

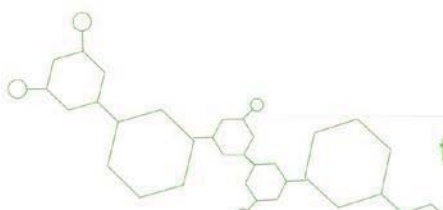
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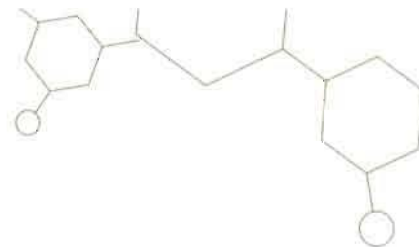
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**CT Pharmaceutical Solutions, LLC**  
**Department of Consumer Protection**  
**Drug Control Division**  
**Medical Marijuana Program Application**  
**RFA #2013-1093772**  
**November 14, 2013**

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November 14, 2013

Department of Consumer Protection  
Drug Control Division  
Medical Marijuana Program  
RFA #2013-1093772  
165 Capitol Avenue, Room 145  
Hartford, Connecticut 06106

Ladies and Gentlemen:

Connecticut Pharmaceutical Solutions, LLC (CPS) is applying to the Department of Consumer Protection (DCP) for a Medical Marijuana Producer license. In connection with its application, CPS, through its insurance agency, Smith Brothers Insurance, Inc., among others, sought diligently and in good faith to obtain construction and operation bonds in the forms published by DCP.

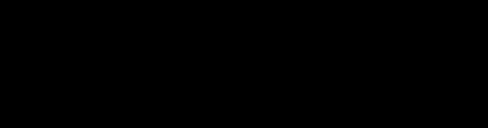
Ms. Bette Botticello of Smith Brothers has informed us through a copy of the attached letter to the DCP, dated November 14, 2013 that Aspen American Insurance Company will offer to CPS a construction bond in the same form or closely approximating the form required by DCP. With regard to the operation bond, Ms. Botticello and several other insurance brokers have informed us that no bond in the appropriate form will be available.

CPS will consequently proceed with a construction bond in the amount of \$2,000,000, provided that the form of the bond is acceptable to DCP. In the case that the form of the construction bond is not acceptable, and for the purposes of providing to the DCP assurances regarding the operation of the production facility, CPS will place in an escrow account acceptable to the DCP the amounts required by the DCP.

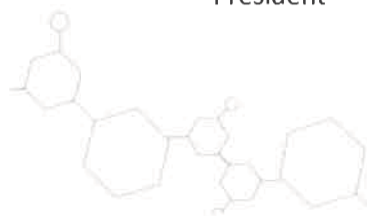
In order to demonstrate CPS's capacity to establish the escrow account in an amount of up to \$2,000,000, CPS has provided financial statements from Edward C. Jackowitz and Andrew M. Bozzuto that together demonstrate liquid resources adequate to provide such an amount. In executing CPS's operating agreement, attached to this letter and included in our application in response to Section E. 1., both Mr. Jackowitz and Mr. Bozzuto have agreed to make such resources available to CPS as required.

CPS would be pleased to address any questions that may arise regarding this matter.

Very truly yours,



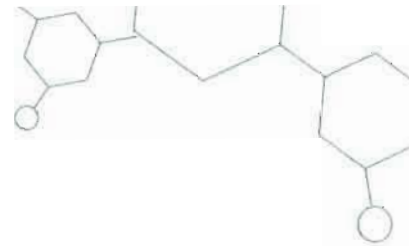
Thomas J. Schmitz  
President



Science Aligned With *nature*

†860.342.0000 | †860.342.1111 | 47 Main Street | Portland, CT, 06480 | CTPHARMA.COM





November 14, 2013

Connecticut Department of Consumer Protection  
Drug Control Division  
Medical Marijuana Program  
RFA #2013-1093772  
165 Capitol Ave, Room 145  
Hartford, CT 06106

Ladies and Gentlemen:

We are enclosing our application for a license to produce medical marijuana in accordance with the Connecticut Department of Consumer Protection Drug Control Division Medical Marijuana Program. We have included important background information on our company and key personnel. We expect that our high level of expertise in organic production and drug manufacturing will be instrumental in establishing and operating this new facility for producing medical marijuana and related products in strict compliance with FDA 21 CFR Parts 111 current Good Manufacturing Practices (cGMPs) for Dietary Supplements.

Certain proprietary information with respect to Dr. Schackelford's research has been included and so marked "CONFIDENTIAL" on each page as required. Also, the personal financial and tax return documents from Edward Jackowitz and Andrew Bozzuto and the tax return documents for Thomas Schultz have been included and marked "CONFIDENTIAL" on each page as well. We consider the above information confidential to our principals and essential to the competitive operations and financial stability of our company. For these reasons we respectfully request that the confidentiality of these documents be maintained.

We sincerely appreciate your time and consideration in reviewing Connecticut Pharmaceutical Solutions' application for the production of medical marijuana.

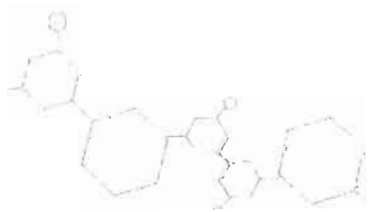
Sincerely,

[Redacted signature area]

Edward C. Jackowitz  
Managing Partner

Andrew Bozzuto  
Managing Partner

Thomas J. Schultz  
Managing Partner



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† 860.342.0000 | f 860.342.1111 | 47 Main Street | Portland, CT, 06480 | CTPHARMA.COM



# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

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## Appendix A Producer License Information Form

### Section A: Business Information

1. Applicant business type:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
--	--------------------------------------	---	--------------------------------------	--	---	---------------------------------------

2. Legal Name of Applicant:

Connecticut Pharmaceutical Solutions, LLC

3. Trade Name of Applicant:

Connecticut Pharmaceutical Solutions, LLC

4. Applicant's Business Address:

31 East High Street

5. City:

East Hampton

6. State:

CT

7. Zip Code:

06424

8. Daytime Telephone Number:

9. E-mail Address:

10. Applicant's Mailing Address (if different than business address):

11. City:

12. State:

13. Zip Code:

14. Daytime Telephone Number:

15. Fax Number:

### Section B: Contact Information

All communications from the department regarding this application will be sent to your primary contact and alternate contact, if one is designated. We will assume that you receive all communications sent to your designated contact(s) and it will be your responsibility to notify us if any of your contact information changes.

16. Name of Primary Contact:

Thomas J Schultz

17. Primary Contact Title:

President

18. Primary Contact E-mail Address:

[REDACTED]

19. Primary Contact Telephone Number:

[REDACTED]

20. OPTIONAL - Name of Alternate Contact:

21. Alternate Contact Title:

22. Alternate Contact E-mail Address:

23. Alternate Contact Telephone Number:

### Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation:

October 4, 2013

25. Place of Formation/Incorporation:

Hartford, CT

26. Registered with the Connecticut Secretary of State:

☒ Yes ☐ No

27. Sale and Use Tax Permit Number: P3W9900840014

Provide a copy of your Sale and Use Tax permit with your application.





# Medical Marijuana Program

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## Section D: Proposed Production Facility Information

28. Proposed Production Facility Address: 47 Main Street			29. City: Portland
30. State: CT	31. Zip Code: 06480	32. Telephone Number:	33. Fax Number:
34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.			35. Name of Property Owner: Mid-Port Bridge, LLC

## Section E: Business Association Information

36. Are you associated with any dispensary facility license applicant or other producer license applicant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, provide the name of all applicants with whom you are associated. Attach additional pages if necessary.	
37. Applicant Name:	38. Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer
39. Applicant Name:	40. Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer

## Section F: Escrow Account, Letter of Credit or Surety Bond

41. Establishment of an escrow account, letter of credit or surety bond shall be required prior to issuance of a producer license. Provide the following information and **submit documentation evidencing** an ability to establish and maintain an escrow account, letter of credit or surety bond in the amount of two million dollars (\$2,000,000.00), if you are awarded a producer license.

Review the Terms and Conditions of this RFA to ensure that the terms of your escrow account, letter of credit or surety bond will be acceptable.

<input type="checkbox"/> Escrow Account	<input type="checkbox"/> Letter of Credit	<input checked="" type="checkbox"/> Surety Bond
42. Financial Institution/Surety Company Name:		
43. Address:		
44. City:	45. State:	46. Zip Code:
47. Telephone Number:	48. Fax Number:	49. E-mail Address:

## Section G: Laboratory (This is only required if you have already selected a laboratory)

50. Laboratory Name:	51. Laboratory License No.	
52. Address:		
53. City:	54. State: CT	55. Zip Code:
56. Telephone Number:	57. Fax Number:	58. E-mail Address:



# Medical Marijuana Program

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## Section H: Proposed Production Facility Business Hours

59. State the proposed production facility's business hours for each day:

Monday	8:00 am	to	8:00 pm	Friday	8:00 am	to	8:00 pm
Tuesday	8:00 am	to	8:00 pm	Saturday	8:00 am	to	8:00 pm
Wednesday	8:00 am	to	8:00 pm	Sunday	8:00 am	to	8:00 pm
Thursday	8:00 am	to	8:00 pm				

## Section I: Other Business Names & Addresses

List all names under which the applicant has done business or has held itself out to the public as doing business. Do not limit your response to business operations in Connecticut. Attach additional pages if necessary.

60. Name: N/A	61. Time Period:

List all addresses, other than those listed in response to Section A, that the applicant owns, has owned or from which it has conducted business during the previous five years and give the approximate time periods during which such locations were owned or utilized. Attach additional pages if necessary.

62. Address: N/A	63. Time Period:

## Section J: Producer Backers

Provide the following information for each producer backer. A producer backer is any person (including any legal entity) with a direct or indirect financial interest in the applicant, except it shall not include a person with an investment interest provided the interest held by such person and such person's co-workers, employees, spouse, parent or child, in the aggregate, does not exceed five per cent of the total ownership or interest rights in the applicant and such person will not participate directly or indirectly in the control, management or operation of the production facility if a license is granted.

Create additional copies of this page if necessary.

Each backer identified in response to this section must complete and sign Appendix B.

64. Name: Jackowitz Enterprises LLC	65. Percentage of ownership ██████
Andrew M. Bozzuto	██████





# Medical Marijuana Program

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Thomas J Schultz	

## Section K: Directors, Owners, Officers and Other High-Level Employees

Provide the following information for each individual, including each producer backer, who will::

- directly or indirectly have control over, or participate in the management or operation of, the production 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.

66. Name (First, Middle, Last):	67. Title:	68. Role:
Thomas James Schultz	President, Manager	General Management
Edward Charles Jackowitz	Manager	Growing Facility Management
Andrew Mark Bozzuto	Manager	Growing Facility Management
Alan Shackelford, M.D.	Director of Research	Research

## Section L: 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.

69. Expense Item:	70. Cost: \$	71. Source of Funds:
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	



# Medical Marijuana Program

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## Section M: Security System

Identify the companies that will provide security services for the production facility if a license is awarded. A primary and a backup security company are required. If more than two companies will provide security services, complete this section for each such additional company.

72. Primary Security Company Name: Kolram Access Services

73. Primary Security Company Address (including Apartment or Suite #):  
50 United Drive

74. City:  
North Haven

75. State:  
CT

76. Zip Code:  
06473

77. Telephone Number:  
(203) 234-8688

78. Fax Number:  
(203) 985-0399

79. E-mail Address:  
santryj@comcast.net

80. Backup Security Company Name:  
ADT Security

81. Backup Security Company Address (including Apartment or Suite #):  
401 Flatbush Avenue

82. City:  
Hartford

83. State:  
CT

84. Zip Code:  
06106

85. Telephone Number:  
(860) 951-3724

86. Fax Number:

87. E-mail Address:

88. Attach a detailed description of the security plan to be offered by the security companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.

## Section N: Legal Proceedings

89. 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? ☐ Yes ☒ No

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

90. 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? ☐ 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.

91. 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? ☐ 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.

92. Has the applicant 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.





# Medical Marijuana Program

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## Section O: Criminal Actions

93. Has the applicant 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 are any such 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 P: 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.

94. Signature:



95. Date Signed:

11/14/13

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.

96. Signature:



97. Date Signed:

11/14/13





# Medical Marijuana Program

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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 K.

<b>Section A: Personal Information</b>			
1. Name (First, Middle, Last): Alan Eugene Shackelford			
2. Street Address (including Apartment or Suite #): [REDACTED]			
3. City: [REDACTED]		4. State: [REDACTED]	5. Zip Code: 80104
6. Title: Research Director		7. Telephone Number: [REDACTED]	8. E-mail Address: [REDACTED]
9. Date of Birth: [REDACTED]	10. Social Security Number: [REDACTED]		11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

<b>Section B: Employment Information</b>			
12. Current or Most Recent Employer: Self		13. Date of Employment: Start Date: July 1, 1992 End Date: : Present	
14. Employer Address (including Apartment or Suite #): 2257 South Broadway			
15. City: Denver		16. State: CO	17. Zip Code: 80210
18. Daytime Telephone Number:	19. Fax Number: 303-595-5284	20. E-mail Address:	

<b>Section C: Marijuana or Agriculture Business Experience</b>	
21. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana or agriculture business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. Other than the applicant, are you currently associated with a marijuana or agriculture business in any state or country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. If you answered "yes" to question 21 or 22, attach a statement setting forth the following information for each marijuana or agriculture business with which you have been associated: <ul style="list-style-type: none"><li>• The business name;</li><li>• Products or services offered;</li><li>• The business location;</li><li>• All titles and responsibilities held by you at the business, including the time frame for each;</li><li>• The dates of your association with the business;</li><li>• Whether you currently have a role at the business and, if not, when your involvement terminated and why; and</li><li>• 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.</li></ul>	



# Medical Marijuana Program

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## Section D: Other Relevant Business Experience

24. 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

25. If you answered "yes" to question 24, 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 E: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits and registrations ever held, current or expired by you. Attach additional pages if necessary.

26. State CO	27. Issue Date (month/year): April 14, 1994 Expiration Date (month/year): May 1, 2015	28. Type: Medical	29. Number:
30. State	31. Issue Date (month/year): Expiration Date (month/year):	32. Type:	33. Number:

## Section F: Legal Proceedings

34. 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.

35. 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.





# Medical Marijuana Program

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36. 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.

37. 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 G: Criminal Actions

38. 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 H: 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.

39. Signature:



40. Date Signed:

11/14/2013

**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.

41. Signature



42. Date Signed:

11/14/2013

STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE SERVICES



**Temporary Permit for  
Sales and Use Tax**

Do **NOT** mail to the Department of Revenue Services

**This temporary permit must be displayed for customers to see and is not assignable or transferable.**

**Confirmation  
Number\*:** 13W9900840014

**Organization  
Name:** Connecticut Pharmaceutical Solutions LLC

**Business Trade  
Name:** Connecticut Pharmaceutical Solutions LLC

**Business Address:** 10002 Middletown Ave  
Northford, CT 06472

**This temporary permit will expire on 12/04/2013.**

\* This number will act as your temporary tax registration number. It will be replaced when you receive your registration confirmation package in the mail.

Your registration package will include information on electronic options available in our Taxpayer Service Center (TSC). In a separate envelope, you will also be receiving a personal identification number (PIN) which will allow you access to the TSC. Once you receive your PIN, we encourage you to take advantage of our

electronic services.

Please contact the DRS Registration Section at [\(860\) 297-4885](tel:8602974885) if you do not receive your registration confirmation package by the 15th business day following completion of REG-1 OL.





**Taxpayer Copy**

**Do NOT mail to the Department of Revenue Services.**

**Your Confirmation Number is: 13W9900840014**

**Reasons for Registering**

Forming a business entity:

**Business Profile**

**Business Information**

**Type of Organization:** Limited Liability Company (LLC)

**Nature of Business Activity**

Manufacturer

**Major Business Activity**

Producer of medical marijuana

**Business Name & Address**

**Organization Name:** Connecticut Pharmaceutical Solutions LLC

**FEIN:** 463872206

**Business Trade Name:** Connecticut Pharmaceutical Solutions LLC

**Address:** 10002 Middletown Ave

Northford, CT 06472

**Mailing Address**

**Address:** P.O. Box 520

Northford, CT 06472

**Business Telephone Number:** 203-410-7150



## Business Bank:

### Owner and Officer Information

This is the information you filled out on your application. If your organization type is taxed as a partnership such as a General Partnership, Limited Partnership, Limited Liability Partnership, or a Limited Liability Company, you must enter more than one member/partner name. If you need to make any change, select the EDIT button to make the appropriate additions.

