

Medical Marijuana Dispensary Facility License Request for Application

The Connecticut Department of Consumer Protection (“DCP” or “Department”) is requesting applications from parties interested in receiving a Medical Marijuana Dispensary Facility License.

Overview

On May 31, 2012 the Department of Consumer Protection became responsible for administering Connecticut’s medical marijuana program with the enactment of Chapter 420f of the Connecticut General Statutes, “*An Act Concerning The Palliative Use Of Marijuana*”. This program allows a qualifying patient or primary caregiver who is registered with DCP to purchase medical marijuana from a dispensary for the palliative treatment of a patient’s debilitating medical condition.

Dispensary facilities serve as retail points from which a dispensary may sell medical marijuana to qualifying patients and primary caregivers. In accordance with sections 21a-408-1 through 21a-408-70 of the Regulations of Connecticut State Agencies, the Department of Consumer Protection is issuing this Request for Application (“RFA”) for purposes of selecting suitable medical marijuana dispensary facilities.

Number and Preferred Locations of Dispensary Facilities

DCP anticipates awarding between three (3) and ten (10) dispensary facility licenses for locations throughout the State.

The dispensary facility licenses will be awarded on a competitive basis based on an evaluation of the timely submitted responses to this RFA.

The Department reserves the right to award fewer than three (3) dispensary facility licenses if the Department concludes that an insufficient number of qualified applicants submitted a response prior to the deadline or if the Department concludes that fewer dispensary facilities are desirable. The Department also reserves the right to award more than ten (10) dispensary facility licenses in the event it concludes that additional dispensary facility licenses would be desirable.

RFA Submission Deadline

For an application to be considered, a complete response to this RFA and the non-refundable application fee must be hand-delivered to DCP’s offices **on or before 3:00 pm on Monday, April 09, 2018**. DCP will time-stamp each hand delivered application upon its submission and the time-stamp shall serve as the official record of when the application was delivered to DCP.

If you intend to submit your application prior to April 9th, please call (860) 713-6066 or email dcp.mmp@ct.gov to arrange a time to hand deliver your application. If

you are submitting your application on April 9th, a Drug Control staff member will be available on the Street level of 450 Columbus Blvd. between the hours of 10am and 3pm to receive and time-stamp your application. Applications will only be accepted during those hours. **When you deliver your RFA submission to the Department, it must be given to a DCP employee and time-stamped at the time of delivery.**

It is the applicant's responsibility to allow sufficient time to address potential delays. **Sole responsibility rests with the applicant to ensure that their application is received and time-stamped on or before the submission deadline.**

Terms and Conditions

Applicants may submit a modification to their RFA response, with an accompanying explanatory cover letter, at any time prior to the submission deadline.

If any information provided in response to this RFA changes subsequent to your submission of the application, you must immediately notify the Commissioner of Consumer Protection ("Commissioner") in writing of the correct information, and the reason such information was not available prior to the submission deadline. The Department reserves the right to consider, or not to consider, such information as part of its evaluation process.

The Commissioner may disqualify any applicant who:

- Fails to submit a complete response and pay the application fee prior to the submission deadline;
- Submits incomplete, false, inaccurate, unresponsive or misleading information in response to this RFA; or
- Fails to timely notify the Commissioner of changes in the information provided in response to this RFA.

The decision of the Commissioner to disqualify an applicant or not award a dispensary facility license shall be final.

An applicant awarded a dispensary facility license shall operate in accordance with the representations made in its RFA submission.

Communications with the Department

All questions about the RFA or RFA process must be forwarded to DCP **by email only** at dcp.mmp@ct.gov with the subject line "Medical Marijuana RFA Question." Questions and answers of a substantive nature will be posted on the DCP website at www.ct.gov/dcp/mmp so that all applicants will have access to the same information. Questions received by the Department before Monday, April 2, 2018 will be answered. For questions received after Monday, April 2, 2018, the Department may

not be able to respond prior to the Submission Deadline. We, therefore, encourage you to identify and bring any issues to our attention as soon as possible.

