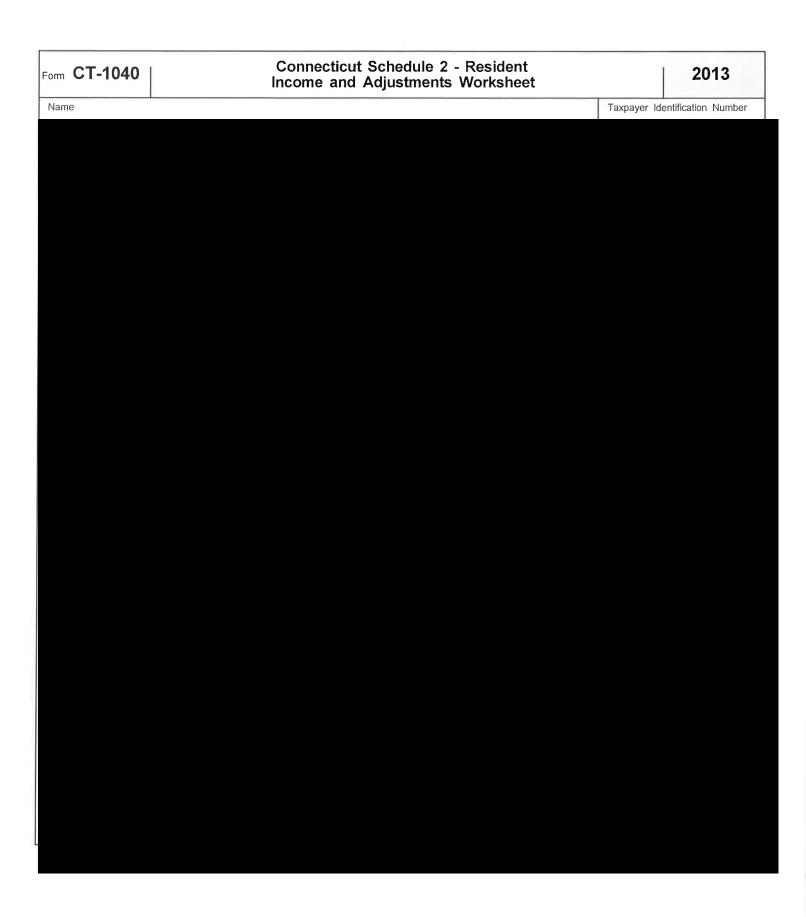
nal **N**

Connecticut Schedule 2 - Resident Form **CT-1040** 2013 Income and Adjustments Worksheet Taxpayer Identification Number Name

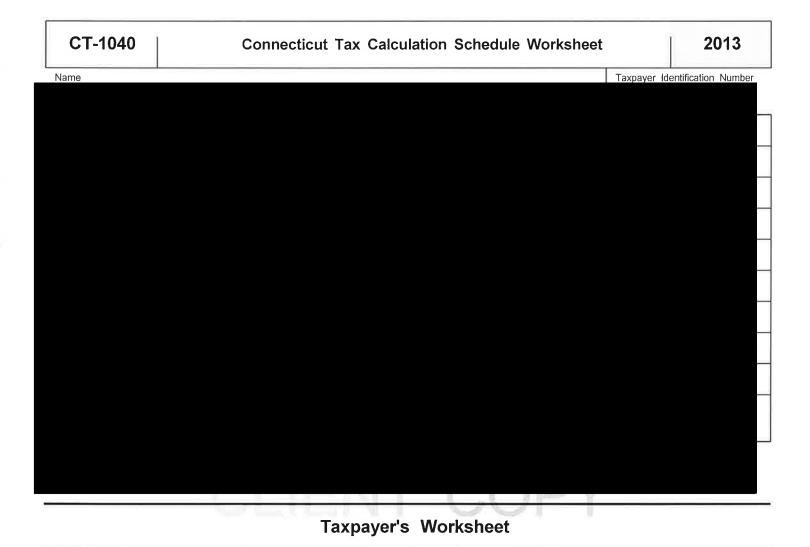
Connecticut Schedule 2 - Resident 2013 Form **CT-1040** Income and Adjustments Worksheet Name Taxpayer Identification Number



Connecticut Schedule 2 - Resident Income and Adjustments Worksheet Form CT-1040 2013 Taxpayer Identification Number Name



Connecticut Schedule 2 - Resident Income and Adjustments Worksheet Form **CT-1040** 2013 Name Taxpayer Identification Number



2012 & 2013 Form CT-1040 Connecticut Two Year Comparison Report Taxpayer Identification Number Name



Section E, Number 9: Financial Statements and Organizational Structure

Aaron Romano Tax Returns

Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.



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Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2014 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning

See separate instructions.

FOR DISCIOSURE, PRIVACY ACT, AND PAPERWORK REDUCTION ACT NOTICE, SEE SEPARATE INSTRUCTIONS, RAA This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

and filed by the applicant to establish the applicant's personal qualification for the license. Page 2 Form 1040 (2014)

www.irs.gov/form1040s document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exampling under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the

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SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

OMB No. 1545-0074

Attachment Sequence No. **07**

► Attach to Form 1040.

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

SCHEDULE B

(Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

► Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2014 Attachment Sequence No. 08

Your social security number

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041.

► Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2014

Attachment Sequence No. **13**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Your social security number

Page 2 Schedule E (Form 1040) 2014 Attachment Sequence No. 13 (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license. Form **8889**

Health Savings Accounts (HSAs)

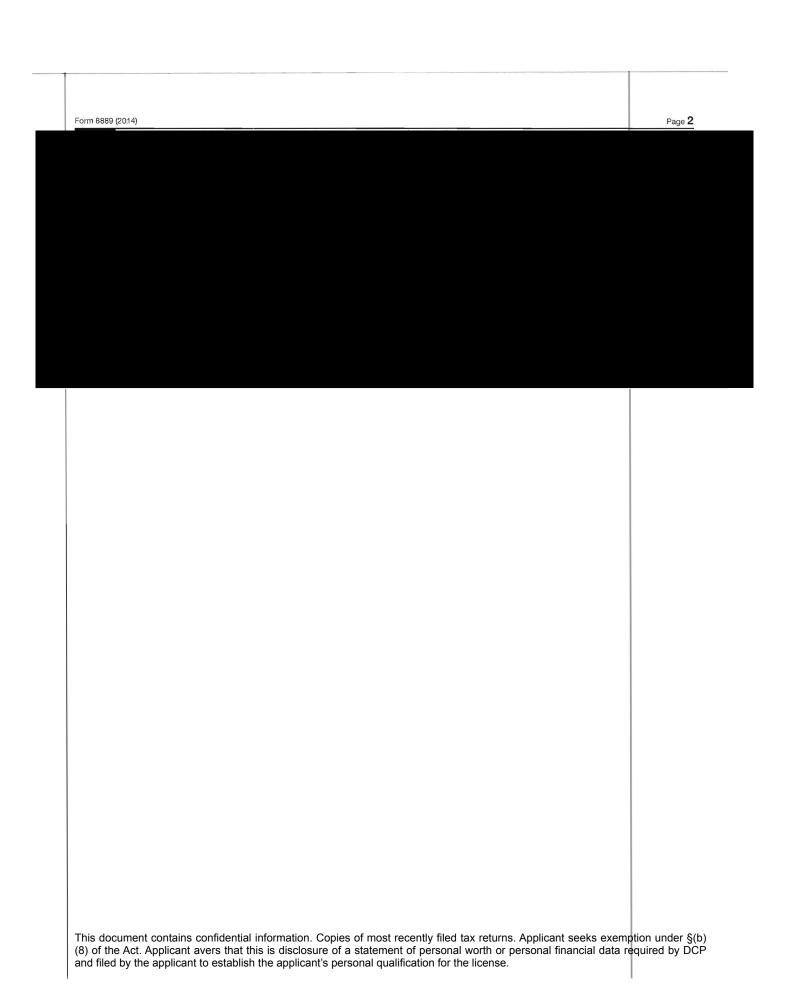
▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889. ► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014

Attachment Sequence No. **53**

Department of the Treasury Internal Revenue Service



Form **8582**

Passive Activity Loss Limitations ► See separate instructions.

► Attach to Form 1040 or Form 1041.

► Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

Identifying number

OMB No. 1545-1008

Department of the Treasury Internal Revenue Service (99)

Form 8582 (2014)					Page 2
Caution: The worksheets must be filed v	vith your tax retu	rn. Keep a copy	for your records.		
Worksheet 1-For Form 8582, Lines 1	a, 1b, and 1c (Se	ee instructions.)			
Nome of entirity	Currer	nt year	Prior years	Overall gain	or loss
Name of activity	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss

Form 8582 (2014)		_		Pag
Worksheet 6 – Allowed Losses (See Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
	instructions)			

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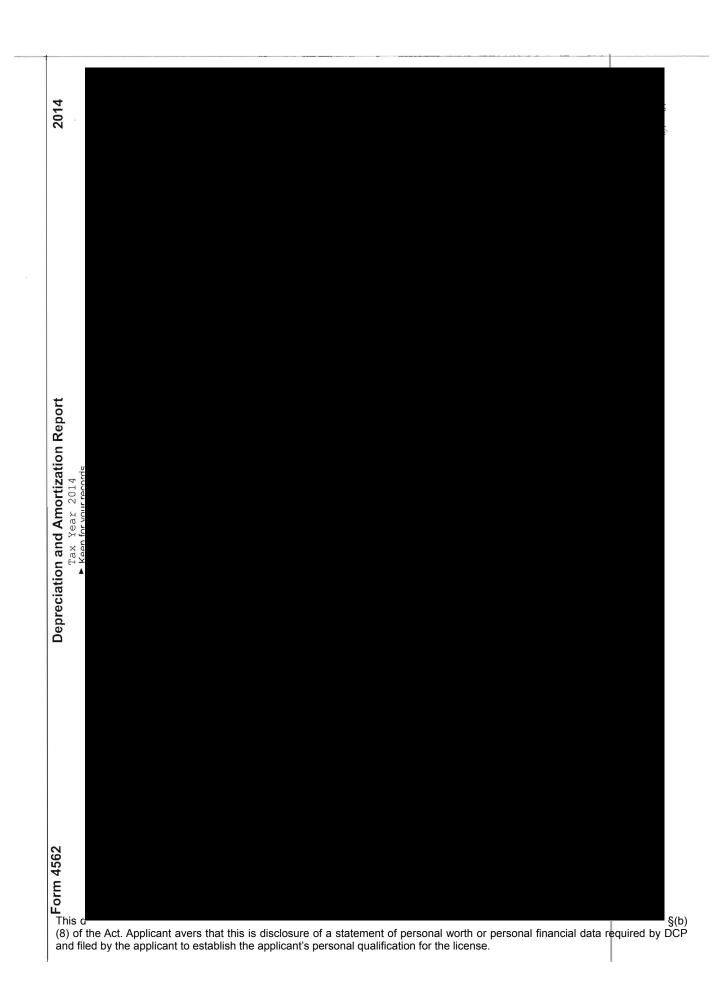
2014

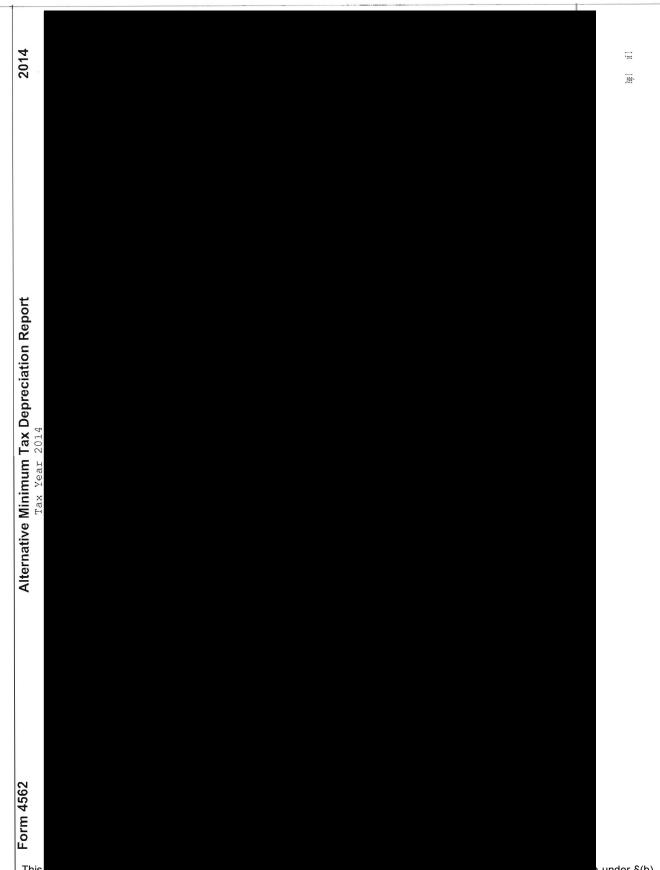
► Keep for your records

IRΔ	Contributions	Worksheet
IINA	COHUIDUHOUS	AAOLVSHEEL

2014

► Keep for your records





(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

2014

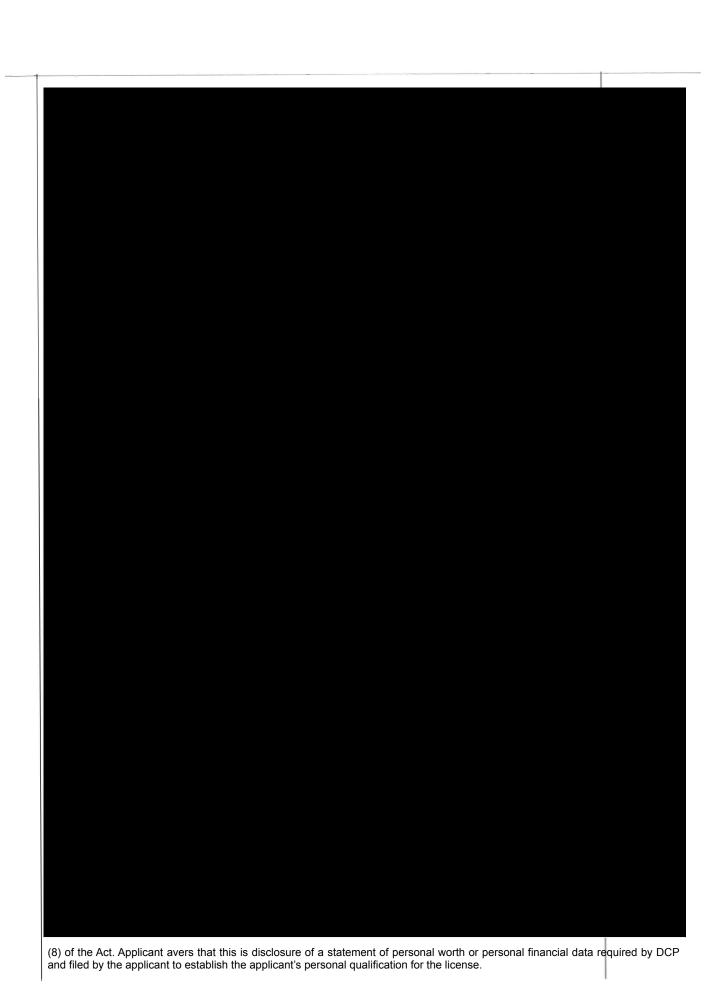
Current year effective tax rate (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

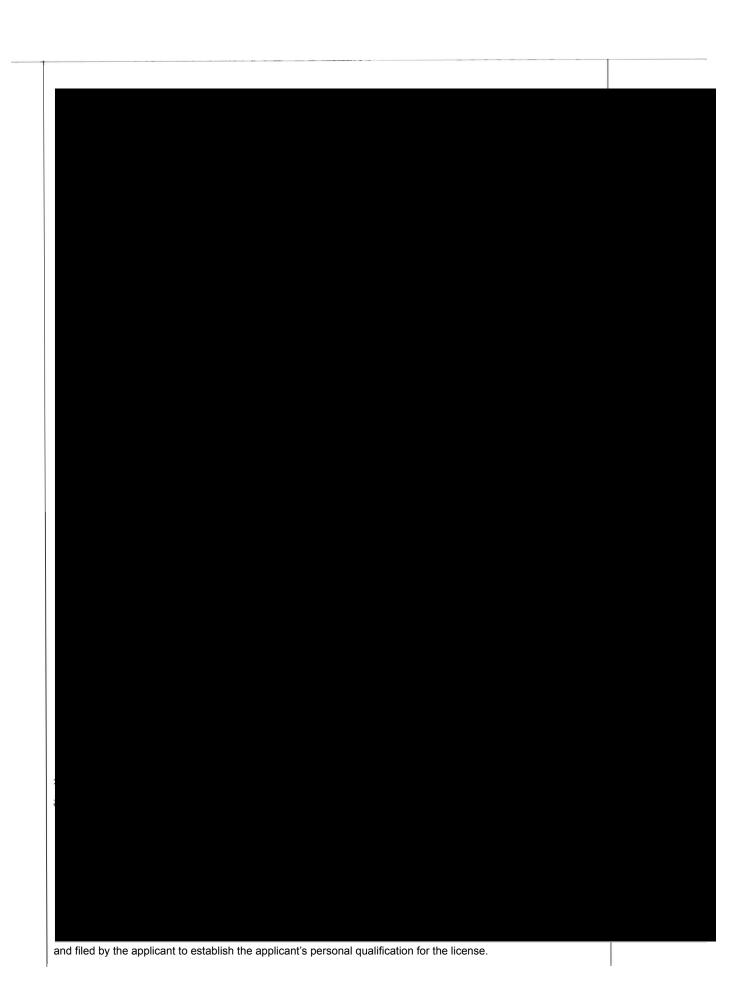
Tax Summary Report

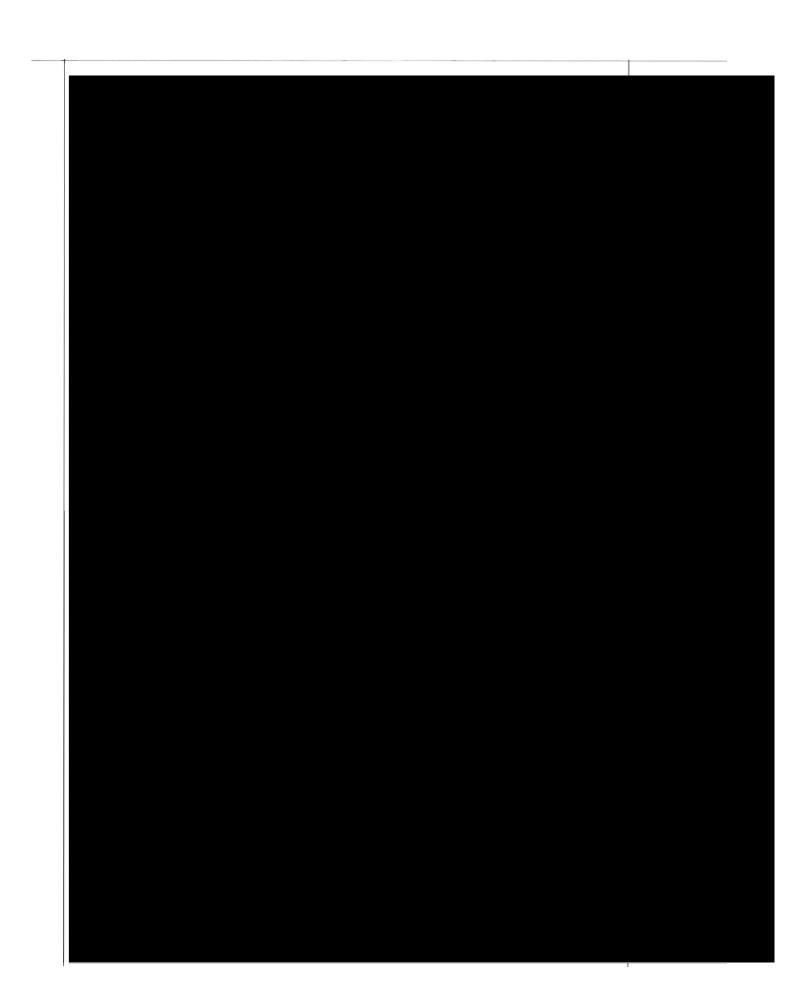
2014

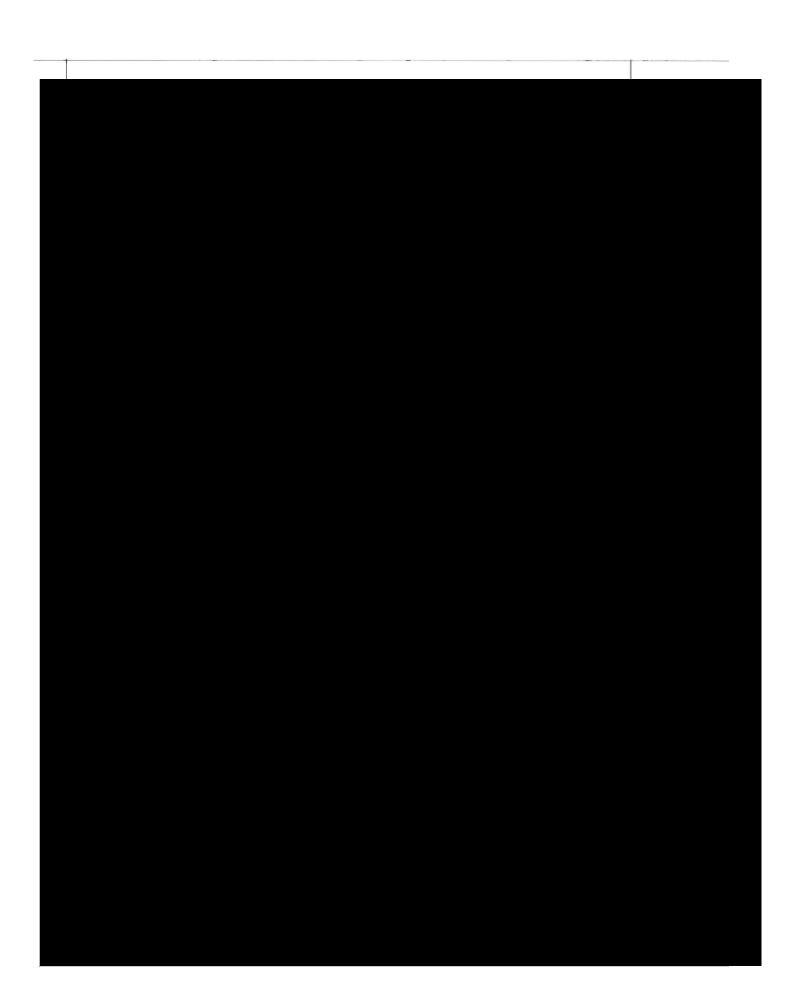
Name(s) Shown on Return

(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.









Form CT-2210 2014 Department of Revenue Services State of Connecticut Undernayment of Estimated Income Tax by Individuals Trusts and Estates



AARON J ROMANO

Schedule B Interest Calculation

See Schedule B Interest Calculation instructions, on Page 7.

Worksheet A — For period beginning after April 15, 2014, and ending on or before June 15, 2014.

and filed by the applicant to establish the applicant's personal qualification for the license.



Section E, Number 9: Financial Statements and Organizational Structure

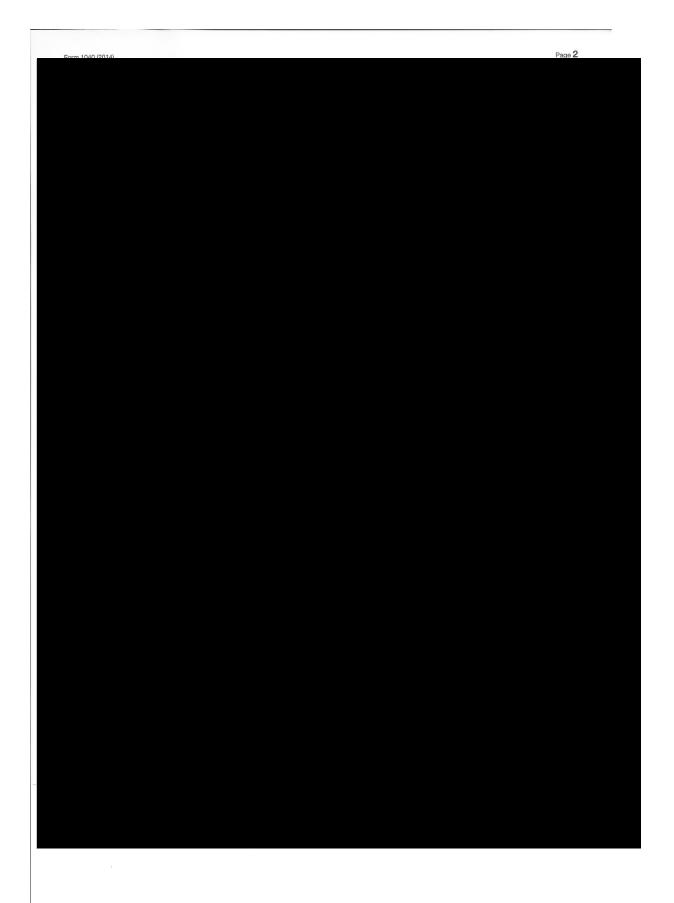
Travis Tangredi Tax Returns

Applicant seeks exemption under $\S(b)(8)$ of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

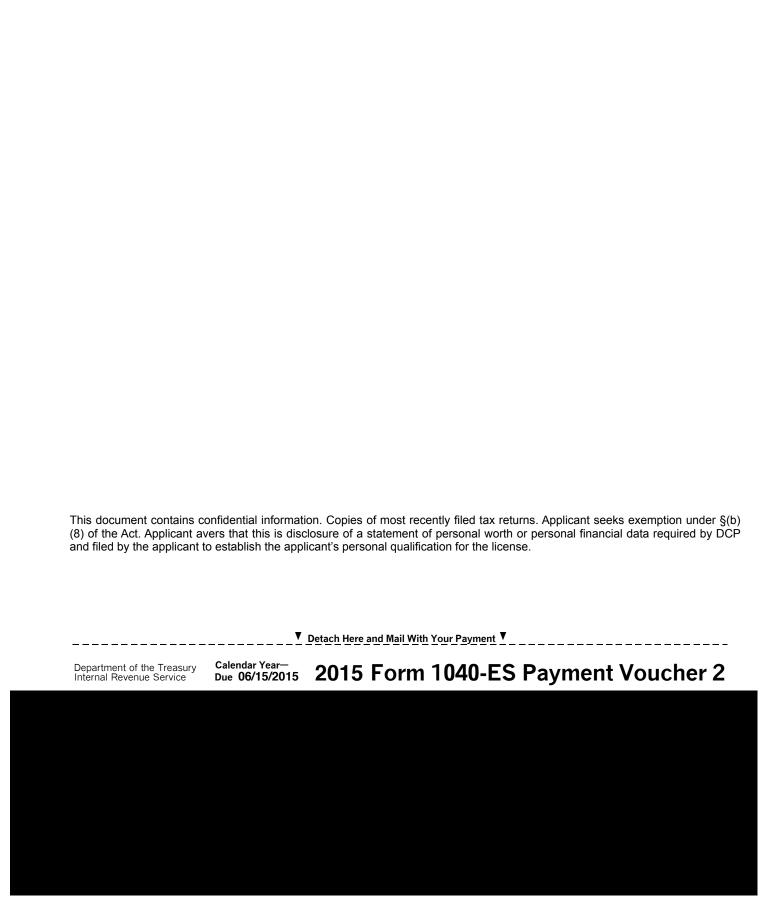
1040 Department of the Treasury-Internal Revenue Service (99) U.S. Individual Income Tax Return

See separate instructions.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning Your first name and initial Last name Tangredi Last name Travis If a joint return, spouse's first name and initial







This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(t (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCI and filed by the applicant to establish the applicant's personal qualification for the license. ▼ Detach Here and Mail With Your Payment ▼					
(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCI and filed by the applicant to establish the applicant's personal qualification for the license.					
(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCI and filed by the applicant to establish the applicant's personal qualification for the license.					
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(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCI and filed by the applicant to establish the applicant's personal qualification for the license.					
▼ Detach Here and Mail With Your Payment ▼	(8) of the Act. Applicant a	vers that this is disclosure of a state	ement of personal worth or per	Applicant seeks exemption under rsonal financial data required by	· §(b
▼ Detach Here and Mail With Your Payment ▼					



IF you live in	THEN use this address to send in your payment
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New York, Pennsylvania, Rhode Island, Vermont, West Virginia	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b) (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

		Form 1040-V (2014)
▼	Detach Here and Mail With Your Payment and Return	▼

Department of the Treasury Internal Revenue Service

2014

(99)

Form 1040-V Payment Voucher

9465

(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

▶ Information about Form 9465 and its separate instructions is at www.irs.gov/form9465.
 ▶ If you are filing this form with your tax return, attach it to the front of the return.
 ▶ See separate instructions.

OMB No. 1545-0074

Tip: If you owe \$50,000 or less, you may be able to establish an installment agreement online, even if you have not yet received a bill for your taxes. Go to IRS.gov to apply to pay online. **Caution:** *Do not file this form if you are currently making payments on an installment agreement or can pay your balance in full within 120 days. Instead, call 1-800-829-1040. Do not file if your business is still operating and owes employment or unemployment taxes. Instead, call the telephone number on your most recent notice. If you are in bankruptcy or we have accepted your offer-in-compromise*, see **Bankruptcy or offer-in-compromise**, in the instructions.