**Andrew M Bozzuto**

**Title:** Other

**Home Address:** [REDACTED]

**SSN:** [REDACTED]

**Date of Birth:** [REDACTED]

**Home Telephone:** [REDACTED]

**Bank Name:** [REDACTED]

### Registered Tax Types

Tax Type	Tax Liability Start Date
Income Tax Withholding	10/03/2013

1. Are you an employer that transacts business or maintains an office in Connecticut and intends to pay wages to resident employees or nonresident employees who work in Connecticut? 1. Yes

If you have a Connecticut tax registration number for withholding for another location and intend to file withholding for this new location under that number, enter the Connecticut Tax Registration Number.

Connecticut Tax Registration Number:

2. Are you an out-of-state company voluntarily registering to withhold Connecticut income tax for your Connecticut resident employees who work outside of Connecticut? (By answering "Yes" to this question, you are indicating that this company does not have any tax liability in CT, and you will only be registering for Income Tax Withholding with this registration application.) 2. No
3. Do you intend to withhold Connecticut income tax from any of the following: pension plans; annuity plans; retirement distributions; or gambling distributions? 3. No
4. Do you pay nonresident athletes or entertainers for services they render in Connecticut? 4. No
5. Do you only have household employees and wish to withhold Connecticut income 5. No

tax?

6. Do you only have agricultural employees and wish to withhold Connecticut income tax? 6. No

If you use a payroll service, enter name of payroll company:

#### Sales and Use Tax

10/03/2013

1. Do you sell, or will you be selling, goods in Connecticut (either wholesale or retail)? 1. Yes
2. Do you rent equipment or other tangible personal property to individuals or businesses in Connecticut? 2. No
3. Do you serve meals or beverages in Connecticut? 3. No
4. Do you provide a taxable service in Connecticut? (See the Informational Publication, Getting Started in Business, for a list of taxable services.) 4. No

The registration fee for Sales and Use Tax is \$100

#### Business Use Tax

10/03/2013

1. Will you be purchasing taxable goods or services for use in Connecticut without paying Connecticut sales tax? 1. Yes

#### Business Entity Tax

10/04/2013

1. Are you a **business entity as described above?** 1. Yes

Enter state you are organized under: CT

Enter the month of your fiscal year end: December

### Registration Fees

Routing Transit Number

Account Type

Bank Account Number

Checking

xxxxxxxxxxxx8613



<b>Tax Type</b>	<b>Fee</b>
Sales and Use Tax	\$100.00
<b>Total:</b>	<b>\$100.00</b>

## Signature

---

FEIN/SSN: [REDACTED]

## Contact Information

---

<b>Name:</b>	Andrew bozzuto
<b>Email:</b>	<span style="background-color: black; color: black;">[REDACTED]</span>
<b>Daytime Telephone Number:</b>	<span style="background-color: black; color: black;">[REDACTED]</span>

**Exhibit A**

**Security Plan**

**Introduction**

The Kolram Access Services of North Haven, Connecticut has been requested by the Applicant, **Connecticut Pharmaceutical Solutions, LLC** to conduct a security site review within the requirements of State of Connecticut, Department of Consumer Protection, Palliative Use of Marijuana requirements. Specifically, Kolram Access was tasked with assessment, design and implementation of various security technologies and processes that comply with Connecticut General Statutes, Section 21a-408.

**Kolram Access Services**

Kolram Access Services provides security solutions for industrial, government, education and health care organizations in New York, New Jersey and all New England States. Kolram has assigned Mr. John Santry, Business Development Manager, to conduct the security evaluation.

**Mr. John Santry Qualifications -** John Santry retired after 28 years of service in Connecticut municipal law enforcement. His held the executive rank of Major (Assistant Chief) assigned as the Patrol Commander prior to joining Kolram. Mr. Santry training and experience includes:

- Community Policing, Community Problem Solving and Crime Analysis
- Designing and implementing Crime Prevention Strategies to include Crime Prevention Through Environmental Design
- Homeland Security – Conducting facility threat assessments and evaluations
- Secret Service trained in; Executive Protection, Threat Assessment and response
- HAZMAT and Medical Response Technician (EMS) certified
- FEMA – Certified in: Professional Emergency Management, Planning, Threat Assessment
- Serves as Deputy Chief of Planning for All Hazards Regional Emergency Response Team
- Traffic Authority Liaison responsible for the planning and review of all zoning applications that impact local roadways on behalf of the local Traffic Authority.
- Conducting criminal, civil and Internal Affairs Investigations
- Organizational Risk Management, Training, Policy Writing, Personnel Management, Labor Relations
- Chairman School District Safety Committee – responsible for the design and implementation of various security measures within the district.
- Budget management, grant management and Capital Improvement Committee
- Kolram Business Development Manager – Assigned to provide consultation, assessment, design and implementation of various security measures and systems.

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Methodology: The process of review and determination of security needs for **Connecticut Pharmaceutical Solutions, LLC** includes:

I. Assessment

- a) Physical Security of facility
- b) Review of Section 21a-408 statutes to determine the applicable standards, permit process and priorities of the State.
- c) Review of the commercial marijuana industry to include; best practices, guidelines, policy standards, security standards and crimes against production facilities.
- d) Conduct a Site Specific All Hazards Vulnerability Assessment from Natural and Man-Made threats using FEMA standard.
- e) Review of the municipality for the potential facility to include; population, commercial enterprises, school zones, transportation routes, capacity of local law enforcement and local crime rates.
- f) Review of facilities in the general region and the immediate surroundings of the proposed facility.
- g) An All Hazards approach to identify manmade and natural events that could impact or disrupt the operation and security of the proposed facility.

II.

Procedures

a) Operations

- 1) Determine the human process of work as it relates to the flow of work.
- 2) Establishment of Governance; the written standards, protocols and procedures regulating; Employee work, routine work process, reporting procedures, SOP's, shipping protocols and Contingency and Continuity of Operation Planning (COT).

III. Security Systems Design – Identifying and defining performance standards of security systems:

- 1) Physical Access Control
- 2) Lighting
- 3) Automated Access Control Systems
- 4) Intercom Systems
- 5) Video Surveillance Systems
- 6) Burglary Alarm
- 7) Fire Alarm
- 8) Vault



## I. Assessment

### Description of Proposed Location and Facility:

The Connecticut Pharmaceutical Solutions LLC company has secured a facility at: **47 Lower Main Street, Portland, Connecticut**. This commercial facility is a former pharmaceutical production and distribution center located immediately off of Route 66 in a two story building within a commercial/industrial zone at the intersection of Lower Main Street and Airline Avenue Road, Portland.

**Section 21a-408-20(c)(1)(A) & (B) compliance:** A review of the immediate neighborhood to the site to include surrounding buildings, roads and land usage was conducted. The immediate area is occupied by commercial operations to include several oil storage and delivery businesses, self storage units, manufacturing plants and waste treatment facilities.

**There are no residential units, churches, schools, hospitals, playgrounds, military facilities or similar cultural, educational or recreation entities within 1,000 feet and well beyond of the proposed site location.**

### All Hazards FEMA Vulnerability Assessment

Utilizing the FEMA vulnerability analysis system, the proposed site and jurisdiction were rated to include:

- Jurisdictional Emergency Response Disciplines
- Basic Vulnerability Assessment
- Man-Made Vulnerability Assessment
- Jurisdictional Threat Factors

### Jurisdictional Emergency Response Disciplines

The local law enforcement authority is the Portland Police Department consisting of at least eleven (11) full officers serving a population of 9,200 residents. The police department is located 4/10<sup>th</sup> of a mile away from 47 Lower Main Street. The close proximity should insure that an immediate police response to alarms and other emergencies to the facility. The Portland Police is backed up by the neighboring department the Middletown Police Department with 105 sworn officers. Portland's emergency (911) dispatch function is provided by the Middletown Communication Center. This arrangement insures that both the Portland and Middletown police have awareness of any suspicious or emergency situations at the site.

The Town of Portland is served by the Portland Volunteer Fire Department which includes EMS providers. The department provides and receives mutual aid assistance from surrounding municipalities to include the City of Middletown.

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Portland has several hospital providers within close proximity to include the Middlesex Hospital and Hartford Hospital.

The Town of Portland is served by a volunteer Emergency Management Officer that is available to assist Connecticut Pharmaceutical Solutions LLC in providing Mitigation, Response and Recovery assistance against natural threats.

**Available Transportation Routes**

The site is located on Lower Main Street, Portland which is immediately adjacent to Route 66, Portland Bridge. This route provides easy access for transportation delivery to Hartford, Middletown, Meriden, New Haven, Norwich and Willimantic areas. The expected delivery routes include: Rt 66, Rt 9, Rt 91, Rt 395 and Rt 95. The roadways are in populated, well monitored transportation routes with high traffic volume. These characteristics are positive influences on transportation security of marijuana product to dispensary locations.

**Basic Vulnerability Assessment**

The FEMA Basic Vulnerability assigns point values, 0 to 5, within certain categories to determine the degree of vulnerability of a specific site location. The categories include;

- Level of Visibility – The symbolic importance and awareness of the existence and visibility of the site to the general public. The site score is a “2”, Low Visibility – Existence is public but not well known.
- Impact within the Jurisdiction – The critical nature of the site to the local population, economy, government, etc. The site scores is a “1”, minor usefulness due to contribution to local economy as an employer.
- Impact Outside the Jurisdiction – The affect of loss outside the jurisdiction. The site score is “1”, very low. The impact will be the inability to supply in case of disruption.
- PTE access – The availability to access the site. The site score is “3”, Moderate. The site will have visitor controls, alarmed after hours, has protected entry systems, no unauthorized parking within 50 feet of the facility.
- Hazardous Materials on Site – The site score is a “1”, very minimal hazardous materials in small quantities, under positive control within a secure location.
- Potential Site Population – the maximum capacity of persons on the site at any one time. The site score is a “1”, for a 1 – 250 capacity.
- Potential for Mass Casualties – the number of casualties within a 1 mile radius is a catastrophic event. The site score is “0”, for a 0 prediction of casualties based on process.
- The Total Raw Score on the Basic Vulnerability Assessment for this site is a “9” out of 35 points. This is a low to low/moderate vulnerability score.



### **Man-Made Vulnerability Assessment**

The FEMA Man-Made Vulnerability Assessment assigns point values, 0 to 5, within certain categories to determine the degree of vulnerability of a specific site location. The categories include;

- Geographical location – The site's potential for an accident due to its physical location. The site scored a "1", Unlikely to occur. Due to the commercial activity in the areas, hazards presented by transportation accidents and HazMat issues would be the most predictable type of accident that could impact the site.
- Impact within the Jurisdiction – Assesses the critical nature of the site to local population. The site score is "1", Minor usefulness due to loss of economics.
- Impact outside the Jurisdiction – the site score is "1", Minimal.
- Site Accidents – Assesses the measures to prevent site accidents. The site score is a "1" due to the type of work process, the limited number of workers involved and the internal and external controls regulating the work process.
- Hazardous Materials on Site – the site score is a "1" with minimal hazardous materials.
- Site Population Capacity – the site score is a "1" with less than 250 occupying the site.
- The total site score a "6" out of 35 points, scoring a "Low" vulnerability score from Man-Made threats.

### **Jurisdictional Threat Factors**

The site, immediate surroundings and the municipality of Portland do not have a history of Violent Extremism within the jurisdiction nor are there sites containing targets of mass destruction to include; Chemical, Biological, Radiological, Nuclear or Explosive. Based on FEMA and Homeland Security standards this location does not have any significant Jurisdictional Threat Factors.

### **Local Crime History**

A review of local crime and its impact was conducted.

- A five year history of the Annual Uniform Crime Reports maintained by the Connecticut Department of Public Safety was conducted for the years 2008 - 2012. Portland has a low Crime Index Total of 83 – 95 offense totals per year. There is a low frequency of

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robberies (zero to one for most years). There is a low frequency of Non-Residential Burglaries (0 – 3 per year).

**Assessment Conclusion:**

Based on; the physical site review, the application of analytical threat assessments, the low frequency of local crime and the availability and capacities of local and regional emergency service providers, the proposed facility and the jurisdiction, the Town of Portland, are **SAFE locations** well suited for this type of commercial activity.

**II. Procedures**

**Addressing issues of loss, theft and transportation security of marijuana**

The loss or theft of an asset is defined by three types of crimes against goods and materials – pilferage, theft and organized crime. There are distinct strategies and preventing and mitigating the opportunities for all three types of offenses.

Pilferage – The prevention of pilferage is one of the primary functions of the physical and procedural security program. Loss by internal theft is often a crime of opportunity. To counter the opportunity various physical and attitudinal programs are implemented.

An aggressive security awareness program identifies the expectations of behavior of all employees, the supervisory response and responsibilities, the practical safeguards and awareness that every employee can take and the internal procedures to report theft.

The physical design of the production facility and the general management of security systems greatly influence the ability to counter internal and external threats to the facility.

Perimeter protection of the facility will include [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

The facility will be equipped with [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Trash Disposal Plan – [REDACTED]

Theft and Organized Crime

Combining organizational procedures and physical security measures within the work area will address and limit the opportunity for internal pilferage of products. Note: One of the most expensive thefts of a pharmaceutical warehouse that occurred in Enfield, CT was reviewed. The theft occurred on March 13, 2010 resulting in an \$80 million loss of inventory. The thieves conducted surveillance of the facility ahead of time. They were able to disable the video surveillance and burglary alarm systems and then entered by cutting a hole in the roofline. By studying this event the Applicant is able to design counter measures in their security systems to bolster the protection of the site.

The understanding and mitigation of theft and organized crimes directed towards a business entity is an ongoing and evolving effort. The Applicant will have an assigned responsible employee charged with overseeing the various security platforms and protocols. Additionally, the assigned employee will be responsible for establishing and maintaining liaisons with law



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enforcement, security and regulatory partners. Intelligence shall be provided and shared with these partners to provide a continuous effort of security understanding and preparation.

Employees of Connecticut Pharmaceutical Solutions LLC will be [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Connecticut Pharmaceutical Solutions LLC will develop a site Standard Operations Procedures Manual that will direct employees and provide reference to various security related processes. The manual will address various security related issues to include;

- Visitor Management
- Alarm Systems, Burglary and Fire
- Video Surveillance System
- Trash Disposal Process
- Emergency Evacuation Procedures
- Hold Up Procedures
- Threats to Personnel
- Reporting Requirements
- Transportation of Goods Procedures
- Hazardous Material Handling and Storage
- Active Shooter Response
- Use of Lockers, Restrictions
- Use of Pocket Less Attire in production area
- Power Outage
- Emergency Communications
- Emergency Service Resources
- Response to Bomb Threats and suspicious packages
- Response to Suspicious White Powder Substances
- Employee Confidentiality of Site Work
- Transportation Security

### **III. Security Systems**

The most effective security are those applications that provide a layered security approach to address the basic security functions of; Deter, Detect and Delay. If properly planned the systems are interactive, overlapping and are redundant to provide the best defenses.