To ensure the proper and fair evaluation of all applications, ex parte communications (i.e., unsolicited communications including, but not limited to, verbal, telephone, written or internet) initiated by the applicant to any employee of the Department, other than questions submitted to dcp.mmp@ct.gov, are prohibited. Any violation of this prohibition may result in the disqualification of the applicant.

How to Apply

- First, familiarize yourself with Chapter 420f of the Connecticut General Statutes and sections 21a-408-1 through 21a-408-70 of the Regulations of Connecticut State Agencies. In addition to familiarizing yourself with the substantive requirements of the law and regulations, the applicant should use the definitions sections of those documents to assist in interpreting this RFA.
- Second, prepare comprehensive responses, or provide relevant documents, for each item requested in this RFA, which includes Appendices A-E, using bulleted points wherever possible.
 - All attachments, exhibits or other information produced in response to the RFA must include a header referencing the item number and subpart to which it responds so that it is clear to the Department that all requested information is provided.
- Finally, hand-deliver your completed application package and the one thousand dollar (\$1,000) non-refundable application fee on or before April 09, 2018 to:

**Department of Consumer Protection
Drug Control Division
Medical Marijuana Program
RFA #2018-127642
450 Columbus Boulevard
Hartford, CT 06103**

- A complete application package will include:
 - An original and four paper copies of your RFA response, all of which must be single-sided and securely bound; and
 - A CD or flash drive containing an electronic version of your complete submission in a searchable PDF file format.
 - 3 years of tax information in a separate electronic file.
- The submittal of an application shall constitute acceptance of the requirements, administrative stipulations and all of the terms and conditions of this RFA.

Freedom of Information Act

Due regard will be given for the protection of proprietary information contained in all proposals received; however, applicants should be aware that all materials associated with this RFA are subject to the terms of the Freedom of Information Act (FOIA), Chapter 14 of the Connecticut General Statutes, and all rules, regulations and interpretations resulting therefrom. **An applicant, therefore, should specifically identify those particular sentences, paragraphs, pages, sections, data or information that the applicant believes to be exempt from disclosure under FOIA and each page containing such confidential information must contain a footer notifying the Department that the material on the page is requested to be “Confidential.” It will not be sufficient for applicants to merely state generally that the proposal is proprietary in nature and not, therefore, subject to release to third parties.**

Convincing explanation and rationale sufficient to justify each exemption consistent with FOIA’s Section 1-210 of the Connecticut General Statutes must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the applicant that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above cited statute. Between the applicant and the State of Connecticut (“State”), the final administrative authority to release or exempt any or all material so identified rests with the State. The Department reserves the right to apply any FOIA exemption, whether requested or not.

A. BUSINESS INFORMATION OF APPLICANT

1. Complete the Dispensary Facility Information Form, attached as Appendix A.
2. Provide a brief summary (no longer than five double-spaced pages) of the applicant's qualifications, experience and industry knowledge relevant to the development and operation of a dispensary facility.
3. Provide a financial statement setting forth the elements and details of all business transactions connected with your application.

B. LOCATION AND SITE PLAN

Please provide the following information:

1. The location of the proposed dispensary facility;
2. Documents sufficient to establish that state and local building, fire and zoning requirements and local ordinances are met for the proposed location of the dispensary facility;
3. A certificate of good standing from the Secretary of State's office.
4. If the property is not owned by the applicant, provide a written statement from the property owner and landlord certifying that they have consented to the applicant operating a dispensary facility on the premises;
5. Any text and graphic materials that will be shown on the exterior of the proposed dispensary facility;
6. Photographs of the surrounding neighborhood and businesses sufficient to evaluate the proposed dispensary facility's compatibility with commercial or residential structures already constructed, or under construction, within the immediate neighborhood;
7. A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable, that are within the same block as the dispensary facility;
8. A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1000 feet of the proposed dispensary facility location; and
9. A blueprint, or floor plan drawn to scale, of the proposed dispensary facility, which shall, at a minimum, show and identify the following:

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

C. PROPOSED BUSINESS PLAN

A dispensary facility shall operate in accordance with the business plan submitted to, and approved by, the Department as part of the application.