Pa	rt I		
This r	equest is for Form(s) (for example, Form 1040 or Form 941)	FORM 1040 and for tax year(s) (for example, 2012 and 2013)	2014
1:	Your first name and initial	Last name	
	Travis	Tangredi	
	If a joint return, spouse's first name and initial	Last name	

Form 9465 (Rev. 12-2013) Page 2 Additional information. Complete this part only if you have defaulted on an installment agreement within the Part II

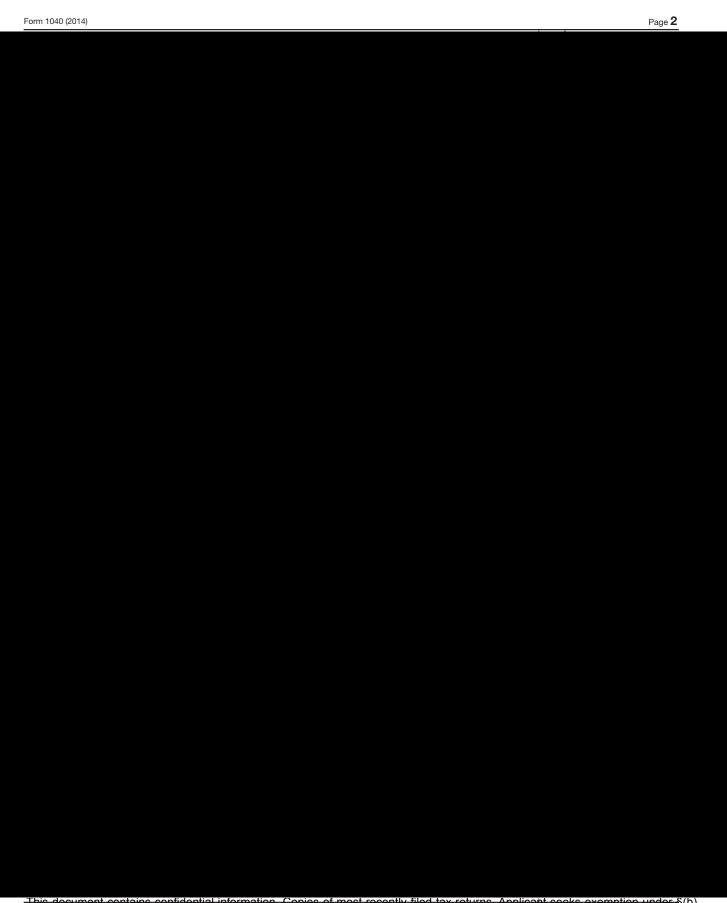
Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning

, 2014, ending

See separate instructions.



This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under \$(b) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal manufactured by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

SCHEDULE A (Form 1040)

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

2014

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Department of the Treasury Internal Revenue Service (99)

Your social security number

(୫) ତିମ୍ୟାଙ୍କ ନର୍ପ: Papprican ବର୍ଷ ଅଟେ ଓ କେ ଅନ୍ତର୍ଗ ଓ ଅଟେ

Department of the Treasury Internal Revenue Service (99)

Employee Business Expenses

► Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

OMB No. 1545-0074

Attachment Sequence No. 129

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014

Attachment
Sequence No. 179

Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Identifying number

Form 4562 (2014) Page **2**

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

This document contains confidential information. Copies of roof the statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Special Depreciation Allowance Elections under IRC Section 168(k)(2)(D)(iii), IRC Section 168(l)(3)(D), and IRC Section 168(n)(2)(B)(v)

► Attach to your income tax return



This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b) (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

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CT-1040ES Estimated Connecticut Income Tax Payment		2015	
Your Social Security Number	Spouse's Social Security Number	Due date	

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Department of Revenue Services State of Connecticut

CT-1040V

(Rev. 12/14)

2014 Connecticut Electronic Filing Payment Voucher

Complete this form in blue or black ink only.

Purpose: Complete **CT-1040V** if you filed your Connecticut income tax return electronically and **elect to make payment by check**. You must pay the total amount of tax due on or before April 15, 2015. Any unpaid balance will be subject to penalty and interest.

Pay by Mail: Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to the correct account, write "2014 CT-1040V e-file" and your Social Security Number (SSN), optional, on the front of the check. Sign the check and clip it to the front of the voucher. Do not send cash. The Department of Revenue Services (DRS) may submit the check to your bank electronically. Return the voucher below with your payment.

Mail to: Department of Revenue Services

State of Connecticut

PO Box 2921

Hartford, CT 06104-2921

Do not submit a paper copy of your Connecticut income tax return with this voucher.

Other Payment Options

- A. Pay Electronically: Visit www.ct.gov/TSC to use the Taxpayer Service Center (TSC) to make a direct tax payment. After logging into the TSC, select the Make Payment Only option. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically, you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.
- **B.** Pay by Credit Card or Debit Card: You may elect to pay your 2014 tax liability using a credit card (American Express®, Discover®, MasterCard®, VISA®) or comparable debit card. A convenience fee will be charged by the service provider. You will be informed of the amount of the fee and may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

There are three ways to pay by credit card or comparable debit card:

- Log in to your account in the TSC and select Make Payment by Credit Card;
- Visit www.officialpayments.com and select State Payments; or
- Call Official Payments Corporation toll-free at 800-2PAY-TAX (800-272-9829) and follow the instructions. You
 will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.

Department of Revenue Services

Separate here and mail voucher to DRS. Make a copy for your records.

CT-1040V CT-1040V

Department of Revenue Services
State of Connecticut

CT-1040V

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

- 1. Be sure that Page 1 of your return is not printed on the back of this sheet.
- 2. Verify that the address lines on the return are correct and proper abbreviations are used.
- 3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
- Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the
 processing of your return.
- 5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
- 8. Do not attach or send copies of forms W-2 or 1099.
- 9. Send **all** completed pages of CT-1040, Schedule CT-EITC, and Schedule CT-CHET. Send **all** four pages of your completed return, both pages of your completed CT EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
- 10. Make check payable to: Commissioner of Revenue Services
- 11. To ensure proper posting, write your SSN(s) (optional) and "2014 Form CT-1040" on your check.
- 12. To mail your return, use the following addresses:

For all tax returns with payment:

Department of Revenue Services PO Box 2935 Hartford CT 06104-2935

For refunds and tax returns without payment:

Department of Revenue Services

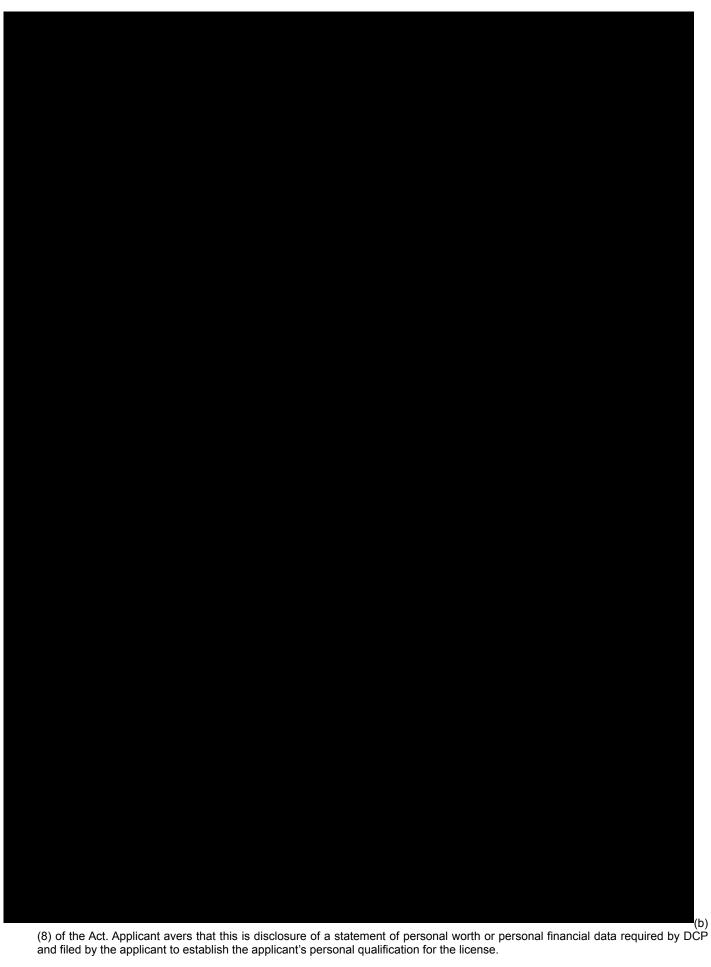
PO Box 5002

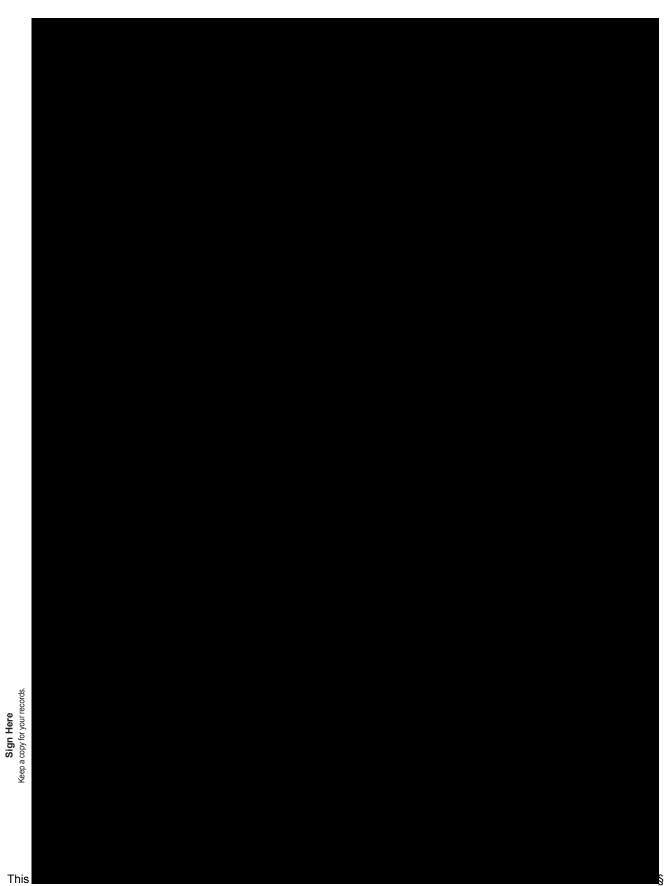
Hartford CT 06102-5002

- 13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
- 14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.

Do not send this sheet with your return.

Travis Tangredi





This (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.





CT WITHHOLDING EXEMPTIONS

2 8

103689.16

REGULAR WAGES FOR 2014

For 2014, you have no payroll adjustments which affected your federal wages (Box 1) or state wages. Therefore, the wages on your final 2014 check statement should be the same as the wages reported on your W-2 statement.

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

PAYROLLS BY PAYCHEX®

Copy C, for employees records

EMPLOYEE W-2 WAGE SUMMARY 2013 For 2013, you have no payroll adjustments which affected your federal wages (Box 1) or state wages. Therefore, the wages on your final 2013 check statement should be the same as the wages reported on your W-2 statement. ent contains confidential information. Copies of most recently filed tax returns. eks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a personal worth or personal financial data required by DCP and filed by the applicant he applicant's personal qualification for the license.

PAYROLLS BY **PAYCHEX**®

Copy C, for employees records

Form W-2 Wage and Tax Statement 2013



Section E, Number 9: Financial Statements and Organizational Structure

Michaele Zappone Tax Returns

Applicant seeks exemption under $\S(b)(8)$ of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Department of the Treasury Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

Information about Form 4868 and its instructions is available at www.irs.gov/form4868.

OMB No. 1545-0074

2014

(on bottom of page)

This document contains confidential information. Copies of most recently filed tax returns. Applicant seeks exemption under §(b) (8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Mail To: Department of the Treasury Internal Revenue Service P.O. BOX 37009 HARTFORD, CT 06176-7009

_ CUT HERE

Form **4868**

Department of the Treasury

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

OMB No. 1545-0074

2014

1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

2013

OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

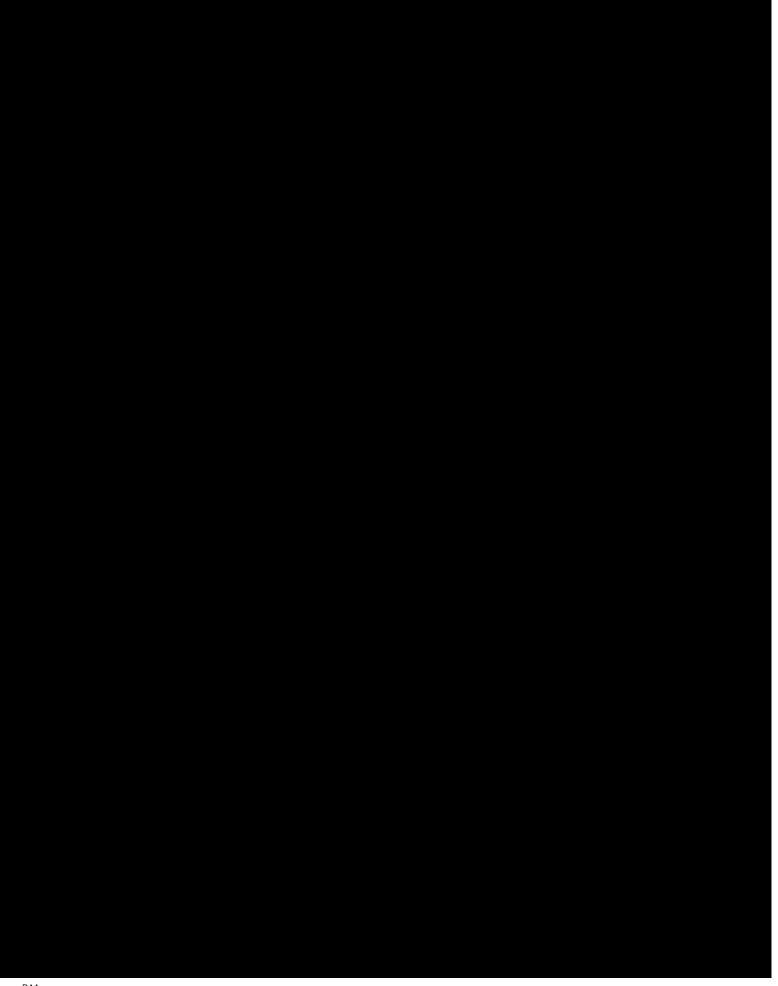
For the year Jan. 1–Dec. 31, 2013, or other tax year beginning

, 2013, ending

, 20

See separate instructions.

Form



SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service **Itemized Deductions**

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

OMB No. 1545-0074

Attachment Sequence No.

07

DAA	Applicant	seeks	exemption under	§(b)(8) of the Act.	Applicant avers that this is disclosure of a statement of personal

SCHEDULE B

(Form 1040A or 1040)

Department of the Treasury Internal Revenue Service (99)

Interest and Ordinary Dividends

► Attach to Form 1040A or 1040.

▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

Attachment Sequence No. **08**

DAA

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.

OMB No. 1545-0074

Attachment Sequence No.

09

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

SCHEDULE D (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

Attachment Sequence No. 12

Part III Summary

Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

Attachment Sequence No. 13

Name(s) shown on return Your social security number

se

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

Attachment Sequence No. 13

Name(s) shown on return

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service

(99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074 **2013**

Attachment Sequence No. 13

Name(s) shown on return

Schedule E (Form 1040) 2013

Attachment Sequence No. 13

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

Page 2

Name of person with **self-employment** income (as shown on Form 1040)

Social security number of person

SCHEDULE SE (Form 1040)

Department of the Treasury Internal Revenue Service

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074 **2013**

Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)	Social security number of person	

(99)

Department of the Treasury Internal Revenue Service

Alternative Minimum Tax—Individuals

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Attachment Sequence No.

32

DAA

Department of the Treasury Internal Revenue Service

(99)

Investment Interest Expense Deduction

► Information about Form 4952 and its instructions is at www.irs.gov/form4952.

► Attach to your tax return.

OMB No. 1545-0191

2013

Attachment Sequence No. 51

Name(s) shown on return Identifying number

Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Department of the Treasury Internal Revenue Service

(99)

ALT. MIN. TAX
Investment Interest Expense Deduction

Information about Form 4952 and its instructions is at www.irs.gov/form4952.

► Attach to your tax return.

OMB No. 1545-0191

2013

Attachment Sequence No. 51

Name(s) shown on return

Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal

qualification for the license.

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.

► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

OMB No. 1545-0074

Attachment Sequence No. **7**

Name(s) shown on Form 1040

Your social security number

Form **8582**

Department of the Treasury Internal Revenue Service

Passive Activity Loss Limitations

► See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

Attachment Sequence No.

88

(99) Identifying number Name(s) shown on return

Page 2

Caution: The worksheets must be filed with your tax return. Keep a copy for your records. Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
nume or donvicy	(a) Net income	(b) Net loss	(c) Unallowed	(d) Gain	(e) Loss

Page 3

Worksheet 6—Allowed Lo	osses (See instructions.)				
	of activity	Form or schedule and line number to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss

Applicant seeks exemption under §(b)(8) of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Form **8582**

Department of the Treasury Internal Revenue Service

(99)

AMT VERSION **Passive Activity Loss Limitations**

► See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

Attachment Sequence No.

88

Identifying number Name(s) shown on return

AMT VERSION

	Page	2
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Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Current year Prior years Overall gain or loss

Name of activity

AMT VERSION

Page 3 Worksheet 6—Allowed Losses (See instructions.) Form or schedule Name of activity and line number (a) Loss (b) Unallowed loss (c) Allowed loss to be reported on

Applicant seeks exemption under $\S(b)(8)$ of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.

Form **4562**

Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization

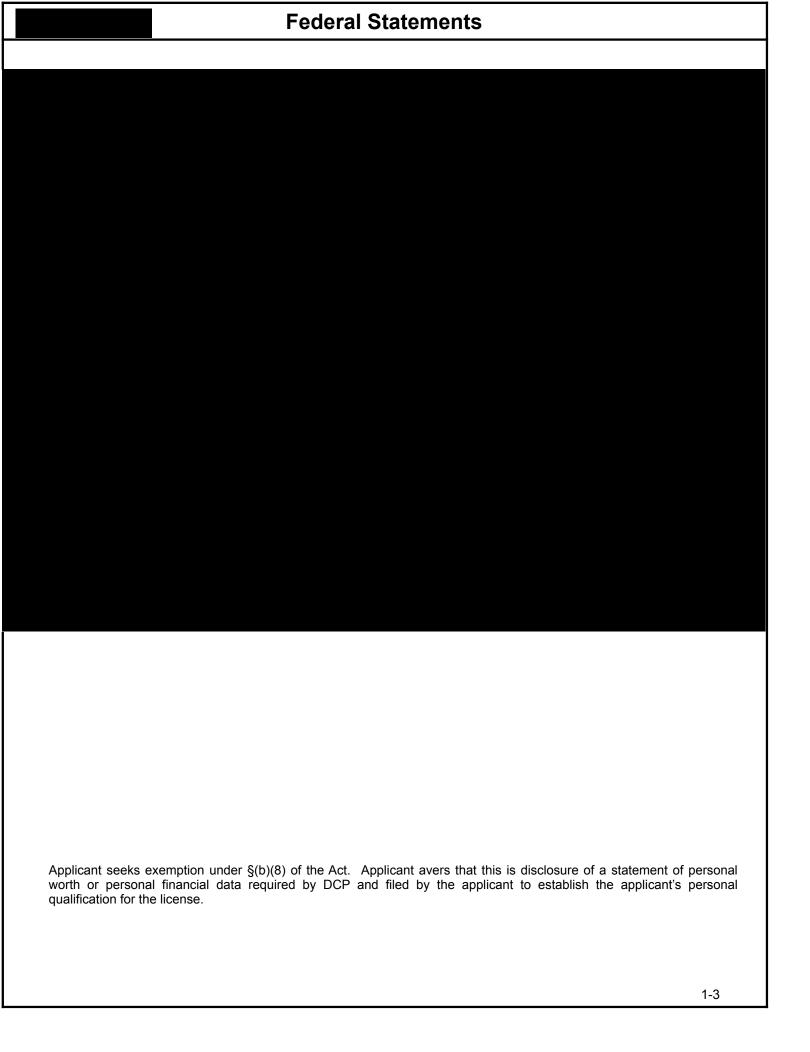
(Including Information on Listed Property)

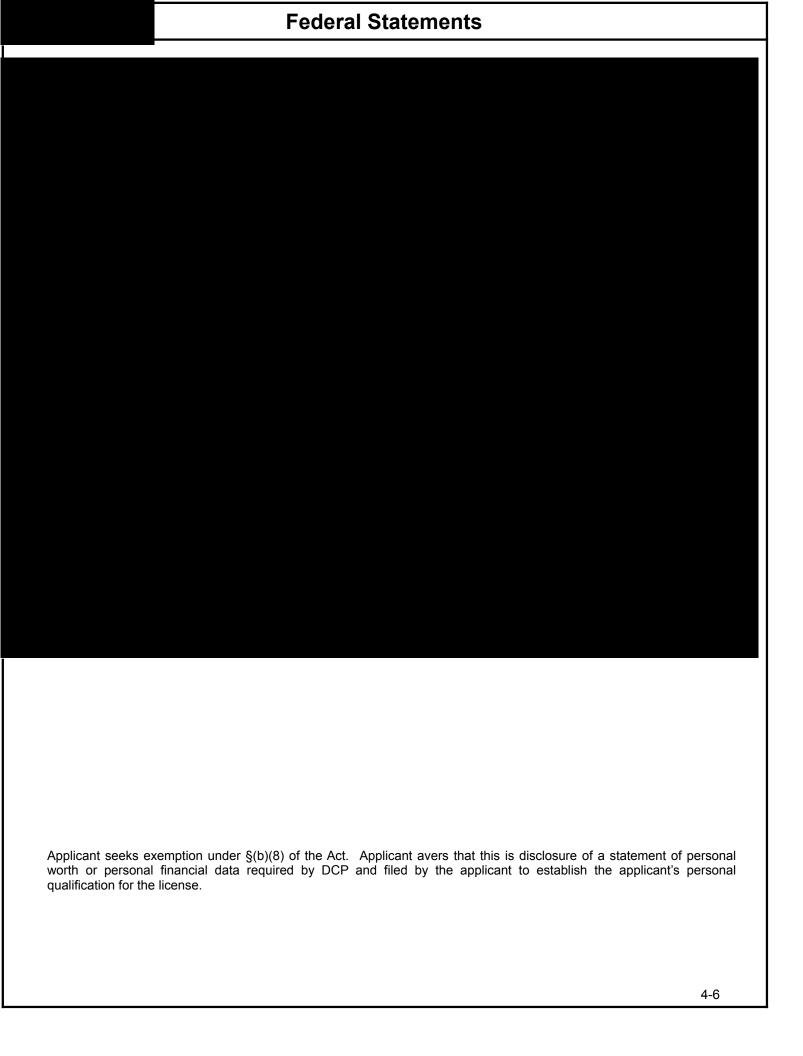
► See separate instructions.

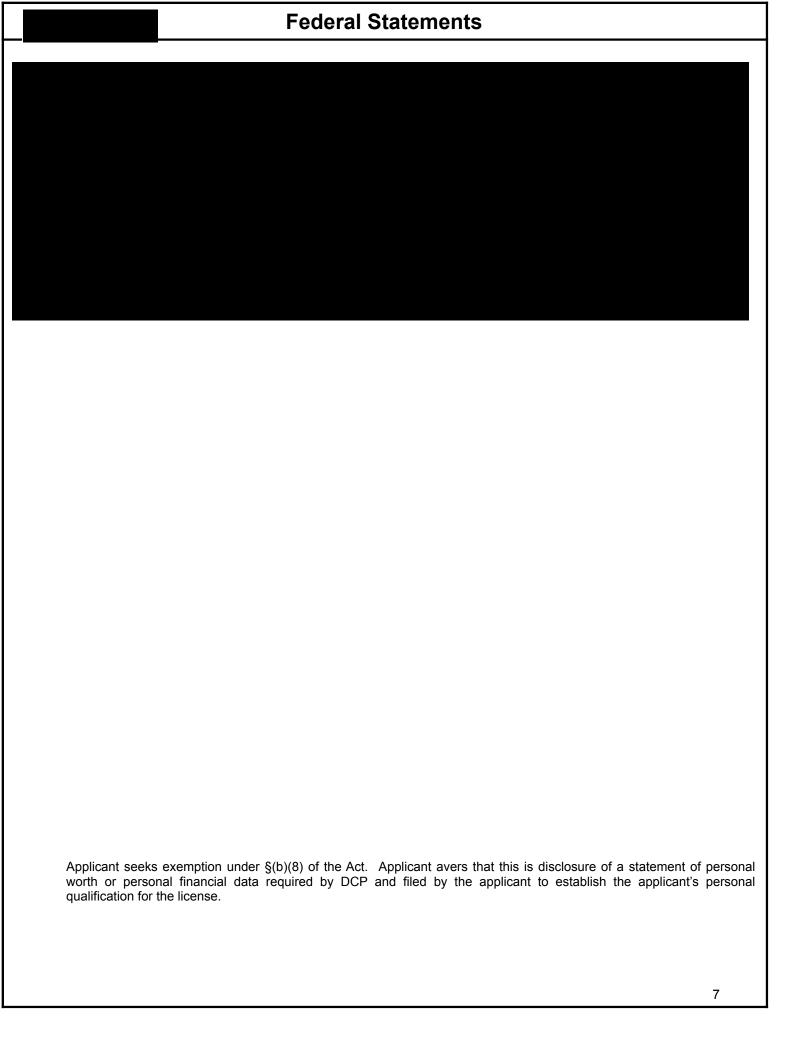
► Attach to your tax return.