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Physical Access Control - [REDACTED]  
[REDACTED]

Signage and Physical Barriers Physical [REDACTED]  
[REDACTED]  
[REDACTED]

Entrances, Doors and Frame - [REDACTED]  
[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]

### Lighting

Interior and exterior security lighting is both a preventative and deterrent measure. Facility security lighting will be supplemented [REDACTED]  
[REDACTED] Exterior security lighting will provide a complete and clear view of activities at all entrances and the employee parking lot. The level of illumination, lumens, [REDACTED]  
[REDACTED]

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- [REDACTED]
- [REDACTED]

Automated Access Control System Design

The Access Control system will [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
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[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Policy – [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]

Transportation/Delivery Access Control [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Intercom System

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



Video Surveillance System

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

Facility Cameras – [REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

3) [REDACTED]  
[REDACTED]  
[REDACTED]

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[REDACTED]  
[REDACTED]

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[REDACTED]

Facility Interior – [REDACTED]

Video Recording function – the Video Management System (VMS) and recording function will have:

[REDACTED]

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Burglary & Fire Alarm

A well designed burglary and fire alarm is essential for monitoring building systems and activities that impact facility operations. The security alarm system(s) shall be in compliance with all sections of Sec. 21-408-62.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



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Vault Security

[REDACTED]  
[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

- [REDACTED]  
[REDACTED]  
[REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]  
[REDACTED]

Security Review and Audits

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

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- [REDACTED]  
[REDACTED]  
- [REDACTED]  
[REDACTED]  
- [REDACTED]  
[REDACTED]  
[REDACTED]  
- [REDACTED]  
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- [REDACTED]  
[REDACTED]  
- [REDACTED]  
[REDACTED]



# Medical Marijuana Program

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## Appendix B

### Producer Backer Information Form

This form must be completed by each person or entity identified as a producer backer in Appendix A, section J.

#### Section A: Backer Information

1. Backer business type:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
--	---	---	---	--	---	--

2. Legal Name of Backer:

Jackowitz Enterprises LLC

3. Trade Name of Backer (if applicable):

4. Street Address (including Apartment or Suite #):

31 East High Street

5. City:

East Hampton

6. State:

CT

7. Zip Code:

06424

8. Daytime Telephone Number:

9. Fax Number:

(860) 267-1111

10. E-mail Address:

#### Section B: Backer Members

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 producer; or
- Appendix D in all other instances.

11. Name (First, Middle, Last):	Edward Charles Jackowitz	12. Percentage of ownership	■
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## Section C: 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.

13. State	14. Issue Date (month/year): Please refer to attached sheets Expiration Date (month/year):	15. Type:	16. Number:
17. State	18. Issue Date (month/year): Expiration Date (month/year):	19. Type:	20. Number:

## Section D: Legal Proceedings

21. 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.

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 ☒ No

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

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 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:

11/14/13

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:

11/14/13





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--	--------------------------------------	--	--------------------------------------	--	---	---------------------------------------

2. Legal Name of Backer:

Thomas James Schultz

3. Trade Name of Backer (if applicable):

4. Street Address (including Apartment or Suite #):

██████████

5. City:

██████████

6. State:

██

7. Zip Code:

██████

8. Daytime Telephone Number:

██████████

9. Fax Number:

██████████

10. E-mail Address:

████████████████████

#### Section B: Backer Members

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 producer; or
- Appendix D in all other instances.

11. Name (First, Middle, Last):

12. Percentage of ownership






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## Section C: 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.

13. State CT	14. Issue Date (month/year): 08/08 Expiration Date (month/year):	15. Type: Auth. House Counsel	16. Number:
17. State NY	18. Issue Date (month/year): 07/80 Expiration Date (month/year):	19. Type: NYS Bar	20. Number:

## Section D: Legal Proceedings

21. 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.

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 ☒ No

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

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

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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:

11/14/13

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:

11/14/13



# Medical Marijuana Program

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## Appendix B

### Producer Backer Information Form

This form must be completed by each person or entity identified as a producer backer in Appendix A, section J.

#### Section A: Backer Information

1. Backer business type:

<input checked="checked" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
--	--------------------------------------	--	--------------------------------------	--	---	---------------------------------------

2. Legal Name of Backer:

Andrew Mark Bozzuto

3. Trade Name of Backer (if applicable):

4. Street Address (including Apartment or Suite #):

██████████

5. City:

██████████

6. State:

██

7. Zip Code:

██████

8. Daytime Telephone Number:

██████████

9. Fax Number:

██████████

10. E-mail Address:

██████████

#### Section B: Backer Members

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 producer; or
- Appendix D in all other instances.

11. Name (First, Middle, Last):

12. Percentage of ownership






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## Section C: 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.

13. State	14. Issue Date (month/year): N/A Expiration Date (month/year):	15. Type:	16. Number:
17. State	18. Issue Date (month/year): Expiration Date (month/year):	19. Type:	20. Number:

## Section D: Legal Proceedings

21. 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.

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 ☒ No

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

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 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:

11/14/13

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:

11/14/13







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## Section D: Other Relevant Business Experience

24. 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

25. If you answered "yes" to question 24, 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 E: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits and registrations ever held, current or expired by you. Attach additional pages if necessary.

26. State	27. Issue Date (month/year):  Expiration Date (month/year):	28. Type:	29. Number:
30. State	31. Issue Date (month/year):  Expiration Date (month/year):	32. Type:	33. Number:

## Section F: Legal Proceedings

34. 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.

35. 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.



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36. 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.

37. 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 G: Criminal Actions

38. 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 H: 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.

39. Signature:



40. Date Signed:

11/14/13

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.

41. Signature:



42. Date Signed:

11/14/13





# Medical Marijuana Program

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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 K.

#### Section A: Personal Information

1. Name (First, Middle, Last): Thomas James Schultz		
2. Street Address (including Apartment or Suite #): [REDACTED]		
3. City: [REDACTED]	4. State: [REDACTED]	5. Zip Code: [REDACTED]
6. Title: President, Manager	7. Telephone Number: [REDACTED]	8. E-mail Address: [REDACTED]
9. Date of Birth: [REDACTED]	10. Social Security Number: [REDACTED]	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

#### Section B: Employment Information

12. Current or Most Recent Employer: Dickinson Brands Inc.		13. Date of Employment: Start Date: 01/01/1997 End Date: :
14. Employer Address (including Apartment or Suite #): 31 East High Street		
15. City: East Hampton	16. State: CT	17. Zip Code: 06424
18. Daytime Telephone Number:	19. Fax Number: (860) 267-1111	20. E-mail Address: [REDACTED]

#### Section C: Marijuana or Agriculture Business Experience

21. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana or agriculture business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Other than the applicant, are you currently associated with a marijuana or agriculture business in any state or country? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. If you answered "yes" to question 21 or 22, attach a statement setting forth the following information for each marijuana or agriculture business with which you have been associated: <ul style="list-style-type: none"><li>• The business name;</li><li>• Products or services offered;</li><li>• The business location;</li><li>• All titles and responsibilities held by you at the business, including the time frame for each;</li><li>• The dates of your association with the business;</li><li>• Whether you currently have a role at the business and, if not, when your involvement terminated and why; and</li><li>• 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.</li></ul>





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## Section D: Other Relevant Business Experience

24. 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

25. If you answered "yes" to question 24, 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 E: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits and registrations ever held, current or expired by you. Attach additional pages if necessary.

26. State CT	27. Issue Date (month/year): 08/08 Expiration Date (month/year):	28. Type: Auth. House Counsel	29. Number:
30. State NY	31. Issue Date (month/year): 07/80 Expiration Date (month/year):	32. Type: NYS Bar	33. Number:

## Section F: Legal Proceedings

34. 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.

35. 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.



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36. 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.

37. 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 G: Criminal Actions

38. 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 H: 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.

39. Signature:



40. Date Signed:

11/14/13

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.

41. Signature:



42. Date Signed:

11/14/13





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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 K.

#### Section A: Personal Information

1. Name (First, Middle, Last): Andrew Mark Bozzuto		
2. Street Address (including Apartment or Suite #): [REDACTED]		
3. City: [REDACTED]	4. State: [REDACTED]	5. Zip Code: [REDACTED]
6. Title: Manager	7. Telephone Number: [REDACTED]	8. E-mail Address: [REDACTED]
9. Date of Birth: [REDACTED]	10. Social Security Number: [REDACTED]	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

#### Section B: Employment Information

12. Current or Most Recent Employer: 3 B Ranch		13. Date of Employment: Start Date: 09/01/2004 End Date: :	
14. Employer Address (including Apartment or Suite #): 66 Lanes Pond Road			
15. City: Northford		16. State: CT	17. Zip Code: 06472
18. Daytime Telephone Number:	19. Fax Number: (203) 234-7969	20. E-mail Address: [REDACTED]	

#### Section C: Marijuana or Agriculture Business Experience

21. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana or agriculture business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. Other than the applicant, are you currently associated with a marijuana or agriculture business in any state or country? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23. If you answered "yes" to question 21 or 22, attach a statement setting forth the following information for each marijuana or agriculture business with which you have been associated: <ul style="list-style-type: none"><li>• The business name;</li><li>• Products or services offered;</li><li>• The business location;</li><li>• All titles and responsibilities held by you at the business, including the time frame for each;</li><li>• The dates of your association with the business;</li><li>• Whether you currently have a role at the business and, if not, when your involvement terminated and why; and</li><li>• 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.</li></ul>	





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## Section D: Other Relevant Business Experience

24. 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

25. If you answered "yes" to question 24, 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 E: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits and registrations ever held, current or expired by you. Attach additional pages if necessary.

26. State	27. Issue Date (month/year):	28. Type:	29. Number:
N/A	Expiration Date (month/year):		
30. State	31. Issue Date (month/year):	32. Type:	33. Number:
	Expiration Date (month/year):		

## Section F: Legal Proceedings

34. 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.

35. 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.



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36. 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.

37. 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 G: Criminal Actions

38. 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 H: 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.

39. Signature:



40. Date Signed:

11/14/13

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.

41. Signature:



42. Date Signed:

11/14/13





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## Appendix D Backer Members

### Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

#### Section A: Member Information

1. Name (First, Middle, Last): Edward Charles Jackowitz		
2. Street Address (including Apartment or Suite #): [REDACTED]		
3. City: [REDACTED]	4. State: [REDACTED]	5. Zip Code: [REDACTED]
6. Daytime Phone Number: [REDACTED]	7. Fax Number: [REDACTED]	8. E-mail Address: [REDACTED]

#### 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.

#### 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: [REDACTED]	11. Date Signed: 11/14/13
------------------------------	------------------------------

**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.

12. Signature: [REDACTED]	13. Date Signed: 11/14/13
------------------------------	------------------------------



## **SECTION A BUSINESS INFORMATION OF APPLICANT, SUBPART 2**

### **SUMMARY OF QUALIFICATIONS**

#### **Introduction**

Connecticut Pharmaceutical Solutions, LLC ("CPS") is pleased to present to the Connecticut Department of Consumer Protection (DCP) its qualifications, experience, and industry knowledge relevant to the development and operation of a medical marijuana production facility. CPS includes within its team both Connecticut and Colorado based individuals with deep knowledge and relevant experience, including experience in research related to improving the consistency and efficacy of marijuana based products. In addition, CPS's team includes professionals with related knowledge and experience in organic farming, pharmaceutical production, security, pharmaceutical testing, and regulatory compliance.

We have selected an initial site and facility to address a portion of the currently anticipated market for medical marijuana. We can also quickly develop additional production space within our leasehold and elsewhere within the industrial zone in which our property is located.

Further, substantial research is needed to transform medical marijuana from an imprecise medication to one aligned more closely with conventional pharmaceuticals. The transformation will require financial resources and competent research at a highly professional level. As our application describes, CPS will commit a minimum of twenty-five percent of its after tax net revenues to that research, a commitment comparable to that of major pharmaceutical companies.

#### **Professionals**

CPS's Chief Grower is the firm of American Cannabis Consulting of Denver, Colorado. Our Director of Research is Dr. Alan Shackelford, also of Denver, Colorado. Mr. Andrew Bozzuto,

## **SECTION A BUSINESS INFORMATION OF APPLICANT, SUBPART 2**

### **SUMMARY OF QUALIFICATIONS**

Operations Manager, is a Northford, Connecticut grower of organic produce. The President of CPS is Mr. Thomas Schultz, since 1997 initially the Co-President and, since 2001, the President of Dickinson Brands Inc. of East Hampton, Connecticut. Along with Mr. Bozzuto, Mr. Edward Jackowitz of American Distilling Inc. will serve as an Operations Manager. Mr. John Santry of Kolram Access Services will supervise CPS's security program. Finally, Mr. Alan Johnson will direct Northeast Laboratories, Inc., of Berlin, Connecticut, as CPS's primary testing laboratory.

#### **American Cannabis Consulting: Corey Hollister, Ellis Smith, and Dustin Shroyer, Chief Growers**

Since 2008, the principals of American Cannabis Consulting have been involved in every aspect of medical marijuana facility development and operation. As principals and as advisors, they have extensive experience in developing growing facilities in Colorado and elsewhere. They have experience in growing dozens of medically relevant marijuana strains and hybrids in secure indoor facilities. Mr. Hollister has focused on the regulatory aspects of the medical marijuana industry. Mr. Smith and Mr. Shroyer have focused on medical marijuana cultivation and extraction techniques, organic pest and disease control, specialty strains and delivery systems.

#### **Dr. Alan Shackelford, Director of Research**

CPS's Director of Research is Dr. Alan Shackelford of Denver, Colorado. Dr. Shackelford is a nationally recognized authority on the use of medical marijuana to address specific patient needs when conventional medications are not effective. Dr. Shackelford is a graduate of the University of Heidelberg School of Medicine and completed postgraduate medical training at

## **SECTION A BUSINESS INFORMATION OF APPLICANT, SUBPART 2**

### **SUMMARY OF QUALIFICATIONS**

major teaching hospitals of the Harvard Medical School, including a residency in internal medicine and clinical Fellowships in nutritional and behavioral medicine. Dr. Shackelford also served as a research fellow at the Harvard Medical School.

Dr. Shackelford has studied the use of cannabis as a medical treatment option extensively, and has advised legislators in Colorado, Connecticut and New York on its medical uses. He has testified a number of times before state senate and house committees in Colorado and Connecticut, and serves on the Colorado Department of Revenue Medical Marijuana Advisory Work Group and a similar group advising the City and County of Denver. Dr. Shackelford is principal physician of Amarimed of Colorado, a medical practice devoted to the study and evaluation of cannabis as a medical treatment, and has been invited by the Israeli Ministry of Health to conduct clinical trials on medical uses of cannabis in Israel.

Dr. Shackelford will be assisted by Augustus Jayaraj. Mr. Jayaraj, with a master's degree in applied statistics in addition to his medical degree, will support Dr. Shackelford's research with quantitative structure to aid in the development of valid treatments and protocols.

#### **Andrew Bozzuto, Operations Manager**

Since 2004, Andrew Bozzuto has owned and operated 3B Ranch in Northford, Connecticut, an 80 acre farm. 3B Ranch produces organic produce, certified by Bay State Organic Certifiers, both in the fields and in heated greenhouses. 3B Ranch has served a variety of customers, including Whole Foods Markets. Mr. Bozzuto works with certified organic soils, and he is familiar with organic composting and organic soil regeneration. Mr. Bozzuto has also served on the



## **SECTION A BUSINESS INFORMATION OF APPLICANT, SUBPART 2**

### **SUMMARY OF QUALIFICATIONS**

North Branford Recycling Committee and, from 2001-2005, on the North Branford Town Council. Mr. Bozzuto will provide senior management to the production facility.

#### **Edward Jackowitz, Operations Manager**

Beginning in 1973, Edward Jackowitz has owned and operated American Distilling Inc. in East Hampton, Connecticut. From botanical raw material, American Distilling produces both cosmetic and over the counter pharmaceutical products regulated by the Federal Food and Drug Administration, particularly with respect to Quality Control and Quality Assurance matters. Pursuant to FDA regulations, American Distilling operates in conformity with current Good Manufacturing Practices. Because American Distilling works with ethyl alcohol, it is also regulated by the Federal Bureau of Alcohol, Tobacco, Firearms and Explosives. Along with Mr. Bozzuto, Mr. Jackowitz will provide senior management to the production facility.