Provide the following information, using bullet points wherever possible:

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

3. A detailed description of the process that a dispensary facility will take to ensure that access to the dispensary facility premises will be limited only to employees, qualifying patients and primary caregivers;
4. A detailed description of the features, if any, that will provide accessibility to qualifying patients and primary caregivers beyond what is required by the Americans with Disabilities Act;
5. A detailed description of any air treatment or other system that will be installed and used to reduce off-site odors;
6. A detailed description of the process by which marijuana and marijuana products will be delivered to a dispensary facility from the producer, including the protocols that will be used to avoid any diversion, theft or loss of marijuana;
7. A detailed description of the training and continuing education opportunities that will be provided to dispensary facility employees; and
8. A detailed description of any processes or controls that will be implemented to prevent the diversion, theft or loss of marijuana.

D. PROPOSED MARKETING PLAN

1. Provide a copy of the applicant's proposed marketing plan and include any web templates and educational materials such as brochures, posters, or promotional items.

E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

Please provide the following information or copies of the following documents:

1. Documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant;
2. A current organizational chart that includes position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. To the extent such information is not revealed by their resume, include additional pages with each resume setting out the employee's particular skills, education, experience or significant accomplishments that are relevant to owning or operating a dispensary facility;
3. The name, title and a copy of the resume of the person who will be responsible for all information security requirements, including the requirement that patient information remain confidential;

4. A copy of all compensation agreements with dispensary facility backers, directors, owners, officers, consultants, other high-level employees or any other person required to complete Appendices B, C or E. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;
5. Describe the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening or operating of the proposed dispensary facility;
6. Provide audited financial statements for the previous fiscal year, which shall include, but not be limited to, an income statement, balance sheet, statement of retained earnings or owners' equity, statement of cash flows, and all notes to such statements and related financial schedules, prepared in accordance with generally accepted accounting principles, along with the accompanying independent auditor's report. If the applicant was formed within the year preceding this application, provide certified financial statements for the period of time the applicant has been in existence.
7. Provide any pro forma financials used for business planning purposes.
8. Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.
9. Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) dispensary facility backer; and (ii) each backer member identified in Section B of Appendix B.

F. BONUS POINTS

The Department will award bonus points for preferred but not required initiatives. Applicants may provide information related to any or all of the categories below with their application. Should the applicant be awarded a license from the Department, their commitments in a bonus category shall become a condition of their license. If a violation of a condition occurs, it may be deemed a material breach and the Department may assess a penalty or seek suspension or revocation of the license.

1. **Employee Working Environment Plan:** Describe any plans you have to provide a safe, healthy and economically beneficial working environment for your employees, including, but not limited to, your plans regarding workplace safety and environmental standards, codes of conduct, healthcare benefits, educational benefits, retirement benefits, and wage standards.

2. **Compassionate Need Plan:** Describe any compassionate need program you intend to offer. Include in your response:
 - The protocols for determining which patients will qualify for the program;
 - The discounts available to patients eligible for the compassionate need program;
 - The names of any other organizations, if any, with which you intend to partner or coordinate in connection with the compassionate need program, including any producer applicant; and
 - Any other information you think may be helpful to the Department in evaluating your compassionate need program.

3. **Research Plan:** Provide the Department with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of marijuana. To the extent it has been determined, include in your proposal, a detailed description of:
 - The methodology of the study;
 - The issue(s) you intend to study;
 - The method you will use to identify and select study participants;
 - The identify of all persons or organizations you intend to work with in connection with the study, including the role of each;
 - The duration of the study; and
 - The intended use of the study results.

4. **Community Benefits Plan:** Provide the Department with a detailed description of any plans you have to give back to the community either at a state or local level if awarded a dispensary facility license.

5. **Substance Abuse Prevention Plan:** Provide a detailed description of any plans you will undertake, if awarded a dispensary facility license, to combat substance abuse in Connecticut, including the extent to which you will partner, or otherwise work, with existing substance abuse programs.

EVALUATION AND SELECTION PROCEDURES

Overview

The Department will conduct a comprehensive, fair, and impartial evaluation of all applications received in response to this RFA. This review will involve a two-step process.