OMB No. 1545-0172

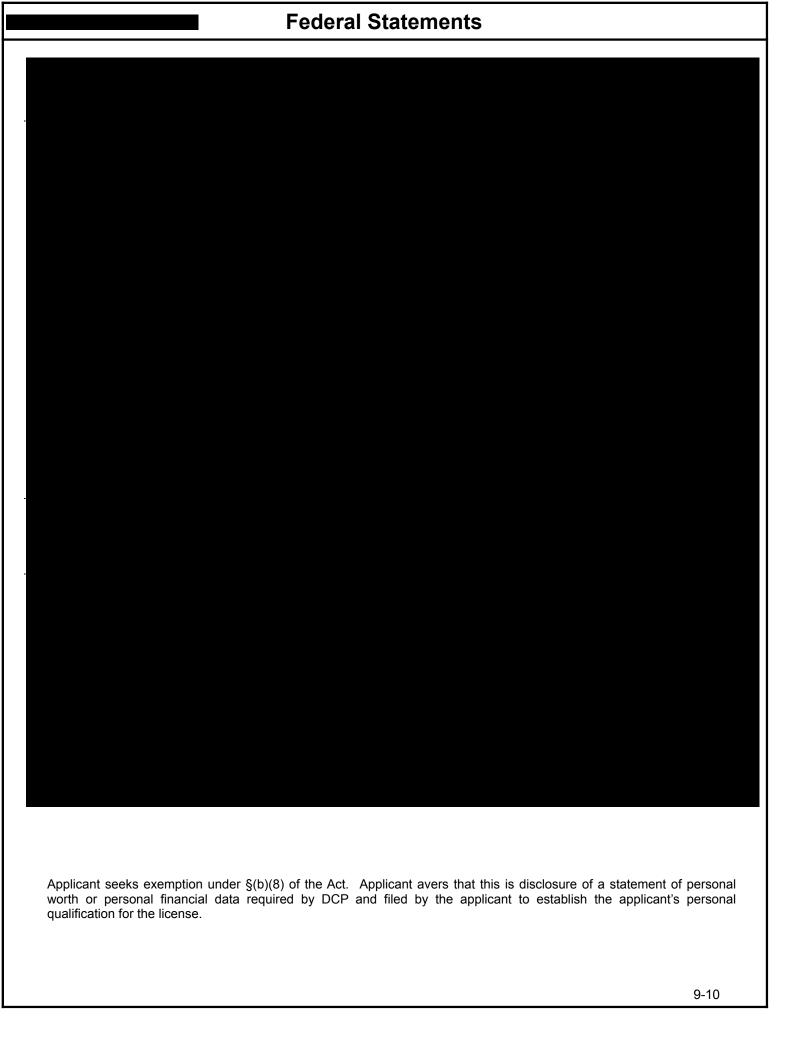
Attachment Sequence No. 179

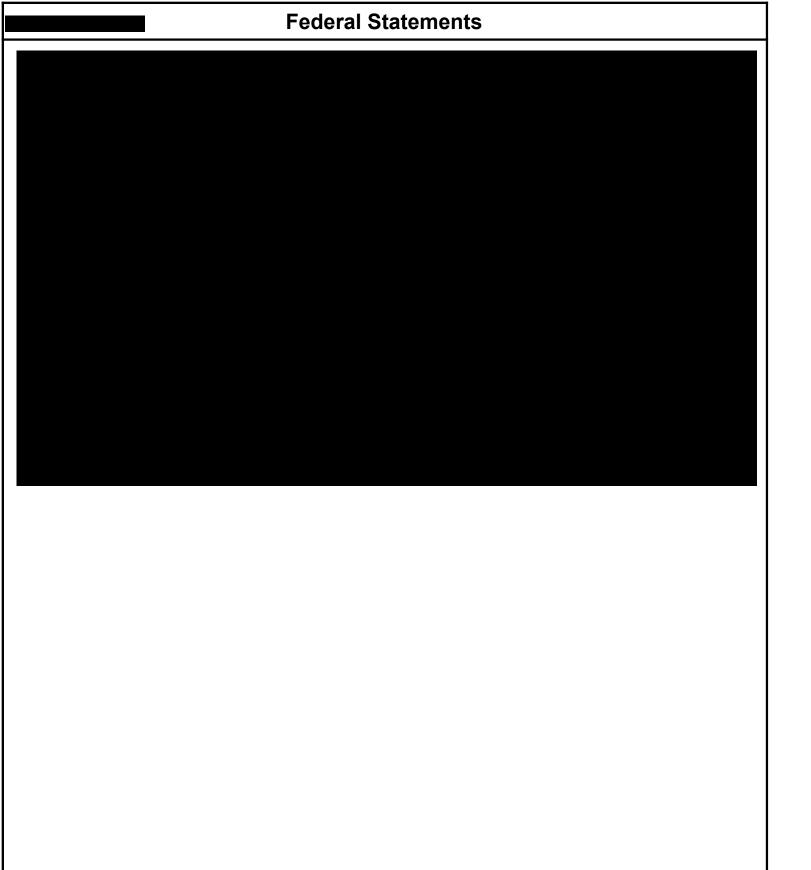




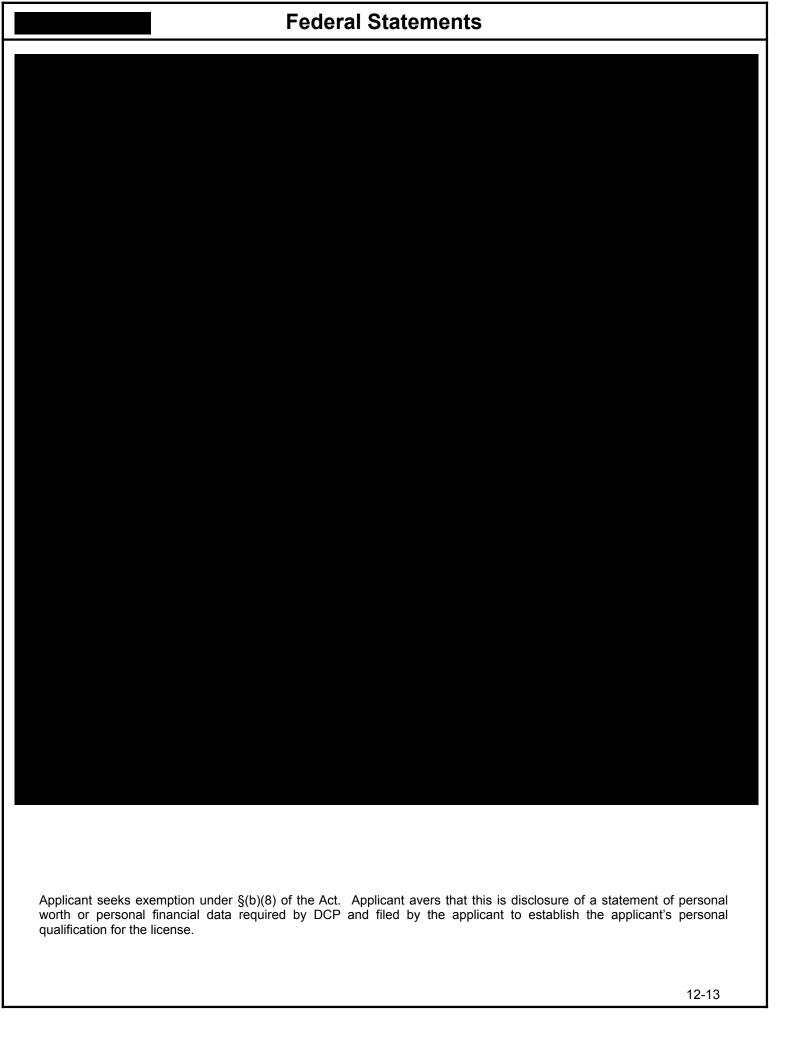


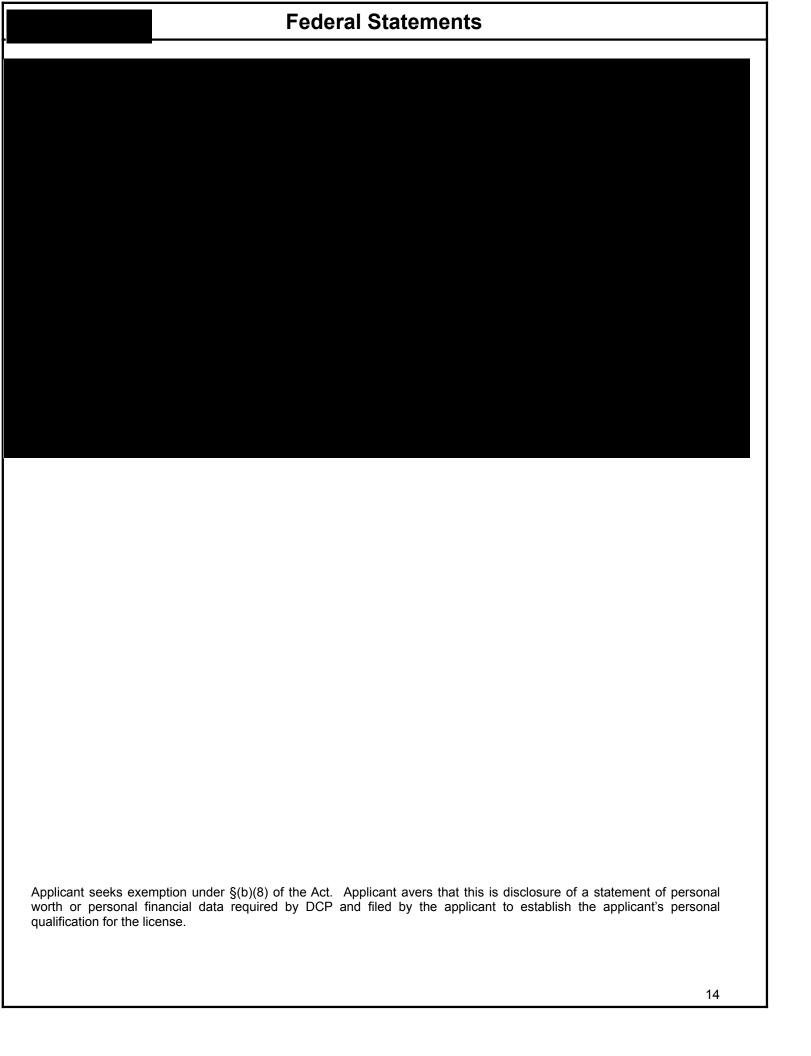
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			Nonpass Income	∞	
			Sec 179 Deduct		
			Nonpass Loss		
	Line 28		Passive Income		
atements	8 - Schedule E, Page 2, Line 28		Passive Loss		
Federal Statements	nt 8 - Schedu		Not at Risk		
	Statement		EIN		
			P For S Ptr		
		Name			





Applicant seeks exemption under $\S(b)(8)$ of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.





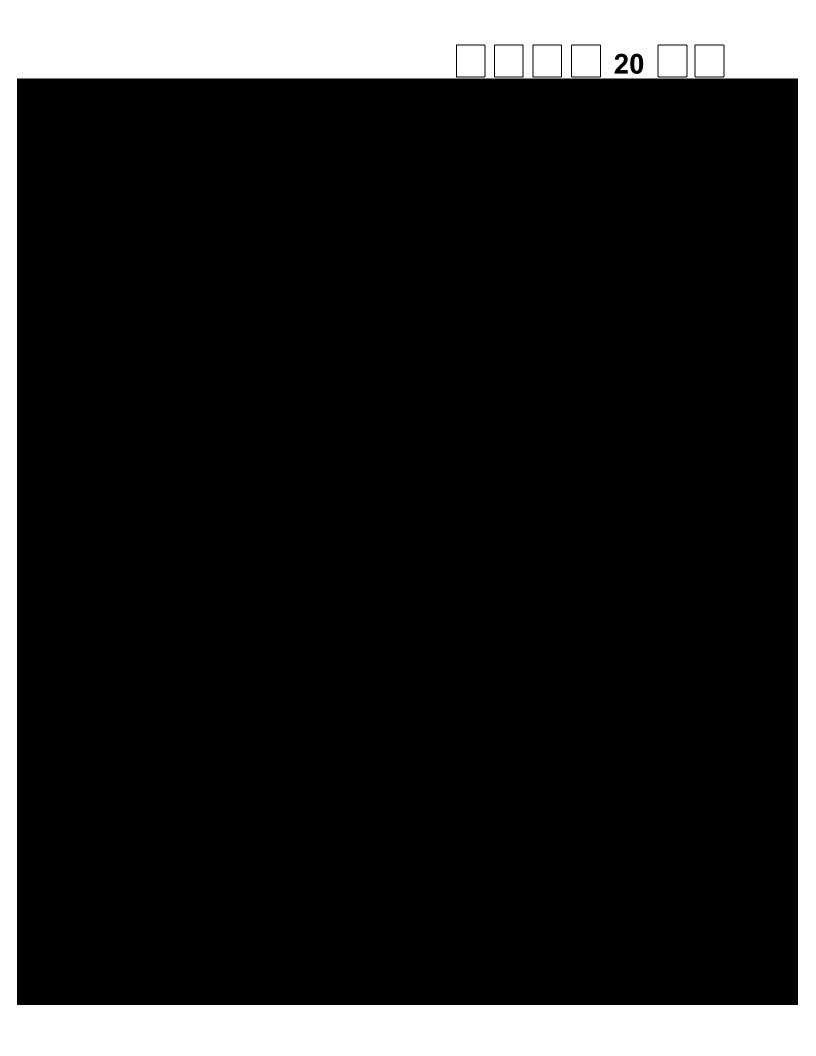
Filing Instructions

Form CT-1040 - Connecticut Resident Income Tax Return

Taxable Year Ended December 31, 2013

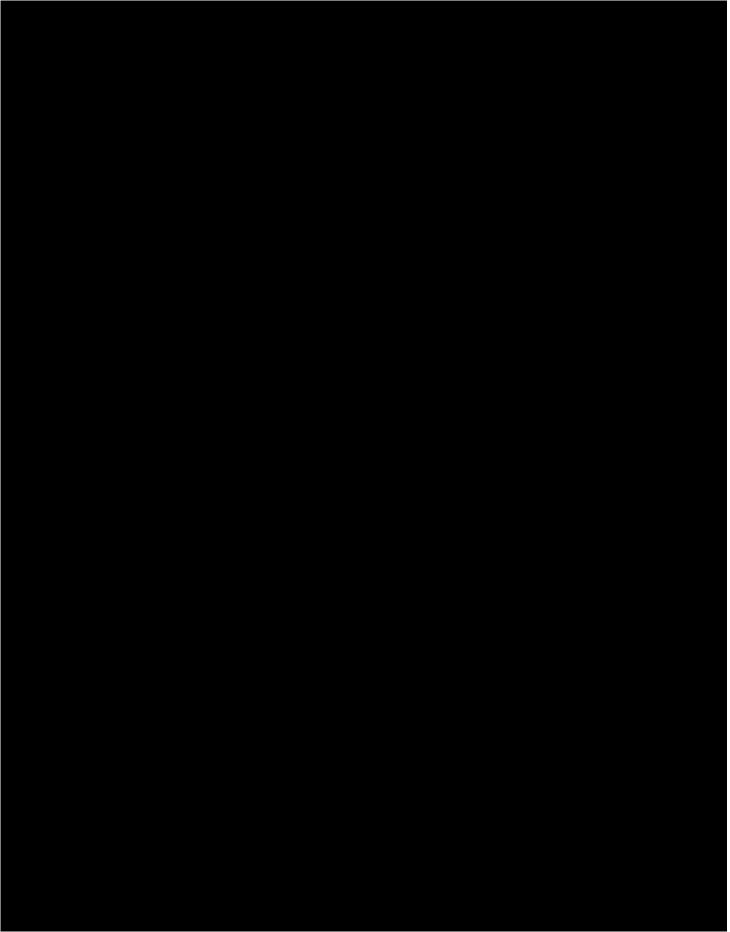
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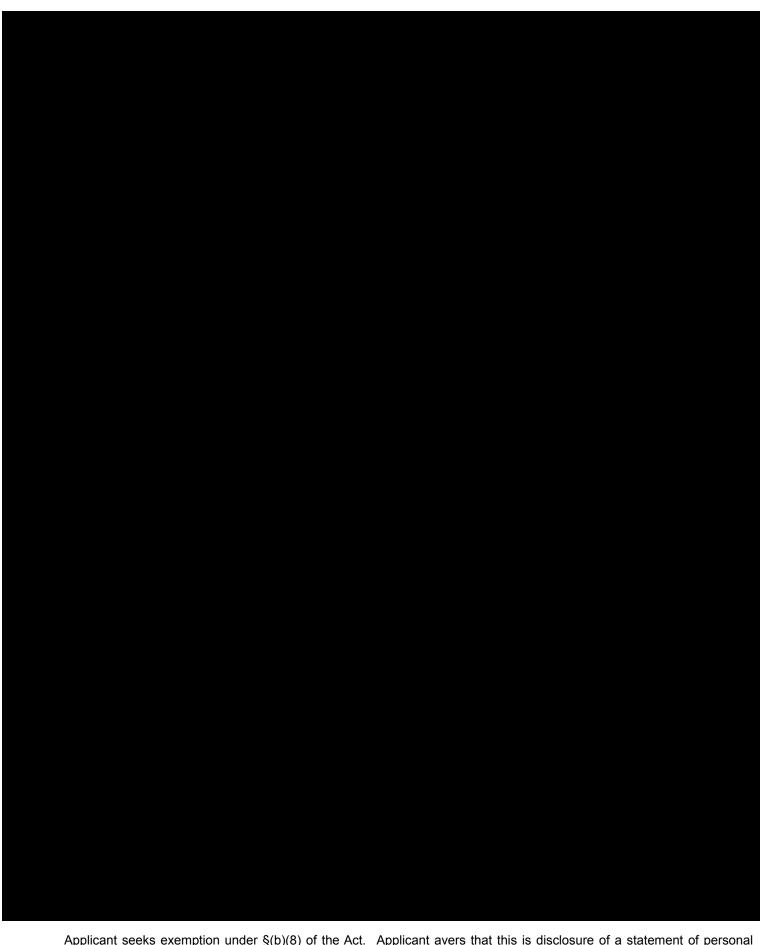
Applicant seeks exemption under $\S(b)(8)$ of the Act. Applicant avers that this is disclosure of a statement of personal worth or personal financial data required by DCP and filed by the applicant to establish the applicant's personal qualification for the license.













Bonus Plans



Section F, Number 1

Describe any plans you have to provide a safe, healthy and economically beneficial working environment for your employees, including, but not limited to, your plans regarding workplace safety and environmental standards, codes of conduct, healthcare benefits, educational benefits, retirement benefits, and wage standards.

Better Healing is committed to providing its employees with a safe and positive working environment. We firmly believe that each employee contributes directly to the success of the team, and recognize that we must take care of our employees in order for them to provide the best service to our patients.

Our policies, in support of our employees are discussed here in brief, and have been partially covered in the previous section discussing education (See Section C, Number 7), which discusses workplace safety, environmental standards, and codes of conduct.

We have also issued an employee handbook which details:

- 1. The expectations of the employer-employee relationship;
- 2. Employment policies on security and safety;
- 3. Standards of conduct;
- 4. Compensation policies;
- 5. Vacation policies;
- 6. Expense reimbursements; and
- 7. Our open communication policy.

This employee handbook is attached as an appendix to the application.

Compliance

Better Healing's policies will comply in full with all Occupational Safety & Health Administration (OSHA) regulations, Chapter 420f of the Connecticut General Statutes and Sec. 21a-408-1 to Sec. 21a-408-70 of the Regulations of Connecticut State Agencies.



Codes of Conduct

Better Healing prioritizes the care of our patients. As we train our employees and enter partnerships with independent contractors or third-party vendors, we will ensure that we align on the following commitments:

- Helping thousands of patients achieve better quality of life through affordable, quality medical marijuana.
- Operating in full compliance with the law and the highest professional standards.
- Fostering an atmosphere of safety, privacy, convenience, and comfort.

Better Healing commits to the highest ethical standards in conducting business. Our employees will be trained to make the appropriate professional decisions consistent with Better Healing's promulgated principles and standards.

Equal Employment Opportunity

Better Healing is committed to creating equal employment and advancement opportunities for all individuals persons, regardless of age, gender, race, sexual preference, color or national origin. Employment decisions will be based on business considerations and/or employee merit, qualifications, and abilities. We will comply with the Equal Employment Opportunity Plan (EEOP) from the U.S. Department of Justice Office of Justice Programs as well as all applicable federal, state and local laws governing nondiscrimination in employment.

Better Healing is proud to be part minority-owned and strives to create a diverse workforce within its ranks. Our Advisory Board and staff includes the following underrepresented groups:

- Dr. Kelly Johnson-Arbor (Advisory Board: Medical/Toxicology) African-American female.
- Jessica Auciello (Facility Manager) female.
- Dr. Jeffrey Dugan (Advisory Board: Director of Patient Advocacy) senior citizen.
- John Ellis (Owner/Advisory Board: Director of Community Benefits) senior citizen.
- Dr. Corey Jaquez (Advisory Board: Physician and Patient Advocate) Hispanic.
- Aaron J. Romano, Esq. (Owner, Advisory Board: Legal Counsel) Hispanic.



- Amanda Williams (Pharmacy Technician) African-American female.
- Ronald Young (Advisory Board: Director of Security) African-American.
- Michaele Zappone (Owner) female.

We commit to expanding our employment of underrepresented groups in the years to come.

Benefits

Our goal at Better Healing is to maintain high employee retention. We offer generous compensation and benefit packages, greater than the industry standard (as specified by the mean researched salary). This will be commensurate with the higher quality products and services that will be offered at Better Healing. At Better Healing we foster a team approach so each employee feels personally responsible for the well being of our patients. We encourage our employees to participate in our community benefits program that will include participation in charity events with our partners.

In contrast to traditional "merit-based" salary-incentive programs, our program will reward our employees for the commitment and dedication that they demonstrate to the community at large. After each year of employment, all employees and staff members will be reviewed. Salary increases will be awarded according to the following conditions:

Assuming that the employee in review has no negative reports or incidents on his or her record, a raise of 2% will automatically be awarded.

If, during the 365-day period between hiring and review; or between year-to-year reviews, the employee has completed 75 hours of volunteer or community outreach he or she will receive a bonus 2% raise. If the employee has no negative reports or incidents on his or her record, the employee will receive an additional 2% raise for a maximum 4% total annual raise.

If, during the 365-day period between hiring and review; or between year-to-year reviews, the employee has completed 150 hours of volunteer or community outreach he or she will receive a bonus 3% raise. If the employee has no negative reports or incidents on his or her record, the employee will receive an additional 2% raise for a maximum 5% total annual raise.



As described in the employment manual, we will provide the following benefits to our full-time employees:

Salary Bonuses and Incentives
Social Security
401K/403B
Disability
Healthcare
Pension
Vacation/Personal Time

Holiday pay will be provided to all employees of regular status.

Alcohol and Substance Abuse/Use of Legal Drugs

It is Better Healing's policy to maintain an alcohol and drug free work environment.

Upon receiving any prescribed medication, it is the employee's responsibility to inquire with their physician whether the use of this medication will interfere with his/her ability to perform safely. If so, the employee must inform the facility manager and cooperate fully with management in an evaluation. If management concludes that the drug will or may adversely affect the employee's job performance, management will determine whether assignment of alternative job duties, a leave of absence or alternative response may be required. The employee may also be required to obtain a physician's release before being allowed to return to regular job duties.

As detailed in Section F.5 Substance Abuse Prevention plan, we have evaluated the specific substance abuse concerns in Connecticut, developed plans within the dispensary to identify and assist our own patients, and identified community organizations that we can support in order to broaden our impact.

Medical marijuana use will not be permitted on site. As detailed in Section F. 5, Better Healing has formulated a substance abuse prevention plan to address workplace issues and drug use.



Employment Handbook

The policies and procedures found in this handbook are guidelines only and are not meant to constitute contractual terms or conditions of employment.

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1 INTRODUCTION

This document has been developed in order to familiarize employees with Better Healing and provide information about working conditions, key policies, procedures, and benefits affecting employment at Better Healing.

1. Welcome

Welcome to Better Healing! We are happy to have you as a new member of our family! The mission of Better Healing is to maintain the highest degree of ethical standards, to increase awareness about the medical marijuana industry.

2. History

Better Healing, is a team of highly skilled professionals operating a medical marijuana dispensary with the intentions of providing compassionate care to patients seeking treatment.

3. Changes in Policy

This manual supersedes all previous employee manuals and memos. While every effort is made to keep the contents of this document current, Better Healing reserves the right to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in the manual with or without prior notice to employees.

2. EMPLOYEE DEFINITION AND STATUS

An "employee" of Better Healing is a person who regularly works for Better Healing on a wage or salary basis.

2.1. Employment Classification

Employees of Better Healing are classified as either "exempt" or "non-exempt." This is necessary because, by law, employees in certain types of jobs are entitled to overtime pay for hours worked in excess of forty (40) hours per workweek.

In addition to the above overtime classifications, every employee is assigned an employment status classification: regular full-time, regular part-time, temporary (full-time or part-time), regular hourly, contingent hourly, etc.

2.2. Probationary Period for New Employees

Better Healing monitors and evaluates every new employee's performance for three months to determine whether further employment in a specific position or with Better Healing is appropriate.

3. EMPLOYMENT POLICIES

3.1. Equal Employment Opportunity

Better Healing is an equal employment opportunity employer. Employment decisions are based on merit and business needs, and not on race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, weight, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, or any other factor protected by law.

3.2. Americans with Disabilities Act

It is the policy of Better Healing to comply with all the relevant and applicable provisions of the Americans with Disabilities Act (ADA). Better Healing will not discriminate against any qualified employee or job applicant with respect to any terms, privileges, or conditions of employment because of a person's physical or mental disability.

3.3. Immigration Law Compliance

All offers of employment are contingent on verification of the candidate's right to work in the United States. On the first day of work, every new employee will be asked to provide original documents verifying his or her right to work and, as required by federal law, to sign Federal Form I-9, Employment Eligibility Verification Form.

3.4. Employee Background Check

Prior to making an offer of employment, Better Healing may conduct a job-related background check. A comprehensive background check may consist of prior employment verification, professional reference checks, education confirmation, and credit check.

3.5. Criminal Records

When appropriate, a criminal record check is performed to protect Better Healing's interest and that of its employees and clients.

3.6. Anniversary Date

The first day an employee reports to work is his or her official anniversary date. This anniversary date is used to compute the following benefits:

- Medical
- Vacation
- Personal and sick leave

3.7. Change of Personal Data

Any change in an employee's name, address, telephone number, marital status, dependents, or insurance beneficiaries, or a change in the number of tax withholding exemptions, needs to be reported in writing without delay.

3.8. Safety

The safety and health of employees is a priority. Better Healing makes every effort to comply with all federal and state workplace safety requirements.

3.9. Building Security

Employees are not allowed on Better Healing property after hours without prior authorization from their supervisor.

3.10. Personal Property

Better Healing assumes no risk for any loss or damage to personal property and recommends that all employees have personal insurance policies covering the loss of personal property left at the office.

3.11. Health-related Issues

Employees who become aware of any health-related issue should notify their supervisor of health status as soon as possible.

3.12. Employee Requiring Medical Attention

Employees should report all work-related injuries and accidents immediately to their supervisor.

3.13. Visitors in the Workplace

For safety, insurance, and other business considerations, only authorized visitors are allowed in the workplace. When making arrangements for visitors, employees should request that visitors enter through the main reception area and sign in and sign out at the front desk.

3.14. Employment of Relatives

Better Healing is pleased to consider for employment qualified applicants who are related to employees. When Better Healing employs more than one member of a family, one family member may not supervise the other. If such a situation should arise and the employees are unable to develop a workable solution, management will decide which employee may be transferred.

3.15. Weather-related and Emergency-related Closings

At times, emergencies such as severe weather, fires, or power failures can disrupt company operations. In such instances, Executive Staff will decide on the closure and will provide the official notification to the employees. If there is a statewide notice of a weather emergency, it will be a non-working day and employees will not receive payment.

4. STANDARDS OF CONDUCT

4.1. General Guidelines

All employees are urged to become familiar with Better Healing rules and standards of conduct and are expected to follow these rules and standards faithfully in doing their own jobs and conducting the company's business.

4.2. Attendance and Punctuality

Better Healing expects employees to be ready to work at the beginning of assigned daily work hours, and to reasonably complete their projects by the end of assigned work hours.

4.3. Work Schedule

Unless otherwise specified, regular full-time employees are expected to work at least forty (40) hours per workweek.

4.4. Absence and Lateness

From time to time, it may be necessary for an employee to be late or absent from work. Better Healing is aware that emergencies, illnesses, or pressing personal business that cannot be scheduled outside work hours may arise. It is the responsibility of all employees to contact all affected parties if they will be absent or late.

4.5. Unscheduled Absence

Absence from work for three (3) consecutive days without notifying management or your supervisor will be considered a voluntary resignation.

4.6. **Meal**

Employees are allowed a $\frac{1}{2}$ -hour lunch break generally between the hours of 11:00 a.m. and 2:00 p.m.

4.7. Harassment Policy

Better Healing does not tolerate workplace harassment. Workplace harassment can take many forms. It may be, but is not limited to, words, signs, offensive jokes, cartoons, pictures, posters, e-mail jokes or statements, pranks, intimidation, physical assaults or contact, or violence. In the event that you have a complaint concerning harassment of any nature, you must immediately report the matter to your supervisor. If you do not feel comfortable discussing a matter with your supervisor, you should bring the matter to the attention of a higher member of management.

4.8. Sexual Harassment Policy

Better Healing does not tolerate sexual harassment Sexual harassment may include unwelcome sexual advances, requests for sexual favors, or other unwelcome verbal or physical contact of a sexual nature when such conduct creates an offensive, hostile, and intimidating working environment and prevents an individual from effectively performing the duties of their position. In the event that you have a complaint concerning harassment of any nature, you must immediately report the matter to your supervisor. If you do not feel comfortable discussing a matter with your supervisor, you should bring the matter to the attention of a higher member of management.

4.9. Violence in the Workplace

Better Healing has adopted a policy prohibiting workplace violence. Consistent with this policy, acts or threats of physical violence, including intimidation, harassment, and/or coercion, which involve or affect Better Healing or which occur on Better Healing or customer property, will not be tolerated.

4.10. Confidential Information and Nondisclosure

By continuing employment with Better Healing, employees agree that they will not disclose or use any of Better Healing's confidential information, either during or after their employment. Better Healing sincerely hopes that its relationship with its employees will be long-term and mutually rewarding. However, employment with Better Healing assumes an obligation to maintain confidentiality, even after an employee leaves Better Healing's employ.

4.11. Ethical Standards

Better Healing insists on the highest ethical standards in conducting its business. Doing the right thing and acting with integrity are the two driving forces behind Better Healing's great success story. When faced with ethical issues, employees are expected to make the right professional decision consistent with Better Healing's principles and standards.

4.12. Dress Code

Employees of Better Healing are expected to present a clean and professional appearance while conducting business, in or outside of the office. Dressing in a fashion that is clearly unprofessional, that is deemed unsafe, or that negatively affects Better Healing's reputation or image is not acceptable.

4.13. Use of Equipment

Better Healing will provide employees with the equipment needed to do their job. None of this equipment should be used for personal use, nor removed from the physical confines of Better Healing —unless it is approved for a job that specifically requires use of company equipment outside the physical facility.

4.14. Use of Computer, Phone, and Mail

Better Healing property, including computers, phones, electronic mail, and voice mail, should be used only for conducting company business. Incidental and occasional personal use of company computers, phones, or electronic mail and voice mail systems is permitted, but information and messages stored in these systems will be treated no differently from other business-related information and messages. Better Healing reserves the right to monitor and/or record telephone/computer communications or activities, including but not limited to training or quality assurance.

4.15. Use of Internet

Employees are responsible for using the Internet in a manner that is ethical and lawful. Use of the Internet must solely be for business purposes and must not interfere with employee productivity.

4.16. Use of Computer Software

Better Healing does not condone the illegal duplication of software. The copyright law is clear. The copyright holder is given certain exclusive rights, including the right to make and distribute copies. Title 17 of the U.S. Code states that "it is illegal to make or distribute copies of copyrighted material without authorization" (Section 106). The only exception is the user's right to make a backup copy for archival purposes (Section 117).

4.17. Smoking Policy

No smoking of any kind is permitted inside any Better Healing office. Smoking may take place only in designated smoking areas outside Better Healing facilities.

4.18. Alcohol and Substance Abuse/Use of Legal Drugs

It is the policy of Better Healing that the workplace be free of illicit drugs and alcoholic beverages, and free of their use. In addition to damage to respiratory and immune systems, malnutrition, seizures, loss of brain function, liver damage, and kidney damage, the abuse of drugs and alcohol has been proven to impair the coordination, reaction time, emotional stability, and judgment of the user. This could have tragic consequences where demanding or stressful work situations call for quick and sound decisions to be made.

It is the responsibility of the employee who is taking legal drugs to assure that such medication will not interfere with the employee's safe and efficient performance of his job. Upon receiving a prescription, the employee must ask the physician whether the use of a prescribed drug will interfere with his/her safe and efficient performance. If so, the employee must inform the supervisor of this fact and cooperate fully with management in an evaluation of the appropriate action. If management concludes that the drug will or may adversely affect the employee's job performance, management will determine whether assignment of alternative job duties, a leave of absence and/or other job-related action is required. The employee may also be required to obtain a physician's release before being allowed to return to regular job duties.

4.19. Gifts

Advance approval from management is required before an employee may accept or solicit a gift of any kind from a client. Employees are not permitted to give unauthorized gifts to clients.

4.20. Solicitations and Distributions

Solicitation for any cause during working time and in working areas is not permitted. Employees are not permitted to distribute noncompany literature in work areas at any time during working time.

4.21. Complaint Procedure

Employees who have a job-related issue, question, or complaint should first discuss it with their immediate supervisor. If the issue cannot be resolved at this level, Better Healing encourages employees to contact the department supervisor. Employees who observe, learn of, or, in good faith, suspect a violation of the Standards of Conduct of Better Healing should immediately report the violation to their supervisor.

4.22. Corrective Procedure

Unacceptable behavior that does not lead to immediate dismissal may be dealt with in any of the following manners: (a) Verbal Reminder, (b) Written Warning, (c) Termination.

4.23. Crisis Suspension

An employee who commits any serious violation of Better Healing policies at minimum will be suspended without pay pending an investigation of the situation. Following the investigation, the employee may be terminated without any previous disciplinary action having been taken.

4.24. Transfer Policy

Better Healing recognizes that a desire for career growth and other needs may lead an employee to request a transfer to another position. An employee with proper qualifications will be eligible for consideration for transfer to another department provided that the transfer does not occur within one year of the employee's date of hire or within one year of any previous transfer.

4.25. Outside Employment

Employees may not take an outside job, either for pay or as a donation of their personal time, with a customer or competitor of Better Healing; nor may employees do work on their own if it competes or interferes in any way with the sales of products or services that Better Healing provides to its clients.

4.26. Employment Termination/Resignation

After the application of disciplinary steps, if it is determined by management that an employee's performance does not improve, or if the employee is again in violation of Better Healing practices, rules, or standards of conduct, following a Decision-Making Leave, employment with Better Healing will be terminated.

4.27. Exit Interview

In a voluntary separation situation, Better Healing management would like to conduct an exit interview to discuss the employee's reasons for leaving and any other impressions that the employee may have about Better Healing.

4.28. Return of Company Property

Any Better Healing property issued to employees, such as computer equipment, keys, parking passes or company credit card, must be returned to Better Healing at the time of termination. Employees will be responsible for any lost or damaged items.

5. COMPENSATION POLICIES

5.1. Base Compensation

It is Better Healing's desire to pay all employees wages or salaries that are competitive with other employers in the marketplace and in a way that will be motivational, fair, and equitable. Compensation may vary based on roles and responsibilities, individual, and company performance, and in compliance with all applicable laws.

5.2. Performance Bonuses

Performance bonuses may be given to Better Healing employees at the discretion of management. There are two factors that typically determine bonus availability and amounts: (a) Company Performance—Profits, (b) Personal Performance.