#### **Thomas Schultz, President**

Since 1988, Thomas Schultz has been heavily involved with American Distilling, initially as an investment banker and financial advisor. In 1996, Mr. Schultz led the formation and development of Dickinson Brands Inc. as the world's largest distributor of witch hazel-based over the counter pharmaceutical and cosmetic products. Mr. Schultz also serves as counsel to American Distilling and as General Counsel of Dickinson Brands. Mr. Jackowitz and Mr. Schultz are engaged on a daily basis with the quality control and quality assurance aspects of the production, packaging, and distribution of cosmetic and pharmaceutical witch hazel products. Mr. Jackowitz and Mr. Schultz will ensure that CPS's production practices and information systems will address validity, traceability, and efficacy standards similar to those

## **SECTION A BUSINESS INFORMATION OF APPLICANT, SUBPART 2**

### **SUMMARY OF QUALIFICATIONS**

required by the FDA. Further, these standards and practices will support Dr. Shackelford's research.

#### **John Santry, Security Director**

John Santry of Kolram Access Services, North Haven, Connecticut, will develop and implement CPS's Security Plan. Mr. Santry is a 28 year veteran of the Clinton Connecticut Police Department, having retired in 2012 with the rank of Major and Deputy Chief. Mr. Santry has extensive training and experience, including FEMA certification in Emergency Management.

#### **Alan Johnson, Laboratory Services**

Alan Johnson, President of Northeast Laboratories, a DCP certified Controlled Substances laboratory, will direct the testing of CPS products and support Dr. Shackelford in his research.

Together, CPS's professionals recognize the responsibility to maintain extraordinary standards in operations, products, and research. CPS will meet cultivation and processing standards already established elsewhere in the pharmaceutical industry. On the strength of its research, CPS will hope to create another major enterprise in Connecticut's biotech community.

Upon reasonable notice, our professionals are available to the DCP for such discussions as the Department may require.

**SECTION B LOCATION SITE PLAN, SUBPART 1**  
**THE LOCATION OF THE PROPOSED FACILITY.**

The facility is located at: **47 Main Street**  
**Portland, Connecticut 06480**



Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

CONNECTICUT PHARMACEUTICAL SOLUTIONS, LLC

a domestic limited liability company, were filed in this office on October 04, 2013.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: November 14, 2013

**LEASE**

**AGREEMENT OF LEASE** made as of the 1<sup>st</sup> day of November, 2014, between **MID-PORT BRIDGE, LLC**, a Connecticut limited liability company with an office in East Hampton, Connecticut (hereinafter referred to as "Landlord") and **CONNECTICUT PHARMACEUTICAL SOLUTIONS, LLC**, a Connecticut limited liability company with an office in East Hampton, Connecticut (hereinafter referred to as "Tenant").

**W I T N E S S E T H:**

1. **Terms and Definitions.** For the purposes of this Lease, the following terms shall have the following definitions and meanings:

- (a) Landlord: **MID-PORT BRIDGE, LLC**
- (b) Landlord's Address: **244 Middletown Avenue  
East Hampton, CT 06424**
- (c) Tenant: **CONNECTICUT PHARMACEUTICAL  
SOLUTIONS, LLC**

Trade Name of Tenant:

Tenant's Address: **31 East High Street  
East Hampton, CT 06424**

- (d) Intentionally Omitted.
- (e) Building Address: **47 MAIN STREET  
PORTLAND, CT**
- (f) Intentionally Omitted.
- (g) Premises: Those certain premises defined in Paragraph 2 herein below.
- (h) Property: The parcel or parcels of real property, together with all buildings thereon, defined in Subparagraph 2 below.
- (i) Approximate Rentable Square Feet within Premises: **15,000**

- (j) Term \_\_\_\_\_ years and \_\_\_\_\_ months.
- (k) Leasehold Improvements: **See Schedule A attached hereto**
- (l) Commencement Date: **The Date of This Lease**
- (m) Rental Commencement Date: **The Commencement Date**
- (n) Annual Basic Rent:

<u>Period</u>	<u>Annual Rent</u>	<u>Monthly Rent</u>
11/1/2013 – 1/31/2014		
2/1/2014 – 12/31/2015		

- (o) Option to Extend Term: 1 period of 5 years. Basic Rent payable as follows:

<u>Period</u>	<u>Annual Rent</u>	<u>Monthly Rent</u>
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

- (p) Tenant's Percentage: **100%**
- (q) Security Deposit:
- (r) Permitted Use: **State of Connecticut Licensed Medical Marijuana Producer Facility**
- (s) Broker(s): **N/A**  
Party to Pay Broker's Commission: **N/A**
- (t) Landlord's Construction Representative: **N/A**
- (u) Tenant's Construction Representative: **N/A**
- (v) Exhibits: A through \_\_\_\_\_ inclusive, which Exhibits are attached to this Lease and are incorporated herein by this reference.



***MID-PORT BRIDGE, LLC  
244 MIDDLETOWN AVENUE  
EAST HAMPTON, CT 06424***

November 14, 2013

TO WHOM IT MAY CONCERN:

**Re: Lease – 47 Main Street, Portland, Connecticut (the “Premises”) to  
Connecticut Pharmaceutical Solutions, LLC**


Dear Sirs:

The undersigned is the owner of the above-referenced property and the Landlord under a certain Lease dated as of November 1, 2013 with Connecticut Pharmaceutical Solutions, LLC, as Tenant, for the leasing of the Premises.

The undersigned certifies that it has consented to Connecticut Pharmaceutical Solutions, LLC using the Premises as a State of Connecticut Licensed Medical Marijuana Producer Facility and that is the sole permitted use under the Lease.

Thank you.

Very truly yours,  
Mid-Port Bridge, LLC

  
William Wayne Rand  
Manager

## Exterior Building Signage

The building will feature our corporate logo which is consistent with the approach of other businesses in the industrial area.



### Building Signage Examples from Adjacent Businesses





# Overview of Surrounding Neighborhood

*The proposed facility is located at 47 Main Street  
in Portland beneath the Arrigoni Bridge in the  
Brownstone Industrial Park*



## **LEGEND – Organizations within 1,000'**

- |                                |                                 |                      |
|--------------------------------|---------------------------------|----------------------|
| 1. CT Pharmaceutical Solutions | 6. M. Ferrera & Sons            | 11. Promold Plastics |
| 2. Portland Water Treatment    | 7. Former Bloc Fill Company     | 12. Self Storage     |
| 3. Drobka Scenic Inc.          | 8. Taylor Oil / CT Truck Repair | 13. B&B Equipment    |
| 4. M. Ferrera & Sons Storage   | 9. Redifoils, LLC               | 14. Valley Oil       |
| 5. Midstate Recovery           | 10. Red Transfer & Logistics    |                      |



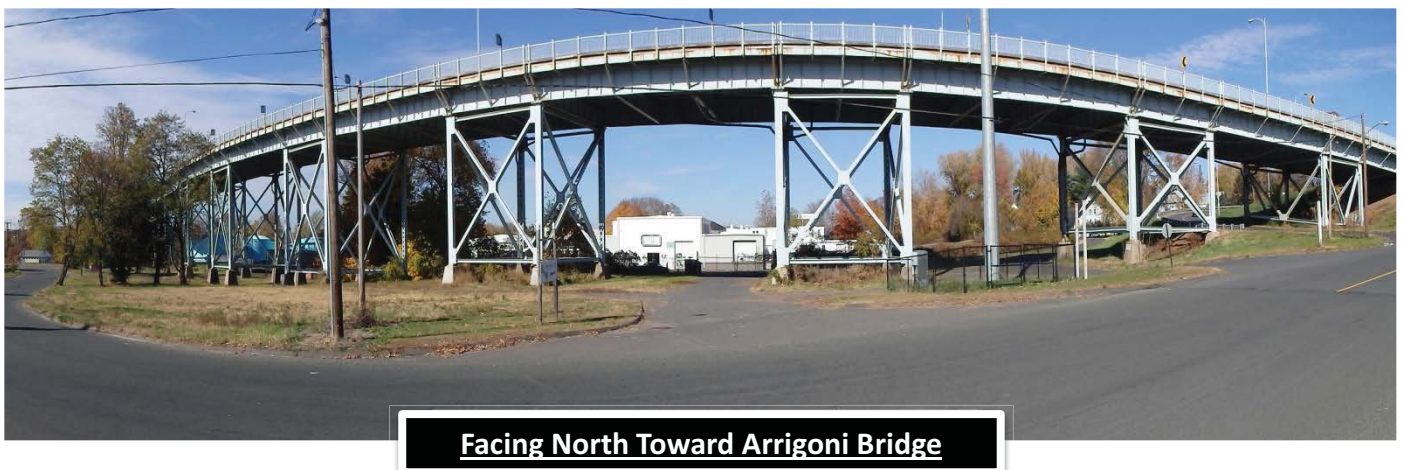
## Proposed Building





# Surrounding Neighborhood

## *Brownstone Industrial Park*





# Surrounding Neighborhood

## *Brownstone Industrial Park*



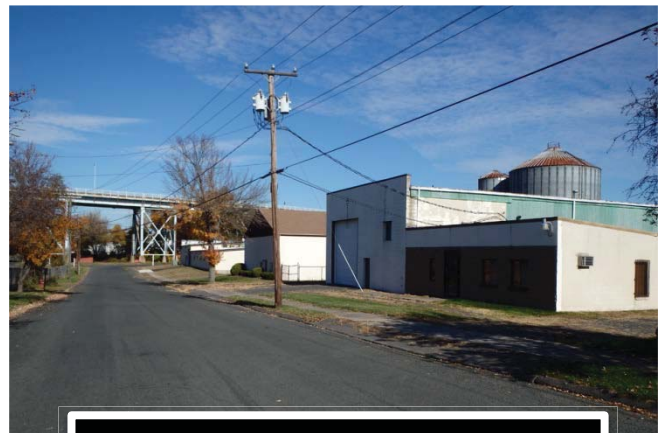
Facing South on Pickering Street



Facing North/East on Lower Main



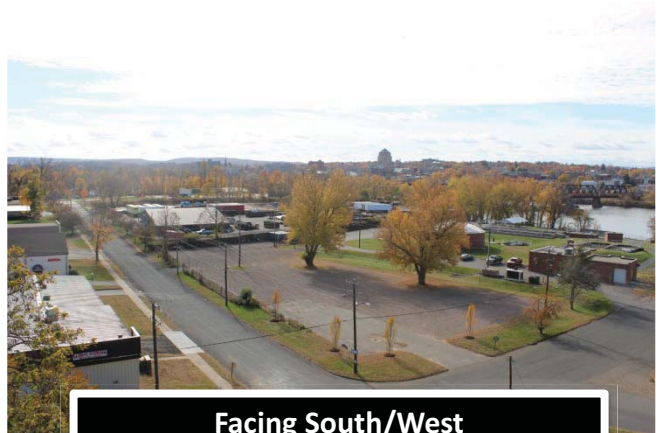
Facing South on Airline Ave



Facing North on Airline Ave



Facing South/East on Airline Ave



Facing South/West  
at Airline Ave & Lower Main



## Surrounding Businesses

*(Numbers Correspond to Map at Beginning of this Section)*



**#2 Portland Sewer Treatment  
Waste Water Management**



**#3 Drobka Scenic  
Theatrical Equipment**



**#4 M. Ferrara & Sons Storage  
Equipment Dealer Storage Building**



**#5 Midstate Recovery  
Scrap Yard**



**#6 M. Ferrara & Sons  
Machining Equipment Dealer**



**#5 Former Bloc Fill  
Vacant / Out of Business**

## Surrounding Businesses

*(Numbers Correspond to Map at Beginning of this Section)*



**#8 Taylor Oil & CT Truck Repair**  
*Oil Company / Truck Repair*



**#9 Redifoils, LLC**  
*Foil and Strip Coil Manufacturer*



**#10 Red Transfer & Logistics**  
*Trucking Company*



**#11 ProMold Plastics**  
*Plastic Injection Molding*



**#12 Self Storage**  
*Self Storage Building*



**#13 B&B Equipment**  
*Packaging Equipment Manufacturer*



## SECTION B LOCATION AND SITE PLAN, SUBPART 6

### SITE PLAN WITH STREETS AND PROPERTY LINES

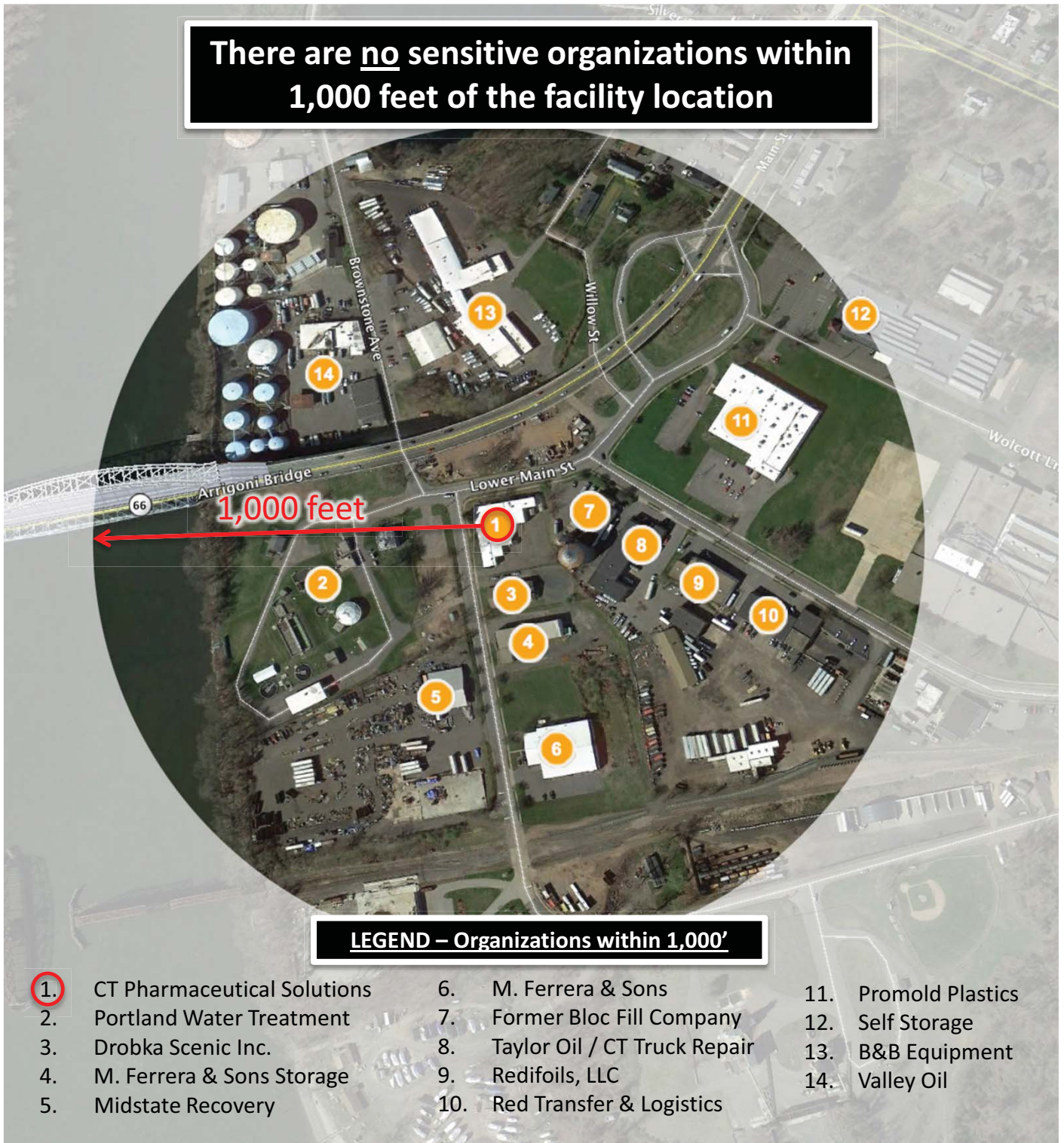
Star represents property location at 47 Main Street Portland, CT





## Organizations within 1,000' Radius

There are no sensitive organizations within  
1,000 feet of the facility location



## SECTION C PROPOSED BUSINESS PLAN, SUBPART 1

### BUSINESS PLAN SHOWING CURRENT AND EXPANSION CAPACITY

For the purposes of our business planning, Connecticut Pharmaceutical Solutions has estimated our proportion of the state's initial demand to be approximately [REDACTED]

[REDACTED] We can meet this demand with our current facility. As demand increases, CPS has opportunities to expand, both on our site and in the industrial zone in which our site is located.