First, all applications will be assessed to determine whether they meet the mandatory qualification criteria set forth below. **Be aware:** with the exception of the bonus categories, all requested items, including the appendices, are mandatory unless the request itself indicates otherwise. An applicant, for example, who fails to provide information such as proof of its right to occupy the proposed premises or who fails to

submit one of the appendices will be disqualified prior to the reviewing and scoring process.

Second, once it is determined that an application meets the mandatory qualification criteria, it will be reviewed and scored according to the quality of its responses to the requirements set out in the RFA.

The evaluation process will include not only an evaluation of the entire RFA response, but may include other relevant sources of information regarding the applicant and its backers and employees such as the results of the Department's background checks.

Mandatory Qualification Criteria

The Department will only review and score applications that:

- Are submitted on or before the submission deadline with the application fee;
- Fully respond to all mandatory items in the RFA;
- Do not contain significant inconsistencies or inaccuracies;
- Include the appropriate number of copies, which is the original plus four paper copies plus a CD or flash drive with a searchable PDF copy of the complete submission, and 3 years of tax information in a separate electronic file; and
- Contain all required signatures.

DCP, however, reserves the right to waive minor irregularities or to request clarifications, modifications or amendments to an application, providing such application substantially complies with the RFA.

Evaluation Criteria

The evaluation of applications that meet the mandatory qualification criteria will involve the scoring of each application. While a maximum score of 2000 is possible, proposals must achieve a minimum score of 1500 points to be awarded a dispensary facility license. If an insufficient number of applications obtain a score of at least 1500 to award all of the dispensary facility licenses the Department deems appropriate, the Department may request modifications from those applicants whose scores are closest to 1500 so as to render the applications acceptable. Alternately, if the Department determines that sufficient modifications cannot be made to raise enough applications to an acceptable level, the Department may re-issue the RFA.

In conducting its evaluation of each of the below criteria, the Department may conduct interviews, contact references, conduct background checks, contact state regulators in any other state(s) where the applicant, applicant's backers or others associated with the applicant have engaged in, or sought to be engaged in, the state's medical marijuana program and visit the location of the proposed dispensary facility or of other marijuana related businesses associated with the applicant or the applicant's backers or key personnel.

After completing the review and scoring of the applications, the Department shall rank each according to its score. The applications with the highest scores will be awarded a dispensary facility license so long as the highest ranking applicants reflect a diversity of ownership and provide an appropriate breadth of geographic coverage. If, for example, one of the highest ranked applicants has overlapping backers, directors, owners, officers or other high-level employees of an existing or higher ranked applicant in the same geographic market, the Department may award the dispensary facility license to the next highest ranked applicant without such an overlap. In addition, if the highest ranked applicants are in close proximity to each other or to already existing dispensaries, the Department may award a dispensary facility license to the next highest ranked applicant(s) whose location will enable the program to best meet the needs of patients throughout the State. Upon selecting the successful applications, the Department shall notify all applicants of their status in writing. The Department's decision to award or not award a license to an applicant shall be final.

The number of points after each heading is the maximum number of points that may be awarded for each of the corresponding components of the RFA. For each category, the applicant's score will be based on the totality of the response to the corresponding RFA section. The considerations listed beneath each category are not intended to be an exhaustive list of all relevant factors. Rather, they are intended to provide guidance as to the focus of the Department's analysis.

- A. Business Information of Applicant** 450 Points
- We will evaluate the applicant's security system and security plan on its ability to effectively prevent the diversion, theft or loss of marijuana.
 - We will assess the financial stability, funding sources and potential legal liabilities of the applicant to determine the likelihood that it will be able to fulfill the commitments made in response to the RFA and remain a stable and sustained source of medical marijuana for patients over the long-term.
 - We will evaluate the hours the dispensary facility and dispensary facility department will be open and consider the impact those hours will have for patients, caregivers and the surrounding community.
- B. Location and Site Plan** 500 Points
- We will evaluate the proposed dispensary facility location and the graphic materials that will be displayed on the outside of the dispensary facility and assess their compatibility with other commercial and residential structures in the immediate neighborhood.
 - We will evaluate the applicant's blueprint on how well the facility is designed to meet the needs of patients and caregivers while reducing the risk of diversion, theft or loss of marijuana.
 - We will evaluate the applicant's proximity to other dispensary facilities and whether the location will improve patient access to the program.
- C. Proposed Business Plan** 300 Points