5.3. Employee Ownership

At the current time, Better Healing has no employee ownership program.

5.4. Timekeeping Procedures

By law, Better Healing is obligated to keep accurate records of the time worked by employees. Each employee must fill out the appropriate Better Healing time record each week, and time records must be completed in accordance with the Better Healing time-reporting guidelines.

5.5. Overtime Pay

Overtime compensation is paid to non-exempt employees in accordance with federal and state wage and hour restrictions. All overtime work performed must receive the supervisor's prior authorization.

5.6. Payroll and Paydays

Better Healing payroll distribution for employees is paid weekly on the Friday following the end of the pay week.

5.7. Performance and Salary Reviews

Better Healing wants to help employees to succeed in their jobs and to grow. In an effort to support this growth and success, Better Healing has an annual review process for providing formal performance feedback. Performance reviews will be conducted near the anniversary date.

Salary/wage reviews typically occur in conjunction with the annual performance review process. The calculation and implementation of changes in base salary/wage depend on both company and personal performance.

5.8. Opportunities for Advancement—Progression and Promotion

Better Healing would like to provide employees with every opportunity for advancing to other positions or opportunities within the company. Approval of progression moves or promotions depends largely upon training, experience, work record, and business need. However, Better Healing reserves the right to look outside the company for potential employees as well.

6. TIME-OFF BENEFITS

6.1. Holiday Policy

All Better Healing employees of regular status are eligible for holiday pay. Holiday pay will be based on the employeent status of the employee, i.e., full-time employees will be credited with 8 hours of holiday per holiday. In order for an employee to receive holiday pay, you must be present at work a full day prior to the holiday and the day following the holiday. Better Healing recognizes the following holidays as paid holidays:

- New Years Day
- Labor Day
- Good Friday
- Memorial Day
- Thanksgiving Day
- The day after Thanksgiving
- Fourth of July
- Christmas Day
- 1 Floating Holiday

6.2. Vacation Time

All full time Better Healing employees are eligible for vacation time. Employees shall be eligible for 1 week paid vacation after 6 months of employment. An employee earns a second week of vacation after two years and a third week after five years. Employees

must notify their supervisor 30 days in advance of planned vacation time. Vacation time does not accrue-you must utilize your vacation within the year in which it is available (based on your anniversary date). If you leave the company for any reason, your unused vacation time will not be paid.

6.3. Sick Leave

Sick leave may be used during an employee's own illness or for an illness in the employee's immediate family. Sick leave will be limited to three (3) 8-hour days per year for all regular full-time employees. Employees are eligible for sick time after six months of service. Sick leave does not accumulate year-to-year.

6.4. Personal Time

Personal time will be limited to three (3) 8-hour days per year, with a 48 hour notification given to their supervisor. Employees are eligible for personal time after six months of service. Personal time does not accumulate year-to-year.

6.5. Bereavement Leave

Generally, a full-time or part-time employee shall be entitled to Bereavement Leave upon the death of a spouse (including a *de facto* spouse), son, daughter, stepson, stepdaughter, parent, stepmother, stepfather, brother, sister, stepbrother, stepsister, grandson, granddaughter, grandparent, mother-in-law, father-in-law, son-in-law, or daughter-in-law.

6.6. Jury Duty

Better Healing is committed to supporting the communities in which Better Healing operates, including supporting Better Healing employees in fulfilling their responsibilities to serve as jurors whenever it is possible. When an employee receives notification regarding upcoming jury duty, it is their responsibility to notify their direct supervisor within one business day of receiving the notice.

6.7. Military Reserves or National Guard Leaves of Absence

Employees who serve in U.S. military organizations or state militia groups such as the National Guard may take the necessary time off to fulfill this obligation and will retain all of their legal rights for continued employment under existing laws.

6.8. Family/Medical Leaves of Absence

Occasionally, for medical, personal, or other reasons, employees may need to be temporarily released from the duties of their job with Better Healing. It is the policy of Better Healing to allow its employees to apply for and be considered for certain specific leaves of absence. All requests for leaves of absence should be submitted in writing to management.

6.9. Extended Disability Leaves

If a period of disability continues beyond the 12 weeks provided for within the Family/ Medical Leaves of Absence section, an employee may apply in writing for an extended disability leave.

6.10. Uniformed Services Employment and Reemployment

As an Equal Opportunity Employer, Better Healing is committed to providing the basic employment and reemployment services and support as set forth in the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA).

6.11. Personal Leaves of Absence

In special circumstances, Better Healing may grant a leave for a personal reason, but never for taking employment elsewhere or becoming self-employed. Personal leaves of absence must be requested in writing and are subject to the discretion of management.

7. EXPENSES

7.1. Introduction

The following is a comprehensive guide to the Better Healing expense policy and procedures for the reporting and reimbursement of expenses. Any manager who approves expense reports should be familiar with this policy—authorizing an expense report indicates to Better Healing that the expenses reported are legitimate, reasonable, and comply with this policy.

7.2. Company Supplies, Other Expenditures

Only authorized persons may purchase supplies in the name of Better Healing. No employee whose regular duties do not include purchasing may incur any expense on behalf of Better Healing. Without a properly approved purchase order, Better Healing is not obligated for any purchase.

7.3. Expense Reimbursement

Under ordinary circumstances, it is the policy of Better Healing to reimburse approved (at Better Healing's discretion) travel expenses on the basis of actual expenses involved. Persons traveling on Better Healing business are entitled to transportation, hotel accommodation, meals, and limited incidentals (for example, taxis and telephone calls) that meet reasonable and adequate standards for convenience, safety, and comfort.

8. EMPLOYEE COMMUNICATIONS

8.1. Open Communication

Better Healing encourages employees to discuss any issues they may have with a coworker directly with that person. If a resolution is not reached, employees should arrange a meeting with their direct supervisor. If the concern, problem, or issue is not properly addressed, employees should contact a higher member of management. Any information discussed in an Open Communication meeting is considered confidential, to the extent possible while still allowing management to respond to the problem. Retaliation against any employee for appropriate usage of Open Communication channels is unacceptable.

8.2. Suggestions

Better Healing encourages all employees to bring forward their suggestions and good ideas about making Better Healing a better place to work and enhancing service to Better Healing customers. Any employee who sees an opportunity for improvement is encouraged to talk it over with management. Management can help bring ideas to the attention of the people in the organization that will be responsible for possibly implementing them. All suggestions are valued.

8.3. Closing Statement

Successful working conditions and relationships depend upon successful communication. It is important that employees stay aware of changes in procedures, policies, and general information. It is also important to communicate ideas, suggestions, personal goals, or problems as they affect work at Better Healing.

ACKNOWLEDGMENT

I acknowledge that I have received a copy of the Better Healing Employment Policies, and I do commit to read and follow these policies.

Employment Manual

I am aware that if, at any time, I have questions regarding Better Healing company policies I should direct them to my manager.

I know that Better Healing company policies and other related documents do not form a contract of employment and are not a guarantee by Better Healing of the conditions and benefits that are described within them. Nevertheless, the provisions of such Better Healing company policies are incorporated into the acknowledgment, and I agree that I shall abide by its provisions.

I also am aware that Better Healing, at any time, may on reasonable notice, change, add to, or delete from the provisions of the company policies.

Employee's Printed Name	Position
Employee's Signature	Date



Section F, Number 2

Compassionate Need Plan: Describe any compassionate need program you intend to offer. Include in your response:

- The protocols for determining which patients will qualify for the program;
- The discounts available to patients eligible for the compassionate need program;
- The names of any other organizations, if any, with which you intend to partner or coordinate in connection with the compassionate need program, including any producer applicant; and
- Any other information you may think may be helpful to the Department in evaluating your compassionate need program.

Better Healing is committed to providing registered patients with safe access to medicine. By providing qualified patients with direct access to low or no-cost medicine, sliding-scale pricing, and support groups that have been specifically designed to meet the needs of our patients, Better Healing hopes to forge long-standing, positive and productive relationships with our community.

Leadership and Development

Reverend Jeffrey S. Dugan – Director of Patient Advocacy

Background



Reverend Jeffrey S. Dugan has dedicated his career to helping others attain a higher quality of life. During the early 1980s, Rev. Dugan began training as a hospice provider a Bon Secours Hospital in Grosse Pointe, Michigan, and continued to participate in the Hospice movement until 2010. As a member of the Institutional Review Board of the Connecticut Health Center, Rev. Dugan helped ensure the highest standards of ethical and moral treatment and acted as a committed patient

advocate. Rev. Dugan is also a medical marijuana cardholder, who uses medical marijuana to treat pain from a traumatic spinal cord injury. As a medical marijuana patient, he understands the practical struggles associated with suffering from a debilitating illness and availing oneself of the resources of a once-stigmatized substance. This insight allows him to be an effective patient advocate for medical marijuana cardholders.



Highlights

- Trained in Hospice Care at Bon Secours Hospital in Grosse Point, Michigan.
- Board member of Seabury Retirement Committee.
- Developed hospice services at Seabury Retirement Committee.
- Former patient advocate and member of the Institutional Review Board of the University of Connecticut Health Center.

Dr. Corey A. Jaquez – Advisor on Patient Advocacy

Background



Dr. Corey A. Jaquez is a primary care physician at the St. Vincent's Multispecialty Group in Connecticut. As a healthcare professional with direct patient contact, Dr. Jaquez understands the local patient population, and has written recommendations for medical marijuana. An active participant in local affairs, he has his finger on the pulse of the community. Because of his familiarity with the specific patients in this area, Dr. Jaquez is

an effective advocate for the local patient populace.

Research Highlights

- "Effects of Dual Imaging Modalities on Negative Appendectomies," presented at the Connecticut Chapter of American College Surgeons Conference, 2006.
- Manuscript: "Effects of Complimentary Medicine on Operative and Post-Operative Clinical Course," 2005.

Overview

We at Better Healing believe that our patients deserve safe and consistent access to the medicinal products that serve them best. We understand that finances can be a barrier to treatment, and each of our patients are afflicted by a debilitating ailment or condition. That is why Better Healing pledges to provide products that are compassionately priced.

We recognize exceptional circumstances, and have developed a Compassionate Need Plan that will facilitate access to medical cannabis for particularly vulnerable individuals. Below, we describe the vulnerable groups we have identified, and describe the safety net we intend to offer to them.

We recognize that the needs of our patient population may change over time. We intend to review our Compassionate Need Plan on an annual basis, or sooner if



the circumstances of our patients warrant. Our Patient Advocates, Reverend Dugan and Dr. Jaquez, will lead this review. Our goal is to prioritize our patients' health.

Background Statistics

Our current and former members of the Armed Services go above and beyond in the service of our country, and return home only to encounter continued battles. 22 military veterans commit suicide in the United States each day. PTSD is a struggle for 11-20% of veterans that served Operation Iraqi Freedom and Enduring Freedom; 12% of the veterans of the Gulf War; and 30% of veterans that served during the Vietnam War.¹

In Connecticut, as of 2012, approximately 7.7% of the population are military veterans, and we hope to honor their service and lessen their burden. Our Compassionate Need Plan will offer a 10 percent discount for current and former members of the Armed Services.

A Report by the US Congress Joint Economic Committee in 2011 found that more than 1.4 million veterans are living below the poverty line, and another 1.4 million veterans are living just above it.² 13% of Connecticut's population lives below 200% of the Federal Poverty Level.³ In recognition of the financial hardship faced by these individuals, we offer a sliding scale. Patients will need to apply to become a part of this program.

Qualifying Patients

- Active and Former Military Personnel
 - o Must present appropriate identification.
 - o Will receive a 10 percent discount.

¹ <u>http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp</u> Accessed August 21, 2015.

² US Congress Joint Economic Committee. Broken Promise: The Need to Improve Economic Security for Veterans. November 10, 2011. http://www.jec.senate.gov/public/index.cfm/democrats/reports1?ID=7E8BF4EF-5 http://www.jec.senate.gov/public/index.cfm/democrats/reports1?ID=7E8BF4EF-5 https://www.jec.senate.gov/public/index.cfm/democrats/reports1?ID=7E8BF4EF-5 https://www.jec.senate.gov/public/index.cfm/democrats/reports1?ID=7E8BF4EF-5 https://www.jec.senate.gov/public/index.cfm/democrats/reports1?ID=7E8BF4EF-5 https://www.jec.senate.gov/public/index.cfm/democrats/reports1?ID=7E8BF4EF-5 https://www.jec.senate.gov/public/index.cfm/democrats/reports1?ID=7E8BF4EF-5 https://www.jec.senate.gov/public/index.cfm/democrats/reports1 https://www.jec.senate.gov/public/index.cfm/democrats/reports1 https://www.jec.senate.gov/public/index.cfm/democrats/reports1 https://www.jec.senate.gov/public/index.cfm/democrats/reports1 <a href="https://www.jec.senate.gov/public/index.cfm/democrats/reports1 <a href="https://www.jec.senate.gov/public/index.cfm/democrats/reports1 <a href="https://www.jec.senate.g

³ Kaiser Family Foundation. Distribution of Total Population by Federal Poverty Level. 2015. http://kff.org/other/state-indicator/distribution-by-fpl/ Accessed September 11, 2015.



Terminal Patients

- o Must present relevant medical documentation and file an application for review.
- o Will receive a 50-percent discount for up to one ounce of flower or 8-grams of concentrate per 30-day period, for up to six months.
- o <u>Free services</u>, counseling, and access to any of Better Healing's wellness services will also be provided.
- Individuals facing a significant economic hardship
 - o Must present relevant income documentation, such as tax documents, and file an application for review.
 - o Those individuals living at or below 200-percent of the federal poverty level will purchase medical cannabis on a sliding scale.
- Senior citizens (over the age of 65)
 - o Must present identification showing age.
 - o Will receive a 10-percent discount on each purchase.

Identifying Qualifying Patients

We at Better Healing understand the sensitive nature of the circumstances that might qualify a patient for our Compassionate Need Plan. Every patient, regardless of whether they inquire or not, will be informed of our Compassionate Need Plan at their initial consultation. Our plan will be clearly articulated in our dispensary facility, print materials, and website, including visual aids for those with visual impairments or limited literacy. The application process will remain entirely confidential and initiated by the patient.

Counseling Services

As noted in our Community Benefits Plan (Section F, Number 4), at Better Healing we believe in the power of support groups to aid with healing. We will host support groups for people with chronic diseases, including:

- Cancer
- Crohn's Syndrome & Ulcerative Colitis
- Epilepsy

As we build our relationship with our patients, we will work to develop additional support groups as desired by our community.



Relationships with Existing Community Groups

It is Better Healing's mission to develop strong professional relationships with community leaders and service groups that operate within the Milford area. These partnerships will become the foundation for our Compassionate Need Plan as we move forward servicing the community, and will play a vital role in all of our future fundraising and awareness efforts.

Better Healing will send a letter of introduction and a request for cooperation to the following organizations once the Better Healing dispensary begins operation:

- The Connecticut Sport Foundation 455 Boston Post Rad Old Saybrook, CT 06475
- USS America Museum Foundation 208 Aspetuck Ridge Road New Milford, CT 06776
- Connecticut Veterans Organization P.O. Box 1013 Middletown, CT 06457
- Til Duty is Done
 125 Old Farms Road
 Cheshire, CT 06410



Section F, Number 3

Research Plan: Provide the Department with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of marijuana. To the extent that it has been determined, include in your proposal a detailed description of:

- The methodology of the study;
- The issue(s) you intend to study;
- The method you will use to identify and select study participants;
- The identity of all persons or organizations you intend to work with in connection with the study, including the role of each;
- The duration of the study; and
- The intended use of the study results.

The sustainability of medical marijuana as a viable treatment option remains a paramount concern for Better Healing. As the research community continues to make progress toward understanding the full benefits of medical marijuana, we at Better Healing are committed to providing support for those scientific advancements.

Leadership

Dr. Peter Morgan – Medical Director/Psychiatry

Background



Dr. Peter Morgan, an internationally recognized psychiatrist and Associate Professor at Yale, focuses the majority of his research on substance-related disorders. While at Yale, he has spearheaded original research studies that have addressed both the treatment and laboratory evaluation of substance use disorders, insomnia, obesity, binge eating disorder, schizophrenia, and depressive disorders. Dr. Morgan has served on the Yale Human Investigations Committee and is an expert in ensuring the ethical care of research participants.

Highlights

- Associate Professor at Yale's Department of Psychiatry
- MD and PhD from Mount Sinai School of Medicine
- Director of innovative research at Yale since 2002
- Co-Founder of Entree2Education LLC, a non-profit providing food to public school students in Kenya



Overview

As Director of Research for Better Healing's Advisory Board and a professor at Yale University's Psychiatric Hospital, Dr. Peter Morgan will facilitate a close collaboration between Better Healing and the Department of Psychiatry at Yale. Better Healing is proud to be affiliated with an internationally recognized University and local New Haven institution.

Dr. Morgan's statement of intent to form this research collaboration is included in this plan as Exhibit A.

Dr. Morgan was part of a research team at Yale that examined the effects of THC on brain function. This federally sponsored study was suspended when the United States government refused to supply the necessary THC. The proposed partnership between Better Healing and Yale will allow this important research to continue. Not only may our patients may volunteer to participate in these studies, but this will enable our pharmacists to stay at the forefront of research development.

Methodology

Dr. Morgan is well versed in the appropriate ethical research protocols and will insure that any partnership will proceed accordingly. Better Healing will confirm that all studies have received approval from an Institutional Review Board (IRB), which is a committee that ensures all human subject research be conducted in accordance with federal, institutional, and ethical guidelines.

Issues

Dr. Morgan has focused on three areas of study:

- 1. Determining scenarios in which medical marijuana has a net benefit;
- Contributing to ongoing research into the effects of THC on brain function; and
- 3. Exploring treatment options for cannabis addiction.

Identifying Study Participants

Better Healing will, at its discretion, inform patients about studies that are seeking participants and have already been approved by Better Healing's management, with the input of Dr. Morgan or other research advisor. Patients will not be pressured to participate in a research study and will receive the same high quality care regardless of their decision.



Study Duration

Better Healing will advise patients on the anticipated study duration so that patients can make an informed decision regarding participation.



Exhibit A: Collaboration Proposal





Peter Morgan, M.D., Ph.D.
Associate Professor
Department of Psychiatry
(203) 974-7515; peter.morgan@yale.edu
34 Park Street, New Haven, CT 06519

August 31, 2015

Dear Attorney Romano,

As a proposed advisor to your plan to institute a medical marijuana dispensary, I would like to bring to your attention the numerous research studies currently active in the Yale University Department of Psychiatry that examine the effects of THC on brain function as well as possible avenues toward treating cannabis addiction. Several investigators at Yale including myself participate in this work, and would likely benefit from collaborating with a dispensary to identify possible research participants. As part of advising this endeavor, I would work to ensure that the proposed dispensary would work collaboratively with Yale and the Department of Psychiatry to promote participation in research.

Sincerely,

Peter T. Morgan, M.D., Ph.D.



Section F, Number 4

Community Benefits Plan: Provide the Department with a detailed description of any plans you have to give back to the community either at a state or local level if awarded a dispensary facility license.

Better Healing has partnered with local facilities and charities to expand its influence beyond serving its patients. Better Healing believes that the quality of a community can be enhanced through collaborative efforts and has pledged to foster interpersonal relations with local medical facilities and charities. Better Healing is passionate about improving the quality of life for patients that have been affected by debilitating conditions, and will prioritize contributions to associated organizations.

Leadership & Development

John Ellis – Director of Community Benefits

Background



A former major league baseball player for the New York Yankees, John Ellis has been significantly impacted by cancer—he lost his sister, sister-in-law, and brother, each of whom developing cancer before the age of 40. John battled cancer, surviving Hodgkin's disease. He has worked for the past 24 years to improve the quality of life for individuals, families, and communities affected by cancer in the state of Connecticut with his non-profit organization, The Connecticut Sports Foundation.

Highlights

- Founder of the Connecticut Sports Foundation
- Has successfully helped thousands of families improve their quality of life
- Over the past three years, CSF contributed \$1.5 million directly helping over a thousand families in Connecticut.



Overview

Better Healing is dedicated to improving the general well being of the community. In this spirit, we have partnered with local charities to support patients, their families, and neighbors. John Ellis is the Director of the Community Benefits Plan and has partnered Better Healing (see Exhibit A - Letter of Support from CSF) with the Connecticut Sports Foundation which provides financial aid to cancer patients. As the Chairman of the CSF, he has an established network of service providers prepared to offer assistance to persons afflicted with debilitating illnesses.

Better Healing will provide outreach and information regarding the medical marijuana program so people can understand the benefits of medical cannabis. Trumaine Pressley, a young brain cancer survivor, has agreed to volunteer and lead informational sessions about how cannabis helped him relieve the symptoms related to his chemotherapy (see Exhibit B - Letter of Support/Partnership). Mr. Pressley will partner with our pharmacists and pharmacy technicians to provide a forum for the community where questions of a sensitive nature can be asked and answered about the program. We have approached the Milford public library which has agreed to provide use of its community room for this purpose.

Better Healing will sponsor meetings for support groups and member driven initiatives.

Three-Year Plan

Year One	Year Two	Year Three
Support safe access to medical marijuana	Continue education and support with local groups	Outreach and awareness beyond local community borders
Begin educational programming	Research and development	Publicize research and educational papers
Donate to key community organizations and provide volunteers	Donations to organization increase to a higher level	Increase list of organizations for donations



Flagship Partner

Connecticut Sports Foundation

The Connecticut Sports Foundation (CSF) is a unique non-profit committed to reducing the burden of cancer on Connecticut patients and their families. Upon referral by oncology social workers, the CSF provides direct assistance that not only relieves immediate financial burdens, but can also give patients the hope they need to fight the disease. Because of this, CSF takes extra care to ensure patients are treated with dignity and privacy, allowing patients to maintain their self-respect.

Since 1987, CSF has been working to alleviate the financial burden faced by cancer patients and their families. CSF has helped thousands of families, with the number increasing every year since CSF's foundation.

Like CSF, Better Healing is passionate about helping patients. By contributing to and partnering with CSF, Better Healing will best assist patients throughout Connecticut.

Better Healing's Director of Community Benefits, John Ellis, is also Chairman of CSF. He has shared the Community Benefits Plan with CSF, and on CSF's behalf, has written a letter of support.

Fitor Mamudi, one of Better Healing's owners, is on the Board of Directors for CSF. These dual memberships will solidify a strong collaborative effort by Better Healing and CSF to support cancer patients in dire need of assistance.

Educational Hub

Better Healing has already made arrangements to enroll its staff in the Northeastern Institute of Cannabis program. NIC is the only institute in the Northeast to offer training in the medical cannabis industry. The NIC has advised Better Healing that no other dispensary applicant from Connecticut has made arrangements for enrollment (See Exhibit C- Letter of support from NIC).

Better Healing pharmacists will lead complimentary monthly seminars on a variety of topics relating to medical cannabis. These seminars are open to patients and non-patients alike. Our staff will present on topics covering self-titration, treatment modalities, substance abuse, and legal considerations. We will solicit patient input about additional topics that may be of interest.



Local Partnerships

We have identified the following charitable organizations that will provide the greatest opportunities for patient outreach:

The United Way of Milford

The United Way of Milford provides an array of services for the community.

Milford Parkinson's Support Group

The Milford Parkinson's Support Group hosts group meetings every third Wednesday for individuals suffering from Parkinson's.

State and National Partnerships

We have identified the following organizations as providing the greatest potential for partnerships with Better Healing:

Connecticut Children's Medical Center

This nationally recognized not-for-profit children's hospital has nearly 1,100 medical staff and provides world-class treatment to children and adolescents.

Crohn's & Colitis Foundation of America

The Crohn's and Colitis Foundation of America fund a series of support groups throughout the state of Connecticut and help patients improve their quality of life.

Epilepsy Foundation of CT

The Epilepsy Foundation of CT offers free services to the community. Unfortunately, the Foundation no longer receives any monetary support from the state and must now primarily rely on grants and donations. Better Healing is prepared to provide relief to this important organization.

Bark Avenue Pet House

We at Better Healing believe that companion animals offer an important service to many of our patients. We would be honored to partner with Bark Avenue Pet House and to participate in their adoption efforts.



Support Groups

Suffering from a disease can often isolate the individual. Better Healing supports the therapeutic benefits of support groups. We are prepared to sponsor group meetings for people suffering from chronic diseases. Our initial focus will be to sponsor groups for:

- Crohn's Syndrome & Ulcerative Colitis
- Epilepsy
- Cancer

Ongoing Commitment to Service

The medical marijuana industry in Connecticut is expanding rapidly. We believe the needs of the patient population may change as the program evolves. We pledge to stay at the forefront of Connecticut's medical marijuana industry.



Exhibit A:Letter of Support/Partnership from Connecticut Sports Foundation



www.sportsfoundation.org

Jeff E. Hartmann,
Chairman
Jane Gregory Ellis,
President & Executive Director
Leo Chupaska, CPA,
First Vice Chairman
Tom Howley,
Second Vice Chariman
Thomas D. Comer, CPA,
Transcurer

Founder John C. Ellis

Board of Directors
Dominick F. Antonelli
Michael A. Bekech
Kielth R. Brothers
Richard T. Cersosimo
Gary T. Eggers
Jeson N. Ginder
Andrew F. Gurley
Ron Milardo
Edward B. Newman
Maymard Strickland

Paul Sturges

Advisory Board
Karol Genovese Del Real
Donna J. Drouin
Michael Gallagher
John A. Giordano, Jr.
Chet Kitchings, Jr.
Fitor Mamudi
Vincent McElhone
Renato Negrin
William J. Pappas
Jay Rothman
Mark X. Ryan
Chafles O. Treat
Elier C. White

Joachim Yahalom, M. D.

Emeritus Board
Yogi Berra
Dave Campo
T. Brian Condon
Nan K. Crowley
Whitey Ford
Vincent Genovese
Gary E. King
Reid MacCluggage
Gaylard Perry
Bernard S. Siegel, M. D.
Michael S. Spensley, D. V. M.
Don Zimmer

September 14, 2015

Department of Consumer Protection Drug Control Division Medical Marijuana Program RFA #2015-109387 165 Capitol Avenue, Room 145 Hartford, CT 06106

Dear Commissioner Harris:

As Chairman of the Connecticut Sports Foundation ("CSF"), I understand the importance of providing patients who suffer from debilitating illnesses with safe access to medicine. CSF, a non-profit organization with a 501(c)(3) designation, is a truly unique organization in Connecticut. CFS provides funds to all of Connecticut's cancer patients; this money can be used for rent/mortgage, utilities, transportation, medications and more. Patients are referred to CSF via a network of oncology social workers at Connecticut hospitals and cancer centers. Resources are offered with dignity and privacy, thus helping patients maintain their self-respect while lessening the stress that may inhibit their recovery. It has been twenty-eight years since its inception, and CSF is still going strong.

It is not only through my work with CSF that I have gained an understanding of the benefits of medical marijuana. Both my brother and myself are cancer survivors, and I know firsthand that the pain and nausea can be devastating. Medical marijuana presents a viable and non-invasive therapy that can help many.

The CSF is honored to partner with Better Healing Dispensary, LLC. Fitor Mamudi, one of the owners, has been a member of our Board of Directors for six years. The CSF has reviewed Better Healing, LLC's community benefit plan and is pleased with Better Healing LLC's goals. We have an established network of service providers prepared to offer assistance to persons afflicted with debilitating illnesses. The CSF is pleased to be working with a medical marijuana dispensary as it will improve this most vulnerable patient population's quality of life. We will insure that the dispensary maintains strong connections with other patient service providers and acts in accordance with the necessary societal imperative to help others.

Please accept this letter of support for Better Healing LLC's application as a dispensary. Should you have any questions, please call me at 860-227-2609.

With every regard and good wish, I remain

John C. Ellis Chairman, CSF

Sincerely

455 Boston Post Road Suite 203B ~ Old Saybrook, CT 06475 ~ (860) 388-0788



Exhibit B: Letter of Support from Trumaine Pressley

Department of Consumer Protection Drug Control Division Medical Marijuana Program RFA #2015-109387 165 Capitol Avenue, Room 145 Hartford, CT 06106

September 15, 2015

Re: Application of Better Healing, LLC

Dear Commissioner Harris:

I write this letter in support of the dispensary application for Better Healing, LLC. I am a 27 year old professional, african american, cancer survivor. I was first diagnosed with brain cancer four years ago. I underwent chemotherapy for close to five months. The sickness I experienced was unfathomable. The MMP was not yet in place and I was forced to use morphine and dilaudid which only added to my discomfort. Further, I became concerned that I might develop a tolerance and addiction. I turned to marijuana as a medicine and it provided relief from my symptoms so I could have the strength to eat and survive.

I have met with Travis Tangredi and spoken with Aaron Romano regarding their proposed dispensary, Better Healing, LLC. After reviewing their plans I believe that they have an excellent understanding of how medical marijuana can help people suffering from debilitating illnesses. I currently live in Meriden, CT and I support their dispensary application.

I have volunteered to participate in their educational programs for the public. As a cancer survivor and having received relief from my past use of marijuana, I believe I would be best suited to help people understand the benefits of medical marijuana and Better Healing's mission. I hope you take this into consideration when reviewing their application that they are sincere in their efforts to educate and help people suffering from debilitating illnesses. If you have any questions you may call me at 203-715-0586.

Truly,

Trumaine Pressley

Jumain M. Lurdy



Exhibit C: Letter of Support/Commitment from the Northeastern Institute of Cannabis (NIC)



Northeastern institute of Cannabis 10 Tech Circle- Natick, MA 01760 Email: rho@instituteOfCannabis.com www.instituteOfCannabis.com Phone: [508] 655-7420 Fax: [508] 300-7670

Department of Consumer Protection Drug Control Division Medical Marijuana Program RFA #2015-109387 165 Capitol Avenue, Room 145 Hartford, CT 06106

Re: Application of Better Healing, LLC

Dear Commissioner Harris:

We at the NIC are pleased to provide education and partner with Better Healing, LLC, a Connecticut dispensary applicant. To date, we have not been contacted by any other Connecticut dispensary applicant to perform educational services.

Our 50 hour course is intended to advance knowledge and educate students in cannabis as a plant, the cannabis industry, and other areas of learning that are of importance to cannabis culture and business.advance knowledge. The NIC is the only educational institution that provides a complete 50 hour competency certificate program. Our cerification program is an ideal companion piece for Pharmacists and Pharmacy Technicians who will be pursuing a career in the CT Medical Marijuana Industry.

Our students study twelve different courses covering a variety of issues facing dispensaries including the history of cannabis, cultivation, media, law, and patient care and services. Our curriculum may be found at https://instituteofcannabis.com/academics/

For example, one of our courses is taught by Uma V.A. Dhanabalan, MD, MPH, FAAFP, MRO is a highly respected physician trained in Family Medicine and Occupational & Environmental Medicine. She is certified in cannabis medicine and has agreed to participate in ongoing continuing medical education classes for Better Healing, LLC through the NIC.

Better Healing LLC's participation in our program will make its Pharmacists and Pharmacy technicians leaders in the cannabis community. We are pleased to discuss our program and our partnership with Better Healing. If you have any questions I can be reached at 508-655-7420.

NC Admissions

Yours truly

www.instituteofcannabis.com



Section F, Number 5

Substance Abuse Prevention Plan: Provide a detailed description of any plans you will undertake, if awarded a dispensary facility license, to combat substance abuse in Connecticut, including the extent to which you will partner, or otherwise work, with existing substance abuse partners.

Better Healing has devised a Substance Abuse Prevention Plan with the input of its Board Members.

Leadership and Development

Dr. Kelly K. Johnson-Arbor – Medical Director/Toxicology

Background



Dr. Kelly K. Johnson-Arbor is a board-certified Emergency Medicine and Medical Toxicology physician. As a former toxicologist for the Connecticut Poison Control Center, Hartford, Hospital, and Connecticut Children's Hospital, Dr. Johnson-Arbor has experience recognizing patterns of drug use (including marijuana). Her expertise in the diagnosis, management, and treatment of the effects of drug-induced toxicity makes her an excellent person to assist Better Healing in devising our Substance Abuse Prevention Plan.

Research Highlights (Select)

- Recurrent ciguatera symptoms nine years after initial poisoning.
 Presented at the XXV International Congress of the European Association of Poison Control Centres and Clinical Toxicologists, 2005.
- The TCA "tox screen": where should we draw the line? Presented at the North American Congress of Clinical Toxicology, 2006.
- "The Super Bowl Party". Presented at the Clinical Pathological Case (CPC) Competition, North American College of Clinical Toxicology, 2006.

Publication Highlights (Select)

- In ToxED: The clinician's toxicology resource (Online), URL: http://members.toxed.com/ToxEdView.aspx?id=588374
- Cocaine: history, social implications, and toxicity: a review, 2009.



Dr. Peter Morgan – Medical Director/Psychiatry (Research/Addiction)

Background



Dr. Peter Morgan, an internationally recognized psychiatrist and Associate Professor at Yale, has focused his research on substance-related disorders. At Yale, he has conducted research studies addressing the treatment and evaluation of substance use disorders, insomnia, obesity, binge eating, schizophrenia, and depression. Dr. Morgan has served on the Yale Human Investigations Committee and is an expert in ensuring the ethical care of research participants.

Highlights

- Associate Professor at Yale's Department of Psychiatry
- MD and PhD from Mount Sinai School of Medicine
- Director of innovative research at Yale since 2002
- Co-Founder of Entree2Education LLC, a non-profit providing food to public school students in Kenya

Ronald Young - Director of Security

Background



A current New Milford police officer, Ronald Young has decades of experience providing safety and security services. Currently the owner/operator of R&R Protective Services Security in New Milford, Connecticut, Ronald Young provides armed and unarmed, plainclothes private investigators, bodyguards, and armed escorts. Ronald Young personally trains his employees, ensuring that they provide the highest standard of safety and security.

Highlights

- Twice assigned to work in conjunction with Statewide Narcotics Task Force.
- Trained to recognize illicit drug use, smuggling, and diversion.
- Currently serving as the School Resource Officer for New Milford High School's "Truth About Drugs" Program.



Aaron J. Romano, Esq. - Legal Counsel

Background



Aaron Romano is a criminal defense attorney specializing in criminal law and medical marijuana advocacy. As a youth, Aaron witnessed his mother obtain relief from chemotherapy's side effects through Marinol, a synthetic form of THC. He was a prosecutor in the Commonwealth of the Northern Mariana Islands where he was tasked with prosecuting people for violating controlled substance laws. He later defended people charged with marijuana offenses who were using marijuana for relief from debilitating ailments, and joined Law Enforcement Against Prohibition and the National Organization for Reform of Marijuana Laws. He has spent 17 years as an attorney identifying clients with substance abuse needs.

Highlights

- Won the landmark case in the Connecticut Supreme Court, <u>State v. Menditto</u>, 315 Conn. 861 (2014), which held that individuals who were convicted of possessing a now decriminalized amount of marijuana are entitled to have their records erased per state statute.
- Initiated a pro bono service project to assist patients obtain medical marijuana cards.
- Life member of the NORML legal committee and legal counsel for the Connecticut NORML chapter.
- Has current partnerships with substance abuse treatment providers and mental health service providers throughout the state to provide services for his clientele.
- Currently partners with both state and federal law enforcement and prosecutors on matters involving suspected controlled substance violations.
- Regularly consulted on the daily operation of medical marijuana businesses, both in terms of business operations and regulatory compliance, including the complex legal and tax ramifications of federal/state distinctions and regulations.



Jessica Auciello – Facility Manager

Background



Jessica Auciello is a licensed pharmacist. Ms. Auciello has a foundation in natural medicine, herbal medicine, homeopathy, and bio-identical hormone replacement. Ms. Auciello continues her education in order to assist patients in making informed healthcare decisions. Managing a medical marijuana dispensary is in line with her goals to expand the healthcare choices she offers her patients.

Highlights

- Compounding Pharmacist at Rye Beach Pharmacist.
- Leader in developing procedures that ensure compliance with emerging regulations.
- Developed protocol to increase patient compliance with dosage recommendations

Overview

Like any medicine, the possibility exists that medical marijuana may be used inappropriately. Through education, prevention, and our internal protocol, Better Healing seeks to combat substance abuse in our community. As articulated above, several members of our advisory board have specialized knowledge relating to substance abuse identification, treatment, and prevention. Better Healing is committed to preventing the abuse of medical cannabis.

In order to respond to concerns regarding substance abuse, we will maintain open lines of communication with law enforcement and treatment providers within the community.

Definition: Abuse of Drugs

Section 21a-408-1 of the State of Connecticut Regulation of the Department of Consumer Protection concerning Palliative Use of Marijuana defines "abuse of drugs" as:

"the use of controlled substances solely for their stimulant, depressant or hallucinogenic effect upon the higher functions of the central nervous system and not as a therapeutic agent prescribed in the course of medical treatment or in a program of research operated under the direction of a physician or pharmacologist"



Understanding the Problem: Connecticut Statistics

In 2007-2008, the National Survey on Drug Use and Health identified Connecticut as one of the top 10 states for dependence on illicit drugs among young adults (18-25). Since then, the number of individuals enrolled in substance abuse treatment has increased dramatically – from 24,000 in 2009 to over 30,000 in 2013. The availability of treatment may explain why illicit drug use, excluding marijuana use, by young adults (18-25) in Connecticut has shifted from being above the national average in 2011/2012 to well below in 2012/2013, according to an annual survey by the Substance Abuse and Mental Health Services Administration (SAMHSA). In fact, for all age groups, when marijuana is excluded, the use of illicit drugs in Connecticut is lower than the national average.

Better Healing will prioritize partnerships with organizations supporting substance abuse prevention for adolescents.

Dispensary Approach

Better Healing is prepared to implement policies and procedures upon the commencement of operations to deter substance abuse. These policies and procedures will be developed as follows:

- Dr. Johnson-Arbor and Dr. Morgan will establish a protocol for an intake assessment of new patients. The goal of the protocol is to estimate the patient's anticipated need for medical cannabis, based on the patient's condition and titration expectations.
- Better Healing's pharmacists will be trained by the Northeastern Cannabis Institute and the ASA protocol to accurately determine appropriate dosage for patients. Our pharmacists will consult with Dr. Johnson-Arbor and Dr.

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), "Behavioral Health Barometer: Connecticut, 2014," HHS Publication No. SMA-15-2895CT, Rockville, MD: SAMHSA, 2015. Available online: http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_1/BHBarometer-CT.pdf (accessed August 21, 2015).

² SAMHSA, "National Survey on Drug Use and Health: Comparison of 2011-2012 and 2012-2013 Model-Based Prevalence Estimates (50 States and the District of Columbia), Rockville, MD: SAMHSA, 2014. Available online: http://www.samhsa.gov/data/sites/default/files/NSDUHStateEst2012-2013-p1/Ch angeTabs/NSDUHsaeShortTermCHG2013.pdf (accessed August 21, 2015).



Morgan to ensure that an appropriate quantity is being dispensed to patients.

- Officer Ronald Young will develop protocols to prevent diversion. Patients will only be dispensed quantities of cannabis in accordance with the estimates generated through Dr. Johnson-Arbor's and Dr. Morgan's protocol.
- Better Healing, with the leadership of Drs. Johnson-Arbor, Jaquez, and Morgan, Facilities Manager Jessica Auciello, Officer Ronald Young, and Attorney Aaron Romano, will develop educational materials on the prevention and identification of addiction, including cannabis addiction. These materials will include confidential support hotlines as well as referrals for local substance abuse treatment facilities. First time patients at Better Healing will receive a copy of these materials and they will be available in the waiting area and consultation rooms.
- Better Healing will strictly enforce the Connecticut Prescription Monitoring and Reporting System (CPMRS) as per Connecticut statutes. Jessica Auciello's background as a pharmacist will facilitate implementing these protocols.
- Better Healing will provide free consultations regarding any issues arising from patient concerns of substance abuse. Better Healing will refer any patient at risk for substance abuse to one of the established local treatment centers. Better Healing will develop procedures to follow-up with these patients to ensure that their needs are being served.

Strategic Partnerships

Our goal at Better Healing will be to establish relationships with the following groups:

- Local law enforcement
- Bridges (http://www.bridgesct.org/)
- State of Connecticut Network of Care (<a href="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx?tax="http://connecticut.networkofcare.org/mh/services/subcategory.aspx."http://connecticut.networkofcare.org/mh/services/subcategory.aspx.
- Recovery Network of Programs (http://www.recovery-programs.org)
- Kinsella Treatment Center (http://www.recovery-programs.org/KTC.html)
- The Liberation Programs
 (www.connecticut.networkofcare.org/mh/services/agency.aspx?pid=LiberationProgramsBridgeportMillHillClinicSubstanceAbuseCounseling 556 2)
- The Tina Klem Serenity House
- The Cornell Scott Hill Health Center (www.cornellscott.org)



- The Connecticut Mental Health Center (La Clinica Hispana) (www.ct.gov/dmhas/site/default.asp)
- Liberation Programs, Inc (www.liberationprograms.org)

Organizations Focusing on Substance Abuse Prevention in Youth and Adolescents:

- Recovery Empowerment Counseling Center (www.recovery-programs.org/RWC.html)
- The Connecticut Renaissance (<u>www.ctrenaissance.com</u>)

The above list of organizations is not exhaustive. Better Healing will continually expand its network to assist its patients.

Ongoing Support

Better Healing's Advisory Board will meet on a quarterly basis and review the efficacy of the protocols and make any changes as necessary. Throughout the year, Facility Manager Jessica Auciello will flag any problems to the appropriate Advisory Board members and request review or advice.

The Board will maintain an active line of communication with local law enforcement. As a criminal defense attorney, and Better Healing's legal counsel, Aaron Romano has continued contact with law enforcement, prosecutors, and treatment providers. This will enable Better Healing to remain aware of the problems facing the community and to implement the best practices to combat substance abuse.

Better Healing understands that the operation of a medical cannabis dispensary is a long term commitment to community well being. We see ourselves as part of a broader network of service providers and value our role in the Milford area. We welcome the opportunity to offer our services to those in need.



Appendices





165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp

Appendix A Dispensary Facility License Information Form

Section A: Business Information							
1. Applicant bu	siness type:						
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liabil Partnership		corporated ociation	Other:
2. Legal Name of Applicant: Better Healing, LLC							
3. Trade Name Better Hea							
4. Applicant's I 3 Clover Co	Business Addres	SS:					
5. City: Brookf	ield				6. State: CT	7. Zip C	Code: 06804
8. Daytime Telephone Number: 9. E-mail Addre 2039289248 ttangredi@bett				g247.com			
10. Applicant's Mailing Address (if different than business address):			11.	11. City:			
12. State: 13. Zip Code: 14. Daytime Telephone Number		er: 15. 1	15. Fax Number:				
Section B: C	Contact Infor	mation					
contact, if one i	s designated. V	Ve will assume	that you receiv	ication will be se e all communica information char	tions sent to		act and alternate nated contact(s) and it
16. Name of Primary Contact: Travis Tangredi					17. Primary Contact Title: Business Manager		
18. Primary Contact E-mail Address: ttangredi@betterhealing247.com				19. Primary Contact Telephone Number: 203-928-9248			
20. OPTIONAL - Name of Alternate Contact: Aaron Romano			21. Alternate Contact Title: counsel				
22. Alternate Contact E-mail Address: aromano@betterhealing247.com			23. Alternate Contact Telephone Number: 860-335-4293				
Section C: F	ormation/In	corporation	Informatio	n			
	mation/Incorpor			. Place of Forma Connecticut	tion/Incorpo	oration:	
	with the Connec	cticut Secretary	of State: 27	. Sale and Use T	ax Permit N	umber:	
☐ Yes ☐ No			Pr	ovide a copy of	vour Sale a	nd Use Tax	permit with your

application.





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E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp

Section D	: Proposed Dispensa	ry Facility Information	1				
28. Proposed Dispensary Facility Address: 884 Boston Post Road			29. City: Milford				
30. State:	31. Zip Code:	1	32. Telephone Number:		33. Fax Number		
CT	06460	2039289248	2039289248		646495993	3	
	34. Own or Lease Property: ☐ Own ☑ Lease 35. Name of Boss Boss Boss Boss Boss Boss Boss B			e of Prop	e of Property Owner: eal Estate, LLC		
	Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.			, ===			
cvidencing	inc right to occupy if you	are awarded a needse.					
Section E	: Business Associatio	n Information					
36. Are you applicant:	associated with any other	dispensary facility licensee of	or license a	ipplicant o	or producer licens	see or license	
🖸 Yes 💆 N	No						
If yes, provi	de the name of all applicar	nts with whom you are assoc	iated. Atta	ach additi	onal pages if nece	essary.	
37. Applicar	nt Name:			38. Licer	38. Licensee or Applicant Type:		
					Dispensary Facility		
39. Applicar	nt Name:				icensee or Applicant Type:		
				☐ Disper	ispensary Facility		
Section F	Proposed Disposes	y Department Hours					
	proposed dispensary depa	rtment hours of operation fo	r each day	The disp	pensary departmen	nt is where marijuana	
Monday	0.30 8		Friday	9:30	to	9	
Tuesday	9:30 8		Saturday	9:30	to	6	
Wednesday	9:30 to 8		10:30			5	
Thursday	9:30 to 8						
Section G	: Proposed Dispensa	ry Facility Hours					
	proposed dispensary facil roducts and services will b	ity hours of operation for eace offered.	ch day. Th	e dispens	ary facility includ	les areas where non-	
Monday	9 to 8	F	riday	9	to	9	
Tuesday	9 to 8		Saturday	9	to	6	
Wednesday	9 to 8		Sunday	10	to	5	
Thursday	9 to 8						





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E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp

Section H: Other Business Names & Addresses	
List all names under which the applicant has done business or has held your response to business operations in Connecticut. Attach addition	
43. Name: N/A	44. Time Period:
List all addresses, other than those listed in response to Section A, that conducted business during the previous five years and give the approxowned or utilized. Attach additional pages if necessary.	
45. Address: N/A	46. Time Period:
Section I: Dispensary Facility Backers	
Provide the following information for each dispensary facility backer. any legal entity) with a direct or indirect financial interest in the applic investment interest provided the interest held by such person and such child, in the aggregate, does not exceed five per cent of the total owne will not participate directly or indirectly in the control, management of granted.	cant, except it shall not include a person with an person's co-workers, employees, spouse, parent or rship or interest rights in the applicant and such person
Create additional copies of this page if necessary.	
Each backer identified in response to this section must complete a	nd sign Appendix B.
47. Name:	48. Percentage of ownership
Fitor Mamudi	44.5
Travis Tangredi	22.25
Michaele Zappone	22.25
Aaron Romano	10
John Ellis	1





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Section J: Directors, Owners, Officers and Other High-Level Employees

Provide the following information for each individual, including each dispensary facility backer, who will:

- directly or indirectly have control over, or participate in the management or operation of, the dispensary facility; or
- who currently receives, or who reasonably can be expected to receive, within one calendar year, compensation from the applicant exceeding \$100,000.

Create additional copies of this page if necessary.

Each person identified in response to this section must complete and sign Appendix C.

49. Name (First, Middle, Last):	50. Title:	51. Role:
Travis Tangredi	Business/Privacy Manager	Business/Privacy Manager
Aaron Romano	in house counsel	legal
John Ellis	Advisory Board Member	Dir., Comm. Benefits Plan
Rev. Jeff Dugan	Advisory Board Member	Dir., Patient Advocacy
Ron Young	Advisory Board Member	Dir of Security

Section K: Financial Statement Set forth all expenses greater than \$10,000 incurred in connection with the establishment of your business and the sources of the funds for each. Attach additional pages if necessary. The Department may require backup documentation. 52. Expense Item: 53. Cost: 54. Source of Funds: 24000 | Fitor Mamudi Aaron J Romano, PC \$ 60000 | Fitor Mamudi Green Rush Consulting \$ \$ \$ \$ \$ \$

Section L: Security System	
Identify the company or companies that will provide security services for the disper more than two companies will provide security services, complete this section for ea	
55. Primary Security Company Name: Sonitrol New England	
56.Primary Security Company Address (including Apartment or Suite #): 65 Inwood Road	57. City: Rocky Hill





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58. State:	59. Zip Code:	60. Telephone Number:	61. Fax Number:					
СТ	06067	860-616-7556						
62. E-mail A	62. E-mail Address: fran.lawlor@sonitrolnewengland.com							
63. Backup Security Company Name (if applicable): R & R Protective Services Security								
64. Backup Security Company Address (including Apartment or Suite #): 28 Bank Street 65. City: New Milford								
66. State:	67. Zip Code: 68. Telephone Number: 69.		69. Fax Number:					
СТ	06776	860-350-5130						
70. E-mail A	ddress: rrprotective@sb	cglobal.net						
		e security plan to be offered by the security comements set forth in Section 21a-408-62 of the Re						
Section M	: Legal Proceedings							
		ition filed by or against it, or otherwise sought it State insolvency law in the last ten year period?						
If the answer above is "yes", attach a statement providing the details of such proceeding or petition.								
73. Has the applicant ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?								
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.								
74. Is the applicant a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?								
litigation, th general nat	If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.							
		es or other penalties over \$10,000 assessed by a						
If the answe	If the answer above is "yes", attach a statement providing the details of such fines or penalties.							

Section N: Criminal Actions

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.





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Section O: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating the applicant's suitability to participate in the medical marijuana program. As the duly authorized representative of the applicant, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

77. Signature: 78. Date Signed: 9/15/15

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

79. Signature: 80. Date Signed: 9//5/15

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	TAXPAYER'S GOPY	•
··	State of Connecticut	•
	DEPARTMENT OF REVENUE SERVICES	
	OPERATIONS DIVISION 25 Sigourney St., Hartford, CT 06106	
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Section A, Number 1 Addendum Appendix A

Section D: Question 34:

Signed lease can be found in Section B

Section J: Additional Sheet 1

Kelly Johnson-Arbor, MD, Advisory Board Member, Medical Director (Toxicology)

Peter Morgan, MD, PhD, Advisory Board Member, Medical Director (Research/Addiction)

Michaele Zappone, Owner/Backer

Fitor Mamudi, Director of Finance, Owner/Backer

Corey Jaquez, Medical Director

Section L: Question 71

Detailed Security Plan can be found in Section C





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Appendix B Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

Section A: B	acker Infor	mation	1					
1. Backer business type:								
Sole Proprietorship	Corporation	Limited Liability Co	Partnership	Limited Liability Partnership	Unincorporated Association	Other:		
2. Legal Name John C. Ellis	2. Legal Name of Backer: John C. Ellis							
3. Trade Name	of Backer (if ap	plicable):						
4. Street Addres 24 Saltus Drive		partment or Su	ite #):			 ·		
5. City: Old Saybrook				6. State: CT	7. Zip Code: 06475			
8. Daytime Tele	-	ı	Number:		I0. E-mail Ad			
(860) 227-20	509	(860) 388-6661		Johnbassgrou	p@comcast.net		
Section B: B	acker Meml	ers						
					A, identify the memb t greater than 5%. A	ers of your ttach additional pages		
Each member of a backer identified in response to this section must complete either: Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or Appendix E in all other instances.								
11. Name (First, Middle, Last): 12. Percentage of ownership interest								
				``		 		
		-				-		





Section (C: Licenses, Permits and Re	gistrations						
Provide inf	Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach							
	additional pages if necessary. 13. State 14. Issue Date (month/year): / 15. Type: 16. Number:							
13. State	14. Issue Date (month/year):	/	15. Type:	To. Number:				
	Expiration Date (month/year):	1	see attachment					
17. State	18. Issue Date (month/year):	1	19. Type:	20. Number:				
	Expiration Date (month/year):	/						
G 4 I								
Section	D: Legal Proceedings							
	ou, or has any entity over which you sought relief under, any provision of !?							
☐ Yes ☑	No							
If the ansv	ver above is "yes", attach a statem	ent providing the	details of such proceeding	g or petition.				
22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Yes No If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.								
23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?								
☐ Yes ☑	□ Yes ☑ No							
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.								
24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?								
☐ Yes ☑	□ Yes ☑ No							
If the answer above is "yes", attach a statement providing the details of such fines or penalties.								
Section 1	E: Criminal Actions							
	25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No							
the court(s	wer above is "yes", attach a statem s) where the case(s) were decided, harges and the outcome of the pro	a description of th						





Section F: Criminal Background Check	
I understand that the department may review criminal background records for purposes participate in the medical marijuana program. As the backer, or duly authorized represe authorize the release of any and all information of a confidential or privileged nature to	entative of the backer, I hereby
26. Signature:	27. Date/Signed:
I hereby certify that the above information is correct	and complete.
I fully understand that if I knowingly make a statement that is untrue and which is in Consumer Protection or any person designated by the Department in the performance violation of Section 534-157b of the Connecticut General Statutes.	
28. Signature:	29. Date Signed:
	/ / ' / '

JOHN C. ELLIS

Appendix B Supplement:

Section C: Licenses, Permits and Registration

- USCG CAPTAIN, MERCHANT MARINE OFFICER -MARCH 2008 PRESENT-2802221
- BROKER DEALER, SECURITIES LICENSE- US SECURITIES AND EXCHANGE COMMISSION-APRIL 4 -1986-1996 -FILE NO.8-35620
- REAL ESTATE BROKER -John Ellis -Rockwell Management Group, 455 Boston Post Road Suite 203b, Old Saybrook, CT .06475-REB. 0751833- 2000-Present
- BOW PERMIT-2000-PRESENT-B1004940
- HUNTING LICENSE-1986-2015-39950
- MARINE LICENSE-2015-39950

Appendix C supplement

Section E: Question 28

As Chairman of the Connecticut Sports Foundation ("CSF"), I understand the importance of providing patients who suffer from debilitating illnesses with safe access to medicine. CSF, a non-profit organization with a 501(c)(3) designation, is a truly unique organization in Connecticut. CFS provides funds to all of Connecticut's cancer patients; this money can be used for rent/mortgage, utilities, transportation, medications and more. Patients are referred to CSF via a network of oncology social workers at Connecticut hospitals and cancer centers. Resources are offered with dignity and privacy, thus helping patients maintain self-respect while lessening the stress that may inhibit their recovery. It has been twenty-eight years since its inception, and CSF is still going strong. It is not only through my work with CSF that I have gained an understanding of the benefits of medical marijuana. Both my brother and myself are cancer survivors, and I know firsthand that the pain and nausea can be devastating. Medical marijuana presents a viable and non-invasive therapy that can help many.

The opportunity to work with Better Healing Dispensary is a natural extension of my charitable work with CSF. As the Director of the Community Benefits Plan, I will oversee Better Healing's charitable outreach programs. Through my experience as Chairman of the CSF, I have an established network of service providers prepared to offer assistance to persons afflicted with debilitating illnesses. I am pleased to be working with a medical marijuana dispensary as it will improve this most vulnerable patient population's quality of life. I will insure that the dispensary maintains strong connections with other patient service providers and acts in accordance with the necessary societal imperative to help others.

Section F: Licenses

- USCG CAPTAIN MERCHANT MARINE OFFICER -MARCH 2008 PRESENT-2802221
- BROKER DEALER SECURITIES LICENSE- US SECURITIES AND EXCHANGE COMMISSION-APRIL 4 -1986-1996 -FILE NO.8-35620
- REAL ESTATE BROKER -John Ellis -Rockwell Management Group, 455 Boston Post Road Suite 203b, Old Saybrook, CT 06475-REB. 0751833- 2000-Present
- BOW PERMIT-2000-PRESENT-B1004940
- HUNTING LICENSE-1986-2015-39950
- MARINE LICENSE-2015-39950







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Appendix B Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

Section A: Backer Information							
1. Backer busin	1. Backer business type:						
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liability Partnership	Unincorporated Association	Other:	
2. Legal Name of Backer: Fitor Mamudi							
3. Trade Name	of Backer (if ap	plicable):			· · · · · ·	-	
4. Street Addres 17 Logging Tra		partment or Sui	te #):				
5. City: Brookfield				6. State CT	7. Zip Code: 06804		
8. Daytime Tele	ephone Number	: 9. Fax	Number:	 _ . ·	'	0. E-mail Address:	
(203) 297-7	838	(203)	262-6001		fmamudi@be	etterhealing247.com	
ic .: D D		<u> </u>		المراجع الماسية			
If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary. Each member of a backer identified in response to this section must complete either: • Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or • Appendix E in all other instances.							
11. Name (First, Middle, Last): 12. Percentage of ownership interest							





Section 6	C: Licenses, Permits and Re	gistrations					
Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach							
13. State	pages if necessary. 14. Issue Date (month/year):		15. Type:	16. Number:			
15.5.40	11. Issue Bate (monut year).	,	13. Type.	To. Ivanioer.			
	Expiration Date (month/year):	1					
17. State	18. Issue Date (month/year):		19. Type:	20. Number:			
	Expiration Date (month/year):	/					
Section I	D: Legal Proceedings						
	ou, or has any entity over which you sought relief under, any provision of d?						
☐ Yes ☑	No						
If the ansv	wer above is "yes", attach a staten	ent providing the	details of such proceedin	g or petition.			
22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? ☑ Yes □ No							
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.							
23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?							
□ Yes ☑ No							
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.							
24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?							
☑ Yes □	☑ Yes □ No						
If the answ	If the answer above is "yes", attach a statement providing the details of such fines or penalties.						
Section	E: Criminal Actions						
	25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No						
the court(If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.						



26. Signature:

11

Medical Marijuana Program



27. Date Signed:

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Section F: Criminal Background Check	
I understand that the department may review crimina	l background records for purposes of evaluating my suitability to

participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

It Manual.	9/11/15
I hereby certify that the above information	on is correct and complete.
I fully understand that if I knowingly make a statement that is untrue a Consumer Protection or any person designated by the Department in the violation of Section 53a-157b of the Connecticut General Statutes.	and the control of th

29. Date Signed: 28. Signature: 9/11/15

Addendum
Appendix B Section C

Appendix C Section F

Entity	State	Issue Date	State License Number	Commodity	Expiration Date
Starion Energy	СТ	12/23/2009	09-10-10	Electric	Renewal submitted and in review process
Starion Energy PA	DÇ	1/19/2012	EA-11-32-3	Electric	N/A
Starion Energy PA	DE	10/23/2012	12-418	Electric	N/A
Starion Energy PA	ΙL	2/23/2012	12-0058	Electric	N/A
Starion Energy	MA	5/7/2013	CS-104	Electric	Renewal submitted and in review process
Starion Energy PA	MĎ	12/29/2010	JR-2094	Electric	N/A
Starion Energy PA	NJ	3/12/2012	ESL-0119	Electric	Renewal submitted and in review process
Starion Energy NY	NY	6/4/2010	STAR	Elec/Gas	N/A
Starion Energy NY	ÓН	2/5/2014	14-339(G)1	Gas	2/5/2016
Starion Energy PA	ОН	8/14/2013	11-4250-EL-CRS	Electric	Renewal submitted and in review process
Starion Energy PA	PA	2/25/2011	A-2010-2210819	Electric	N/A

Medical Marijuana Program Appendix B Dispensary Facility Backer Information Form

ATTACHMENT NO. 1

Re:

Backer:

Fitor Mamudi

Form Dated:

Section D:

September 11, 2015 Legal Proceedings No. 22 Attachment

Date/Title	Type of License	Summary
May 30, 2013	Retail Supply	On February 6, 2014 the parties entered into a
I control of the cont		settlement admitting no wrong doing by Starion
Investigation of the		Energy. A donation was paid to The Greater
Business and Solicitation		Washington Urban League, Inc. Starion also
Practices of Starion Energy		agreed to amend its complaint handling
in the District of Columbia		procedures.
May 13, 2013	Retail Supply	Order Issued March 7, 2014 by the Maryland
		Public Service Commission. Starion was
Investigation of the		directed to issue customer notifications, pay a
Marketing Practices of		penalty and file a compliance report every
Starion Energy PA, Inc.		6mths. Starion has satisfied all of the Order
		requirements and continues to meet on-going
		compliance filing requirements.
April 5, 2010	Retail Supply	On June 15, 2011 the Connecticut Department
		of Utility Control accepted a settlement of the
License Investigation of		parties whereby Starion agreed to amend its
Starion Energy Inc.		contract going forward to include certain
		provisions and make a payment to Operation
		Fuel, Inc.

Medical Marijuana Program Appendix B Dispensary Facility Backer Information Form

ATTACHMENT NO. 2

Re:

Backer:

Fitor Mamudi

Form Dated: September 11, 2015 Section D: Legal Proceedings No. 24 Attachment

Date/Title	Type of License	Summary
May 13, 2013	Retail Supply	Order Issued March 7, 2014 by the Maryland
		Public Service Commission. Starion was
Investigation of the		directed to issue customer notifications, pay a
Marketing Practices of		penalty of \$350,000.00 and file a compliance
Starion Energy PA, Inc.		report every 6mths. Starion has satisfied all of
		the Order requirements and continues to meet
		on-going compliance filing requirements.