- The Town of Portland has indicated that the expansion of the current facility at 47 Main Street is acceptable for the purpose of adding an additional 7,000 ft<sup>2</sup> of floor space available by expanding into the current parking area on our lot (There is municipally-owned parking lot across the street from our facility). In addition, zoning regulations allow construction of the facility to a height of 50 feet, which would allow for up to three stories of new construction on our lot. Thus, without disturbing our current production, we could add a total of 21,000 ft<sup>2</sup> of cultivation area. Each additional 7,000 ft<sup>2</sup> would result in additional product for approximately [REDACTED]. Over three stories, the expansion would serve an additional [REDACTED]. The current facility plus the new expansion would produce product to adequately serve a total of [REDACTED].
- We have also ascertained from the Town of Portland that other, larger facilities within the same industrial area would also be appropriately zoned for the purposes of medical marijuana production. Given Portland's encouraging position, we are confident in our ability to move forward on an as of right basis, with only routine local building code approvals and without the necessity for zoning variances or other difficult local procedures. We are prepared to move forward to acquire or construct a larger facility in Portland's industrial zone as soon as the growth in demand might indicate that such a facility would be warranted.

We have attached a pro forma based on a stable demand for, and a stable supply of medical marijuana products, at the levels of patient demand indicated above. Although we expect demand to grow materially from current levels, we believe the rate at which demand will grow to be difficult to estimate to a reasonable degree of certainty. Consequently, we offer a conservative pro forma and a commitment to add capacity as demand may require.

## SECTION D PROPOSED MARKETING PLAN, SUBPART 1

### MARKETING SUMMARY

Included in this section are the following marketing documents;

- Patient and Pharmacist Information – A letter from Alan E. Shackelford, MD to the DCP regarding the education of physicians and pharmacists in Connecticut.
- Site Wire Frame for CTPharma.com
- Web Site Screen Shots
- Secure Website Login Information Sheet containing User Name and Password
- Patient Information Sheet for **Oral Spray** product
- Patient Marketing Information Example – The History of Medical Cannabis – Marketing copy for patients about the history of medical cannabis in human history to be converted into a brochure with photos and graphics.

Note: CPS has made efforts not to encourage use by anyone under 18 year of age as described below.

- A generic, alpha-numeric naming convention is a “smart number” that identifies product attributes without engaging unwanted attention from recreational users.
- The CPS web site will require authentication of age to enter.



**SECTION D PROPOSED MARKETING PLAN, SUBPART 1**  
**PHYSICIAN AND PHARMACIST EDUCATION**

November 14, 2013

Department of Consumer Protection  
165 Capitol Avenue  
Hartford, Connecticut 06106-1630

RE: Physician and Pharmacist Education

To Whom It May Concern:

In my medical practice and in the view of many other physicians, cannabis-based products are an effective means, and sometimes the only means, of treating certain medical conditions.

However, most physicians know little to nothing about cannabis as a medical treatment option, yet physicians are the key to patients' accessing and using medical cannabis for their medical conditions.

Doctors' prescribing habits are formed in medical school and honed in residency. Pharmaceutical company representatives have been an important part of that process by providing information on what medications work best for which conditions, why their particular medication is better than a competitor's, and on how the medicines work.

Their task is made easier by the physician's previous understanding of the general principles of how medications impact disease processes, an understanding most doctors don't have for cannabis and cannabis-based medical products.

Hence, producers of cannabis and cannabis based products must not only inform the physician about the products themselves but must also provide doctors with a basic understanding of how cannabis works, and why it could be important for them to recommend it for their patients who might benefit from its use.

This must also be done within a very limited amount of time if talking with a doctor in his or her office, making other forms of informing and educating doctors the mainstay of marketing and promotion of medical cannabis products.

These can include hosted dinners with presentations, educational seminars, and all-day symposia or meetings featuring noted or high-profile speakers, with continuing medical education credits (CME) available through academic institutions such as Yale Medical School or the University of Connecticut School Of Medicine.

The office call by a pharmaceutical representative should be a follow-up visit to clarify any questions that may remain and to provide the doctor with additional information, in particular dosing guidelines for specific products and patient education materials.

**SECTION D PROPOSED MARKETING PLAN, SUBPART 1**  
**PHYSICIAN AND PHARMACIST EDUCATION**

**SECTION E FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE,  
SUBPART 1**

**CORPORATE DOCUMENTS**

Included in this section are the following documents;

- Articles of Organization of Connecticut Pharmaceutical Solutions, LLC
- Limited Liability Company Agreement of Connecticut Pharmaceutical Solutions, LLC





# SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

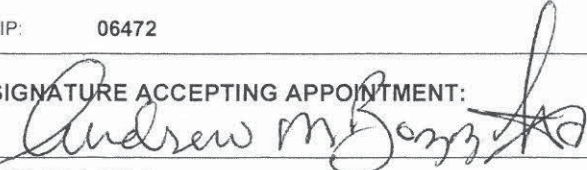
WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## Section E Financial Statements and Organizational Structure, Subpart 1

### ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: <b>Andrew M. Bozzuto</b> ADDRESS: <b>1002 Middletown Avenue</b>  CITY: <b>Northford</b> STATE: <b>CT</b> ZIP: <b>06472</b>		<b>FILING FEE: \$120</b>  MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED:</b> (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) <b>CONNECTICUT PHARMACEUTICAL SOLUTIONS, LLC</b>		
<b>2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:</b> ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.  The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be formed under the Connecticut Limited Liability Company Act.		
<b>3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED:</b> (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: <b>1002 Middletown Avenue</b>  CITY: <b>Northford</b> STATE: <b>CT</b> ZIP: <b>06472</b>		
<b>4. MAILING ADDRESS, IF DIFFERENT THAN #3:</b> PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: <b>PO BOX 520</b>  CITY: <b>Northford</b> STATE: <b>CT</b> ZIP: <b>06472</b>		
<b>5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED:</b> (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> <b>A. IF AGENT IS AN INDIVIDUAL.</b> PRINT OR TYPE FULL LEGAL NAME:  <b>Andrew M. Bozzuto</b>		
<b>BUSINESS ADDRESS</b> (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"  ADDRESS: <b>1002 Middletown Avenue</b>  CITY: <b>Northford</b> STATE: <b>CT</b> ZIP: <b>06472</b>		<b>CONNECTICUT RESIDENCE ADDRESS</b> (P.O. BOX NOT ACCEPTABLE)  ADDRESS: <b>78 Lanes Pond Road</b>  CITY: <b>Northford</b> STATE: <b>CT</b> ZIP: <b>06472</b>
SIGNATURE ACCEPTING APPOINTMENT: 		

☐ B. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

**CT BUSINESS ADDRESS** (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

**SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:**

**PRINT NAME & TITLE OF PERSON SIGNING:**

**6. MANAGER OR MEMBER INFORMATION-REQUIRED:** (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)  
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

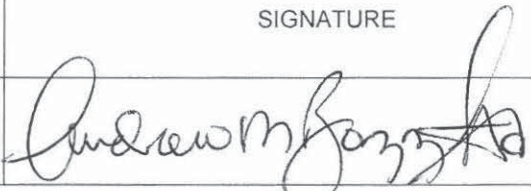
NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Andrew M. Bozzuto	Member	1002 Middletown Avenue Northford, CT 06472	78 Lanes Pond Road Northford, CT 06472

**7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES**

☐ MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

**8. EXECUTION:** (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 3<sup>rd</sup> DAY OF October, 2013

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Andrew M. Bozzuto	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)  
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO [www.ct.gov/drs](http://www.ct.gov/drs)





## SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

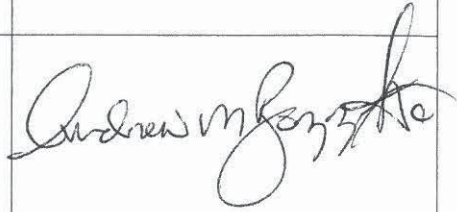
PHONE: 860-509-6003 WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

### APPLICATION FOR RESERVATION OF NAME

#### FOR DOMESTIC OR FOREIGN STOCK & NONSTOCK CORP, LLC, LP, LLP & STATUTORY TRUST

C.G.S. §§ 33-655; 33-656; 33-925; 33-1045; 33-1046; 33-1215; 34-13; 34-13a; 34-38i;  
34-102; 34-103; 34-227; 34-406; 34-407; 34-506; 34-535

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEET(S) IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):  NAME: Andrew M. Bozzuto ADDRESS: 1002 Middletown Avenue  CITY: Northford STATE: CT ZIP: 06472		<b>FILING FEE: \$60</b>  MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
THE UNDERSIGNED HEREBY APPLIES FOR RESERVATION OF THE FOLLOWING NAME: <b>1. NAME TO BE RESERVED - REQUIRED:</b> (MUST INCLUDE APPROPRIATE BUSINESS DESIGNATION I.E., L.L.C., INC, ETC.)  CONNECTICUT PHARMACEUTICAL SOLUTIONS, LLC		
<b>2. NAME OF THE APPLICANT - REQUIRED:</b>  Andrew M. Bozzuto		
<b>3. ADDRESS OF APPLICANT:</b> (COMPLETE ADDRESS REQUIRED. STREET NAME, CITY, STATE & ZIP CODE.)  ADDRESS: 78 Lanes Pond Road  CITY: Northford STATE: CT ZIP: 06472		
<b>4. EXECUTION - REQUIRED:</b> (SUBJECT TO PENALTY OF FALSE STATEMENT)  DATED THIS <u>30</u> DAY OF <u>October</u> , 20 <u>13</u>		
NAME OF APPLICANT (print/type)	CAPACITY/TITLE OF APPLICANT (print name and title if applicable)	SIGNATURE
Andrew M. Bozzuto	Member	
THE RESERVATION WILL BE EFFECTIVE FOR A PERIOD OF 120 DAYS FROM FILE DATE. FILE DATE IS DAY ONE. AT THE END OF THE 120TH DAY, THE NAME RESERVATION EXPIRES		



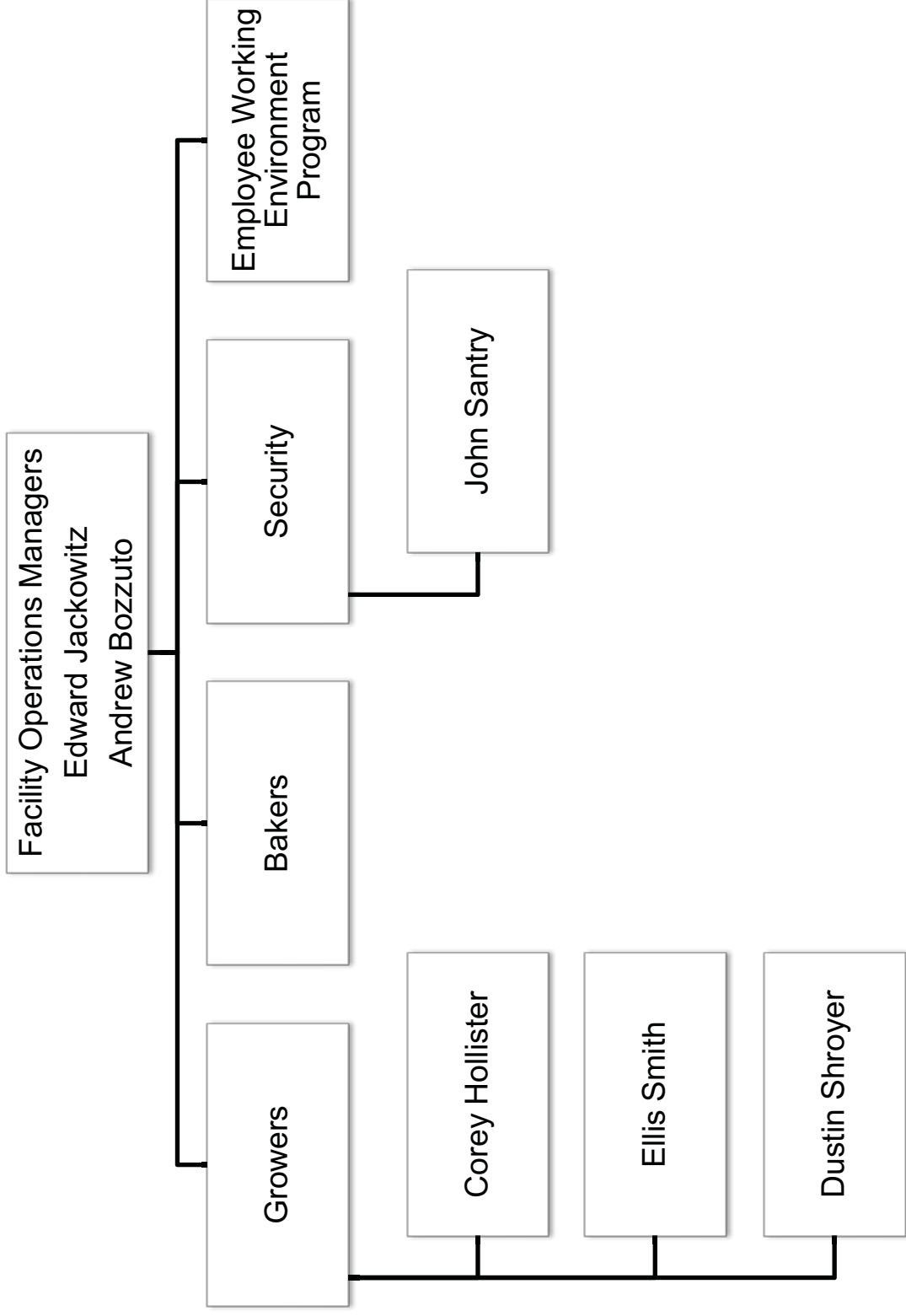
## **SECTION E FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE, SUBPART 2**

### **ORGANIZATION CHART AND RESUMES**

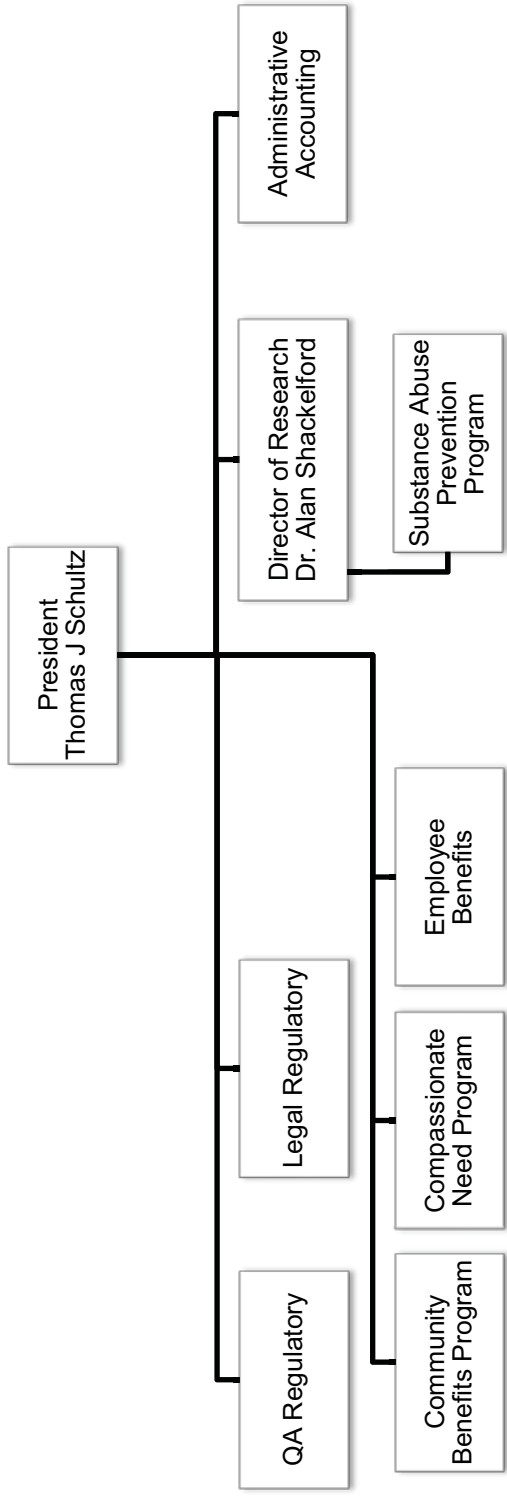
Included in this section are the following documents;

- Organization Chart
- Resumes
  - Thomas Schultz
  - Edward Jackowitz
  - Andrew Bozzuto
  - Dr. Alan Shakelford

## Connecticut Pharmaceutical Solutions Organizational Chart



# Connecticut Pharmaceutical Solutions Organizational Chart





*Andrew M. Bozzuto*

Business Owner and Operator

Qualifications

Experienced family business leader.  
Local community leader, with a passion for environmental issues.  
Industry leader, with experience at the state and national levels.  
Committed team member and outstanding relationship builder.