- We will evaluate the applicant’s plan for making the facility accessible to patients and caregivers and its protocol for limiting access to all other persons.
- We will assess the other products and services offered by the dispensary facility and the added value they provide to patients and caregivers.
- We will evaluate the training and processes in place to prevent dispensing errors, the misuse of confidential patient information and to protect against the diversion, theft or loss of marijuana.
- We will give consideration to any system that will be used by the facility to prevent or reduce off-site odors.

D. Proposed Marketing Plan 150 Points

- We will evaluate the proposed marketing plan on its ability to effectively educate patients, caregivers and others on the medical use of marijuana and on the care that is taken to not promote the use of marijuana for recreational purposes or by persons under 18 years of age.

E. Financial Statements and Organizational Structure 350 Points

- We will evaluate the financial soundness and funding sources of the applicant to assess the extent and nature of external sources that may influence the manner in which the applicant operates and manages its business.
- We will evaluate the applicant, backers and key personnel for appropriateness of credentials, training, qualifications, experience, competence and past legal and regulatory compliance that may be relevant to their ability to: (i) carry out their designated roles for the applicant; and (ii) successfully complete work on projects of a similar size and scope, in the same or comparable line of business, to those required by this RFA.

F. Bonus Points 250 Points

We will evaluate each plan on its ability to meet the objectives of the category.

- Employee Working Environment Plan
- Compassionate Need Program
- Research Plan
- Community Benefits Plan
- Substance Abuse Prevention Plan



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Appendix A Dispensary Facility License Information Form

Section A: Business Information

1. Applicant business type:

<input 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: _____
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2. Legal Name of Applicant:

3. Trade Name of Applicant:

4. Applicant's Business Address:

5. City:

6. State:

7. Zip Code:

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 their contact information changes.

16. Name of Primary Contact:

17. Primary Contact Title:

18. Primary Contact E-mail Address:

19. Primary Contact Telephone Number:
() -

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:
/ /

25. Place of Formation/Incorporation:

26. Registered with the Connecticut Secretary of State:
 Yes No

27. Sale and Use Tax Permit Number:

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



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Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address:			29. City:
30. State: CT	31. Zip Code:	32. Telephone Number: () -	33. Fax Number: () -
34. Own or Lease Property: <input type="checkbox"/> Own <input 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:	

Section E: Business Association Information

36. Are you associated with any other dispensary facility licensee or license applicant or producer licensee or license applicant: <input type="checkbox"/> Yes <input 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. Licensee or Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer
39. Applicant Name:	40. Licensee or Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer

Section F: Proposed Dispensary Department Hours

41. State the proposed dispensary department hours of operation for each day. The dispensary department is where marijuana will be sold.

Monday _____ to _____	Friday _____ to _____
Tuesday _____ to _____	Saturday _____ to _____
Wednesday _____ to _____	Sunday _____ to _____
Thursday _____ to _____	

Section G: Proposed Dispensary Facility Hours

42. State the proposed dispensary facility hours of operation for each day. The dispensary facility includes areas where non-marijuana products and services will be offered.

Monday _____ to _____	Friday _____ to _____
Tuesday _____ to _____	Saturday _____ to _____
Wednesday _____ to _____	Sunday _____ to _____
Thursday _____ to _____	



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Section H: 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.

43. Name:	44. 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.

45. Address:	46. Time Period:

Section I: Dispensary Facility Backers

Provide the following information for each dispensary facility backer. A dispensary facility 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 dispensary 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.

47. Name:	48. Percentage of ownership



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

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

- directly or indirectly have control over, or participate in the management or operation of, the dispensary facility; or
- who currently receives, or who reasonably can be expected to receive, within one calendar year, compensation from the applicant exceeding \$100,000.

Create additional copies of this page if necessary.

Each person identified in response to this section must complete and sign Appendix C.