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Appendix B Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

Section A: Backer Information									
1. Backer busine	1. Backer business type:								
<u> </u>					ш. Г				
Sole Proprietorship	Corporation	Limited Liability Co.							
2. Legal Name of Backer: Aaron J Romano									
3. Trade Name o	of Backer (if ap	plicable):							
4. Street Addres 55 Woodland A		partment or Suit	e #):						
5. City: Bloomfield			•	6. State: CT	7. Zip Code: 06002				
8. Daytime Tele	-	I	Number:			E-mail Address:			
860-286-902	<u>26</u>	860-2	86-9028	· -	aromano@be	tterhealing247.com			
Section B: B:	acker Meml	pers							
If you selected a	mything other t	han "Sole Prop		esponse to Section A ct ownership interest		ers of your ttach additional pages			
Each member of a backer identified in response to this section must complete either: • Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or • Appendix E in all other instances.									
11. Name (First,	11. Name (First, Middle, Last): 12. Percentage of ownership interest								
	,								





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Section (C: Licenses, Permits and Reg	istrations					
	Formation regarding all state licenses,	permits or registr	rations ever held, current or	expired, by you. Attach			
	pages if necessary.	,	1.5 m	1637			
13. State	14. Issue Date (month/year):	/	15. Type:	16. Number:			
	Expiration Date (month/year):	/					
17. State	18. Issue Date (month/year):	/	19. Type:	20. Number:			
	Expiration Date (month/year):	/					
Section I): Legal Proceedings						
	ou, or has any entity over which you sought relief under, any provision of 1?						
□ Yes 🗹	No						
If the answ	ver above is "yes", attach a statemo	ent providing the	details of such proceeding	g or petition.			
	22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?						
□ Yes 🗷	No						
	If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.						
23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?							
□ Yes ☑ No							
litigation, general na	ver above is "yes", attach a statement the name and location of the court ture of the claims being made and the applicant.	before which it is	s pending, the identify of	all parties to the litigation, the			
	24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?						
□ Yes 🗹	No						
	ver above is "yes", attach a statemo	ent providing the	details of such fines or pe	enalties.			
Section I	E: Criminal Actions						
	ou ever been convicted of a crime or criminal or military court or do you h			tence, or forfeited bail for any			

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the

pending charges and the outcome of the proceedings.





I understand that the department may review criminal background records for participate in the medical marijuana program. As the backer, or duly authorize authorize the release of any and all information of a confidential or privileged	d representative of the backer, I hereby
26. Signature:	27. Date Signed:
De Combanda	9.3.15
I hereby certify that the above information is o	correct and complete.
I fully understand that if I knowingly make a statement that is untrue and wh Consumer Protection or any person designated by the Department in the perfoviolation of Section 53a-157b of the Connecticut General Statutes.	
28. Signature	29. Date Signed:

Aaron J. Romano

Appendix B Supplement:

Section C: Licenses, Permits, and Registrations

CT 6/1/15-5/3/16 Residential Real Estate Lic. 0780470

CT 11/5/12-11/27/17 State Permit to Carry Pistol Permit #949058

US Supreme Court 12/12/05 License to Practice

Second Circuit Court of Appeals 12/5/05 License to Practice

U.S. Virgin Island District Court 5/1/03 License to Practice

U.S. Virgin Island Territorial Court 2/22/02 License to Practice

Commonwealth of PA 10/21/99 License to Practice

CT District Court 4/26/99 License to Practice

CT State Court 10/9/98 License to Practice

Appendix C Supplement:

Section D: Question 26

Advanced Grow Labs, LLC

West Haven, CT

Attorney- responsibilities included advising organizing members regarding the legality of operating of a production facility. Interpreted local law and provided advice regarding federal law conflict. Facilitated introduction of growers and other technological personnel to organize the production facility. Advised organizers on how to formulate and operate a fully functional production facility. Negotiated with other producers for technological exchange regarding production techniques. June 2012-September 2012

I do not currently have a role with Advance Grow Labs, LLC, as the purpose for which I was employed has been fulfilled and the business is now functional.

Advanced Grow Labs remained in compliance with all regulations and laws during the tenure of my representation.

Section E: Ouestion 28

Ihave managed my own law practice since 2004, and am currently a licensed and practicing attorney with my own firm. Beginning in 2004, the firm has evolved from Fernandez & Romano, LLC, to Fernandez & Romano, PC and now to Aaron J. Romano, PC. Fernandez & Romano, LLC was originally located at 124 Jefferson Street, Hartford, Connecticut 06106. Fernandez & Romano, LLC then moved to 45 Wintonbury Avenue, Bloomfield, Connecticut, 06002. Both Fernandez & Romano, PC and Aaron J. Romano, PC were located at 45 Wintonbury Avenue, Suite 107, Bloomfield, Connecticut, 06002. Aaron J. Romano, PC is currently located at 55 Woodland Avenue, Bloomfield, Connecticut, 06002. The firm was Fernandez & Romano, LLC from 2004-2007, at which point it merged into Fernandez & Romano, PC. The firm was Fernandez & Romano, PC from 2007-2008; Aaron J. Romano, P.C. was formed in 2008. At all times I was a managing partner of the firm. From 2004 through 2009 the practice was a general litigation firm, which areas of practice included personal injury, immigration, and criminal law. Since 2009, the firm focuses exclusively on criminal law and medical marijuana law. I remain a managing partner at Aaron J. Romano, PC and am actively engaged in State and Federal matters throughout Connecticut. At no time was Fernandez & Romano, LLC, Fernandez & Romano, PC, or Aaron J. Romano, PC ever alleged to

have violated the laws or regulations of the state or country in which they operate(d). I have a total of seventeen years of experience as an attorney, with the corresponding understanding of federal and state statutes, regulations, and the court systems. In my office, I ensure proper compliance with HIPAA laws and the maintenance of confidentiality regarding client legal files. Additionally, I am the state-wide counsel for National Organization for Reform of Marijuana Laws. Certainly, this experience is relevant to the department's evaluation of Better Healing's application as not only am I versed in Connecticut's State and Federal legal landscape, my office has a demonstrated commitment to medical marijuana advocacy. In furtherance of that, I developed pro bono patient advocacy program to assist people who suffer from debilitating ailments under Chapter 420f of the C.G.S. to obtain medical cards. I have also studied and researched Colorado and California regulations and the medical marijuana industry, touring grows and dispensary operations. As I previously articulated, I successfully organized and arranged for investors in Connecticut to meet growers and producers to obtain the technological processes to begin indoor production for the state. This investment group was ultimately awarded a producer license in the State of Connecticut. I have advised numerous business and individual clients on Connecticut's changing laws regarding marijuana decriminalization and for medical purposes.

Section F: Licenses

CT 6/1/15-5/3/16 Residential Real Estate Lic. 0780470
CT 11/5/12-11/27/17 State Permit to Carry Pistol Permit #949058
US Supreme Court 12/12/05 License to Practice
Second Circuit Court of Appeals 12/5/05 License to Practice
U.S. Virgin Island District Court 5/1/03 License to Practice
U.S. Virgin Island Territorial Court 2/22/02 License to Practice
Commonwealth of PA 10/21/99 License to Practice
CT District Court 4/26/99 License to Practice
CT State Court 10/9/98 License to Practice





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Appendix B Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

Section A: 1	Backer Infori	mation						
I. Backer busin	iess type:			<u>-</u>	•			
	r –			<u> </u>				
고 Sole	Companyion			L L	L			
Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liability Partnership	Unincorporated Association	Other:		
2. Legal Name Travis Tangred			·-	-				
3. Trade Name	3. Trade Name of Backer (if applicable):							
4. Street Addre 3 Clover Court	ss (including Ap	partment or Suit	e #):					
5. City: Brookfield								
8. Daytime Tel	ephone Number	9. Fax 1	Number:		10. E-mail Add	lress:		
(203) 928-9248 (646) 495-9933 ttangredi@betterhealing247.com						terhealing247.com		
Section B: B	acker Memb	oers						
If you selected organization. A if necessary.	anything other t A member is any	han "Sole Propt person with a c	rietorship" in re direct or indirec	esponse to Section A et ownership interest	, identify the membe greater than 5%. At	rs of your tach additional pages		
• Appe		e also a director		n must complete either or other high-level		olicant; or		
11. Name (Firs	11. Name (First, Middle, Last): 12. Percentage of ownership interest							
-				_	-			
				<u> </u>				
			· · · · · · · · · · · · · · · · · · ·	_				





Section (C: Licenses, Permits and Re	egistrations					
	formation regarding all state licens	es, permits or registr	rations ever held, current or	expired, by you. Attach			
13. State	pages if necessary. 14. Issue Date (month/year):	03 /10	15. Type:	16. Number:			
СТ	Expiration Date (month/year):	- /-	Aggregator	Docket 10-01-05			
17. State	18. Issue Date (month/year):	02 / 15	19. Type:	20. Number:			
СТ	Expiration Date (month/year):	01, 20	Sales & Use Tax Permi	1155500			
Section 1	D: Legal Proceedings						
	ou, or has any entity over which you sought relief under, any provision of						
☐ Yes ☑	No						
If the answ	ver above is "yes", attach a state	ment providing the	details of such proceeding	g or petition.			
registration Yes If the answ	22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Yes No If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at						
issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.							
	u a party to any legal proceedings bove any insurance coverage avail			sonably be expected to exceed			
☐ Yes ☑	No						
litigation, general na	If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.						
	ou, or has any entity over which your sessed by any regulatory agency?	ou exercised manage	ement or control, ever had a	ny fines or other penalties over			
☐ Yes ☑	No						
If the answ	ver above is "yes", attach a state	ment providing the	details of such fines or pe	nalties.			
Section	E: Criminal Actions						
	ou ever been convicted of a crime criminal or military court or do you			ence, or forfeited bail for any			
the court(wer above is "yes", attach a state s) where the case(s) were decided harges and the outcome of the pr	l, a description of th					





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Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. Signature:

27. Date Signed:
09/10/2015

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. Signature: 29. Date Signed: 09/10/2015





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Appendix B Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

Section A: B	lacker Infor	mation					
1. Backer busin	ess type:						
Ţ.						L	
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Partne		Unincorporated Association	Other:
2. Legal Name Michaele Zapp	one		•			-	
3. Trade Name of Backer (if applicable):							
4. Street Addres 323 Cedar Mtn		partment or Suit	e #):	•	,	•	<u> </u>
5. City: Thomaston					6. State: CT	7. Zip Code: 06787	
8. Daytime Telephone Number: 9. Fax Number: 10						0. E-mail Address:	
(203) 206-4	317			_		michaelezapp	one@gmail.com
G (; D D							
Section B: B							
						identify the membe greater than 5%. A	ers of your ttach additional pages
 Apper 	Each member of a backer identified in response to this section must complete either: Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or Appendix E in all other instances.						
**	1					1.65	
11. Name (First	, Middie, Last):	•				interest	tage of ownership
•				_	<u> </u>		





Section	C: Licenses, Permits and Registrations						
	formation regarding all state licenses, permits or registr	rations ever held, current or	expired, by you. Attach				
additional	pages if necessary.						
13. State	14. Issue Date (month/year): /	15. Type:	16. Number:				
	Expiration Date (month/year):						
17. State	18. Issue Date (month/year): /	19. Type:	20. Number:				
	Expiration Date (month/year):						
G .: .							
Section	D: Legal Proceedings						
	ou, or has any entity over which you exercised manage sought relief under, any provision of the Federal Bankr d?						
□ Yes ☑	No						
If the ansv	wer above is "yes", attach a statement providing the	details of such proceeding	g or petition.				
	22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?						
☐ Yes ☑	No						
	If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.						
	u a party to any legal proceedings where damages, fine above any insurance coverage available to cover the cla		sonably be expected to exceed				
☐ Yes ☑	□ Yes ☑ No						
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.							
	you, or has any entity over which you exercised manage seessed by any regulatory agency?	ement or control, ever had a	ny fines or other penalties over				
□ Yes ☑	l No						
If the answer above is "yes", attach a statement providing the details of such fines or penalties.							
Section	E: Criminal Actions	· · · · · · · · · · · · · · · · · · ·					
	you ever been convicted of a crime or received a susper	aded centence, deferred cent	ence or forfaited bail for any				
	criminal or military court or do you have any charges p		ence, or forfetted ball for any				
the court(wer above is "yes", attach a statement providing the s) where the case(s) were decided, a description of the harges and the outcome of the proceedings.						





Section F: Criminal Background Check	
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.	
26. Signeture: 27. Date Signed: 9/12/1/2	
I hereby certify that the above information is correct and complete.	
I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.	
28. Signature 29. Date Signed 21/2/15	
9 () 11	

Michaele Zappone

Appendix B Supplement

Section C: Licenses, Permits and Registrations

Licensed Massage Therapist, CT, 1999-present
Nationally Certified in Therapeutic Massage and Bodywork, 1999-present
American Massage Therapy Association Membership
Certified Medical Massage –Professional Level, May 2000
Certified CORE Myofascial Therapist, November 2002
Certified Weight Trainer, October 2005
Certified Orthopedic Massage, September 2007
Certified CPR, 2015

Appendix C Supplement

Section E: Other Relevant Business Experience

I have managed my own private practice Massage Therapy business since the year 2000. My place of business is 323 Cedar Mountain Rd, Thomaston, CT. My business specializes in the treatment and prevention of chronic pain.

- Coordinate with doctors to provide comprehensive patient care
- Provide numerous holistic treatments including hot stone massage, sports massage, Swedish massage, deep tissue massage, trigger point therapy, myofascial therapy, proprioceptive neuromuscular facilitation, educating nerves and muscles to function pain free.
- Versed in HIPPA compliance and patient confidentiality
- Personally responsible for contractor management, client scheduling, billing and all other daily administrative duties

Additionally, my personal experiences with chronic pain that I have dealt with most of my life have helped me better understand my patients. Most of my chronic pain has been due to chronic Lyme disease. The prescription treatments usually had adverse side effects. In turn additional prescriptions were provided to deal with those side effects. It became a cycle.

So many people surrender to this cycle not understanding that there are alternative solutions. Massage offers such a solution along with other safer alternatives. My sympathy for those who suffer has generated a clientele of people with parallel situations. To treat pain with no adverse side effects is the ultimate goal.

Section F: Licenses, Permits and Registrations

Licensed Massage Therapist, CT, 1999-present Nationally Certified Therapeutic Massage and Bodywork, 1999-present





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Inform					
1. Name (First, Middle, Last):	LY KRISNA JOHNSON-ARBOR	1			
NEL	LT KRISNA JOHNSON-ARBOR	`			
2. Street Address (including Apart	ment or Suite #): 4063 RIDGEVIEV	N ČIRC	LE		
3. City: MCLEAN			4. State: VA	5. Zip Code: 22101	
6. Title: PHYSICIAN	7. Telephone Number: (860) 402-9116		8. E-mail KKJA@M		
9. Date of Birth:	10. Social Security Number:			11. Gender: ☐ Male ☑ Female	
	· ·				
Section B: Employment Inf	ormation				
12. Current or Most Recent Emplo	yer:	13. D	ate of Emplo	yment:	
MEDSTART GEORGETOWN UNIVERSITY HOSPITAL			Start Date: 08 /07 / 15		
			End Date: : / /		
14. Employer Address (including					
3800 RESERVOIR RD NW, BLI	ES BLDG, FIRST FLOOR				
15. City: WASHINGTON		16 DC	. State:	17. Zip Code: 20007	
18. Telephone Number:	19. Fax Number:		. E-mail Ad		
(202) 444-0024	(202) 444-0300	IKK	JA@ME.C	OM	
Section C: Pharmacy Busin	less Evnerience				
·	ontrolling, managing, operating or w	orkina f	or a pharma	osi?	
Yes ☑No	nuroning, managing, operating of w	OIKING I	or a phaima	cy:	
<u> </u>				<u> </u>	
22. Are you currently associated w	ith a pharmacy in any state?				
□Yes □No	Text				
 associated, the following informati The pharmacy name; The pharmacy's location; All titles and responsibilities The dates of your association. 	ion 21 or 22, attach a statement settion: ties held by you at the pharmacy, incition with the pharmacy;	cluding t	he time fran	ne for each;	
 Whether you currently ha 	ve a role at the pharmacy and, if not	ı, wnen y	our involve:	ment terminated and wny; and	

Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.

Appendix C-#9, 10-Date-of-Birth-and Social-Security-Number. Applicant seeks exemption under §(b)(2) of the Act.

Applicant avers that disclosure of this information is an invasion of





Section 1	D: Marijuana Business Exp	erience		
24. Other to	han the applicant, do you have any	experience control	ing, managing, operating	or working for a marijuana
□ Yes ☑	Νο			
25, Other t	han the applicant, are you currently	y associated with a i	narijuana business in any	state or country?
□ Yes ☑	No			
business w TI TI A TI W Or	ith which you have been associate the business name; the business location; and responsibilities held by the dates of your association with the dates of your association with the ther you currently have a role a vertee during the time period whe ose allegations.	y you at the business ne business; t the business and, it ed to have violated	, including the time fram not, when your involven the laws or regulations of	nent terminated and why; and the state or country in which it
L		n :		
Section I	E: Other Relevant Business	Experience		
27. Do you		managing, operating		r business that you believe may be
☑ Yes □	No			
with which TI Pr A TI W W Or th	answered "yes" to question 27, atta you have been associated: he business name; roducts or services offered; he business location; Il titles and responsibilities held by the dates of your association with the thether you currently have a role a thether the business was ever alleguerates during the time period whe ose allegations; and ow this experience is relevant to the e associated.	you at the business ne business; t the business and, it ed to have violated n you were associate	, including the time fram not, when your involven the laws or regulations of ed with the business and,	e for each; nent terminated and why; The state or country in which it
~				* p
Provide in	6: Licenses, Permits and Reformation regarding all state licens pages if necessary.		rations ever held, current	or expired, by you. Attach
29. State	30. Issue Date (month/year):	12 /03	31. Type:	32. Number:
NY	Expiration Date (month/year):	04 / 17	Physician	230690
33. State	34. Issue Date (month/year):	05 / 04	35. Type:	36. Number:
СТ	Expiration Date (month/year):	05 / 16	Physician	042447





Section G: Legal Proceedings	
37. Have you, or has any entity over which you exercised management or control, had as otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any year period?	
☐ Yes ☑ No	
If the answer above is "yes", attach a statement providing the details of such proceed	eding or petition.
38. Have you, or has any entity over which you exercised management or control, ever have registration in Connecticut, or any other State, suspended, revoked or otherwise subjected Yes ☑ No	
If the answer above is "yes", attach a statement providing the date(s), the type of lie issue, and a description of the circumstances relating to each suspension, revocation	
39. Are you a party to any legal proceedings where damages, fines or civil penalties may \$500,000 above any insurance coverage available to cover the claim?	reasonably be expected to exceed
☐ Yes ☑ No If the answer above is "yes", attach a statement describing the litigation, including litigation, the name and location of the court before which it is pending, the identify general nature of the claims being made and the impact an unfavorable opinion man applicant's operations.	of all parties to the litigation, the
40. Have you, or has any entity over which you exercised management or control, ever h \$10,000 assessed by any regulatory agency? ☐ Yes ☑ No If the answer above is "yes", attach a statement providing the details of such fines of	
Section H: Criminal Actions	
41. Have you ever been convicted of a crime or received a suspended sentence, deferred offense in criminal or military court or do you have any charges pending? Yes	
If the answer above is "yes", attach a statement providing the date(s) of conviction(the court(s) where the case(s) were decided, a description of the circumstances relationally charges and the outcome of the proceedings.	
Section I: Criminal Background Check	
I understand that the department may review criminal background records for purposes of participate in the medical marijuana program. I hereby authorize the release of any and privileged nature to the department and its agents.	of evaluating my suitability to all information of a confidential or
42. Signature:	43. Date Signed: 09/11/2015





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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:	45. Date Signed:	
	09/11/2015	

Kelly Johnson-Arbor Addendum Appendix C Section E #28

Medical Marijuana Program 165 Capitol Avenue, Room 145 Hartford, CT 06106

September 11, 2015

To whom it may concern:

In Section E of Appendix C on the Background Information Form, I indicated that I have relevant business experience regarding medicinal marijuana. I am a board certified Emergency Medicine and Medical Toxicology physician. Since the end of my Medical Toxicology fellowship in 2006, I have worked as a medical consultant for the Connecticut Poison Control Center, which is located at UConn Health (formerly the University of Connecticut Health Center) at 263 Farmington Avenue, Farmington, CT 06030. Additionally, I worked as a Medical Toxicology physician at Hartford Hospital (80 Seymour Street, Hartford, CT 06102) and Connecticut Children's Medical Center (282 Washington Street, Hartford, CT 06102) from 2006 through 2015, when I relocated to the Washington DC area. I am not aware that the Connecticut Poison Control Center, Hartford Hospital, or Connecticut Children's Medical Center have ever been alleged to have violated the laws or regulations of the state in which they operate during the time periods when I was associated with these entities.

As a physician specializing in Medical Toxicology, I have expertise and experience in the diagnosis, management, and prevention of diseases associated with poisonings and toxicologic exposures, including marijuana. As an Emergency Medicine and Medical Toxicology physician, I routinely care for patients who have experienced adverse effects as a result of substance use and/or abuse. I am familiar with the pharmacokinetics and pharmacodynamics of marijuana, and understand the potential issues surrounding the dosing and routes of administration of the drug. By working as a Medical Toxicology physician at the Connecticut Poison Control Center, Hartford Hospital, and Connecticut Children's Medical Center, I have gained experience in the general patterns of drug use (including marijuana) in residents of the greater Hartford area. By working in the largely underserved area surrounding Hartford Hospital, I gained experience regarding the trends and perceptions of drug use (including marijuana) in the underserved populations of that area.

Cordially,

Kelly Johnson-Arbor, MD

Medical Marijuana Program 165 Capitol Avenue, Rm 145 Hartford, CT 06106

September 11, 2015

To whom it may concern:

This is the continuation of Appendix C, Section F, for my background information form:

State: CT

Issue Date: 03/15
Expiration Date: 02/17

Type: Controlled Substance Registration for Practitioner

Number: 35145

State: DC

Issue Date: 06/15
Expiration Date: 12/16

Type: Medicine

Number: 43120 (under the last name "Johnson Arbor", not "Johnson-Arbor").

State: DC

Issue Date: 08/15
Expiration Date: 12/16

Type: Controlled Substance- Professional

Number: 1500460 (under the last name "Johnson Arbor", not "Johnson-Arbor")

Cordially,

Kelly Johnson-Arbor, MD





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Info	ormation				
1. Name (First, Middle, Last):	leffrey Scott Dugan				
2. Street Address (including Ap	vartment or Suite #): 102 Seab	ury Drive			
3. City: Bloomfield			4. State:	5. Zip Code: 06002	
6. Title: The Rev.	7. Telephone N 860-965-360	15	8. E-mail Address: jeffdugan@comcast.net		
9. Date of Birth:	10 Social Sanusity Mumbe	er:		11. Gender: ☑ Male □ Female	
Section B: Employment	Information				
12. Current or Most Recent Employer:		13. D	13. Date of Employment:		
St. James Episcopal Church		Start	Start Date: 10 /06 / 1990		
		End I	End Date: 96 / 20 / 2010		
14. Employer Address (including 3. Mountain Road	ng Apartment or Suite #):			_	
15. City: Farmington		16 C	5. State:	17. Zip Code: 06032	
18. Telephone Number: 860-677-1564	ephone Number: 19. Fax Number: 860-677-8219		20. E-mail Address: st.james.church@sbcglobal.net		
Section C: Pharmacy Bu	siness Experience				
21. Do you have any experience	•	ing or working i	for a pharma	cy?	
□Yes Ø No			•	•	
22. Are you currently associate	d with a pharmacy in any state	?	<u>*</u>		
□Yes ☑No					
associated, the following inform The pharmacy name; The pharmacy's locati All titles and responsil The dates of your asso Whether you currently Whether the pharmacy	nation: on; bilities held by you at the pham ciation with the pharmacy; have a role at the pharmacy ar was ever alleged to have viola	nacy, including t nd, if not, when y ted the laws or i	the time fran your involve regulations o	ment terminated and why; and	

MMP - Dispensary Facility License Application - June 2015

Page 10 of 16

Appendix C #9, 10 Date of Birth and Social Security Number. Applicant seeks exemption under §(b)(2) of the Act. Applicant avers that disclosure of this information is an invasion of privacy and may expose applicants to identity theft.





Section I	D: Marijuana Business Experience					
	•					
business?	han the applicant, do you have any experience controll	ing, managing, operating or	working for a marijuana			
☐ Yes 🗷	Tyes ☑ No					
25. Other t	han the applicant, are you currently associated with a n	narijuana business in any sta	ate or country?			
☐ Yes 🗷	No					
 26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated: The business name; The business location; All titles and responsibilities held by you at the business, including the time frame for each; The dates of your association with the business; Whether you currently have a role at the business and, if not, when your involvement terminated and why; and Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations. 						
	E: Other Relevant Business Experience					
	have any experience controlling, managing, operating		usiness that you believe may be			
	the department's evaluation of the applicant with who	n you are associated?				
Yes Q	No					
 28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated: The business name; Products or services offered; The business location; 						
• A	ll titles and responsibilities held by you at the business	, including the time frame for	or each;			
 The dates of your association with the business; 						
 Whether you currently have a role at the business and, if not, when your involvement terminated and why; Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and 						
 How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated. 						
Section 1	F: Licenses, Permits and Registrations					
Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.						
29. State	30. Issue Date (month/year): /	31. Type:	32. Number:			
	Expiration Date (month/year): /					
33. State	34. Issue Date (month/year):	35. Type:	36. Number:			
	Expiration Date (month/year): /					



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Section G: Legal Proceedings				
37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?				
☐ Yes ☑ No				
If the answer above is "yes", attach a statement providing the details of such proceeding or petition.				
38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Yes No				
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.				
39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? ☐ Yes ☑ No				
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.				
40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?				
☐ Yes ☑ No				
If the answer above is "yes", attach a statement providing the details of such fines or penalties.				
Section H: Criminal Actions				
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No				
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.				
Section I: Criminal Background Check				
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.				
42. Signature: 43. Date Signed: 9/9/15				
1 177 1				



Medical Manieura Program

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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

	on 53a-157b of the Connecticut General Statutes.	
44. Signature:	Jeffrey S Duja-	45. Date Signed:
	, w /	

The Rev. Jeffrey S. Dugan

Section E: Question 28

Since 1980, I have consistently worked with the Hospice movement wherever I have served as parish priest. From 1980 to 1983, I received my introduction to and training in Hospice philosophy and practice from Sr. Rosaria Buesching, Director of Pastoral Care and manager of the Hospice program at Bon Secours Hospital in Grosse Pointe, Michigan. From 1983 to 1987 I continued my involvement in palliative care as Chaplain of Hospice of Williamsburg in Williamsburg, Virginia. My contact with and participation in the Hospice movement persisted in Waterbury, Westport and Farmington, Connecticut from 1988 to 2010. Since 1996 I have collaborated as a board member with Margie Sullivan, RN, Senior Vice President and COO of Seabury Retirement Community in Bloomfield, Connecticut in deciding how Seabury would best extend palliative and Hospice care to its terminally ill residents. Since one reason for offering medical marijuana in Connecticut is to assist with palliative terminal care, I believe that my input would be of substantial assistance to the dispensary.

From 2003 to 2009, I served on the Institutional Review Board (IRB) of the University of Connecticut Health Center in Farmington, Connecticut, with oversight for all of the medical research studies involving human subjects in that facility. In that role of patient advocacy, I helped ensure that the highest national standards of ethical and moral treatment were adhered to in every research study, from the way people were motivated to enroll to the manner in which the study was carried out. I would bring the same expectation to the functioning of the dispensary at every level.





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Appendix C Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

		
Section A: Personal Infor	rmation	
	hn Charles Ellis	
2. Street Address (including Apa	rtment or Suite #): 24 Saltus Dri	rive
3. City: old Saybrook	 · - · - · - · - · · · · · · · · · 	4. State: 5. Zip Code: 06475
6. Title:	7. Telephone Num (860) 227-2609	
9. Date of Birth:	10. Social Security Number:	11. Gender: ☑ Male ☐ Female
Section B: Employment I	nformation	
12. Current or Most Recent Emp		13. Date of Employment:
Self Employed		Start Date: 01 /15 / 90
Rockwell Management Group	,Inc	End Date: : / /
14. Employer Address (including 24 Saltus Drive	g Apartment or Suite #):	
15. City: Old Saybrook		16. State: 17. Zip Code: 06475
18. Telephone Number: (860) 227-2609	19. Fax Number: (860) 388-6661	20. E-mail Address: johnbassgroup@comcast.net
		TolinibaseStock@conjugations.
Section C: Pharmacy Bus		
21. Do you have any experience	controlling, managing, operating	g or working for a pharmacy?
□Yes ☑No	_	
22. Are you currently associated	with a pharmacy in any state?	· · · · · · · · · · · · · · · · · · ·
□Yes □No		
 associated, the following informs The pharmacy name; 	ation;	t setting forth, for each pharmacy with which you have been
 The dates of your assoc 	lities held by you at the pharmacy iation with the pharmacy;	cy, including the time frame for each;
 Whether you currently! 		if not, when your involvement terminated and why; and d the laws or regulations of the state in which it operates

MMP - Dispensary Facility License Application - June 2015

Page 10 of 16

Appendix C #9, 10 Date of Birth and Social Security Number. Applicant seeks exemption under §(b)(2) of the Act. Applicant avers that disclosure of this information is an invasion of privacy and may expose applicants to identity theft.





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Section I): Marijuana Business Expe	rience		
24. Other the business?	han the applicant, do you have any e	xperience controll	ng, managing, operating o	or working for a marijuana
□ Yes ☑	No			
25. Other th	han the applicant, are you currently	associated with a n	narijuana business in any s	state or country?
☐ Yes ☑	No			
business w The	answered "yes" to question 24 or 25, ith which you have been associated: ne business name; ne business location; and titles and responsibilities held by you edates of your association with the whether you currently have a role at the there the business was ever alleged perates during the time period when so se allegations.	you at the business, business; he business and, if I to have violated t	including the time frame not, when your involvement the laws or regulations of t	for each; ent terminated and why; and the state or country in which it
Section I	E: Other Relevant Business I	Experience		
	have any experience controlling, m the department's evaluation of the a			business that you believe may be
☑ Yes □	No			
with which The Pr The Pr A The Pr W W Op th	answered "yes" to question 27, attact you have been associated: ne business name; roducts or services offered; ne business location; and titles and responsibilities held by you end dates of your association with the whether you currently have a role at the there is the business was ever alleged berates during the time period when lose allegations; and ow this experience is relevant to the e associated.	you at the business, business; he business and, if to have violated to you were associate	including the time frame not, when your involvement he laws or regulations of the d with the business and, it	for each; ent terminated and why; the state or country in which it f so, the nature and resolution of
Sugtion I	Z. Lisangas Danwits and Das	istuations		
Provide inf	F: Licenses, Permits and Regormation regarding all state licenses pages if necessary.		ations ever held, current o	or expired, by you. Attach
29. State	30. Issue Date (month/year):		31. Type:	32. Number:
	Expiration Date (month/year):	/	see attachment	
33. State	34. Issue Date (month/year):	/	35. Type:	36. Number:
	Expiration Date (month/year):	/		





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Section G: Legal Proceedings
37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?
☐ Yes ☑ No
If the answer above is "yes", attach a statement providing the details of such proceeding or petition.
38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? ☐ Yes ☑ No
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.
39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?
☐ Yes ☑ No
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.
40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?
□ Yes ☑ No
If the answer above is "yes", attach a statement providing the details of such fines or penalties.
Section H: Criminal Actions
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.
Section I: Criminal Background Check
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.
42. Signature: 43. Date Signed:
► (////) 9/9/15





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I hereby certify that the above information is correct and complete. I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in

Consumer Protection of any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:

45. Date Signed:

JOHN C. ELLIS

Appendix B Supplement:

Section C: Licenses, Permits and Registration

- USCG CAPTAIN, MERCHANT MARINE OFFICER -MARCH 2008 PRESENT-2802221
- BROKER DEALER, SECURITIES LICENSE- US SECURITIES AND EXCHANGE COMMISSION-APRIL 4 -1986-1996 -FILE NO.8-35620
- REAL ESTATE BROKER -John Ellis -Rockwell Management Group, 455 Boston Post Road Suite 203b, Old Saybrook, CT 06475-REB. 0751833- 2000-Present
- BOW PERMIT-2000-PRESENT-B1004940
- HUNTING LICENSE-1986-2015-39950
- MARINE LICENSE-2015-39950

Appendix C supplement

Section E: Question 28

As Chairman of the Connecticut Sports Foundation ("CSF"), I understand the importance of providing patients who suffer from debilitating illnesses with safe access to medicine. CSF, a non-profit organization with a 501(c)(3) designation, is a truly unique organization in Connecticut. CFS provides funds to all of Connecticut's cancer patients; this money can be used for rent/mortgage, utilities, transportation, medications and more. Patients are referred to CSF via a network of oncology social workers at Connecticut hospitals and cancer centers. Resources are offered with dignity and privacy, thus helping patients maintain self-respect while lessening the stress that may inhibit their recovery. It has been twenty-eight years since its inception, and CSF is still going strong. It is not only through my work with CSF that I have gained an understanding of the benefits of medical marijuana. Both my brother and myself are cancer survivors, and I know firsthand that the pain and nausea can be devastating. Medical marijuana presents a viable and non-invasive therapy that can help many.

The opportunity to work with Better Healing Dispensary is a natural extension of my charitable work with CSF. As the Director of the Community Benefits Plan, I will oversee Better Healing's charitable outreach programs. Through my experience as Chairman of the CSF, I have an established network of service providers prepared to offer assistance to persons afflicted with debilitating illnesses. I am pleased to be working with a medical marijuana dispensary as it will improve this most vulnerable patient population's quality of life. I will insure that the dispensary maintains strong connections with other patient service providers and acts in accordance with the necessary societal imperative to help others.

Section F: Licenses

- USCG CAPTAIN MERCHANT MARINE OFFICER -MARCH 2008 PRESENT-2802221
- BROKER DEALER SECURITIES LICENSE- US SECURITIES AND EXCHANGE COMMISSION-APRIL 4 -1986-1996 -FILE NO.8-35620
- REAL ESTATE BROKER John Ellis Rockwell Management Group, 455 Boston Post Road Suite 203b, Old Saybrook, CT 06475-REB. 0751833- 2000-Present
- BOW PERMIT-2000-PRESENT-B1004940
- HUNTING LICENSE-1986-2015-39950
- MARINE LICENSE-2015-39950







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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Inform	nation	
1. Name (First, Middle, Last):	REY A. JAQUEZ	
2. Street Address (including Aparti	nent or Suite #): 32 HIGH RIDGE F	
3. City: SHELTON		4. State: 5. Zip Code: 06484
6. Title: MEDICAL DOCTOR	7. Telephone Number: (860) 805-5915	8. E-mail Address: COREYJ62@SNET.NET
9. Date of Birth:	10. Social Security Number:	11. Gender: ☑ Male ☐ Female

Section B: Employment Inf	ormation	
12. Current or Most Recent Employ		13. Date of Employment:
WEST HARTFORD MEDICAL C	CENTER	Start Date: 12 /01 / 11
·		End Date: : / /
14. Employer Address (including A 74 PARK RD SUITE 4	Apartment or Suite #):	•
15. City: WEST HARTFORD		16. State: 17. Zip Code: 06119
18. Telephone Number: (860) 218-1725	19. Fax Number: (860) 218-1727	20. E-mail Address: WHMEDCENTER@GMAIL.COM
Section C: Pharmacy Busin	ess Experience	
21. Do you have any experience co	ntrolling, managing, operating or we	orking for a pharmacy?
□Yes ⊡No		•
22. Are you currently associated w	ith a pharmacy in any state?	······································
□Yes 回No		
 associated, the following informati The pharmacy name; The pharmacy's location; All titles and responsibilit The dates of your associate 	on: ies held by you at the pharmacy, inc. ion with the pharmacy;	ng forth, for each pharmacy with which you have been luding the time frame for each; when your involvement terminated and why; and

Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.

Appendix C #9, 10 Date of Birth and Social Security Number. Applicant seeks exemption under §(b)(2) of the Act

Applicant avers that disclosure of this information is an invasion of





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Section	D: Marijuana Business Exp	orionee	•	
	han the applicant, do you have any			1.1
business?	nan me appucant, do you nave any	experience control	ing, managing, operating or	working for a marijuana
⊏ Yes ☑	No		*	
25. Other t	han the applicant, are you currently	associated with a n	narijuana business in any sta	ate or country?
☐ Yes ☑	No			
business w Ti A Ti V V Op	answered "yes" to question 24 or 2. ith which you have been associated the business name; the business location; all titles and responsibilities held by the dates of your association with the ther you currently have a role at the the business was ever allegorerates during the time period where ose allegations.	you at the business, e business; the business and, if ed to have violated t	including the time frame for not, when your involvement he laws or regulations of th	or each; nt terminated and why; and e state or country in which it
Section	E: Other Relevant Business	Evnerience		
	have any experience controlling, r		on marking for one other h	ugimosa èhaè yaya haliorra mara ha
	the department's evaluation of the			usiness that you delieve may be
☑ Yes □				٠
28. If your	answered "yes" to question 27, atta	ch a statement settin	a forth the following inform	nation for each such husiness
with which	you have been associated:		g rotal the lone and miss.	indicate you down bloom business
	he business name;			•
	roducts or services offered;			
	he business location; Il titles and responsibilities held by	von at the buckers	including the time from a	or analy
	he dates of your association with th		mending the time transc it	or cachi,
	hether you currently have a role at		not, when your involvemen	nt terminated and why;
• 1/2	hether the business was ever allege	ed to have violated t	he laws or regulations of the	e state or country in which it
	perates during the time period when	you were associate	d with the business and, if s	so, the nature and resolution of
	ose allegations; and ow this experience is relevant to the	e denortmänt's evolu	istion of the RFA response	of the applicant with whom you
	e associated.	e department a cvart	ration of the 1st st response	of the abbueaut with whom You
	· · · · · · · · · · · · · · · · · · ·		·	
Section I	F: Licenses, Permits and Re	gistrations		
	formation regarding all state license	0	ations ever held, current or	expired, by you. Attach
additional	pages if necessary.	, <u>F</u>	,	·
29. State	30. Issue Date (month/year):	10 /09	31. Type:	32. Number:
CT	Expiration Date (month/year):	06 /16	State Medical License	048223
33. State	34. Issue Date (month/year):	03 / 15	35. Type:	36. Number:
СТ	Expiration Date (month/year):	02 / 17	Controlled Substance P	CSP.0043177
	manage base (monus jour).	4		





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Section G: Legal Proceedings	
37. Have you, or has any entity over which you exercised management or control, had any protherwise sought relief under, any provision of the Federal Bankruptcy Act or under any Stayear period?	
☐ Yes ☑ No	
If the answer above is "yes", attach a statement providing the details of such proceeding	ng or petition.
38. Have you, or has any entity over which you exercised management or control, ever had registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to Yes 🗹 No	
If the answer above is "yes", attach a statement providing the date(s), the type of licens issue, and a description of the circumstances relating to each suspension, revocation or	
39. Are you a party to any legal proceedings where damages, fines or civil penalties may rea \$500,000 above any insurance coverage available to cover the claim? Yes No	asonably be expected to exceed
If the answer above is "yes", attach a statement describing the litigation, including the litigation, the name and location of the court before which it is pending, the identify of general nature of the claims being made and the impact an unfavorable opinion may happlicant's operations.	all parties to the litigation, the
40. Have you, or has any entity over which you exercised management or control, ever had \$10,000 assessed by any regulatory agency?	any fines or other penalties over
☐ Yes ☑ No	
If the answer above is "yes", attach a statement providing the details of such fines or p	enalties.
Section II. Cuiminal Actions	
Section H: Criminal Actions	
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sen offense in criminal or military court or do you have any charges pending? Yes No	itence, or forfeited bail for any
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), the court(s) where the case(s) were decided, a description of the circumstances relating pending charges and the outcome of the proceedings.	
Section I: Criminal Background Check	
I understand that the department may review criminal background records for purposes of e participate in the medical marijuana program. I hereby authorize the release of any and all i privileged nature to the department and its agents.	
42. Signature:	3. Date Signed:
DAQUEZ UD 09	0/10/2015





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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:	45. Date Signed: 09/10/2015	

Corey Jaquez MD

Addendum

Section E- Other Relevant Business Experience

28. West Harford Medical Center
Medical cannabis- medical evaluation
74 Park Rd Suite 4
West Hartford, CT
Consulting physician
Associated with medical cannabis evaluation starting on 10/1/2012
Currently conducting medical evaluations for medical cannabis access

28. My current experience with appropriate cannabis medical evaluations and renewals will serve to expand approved patient base.

Section F- Licenses, Permits, and Registrations

DEA license- FJ1720401 American Academy of Family Physician Board Certified





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

<u> </u>			· .
Section A: Personal Informa			
1. Name (First, Middle, Last): Fitor	Mamudi		
2. Street Address (including Apartme	ent or Suite #): 17 Logging Trail L		
3. City: Brookfield	· · · · · · · · · · · · · · · · · · ·	01	5. Zip Code: 06804
6. Title: Owner	7. Telephone Number: (203) 297 - 7838	8. E-mail Ad fmamudi@b	ldress: petterhealing247.com
9. Date of Birth:	10_Social Security Number:		. Gender: Male □ Female
Section B: Employment Info	rmation		
12. Current or Most Recent Employe	er:	13. Date of Employn	nent:
Starion Energy, Inc		Start Date: 11 /01	/ 09
		End Date: : / - /	<i>!</i> .
14. Employer Address (including Ap 751 Straits Turnpike, Suite 2000	partment or Suite #):	·	
15. City: Middlebury		16. State: 17.	. Zip Code: 06762
18. Telephone Number: 800 -600-3040	19. Fax Number: 203-262-6001	20. E-mail Addre fitor@starionene	
Carlos Ca Dhassa an Duais	ъ		
Section C: Pharmacy Busine			
21. Do you have any experience con □Yes ☑No	trolling, managing, operating or wo	king for a pharmacy?	
22. Are you currently associated with	h a nharmacy in any state?		
□Yes ☑No	a u pilianawy an ung saute.		
 The dates of your association Whether you currently have Whether the pharmacy was 	n: es held by you at the pharmacy, incl	iding the time frame f when your involvements	for each; int terminated and why; and ne state in which it operates





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Section I): Marijuana Business Exper	ience		
24. Other the business?	nan the applicant, do you have any ex	xperience controll	ng, managing, oper	ating or working for a marijuana
□ Yes ☑	No			
25. Other th	nan the applicant, are you currently a	ssociated with a n	narijuana business ir	any state or country?
☐ Yes ☑	No			
business with a The The All	ith which you have been associated: ne business name; ne business location; Il titles and responsibilities held by your dates of your association with the lefther you currently have a role at the hether the business was ever alleged	ou at the business business; e business and, if to have violated t	including the time not, when your invo he laws or regulatio	olvement terminated and why; and
27. Do you	the department's evaluation of the ap	naging, operating		other business that you believe may be
with which The Pr The All We will be a constant of the properties of the properti	you have been associated: ne business name; roducts or services offered; ne business location; Il titles and responsibilities held by your edates of your association with the hether you currently have a role at the hether the business was ever alleged berates during the time period when your services and	ou at the business business; te business and, if to have violated to you were associate	including the time not, when your invite laws or regulation d with the business	olvement terminated and why;
- 00	: Licenses, Permits and Regi		otions over held	ment or expired by year. Attack
	Formation regarding all state licenses, pages if necessary.	permus or registr	ations ever neid, cu	trem of expired, by you. Attach
29. State	30. Issue Date (month/year):	1	31. Type:	32. Number:
	Expiration Date (month/year):	/		
33. State	34. Issue Date (month/year):	/	35. Type:	36. Number:
	Expiration Date (month/year):	1		





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Section G: Legal Proceedings	
37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last tyear period?	
□ Yes ☑ No	
If the answer above is "yes", attach a statement providing the details of such proceeding or petition.	
38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?	or
□ Yes ☑ No	
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.	
39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?	ed
□ Yes ☑ No	
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.	
40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties of \$10,000 assessed by any regulatory agency?	ver
☑ Yes □ No	
If the answer above is "yes", attach a statement providing the details of such fines or penalties.	

Section H: Criminal Actions	٤.
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for an offense in criminal or military court or do you have any charges pending? \square Yes \square No	y
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involve the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.	/ed,
Section I: Criminal Background Check	,
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential privileged nature to the department and its agents.	or
42. Signature: 43. Date Signed:	
9/11/15	





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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:	2	45. Date Signed:
> #	Mannel.	9/11/15
	110000001	

Fitor Mamudi
Appendix C, Section E: Other Relevant Business Experience

Starion Energy

Starion is a third-party energy provider that services residential and commercial consumers.

Starion Energy, Inc. P.O. Box 845 Middlebury, CT 06762

Founder and President, 2009 to Present

Fitor Mamudi's role as Founder and President of Starion Energy has prepared him for a role in the cannabis industry. The energy sector is heavily regulated, and energy businesses often have a significant number of allegations, as shown in the table on the following page.

Early investigations, 2010-2013, occurred during a moment of rapid growth and expansion at Starion Energy; and are reflective of investigations that sought to determine whether or not Starion Energy was operating in compliance with all appropriate state and local level regulations. These investigations revealed that the company was indeed operating within all state, county, and local level regulations.

The results of these investigations are indicative of Fitor Mamudi's ability to lead a company while ensuring compliance within a strict regulatory environment – a highly useful skill to have when joining the medical marijuana industry.

Medical Marijuana Program Appendix C Dispensary Facility Backer Information Form ATTACHMENT NO. 1

Backer: Re:

Form Dated: Section E:

Fitor Mamudi September 11, 2015 Other Relevant Business Experience, No. 28

State	Entity	Case/Docket	Status/Description
DE	Starion Energy PA, Inc.	395-13	On 11/5/2013 the Delaware Public Service Commission opened a docket to investigate the Company's solicitation of potential Delaware customers. Interrogatories were issued and responded to. No findings have been made and no other action has been taken.
D.C.	Starion Energy PA, Inc.	1105	On 5/30/2013 the D.C. Public Service Commission opened a docket to investigate the business and solicitation practices of the Company. No findings were made. A settlement was reached between the Company and the Office of People's Counsel and approved by the PSC.
MD	Starion Energy PA, Inc.	9324	On 5/13/2013 the Maryland Public Service Commission issued an order to the Company to show cause why it should not find that Starion violated any statute, regulation, or order in its customer marketing, advertising, and trade practices. An evidentiary hearing was held in October 2013. The MD PSC issued Order No. 86211 on May 7, 2014. The Order included a requirement that Starion submit compliance reports every six (6) months until further notice. A hearing to review Starion's compliance first compliance fling was held in January and February 2015. The ALJ assigned to the Case issued a Report finding that Starion had demonstrated compliance with the Commission's Order.
СТ	Starion Energy, Inc.	13-07-16	On 7/12/13 the Connecticut Public Utilities Regulatory Authority established a docket to investigate the trade practices of Starion Energy, Inc. Interrogatories were issued and responded to. No findings have been made and no other action has been taken.
СТ	Starion Energy, Inc.	09-10-10RE01	On 4/3/2010 the Connecticut Department of Utility Control established a docket to investigate the licensing of Starion Energy, Inc. On June 15, 2011 the Connecticut Department of Utility Control accepted a settlement of the parties whereby Starion agreed to amend its contract going forward to include certain provisions and make a payment to Operation Fuel, Inc.
СТ	Starion Energy, Inc.	09-10-10	On 9/9/2015 the Public Utility Regulatory Authority opened an investigation into Starion's compliance with customer renewal notices sent between October 1, 2013 and June 15, 2014. No action has been taken to date and no findings have been made.
IL Sta	Starion Energy PA, Inc.	Primack v. Starion Energy PA, Inc., Case No.: 14-cv- 8772 (N.D.IL).	Plaintiff is alleging violations of the Telephone Consumer Protection Act and state law associated with dialing his home telephone number which appears on the National Do Not Call list. Initial subpoenas of his phone records prove that portions of his complaint are demonstratively false. The parties are awaiting responses for additional subpoenas issued. Starion has requested that plaintiff remove all allegations which are undisputedly false and will seek to have the entire case withdrawn if additional evidence proves that none of his claims can be supported.

CT	Starion Energy, Inc.	Gruber, et al. v.	Plaintiff is alleging several causes of action on the theory that Starion inappropriately charged a
		Starion Energy, Inc.,	rate that was not adequately disclosed at the time of sale. On April 7, 2015, the judge dismissed
		Case No.: 3:14-cv-	plaintiff's unjust enrichment claims and instructed plaintiff's counsel to re-plead with sufficient
		01828 (D.Conn).	facts. Discovery is on-going.
¥	Starion Energy NY,	Windley, et al. v.	Plaintiff is alleging several causes of action on the theory that Starion inappropriately charged a
	Inc.	Starion Energy NY,	rate that was not adequately disclosed at the time of sale. On May 28, 2015, plaintiff stipulated to
		Inc., Case No.: 14-	the withdrawal of all of the causes of action against the individually named defendants. Starion's
		cv-9053 (SDNY)	Motion to Dismiss will be filed on or before September 18, 2015.
PA	Starion Energy PA, Inc. Orange v. Starion	Orange v. Starion	Plaintiff is alleging breach of contract, unjust enrichment and is seeking declaratory action. In
	50000	Energy PA, Inc.,	June, Plaintiff agreed to voluntarily withdraw his claims for unjust enrichment and declaratory
		Case No.: 2:15-cv-	action. Subsequently, the judge issued an Order to Show Cause, sua sponte, to plaintiff asking
		00773 (EDPA)	why the court should not dismiss the remaining breach of contract claim as the allegations are not
	06.300		support by the customer's contract. The parties await the Court's decision.

*Starion Energy, Inc. currently services 125,000 customers and has a fully staffed Customer Service Department and Compliance Department. Over the course of its operations Starion has serviced over approximately 500,000 customers, there may have been additional informal allegations asserted against the company that have been handled by these two departments. However, the applicant has disclosed those claims which rose to the level of litigation or regulatory docket being opened.





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Information			
1. Name (First, Middle, Last): PETER MORGAN			•
2. Street Address (including Apartment or Suite #):	4 PARK STREET		
3. City: NEW HAVEN	18	4. State: CT	5. Zip Code: 06519
(20)	lephone Number: 3) 974-7515	8. E-mail PETER.M	Address: ORGAN@YALE.EDU
9. Date of Birth: 10. Social Secur	ity Number:		11. Gender: ☑ Male □ Female
Section B: Employment Information			
12. Current or Most Recent Employer:	13.	Date of Emplo	yment:
YALE UNIVERSITY	Sta	rt Date: 07 /0	1 /00
	End	d Date:: /	1
14. Employer Address (including Apartment or Suit 34 PARK STREET	e #):		
15. City: NEW HAVEN		16. State: CT	17. Zip ^{Code:} 06519
18. Telephone Number: 19. Fax Num (203) 974-7515 (203) 974-75		20. E-mail Add PETER.MORO	dress: GAN@YALE.EDU
Section C: Pharmacy Business Experience	e		
21. Do you have any experience controlling, managi	ng, operating or working	g for a pharma	cy?
□Yes 回No			
22. Are you currently associated with a pharmacy in	any state?		
□Yes ⊡No	-		
 23. If you answered "yes" to question 21 or 22, attact associated, the following information: The pharmacy name; The pharmacy's location; 	h a statement setting for	th, for each ph	armacy with which you have been

Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates

• Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.

Appendix C #9, 10 Date of Birth and Social Security Number. Applicant seeks exemption under §(b)(2) of the Act. Applicant avers that disclosure of this information is an invasion of privacy and may expose applicants to identify theft.

The dates of your association with the pharmacy;





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): Marijuana Business Experie			
24. Other the business?	nan the applicant, do you have any expe	rience controlli	ng, managing, operating or	working for a marijuana
□ Yes 🗷	No '			
25. Other th	nan the applicant, are you currently asso	ociated with a m	arījuana business in any sta	ate or country?
business with the state of the	inswered "yes" to question 24 or 25, att. ith which you have been associated; are business name; are business location; it titles and responsibilities held by you are dates of your association with the businether you currently have a role at the better the business was ever alleged to erates during the time period when you one allegations.	at the business, siness; business and, if have violated th	including the time frame for not, when your involvement to laws or regulations of the	or each; at terminated and why; and e state or country in which it
Section I	E: Other Relevant Business Exp	perience		
	have any experience controlling, mana the department's evaluation of the appli			isiness that you believe may be
Ø Yes □	No			
with which The Pr Tr Al The W W Or th	unswered "yes" to question 27, attach a you have been associated: ne business name; oducts or services offered; ne business location; at the business location; at the left of your association with the business of your association with the businether you currently have a role at the later the business was ever alleged to her at the business during the business was ever alleged to her at the business was ever all	at the business, siness; business and, if have violated the were associated	including the time frame for not, when your involvement he laws or regulations of the d with the business and, if s	or each; at terminated and why; e state or country in which it so, the nature and resolution of
Section I	: Licenses, Permits and Regist	rations		
Provide inf	formation regarding all state licenses, per pages if necessary.		ations ever held, current or	expired, by you. Attach
29. State	30. Issue Date (month/year): 7	2002 2002	31. Type:	32. Number:
CT	Expiration Date (month/year): 11	18 2015	Physician	040656
33. State	34. Issue Date (month/year):	1	35. Type:	36. Number:

Expiration Date (month/year):





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Section G: Legal Proceedings
37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period? \[\textstyle \textsty
If the answer above is "yes", attach a statement providing the details of such proceeding or petition.
38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? \[\subseteq \text{Yes} \subseteq \text{No} \]
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.
39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?
☐ Yes ☑ No
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.
40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?
☐ Yes ℤ No
If the answer above is "yes", attach a statement providing the details of such fines or penalties.
Section H: Criminal Actions
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.
Section I: Criminal Background Check
I understand that the department may review criminal background records for purposes of evaluating my suitability to
participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.
42. Signature! 43. Date Signed:





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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

violation of Section 53a-157b of the Connecticut General Statutes.	,
44. Signature:	45. Date Signed:

Sections E and F

Section E: Other Relevant Business Experience

The following information provides some details of my various work and responsibilities during my time with the Yale University Department of Psychiatry (34 Park Street, New Haven, CT 06519), with whom I have worked since July 2000, and in which I currently hold the position of Associate Professor. I am not aware of any allegations of violations of laws during my time at Yale.

Career Profile

An internationally recognized psychiatrist at Yale who has directed a highly innovative research program since 2002. A multi-talented and widely sought-after faculty member who has excelled as an administrator of both clinical services and research programs, in teaching as an expert in diverse areas of psychiatry, in clinical care of patients as a treating psychiatrist and as an expert consultant, in direct supervision of clinical and administrative staff themselves in supervisory positions, and as a highly respected forensic psychiatrist, as well as in research. A wideranging, well-connected collaborator with experience designing and implementing original research studies including both treatment and laboratory evaluation of substance use disorders, insomnia, obesity, binge eating disorder, schizophrenia, and depressive disorders. A diverse publication record in the highest impact journals in psychiatry and outstanding generalist journals. A long and diverse record of grant funding including federal, foundation, and industry sponsored awards. An unparalleled ability to work with a broad range of personalities across disciplines and career levels to efficiently lead organizations.

Current Positions

Associate Professor, Psychiatry Department, Yale University School of Medicine, 2010-Director, Substance Use and Sleep Research, Yale University School of Medicine, 2004-Attending Psychiatrist, Residential Treatment Team, Psychiatric Security Review Board Clients, Connecticut Mental Health Center (CMHC), 2005-Psychiatrist, Connecticut State Office of Forensic Evaluations, 2006-Medical Director, Forensic Drug Diversion Program, CMHC, 2009-2010, 2014-Member, Board of Directors, Winter Conference on Brain Research

Past Positions during Yale employment

Assistant Professor, Psychiatry, Yale University School of Medicine, 2004-2010 Medical Director, Residential Services Division of APT Foundation, 2006-2007 NIDA post-doctoral fellow, Yale University School of Medicine, 2003-2004 Psychiatry Resident, Yale University School of Medicine, 2000-2004

Administrative Experience

Six years experience in medical directorship positions at the APT Foundation and CMHC (Forensic Drug Diversion Program). 13 years experience directing a federally funded research program. Experience as acting director of the Clinical Neuroscience Research Unit (CNRU). 11 years experience as a member of the CNRU executive committee. Three years experience as a member of the Medical and Professional Staff Executive Committee of CMHC, followed by one year as Vice-President and one year as President of the Executive Committee of CMHC. Six years experience as a coordinator for the Neuroscience Research Training Program for psychiatry residents at Yale. Six years experience supervising clinical directors in the Acute Services program at CMHC. Two years experience as member of the board of directors of the Winter Conference on Brain Research.

Public Service

Six years experience mentoring high school students in science projects including one Intel competition semi-finalist. Co-founded and President of Entree2Education LLC, a non-profit organization whose mission is to provide food to public school students in Kenya. Interviewed by the *Guardian* in 2013 for an article on the use of stimulants in higher education. Interviewed by the *New Scientist* in 2010 regarding lucid dreaming and consciousness. Interviewed in 2010 for news articles reported in *Medscape, The Hartford Courant,* and *NPR News* regarding work on gender-related influences of parental alcoholism on the prevalence of psychiatric illnesses. Interviewed in 2008 for news article about research in sleep and cognition in cocaine users for *NIDA Notes*. Interviewed on numerous occasions by Yale students working in scientific journalism.

Section F: Licenses, Permits and Registrations

CT State Physicians License: 040656; initially issued ~July 2002; expires 10/31/15

US Controlled Substance Registrations: BM7971751 and XM7971751 most recently issued 2/14/2014 and expiring 1/31/2017





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

2. Street Address (including Ap	artment or Suite #): 55 Woodland A	Avenue	•	
3. City: Bloomfield			4. State: 5. Zip Code: 06002	
6. Title: Corporate Counsel	7. Telephone Number (860) 286-9026	er:	8. E-mail Address: aromano@betterhealing247.com	
9. Date of Birth:	10. Social Security Number:	nber: I1. Gender: ☑ Male ☐ Female		
Section B: Employment	Information	_		
12. Current or Most Recent Em		13. Da	ate of Employment:	
Aaron J Romano, PC	•		Date: 08 /15 / 08	
			Date: / /	
4. Employer Address (includir 55 Woodland Avenue	ng Apartment or Suite #):			
15. City: Bloomfield		16 CT	5. State: 17. Zip Code: 06002	
18. Telephone Number: (860) 286-9026	19. Fax Number: (860) 286-9028		D. E-mail Address: omano@betterhealing247.com	
· · ·		'		
Section C: Pharmacy Bu				
	e controlling, managing, operating of	r working f	or a pharmacy?	
□Yes ☑No			·	
22. Are you currently associated	d with a pharmacy in any state?		s	
□Yes ☑No				
associated, the following inform The pharmacy name; The pharmacy's locati All titles and responsil The dates of your asso Whether you currently	nation: on; oilities held by you at the pharmacy, ciation with the pharmacy; have a role at the pharmacy and, if	including the	, for each pharmacy with which you have been the time frame for each; your involvement terminated and why; and regulations of the state in which it operates	

Appendix C #9, 10 Date of Birth and Social Security Number. Applicant seeks exemption under §(b)(2) of the Act.

Applicant avers that disclosure of this information is an invasion of





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Section D. Marijuana	Dusiness Exp	CITCHEC					
24. Other than the applicant,	do you have any	experience	controlling,	managing,	operating or	r working for	r a marijuana

☐ Yes 🗷 No

business?

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

☐ Yes 🗷 No

- 26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:
 - The business name:
 - The business location;
 - All titles and responsibilities held by you at the business, including the time frame for each;
 - The dates of your association with the business;
 - Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
 - Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it
 operates during the time period when you were associated with the business and, if so, the nature and resolution of
 those allegations.

Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered:
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.





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Section G: Legal Proceedings
37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?
☐ Yes ☑ No
If the answer above is "yes", attach a statement providing the details of such proceeding or petition.
38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Yes No
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.
39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? ☐ Yes ☑ No
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.
40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency? ☐ Yes ☑ No
If the answer above is "yes", attach a statement providing the details of such fines or penalties.
Section H: Criminal Actions
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.
Section I: Criminal Background Check
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.
42. Signature: 43. Date Signed: 7. 4. 15





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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of

nature:		45. Date Signed:	
(had (<u> </u>	9.4.15	
		1000000 * 171,100 * 100	

Aaron J. Romano

Appendix B Supplement:

Section C: Licenses, Permits, and Registrations

CT 6/1/15-5/3/16 Residential Real Estate Lic. 0780470

CT 11/5/12-11/27/17 State Permit to Carry Pistol Permit #949058

US Supreme Court 12/12/05 License to Practice Law

Second Circuit Court of Appeals 12/5/05 License to Practice Law

U.S. Virgin Island District Court 5/1/03 License to Practice Law

U.S. Virgin Island Territorial Court 2/22/02 License to Practice Law

Commonwealth of PA 10/21/99 License to Practice Law

CT District Court 4/26/99 License to Practice Law

CT State Court 10/9/98 License to Practice Law

Appendix C Supplement:

Section D: Question 26

Advanced Grow Labs, LLC

West Haven, CT

Attorney- responsibilities included advising organizing members regarding the legality of operating of a production facility. Interpreted local law and provided advice regarding federal law conflict. Facilitated introduction of growers and other technological personnel to organize the production facility. Advised organizers on how to formulate and operate a fully functional production facility. Negotiated with other producers for technological exchange regarding production techniques. June 2012-September 2012

I do not currently have a role with Advance Grow Labs, LLC, as the purpose for which I was employed has been fulfilled and the business is now functional.

Advanced Grow Labs remained in compliance with all regulations and laws during the tenure of my representation.

Section E: Question 28

I have managed my own law practice since 2004, and am currently a licensed and practicing attorney with my own firm. Beginning in 2004, the firm has evolved from Fernandez & Romano, LLC, to Fernandez & Romano, PC and now to Aaron J. Romano, PC. Fernandez & Romano, LLC was originally located at 124 Jefferson Street, Hartford, Connecticut 06106. Fernandez & Romano, LLC then moved to 45 Wintonbury Avenue, Bloomfield, Connecticut, 06002. Both Fernandez & Romano, PC and Aaron J. Romano, PC were located at 45 Wintonbury Avenue, Suite 107, Bloomfield, Connecticut, 06002. Aaron J. Romano, PC is currently located at 55 Woodland Avenue, Bloomfield, Connecticut, 06002. The firm was Fernandez & Romano, LLC from 2004-2007, at which point it merged into Fernandez & Romano, PC. The firm was Fernandez & Romano, PC from 2007-2008; Aaron J. Romano, P.C. was formed in 2008. At all times I was a managing partner of the firm. From 2004 through 2009 the practice was a general litigation firm, which areas of practice included personal injury, immigration, and criminal law. Since 2009, the firm focuses exclusively on criminal law and medical marijuana law. I remain a managing partner at Aaron J. Romano, PC and am actively engaged in State and Federal matters throughout Connecticut. At no time was Fernandez & Romano, LLC, Fernandez & Romano, PC, or Aaron J. Romano, PC ever alleged to

have violated the laws or regulations of the state or country in which they operate(d).

I have a total of seventeen years of experience as an attorney, with the corresponding understanding of federal and state statutes, regulations, and the court systems. In my office, I ensure proper compliance with HIPAA laws and the maintenance of confidentiality regarding client legal files. Additionally, I am the state-wide counsel for National Organization for Reform of Marijuana Laws. Certainly, this experience is relevant to the department's evaluation of Better Healing's application as not only am I versed in Connecticut's State and Federal legal landscape, my office has a demonstrated commitment to medical marijuana advocacy. In furtherance of that, I developed pro bono patient advocacy program to assist people who suffer from debilitating ailments under Chapter 420f of the C.G.S. to obtain medical cards. I have also studied and researched Colorado and California regulations and the medical marijuana industry, touring grows and dispensary operations. As I previously articulated, I successfully organized and arranged for investors in Connecticut to meet growers and producers to obtain the technological processes to begin indoor production for the state. This investment group was ultimately awarded a producer license in the State of Connecticut. I have advised numerous business and individual clients on Connecticut's changing laws regarding marijuana decriminalization and for medical purposes.

Section F: Licenses

CT 6/1/15-5/3/16 Residential Real Estate Lic. 0780470
CT 11/5/12-11/27/17 State Permit to Carry Pistol Permit #949058
US Supreme Court 12/12/05 License to Practice Law
Second Circuit Court of Appeals 12/5/05 License to Practice Law
U.S. Virgin Island District Court 5/1/03 License to Practice Law
U.S. Virgin Island Territorial Court 2/22/02 License to Practice Law
Commonwealth of PA 10/21/99 License to Practice Law
CT District Court 4/26/99 License to Practice Law
CT State Court 10/9/98 License to Practice Law





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Appendix C Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Infor	mation					
1. Name (First, Middle, Last):	avis Tangredi					
	2. Street Address (including Apartment or Suite #): 3 Clover Court					
2. Street Address (trictuding Apar	3 Clover Cou	uřt				
3. City: Brookfield			4. State: CT	5. Zip Code: 06804		
6. Title: Managing Partner	7. Telephone Num (203) 928-9248		8. E-mail . ttangredi@	Address: Dbetterhealing247.com		
9. Date of Birth:	10. Social Security Number:			II. Gender: ☑ Male □ Female		
Continu D. F. Harris M.	<u></u>					
Section B: Employment In		10.70				
12. Current or Most Recent Empl	oyer:		ate of Emplo	-		
Flex Marketing, LLC		1	Date: 10 /2	·		
	End Date: - /- /-					
14. Employer Address (including 173 E Main St	Apartment or Suite #):					
15. City: Waterbury		10 C	S. State:	17. Zip Code: 06702		
18. Telephone Number: (866) 828-0066						
		•				
Section C: Pharmacy Busi	<u> </u>					
21. Do you have any experience of	controlling, managing, operating	g or working	for a pharma	cy?		
□Yes ☑No						
22. Are you currently associated	with a pharmacy in any state?		_			
□Yes ☑No						
associated, the following informa The pharmacy name; The pharmacy's location All titles and responsibil The dates of your associ Whether you currently h Whether the pharmacy v	tion: ities held by you at the pharmac ation with the pharmacy; ave a role at the pharmacy and, was ever alleged to have violated	y, including if not, when	the time fram your involver regulations o	ment terminated and why; and		





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Section T): Marijuana Business Exp	erience	· · ·			
24. Other to business?	4. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana ousiness?					
☐ Yes ☑	Yes 🖸 No					
25. Other th	nan the applicant, are you currently	y associated with a r	narijuana business in any s	tate or country?		
☐ Yes ☑	No					
business w TI TI A TI W W Op	 The business location; All titles and responsibilities held by you at the business, including the time frame for each; The dates of your association with the business; Whether you currently have a role at the business and, if not, when your involvement terminated and why; and 					
27. Do you relevant to	have any experience controlling, the department's evaluation of the	managing, operating		business that you believe may be		
☑ Yes □	No					
with which Ti Pr Ti A Ti W Vi Vi Vi H	nswered "yes" to question 27, atta you have been associated: ne business name; oducts or services offered; ne business location; It titles and responsibilities held by ne dates of your association with the ther you currently have a role at hether the business was ever alleguerates during the time period whe ose allegations; and ow this experience is relevant to the associated.	yyou at the business ne business; t the business and, if ed to have violated n you were associate	, including the time frame f not, when your involveme the laws or regulations of t ed with the business and, if	for each; ent terminated and why; he state or country in which it so, the nature and resolution of		
Section	: Licenses, Permits and Re	giatuatianu				
Provide in	ormation regarding all state licens pages if necessary.		rations ever held, current o	r expired, by you. Attach		
29. State	30. Issue Date (month/year):	03 /10	31. Type;	32. Number:		
СТ	Expiration Date (month/year):	- /-	Aggregator	Docket 10-01-05		
33. State	34. Issue Date (month/year):	02 / 15	35. Type:	36. Number:		
СТ	Expiration Date (month/year):	01 / 20	Sales Tax Permit	1155500		





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Section G: Legal Proceedings
37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?
□ Yes ☑ No
If the answer above is "yes", attach a statement providing the details of such proceeding or petition.
38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Yes No
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.
39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? ☐ Yes ☑ No
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.
40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?
☐ Yes ☑ No
If the answer above is "yes", attach a statement providing the details of such fines or penalties.
Section H: Criminal Actions
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.
Section I: Criminal Background Check
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or
participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.
42. Signature: 43. Date Signed: 09/10/2015





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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:		_	45. Date Signed:	
D 12	1 Ton	_	09/10/2015	

Appendix C

Section E, Q28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

I am currently an active owner and President of Flex Marketing, LLC, and have been associated with the company since October 2011. Our company provides branding and advertising, website development, advertising & promotion consulting service. Flex Marketing also provides market research, Customer Relationship Management (CRM), Broker Relationship Management, channel architecture & training, as well as commission plan development, direct sales, brand awareness, and event planning.

Flex Direct has never been subject to any allegations, investigation, or other inquiry for violation of regulations or laws of any kind.

Flex Direct's headquarters is in Waterbury, CT, with local branch offices throughout Chicago, IL, as well as branches in Waterbury & New Haven. There are also local branches in Baltimore, MD, Springfield, MA, Newton, MA, and Bronx, NY.

Titles & Responsibilities Owner/President October 2011- Present

A successful track record of increasing revenue, capturing market share, and maintaining a high rate of account retention in competitive markets. Expertise in creating marketable products, developing innovative business plans, and penetrating lucrative markets. Proven ability to build and manage highly productive sales teams. A talent for working with internal teams to strengthen a company's industry position. A history of developing and leveraging long term trusting, and portable relationships with key decision makers in major corporate accounts. Ambitious executive who creates strategic alliances with organization leaders to effectively align with and support key business initiatives. Builds and retains high performance teams by hiring, developing and motivating skilled professionals.

Project Management

October 2011-Present

Initiate and execute fully integrated sales and marketing programs designed for new customer acquisitions, retention, cross-sell and up-sell strategies. A highly creative and dedicated individual who thrives on finding solutions to complex situations.

Human Resources

October 2011-Present

Spearheaded new program that increased employee retention. HR Generalist/Leader with 8+ years of Human Resources experience providing support and guidance to clients and staff at all levels in order to realize short and long-term strategic business goals within State compliance. Specialties: Employee relations, compensation and benefits, union relations, employee development, training, customer service, corporate communications, legal compliance, legal defense, recruitment, risk management, coaching and counseling

Operations Management

October 2011-Present

Sustained record of profitable growth and high performance operations within deregulated energy and cable/telecommunications industries. Meeting the needs of employees, customers, investors, communities we serve, and the law. Steering operations, marketing, strategy, financing, creation of company culture, human resources, hiring, firing, compliance with safety regulations, sales, PR, etc.

Other Responsibilities

October 2011-Present

Overall broad range of experience in business and product development, marketing, channel marketing, analytics, and P&L responsibility.

Staff Development

October 2011-Present

Mission: To help staff identify areas of need through a consultative approach. This allows me to develop and implement strategies that are in line with specific goals and expectations.

My experiences with Flex Direct will give me the breadth of experience necessary to take an active leadership role with Better Healing to provide safe, reliable medicine in a regulated market.





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Informa	ition			
	d William Young			
2. Street Address (including Apartme	ent or Suite #): 46 Bridge St	;		
3. City: New Milford	<u> </u>	:	4. State: Ct	5. Zip Code: 06776
6. Title: Security	7. Telephone Number: (203) 948-9356			ald2004@icloud.com
9. Date of Birth:	0. Social Security Number:		-	1. Gender: ☑ Male ☐ Female
Section B: Employment Info	rmation			
12. Current or Most Recent Employe	r	13. Da	ite of Employ	ment:
Town of New Milford		Start I	Date: 03 /01	I / 98
		End D	oate: /	<i>'</i>
14. Employer Address (including Ap 49 Poplar St	partment or Suite #):		-	
15. City: New Milford		16 Ct	. State: 1	7. Zip Code: 06776
18. Telephone Number: (860) 355-3133	19. Fax Number: (860) 355-6012		E-mail Add ung@newm	ress: nilfordpolice.org
Section C: Pharmacy Busine				
21. Do you have any experience con	trolling, managing, operating or wo	orking fo	or a pharmac	ý?
□Yes ☑No		•		
22. Are you currently associated with	n a pharmacy in any state?			
□Yes ☑No				
23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: • The pharmacy name; • The pharmacy's location; • All titles and responsibilities tield by you at the pharmacy, including the time frame for each; • The dates of your association with the pharmacy; • Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and • Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.				

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Appendix C #9, 10 Date of Birth and Social Security Number. Applicant seeks exemption under §(b)(2) of the Act. Applicant avers that disclosure of this information is an invasion of privacy and may expose applicants to identity theft.





Section I	D: Marijuana Busines	s Experience		
		ave any experience controlli	no managino operatino o	working for a marijuana
business?	nan me appneam, ae yea n	ave any experience controlli	ing, managing, operating of	working for a mangatana
□ Yes ☑	No			
25. Other th	han the applicant, are you o	urrently associated with a m	arijuana business in any st	ate or country?
□ Yes ☑	No			
business w	answered "yes" to question ith which you have been as ne business name;		setting forth the following	information for each marijuana
	ne business location;			
• A	ll titles and responsibilities	held by you at the business,	including the time frame f	or each;
	ne dates of your association			
• W	hether the business was ev		he laws or regulations of th	e state or country in which it so, the nature and resolution of
Section I	E: Other Relevant Bu	siness Experience		
			or working for any other h	usiness that you believe may be
		n of the applicant with whor		usiness that you believe may be
☑ Yes □	No			
with which	you have been associated:	27, attach a statement settin	g forth the following inform	nation for each such business
	ne business name; oducts or services offered;			
	ne business location;			
		held by you at the business,	including the time frame f	or each;
	ne dates of your association			
		role at the business and, if		e state or country in which it
				so, the nature and resolution of
	ose allegations; and			
	ow this experience is relevate associated.	int to the department's evalu	lation of the RFA response	of the applicant with whom you
			<u></u>	
Section I	F: Licenses, Permits a	nd Registrations		
		licenses, permits or registr	ations ever held current or	expired by you. Attach
additional 1	pages if necessary.			
29. State	30. Issue Date (month/yea	ar): /	31. Type:	32. Number:
	Expiration Date (month/y	ear): /		
33. State	34. Issue Date (month/yea	ar): /	35. Type:	36. Number:
	Expiration Date (month/y	ear): /		





ection G: Legal Proceedings	
7. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, herwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last terear period? Yes ☑ No	
the answer above is "yes", attach a statement providing the details of such proceeding or petition.	
B. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit o gistration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Yes No	τ
the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at sue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.	
O. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed 500,000 above any insurance coverage available to cover the claim? Yes No	
the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the tigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the opplicant's operations.	
D. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over 10,000 assessed by any regulatory agency? Yes No the answer above is "yes", attach a statement providing the details of such fines or penalties.	r
ection H: Criminal Actions	
1. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any ffense in criminal or military court or do you have any charges pending? Yes No	
the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the ending charges and the outcome of the proceedings.	I,
ection I: Criminal Background Check	
understand that the department may review criminal background records for purposes of evaluating my suitability to articipate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or rivileged nature to the department and its agents.	
2. Signature: Ronald Young Signed: 09-05-15	





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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:

Ronald Young

45. Date Signed:
09-05-15

Ronald W. Young

Appendix C Supplement

Section E: Question 28

I have owned and managed R & R Protective Services a security company since 2006, along with my partner Raymond Pacheco. We have always operated out of New Milford, Ct. and the current business address for the company is 46 Bridge St New Milford, Ct. R & R Protective Services is currently licensed to operate in the State of Connecticut. We offer the following services to our clients: Uniformed and Plain clothes guards, armed, unarmed, employees background checks, fingerprinting, private and business alarm response, building checks, bodyguards armed or unarmed, building safety evaluations. I am currently involved in the day to day operations of the business and oversee all employees of the company. At no times has R & R Protective Services ever been alleged to have violated the laws or regulation of the state or country in which we operate.

I have a total of over Twenty years experience as a Law Enforcement Officer and have an understanding of federal and state laws and the court system. I have also have over ten years experience in the security field and have been employed by several large retail stores such as Sears, Macy, and Bradlees. I was involved in protecting the assets of the stores and was successful in apprehending and prosecuting shoplifters. I have experience in the operation and servicing of CCTV's and locating them in the most optimal location to take advantage of their viewing range.





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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Inform	nation . 🐉 🐇 🔭 💮	200		
I. Name (First, Middle, Last): Mid	haele Zappone		1000 1000 1000 1000 1000 1000 1000 100	
2. Street Address (including Apart	ment or Suite #): 323 Cedar Mount	ain Roa	ad	
3. City: Thomaston			4. State: CT	5. Zip Code: 06787
6. Title: owner	7. Telephone Number: (203) 206-4317		8. E-mail michaelez	Address: zappone@gmail.com
L-9- Date of Birth:	10. Social Security Number:	•	I	II. Gender: □ Male ☑ Female
Section B: Employment In	formation			
12. Current or Most Recent Emplo	yer:	13. D	ate of Emplo	yment:
self employed CT licensed mas	sage therapist	Start i	Date: /	7:00
	,	End D)ate: : /	/ pr
14. Employer Address (including 323 Cedar Mountain Road	Apartment or Suite #):			4
15. City: Thomaston		1 <u>6</u> CT	State:	17. Zip Gode: 06787
18. Telephone Number: (203) 206-4317	19. Fax Number:		. E-mail Ado chaelezapp	dress: one@gmail.com
Section C: Pharmacy Busin	iess Experiençe 👫 😁 🗀 🧸	. Sali		
- 160 N. 1 - 164 N	ontrolling, managing, operating or we	orking f	or a pharma	cy?
CYes INo				
22. Are you currently associated w	ith a pharmacy in any state?			
□Yes ☑No	•			
associated, the following informat The pharmacy name; The pharmacy's location; All titles and responsibili The dates of your associa Whether you currently ha Whether the pharmacy w	ties held by you at the pharmacy, inc	luding the when y	ne time fram our involver egulations of	ne for each; nent terminated and why; and f the state in which it operates

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Section D: Marijuana Business Experience					
24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana					
business?					
□. Yes ☑ No					
25. Other than the applicant, are you currently associated with a marijuana business in any state or country?					
□ Yes ☑ No					
 26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated: The business name; The business location; All titles and responsibilities held by you at the business, including the time frame for each; The dates of your association with the business; Whether you currently have a role at the business and, if not, when your involvement terminated and why; and Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations. 					
Section E: Other Relevant Business Experience 27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?					
☑ Yes □ No					
 28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated: The business name; Products or services offered; The business location; All titles and responsibilities held by you at the business, including the time frame for each; The dates of your association with the business; Whether you currently have a role at the business and, if not, when your involvement terminated and why; Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated. 					
Section F: Licenses, Permits and Registrations					
Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.					
29. State 30. Issue Date (month/year): / 31. Type: 32. Number:					
Expiration Date (month/year): /					
33. State 34. Issue Date (month/year): / 35. Type: 36. Number:					
Expiration Date (month/year): /					





Section G: Legal Proceedings
37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?
☐ Yes ☑ No
If the answer above is "yes", attach a statement providing the details of such proceeding or petition.
38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? □ Yes □ No
If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.
39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? ☐ Yes ☑ No
If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.
40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?
☐ Yes ☑ No
If the answer above is "yes", attach a statement providing the details of such fines or penalties.
Section H: Criminal Actions
41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? ☐ Yes ☑ No
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.
Section I: Criminal Background Check
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.
42. Signature: 43. Date Signed:





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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section/33a-157b of the Connecticut General Statutes.

44. Signature: 45. Date Signed.

9/2/1

Michaele Zappone

Appendix B Supplement

Section C: Licenses, Permits and Registrations

Licensed Massage Therapist, CT, 1999-present
Nationally Certified in Therapeutic Massage and Bodywork, 1999-present
American Massage Therapy Association Membership
Certified Medical Massage –Professional Level, May 2000
Certified CORE Myofascial Therapist, November 2002
Certified Weight Trainer, October 2005
Certified Orthopedic Massage, September 2007
Certified CPR, 2015

Appendix C Supplement

Section E: Other Relevant Business Experience

I have managed my own private practice Massage Therapy business since the year 2000. My place of business is 323 Cedar Mountain Rd, Thomaston, CT. My business specializes in the treatment and prevention of chronic pain.

- Coordinate with doctors to provide comprehensive patient care
- Provide numerous holistic treatments including hot stone massage, sports massage, Swedish massage, deep tissue massage, trigger point therapy, myofascial therapy, proprioceptive neuromuscular facilitation, educating nerves and muscles to function pain free.
- Versed in HIPPA compliance and patient confidentiality
- Personally responsible for contractor management, client scheduling, billing and all other daily administrative duties

Additionally, my personal experiences with chronic pain that I have dealt with most of my life have helped me better understand my patients. Most of my chronic pain has been due to chronic Lyme disease. The prescription treatments usually had adverse side effects. In turn additional prescriptions were provided to deal with those side effects. It became a cycle.

So many people surrender to this cycle not understanding that there are alternative solutions. Massage offers such a solution along with other safer alternatives. My sympathy for those who suffer has generated a clientele of people with parallel situations. To treat pain with no adverse side effects is the ultimate goal.

Section F: Licenses, Permits and Registrations

Licensed Massage Therapist, CT, 1999-present Nationally Certified Therapeutic Massage and Bodywork, 1999-present American Massage Therapy Association Membership, 1999-present Certified Medical Massage –Professional Level, May 2000 Certified CORE Myofascial Therapist, November 2002 Certified Weight Trainer, October 2005 Certified Orthopedic Massage, September 2007 Certified CPR, 2015





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Appendix D Dispensary Facility Manager Information Form

This form must be completed and signed by the person who will serve as the dispensary facility manager if the applicant is awarded a dispensary facility license.

		•			
Section A	.: Dispensary Facili	ty Manager Informatio	n		
	rst, Middle, Last):				
	Marie Auciello Idress (including Apartm	cont on Cuito #):			3. City:
130 Main S	, – -	ient or suite #):			Norwalk
4. State:	5. Zip Code:	6. Date of Birth:			7. Telephone Number:
CT	06851	o. Date of Bitti.			631-255-0649
8. Social Security Number:				9. Gender: ☐ Male ■ Female	
10. E-mail / jauciello04	Address: 07@yahoo.com			onnecticut Pharr 0012560	nacist License Number:
Section B	: Employment Info	rmation			
12. Current	or Most Recent Employ	er:		13. Date of Er	mployment:
Cornerston	e Pharmacy			Start Date: 02	/ /15
	.01			End Date: :	1 1
14. Employ 14 Madisor	er Address (including A _l	partment or Suite #):		<u>I</u>	
15. City: Valhail				16. State: NY	17. Zip Code: 10595
· -	e Telephone Number:	19. Fax Number:		20. E-mail Ad	dress:
800-361	-1260	800-737-4920			
		,			
	: Pharmacy Busine	•			
21. Do you		trolling, managing, operating	or work	ring for a pharm	acy?
22. Are you ☑Yes □N		h a pharmacy in any state?			
associated, associated, associated, associated, and associated, as	the following informatio e pharmacy name; e pharmacy's location;	n: es held by you at the pharmac;			charmacy with which you have been to make the ma

Appendix D #6, 8 Date of Birth and Social Security Number. Applicant seeks exemption under §(þ)(2) of the Act. Applicant avers that disclosure of this information is an invasion of privacy and may expose applicants to identity theft

Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, the nature and resolution of those

allegations.





Section D: Criminal Actions				
24. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No				
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.				
Section E: Criminal Background Check				
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.				
25. Signature:	26. Date Signed:			
	9/7/2015			
9772010				
I hereby certify that the above information is correct and complete.				
I fully understand that if I knowingly make a statement that is untrue and which is into Consumer Protection or any person designated by the Department in the performance of violation of Section 53a-157b of the Connecticut General Statutes.				
27. Signature:	28. Date Signed:			
	9/7/2015			

Jessica Auciello, Pharm.D., RPh.

As a highly energetic and self-motivated Pharmacist, I've had the opportunity to work in a multitude of settings. I have worked in hospital settings as well as infusion, retail, compounding, and specialty. Through these experiences, I have been lucky enough to combine my personal interests of natural and complimentary medicine into my professional work. The addition of medical marijuana in the state of Connecticut gives me the opportunity to expand the healthcare choices that I have to offer patients.

As the Supervising Pharmacist at HealthSource Pharmacy, I learned the foundations of natural medicine, herbal medicine, as well as homeopathy. I then researched independently as well as through coursework to increase my knowledge of the field. It gave me a great basis to have a more well-rounded conversation with patients concerning their healthcare needs. I continued on the alternative and natural path when I took a job at Rye Beach Pharmacist as the compounding pharmacist. Here, I learned more about bio-identical hormone replacement as well as alternative medications that are not commercially available. The patients who sought out these types of medications were typically more aware of their healthcare choices. This gave me the opportunity to refine my counseling skills as well as learn from my patients. I also worked with many very talented physicians and naturopaths who gave me much insight into the field.

Over my years of practice, my compassion for patients has grown. I am happy to be able to empower patients with education on their healthcare choices. I believe a position at a dispensary with a focus on wellbeing and healthy living would be aligning with my views and talents.



Section A: Member Information

Medical Marijuana Program



165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066
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Appendix E Backer Members

Authorization for Release of Personal History Form

1. Name (First, Middle, Last): John Charles Ellis					
2. Street Address (including Apartment or Suite #): 24 Saltus Drive					
3. City: Old Saybrook		4. State: CT	5. Zip Code: 06475		
6. Daytime Phone Number: (860) 227-2609	7. Fax Number: (860) 388-6661	8. E-mail Add johnbassgrou	lress: ip@comcast.net		
Section B: Criminal Actions					
9. Have you ever been convicted of a crime offense in criminal or military court or do yo			orfeited bail for any		
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.					
Section C: Criminal Background C	Check				
I understand that the department may review participate in the medical marijuana program privileged nature to the department and its a	1. I hereby authorize the release of any a				
10. Signature:		11. Date Sig	gned:		
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I hereby certify tha	t the above information is corre	et and compl	ete.		
I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157t of the Connecticut General Statutes.					
12. Signature:		13. Date Si	gned:		
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Section A: Member Information

2. Street Address (including Apartment or Suite #):

I. Name (First, Middle, Last): Fitor Mamudi

Medical Marijuana Program



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Appendix E Backer Members

Authorization for Release of Personal History Form

17 Logging Trail Ln					
3. City: Brookfield			4. State: CT	5. Zip Code: 06804	
6. Daytime Phone Number:	7. Fax Number:	8.	E-mail Add	lress:	
(203) 297-7838	(203) 262-6001	fma	amudi@be	etterhealings247.	cöm
	-				
Section B: Criminal Actions					
	a crime or received a suspended sentence or do you have any charges pending?			orfeited bail for an	y
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If the answer above is "yes", attac	h a statement providing the date(s) of	conviction(s)	, name of i	ndividual(s) invol	ved,
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Section C: Criminal Backgro	ound Check				
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Appendix E **Backer Members Authorization for Release of Personal History Form**

1	his form must be completed a	nd signed by any member of a Ba	icker that is not requ	ired to com	plete Appendix C.
Secil	in A: Member Informat	tion version is a second of the second	Archivers		
	e (First, Middle, Last):				
	on Josef Romano				· · · · · · · · · · · · · · · · · · ·
-	et Address (including Apartme Woodland Avenue	ent or Suite #):			
3. City					
	omfield			CT	06002
	ime Phone Number:	7. Fax Number:		E-mail Add	
(86	0) 286-9026 .	(860) 286-9028	arc	mano@be	etterhealing247.com
Cent	on B: Griminal Actions:		/2 ************************************		
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9. Hav	e you ever been convicted of a	crime or received a suspended so or do you have any charges pendi	entence, deferred sei ng? 🔲 Yes 🗹 N		orfeited bail for any
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pendi	g charges and the outcome o	of the proceedings.			
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Consu	ner Protection or any person on of Section 53a-157b of the	designated by the Department in	the performance of	their officia	I function, I will be in
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	<u> </u>			9/04/2015	<u> </u>
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MMP – I	ispensary Facility License Applic	cation – June 2015			Page 16 of 16





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Appendix E Backer Members Authorization for Release of Personal History Form

Section A: Member Informat	ion	· · · · · · · · · · · · · · · · · · ·
Name (First, Middle, Last): Travis Tangredi		
Street Address (including Apartme Clover Court	nt or Suite #):	·
3. City: Brookfield		4. State: 5. Zip Code: CT 06804
6. Daytime Phone Number; (203) 928-9248	7. Fax Number: (646) 495-9933	8. E-mail Address: ttangredi@betterhealing247.com
Section D. C. included and		
Section B: Criminal Actions		
	crime or received a suspended sentend or do you have any charges pending?	ce, deferred sentence, or forfeited bail for any ☐ Yes ☐ No
	decided, a description of the circum	conviction(s), name of individual(s) involved, stances relating to each offense or for the
Section C: Criminal Backgro	und Cheek	
		or purposes of evaluating my suitability to
participate in the medical marijuana p	program. I hereby authorize the release	e of any and all information of a confidential or
privileged nature to the department at	nd its agents.	
10. Signature:	•	11. Date Signed:
D 22-	7	09/10/2015
I hereby certi	fy that the above information	is correct and complete.
I fully understand that if I knowingly	y make a statement that is untrue and	which is intended to mislead the Department of
	lesignated by the Department in the p	erformance of their official function, I will be in
12. Signature:		13. Date Signed:
D (/2)	//	09/10/2015
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Appendix E Backer Members

Authorization for Release of Personal History Form

Section A: Member Information	Op.			
1. Name (First, Middle, Last):				
MichaeleZappone				:
Street Address (including Apartmen 323 Cedar Mtn Rd	t or Suite #):			-
3. City:			4. State:	5. Zip Code:
Thomaston			CT	06787
6. Daytime Phone Number:	7. Fax Number:	8	. E-mail Add	ress:
(203) 206-4317		m	ichaelezapı	oone@gmail.com
Section B: Criminal Actions				
9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No				
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.				
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Section C: Criminal Background Check				
I understand that the department may review criminal background records for purposes of evaluating my suitability to				
participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.				
10. Signature:	11 2		11. Date Si	gned:
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I hereby certify that the above information is correct and complete.				
I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of				
Consumer Protection or any person de		performance of	their officia	d function, I will be in
violation of Section 53a-157b of the Co	onnecticut General Statutes.			
12. Signature	4		13. Date/Sig	gned:
► Sich cede	TRAME		1/12	118
	117		11-1	

INFO@BETTERHEALING247.COM WWW.BETTERHEALING247.COM