Core Competencies

Strategic forecasting and planning  
Client Relationship Management  
Negotiation

Professional Experiences

<b>Owner</b> Operator, 3B Ranch	Northford, CT	2004- present
<b>Owner</b> Operator, John’s Refuse and Recycling	Northford, CT	1980 - present
<b>Owner</b> Operator, Global Environmental Services	Northford, CT	2007 - present

Grass raise cattle with heirloom genetics in the black angus breed.  
Bay State Certified Organic producer of various vegetables and fruits.  
Represented Organic Farming Research Foundation of Santa Cruz< California in Washington, DC for funding through the 2010 Farm Bill.  
Two years providing wholesale vegetables to Whole Food food market.  
Breed various other livestock including cattle, goat, swine, chicken, and bison.

Direct and manage farm business.  
Maintain farming operations from greenhouse growing to distribution of produce to various markets.  
Clean and maintain buildings, sheds, pens and equipment to maintain health standards and high quality production.  
Operate farm machinery to plant, cultivate and harvest.  
Operate radiant floor heated greenhouse for indoor winter crops.  
Proficient in organic agriculture techniques and practices.

Professional Organizations

Member of Connecticut Northeast Organic Farming Association  
Member of Connecticut Farm Bureau  
Member of North Branford Agricultural Committee  
Member of Bay State Certified Organic Association



**Section E Financial Statements and  
Organizational Structure, Subpart 2**

**Mr. Edward C. Jackowitz**  
**President & CEO, American Distilling Inc.**

Edward Jackowitz is President and Chief Executive Officer of American Distilling Inc., the global leader in Witch Hazel research, manufacturing and botanical extraction technologies. Based in East Hampton, Connecticut, ADI develops, produces and supplies the highest quality, cutting edge pharmaceutical active ingredients and cosmetic bases to the most prestigious companies throughout the world.

After 41 years as CEO, Ed has earned the designation as “The Father of Modern Witch Hazel Manufacturing” for revolutionizing the Witch Hazel industry in terms of efficient, environmentally responsible OTC drug API manufacturing, Federal and State regulatory compliance and scientific research. Under his leadership, the global Witch Hazel industry has been consolidated in CT and has flourished. His commitment to the highest standards of quality in the pharmaceutical industry has attracted top talent to the organization, expanding its capabilities and driving innovation across the company’s businesses.

**The registrations, licenses, certifications and memberships that Mr. Jackowitz is responsible for are as follows:**

**United States Food and Drug Administration / USFDA**

- FDA Registered Drug Manufacturing Establishment (American Distilling Inc. Facility Establishment Identifier FEI # 1218029) Issue Date: 1/1/2013 Expiration Date: 7/14/2014
- FDA Registered Food Production Facility (American Distilling Inc. Reg #15018911232) Issue Date: 7/14/2013 Expiration Date: 7/13/2014

**Alcohol and Tobacco Tax and Trade Bureau / TTB**

- TTB Distilled Spirits Plant Permit /DSP (Permit #DSP-CT-15004) Issue Date: 1/6/2010 No Exp Date
- TTB Specially Denatured Alcohol Permit / SDS (Permit # SDS-CT-19) Issue Date: 4/25/1973 No Exp Date
- TTB Manufacturer of Non-Beverage Products Permit / MNBP (ID # 060798173) Issue Date: 1/17/1986 No Exp Date

**State of Connecticut**

- CT Department of Consumer Protection /DCP / Drug Control Division
  - Registered Manufacturer of Drug, Cosmetic and Medical Devices (American Distilling Inc. Reg #CSM.0000093) Issue Date: 7/1/2013 Expiration Date: 6/30/2014
  - Wholesaler of Drug, Cosmetic and Medical Devices (TN Dickinson Co. Reg# CSW.0000276, Dickinson Brands Inc. Reg # CSW.0000855, Humphreys Pharmacal Inc. Reg # CSW.0001496) Issue Date: 7/1/2013 Expiration Date: 6/30/2014
- CT Department of Environmental Protection / DEP
  - Wastewater Discharge Permit – (American Distilling Permit No. GMI000033) Issue Date: 5/5/2011 Expiration Date: 4/30/2021
  - Permit for Industrial Fuel Burning Equipment (American Distilling Permit No.0001) Issue Date: 8/25/1988 No Exp Date
- CT Department of Public Health
  - Small Water Systems Operator Issue Date: 1/11/2011 Expiration Date: 12/31/2013

**United States Department of Agriculture / USDA**

- USDA Approved & Certified Organic Wild Crop Harvester
  - USDA inspected, audited, and approved to harvest USDA Certified organic wild crops Issue Date: 3/6/2013 Expiration Date: 4/16/2014
- USDA Approved & Certified Organic Product Producer
  - USDA inspected, audited, and approved to produce USDA Certified Organic products Issue Date: 3/6/2013 Expiration Date: 4/16/2014

**Association Memberships**

- National Association of Food and Drug Officials /AFDO (American Distilling Inc.)
- New England Food and Drug Officials Association / NEFDOA (American Distilling Inc.)
- American Association of Homeopathic Pharmacists / AAHP (Humphreys Pharmacal Inc.)
- Personal Care Products Counsel / PCPC (American Distilling Inc.)

## SUMMARY

Accomplished executive (JD, MPA) in FDA regulated consumer packaged goods industry with substantial experience in food, drug, mass, and health food channels. Strong P&L leader with ability to create process efficiencies, reduce costs, and maximize profitability by effectively integrating sales, marketing, legal and regulatory finance, and logistics operations. Skilled at building and motivating teams that consistently exceed expectations. Active in national consumer products organizations including GMDC, NACDS, CHPA, and NACM. Fluent in French and German.

## WORK EXPERIENCE

### DICKINSON BRANDS INC., East Hampton, CT

1996 to Present

*The sole distributor of USP witch hazel, the world's most heavily used botanical product, serving retail consumer and commercial manufacturing accounts worldwide.*

#### **President and General Counsel; Member, Board of Directors**

Work with sales, marketing, finance, legal and regulatory, and logistics to drive operating and financial performance.

- Fully led merger between German multinational and American businesses to create Dickinson Brands as the sole distributor of witch hazel, and completed subsequent contract litigation and buyout of German assets, including all legal and financial arrangements.
- Led stock acquisition of 100% of Humphreys Pharmacal, including negotiations with majority and minority shareholders.
- Expanded distribution in partnership with national accounts and international distributors in Latin America and Canada.
- Deepened key customer relationships including Wal-Mart, Walgreens, CVS, Rite Aid, Kroger, Ahold, McKesson, and others.

### NATIONAL WESTMINSTER BANK, New York, NY

1993 – 1996

*The world's 13<sup>th</sup> largest commercial bank, with an interest in expanding its international reach by bringing its capital base to Enright & Company's investment banking practice.*

#### **Managing Director**

Originated, negotiated, managed, and/or placed transactions including privately held corporate and public debt, structured leases, and tax-credit based real estate financing.



**ENRIGHT & COMPANY, New York, NY**

**1985 – 1993**

*A boutique Wall Street investment banking firm with a national practice in project finance, real estate workouts, mid market corporate finance, and financial advisory work.*

***Partner and General Counsel***

- Completed significant corporate transactions with British, French, Danish, Dutch, Japanese, and Swiss banks.
- Advised and financed start-ups, IPOs, and mergers and acquisitions.
- Originated, managed, and/or placed approximately \$2 billion in financing by creating and sustaining strong business relationships.

**MUDGE ROSE GUTHRIE ALEXANDER & FERDON, New York, NY**

**1980 – 1985**

*A major Wall Street law firm with a preeminent national practice in public and project finance and a premier reputation for deal-making.*

***Attorney***

- Managed complex legal matters in major infrastructure transactions for organizations including the MTA, the Jacob Javits Convention Center, the Triborough Bridge and Tunnel Authority, and others; also major water infrastructure on the Gulf Coast and alternative energy in California.
- Successfully managed all aspects of clients' transactions, including drafting legislation, for approximately \$3 billion in securities offerings.
- Acquired and developed significant investment banking and corporate clients.

**EDUCATION**

MPA, Princeton University, Princeton, NJ 1980

*The Woodrow Wilson School (Economics)*

JD, New York University School of Law, New York, NY 1979

*Law Review Staff Member and Research Editor*

BA, Yale University, New Haven, CT 1972

*Cum Laude*

**PROFESSIONAL AND CIVIC AFFILIATIONS**

Member, GMDC Education Leadership Council, 2009 – 2012; Health, Beauty, and Wellness Board, 2012-Present

GMDC's boards provide strategic direction for the association's thought leadership initiatives, which focus on the health, beauty and wellness, and on the general merchandise sectors of the national consumer packaged goods industry.

Founder and President, The Canaan Foundation, Kenya, Cameroon, and U.S.A., 1996 – Present

Established non-profit foundation for technology transfer to third world countries

([www.thecanaanfoundation.com](http://www.thecanaanfoundation.com)). Active in Meru, Kenya since 1973 as a teacher, sponsor, and community leader; active in Bangangte, Cameroon since 2005.

## CURRICULUM VITAE

Name: **Alan Eugene Shackelford**

Education:

1971	B.A.	Grinnell College, Grinnell, IA
1984	M.D.	University of Heidelberg School of Medicine, Heidelberg, Germany

Postgraduate Training:

Internship, Residency, and Fellowship Training:

1984 Rotating internship, University of Heidelberg and Harvard Medical School: 4 months internal medicine, 4 months general surgery, 4 months pediatrics.

1984-1985 Intern, Department of Medicine, Brigham & Women's Hospital and Harvard Medical School, Boston, MA

1985-1987 Resident, Department of Medicine, New England Deaconess Hospital and Harvard Medical School, Boston, MA

1987-1988 Clinical Fellow, Nutrition Support Service and Department of Medicine, New England Deaconess Hospital and Harvard Medical School, Boston, MA

1988-1989 Clinical and Research Fellow, Nutrition Metabolism Laboratory and Department of Medicine, New England Deaconess Hospital and Harvard Medical School, Boston, MA

1989-1991 Fellow, Division of Behavioral Medicine and Department of Medicine, New England Deaconess Hospital and Harvard Medical School, Boston, MA

Additional subspecialty training:

- 1996: Course in Clinical Hyperbaric Medicine,  
Medical College of Wisconsin, Milwaukee, Wisconsin
- 1997: Taucherarztlehrgang (Diving Medicine)  
Schiffahrtsmedizinisches Institut der Marine (German Naval Medical  
Institute), Kronshagen/Kiel, Germany
- 1999: Traditional Chinese herbal medicine, Dr.Chen  
Tung, University of Hong Kong.
- 2003: Level II Certification, Colorado Worker  
Compensation Board (Recertification 2006)

Licensure:

- Massachusetts Board of Registration (inactive)  
Rhode Island Board of Regulation (inactive)  
Colorado Board of Registration (active)

Academic Appointments:

- 1984-1987 Clinical Fellow in Medicine,  
Internal Medicine  
Harvard Medical School, Boston, MA
- 1987-1988 Clinical Fellow in Medicine,  
Nutrition Support and  
Hyperalimentation, Harvard Medical  
School, Boston, MA
- 1988-1989 Research Fellow in Medicine,  
Nutrition/Metabolism Laboratory  
Harvard Medical School, Boston, MA
- 1989-1991 Clinical Fellow in Medicine,  
Section on Behavioral Medicine  
Harvard Medical School, Boston, MA



Membership in Professional Societies:

Massachusetts Medical Society

Undersea and Hyperbaric Medical Society

Gesellschaft für Tauch- und Überdruckmedizin  
(Society for Diving and Hyperbaric Medicine)

American Society for Enteral and Parenteral  
Nutrition (A.S.P.E.N.)

Research Experiences and Techniques:

Experimental studies of cystitis and  
prostatitis, Department of Urology,  
University of Heidelberg School of Medicine, 1977-1980;  
microsurgical and  
immunofluorescent microscopy techniques.

Evaluation of alternative lipids in total  
parenteral nutrition, Nutrition-Metabolism  
Laboratory, New England Deaconess Hospital  
and Harvard Medical School, 1988-1989;  
microvascular surgical techniques.

The application of cognitive restructuring  
and stress management techniques to the  
treatment of obesity, and the treatment of  
performance anxiety in Olympic athletes,  
Mind/Body Medical Institute, New England  
Deaconess Hospital and Harvard Medical  
School, 1989-1991.

Teaching Experience:

Instructor in German and in genetics, University of Maryland,  
European Division, Heidelberg, Germany, 1974-1984.

Teaching Experience (cont'd):

Proctor, Course in Clinical Skills and  
Physical Diagnosis, New England Deaconess  
Hospital and Harvard Medical School,  
1986-1989; 1991.

Lecturer, Clinical Training in Behavioral Medicine, Harvard  
Medical School Department of Continuing Education, 1989-  
1991.

Group Leader and Facilitator, Basic and  
Specialty Mind/Body Groups, Section on  
Behavioral Medicine, New England Deaconess  
Hospital and Harvard Medical School,  
1989-1991.

Work Experience:

General medicine practice: staff physician,  
Mid-Cape Medical Center, Barnstable MA, 1987-1992.

Family medical/urgent care center; patient population  
included infants, children and adults with acute medical  
problems, routine evaluations, urgent/acute injuries.

Staff physician, Centers for Nutritional Research, a division  
of New England Deaconess Hospital and Harvard Medical  
School, Boston, Massachusetts, 1987-1992. Duties included  
oversight and management of medical care of patients  
undergoing treatment for obesity in the Boston, Wellesley,  
and Hannover, Massachusetts centers.

Work Experience (cont'd):

Staff physician, medical intensive care units, Symmes Hospital, Arlington, MA; Tobey Hospital, Wareham MA 1991-1992.

Private practice: Internal medicine, nutritional medicine, behavioral medicine, impairment ratings, Colorado, 1992 to present.

Manager, North American operations, GetWellness, AG, Basel, Switzerland: Development of international medical referral network (physicians, hospitals, clinics), supervision of medical on-call staff, development of on-line medical information and referral services and materials, manage emergency medical calls from clients worldwide, 1998-2001.

Obesity treatment: Development of treatment protocols and post-treatment weight maintenance programs, 1992 to present.

Patient evaluations and impairment ratings, Rocky Mountain Medical Center, Aurora, Colorado, 2003-2006.

General internal medicine practice, Rocky Mountain Medical Center, Lakewood, CO, 2005-2006.

Medical Director, WestCare Infusion Services, Inc., Denver, CO: Oversee home nutrition support services, review medical records, consult with prescribing physicians, 2006 to 2011.

Rehabilitation and injury treatment, Intermedical Consulting, LLC, Aurora Colorado, February, 2007 to present.



Work Experience (cont'd):

Worker Compensation/Occupational Medicine, Concentra Medical Centers, Colorado  
May 2008 to April 2010.

Principle physician, Amarimed of Colorado  
Patient evaluations and observational research, medical cannabis, Denver, Colorado  
2009 to present.

Current Professional Responsibilities:

Obesity treatment: Establish and supervise treatment protocols for obese patients; establish and supervise post-treatment weight maintenance programs;

Nutrition support: Consultant to medical colleagues and home care companies on nutrition support modalities for hospitalized or home care patients in need of enteral or parenteral nutritional management. Medical Director of home infusion company.

Out-patient evaluation and treatment of medical illnesses and work-related injuries;

Consultant on medical cases to attorneys and legal firms; Patient evaluations; Impairment ratings and patient evaluations, Colorado Workers' Compensation Board.

Behavioral medicine, stress management, chronic pain, hypertension and performance enhancement: identify sources of stress and performance limiting behavioral factors and develop, implement and oversee individualized treatment programs for patients and for athletes (professional and amateur) and performers (actors, musicians).

Current Professional Responsibilities (cont'd):

Formulation of nutritional supplements.

Evaluation of patients for use of medical cannabis as a treatment option and observational studies of clinical efficacy.

Bibliography:

1. Riedasch G, Shackelford AE, Möhring K.  
Immunologische Untersuchungen zur chronischen Prostatitis unter besonderer Berücksichtigung des Anti-Body-Coating- Phänomens. Immunological studies of chronic prostatitis with particular emphasis on the antibody-coating phenomenon). Münchner Med. Wochenschrift, 1978;48:1605- 1608.
2. Riedasch G, Bersch W, Shackelford AE, Schneider E Möhring K. Local immune response to urinary tract bacteria in experimental cystitis. Urol. Res. 1979; 1:36-40.
3. Riedasch G, Möhring K, Shackelford AE, Schneider E. Zur Behandlung der bakteriellen Prostatitis mit Cotrimoxazol (The treatment of bacterial prostatitis with cotrimoxazol). Kongressbericht, 20. Tagung Norddeutscher Urologen, Kollé, P.(ed.), Hansisches Verlagskontor, Lübeck (1979).
4. Schneider E, Shackelford AE, Riedasch G. Application of immunofluorescence techniques to distinguishing flora of the urinary tract. In: Immunofluorescence and Related Staining Techniques. Elsevier Biomedical Press, Amsterdam (1978).
5. Hirschberg Y, Shackelford AE, Mascioli E, Babayan VG, Bistrian BR, Blackburn GL. The response to endotoxin in guinea pigs after TPN with black currant seed oil. Lipids, 1990; 25:191-196.

Bibliography (cont'd):

6. Shackelford AE, Palken JL. Nutrition in cancer and HIV infection. In: The Wellness Book. Benson H and Stuart E, editors; Carol Publishing Co., New York (1992).

7. Palken JL, Shackelford AE. Eating for good health. In: The Wellness Book. Benson H and Stuart E, editors; Carol Publishing Co., New York (1992).

8. Friedman R, Shackelford AE, Reiff S, Benson H. Stress and weight maintenance: The disinhibition effect and the micromanagement of stress. In: Obesity: Pathophysiology, Psychology and Treatment. Blackburn G and Kanders BS, editors; Chapman and Hall, New York and London (1994).

Academic Presentations and Lectures:

1. Immunologische Untersuchungen zur chronischen Prostatitis unter besonderer Berücksichtigung des Antibody-Coating-Phänomens (Immunological studies of chronic prostatitis with particular emphasis on the antibody-coating phenomenon). Riedasch G, Shackelford AE, Möhring K.I. Internationaler Prostatitis Kongress, Bad Nauheim, Germany (1978).
2. Local immune response to urinary tract bacteria in experimental cystitis. Riedasch G, Bersch W, Shackelford AE, Schneider E, Möhring K. Symposium für experimentelle Urologie, Kassel, Germany (1978).
3. Zur Behandlung der bakteriellen Prostatitis mit Cotrimoxazol. (The treatment of bacterial prostatitis with cotrimoxazol) Riedasch G, Möhring K, Shackelford AE, Schneider E. 20. Tagung Norddeutscher Urologen, Hannover, Germany (1978).
4. Nutrition--physiological basis of current diets. Shackelford AE, Plaisted C, Blackburn GL. 74th Annual Meeting, American College of Occupational Medicine, Boston, MA (1989).



Academic Presentations and Lectures (cont'd):

5. The role of nutrition in the development of disease.  
Shackelford AE, Palken JL. Section on Nutrition, Clinical Training in Behavioral Medicine, Harvard Medical School, Department of Continuing Education, Boston, MA (1989).
6. Dietary treatment of obesity. Shackelford AE. 12th Annual Meeting, Grand Rapids Medical Society, Grand Rapids, MI (1990).
7. Appropriate and inappropriate treatment of obesity.  
Shackelford AE. Section on Nutrition, Clinical Training in Behavioral Medicine, Harvard Medical School, Department of Continuing Education, Boston, MA (1990).
8. The response to endotoxin in guinea pigs after TPN with black currant seed oil. Hirschberg Y, Shackelford AE, Mascioli E, Babayan VG, Bistrian BR, Blackburn GL. Poster session, 14<sup>th</sup> Clinical Meeting, American Society for Parenteral and Enteral Nutrition, San Antonio, TX (1990).
9. The application of behavioral methods to the treatment of eating disorders. Shackelford AE. Section on Nutrition, Clinical Training in Behavioral Medicine, Harvard Medical School, Department of Continuing Education, Boston, MA (1991).
10. Seminar: Application of behavioral medicine interventions to obese populations. Shackelford AE. Section on Nutrition, Clinical Training in Behavioral Medicine, Harvard Medical School, Department of Continuing Education, Boston, MA (1991).
11. Seminar: Self-regulation and mind/body medicine. Borysenko M, Shackelford AE. Konferenz über Religion und Medizin, ZIST, Garmisch-Partenkirchen, Germany (1993).

Academic Presentations and Lectures (cont'd):

12. Mind/Body medicine. Borysenko M, Shackelford AE, Borysenko J. Professional development certificate in caring and healing, The Center for Human Caring, University of Colorado School of Nursing, Denver, Colorado (1995).
13. Hyperbaric medicine practice in the USA. Shackelford AE. Taucherarztlehrgang, Schiffahrtmedizinisches Institut der Marine (Course in Diving Medicine, German Naval Medical Institute), Kronshagen/Kiel, Germany, (1997).
14. Medical Cannabis: What we know, what we don't know, and where we go from here. 2011 NORML National Conference, Denver CO, April 2011.
15. Medical Marijuana: Its uses and benefits. Grillo Medical Center Stahl Lecture Series, Boulder CO, June 2011.
16. Medical cannabis and the elderly. Colorado Bar Association, Elder Law Section Summer Retreat, Vail CO August 2011 and regular quarterly meeting, Denver CO, December 2011.

Consultancies and Representations:

1. Consultant on mind/body health to Prof. Dr.med. Ursula Lehr, Minister of Health, Women's Issues, and Youth, Federal Republic of Germany, 1990.
2. Consultant on mind/body health to Senator Ingrid Stahmer, Senator for Health, West Berlin, 1990.
3. Representative, Mind/Body Medical Institute and Section on Behavioral Medicine, New England Deaconess Hospital and Harvard Medical School to German health care institutions and universities, 1990-1991.

Consultancies and Representations (cont'd):

4. Advisor to Colorado State Senator Chris Romer on medical marijuana research and clinical applications, Colorado State Legislative Session 2010.
5. Consultant to Connecticut Governor Dan Malloy, Connecticut Senate Judiciary Committee Chairman Sen. Eric Coleman, House Judiciary Committee Chairman Jerry Fox, Senate President Donald Williams, 2011.
6. Consultant to New York State Senator Diane Savino on medical cannabis legislation, 2012.
7. Physician member, Colorado State Department of Revenue Medical Marijuana Advisory Work Group, 2010 to present.
8. Physician member, City and County of Denver Medical Marijuana Advisory Work Group, Denver CO, 2011 to present.

Avocations

Acting: Principal roles: Discovery Channel's Animal Planet series "Busted!", National Geographic Channel "Explorer" series, independent films, medical training video series. Represented by Big Fish Talent Agency, Denver, Colorado.

Private pilot and aircraft owner.

Musician; drummer (trap, hand drums), string bassist, learning to play Scottish bagpipes.



### AGREEMENT FOR CONSULTING SERVICES

This agreement (the "**Agreement**") is entered into and made effective November 8, 2013 (hereinafter, the "**Effective Date**") by and between **Alan Shackelford, M.D.** (hereinafter, the "**Consultant**") and **Connecticut Pharmaceutical Solutions, LLC** (hereinafter, the "**Client**").

### RECITALS

WHEREAS, Client is hiring Consultant to assist Client in obtaining a medical marijuana license in the State of Connecticut and, provided that, with the assistance of Consultant, such license is obtained, to serve as Client's Director of Research; and

WHEREAS, both during the application process for such license, and, provided that such license is obtained, following the award of such license, the parties expect Consultant to provide Client with advice in matters concerning the development of medical marijuana related treatments, including but not limited to dosing and administration of marijuana-based medicinal products, development of such products and their clinical testing, ensuring compliance with governmental regulations governing such products and their administration and use, and in establishing protocols for following patients' responses to such products; and

WHEREAS, Consultant is uniquely qualified in a complex area of medical science as detailed above; and

WHEREAS, communications between Client and Consultant will be held and conducted by each in the strictest of confidence; and

WHEREAS, Consultant will be acting as an independent contractor and not an employee of Client, unless and until Consultant is hired as the Director of Research.

### AGREEMENT

NOW THEREFORE, for and in consideration of the mutual covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned, intending legally to be bound, hereby agree as follows:

1. **Incorporation of Recitals.** The Recitals above set forth are incorporated herein by this reference as if set forth herein verbatim.

2. **Scope of Services.** Consultant is hereby engaged to perform consulting services for Client regarding the following matters as they may pertain to Client's application for a medical marijuana producer's license in Connecticut and, provided that such license is obtained, serving as Client's director of research for a minimum of five years:

a. Assist Client in developing standard operating procedures consistent with the general practices of a medical marijuana production facility.

b. Advise Client in matters related to dosage, plant based medicine, treatment protocols, and past and current research in relation to medical marijuana.

c. Assist Client in the development of plant based medicine products and treatment designs.

d. Educate Client and client's staff in the accepted and pending medical uses of cannabis.

e. Advise Client with respect to other matters as may be requested and agreed upon from time to time.

f. Serve as the Research Director for Client upon Client receiving a permit to operate a medical marijuana production facility.

### 3. **Term and Termination.**

a. The term of this Agreement shall begin on the Effective Date hereof and may be terminated by either party upon (a) upon the failure of the Client to obtain one of the initial licenses to produce medical marijuana in the State of Connecticut at the time when the State of Connecticut announces the initial award of such licenses; or (b) if such license is obtained, upon such terms and conditions as may be reasonable and customary in the pharmaceutical industry with respect to persons serving in the position of director of research, with reference to such contracts as may be reasonably available to the parties or their respective counsel, provided notwithstanding, Client gives Consultant twelve month written notification prior to any termination. During the term of this Agreement, Client may, at Client's discretion, list Consultant as an advisor to Client in applications filed in the various states for licensing or permitting as a medical marijuana cultivator, products manufacturer, and/or dispensary owner.

b. Should Client's application or applications be rejected, or if Consultant is unable to complete his work on Client's initial application after ten day written notice by Client, the Agreement between Client and Consultant may be terminated in writing at the discretion of either party.

c. Notwithstanding anything to the contrary, if Client receives a permit to operate a medical marijuana business from the state of Connecticut, Client shall hire Consultant as the lead and exclusive research director for a minimum term of five years from the date hereof and may only terminate Consultant for "Cause". For the purpose of this Agreement, "Cause" shall mean Consultant engages in grossly negligent, intentional, or reckless behavior that provides substantial financial or reputational damage to the Company that is not, or cannot be, cured after a ten (10) day written notice from Client to Consultant.

d. Termination without Cause shall require Client to:

[REDACTED]

### 4. **Compensation.**

a. [REDACTED]

[REDACTED]

b.

c.

i.

ii.

iii.

iv.

d.

5. **Expenses.**

6. **Research Funding.**

a.

b.



[REDACTED]

c. [REDACTED]

## 7. Confidentiality.

a. **Definition.** For Purposes of this Agreement, "**Confidential Information**" shall mean all communications and information in any form, whether electronic, written, oral, or graphic, that is disclosed by one party (hereinafter, the "**Discloser**") to the other (hereinafter, the "**Recipient**"), including, without limitation, business risks and plans, both present and future, ideas, Inventions (as defined below), marketing and financial reports and other business information and practices, customer information and creative material, and any related information, materials or documents, excluding all Confidential Information that is already in the public domain or enters the public domain through no fault of either party, but only to the extent such information is actually in the public domain. As used herein, Discloser and Recipient shall include, without limitation, all agents, clients, employees, consultants, principals, owners, and shareholders, of either party.

b. **Restrictions on Use.**

i. **General.** Each party agrees that, as a condition to the receipt of Confidential Information, the Recipient shall: (a) not disclose, directly or indirectly, to any third party any portion of the Confidential Information without the prior written consent of the Discloser; (b) not copy or reproduce any portion of the Confidential Information except to the minimum amount necessary to further the purpose of this Agreement; (c) not use or exploit the Confidential Information in any way except for purposes of evaluating or advancing this business relationship between the parties; (d) only disclose the Confidential Information to those individuals with a reason to know about the Confidential Information to further the purpose of this Agreement (under a similar obligation of confidentiality with the Recipient) or as required by law or regulation pursuant to the limitation herein; (e) take all necessary precautions to protect the confidentiality of the Confidential Information received hereunder and exercise at least the same degree of care in safeguarding the Confidential Information as the Recipient would with its own confidential information of like kind; and, (f) promptly advise the Discloser in writing upon learning of any unauthorized use or disclosure of the Confidential Information.

ii. **Employees and Contractors.** Each party shall take all reasonable and necessary steps to ensure that its employees, consultants and contractors comply with the foregoing confidentiality restrictions and obligations.

c. **Existence of Relationship.** Consultant agrees not to divulge, communicate or publish any information regarding Client without the express written consent of the Client, unless required by law or legal process or which consent would be implied to further the intent of this Agreement. Client agrees not to divulge, communicate or publish any information regarding Consultant's work without the express written consent of the Consultant, unless

required by law or legal process or which consent would be implied to further the intent of this Agreement.

d. **Exception for Governmental Order.** If either party is required under a judicial or governmental order to disclose any Confidential Information received from the other party, such party may not under any circumstance disclose the Confidential Information until such party has used good faith efforts to give the other party sufficient prior notice to contest such order and provides the other party with all reasonable assistance in contesting such order.

e. **Termination of Relationship.** In the event the relationship between the parties terminates, all Confidential Information shall be promptly returned to the Discloser, and neither party shall be authorized to use the Confidential Information of the other for any purpose whatsoever except as agreed in writing.

8. **No Limitations.** The terms of this Agreement shall not be construed to limit either party's right to provide or offer to provide products or services similar to those which the other party may offer, or prevent either party from entering into similar discussions with unrelated third parties, so long as such products, services and discussions do not violate the obligations imposed by this Agreement.

9. **Ownership.**

[REDACTED]

10. **No Assignment of Work Product.**

[REDACTED]

[REDACTED]



same percentage of the ownership of the rights to results of the research as Client, except as agreed to in writing between the parties.

11. **General.** Because of the several uncertainties that will remain unresolved prior to the execution of the contract, we refer to objective standards, such as practices and compensation that may be reasonable and customary within the pharmaceutical research industry, and to third party experts, such as nationally recognized compensation consultants, that each of the parties to the contract and, in addition, the State of Connecticut, may consider unbiased and appropriate to resolve such uncertainties. The company's financial statements will be audited by an accounting firm of regional standing within the State of Connecticut.

12. **Consultant's Name; Exclusivity in Connecticut.** Permission to use Consultant's name or in any way, either formally or informally is not granted until the initial retainer has been paid and this executed Agreement has been received, and only so long as this Agreement remains in effect. Client will have the exclusive right to Consultant's services for the purposes of obtaining a medical marijuana producer's license in the State of Connecticut.

13. **Injunctive Relief.** Each party recognizes that breach of this Agreement would cause irrevocable harm to the other party that is inadequately compensable in damages and that the party asserting such harm is entitled to injunctive relief for such breach.

14. **Miscellaneous.** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision hereof. This Agreement shall be governed by the laws of the State of Colorado without regard to its conflicts of laws provisions.

15. **Dispute Resolution.** In the event the event of a dispute concerning the performance of this Agreement the parties agree promptly to submit such dispute to binding arbitration pursuant to the rules of American Arbitration Association as their sole remedy except as stated herein. The parties shall chose and pay for an arbitrator located in the City and County of Denver, Colorado for this purpose.

16. **Attorney's Fees.** In the event of a dispute or litigation concerning the enforcement or interpretation of this Agreement, the parties hereto agree that the prevailing party in any litigation, mediation or arbitration shall be awarded its reasonable attorneys' fees, costs, all other expenses (including on appeal) from the non-prevailing party with respect thereto.

17. **Notice.** Notice or other communication under this Agreement ("**Notice**") shall be in writing and shall be effective: (i) upon hand delivery receipted to the other party; (ii) three (3) days after deposit in the U.S. Mail, postage prepaid, certified mail, return receipt requested to the address listed or below or as may changed from time to time by written notice, provided that such notice is accompanied by notice as provided in subsection (iv) below; (iii) the date specified for delivery after deposit with a nationally recognized courier, such as Federal Express or UPS, for next day delivery service; (iv) via E-mail or electronic messaging upon receipt of a delivery confirmation or reply generated by the receiving party. Notice shall be addressed to the parties as set forth in this Agreement or as may be otherwise designated by notice as provided herein by either party to the other from time to time.

18. **Interpretation.** The parties acknowledge and agree that this Agreement shall not be construed or interpreted against any single party on the grounds of sole or primary authorship. The parties acknowledge that they have had the opportunity to consult with and receive legal,



accounting, and other advice by attorneys, accountants, and other professionals of their choosing prior to entering into this Agreement. When used in this Agreement the words "hereby," "herein," and "hereunder" and words of similar import shall be construed to refer to this Agreement in its entirety. The word "Including" shall mean "including but not limited to."

19. **Rights of the Parties are Cumulative.** The rights of the parties to this Agreement are cumulative and no exercise or enforcement by a party of any right or remedy under this Agreement shall preclude the exercise or enforcement by that party of any other right or remedy contained in this Agreement or to which it is entitled by law.

20. **Entire Agreement.** This Agreement contains the full and complete understanding of the parties with respect to its subject matter and supersedes all prior representations and understanding, whether oral or written. This Agreement may only be modified by the mutual written consent of the parties.

21. **Counterparts.** This Agreement may be executed in counterparts, all of which, when taken together, shall constitute a single agreement. It may be executed by facsimile or by electronic mail, provided, however, that original signatures shall be provided within a reasonable time thereafter.

22. **Regulatory Approval.** The parties hereto agree that this Agreement shall be renegotiated in good faith upon notice by any applicable state or local regulatory agency that the terms herein would violate any applicable state or local law, regulation, rule or order.

**IN WITNESS WHEREOF** the parties have signed this Agreement on the dates indicated below to be effective the date appearing in the first paragraph of this Agreement.

**Consultant:**

Alan Shackelford, M.D.

By: \_\_\_\_\_

Alan Shackelford, M.D.

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Client:**

Connecticut Pharmaceutical Solutions, LLC

By: \_\_\_\_\_

Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**SECTION E FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE  
SUBPART 3**

**FINANCIAL CAPITALIZATION AND COMMITMENT**

**Financial Capitalization and Commitment**

Total amount to be contributed by the Members - \$5,150,000.00 – to be contributed as follows:

[REDACTED]

[REDACTED]

**SECTION E FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE,  
SUBPART 3**

**COMPENSATION AGREEMENT, FINANCIAL CAPITALIZATION AND COMMITMENT**

Included in this section are the following documents;

- Agreement For Consulting Services by and between Alan Shackelford, M.D., and Connecticut Pharmaceutical Solutions, LLC
- Connecticut Pharmaceutical Solutions, LLC Financial Capitalization and Commitment



**SECTION E FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE,  
SUBPART 5**

**AUDITED FINANCIAL STATEMENTS**

Included in this section are the following documents;

- Audited Financial Statements
- Pro Forma Financials

**SECTION E FINANCIAL STATEMENTS AND ORGANIZATION STRUCTURE,  
SUBPART 6**

**FEDERAL, STATE, AND FOREIGN TAX RETURNS**

None; applicant was organized on October 4, 2013.

## **SECTION E FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE, SUBPART 7**

### **PRODUCER BACKERS AND BACKER MEMBER TAX RETURNS**

Included in this section are the following documents;

Most Recent tax returns for

- Producer Backers
  - Thomas J. Schultz
  - Andrew M. Bozzuto
- Backer Member
  - Edward C. Jackowitz



## **SECTION F AGRICULTURAL AND PRODUCTION EXPERIENCE, SUBPART 1**

### **AGRICULTURAL AND PRODUCTION EXPERIENCE**

Connecticut Pharmaceutical Solutions and its principals have extensive experience in developing and operating agricultural production facilities for organic products, including medical marijuana. CPS's principals also have extensive experience in developing and operating FDA compliant, current good manufacturing practice (cGMP) based over the counter pharmaceutical production facilities that manufacture and distribute organic and conventional packaged goods subject to validated production processes, validated testing methods, analyst qualification and training, testing by qualified testing laboratories, and strict traceability requirements. Taken as a leadership group, CPS presents a capacity to produce medical marijuana in a well controlled, well documented environment and to process the raw material as necessary in order to present pharmaceutical grade products to the medical community.

- Ellis Smith and Dustin Shroyer, Chief Growers, each has significant experience in the medical marijuana industry. Each has been licensed as an owner/manager of a medical marijuana growing facility and has extensive experience with organic soil regeneration and pest and disease control. Each has processed the raw material into products using a variety of extraction techniques, including propane, butane, CO<sub>2</sub>, ice and ethanol, and each is cognizant of the advantages and disadvantages of each method. Mr. Smith and Mr. Shroyer have developed and have consulted regarding the development of several facilities growing dozens of strains of medical marijuana, and each continues to be active in the industry.
- Andrew Bozzuto, an Operations Manager for CPS, is a Northford, Connecticut farmer with significant experience growing and marketing a variety of organic produce, both indoors and in the fields. Mr. Bozzuto is experienced with organic soil regeneration and organic pest and disease control. Mr. Bozzuto is also experienced with advanced genetic procedures as they relate to beef cattle, particularly to the Black Angus breed.
- Edward Jackowitz, President of American Distilling, East Hampton, Connecticut, and an Operations Manager for CPS, has forty years' experience in every phase of harvesting and processing witch hazel, a natural wild crop, into a variety of bulk and consumer products. Mr. Jackowitz also has experience with processing various other agricultural materials, including coffee and vanilla beans, into flavors for major consumer brands.
- Thomas Schultz, President and General Counsel of Dickinson Brands and Counsel to American Distilling, and President of CPS, has 17 years' experience working with the business and regulatory aspects of over the counter pharmaceutical and cosmetic production. Although medical marijuana production and process have not yet been as controlled as might be the case in more conventional pharmaceutical settings, Mr. Schultz will bring to CPS the same commitment to control and documentation as he has

## **SECTION F AGRICULTURAL AND PRODUCTION EXPERIENCE, SUBPART 1**

### **AGRICULTURAL AND PRODUCTION EXPERIENCE**

in Dickinson Brands and American Distilling. Further, Mr. Schultz believes that CPS will be uniquely positioned to invest in significant research in the medical marijuana field, which will lead to equally significant advances in products and treatment protocols.

## SECTION I BONUS POINTS, SUBPART 1

### EMPLOYEE WORKING ENVIRONMENT PLAN

In addition to the Training and Continuing Education Opportunities described in our response to Section C. Subpart 2 d, Connecticut Pharmaceutical Solutions will offer:

- In its growing facility; state of the art air filtration and climate control systems, which will be audited as a function of the Quality Assurance system for safety and quality compliance.
- Quality Control testing of air will be conducted to determine air quality. These results will be logged and audited by Quality Assurance and reported to senior management at product review.
- Codes of Conduct compliant with State and Federal requirements, including Employer paid Employee Assistance Programs, as described in the Proposed Employee Handbook (Exhibit A)
- Affordable Care Act compliant, Employer benefits for employees
- Wages set to a minimum of United States Bureau of Labor Statistics Occupational Employment Statistics median wages by occupation
- A 401k Profit Sharing Plan. All employees aged 21 or above that are hired at the inception of the company will be eligible to enter the plan. New employees hired after the inception of the company will be eligible to participant after attaining age 21 and after having completed 6 months of service. Participants will receive a matching contribution when they contribute to the plan.

[REDACTED] The plan will contain a discretionary profit sharing feature to allow for additional employer contributions based on company profitability. Employees will be able to contribute to the plan by using traditional pre-tax dollars or by making contributions to the plan via Roth up to the annual IRA limits. The plan will have investment options ranging in expense ratio from 0.75% to 1.50%, which will comprise target risk portfolios, target date portfolios, and a range of index and actively managed funds for participants to choose from. The plan will be governed by an Investment Policy Statement, monitored quarterly, benchmarked annually, and will have regular enrollment and education meetings when employees will have access to professional financial advice to assist in the decision making process. Employees will have access to their accounts online and by phone 24/7 through secure website and phone lines and will receive printed statements every quarter.

- Encouraged as a material element of company performance reviews, for educational courses related to an employee's current or prospective position and upon the recommendation the employee's supervisor, Company reimbursement for educational courses at the rate of [REDACTED]



## SECTION I BONUS POINTS, SUBPART 2

### COMPASSIONATE NEED PLAN

Connecticut Pharmaceutical Solutions has structured a Compassionate Need Plan for patients who qualify under the following criteria:

- Proves a need based on poverty guidelines, *Exhibit A; Poverty Guidelines*
- Proves a need based on severity of medical condition

Based on the State of Connecticut's current regulatory plan to establish three medical marijuana producers in the State, CPS will offer two percent of its net revenues after taxes on sliding scale to participating dispensaries, with the intention that discounts are then afforded to qualified patients. In addition to presenting the discount program to dispensaries, CPS will alert Connecticut doctors, hospitals, and other significant health care organizations of its program.

Dispensaries will qualify for wholesale discounts depending on an average of the number of patients they support within each pay class. See *Exhibit B, Patient Discount Table* for an example of a sliding fee table that dispensaries could use as a point of reference. It will be the responsibility of each dispensary to agree to pass on discounts in such a manner as may be appropriate in order to accommodate its patients and to report to CPS regarding its administration of the program.

**SECTION I BONUS POINTS, SUBPART 2**  
**COMPASSIONATE NEED PLAN**

**Exhibit A Poverty Guidelines**

**2013 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES  
AND THE DISTRICT OF COLUMBIA**

<b>Persons in family/household</b>	<b>Poverty guideline</b>
1	\$11,490
2	15,510
3	19,530
4	23,550
5	27,570
6	31,590
7	35,610
8	39,630
For families/households with more than 8 persons, add \$4,020 for each additional person.	

*<http://aspe.hhs.gov/poverty.cfm#guidelines>*

## SECTION I BONUS POINTS, SUBPART 2

### COMPASSIONATE NEED PLAN

#### Exhibit B Patient Discount Table

#### Examples of Discounted/Sliding Fee Schedules for the Lower 48 Contiguous States

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	100%	125%	150%	175%	200%	>200%
Family Size	Minimum Fee	20% pay	40% pay	60% pay	80% pay	100% pay
<b>1</b>	\$11,490	\$14,363	\$17,235	\$20,108	\$22,980	\$22,981
<b>2</b>	\$15,510	\$19,388	\$23,265	\$27,143	\$31,020	\$31,021
<b>3</b>	\$19,530	\$24,413	\$29,295	\$34,178	\$39,060	\$39,061
<b>4</b>	\$23,550	\$29,438	\$35,325	\$41,213	\$47,100	\$47,101
<b>5</b>	\$27,570	\$34,463	\$41,355	\$48,248	\$55,140	\$55,141
<b>6</b>	\$31,590	\$39,488	\$47,385	\$55,283	\$63,180	\$63,181
<b>7</b>	\$35,610	\$44,513	\$53,415	\$62,318	\$71,220	\$71,221
<b>8</b>	\$39,630	\$49,538	\$59,445	\$69,353	\$79,260	\$79,261
<b>For each additional person, add</b>	\$4,020	\$5,025	\$6,030	\$7,035	\$8,040	\$8,040

Minimum Fee is

\* Based on 2013 HHS Poverty Guidelines (<http://aspe.hhs.gov/poverty/13poverty.cfm>)

## SECTION I BONUS POINTS, SUBPART 3

### RESEARCH PLAN

#### Proposed Research Plan

Although a considerable body of medical literature supports the medical use of cannabis, many questions remain unanswered, in particular with regard to the absorption and metabolic fate of cannabinoids, to the interaction of the different cannabinoids and terpenes that produce the observed effects, and to the most effective dose and dosing form for a given condition.

With the assistance of our scientific and medical staff and advisors, we have begun to design a series of basic science and clinical trials that will clarify many of those open questions. CPS will devote 25% of our net proceeds to a series of studies to be conducted in collaboration with

[REDACTED]

[REDACTED]

[REDACTED]

We are planning a series of investigations over the next several years to investigate and advance the understanding of how cannabinoid medicine can improve the care and treatment of patients suffering from a variety of medical conditions.

- In specific, the trials we are developing will address:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]



## SECTION I BONUS POINTS, SUBPART 3

### RESEARCH PLAN

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

#### **Methodologies**

The methodologies to be employed will depend on the specific study. Basic science studies of cannabinoid pharmacokinetics will be performed in strict compliance with NIH rules on the care of animals used in research studies, while clinical trials will generally be randomized, placebo-controlled trials conducted after usual IRB approval.

Study duration will depend on the individual trial.

Results will be analyzed using standard statistical methods, and will be submitted for publication in peer-reviewed medical journals. Augustus Jayaraj, M.D., an expert in statistical analysis and member of our research team, will ensure that all protocols are optimally designed to ensure that they yield a maximum of useful data, and that those data are properly analyzed.

The results of our studies will be applied to improving the products offered to medical cannabis patients in Connecticut by ensuring appropriate dosing and effective delivery of the cannabis and cannabis-based products to be used under the Palliative Care Act.

## **SECTION I BONUS POINTS, SUBPART 4**

### **COMMUNITY BENEFITS PLAN**

Connecticut Pharmaceutical Solutions will plan to give back to the community in the following ways:

- During the period over which there are not more than three producer licenses granted in the State, Connecticut Pharmaceutical Solutions will designate two percent of its after tax net income in equal amounts to the State of Connecticut and to the Town of Portland, Connecticut.
- The Company will encourage employees to participate in community events, such as youth sport coaching and support, Habitat for Humanity, and charity road races.
- The Company will make matching contributions of up to \$500 per employee per year to charitable (501(c)(3) and youth organizations in which an employee is actively involved.

**SECTION I BONUS POINTS, SUBPART 5**  
**SUBSTANCE ABUSE PREVENTION PLAN**

- Connecticut Pharmaceutical Solutions intends to participate pro-actively in preventing and recognizing drug abuse with the cooperation of dispensaries and relevant physicians. In the event that, based on sales data, a potential substance abuse problem is identified, the dispensary involved will be notified in writing.
- Connecticut Pharmaceutical Solutions will track sales by dispensary and trace such sales into our own production systems in order to identify sales that may be off trend or unusual for any other reason.
- Through Connecticut Pharmaceutical Solutions' educational programs, we will suggest to health care providers, including doctors, pharmacists, and each dispensary that we serve the resources that may be available to provide additional assessment, evaluation, counseling, and/or referral for treatment.
- In addition, in order to avoid diversion, all plants and products produced from them will be tracked with unique identifiers from germination through production and distribution. Any unanticipated losses will be traced and reported to the DCP and other regulatory agencies.
- Connecticut Pharmaceutical Solutions offers links to substance abuse prevention resources on its website. <http://www.ctpharma.com>

## **SECTION I BONUS POINTS, SUBPART 6**

### **ENVIRONMENTAL PLAN**

Connecticut Pharmaceutical Solutions and its principals are committed to certified organic cultivation and processing practices. We will recycle its soil, use recycled materials as appropriate and economically feasible and appropriate from a health and safety point of view, and make environmentally healthy practices an element of the Connecticut Pharmaceutical Solutions continuous improvement program.