49. Name (First, Middle, Last):	50. Title:	51. Role:

Section K: Financial Statement

Set forth all expenses greater than \$10,000 incurred in connection with the establishment of your business and the sources of the funds for each. Attach additional pages if necessary. The Department may require backup documentation.

52. Expense Item:	53. Cost: \$	54. Source of Funds:
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Section L: Security System

Identify the company or companies that will provide security services for the dispensary facility if a license is awarded. If more than two companies will provide security services, complete this section for each such additional company.

55. Primary Security Company Name:	
56. Primary Security Company Address (including Apartment or Suite #):	57. City:



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58. State:	59. Zip Code:	60. Telephone Number: () -	61. Fax Number: () -
62. E-mail Address:			
63. Backup Security Company Name (if applicable):			
64. Backup Security Company Address (including Apartment or Suite #):			65. City:
66. State:	67. Zip Code:	68. Telephone Number: () -	69. Fax Number: () -
70. E-mail Address:			
71. Attach a detailed description of the security plan to be offered by the security company or 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 M: Legal Proceedings

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

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

73. Has the applicant ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? 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.

74. Is the applicant a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? 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.

75. 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.

Section N: Criminal Actions

76. 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.



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Section O: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating the applicant's suitability to participate in the medical marijuana program. As the duly authorized representative of the applicant, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

77. Signature:



78. Date Signed:

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

79. Signature:



80. Date Signed:



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

<input 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:

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 applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):

12. Percentage of ownership interest



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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. Disclosure of pistol permit(s) is not required.

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

Section 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:

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:



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Appendix C

Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Information

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

Section B: Employment Information

12. Current or Most Recent Employer:	13. Date of Employment: Start Date: / / End Date: : / /	
14. Employer Address (including Apartment or Suite #):		
15. City:	16. State:	17. Zip Code:
18. Telephone Number: () -	19. Fax Number: () -	20. E-mail Address:

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> • The pharmacy name; • The pharmacy's location; • All titles and responsibilities held by you at the pharmacy, including the time frame for each; • The dates of your association with the pharmacy; • Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and • Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.



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Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes No

26. If you answered “yes” to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department’s evaluation of the applicant with whom you are associated?

Yes No

28. If you answered “yes” to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department’s evaluation of the RFA response of the applicant with whom you are associated.

Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary. Disclosure of pistol permit (s) is not required.

29. State	30. Issue Date (month/year): /	31. Type:	32. Number:
	Expiration Date (month/year): /		
33. State	34. Issue Date (month/year): /	35. Type:	36. Number:
	Expiration Date (month/year): /		



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Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes No

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

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes No

If the answer above is “yes”, attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes No

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

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes No

If the answer above is “yes”, attach a statement providing the details of such fines or penalties.

Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

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

Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature:



43. Date Signed:



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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:



45. Date Signed:



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Appendix D

Dispensary Facility Manager Information Form

This form must be completed and signed by the person who will serve as the dispensary facility manager if the applicant is awarded a dispensary facility license.

Section A: Dispensary Facility Manager Information

1. Name (First, Middle, Last):			
2. Home Address (including Apartment or Suite #):			3. City:
4. State:	5. Zip Code:	6. Date of Birth: / /	7. Telephone Number: () -
8. Social Security Number: - -			9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
10. E-mail Address:		11. Connecticut Pharmacist License Number:	

Section B: Employment Information

12. Current or Most Recent Employer:		13. Date of Employment: Start Date: / / End Date: : / /	
14. Employer Address (including Apartment or Suite #):			
15. City:		16. State:	17. Zip Code:
18. Daytime Telephone Number: () -	19. Fax Number: () -	20. E-mail Address:	

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?
 Yes No

22. Are you currently associated with a pharmacy in any state?
 Yes No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, the nature and resolution of those allegations.



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Section D: Criminal Actions

24. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? Yes No

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

Section E: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

25. Signature:



26. Date Signed:

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.

27. Signature:



28. Date Signed:



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Appendix E 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):

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

3. City:

4. State:

5. Zip Code:

6. Daytime Phone Number:

7. Fax Number:

8. E-mail Address:

() -

() -

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:

11. Date Signed:



I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is 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:

13. Date Signed:

