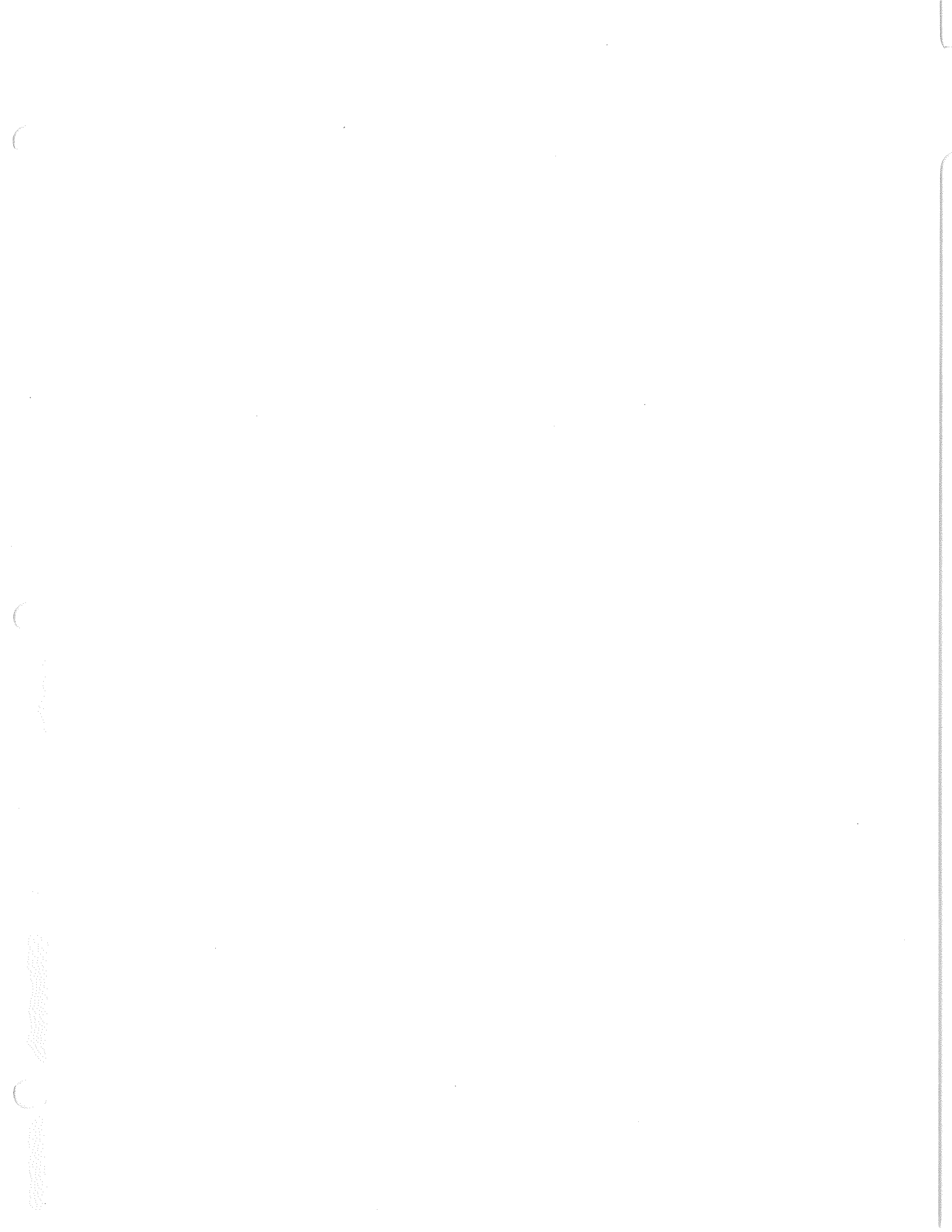




## **RFA APPLICATION**







# Medical Marijuana Program

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

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## 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 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: Apothecary 241, LLC						
3. Trade Name of Applicant: Apothecary 241						
4. Applicant's Business Address: 145 Doubling Road						
5. City: Greenwich				6. State: CT	Zip Code: 06830	
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: (866) 409-2915		

### 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: April Arrasate		17. Primary Contact Title: Coordinator	
18. Primary Contact E-mail Address:		19. Primary Contact Telephone Number:	
20. OPTIONAL - Name of Alternate Contact: Khary Bryan		21. Alternate Contact Title: Facility Manager	
22. Alternate Contact E-mail Address:		23. Alternate Contact Telephone Number:	

### Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation: 11/07/2013	25. Place of Formation/Incorporation: CT, Commerical Recording Division
26. Registered with the Connecticut Secretary of State: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Sale and Use Tax Permit Number: 60346061 Provide a copy of your Sale and Use Tax permit with your application.



# Medical Marijuana Program

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## Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address: 241 Albany Turnpike			29. City: Canton
30. State: CT	31. Zip Code:	32. Telephone Number:	33. Fax Number:
34. Own or Lease Property: <input checked="" 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: Albany 241, LLC (property under contract to applicant)	

## Section E: Business Association Information

36. Are you associated with any other dispensary facility license applicant or producer license applicant: <input checked="" 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: Curaleaf, LLC	38. Applicant Type: <input type="checkbox"/> Dispensary Facility <input checked="" type="checkbox"/> Producer
39. Applicant Name:	40. 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	10 am	to	6 pm	Friday	10 am	to	6 pm
Tuesday	10 am	to	8 pm	Saturday	10 am	to	2 pm
Wednesday	10 am	to	6 pm	Sunday		to	
Thursday	10 am	to	8 pm				

## 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	10 am	to	6 pm	Friday	10 am	to	6 pm
Tuesday	10 am	to	8 pm	Saturday	10 am	to	2 pm
Wednesday	10 am	to	6 pm	Sunday		to	
Thursday	10 am	to	8 pm				

241 ALBANY TURNPIKE, CANTON, CONNECTICUT

PURCHASE AND SALE AGREEMENT

BETWEEN

ALBANY 241, LLC,  
as Seller

AND

DOUBLING ROAD HOLDINGS LLC,  
as Purchaser

As of November 13, 2013

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LIST OF EXHIBITS

- Exhibit A -- Legal Description of the Land
- Exhibit B -- Specific Permitted Encumbrances to Title
- Exhibit C -- Form of Escrow Agreement



PURCHASE AND SALE AGREEMENT

THIS PURCHASE AND SALE AGREEMENT (the "Agreement") is made as of the 13<sup>th</sup> day of November, 2013 (the "Effective Date"), by and between ALBANY 241, LLC, a Connecticut limited liability company having an office and mailing address of 2 Brainard Road, Hartford, Connecticut 06114 (the "Seller" ) and DOUBLING ROAD HOLDINGS, LLC, a Delaware limited liability company having an office and mailing address of 145 Doubling Road, Greenwich, Connecticut 06830 ("Purchaser").

WITNESSETH:

ARTICLE I  
PURCHASE AND SALE

1.1 Agreement of Purchase and Sale. Subject to the terms and conditions hereinafter set forth, Seller agrees to sell and convey and Purchaser agrees to purchase the following:

1.1.1 that certain piece or parcel of real property together with all rights, privileges and easements appurtenant thereto, commonly known as 241 Albany Turnpike, Canton, Connecticut and being more particularly described on Exhibit A attached hereto and made a part hereof (collectively, the "Land"); and

1.1.2 the buildings, structures, fixtures and other improvements on the Land, including specifically, without limitation, that certain commercial building located thereon (the "Improvements");

1.2 Property Defined. The Land, the Improvements, the Personal Property and the Intangibles are hereinafter sometimes referred to collectively as the "Property."

1.3 Permitted Exceptions. The Property shall be conveyed subject to the matters which are, or are deemed to be, Permitted Exceptions pursuant to Article II hereof.

1.4 Purchase Price. [REDACTED]

1.5 Payment of Purchase Price. The Purchase Price, as increased or decreased by prorations and adjustments as herein provided, shall be payable in full at Closing in cash by wire transfer of immediately available federal funds to a bank account designated by Seller in writing to Purchaser prior to the Closing.

1.6 Earnest Money. Simultaneously with the execution and delivery of this Agreement, Purchaser is depositing with Stewart Title Insurance Company (the "Escrow Agent"), having its office at 280 Trumbull Street, 22nd Floor, Hartford, Connecticut 06103, [REDACTED] "First Deposit" in good funds, either by certified bank or cashier's check or by federal wire transfer. The Escrow Agent shall hold the Deposit in a non interest-bearing account insured by the Federal Deposit Insurance Corporation in accordance with the terms and conditions of an escrow agreement entered into among Seller, Purchaser and Escrow Agent simultaneously with the execution of this Agreement, the form of which is attached hereto as Exhibit C. The Deposit together with all interest earned on such sums are herein referred to collectively as the "Earnest Money." All

interest accruing on such sums shall become a part of the Earnest Money and shall be distributed as Earnest Money in accordance with the terms of this Agreement. Seller and Purchaser each agree to provide such documents and information to Escrow Agent as it reasonably requests in order to hold the Earnest Money in an interest bearing account.

## ARTICLE II TITLE AND SURVEY

2.1 Title Examination; Commitment for Title Insurance. Purchaser shall have until 5:00 p.m. on the sixtieth (60<sup>th</sup>) day after the Effective Date (the "**Title and Survey Period**") to examine title to the Property. On or before that date, Purchaser shall obtain from a nationally recognized title insurance company (the "**Title Company**") at Purchaser's expense, an ALTA title insurance commitment (the "**Title Commitment**") covering the Property, showing all matters affecting title to the Property and binding the Title Company to issue at Closing an Owner's Policy of Title Insurance in the full amount of the Purchase Price pursuant to Section 2.4 hereof. Purchaser shall instruct the Title Company to deliver to Purchaser a copy of the Title Commitment and copies of all instruments referenced therein.

2.2 Survey. Purchaser shall have until the expiration of the Title and Survey Period to employ a reputable surveyor or surveying firm (the "**Surveyor**"), licensed by the State of Connecticut, to survey the Property and prepare and deliver to Purchaser, the Title Company and Seller an ALTA survey thereof (the "**Survey**") reflecting the total area of the Property, the location of all improvements, recorded easements and encroachments, if any, located thereon and all building and set back lines and other matters of record with respect thereto.

### 2.3 Title Objections; Cure of Title Objections.

2.3.1 Purchaser shall have until the expiration of the Title and Survey Period to give written notice to Seller of such objections as Purchaser may have to any exceptions to title disclosed in the Title Commitment other than the Existing Title Exceptions (as hereinafter defined), any amendments thereto issued during the Title and Survey Period or the Survey (the "**Title and Survey Objection Notice**"). Any exception to title disclosed in the Title Commitment, any such amendments or the Survey to which Purchaser does not object by timely written notice shall be a Permitted Exception in addition to the existing Permitted Exceptions noted in Exhibit B attached hereto (the "**Existing Title Exceptions**").

2.3.2 In the event Purchaser gives timely written notice of objection to any exceptions to title, Seller shall have the right, but not the obligation, to attempt to remove, satisfy or otherwise cure any exceptions to title so objected to; provided, however, that Seller shall be obligated to remove any mortgages or other similar security instruments that were placed on the Property by Seller or any other monetary liens that resulted from act or omission of Seller (collectively, "**Monetary Liens**"). If any such Monetary Liens will be insured over by the Title Company by Seller posting a bond in accordance with applicable law, that action will be an adequate cure/removal for such Monetary Lien. Within five (5) business days after Seller's receipt of the Title and Survey Objection Notice, Seller shall give written notice to Purchaser informing Purchaser of Seller's election with respect to such exceptions. If Seller fails to give written notice of election on or before such date, Seller shall be deemed to have elected not to attempt to cure the matter objected to. If Seller elects to attempt to cure any exceptions (or is obligated to cure any Monetary Liens), Seller shall be entitled to one or more reasonable adjournments of the Closing of up to, but not beyond, the sixtieth (60<sup>th</sup>) day following the date for Closing set forth in Section 4.1 hereof to attempt such cure, but Seller shall not be obligated to expend any sums, commence

any suits or take any other action in order to effect the same except as otherwise expressly provided herein.

2.3.3 If Seller elects or is deemed to have elected not to cure any exceptions to title objected to by Purchaser or if, after electing to attempt to cure, Seller determines that it is unwilling or unable to remove, satisfy or otherwise cure any such exceptions, Purchaser's sole remedy hereunder in such event shall be either: (i) to accept title to the Property subject to such exceptions as if Purchaser had not objected thereto and without reduction of the Purchase Price or (ii) to terminate this Agreement, whereupon the Earnest Money shall be returned to Purchaser and neither party hereto shall have any further rights, obligations or liabilities hereunder except to the extent that any right, obligation or liability set forth herein expressly survives termination of this Agreement.

2.3.4 To terminate this Agreement pursuant to this Section 2.3, Purchaser must give written notice to Seller of its election to terminate not later than (i) five (5) business days after Seller notifies Purchaser that Seller elects not to attempt to cure or is deemed to elect not to cure (ii) five (5) business days after receipt of written notice from Seller that, having previously elected to attempt to cure, that it is unable or unwilling to do so, or (iii) at Closing if Seller fails to cure any items Seller has elected to cure or any Monetary Liens Seller is obligated to cure. If Purchaser fails to give timely notice of its election to terminate for any reason whatsoever, such exception shall be deemed to be a Permitted Exception.

2.3.5 Time is of the essence with respect to the provisions of this Section 2.3.

2.4 Conveyance of Title. At Closing, Seller shall convey and transfer to Purchaser such title to the Property as will enable the Title Company to issue to Purchaser, at Purchaser's expense, an ALTA Owner's Policy of Title Insurance (the "Title Policy") covering the Property, in the full amount of the Purchase Price. Notwithstanding anything contained herein to the contrary, the Property shall be conveyed subject to the following matters, which shall be deemed to be Permitted Exceptions:

2.4.1 the lien of all ad valorem real estate taxes and assessments not yet due and payable as of the date of Closing, subject to adjustment as herein provided;

2.4.2 local, state and federal laws, ordinances or governmental regulations, including but not limited to, building and zoning laws, ordinances and regulations, now or hereafter in effect relating to the Property;

2.4.3 the Existing Title Exceptions identified on Exhibit B attached hereto and made a part hereof;

2.4.5 building, building line and zoning restrictions of the Town of Canton;

2.4.6 utility easements necessary to service the Property as of record appear; and

2.4.7 items which are or become Permitted Exceptions pursuant to Sections 2.3 or 2.5 hereof.

2.5 Amendments to Title Commitment. All exceptions to title, other than Existing Title Exceptions, first raised by the Title Company in any amendments to the Title Commitment or by the Surveyor in any revisions to the Survey issued after the expiration of the Title and Survey Period shall be

deemed "**Non-Permitted Exceptions**". Purchaser shall have the right to object to any Non-Permitted Exception by giving written notice of the Non-Permitted Exception to which Purchaser is objecting within five (5) business days after the issuance of any such amendment or revision. If Purchaser does not object to any Non-Permitted Exception first raised in an amendment to the Title Commitment or revision to the Survey issued after the expiration of the Title and Survey Period by giving timely written notice as herein provided, such Non-Permitted Exception shall be a Permitted Exception. In the event Purchaser gives timely written notice of objection to any Non-Permitted Exception as herein provided, the provisions of Subsections 2.3.2, 2.3.3 and 2.3.4 shall apply with respect thereto as if set forth herein in full.

### ARTICLE III INSPECTION PERIOD

#### 3.1 Right of Inspection.

3.1.1 During the period beginning upon the Effective Date and ending at 5:00 p.m. (local time at the Property) on the sixtieth (60<sup>th</sup>) day after the Effective Date (the "**Inspection Period**"), Purchaser shall have the right to make a physical inspection of the Property and obtain such reports and studies as Purchaser in its discretion may elect to commission at its sole cost and expense, but Purchaser may not do any invasive testing, such as core sampling or drilling wells, without Seller's prior written approval, which approval shall not be unreasonably withheld (such inspections, reports, studies and all of the foregoing are hereinafter collectively referred to as the "**Property Inspections**"). Purchaser understands and agrees that any on-site inspections or testing of the Property shall be conducted upon at least forty-eight (48) hours' prior written notice to Seller and, at the Seller's election, in the presence of Seller or its representative. Any such inspections and testing shall be performed by companies selected by Purchaser and approved by Seller, which approval shall not be unreasonably withheld. Purchaser agrees to repair any damage to the Property and to indemnify against and hold Seller harmless from any claim for liabilities, costs, expenses (including reasonable attorneys' fees actually incurred) damages or injuries arising out of or resulting from the inspection or testing of the Property by Purchaser or its agents, and notwithstanding anything to the contrary in this Agreement, such obligation to indemnify and hold harmless Seller shall survive Closing or any termination of this Agreement. Purchaser shall (i) ensure that Purchaser or Purchaser's consultants maintain commercial general liability and property damage insurance in the amount of \$1,000,000.00 and in form and substance adequate to insure against all liability of Purchaser and its consultants, respectively, and each of its agents, employees or contractors, arising out of their presence on the Property or their inspections or testing of the same; and (ii) obtain all necessary approvals, permits and licenses, will comply with any applicable statute, regulation or ordinance, and will conduct their testing or investigations in a reasonable and workmanlike manner. Purchaser shall provide Seller, without cost or expense to Seller, with copies of all documents, including, without limitation, all final reports, maps, surveys, test results and other data prepared for or delivered to Purchaser and relating to or arising from the Property Inspections and including (without limitation) any environmental assessment report or any draft thereof, within ten (10) business days after Purchaser receives such materials from the parties performing such services for Purchaser. If Seller so requests (and provided Seller bears any additional cost specifically relating to additional certifications), the providers of any such maps, surveys, test results and other reports ("**Reports**") relating to or arising from the Property Inspections shall certify such Reports to Seller.

3.1.2 During the period beginning upon the Effective Date and ending at 5:00 p.m. (local time at the Property) on the one hundred twentieth (120<sup>th</sup>) day after the Effective Date (the "**Initial Approval Period**"), the Purchaser shall have the right, subject to this Section 3.1.2, to procure the

Approvals (as hereinafter defined). Purchaser agrees, promptly after the Effective Date hereof, at Purchaser's sole cost and expense, to diligently pursue the Approvals. Purchaser shall not make application for or otherwise consent to or agree to change the zone of the Property without the prior written consent of the Seller, which may be given or withheld in the Seller's sole and absolute consent. Seller shall, at no cost or expense to Seller, cooperate to the extent reasonably necessary to assist Purchaser in obtaining the Approvals, including the execution of required applications relating to the Purchaser's proposed use of the Property. In the event that Purchaser has not obtained the Approvals prior to the expiration of the Initial Approval Period, then, Purchaser shall have the right to extend the Initial Approval Period (the "**Extension Right**") for a period of time up to sixty (60) days (the "**Extended Inspection Period**") provided that prior to the end of the Initial Approval Period Purchaser provides Seller with written notice of its desire to extend the Initial Approval Period together with an [REDACTED] delivered to the Escrow Agent (the "**Extension Payment**"). The Extension Payment shall be paid to and held by the Escrow Agent in the same manner as the Deposit except that the Extension Payment shall be non-refundable to Purchaser in the event Purchaser exercises its right to terminate this Agreement. The Extension Payment shall otherwise be applied to the Purchase Price. As used in this Agreement, the term "**Approvals**" shall mean all necessary licenses, permits and approvals required from the appropriate federal, state, municipal and other necessary governmental authorities for the use of the Property as a "medical marijuana dispensary facility".

3.2 Right of Termination. Seller agrees that in the event (a) Purchaser determines (such determination to be made in Purchaser's sole discretion) that the Property is not suitable for its purposes, Purchaser shall have the right to terminate this Agreement by giving written notice thereof to Seller prior to the expiration of the Inspection Period, or (b) Purchaser is unable to obtain the Approvals, Purchaser shall have the right to terminate this Agreement by giving written notice thereof to Seller prior to the expiration of the Approval Period. If Purchaser gives such notice of termination as aforesaid, this Agreement shall terminate and the Earnest Money shall be returned to Purchaser subject to Purchaser's obligation to first comply with the obligations under Sections 5.7 and 10.1 below. If Purchaser fails to give Seller a notice of termination within the time periods hereinbefore described, Purchaser shall no longer have any right to terminate this Agreement under this Section 3.2 and (subject to the provisions of Section 2.5) shall be bound to proceed to Closing and consummate the transaction contemplated hereby pursuant to the terms of this Agreement.

#### ARTICLE IV CLOSING

4.1 Time and Place. The consummation of the transaction contemplated hereby ("**Closing**") shall be held at the offices of Pullman & Comley, LLC, 90 State House Square, Hartford, Connecticut, on the tenth (10<sup>th</sup>) day after the expiration or sooner waiver of the later of the Inspection Period or the Approval Period, or at such earlier date as the Seller and Purchaser may mutually agree. At Closing, Seller and Purchaser shall perform the obligations set forth in, respectively, Section 4.2 and Section 4.3, the performance of which obligations shall be concurrent conditions.

4.2 Seller's Obligations at Closing. At Closing, Seller shall:

4.2.1 deliver to Purchaser a duly executed limited warranty deed (the "**Deed**") in recordable form, conveying the Land and Improvements, subject only to the Permitted Exceptions. The warranty of title in the Deed will be only as to claims made by, through or under Seller and not otherwise;

4.2.2 deliver to Purchaser such evidence as Purchaser's counsel and/or the Title Company may reasonably require as to the authority of the person or persons executing documents on behalf of Seller;

4.2.3 deliver to Purchaser an affidavit duly executed by Seller stating that Seller is not a "foreign person" as defined in the Federal Foreign Investment in Real Property Tax Act of 1980 and the 1984 Tax Reform Act;

4.2.4 deliver to Purchaser an affidavit regarding tenants in possession and labor and materials provided to the Property by Seller, in the form customarily required by title insurance companies in the State of Connecticut to induce a title insurance company to insure against (1) the rights of tenants or parties in possession, and (2) mechanic's liens for work, materials or services performed or provided within the 90-day period prior to Closing;

4.2.5 deliver to Purchaser possession and occupancy of the Property, subject to the Permitted Exceptions;

4.2.6 deliver to Purchaser completed conveyance tax returns for the Property in the form required by the applicable governmental authority, and checks in full payment of all real estate conveyance taxes due to the Commissioner of Revenue Services and the Town of Canton by reason of this purchase and sale;

4.2.7 A copy of executed IRS Form 1099-S; and

4.2.8 deliver such additional documents as shall be reasonably required to consummate the transaction contemplated by this Agreement.

4.3 Purchaser's Obligations at Closing. At Closing, Purchaser shall:

4.3.1 pay to Seller the full amount of the Purchase Price, as increased or decreased by prorations and adjustments as herein provided, in immediately available wire transferred funds pursuant to Section 1.5 above, it being agreed that at Closing the Earnest Money and, if applicable, the Extension Payment shall be delivered to Seller and applied towards payment of the Purchase Price;

4.3.2 join Seller in execution of the instruments described in Subsection 4.2.8 above;

4.3.3 deliver to Seller such evidence as Seller's counsel and/or the Title Company may reasonably require as to the authority of the person or persons executing documents on behalf of Purchaser; and

4.3.4 deliver such additional documents as shall be reasonably required to consummate the transaction contemplated by this Agreement.

4.4 Credits and Prorations.

4.4.1 The following shall be apportioned with respect to the Property as of 12:01 a.m., on the day of Closing, as if Purchaser were vested with title to the Property during the entire day upon which Closing occurs: (i) rents, if any, as and when collected (the term "rents" as used in this Agreement includes all payments due and payable by tenants under the leases), (ii) taxes (including personal

property taxes on the Personal Property) and assessments levied against the Property, (iii) water and sewer charges for which Seller is liable, if any, such charges to be apportioned at Closing on the basis of the most recent bill or meter reading occurring prior to Closing, and (iv) any other operating expenses or other items pertaining to the Property which are customarily prorated between a purchaser and a seller in the area in which the Property is located.

4.4.2 Any taxes paid at or prior to Closing shall be prorated based upon the amounts actually paid. If taxes and assessments for the current installment have not been paid before Closing, Seller shall be charged at Closing an amount equal to that portion of such taxes and assessments which relates to the period before Closing (provided, however, that if such payment is delinquent, the Purchaser shall receive a credit against the Purchase Price equal to any late fees and interest which have accrued prior to Closing) and Purchaser shall pay the taxes and assessments. Any such apportionment made with respect to a tax year for which the tax rate or assessed valuation, or both, have not yet been fixed shall be based upon the tax rate and/or assessed valuation last fixed. To the extent that the actual taxes and assessments for the current year differ from the amount apportioned at Closing, the parties shall make all necessary adjustments by appropriate payments between themselves following Closing.

4.4.3 Seller shall receive the entire advantage of any discounts for the prepayment by it of any taxes, water rates or sewer rents.

4.4.5 Either party shall be entitled to a post-Closing adjustment for any incorrect proration or adjustment provided written notice thereof is given to the other party within one (1) month of Closing.

4.4.6 The provisions of this Section 4.4 shall survive Closing.

4.5 Closing Costs. Seller shall pay (i) the fees of any counsel representing it in connection with this transaction; (ii) all conveyance taxes due the State of Connecticut and the Town of Canton as a result of the purchase and sale hereunder; (iii) the Broker Commission (as hereinafter defined) and (iv) one-half (1/2) of any escrow fee which may be charged by the Escrow Agent. Purchaser shall pay (i) the fees of any counsel representing Purchaser in connection with this transaction; (ii) the fee for the title examination and the Title Commitment and the premium for the Owner's Policy of Title Insurance to be issued to Purchaser by the Title Company at Closing; (iii) the cost of the Survey; (iv) the fees for recording the Deed; (v) any transfer tax, documentary stamp tax or similar tax which becomes payable by reason of the transfer of the Property; and (vi) one-half (1/2) of any escrow fees charged by the Escrow Agent. All other costs and expenses incident to this transaction and the closing thereof shall be paid by the party incurring same.

4.6 Conditions Precedent to Obligation of Purchaser. The obligation of Purchaser to consummate the transaction hereunder shall be subject to the fulfillment on or before the date of Closing of all of the following conditions, any or all of which may be waived by Purchaser in its sole discretion:

4.6.1 Seller shall have delivered to Purchaser all of the items required to be delivered to Purchaser pursuant to the terms of this Agreement, including but not limited to, those provided for in Section 4.2.

4.6.2 All of the representations and warranties of Seller contained in this Agreement shall be true and correct in all material respects as of the date of Closing (with appropriate modifications permitted under this Agreement or not materially adverse to Purchaser), subject to the provisions of the last sentence of Subsection 5.1.3.

4.6.3 Seller shall have performed and observed, in all material respects, all covenants and agreements of this Agreement to be performed and observed by Seller as of the date of Closing.

In the event any of the foregoing conditions are not fulfilled or waived by Purchaser by Closing, this Agreement shall terminate and the Earnest Money shall be returned to Purchaser.

4.7 Conditions Precedent to Obligation of Seller. The obligation of Seller to consummate the transaction hereunder shall be subject to the fulfillment on or before the date of Closing of all of the following conditions, any or all of which may be waived by Seller in its sole discretion:

4.7.1 Seller shall have received the Purchase Price as adjusted pursuant to and payable in the manner provided for in this Agreement.

4.7.2 Purchaser shall have delivered to Seller all of the items required to be delivered to Seller pursuant to the terms of this Agreement, including but not limited to, those provided for in Section 4.3.

4.7.3 All of the representations and warranties of Purchaser contained in this Agreement shall be true and correct in all material respects as of the date of Closing.

4.7.4 Purchaser shall have performed and observed, in all material respects, all covenants and agreements of this Agreement to be performed and observed by Purchaser as of the date of Closing.

## ARTICLE V REPRESENTATIONS, WARRANTIES AND COVENANTS

5.1 Representations and Warranties of Seller. Seller hereby makes the following representations and warranties to Purchaser as of the Effective Date:

5.1.1 Organization and Authority. Seller has been duly organized and is validly existing under the laws of the State of Connecticut. Seller has the full right and authority to enter into this Agreement and to transfer all of the Property to be conveyed by Seller pursuant hereto and to consummate or cause to be consummated the transactions contemplated herein to be made by Seller. The person signing this Agreement on behalf of Seller is authorized to do so.

5.1.2 Pending Actions. To Seller's knowledge, there is no action, suit, arbitration, unsatisfied order or judgment, governmental investigation or proceeding pending or entered against the Property or the transaction contemplated by this Agreement, which, if adversely determined, could individually or in the aggregate have a material adverse effect on title to the Property or any portion thereof or which could in any material way interfere with the consummation by Seller of the transaction contemplated by this Agreement. There are no assertions or claims made by or known to Seller that third parties adversely possess or have prescriptive easements over the Property.

5.1.3 Leases. There are no leases or occupancy agreements to which Seller is a party affecting the Property.

5.1.4 No Violations. To Seller's knowledge, Seller has not received prior to the Effective Date any written notification from any governmental or public authority that the Property is in



violation of any applicable fire, health, building, use, occupancy or zoning laws where such violation remains outstanding and, if unaddressed, would have a material adverse effect on the use of the Property as currently owned and operated.

5.1.5 Condemnation. To Seller's knowledge, no condemnation proceedings relating to the Property are pending or threatened.

5.2 Knowledge Defined. References to the "knowledge" of Seller shall refer only to the actual knowledge of the Calvin A. Hills, III (the "Designated Individual") and shall not be construed, by imputation or otherwise, to refer to the knowledge of Seller or any affiliate of either of them, to any property manager, or to any other officer, agent, manager, representative or employee of Seller or any affiliate thereof or to impose upon such Designated Individual any duty to investigate the matter to which such actual knowledge, or the absence thereof, pertains.

5.3 Limitations Regarding Seller's Representations and Warranties. The representations and warranties of Seller set forth in Section 5.1 shall not survive the Closing. No claim for a breach of any representation or warranty of Seller shall be actionable or payable (i) if the breach in question results from or is based on a condition, state of facts or other matter which was known to Purchaser prior to Closing, and (ii) unless written notice containing a description of the specific nature of such breach shall have been given by Purchaser to Seller prior to the Closing.

5.4 Covenants of Seller. Seller hereby covenants with Purchaser that from the Effective Date hereof until the Closing or earlier termination of this Agreement, Seller shall use reasonable efforts to operate and maintain the Property in a manner generally consistent with the manner in which Seller has operated and maintained the Property prior to the date hereof.

5.5 Representations and Warranties of Purchaser. Purchaser hereby represents and warrants to Seller:

5.5.1 Purchaser has been duly organized and is validly existing under the laws of the State of Delaware. Purchaser has the full right, power and authority to purchase the Property as provided in this Agreement and to carry out Purchaser's obligations hereunder, and all requisite action necessary to authorize Purchaser to enter into this Agreement and to carry out its obligations hereunder have been, or by the Closing will have been, taken. The person signing this Agreement on behalf of Purchaser is authorized to do so.

5.5.2 There is no action, suit, arbitration, unsatisfied order or judgment, government investigation or proceeding pending against Purchaser which, if adversely determined, could individually or in the aggregate materially interfere with the consummation of the transaction contemplated by this Agreement.

5.6 Survival of Purchaser's Representations and Warranties. The representation and warranties of Purchaser set forth in Subsection 5.5 shall not survive the Closing.

ARTICLE VI  
DEFAULT

6.1 Default by Purchaser. If Purchaser fails to perform any of its obligations under this Agreement for any reason other than Seller's default or the permitted termination of this Agreement by either Seller or Purchaser as herein expressly provided, Seller shall be entitled to either (a) terminate this Agreement and receive the Earnest Money as damages for the breach of this Agreement, it being agreed between the parties hereto that the actual damages to Seller in the event of such breach are impractical to ascertain and the amount of the Earnest Money is a reasonable estimate thereof, or (b) pursue any remedy at law, equity or otherwise as a result of Purchaser's default hereunder.

6.2 Default by Seller. In the event that Seller fails to perform any of its obligations under this Agreement for any reason other than Purchaser's default or the permitted termination of this Agreement by Seller or Purchaser as herein expressly provided, Purchaser shall be entitled, as its sole remedy, either (a) to receive the return of the Earnest Money and, if applicable the Extension Payment and the actual cost of Purchaser's Survey and Title Commitment, which return shall operate to terminate this Agreement and release Seller from any and all liability hereunder, or (b) to enforce specific performance of Seller's obligation to execute the documents required to convey the Property to Purchaser, it being understood and agreed that the remedy of specific performance shall not be available to enforce any other obligation of Seller hereunder. Except as specifically set forth above, Purchaser expressly waives its rights to seek damages in the event of Seller's default hereunder. Purchaser shall be deemed to have elected to terminate this Agreement and receive back the Earnest Money if Purchaser fails to file suit for specific performance against Seller in a court having jurisdiction in the county and state in which the Property is located, on or before sixty (60) days following the date upon which Closing was to have occurred. Notwithstanding the foregoing, if Purchaser must bring an action to recover the amounts set forth in this section 6.2 or must commence an action for specific performance and either by judgment or settlement acquires the Property, then Purchaser shall be entitled to its reasonable attorney's fees, court costs and expenses.

ARTICLE VII  
RISK OF LOSS

7.1 Minor Damage. In the event of loss or damage to the Property or any portion thereof by reason of fire or other casualty which is not a Major Loss (as hereinafter defined), this Agreement shall remain in full force and effect provided Seller performs any necessary repairs or, at Seller's option, assigns to Purchaser all of Seller's right, title and interest to any claims and proceeds Seller may have with respect to any casualty insurance policies relating to the premises in question. In the event that Seller elects to perform repairs upon the Property, Seller shall use reasonable efforts to complete such repairs promptly and the date of Closing shall be extended a reasonable time in order to allow for the completion of such repairs. If Seller elects to assign a casualty claim to Purchaser, the Purchase Price shall be reduced by an amount equal to the deductible amount under Seller's insurance policy. Upon Closing, full risk of loss with respect to the Property shall pass to Purchaser.

7.2 Major Damage. In the event of a Major Loss, either Seller or Purchaser may terminate this Agreement by written notice to the other party, in which event the Earnest Money shall be returned to Purchaser. If neither Seller nor Purchaser elects to terminate this Agreement within ten (10) days after Seller sends Purchaser written notice of the occurrence of the Major Loss, then Seller and Purchaser shall be deemed to have elected to proceed with Closing, in which event Seller shall, at Seller's option, either (i) perform any necessary repairs, or (ii) assign to Purchaser all of Seller's right, title and interest to any claims and proceeds Seller may have with respect to any casualty insurance policies relating to the

premises in question. In the event that Seller elects to perform repairs upon the Property, Seller shall use reasonable efforts to complete such repairs promptly and the date of Closing shall be extended a reasonable time in order to allow for the completion of such repairs. If Seller elects to assign a casualty claim to Purchaser, the Purchase Price shall be reduced by an amount equal to the deductible amount under Seller's insurance policy. Upon Closing, full risk of loss with respect to the Property shall pass to Purchaser.

7.3 Definition of "Major Loss". For purposes of Sections 7.1 and 7.2, "**Major Loss**" shall mean loss or damage to the Property or any portion thereof by reason of fire or other casualty such that the cost of repairing or restoring the premises in question to a condition substantially identical to that of the premises in question prior to the event of damage would be, in the opinion of an architect selected by Seller and reasonably approved by Purchaser, equal to or greater than fifty percent (50%) of the Purchase Price. If Purchaser does not give notice to Seller of Purchaser's reasons for disapproving an architect within five (5) business days after receipt of notice of the proposed architect, Purchaser shall be deemed to have approved the architect selected by Seller.

7.4 Eminent Domain. If, prior to the date of the Closing, any proceedings shall be threatened, commenced or consummated for the taking (including a temporary taking) of any part of the Property for public or quasi-public use pursuant to the power of eminent domain or the Property shall then have been damaged by reason of public or quasi-public improvements or otherwise, then the Seller shall give notice thereof (the "**Condemnation Notice**") to the Purchaser. The Condemnation Notice shall, if possible, be accompanied by a sketch of the portion of the Property which will be affected by such taking, and a metes and bounds description delineating the area to be affected. If any such taking or contemplated taking shall occur or be commenced, then, either Seller or Purchaser may terminate this Agreement by written notice to the other party, in which event the Earnest Money shall be returned to Purchaser. If neither Seller nor Purchaser elects to terminate this Agreement within ten (10) days after Seller sends the Condemnation Notice, then Seller and Purchaser shall be deemed to have elected to proceed with Closing, in which event Seller shall assign to Purchaser all of Seller's right, title and interest to any claims Seller may have with respect to any condemnation awards attributable to the period of time from and after the date of Closing.

#### ARTICLE VIII COMMISSIONS

8.1 Brokerage Commissions. In the event the transaction contemplated by this Agreement is actually consummated, but not otherwise, Seller agrees to pay to Litchfield County Commercial Realtors (the "**Seller's Broker**") at Closing a 5% percent brokerage commission pursuant to a separate written agreement between Seller and Seller's Broker, and Seller's Broker shall pay to Real Estate Works, LLC (the "**Purchaser's Broker**" and collectively with the Seller's Broker, the "**Brokers**"). Each party agrees that should any claim be made for brokerage commissions or finder's fees by any broker or finder other than the Brokers by, through or on account of any acts of said party or its representatives, said party will indemnify and hold the other party free and harmless from and against any and all loss, liability, cost, damage and expense in connection therewith. The provisions of this paragraph shall survive Closing.

#### ARTICLE IX DISCLAIMERS AND WAIVERS

9.1 No Reliance on Documents. Except as expressly stated herein, Seller makes no representation or warranty as to the truth, accuracy or completeness of any materials, data or information

delivered by Seller to Purchaser in connection with the transaction contemplated hereby. Purchaser acknowledges and agrees that all materials, data and information delivered by Seller to Purchaser in connection with the transaction contemplated hereby are provided to Purchaser as a convenience only and that any reliance on or use of such materials, data or information by Purchaser shall be at the sole risk of Purchaser. Without limiting the generality of the foregoing provisions, Purchaser acknowledges and agrees that (i) any environmental or other report with respect to the Property which is delivered by Seller to Purchaser shall be for general informational purposes only, (ii) Purchaser shall not have any right to rely on any such report delivered by Seller to Purchaser, but rather will rely on its own inspections and investigations of the Property and any reports commissioned by Purchaser with respect thereto, and (iii) neither Seller, any affiliate of Seller nor the person or entity which prepared any such report delivered by Seller to Purchaser shall have any liability to Purchaser for any inaccuracy in or omission from any such report.

9.2 DISCLAIMERS. ACCORDINGLY, EXCEPT AS EXPRESSLY SET FORTH IN THIS AGREEMENT, IT IS UNDERSTOOD AND AGREED THAT SELLER IS NOT MAKING AND HAS NOT AT ANY TIME MADE ANY WARRANTIES OR REPRESENTATIONS OF ANY KIND OR CHARACTER, EXPRESSED OR IMPLIED, WITH RESPECT TO THE PROPERTY, INCLUDING, BUT NOT LIMITED TO, ANY WARRANTIES OR REPRESENTATIONS AS TO HABITABILITY, MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, TITLE (OTHER THAN SELLER'S LIMITED WARRANTY OF TITLE TO BE SET FORTH IN THE DEED), ZONING, TAX CONSEQUENCES, LATENT OR PATENT PHYSICAL OR ENVIRONMENTAL CONDITION, UTILITIES, OPERATING HISTORY OR PROJECTIONS, VALUATION, GOVERNMENTAL APPROVALS, THE COMPLIANCE OF THE PROPERTY WITH GOVERNMENTAL LAWS, THE TRUTH, ACCURACY OR COMPLETENESS OF THE PROPERTY DOCUMENTS OR ANY OTHER INFORMATION PROVIDED BY OR ON BEHALF OF SELLER TO PURCHASER, OR ANY OTHER MATTER OR THING REGARDING THE PROPERTY. PURCHASER ACKNOWLEDGES AND AGREES THAT UPON CLOSING SELLER SHALL SELL AND CONVEY TO PURCHASER AND PURCHASER SHALL ACCEPT THE PROPERTY "AS IS, WHERE IS, WITH ALL FAULTS", EXCEPT TO THE EXTENT EXPRESSLY PROVIDED OTHERWISE IN THIS AGREEMENT. PURCHASER HAS NOT RELIED AND WILL NOT RELY ON, AND SELLER IS NOT LIABLE FOR OR BOUND BY, ANY EXPRESSED OR IMPLIED WARRANTIES, GUARANTIES, STATEMENTS, REPRESENTATIONS OR INFORMATION PERTAINING TO THE PROPERTY OR RELATING THERETO (INCLUDING SPECIFICALLY, WITHOUT LIMITATION, PROPERTY INFORMATION PACKAGES DISTRIBUTED WITH RESPECT TO THE PROPERTY) MADE OR FURNISHED BY SELLER OR ANY REAL ESTATE BROKER OR AGENT REPRESENTING OR PURPORTING TO REPRESENT SELLER, TO WHOMEVER MADE OR GIVEN, DIRECTLY OR INDIRECTLY, ORALLY OR IN WRITING, UNLESS SPECIFICALLY SET FORTH IN THIS AGREEMENT. PURCHASER REPRESENTS TO SELLER THAT PURCHASER HAS CONDUCTED, OR WILL CONDUCT PRIOR TO CLOSING, SUCH INVESTIGATIONS OF THE PROPERTY, INCLUDING BUT NOT LIMITED TO, THE PHYSICAL AND ENVIRONMENTAL CONDITIONS THEREOF, AS PURCHASER DEEMS NECESSARY TO SATISFY ITSELF AS TO THE CONDITION OF THE PROPERTY AND THE EXISTENCE OR NONEXISTENCE OR CURATIVE ACTION TO BE TAKEN WITH RESPECT TO ANY HAZARDOUS OR TOXIC SUBSTANCES ON OR DISCHARGED FROM THE PROPERTY, AND WILL RELY SOLELY UPON SAME AND NOT UPON ANY INFORMATION PROVIDED BY OR ON BEHALF OF SELLER OR ITS AGENTS OR EMPLOYEES WITH RESPECT THERETO, OTHER THAN SUCH REPRESENTATIONS, WARRANTIES AND COVENANTS OF SELLER AS ARE EXPRESSLY SET FORTH IN THIS AGREEMENT. UPON CLOSING, PURCHASER SHALL ASSUME THE RISK THAT ADVERSE MATTERS, INCLUDING BUT NOT LIMITED TO, CONSTRUCTION DEFECTS AND ADVERSE PHYSICAL AND ENVIRONMENTAL CONDITIONS, MAY NOT HAVE BEEN REVEALED BY

PURCHASER'S INVESTIGATIONS, AND PURCHASER, UPON CLOSING, SHALL BE DEEMED TO HAVE WAIVED, RELINQUISHED AND RELEASED SELLER (AND SELLER'S OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES AND AGENTS) FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION (INCLUDING CAUSES OF ACTION IN TORT), LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES (INCLUDING ATTORNEYS' FEES AND COURT COSTS) OF ANY AND EVERY KIND OR CHARACTER, KNOWN OR UNKNOWN, WHICH PURCHASER MIGHT HAVE ASSERTED OR ALLEGED AGAINST SELLER (AND SELLER'S OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES AND AGENTS) AT ANY TIME BY REASON OF OR ARISING OUT OF ANY LATENT OR PATENT CONSTRUCTION DEFECTS OR PHYSICAL CONDITIONS, VIOLATIONS OF ANY APPLICABLE LAWS (INCLUDING, WITHOUT LIMITATION, ANY ENVIRONMENTAL LAWS) AND ANY AND ALL OTHER ACTS, OMISSIONS, EVENTS, CIRCUMSTANCES OR MATTERS REGARDING THE PROPERTY. PURCHASER AGREES THAT SHOULD ANY CLEANUP, REMEDIATION OR REMOVAL OF HAZARDOUS SUBSTANCES OR OTHER ENVIRONMENTAL CONDITIONS ON THE PROPERTY BE REQUIRED AFTER THE DATE OF CLOSING, PURCHASER HEREBY WAIVES ANY RIGHT TO PURSUE ANY ACTION AGAINST SELLER WITH RESPECT TO SUCH CLEAN-UP, REMOVAL OR REMEDIATION.

9.3 Effect and Survival of Disclaimers. Seller and Purchaser acknowledge that the compensation to be paid to Seller for the Property has taken into account that the Property is being sold subject to the provisions of this Article IX. Seller and Purchaser agree that the provisions of this Article IX shall survive Closing.

#### ARTICLE X MISCELLANEOUS

10.1 Discharge of Obligations. The acceptance of the Deed by Purchaser shall be deemed to be a full performance and discharge of every representation and warranty made by Seller herein and every agreement and obligation on the part of Seller to be performed pursuant to the provisions of this Agreement.

#### 10.2 Assignment.

10.2.1 Purchaser may not assign its rights under this Agreement without first obtaining Seller's written approval, which approval shall not be unreasonably withheld, conditioned or delayed. The assignment of any of Purchaser's rights under this Agreement without Seller's prior written consent shall constitute a default by Purchaser under this Agreement.

10.2.2 Purchaser shall give Seller prior written notice of any proposed assignment of this Agreement. Such notice shall identify the proposed assignee and the constituent individuals and/or entities thereof and such further information with respect to the proposed assignee and the constituent individuals and/or entities thereof, as Seller may reasonably request. Seller's consent to any such assignment or transfer shall not relieve Purchaser of its obligations under this Agreement.

10.3 Notices. Any notice pursuant to this Agreement shall be given in writing by (i) personal delivery, or (ii) reputable overnight delivery service with proof of delivery, or (iii) United States Mail, postage prepaid, registered or certified mail, return receipt requested, or (iv) legible facsimile transmission sent to the intended addressee at the address set forth below, or to such other address or to the attention of such other person as the addressee shall have designated by written notice sent in accordance herewith, and shall be deemed to have been given either at the time of personal delivery, or,

in the case of expedited delivery service or mail, as of the date of first attempted delivery at the address and in the manner provided herein, or, in the case of facsimile transmission, as of the date of the facsimile transmission provided that an original of such facsimile is also sent to the intended addressee by means described in clause (i) above. Unless changed in accordance with the preceding sentence, the addresses for notices given pursuant to this Agreement shall be as follows:

If to Seller:

Albany 241, LLC  
2 Brainard Road  
Hartford, Connecticut 06114  
Attention: Calvin A. Hills, III

With a copy to:

Pullman & Comley, LLC  
90 State House Square  
Hartford, Connecticut 06103  
Attention: John J. Kindl, Esq.

If to Purchaser:

Doubling Road Holdings, LLC  
145 Doubling Road  
Greenwich, Connecticut 06830  
Attn: Andrew Seighart\_

with a copy to:

Robinson & Cole LLP  
280 Trumbull Street  
Hartford, Connecticut 06103  
Attn: Brian R. Smith, Esq.

10.4 Binding Effect. This Agreement shall not be binding in any way upon Seller unless and until Seller shall execute and deliver the same to Purchaser.

10.5 Modifications. This Agreement cannot be changed orally, and no executory agreement shall be effective to waive, change, modify or discharge it in whole or in part unless such executory agreement is in writing and is signed by the parties against whom enforcement of any waiver, change, modification or discharge is sought.

10.6 Calculation of Time Periods. Unless otherwise specified, in computing any period of time described in this Agreement, the day of the act or event after which the designated period of time begins to run is not to be included and the last day of the period so computed is to be included, unless such last day is a Saturday, Sunday or legal holiday under the laws of the State of Connecticut, in which event the period shall run until the end of the next day which is neither a Saturday, Sunday or legal holiday. The final day of any such period shall be deemed to end at 5 p.m., local time.

10.7 Successors and Assigns. The terms and provisions of this Agreement are to apply to and bind the permitted successors and assigns of the parties hereto.

10.8 Entire Agreement. This Agreement, including the Exhibits, contains the entire agreement between the parties pertaining to the subject matter hereof and fully supersedes all prior written or oral agreements and understandings between the parties pertaining to such subject matter.

10.9 Further Assurances. Each party agrees that it will without further consideration execute and deliver such other documents and take such other action, whether prior or subsequent to Closing, as may be reasonably requested by the other party to consummate more effectively the purposes or subject matter of this Agreement. Without limiting the generality of the foregoing, Purchaser shall, if requested by Seller, execute acknowledgments of receipt with respect to any materials delivered by Seller to Purchaser with respect to the Property. The provisions of this Section 10.9 shall survive Closing.

10.10 Counterparts; Electronic Signatures. This Agreement may be executed in counterparts, and all such executed counterparts shall constitute the same agreement. It shall be necessary to account for only one such counterpart in proving this Agreement. Transmittal of the signatures of the parties to this Agreement by email or facsimile shall be deemed as effective as an original signature thereon.

10.11 Severability. If any provision of this Agreement is determined by a court of competent jurisdiction to be invalid or unenforceable, the remainder of this Agreement shall nonetheless remain in full force and effect provided that the terms and provisions material to each party hereunder remain unaffected or impaired thereby.

10.12 Applicable Law. This Agreement is performable in the State of Connecticut and shall in all respects be governed by, and construed in accordance with, the substantive federal laws of the United States and the laws of the State of Connecticut. Seller and Purchaser hereby irrevocably submit to the personal jurisdiction of any state or federal court sitting in the State of Connecticut in any action or proceeding arising out of or relating to this Agreement and hereby irrevocably agree that all claims in respect of such action or proceeding shall be heard and determined in a state or federal court sitting in the State of Connecticut. Purchaser and Seller agree that the provisions of this Section 10.12 shall survive the Closing of the transaction contemplated by this Agreement.

10.13 No Third Party Beneficiary. The provisions of this Agreement and of the documents to be executed and delivered at Closing are and will be for the benefit of Seller and Purchaser only and are not for the benefit of any third party, and accordingly, no third party shall have the right to enforce the provisions of this Agreement or of the documents to be executed and delivered at Closing.

10.14 Captions. The section headings appearing in this Agreement are for convenience of reference only and are not intended, to any extent and for any purpose, to limit or define the text of any section or any subsection hereof.

10.15 Construction. The parties acknowledge that the parties and their counsel have reviewed and revised this Agreement and that the normal rule of construction to the effect that any ambiguities are to be resolved against the drafting party shall not be employed in the interpretation of this Agreement or any exhibits or amendments hereto.

10.16 Termination of Agreement. It is understood and agreed that if either Purchaser or Seller terminates this Agreement pursuant to a right of termination granted hereunder, such termination shall

operate to relieve Seller and Purchaser from all obligations under this Agreement, except for such obligations as are specifically stated herein to survive the termination of this Agreement.

10.17 Survival. The provisions of this Article 10 and any other provisions of this Agreement which by their terms are intended to be performed or be applicable after Closing shall survive Closing or any termination of this Agreement prior thereto and shall not be merged into the execution and delivery of the Deed. The foregoing is in addition to and not in exclusion of any survival provisions elsewhere set forth in this Agreement.


10.19 Time is of the Essence. Time is of the essence with respect to all matters contained in this Agreement.

No Further Text On This Page – Signature Page Follows.




IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the Effective Date.

**SELLER:**  
**ALBANY 241, LLC,**

By:   
Name: Carla A. Hillier *Manager*  
Title: Manager

**PURCHASER:**  
**DOUBLING ROAD HOLDINGS LLC,**

By:   
Name: Robert Birnbaum  
Title: Managing Member



# Medical Marijuana Program

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

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## 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
see attached page	

Backer Members  
Doubling Road Holdings LLC and Apothecary 241 LLC

percent

Kyle Rusconi  
Aaron Ford  
Jack Rubin  
Robert Birnbaum  
Sandra Soule  
Josef Sieghart  
Andrew Sieghart



100.00%



# Medical Marijuana Program

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E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



58. State: CT	59. Zip Code: 06416	60. Telephone Number: (860) 754-1290	61. Fax Number: (860) 880-1018
62. E-mail Address: <u>donald.nailor@siemens.com</u>			
63. Backup Security Company Name (if applicable): <u>Harris Security LLC</u>			
64. Backup Security Company Address (including Apartment or Suite #): <u>PO Box 838</u>			65. City: <u>Bristol</u>
66. State: CT	67. Zip Code: 06010	68. Telephone Number: (860) 583-6637	69. Fax Number:
70. E-mail Address: <u>hsllc4u@sbcglobal.net</u>			
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.



# Medical Marijuana Program

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

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## 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:



[Redacted Signature]

78. Date Signed:

11/11/2013

## 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. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

79. Signature:



[Redacted Signature]

80. Date Signed:

11/11/2013



# Medical Marijuana Program

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

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



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

2. Legal Name of Backer:

Doubling Road Holdings, LLC

3. Trade Name of Backer (if applicable):

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

145 Doubling Road

5. City:

Greenwich

6. State:

CT

7. Zip Code:

06830

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):

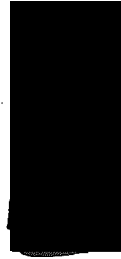
12. Percentage of ownership

Please see attached page

Backer Members  
Doubling Road Holdings LLC and Apothecary 241 LLC

percent

Kyle Rusconi  
Aaron Ford  
Jack Rubin  
Robert Birnbaum  
Sandra Soule  
Josef Sieghart  
Andrew Sieghart



100.00%



# Medical Marijuana Program

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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): 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.





# 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:



[Redacted Signature]

27. Date Signed:

11/11/2013

## 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.

28. Signature:



[Redacted Signature]

29. Date Signed:

11/11/2013



# Medical Marijuana Program

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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 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:

Robert D. Birnbaum

3. Trade Name of Backer (if applicable):

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

145 Doubling Road

5. City:

Greenwich

6. State:

CT

7. Zip Code:

06830

8. Daytime Telephone Number:

[REDACTED]

9. Fax Number:

[REDACTED]

10. E-mail Address:

[REDACTED]

#### 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



# Medical Marijuana Program

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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): 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.



# 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:



[Redacted Signature]

27. Date Signed:

11/11/2013

## 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.

28. Signature:



[Redacted Signature]

29. Date Signed:

11/11/2013



# Medical Marijuana Program

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

2. Legal Name of Backer:

Andrew Julius Sieghart

3. Trade Name of Backer (if applicable):

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

[REDACTED]

5. City:

[REDACTED]

6. State:

[REDACTED]

7. Zip Code:

[REDACTED]

8. Daytime Telephone Number:

[REDACTED]

9. Fax Number:

[REDACTED]

10. E-mail Address:

[REDACTED]

#### 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



# Medical Marijuana Program

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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): 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.



# 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:



[Redacted Signature]

27. Date Signed:

11-11-2013

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.

28. Signature:



[Redacted Signature]

29. Date Signed:

11-11-2013



# Medical Marijuana Program

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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 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:  
Josef Julius Sieghart

3. Trade Name of Backer (if applicable):

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

5. City: [REDACTED]

6. State: [REDACTED]

7. Zip Code: [REDACTED]

8. Daytime Telephone Number: [REDACTED]

9. Fax Number: [REDACTED]

10. E-mail Address: [REDACTED]

#### 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





# Medical Marijuana Program

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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): 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.



# 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:

11/11/13

## 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:

11/11/13



# Medical Marijuana Program

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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:  
Aaron Wesley Ford

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
Aaron Wesley Ford	_____



# Medical Marijuana Program

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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, et al	14. Issue Date (month/year): 8/1994 Expiration Date (month/year): 10/1997	15. Type: Series 63 Uniform Sect	16. Number: CRD# 2526739
17. State CT, et al	18. Issue Date (month/year): 4/2001 Expiration Date (month/year): 8/2010	19. Type: Series 63 Uniform Sect	20. Number: CRD# 2526739

## 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:



[Redacted Signature]

27. Date Signed:

11/11/13

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:



[Redacted Signature]

29. Date Signed:

11/11/13



# MMP - Medical Marijuana Program

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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 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:

*Sandra W. Soule*

3. Trade Name of Backer (if applicable):

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

[Redacted]

5. City:

[Redacted]

6. State:

[Redacted]

7. Zip Code:

[Redacted]

8. Daytime Telephone Number:

[Redacted]

9. Fax Number:

[Redacted]

10. E-mail Address:

[Redacted]

#### 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):

*Sandra W. Soule*

12. Percentage of ownership

[Redacted]



# PHARMACEUTICAL MANUFACTURING PROGRAM

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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): 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.



# 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:



[Redacted Signature]

27. Date Signed:

11/10/13

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:



[Redacted Signature]

29. Date Signed:

11/10/13





# Medical Marijuana Program

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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 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:  
Jack Lawrence Rubin

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



# Medical Marijuana Program

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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): 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.



# 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:



[Redacted Signature]

27. Date Signed:

11/11/13

## 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:



[Redacted Signature]

29. Date Signed:

11/11/13



# Medical Marijuana Program

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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 1.

#### Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Kyle Rusconi

3. Trade Name of Backer (if applicable):

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

[REDACTED]

5. City:

[REDACTED]

6. State:

[REDACTED]

7. Zip Code:

[REDACTED]

8. Daytime Telephone Number:

[REDACTED]

9. Fax Number:

[REDACTED]

10. E-mail Address:

[REDACTED]

#### 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):

Kyle Joseph Rusconi

12. Percentage of ownership

[REDACTED]



# Medical Marijuana Program

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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 NY	14. Issue Date (month/year): 06/05 Expiration Date (month/year): 07/12	15. Type: FINRA Securities Assoc	16. Number: Series 63
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 identity 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:



[Redacted Signature]

27. Date Signed:

11/11/2013

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

I fully understand that if I knowingly make a statement that is un true and which is in tended 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:



[Redacted Signature]

29. Date Signed:

11/11/2013



# 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 J.

Section A: Personal Information			
1. Name (First, Middle, Last): Khary Bryan			
2. Street Address (including Apartment or Suite #): [REDACTED]			
3. City: [REDACTED]		4. State: [REDACTED]	5. Zip Code: [REDACTED]
6. Title: Dispensary facility 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: 13. CVS/Pharmacy		Date of Employment: Start Date: 08/09 End Date: :	
14. Employer Address (including Apartment or Suite #): 1044 Boulevard			
15. City: West Hartford		16. State: CT	17. Zip Code: 06119
18. Telephone Number: (860) 236-9348	19. Fax Number: (860) 231-2579	20. E-mail Address:	

Section C: Pharmacy Business Experience
21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input checked="" 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"> <li>• The pharmacy name;</li> <li>• The pharmacy's location;</li> <li>• All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>• The dates of your association with the pharmacy;</li> <li>• Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>• 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.</li> </ul>



# Medical Marijuana Program

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## Section D: Marijuana Business Experience

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

Yes  No

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

Yes  No

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

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

## Section E: Other Relevant Business Experience

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

Yes  No

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

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

## Section F: Licenses, Permits and Registrations

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

29. State PA	30. Issue Date (month/year): 05/01/2001 Expiration Date (month/year): 09/30/2014	31. Type: pharmacist	32. Number: RP046065L
33. State NC	34. Issue Date (month/year): 05/05 Expiration Date (month/year): 12/13	35. Type: pharmacist	36. Number: 17481





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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. S1



43. Date Signed:

11/13/2013





# Medical Marijuana Program

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

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

44. Sig




45. Date Signed:

11/13/2013

CONNECTICUT MEDICAL MARIJUANA PROGRAM APPENDIX C ATTACHMENT  
For question #23

Khary Bryan, PharmD

  
CT LIC# 9590

I have been associated with the following pharmacies under the title of staff pharmacist. My duties, which were the same in each pharmacy, included patient consultation, data entry, drug dispensing, medication compounding, inventory management and provider education.

On or about October 12, 2012 I committed a prescription error in which a customer's confidential pharmacy information was disclosed. I agreed to pay a civil penalty of \$500 to the Department of Consumer Protection Enforcement Fund and I completed an online continuing education course related to prescription errors. There was no action taken against my license.

Aside from this incident, I am not aware of any violations of state law or regulations during the time of my association with any of these pharmacies.

8/2009 to Present  
CVS/Pharmacy #1038  
1044 Boulevard  
West Hartford, CT 06119

10/2002 to 8/2009  
CVS/Pharmacy #0348  
1078 Silas Deane Highway  
Wethersfield, CT 06109

8/2001 to 10/2002  
CVS/Pharmacy #0671  
713 West Main St.  
New Britain, CT 06053

5/2001 to 6/2001  
CVS/Pharmacy #1064  
1826 Chestnut St.  
Philadelphia, PA 19103


**CONNECTICUT MEDICAL MARIJUANA PROGRAM APPENDIX C ATTACHMENT**  
**For question #26**

I have held the position of East Coast Representative for Cannatest, LLC a cannabinoid analysis and education company since November 2012. My responsibilities are to inform and educate patients, healthcare providers and the general public about the therapeutic potential of cannabinoids, explain the significance of cannabinoid analysis in relation to medicinal cannabis and clinical research and promote HPTLC as a cost effective and accurate cannabinoid analysis method. I am currently associated with Cannatest, LLC.

The Cannatest, LLC headquarters are located at 7865 NE Day Rd #101 Bainbridge Island, WA 98110. I am not aware of any violations of the laws and regulation committed by Cannatest, LLC in the state of Washington during my association with them.

**CONNECTICUT MEDICAL MARIJUANA PROGRAM APPENDIX C ATTACHMENT**  
**Section F**

Khary Bryan, PharmD

  
CT LIC# 9590

I was issued a pharmacist license (#9590) by the Connecticut Commission of Pharmacy in August of 2001. My license will expire in January of 2014.



# 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 J.

#### Section A: Personal Information

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

#### Section B: Employment Information

12. Current or Most Recent Employer: 13. Sole Proprietorship		Date of Employment: Start Date: 10/30/2011 End Date: :	
14. Employer Address (including Apartment or Suite #): [REDACTED]			
15. City: [REDACTED]	16. State: [REDACTED]	17. Zip Code: [REDACTED]	
18. Telephone Number: [REDACTED]	19. Fax Number: [REDACTED]	20. E-mail Address: [REDACTED]	

#### 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, how those allegations were resolved.



# Medical Marijuana Program

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## Section D: Marijuana Business Experience

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

Yes  No

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

Yes  No

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

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

## Section E: Other Relevant Business Experience

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

Yes  No

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

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

## Section F: Licenses, Permits and Registrations

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

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

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;
  - Parson's, Ouverson, Stark and Guest, PA
- Products or services offered;
  - Full service litigation firm
- The business location;
  - Murrell's Inlet, SC
- All titles and responsibilities held by you at the business, including the time frame for each;
  - Associate Attorney
- The dates of your association with the business;
  - 2008-20010
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
  - No longer currently at that position, moved back to Connecticut
- 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
  - none
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.
  - Ability to coordinate and effectively manage large projects
  - Understanding of government agencies
  - Supervisory and management roles
  - Educating individuals and communities about complex legal issues



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;
  - Channing Laboratory
- Products or services offered;
  - Harvard Medical School Microbiological R & D Lab
- The business location;
  - Boston, MA
- All titles and responsibilities held by you at the business, including the time frame for each;
  - Research Assistant
- The dates of your association with the business;
  - 2000-2002
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
  - No longer currently at that position, Moved out of the area
- 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
  - none
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.
  - Laboratory Research
  - Animal Studies
  - Antigen Production
  - Lab Safety
  - Supervisory skills
  - Data interpretation
  - Research and Development of Experimental Drug
  - Transfer Production Tech
  - Provide health promotion, counseling and education
  - Interpret patient information and make critical decisions about needed actions
  - Coordinate care, in collaboration with a wide array of healthcare professionals
  - Conduct research in support of improved practice and patient outcomes



# Medical Marijuana Program

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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:



# Medical Marijuana Program

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

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

44. Signature

[Redacted Signature]

45. Date Signed:

11/13/13



# 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 J.

#### Section A: Personal Information

1. Name (First, Middle, Last): Robert D. Birnbaum		
2. Street Address (including Apartment or Suite #): [REDACTED]		
3. City: [REDACTED]	4. State: [REDACTED]	5. Zip Code: [REDACTED]
6. Title: CEO/CFO	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: 13. PeartreeTrading, LLC	Date of Employment: Start Date: 10/15/2009 End Date: :11/15/2013	
14. Employer Address (including Apartment or Suite #): 145 Doubling Road		
15. City: Greenwich	16. State: CT	17. Zip Code: 06830
18. Telephone Number: [REDACTED]	19. Fax Number: [REDACTED]	20. E-mail Address: [REDACTED]

#### 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, 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.

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

27. Robert Birnbaum

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;

➤ Third Wave Global Investors, LLC

Products or services offered;

➤ Hedge Fund

The business location;

➤ Greenwich, CT

All titles and responsibilities held by you at the business, including the time frame for each;

➤ Co-Founder, President, Chief Operating Officer, Chief Compliance Officer, tax matters member, and Director of all domestic and non-U.S. hedge funds offered by Third Wave

The dates of your association with the business;

➤ 2004-2009

Whether you currently have a role at the business and, if not, when your involvement terminated and why;

➤ Resigned in 2009 to pursue other interests.

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

➤ no

How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

➤ The role of Chief Compliance Officer (COO) was the culmination of over two decades working for SEC (Security and Exchange Commission) registered firms, and being subject to the regulatory regime of the SEC. I learned at an early stage in my career the importance of a deep understanding of the regulatory regime—not only the rules promulgated, but the underlying legislation and the public policy goals expressed therein. As COO, I carried personal liability for the actions of my firm. I was comfortable and confident in doing so because I installed and enforced (with the assistance of outside counsel) a rigorous system of compliance education, inspection, reporting, and documentation, including regular compliance reviews. I'm pleased to say that Third Wave never had any compliance or regulatory issues. I look forward to working with curaleaf's regulators to insure that curaleaf meets or exceeds the standards set by the Department.



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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:

11/13/2013



# Medical Marijuana Program

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

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

44. Signature:

[Redacted Signature]

45. Date Signed:

11/11/2013





# 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 J.

### Section A: Personal Information

1. Name (First, Middle, Last): Andrew Julius Sieghart		
2. Street Address (including Apartment or Suite #): [REDACTED]		
3. City: [REDACTED]	4. State: [REDACTED]	5. Zip Code: [REDACTED]
6. Title: [REDACTED]	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: 13. Framework Capital Partners, LLC		Date of Employment: Start Date: 06-01-2012 End Date: : Present	
14. Employer Address (including Apartment or Suite #): [REDACTED]			
15. City: [REDACTED]	16. State: [REDACTED]	17. Zip Code: [REDACTED]	
18. Telephone Number: [REDACTED]	19. Fax Number: [REDACTED]	20. E-mail Address: [REDACTED]	

### 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, 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.

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

27. Andrew Sieghart

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;
  - Framework Capital Partners LLC
- Products or services offered;
  - Commercial and residential real estate investment partnerships
- The business location;
  - New Canaan, CT
- All titles and responsibilities held by you at the business, including the time frame for each;
  - Managing Partner (2012-Present)  
Sourced, evaluated, structured, documented and raised capital for opportunistic direct equity investments in commercial and residual real estate transactions
- The dates of your association with the business;
  - 2012-Present
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
  - I am currently involved in the business as Managing Partner
- 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
  - No
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.
  - This role provided me an opportunity to source, evaluate, diligence, structure and analyze dozens of relatively small (under \$10 million) commercial and residential real estate transactions. A large majority of the real estate transactions that I have worked on have been located in Fairfield County, CT due to the location of my firm and my deep knowledge of the area - having been raised in Greenwich, CT. Those investment opportunities I passed on, I have watched in order to understand what worked and what did not work for those locations. For those opportunities I chose to invest in, I had hands-on experience guiding these sites through every step -- be it zoning approval, zoning variances, various permitting steps, discussions with local zoning boards, hiring of architects, employing and overseeing sub-contractors and their work, and proactive property management. My duties as a manager also focus largely on real estate budgeting, including but not limited to the cost of goods and services, in addition to projecting construction and business ramp-up timelines appropriately. I have found this skill, budgeting both capital and time accurately, to be critical when entering into real estate transactions, particularly when undertaking ground-up development and repositioning projects. This background and experience has proven useful in my involvement with Curaleaf. Curaleaf has managed to secure perfect locations and structures for its endeavors, all of which are zoned appropriately and have the support and backing of local zoning boards. The sites require a modest amount of capital for minor capital improvements, all monies for which have been budgeted for and raised (with contingency costs included). Lastly and perhaps most importantly, it is my estimation that Curaleaf's facilities will be able to be up and running within days, should it receive the proper licensing approval.

- ☑ The business name;
  - G2 Investment Group
- ☑ Products or services offered;
  - Financial Services, Investment and Merchant Banking
- ☑ The business location;
  - New York, NY
- ☑ All titles and responsibilities held by you at the business, including the time frame for each;
  - Vice President, G2 Real Estate Partners (2009-2011)  
Conducted analysis, structuring, documentation and capital raising for real estate investment opportunities across the entire capital structure. Additionally, restructured real estate deals as part of G2's advisory and restructuring business.
- ☑ The dates of your association with the business;
  - 2009-2011
- ☑ Whether you currently have a role at the business and, if not, when your involvement terminated and why;
  - Left company in 2011 as G2 dissolved its real estate practice.
- ☑ 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
  - No (not during my tenure; business existed prior to and after my tenure)
- ☑ How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.
  - This role provided me an opportunity to expand on my knowledge of the real estate business and incorporate my legal education more than was previously the case. Most notably, during the downturn of the overall economy generally, and the collapse of the real estate market specifically, my involvement in the restructuring and advisory business allowed me to fully utilize my legal education in conjunction with my real estate structuring expertise. Restructuring over 50 real estate deals with an aggregate principal balance of \$19 billion for a very diverse client base provided me with invaluable insights into why certain deals failed while other seemingly similar deals succeeded. These insights have been useful as Curaleaf has entered into several contracts under which it will rent, own and operate real estate should it receive proper licensing and approval.



# Medical Marijuana Program



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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:



[Redacted Signature]

43. Date Signed:

11-11-2013



# Medical Marijuana Program



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

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

44. Signature:



45. Date Signed:  
11-11-2013



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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): Khary Bryan			
2. Home Address (including Apartment or Suite #): [REDACTED]			3. City: [REDACTED]
4. State: CT	5. Zip Code: [REDACTED]	6. Date of Birth: [REDACTED]	7. Telephone Number: [REDACTED]
8. Social Security Number: [REDACTED]			9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
10. E-mail Address: [REDACTED]		11. Connecticut Pharmacist License Number: 9590	

Section B: Employment Information			
12. Current or Most Recent Employer: 13. CVS/Pharmacy		Date of Employment: Start Date: 08/01/2009 End Date: :	
14. Employer Address (including Apartment or Suite #): 1044 Boulevard			
15. City: West Hartford		16. State: CT	17. Zip Code: 06119
18. Daytime Telephone Number: (860) 236-9348	19. Fax Number: (860) 231-2579	20. E-mail Address:	

Section C: Pharmacy Business Experience
21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input checked="" 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"> <li>• The pharmacy name;</li> <li>• The pharmacy's location;</li> <li>• All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>• The dates of your association with the pharmacy;</li> <li>• Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>• 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.</li> </ul>



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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:

11/13/2013

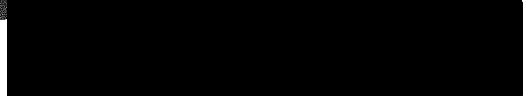
**I hereby certify that the above information is correct and complete.**

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.

27. Signature: 

28. Date Signed:

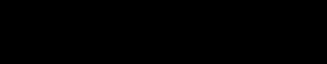
11/13/2013





CONNECTICUT MEDICAL MARIJUANA PROGRAM APPENDIX D ATTACHMENT  
For question #23

Khary Bryan, PharmD

  
CT LIC# 9590

I have been associated with the following pharmacies under the title of staff pharmacist. My duties, which were the same in each pharmacy, included patient consultation, data entry, drug dispensing, medication compounding, inventory management and provider education.

On or about October 12, 2012 I committed a prescription error in which a customer's confidential pharmacy information was disclosed. I agreed to pay a civil penalty of \$500 to the Department of Consumer Protection Enforcement Fund and I completed an online continuing education course related to prescription errors. There was no action taken against my license.

Aside from this incident, I am not aware of any violations of state law or regulations during the time of my association with any of these pharmacies.

8/2009 to Present  
CVS/Pharmacy #1038  
1044 Boulevard  
West Hartford, CT 06119

10/2002 to 8/2009  
CVS/Pharmacy #0348  
1078 Silas Deane Highway  
Wethersfield, CT 06109

8/2001 to 10/2002  
CVS/Pharmacy #0671  
713 West Main St.  
New Britain, CT 06053

5/2001 to 6/2001  
CVS/Pharmacy #1064  
1826 Chestnut St.  
Philadelphia, PA 19103



# Medical Marijuana Program

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

E-mail: [dep.mmp@ct.gov](mailto:dep.mmp@ct.gov) • Website: [www.ct.gov/dep.mmp](http://www.ct.gov/dep.mmp)



## 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): Kyle Joseph Rusconi		
2. Street Address (including Apartment or Suite #): [REDACTED]		
3. City: Larchmont	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: 10/11/13
--------------------------------	------------------------------

#### 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: 10/11/13
--------------------------------	------------------------------



# Medical Marijuana Program

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

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## 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): Rubin, Jack Lawrence			
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? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 11/11/2013

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.	
12. Signature: [REDACTED]	13. Date Signed: 11/11/2013



## 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): <i>Sandra W. Soyle</i>			
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: <i>11/10/13</i>
------------------------------	-------------------------------------

**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: <i>11/10/13</i>
------------------------------	-------------------------------------



# Medical Marijuana Program

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



## 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): Josef Julius Sieghart			
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: 11/11/13
------------------------------	------------------------------

#### 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: 11/11/13
------------------------------	------------------------------



# Medical Marijuana Program

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

E-mail: [dcp.mmp@ct.gov](mailto:dcp.mmp@ct.gov) • Website: [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



## 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):  
Aaron Wesley Ford

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:  
n/a

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: 11/11/13

**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: 11/11/13

## RFA A2: BRIEF SUMMARY OF APPLICANT

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Apothecary241 is applying for a Medical Marijuana Dispensary Facility License in order to improve the health, well-being, and quality of life of the patient community in Connecticut.

Apothecary241 presents a compelling combination of vision, capabilities, capital, and people.

- Led by a Doctor of Pharmacy and Connecticut Licensed Pharmacist with specific expertise in medical cannabis and research as well as extensive pharmacy and patient service experience.
- A convenient location in Canton in an appropriately zoned district.
- An Advisory Board of top researchers to advise and drive the Apothecary241 research agenda.
- Strong financial backing from longtime Connecticut residents.
  - \$6 million in committed capital to fund Apothecary241 and a producer applicant.
  - Additional capital available as required.
- Capable executive leadership
  - A Board of Directors and investors with broad expertise to ensure the success of Apothecary241: finance, real estate development and management, marketing, compliance, venture capital, private equity, and entrepreneurship with from start up to large company phase.

### **Dr. Khary Bryan, PharmD**

Dr. Bryan holds both the Bachelor of Science and Doctor of Pharmacy degree. During his six years of training, his personal goal was to study alternative methods of disease prevention in addition to the pharmaceutical management of disease. It was during this time that he discovered the role of nutraceuticals and functional foods in the prevention and treatment of disease.

Dr. Bryan has spent the last twelve years working as staff pharmacist in the national retail pharmacy CVS in community retail pharmacy as a staff pharmacist. He is also founder of Quality of Life LLC, a disease prevention consultation service.

Khary has time tested experience in managing a staff of technicians, monitoring the inventory of scheduled and non-scheduled drugs, compounding various pharmaceutical dosage forms and most importantly the consultation and education of patients.

Khary has a deep understanding of the homeostatic endocannabinoid system. He is the East coast representative of Cannatest , a cannabinoid analysis and education company headquartered in Bainbridge Island, WA. Klaas Hesselink, CEO of Cannatest is an expert in phytocannabinoid, endocannabinoid and terpenoid research out of the Universities of Leiden and Wageningen.

Dr. Bryan's responsibilities as a Cannatest representative educating qualified patients and caregivers in medical marijuana states about the science of the

## RFA A2: BRIEF SUMMARY OF APPLICANT

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endocannabinoid system, cannabis plant and High Performance Thin Layer Chromatography (HPTLC) cannabinoid analysis method.

Khary became a member of the International Cannabinoid Research Society, the Canadian Consortium for the Investigation of Cannabinoids and the Society of Cannabis Clinicians in order to gain access to the latest North American clinical research and establish relationships with experts in the field of cannabis therapeutics.

### **Why a Doctor of Pharmacy?**

The Doctor of Pharmacy degree was designed to elevate the pharmacist from the role of a dispenser to the role of a pharmaceutical care provider. Khary will use this training at Apothecary241 where we are committed to providing patients with the time necessary to thoroughly evaluate and optimize the patient's pharmacotherapy. This service will result in the patient's overall reduction of healthcare costs through the reduction of polypharmacy and medication errors.

The Connecticut Medical Marijuana Programs provides a unique opportunity for qualified Doctors of Pharmacy to provide patients with pharmaceutical care and palliative care through the use of cannabis based products. Khary intends to go a step further by encouraging patients to adopt a lifestyle that prevents disease and co-morbid conditions as well as optimizes the function of their endocannabinoid system. Research has shown a link between chronic inflammation, free radical oxidation, lack of physical activity, poor diet, suboptimal endocannabinoid function and the development of disease

Khary intends to establish relationships with local organic farms and connect them with dispensary patients so they have access to fresh pesticide-free, anti-inflammatory and anti-oxidant foods. Additionally, he will seek to connect qualified patients with local fitness coaches to provide an opportunity to increase physical activity. Recent research suggests aerobic activity increases production and function of endocannabinoids. Finally, he will recommend specific nutraceuticals and functional foods to patients based on their qualifying condition(s) and co-morbid conditions.

On the research front, Khary seeks to gain a deeper understanding of the significance of terpenes in relation to cannabinoids on therapeutic outcomes.

### **Apothecary 241 Advisory Board**

- Michelle Sexton

Dr. Sexton is a Naturopathic Doctor and clinical research scientist at the University of Washington, where she studied neuro-inflammatory and neurodegenerative disease since 2004. Prior, she practiced midwifery and was an herbalist for ten year. Her undergraduate degree is in horticulture and she specialized in the phytochemistry of plant medicine.

- Julie Holland



## RFA A2: BRIEF SUMMARY OF APPLICANT

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Dr. Julie Holland is a psychiatrist with a deep understanding of pharmacology and drugs. At the University of Pennsylvania, Dr. Holland majored in the "Biological Basis of Behavior," a series of courses combining the study of psychology and neural sciences, with a concentration in drugs and the brain, or psychopharmacology. Dr. Holland received her medical degree from Temple University School of Medicine in 1992. At Mount Sinai Medical Center, she completed a residency program in psychiatry, where she was the creator of a research project which treated schizophrenics with a new medication. In 1994, she received the Outstanding Resident Award from the National Institute of Mental Health.

- Derek Houston

Derek is Cannatest's Principal and Chief Operations Officer and a medical cannabis researcher and professional in the analytical sector. He has spent three years in the lab working specifically with Thin Layer Chromatography as an analytical tool and has conducted thousands of potency analyses as well as microbial screenings and developed a very strong understanding of cannabis chemistry.

### **241 Albany Turnpike**

Apothecary 241 has contracted to purchase a site at 241 Albany Turnpike in Canton. The site is conveniently located in a commercial zone and has adequate parking and easy access to the building. The building is quite a bit back from the road, up on a rise, affording patient privacy as well as a more tranquil setting. The building is in need of remodeling, which will begin after the license is awarded.

### **Apothecary241 is financially strong.**

- [REDACTED] committed capital to fund Apothecary 241 and a producer applicant.
- [REDACTED] initial capital spend on site, building and equipment for Apothecary 241.
- Initial operating cash more than sufficient to carry Apothecary 241 until it becomes cash-positive.
- Additional resources can be provided if necessary.

Funding is provided by seven individuals—six long time Connecticut residents, one from Westchester County—using their own resources. These individuals have broad business experience, include managing large and small organizations, manufacturing, entrepreneurship, venture capital, real estate and private equity. Several have served on Boards of successful startups. They provide the business experience and financial strength to enable Curaleaf to fulfill its mission successfully.

### **Summary**

## RFA A2: BRIEF SUMMARY OF APPLICANT

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Apothecary 241, by virtue of its vision, leadership, facility, and financial strength is well-qualified to be awarded a license as a Medical Marijuana Licensed Dispensary in Connecticut.

# RFA A BUSINESS INFORMATION OF APPLICANT

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

Apothecary 241, LLC is a subsidiary of Doubling Road Holdings, LLC. Doubling Road Holdings was established for the purpose of funding applicants. The Dispensary applicant is Apothecary 241. Doubling Road Holdings has [REDACTED] in committed capital to fund Apothecary 241 and a producer applicant.

1. Funding

- a. Schedule A3-1, below, lists the names of all backers and the amounts they have committed and the amounts already contributed.

Schedule A3-1			
Investor	Capital committed	Capital already paid-in	Capital to be paid upon License
Kyle Rusconi	[REDACTED]	[REDACTED]	[REDACTED]
Aaron Ford	[REDACTED]	[REDACTED]	[REDACTED]
Jack Rubin	[REDACTED]	[REDACTED]	[REDACTED]
Robert Birnbaum	[REDACTED]	[REDACTED]	[REDACTED]
Sandra Soule	[REDACTED]	[REDACTED]	[REDACTED]
Josef Sieghart	[REDACTED]	[REDACTED]	[REDACTED]
Andrew Sieghart	[REDACTED]	[REDACTED]	[REDACTED]
	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

The total amount committed by subscription agreement is [REDACTED] has already been paid in, and has been used to cover pre-license expenses and to demonstrate our ability to meet the \$2,000,000 producer escrow requirement, and is currently held in an account at [REDACTED]. The remainder [REDACTED] will be paid in after the license(s) is granted. Approximately [REDACTED] will be used to establish Apothecary 241 LLC as a going concern. Each investor has already earmarked the remaining funds to be paid in, which are committed by subscription agreement.

# RFA A BUSINESS INFORMATION OF APPLICANT

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

Apothecary 241, LLC is a subsidiary of Doubling Road Holdings, LLC. Doubling Road Holdings was established for the purpose of funding applicants. The Dispensary applicant is Apothecary 241. Doubling Road Holdings has [REDACTED] in committed capital to fund Apothecary 241 and a producer applicant.

### 1. Funding

- a. Schedule A3-1, below, lists the names of all backers and the amounts they have committed and the amounts already contributed.

Schedule A3-1

Investor	Capital committed	Capital already paid-in	Capital to be paid upon License
Kyle Rusconi	[REDACTED]	[REDACTED]	[REDACTED]
Aaron Ford	[REDACTED]	[REDACTED]	[REDACTED]
Jack Rubin	[REDACTED]	[REDACTED]	[REDACTED]
Robert Birnbaum	[REDACTED]	[REDACTED]	[REDACTED]
Sandra Soule	[REDACTED]	[REDACTED]	[REDACTED]
Josef Sieghart	[REDACTED]	[REDACTED]	[REDACTED]
Andrew Sieghart	[REDACTED]	[REDACTED]	[REDACTED]
	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]

The total amount committed by subscription agreement is [REDACTED] has already been paid in, and has been used to cover pre-license expenses and to demonstrate our ability to meet the \$2,000,000 producer escrow requirement, and is currently held in an account at First County Bank. The remainder [REDACTED] will be paid in after the license(s) is granted. Approximately [REDACTED] will be used to establish Apothecary 241 LLC as a going concern. Each investor has already earmarked the remaining funds to be paid in, which are committed by subscription agreement.

## RFA B LOCATION AND SITE PLAN

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### 1. The location of the proposed dispensary facility;

241 Albany Turnpike  
Canton, CT 06019

## RFA B LOCATION AND SITE PLAN

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### 2. Documents sufficient to establish that:

-the applicant is authorized to conduct business in Connecticut and;

-Please see attached Organizational Documents


-that state and local building, fire and zoning requirements and local ordinances are met for the proposed location of the dispensary facility;

-Please attached Letters

Neil Pade, Canton Town Planner

Bruce Coldman, Architect

**Business Inquiry**

 HOME

 HELP

**Business Details**

Business Name: **APOTHECARY 241, LLC**

Citizenship/State Inc: **Domestic/CT**

Business ID: **1123416**

Last Report Filed Year:

Business Address: **145 DOUBLING ROAD, GREENWICH, CT, 06830**

Business Type: **Domestic Limited Liability Company**

Mailing Address: **NONE**

Business Status: **Active**

Date Inc/Registration: **Nov 07, 2013**

**Principals Details**


Name/Title	Business Address	Residence Address
ROBERT D. BIRNBAUM MANAGER	145 DOUBLING ROAD, GREENWICH, CT, 06830	145 DOUBLING ROAD, GREENWICH, CT, 06830

**Agent Summary**

Agent Name **C T CORPORATION SYSTEM**

Agent Business Address **ONE CORPORATE CENTER, HARTFORD, CT, 06103-3220**

Agent Residence Address **NONE**

 [View Filing History](#) [View Name History](#) [View Shares](#)



**EIN Assistant**

Your Progress:

1. Identity

2. Authenticate

3. Addresses

4. Details

5. EIN Confirmation

**Congratulations! Your EIN has been successfully assigned.**

EIN Assigned:



Legal Name: **APOTHECARY 241 LLC**

**IMPORTANT:**

Save and/or print this page and the confirmation letter below for your permanent records.

The confirmation letter below is your official IRS notice and contains important information regarding your EIN.



[CLICK HERE for Your EIN Confirmation Letter](#)

[Help with saving and printing your letter](#)

Once you have saved or printed your letter, click "Continue" to get additional information about using your new EIN.

Continue >>

**Help Topics**

- [What if I do not have access to a printer at this time?](#)
- [Can I access this letter at a later date?](#)



RFA B LOCATION AND SITE PLAN

Form **SS-4**  
(Rev. January 2010)  
Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN  
[REDACTED]

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>APOTHECARY 241, LLC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>145 DOUBLING RD</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <b>GREENWICH, CT 06830</b>	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <b>FAIRFIELD COUNTY, CT</b>	
	7a Name of responsible party <b>ROBERT D. BIRNBAUM</b>	7b SSN, ITIN, or EIN [REDACTED]
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>1</b>
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>DISREGARDED ENTITY</b>		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>CONNECTICUT</b>	Foreign country
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>Licensed medical marijuana dispensary in Conn.</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____		
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See Instructions. <b>NOVEMBER 7, 2013</b>	12 Closing month of accounting year <b>DECEMBER</b>	
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
Agricultural <b>0</b>	Household <b>0</b>	Other <b>10</b>
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶ <b>FEBRUARY 1, 2014</b>		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) <b>Medical marijuana dispensary</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>LICENSED MEDICAL MARIJUANA DISPENSARY IN CONN.</b>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>DAVID F. O'MEARA, ROBINSON &amp; COLE LLP</b>	Designee's telephone number (include area code) ( 860 ) <b>541-2722</b>
	Address and ZIP code <b>280 TRUMBULL STREET, HARTFORD, CT 06103</b>	Designee's fax number (include area code) ( 860 ) <b>275-8299</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ( [REDACTED] ) [REDACTED]
Name and title (type or print clearly) ▶ <b>ROBERT D. BIRNBAUM, RESPONSIBLE PARTY</b>		Applicant's fax number (include area code) ( 860 ) <b>408-2915</b>
Signature ▶ <b>X</b> [REDACTED]	Date ▶ <b>11/7/13</b>	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 1-2010)

**RFA B LOCATION AND SITE PLAN**

Form **8821**

(Rev. October 2012)  
Department of the Treasury  
Internal Revenue Service

**Tax Information Authorization**

- ▶ Information about Form 8821 and its instructions is at [www.irs.gov/form8821](http://www.irs.gov/form8821).
- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

OMB No. 1545-1185  
For IRS Use Only

Received by: \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Function: \_\_\_\_\_  
Date: \_\_\_\_\_

**1 Taxpayer information.** Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print)		Taxpayer identification number(s)	
APOTHECARY 241, LLC 145 DOUBLING RD GREENWICH, CT 06830		Daytime telephone number	Plan number (if applicable)

**2 Appointee.** If you wish to name more than one appointee, attach a list to this form.

Name and address	CAF No. _____
DAVID F. O'MEARA ROBINSON & COLE LLP 280 TRUMBULL STREET HARTFORD, CT 06103	PTIN _____
	Telephone No. <u>860-541-2722</u>
	Fax No. <u>860-275-8299</u>
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax matters.** The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see Instructions)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the Instructions for line 3)	(d) Specific Tax Matters (see Instr.)
APPLICATION FOR EIN	SS-4	2013	N/A

**4 Specific use not recorded on Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6

**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box

**Note.** Appointees will no longer receive forms, publications and other related materials with the notices.

b If you do not want any copies of notices or communications sent to your appointee, check this box

**6 Retention/revocation of tax information authorizations.** This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box

To revoke this tax information authorization, see the instructions.

**7 Signature of taxpayer.** If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

**X** \_\_\_\_\_ Date 11/2/13

Signature

**ROBERT D. BIRNBAUM** \_\_\_\_\_  
Print Name Title (if applicable)

PIN number for electronic signature

This portion of the RFA is exempt from disclosure under the freedom of information act. For a full rationale please see cover page.



## EIN Assistant

Your Progress:      1. Identity      2. Authenticate      3. Addresses      4. Details      5. EIN Confirmation

### Summary of your information

Please review the information you are about to submit. If any of the information below is incorrect, you will need to [start a new application](#).

Click the "Submit" button at the bottom of the page to receive your EIN.

### Organization Type: LLC

#### LLC Information

Legal name:	APOTHECARY 241 LLC
County:	FAIRFIELD
State/Territory:	CT
Start date:	NOVEMBER 2013
State/Territory where articles of organization are (or will be) filed:	CT

#### Addresses

Physical Location:	145 DOUBLING RD GREENWICH CT 06830
Phone Number:	203-625-0618

#### Responsible Party

Name:	ROBERT BIRNBAUM SOLE MBR
SSN/ITIN:	██████████

#### Employee Information

Date wages or annuities will be paid:	FEBRUARY 2014
Number of agricultural employees:	0
Number of other employees:	10
Tax Liability of \$1000 or less during calendar year:	NO

#### Principal Business Activity

What your business/organization does:	OTHER
Principal products/services:	LICENSED MEDICAL MARIJUANA DISPENSARY IN CONN

#### Additional LLC Information

Owns a 55,000 pounds or greater highway motor vehicle:	NO
Involves gambling/wagering:	NO
Involves alcohol, tobacco or firearms:	NO

## RFA B LOCATION AND SITE PLAN

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Files Form 720 (Quarterly Federal Excise Tax Return):	NO
Has employees who receive Forms W-2:	YES
Reason for Applying:	STARTED A NEW BUSINESS

---

**We strongly recommend you print this summary page for your records as this will be your only copy of the application. You will not be able to return to this page after you click the "Submit" button.**

Click "Submit" to send your request and receive your EIN.

Once you submit, please wait while your application is being processed. It can take up to two minutes for your application to be processed.

RFA B LOCATION AND SITE PLAN

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 11-07-2013

Employer Identification Number:  
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

APOTHECARY 241 LLC  
ROBERT BIRNBAUM SOLE MBR  
145 DOUBLING RD  
GREENWICH, CT 06830

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-4059043. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	04/30/2014
Form 940	01/31/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

RFA B LOCATION AND SITE PLAN

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at www.irs.gov for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is APOT. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

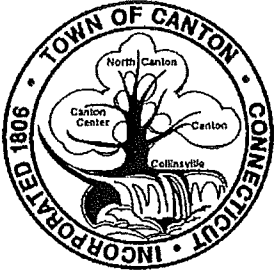
9999999999

Your Telephone Number Best Time to Call  
( ) -

DATE OF THIS NOTICE: 11-07-2013  
EMPLOYER IDENTIFICATION NUMBER: [REDACTED]  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023  
[Barcode]

APOTHECARY 241 LLC  
ROBERT BIRNBAUM SOLE MBR  
145 DOUBLING RD  
GREENWICH, CT 06830



LAND USE OFFICE  
Canton, Connecticut Inc. 1806  
4 Market Street, Collinsville, Connecticut 06022

November 12, 2013

Brian R. Smith, Esq.  
Robinson & Cole LLP  
280 Trumbull Street  
Hartford, CT 06103-3597

Re: 241 Albany Turnpike, Canton, CT

Dear Attorney Smith:

On behalf of your client, Apothecary 241 LLC, you have asked whether 241 Albany Turnpike, Canton, Connecticut is in a zoning district that permits its existing building to be used for the retail sale of medical marijuana for palliative use that is properly prescribed by a licensed physician.

The property 241 Albany Turnpike is located in the Special Business Zoning District (SB). Properties located in the SB are allowed to apply for uses located within the Business District (B) by special exception under Section 32.2.3.

A "Licensed Medical Marijuana Dispensary" is allowed in the B District by special exception under Section 31.2.31. The intent of this special exception is to locally administer Chapter 420f of the Connecticut General Statutes, Palliative Use of Marijuana and the regulations enacted by the Connecticut Correction Department of Consumer Protection at §§ 21a-408-1 through 21a-408-70.

The definition of a Licensed Medical Marijuana Dispensary per Section 9 of the Zoning Regulations is provided below for convenience.

**"Medical Marijuana Licensed Dispensary"** A pharmacist licensed pursuant to Chapter 400j of the Connecticut General Statutes, who the Department of Consumer Protection has licensed to acquire, possess, distribute, and dispense marijuana pursuant to sections 1 to 15, inclusive, of "An Act Concerning the Palliative Use of Marijuana" and which is located on the premises of a pharmacy licensed by the Connecticut Commission of Pharmacy.

## RFA B LOCATION AND SITE PLAN

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Any application for this use must successfully demonstrate the use conforms to the provided definition.

Any changes to the property necessary to accommodate this use will require the approval of

“Amendments to approved Site Development Plan” per Section 51.5.

Additional approvals may also be necessary such as Section 31.2.8 – Signs, Section 31.2.26 – Drive-in windows, Section 69 – Design Review, etc. The necessity for additional applicable approvals will be evaluated at a later time.

The following additional special exception uses have also been approved on the property:

Section 31.2.2k - Personal Service Business, Pet funeral home and crematory

Section 31.2.2 - Personal Service Business (General)

Section 31.2.4 - Offices

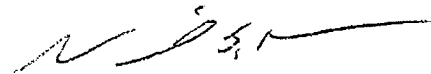
Section 31.2.1 - Retail Business

Section 31.2.11 - Parking for more than 5 motor vehicles

Section 51 - Site Development Plan

Any applicant such as Apothecary 241 LLC may operate a facility at 241 Albany Turnpike for the purpose of dispensing medical marijuana for palliative use subject to it receiving the appropriate necessary approvals from the Canton Planning and Zoning Commission.

Very truly yours,



Neil Pade, AICP  
Director, Planning and Community Development



(COLDHAM & HARTMAN ARCHITECTS)

November \_\_, 2013

Brian R. Smith, Esq.  
Robinson & Cole LLP  
280 Trumbull Street  
Hartford, CT 06103-3597

Re: 241 Albany Turnpike, Canton, CT

Dear Attorney Smith,

We are serving as the architects for Apothecary 241, LLC and we are responding to your request to provide our analysis of whether the site at 241 Albany Turnpike, Canton, Connecticut is suitable for a licensed dispensary of medical marijuana for palliative use.

We visited 241 Albany Turnpike, Canton, Connecticut on Friday, November 8, 2013 and thoroughly examined the existing building and grounds.

For purposes of this letter, we have reviewed the Canton Zoning Regulations that concern the dispensing of medical marijuana in the Town of Canton. I have also reviewed the state statute defining marijuana, C.G.S. § 21a-240(7) "Cannabis-type substances" and C.G.S. §21c-240(29) "Marijuana," and C.G.S. § 21c-408 et seq. as well as the Regulations promulgated thereunder by the Connecticut Department of Consumer Protection §§ 21a-408-1 to 21a-408-70 of the Regulations of Connecticut State Agencies. I have also reviewed the Canton Zoning Map.

Brian R. Smith, Esq.  
November \_\_, 2013  
Page 2

We have been asked to design 241 Albany Turnpike to meet state and local requirements. We have developed a plan for the existing building at 241 Albany Turnpike that will meet state and local building, fire and zoning requirements and will also be ADA compliant.

Very truly yours,

Bruce Coldham

RFA B LOCATION AND SITE PLAN

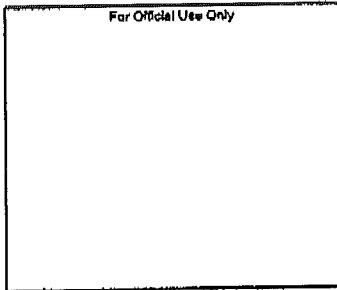
NOV-12-2013 11:57 FROM: BIRNBAUM

TO: 18664092915

P. 1/2

PCY-01, Rev 9/09

STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 DRUG CONTROL DIVISION  
 COMMISSION OF PHARMACY  
 Telephone: (860) 713-6070  
 Website: [www.ct.gov/dcp](http://www.ct.gov/dcp)



**APPLICATION FOR PHARMACY LICENSE**  
**\*\* CONNECTICUT/IN-STATE PHARMACIES ONLY \*\***

**INSTRUCTIONS:**

All spaces must be completed - please print in ink or type. This application must be accompanied by a check or money order for the appropriate fee as listed below, made payable to: "Treasurer, State of Connecticut". Application fees are non-refundable. This application must be filed at least fifteen (15) days in advance:

1. of the time when it is desired to have such license go into effect if application is for a change of ownership, change of manager, change of name and/or change of officers/directors.
2. of the next regularly scheduled Commission of Pharmacy meeting if application is for a new pharmacy license and/or change of location.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services, 165 Capitol Avenue, Hartford, CT 06106

Applying For:	<input checked="" type="checkbox"/> New Pharmacy License (\$750.00 fee)	<input type="checkbox"/> Change of Location (\$190.00 fee)
	<input type="checkbox"/> Change of Ownership (\$90.00 fee)	<input type="checkbox"/> Change of Name (\$90.00 fee)
	<input type="checkbox"/> Change of Manager (\$90.00 fee)	<input type="checkbox"/> Change of Officers/Directors (\$60.00 fee)

**NOTE:** If you are applying for a "New Pharmacy License", your pharmacy must, in accordance with Connecticut Regulations, Section 20-576-54, be classified in one or more of the classes below, based upon the type of pharmacy/business practice in which your pharmacy is involved. You may operate in one or more classes with no increase in the license fee you pay. In making your selection, you should consider that the class or classes you choose should reflect, in a substantial manner, the type of business or professional practice in which your pharmacy is involved.

- Community  Infusion Therapy  Long-term Care  Nuclear  Specialty

**Pharmacy Information:**

Name of Pharmacy APOTHECARY 241, LLC			
Street Address 241 ALBANY TURNPIKE	City or Town CANTON	State CT	Zip Code 06019
Telephone Number (w/ Area Code) 860 620 3947	FEIN Number 46-4059043	If Change, Current Pharmacy License Number	
New Pharmacist Manager (Name & Address) KIMBERLY BRYAN 374 CONGRESS ST, HARTFORD CT 06114		New Pharmacist Manager (License Number) 9590	

**Ownership Information:**

Owner Legal Standing: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company	
Name of Owner DOUBLING ROAD HOLDINGS, LLC	Owner's Address (Street, City, State & Zip) 145 DOUBLING ROAD, GREENWICH CT 06830
If applicant is NOT the sole owner, has the owner or owners appointed applicant as manager of the pharmacy with complete power over the pharmaceutical affairs of said pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**If Corporation or Unincorporated Association:**

Business Address of above corporation or association (Street, City, State & Zip) 145 DOUBLING ROAD, GREENWICH CT 06830	Date and Place of Legal Organization 10/22/2003 DELAWARE
---	---

**List Names of Officers, Directors:**

Name (First, Last) ROBERT BIRNBAUM	Address (Street, City, State & Zip) [REDACTED]
Name (First, Last) ANDREW SIECHANT	Address (Street, City, State & Zip) [REDACTED]
Name (First, Last) AARON FORD	Address (Street, City, State & Zip) [REDACTED]

**RFA B LOCATION AND SITE PLAN**

NOV-12-2013 11:57 FROM: BIRNBAUM

TO: 18664092915

P.2/2

If this is an application for a new pharmacy, a change of ownership, manager or officers has the applicant, any partner or member of the board of directors ever been convicted of a felony crime?  YES  NO If yes - please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were decided and a description of the circumstances involved.

**If Individual or Partnership:**

List names of all partners [include applicant if one of the partners]. If more than three partners, attach rider setting out all names.

Name (First, Last)	Address (Street, City, State & Zip)
Name (First, Last)	Address (Street, City, State & Zip)
Name (First, Last)	Address (Street, City, State & Zip)

If this application involves a change in Pharmacy Name, Manager, Location or Ownership - please provide the information requested in the appropriate box (es) below:

PREVIOUS: Name of Pharmacy & Pharmacy License Number	PREVIOUS: Name of Pharmacist Manager and License Number
PREVIOUS: Location (Street, City, State & Zip)	PREVIOUS: Name of Owner(s)

**Name and license number of each pharmacist employed at this location:**

Name (First, Last) <u>Khary Bryan</u>	License Number <u>9590</u>
Name (First, Last)	License Number
Name (First, Last)	License Number

**Store Hours of Operation:**

Daily - Weekdays 10 a.m. 6 p.m. Saturday & Sunday 10 a.m. 2 p.m.  
 Prescription Department Opening and Closing Hours (if different and pre-approved by Pharmacy Commission)  
 Daily - Weekdays \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Saturday & Sunday \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.  
 Please list additional information concerning hours of operation below:

I hereby appoint Khary Bryan to have complete control and management over this pharmacy's premise.  
(Name of Pharmacist Manager/Applicant)

Signature - Owner or Authorized Officer

State the approximate time the pharmacy will be ready for inspection February 2014

Applicant Signature (Pharmacist Manager)

Signature Owner/Owners

Signature Owners(s)

\* Note: If the owner is a partnership, all partners must sign this application. If the owner is a corporation, this application must be signed by a duly authorized official of said corporation

AFFIX PRESCRIPTION LABEL OR REASONABLE FACSIMILE OF LABEL HERE  
(New Applicants & Change of Location Only)

**TO BE FILLED BY THE TOWN, CITY, OR BOROUGH CLERK, ZONING BOARD OR OTHER PROPER AUTHORITY.  
 (NEW APPLICANTS AND CHANGE OF LOCATIONS ONLY)**

This is to certify that I am acquainted with the zoning ordinances and by-laws of the town/city listed below and that the location of this Pharmacy is not prohibited by either the ordinances or by-laws of said town/city at the location described on this application.

_____	_____
Name of Town/City/Borough	Signature - Zoning Authority
_____	_____
Town/City/Borough Clerk	Date

## RFA B LOCATION AND SITE PLAN

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3. 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;

Please see attached

Purchase and Sales Agreement

**RFA B LOCATION AND SITE PLAN**

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Please see purchase and sales agreement dated November 13, 2013  
in this RFA section A, Appendix A, following page 2.

## RFA B LOCATION AND SITE PLAN

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





## RFA B LOCATION AND SITE PLAN

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

RFA B LOCATION AND SITE PLAN



RFA B LOCATION AND SITE PLAN



## RFA B LOCATION AND SITE PLAN

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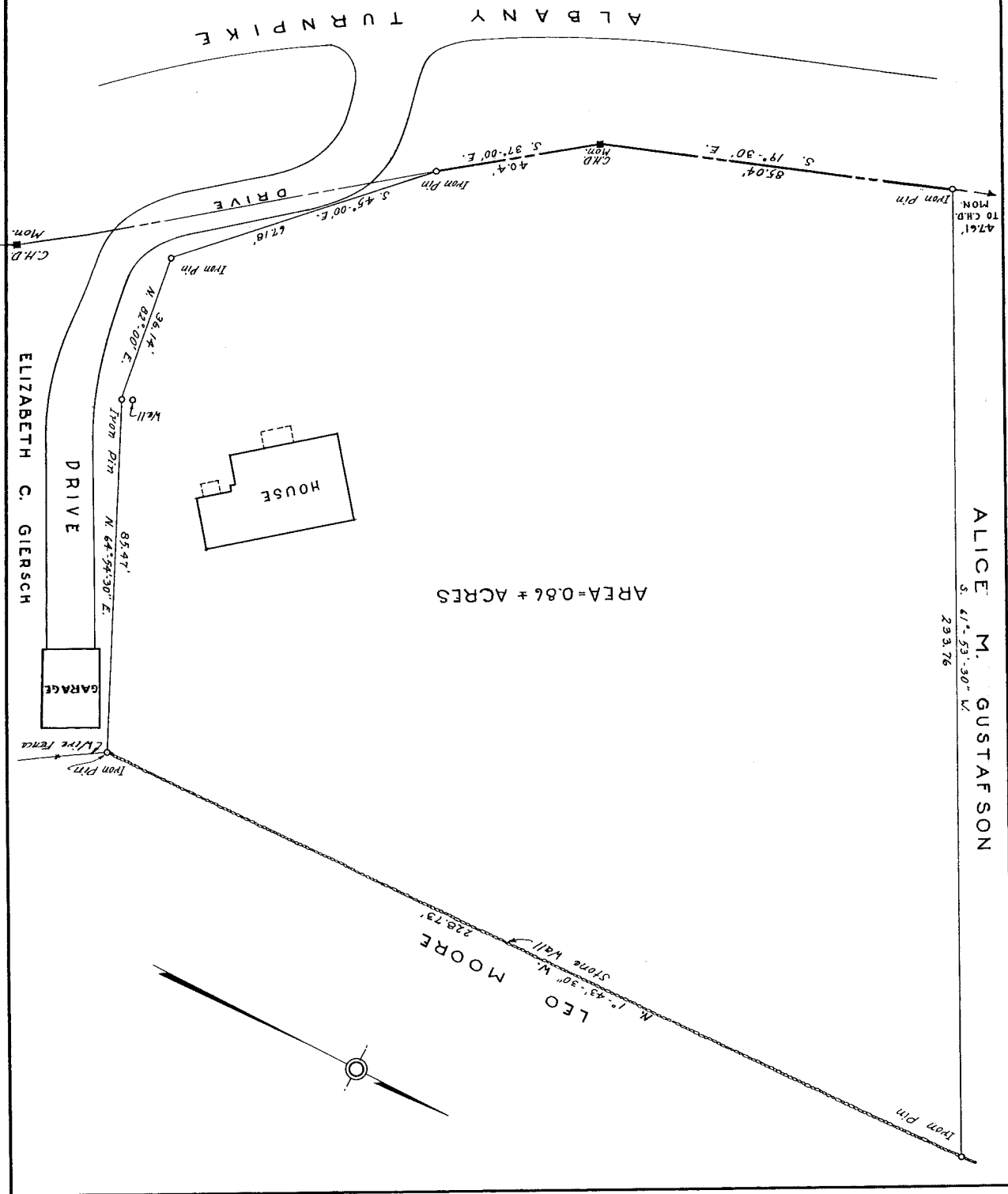
6. A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable, that are within the same block as the dispensary facility;

RFA B LOCATION AND SITE PLAN

JOB NO 2043-A

MAP OF LAND OWNED BY  
 FLORENCE M. & WILLIAM F. MABB  
 ALBANY TURNPIKE - CANTON, CONN.  
 SEPT. 1943 SCALE: 1"=20'

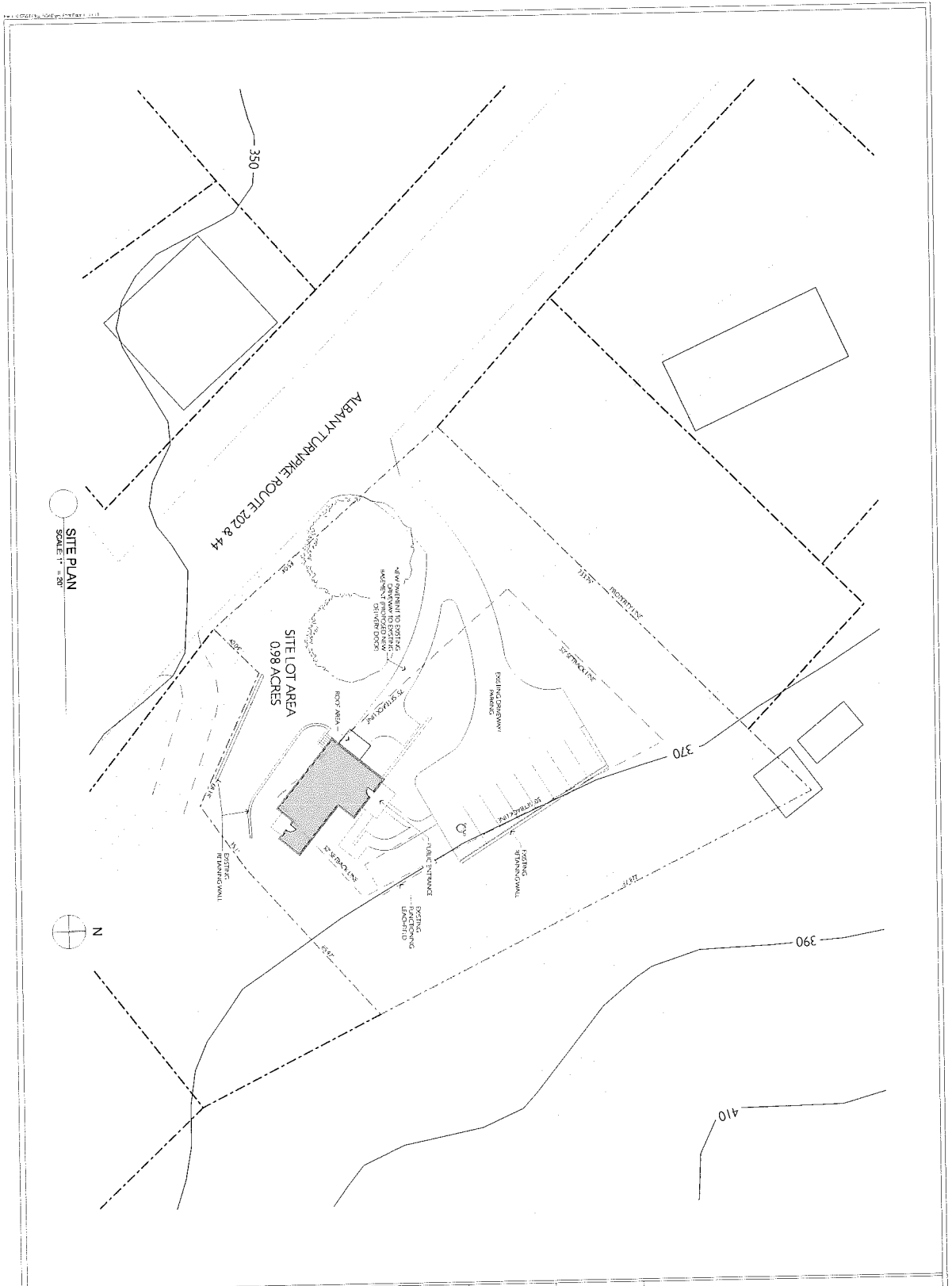
*CE hereby certifies that the above is a true and correct copy of the original survey as shown on the original field notes.*



This portion of the RFA is exempt from disclosure under the freedom of information act. For a full rational please see cover page.



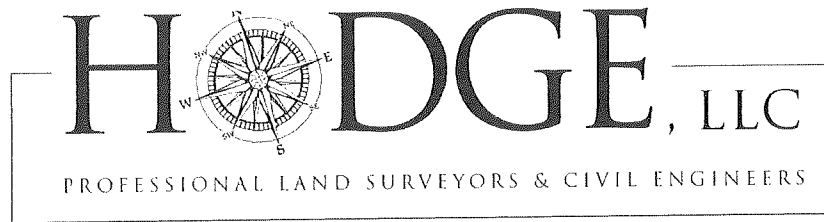
# RFA B LOCATION AND SITE PLAN



SITE PLAN  
SCALE 1" = 50'



<p>                 Date: see above                  Project No.: 13-24                  Scale: 1" = 50'                  Drawn by: SD                  Checked by: SD             </p>	<p><b>SITE PLAN</b></p>	<p> <b>Apothecary 241 (Dispensary)</b>                  Repurposing of Existing Building             </p>	<p>                 241 Albany Turnpike                  Canton, CT             </p>	<p>                 Based on Town of Canton GIS                  data and site observation by                  Coldham &amp; Hartman             </p>	<p>                 Revisions                  6 November 2013                  Conceptual             </p>	<p>                 Architects' Consultants                  Coldham &amp; Hartman                  Owners' Consultants                  Coldham &amp; Hartman             </p>
<p>L1</p>		<p>                 Coldham &amp; Hartman Architects                  45 S. Pleasant Street, Suite 101, Hartford, CT 06103             </p>		<p>                 Coldham &amp; Hartman Architects                  45 S. Pleasant Street, Suite 101, Hartford, CT 06103             </p>		



## **Site/ Survey Assessment**

Existing Property Located at

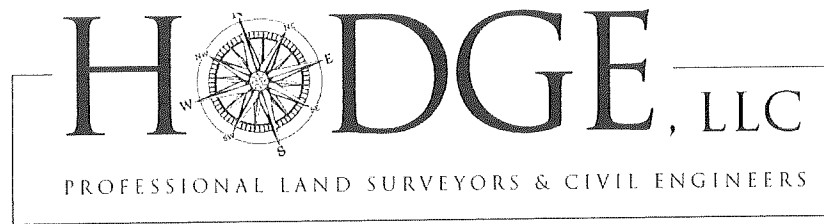
241 Albany Turnpike  
Canton, Connecticut

Prepared for: CuraLeaf, LLC  
145 Doubling Road  
Greenwich, CT 06830

Prepared By: Hodge, LLC  
1783 Farmington Avenue  
Unionville, CT 06085

Dated: November 12, 2013





**INTRODUCTION:**

Hodge, LLC has been retained by the CuraLeaf, LLC to prepare an assessment in order to determine if any maps on file exist that accurately depict the existing conditions of the subject parcel. The assessment will be based on the field review of 241 Albany Turnpike and the review of existing mapping and town hall records. This assessment is not based on an actual field survey and/or engineering calculations. Field survey and engineering calculations are not included in the scope of this assessment.

**SITE/ SURVEY ASSESSMENT:**

Town Hall Research Completed: November 12, 2013

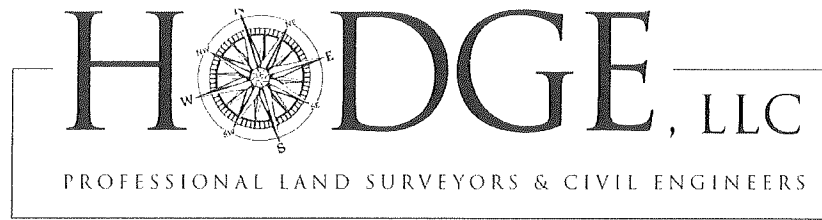
Current Warranty Deed: v.397/p.1106, CITRUS, LLC to ALBANY 241, LLC

- There appear to be no encumbrances other than those listed on the above referenced deed.
- A map reference of #148 was found in the deed. The map title is as follows: "MAP OF LAND OWNED BY FLORENCE M. & WILLIAM F. MABB, ALBANY TURNPIKE – CANTON, CONN. SEPTEMBER 1943 SCALE 1"=20' MERTON HODGE, SURVEYOR". No other filed maps were found for subject parcel.

The boundary lines for 241 Albany Turnpike as depicted on the "MAP" is constant with the Metes and Bounds description found in schedule A of warranty deed (v.397/p.1106-1107). The "MAP" depicts no encumbrances. Research was also done in the building department to see if any additional maps exist that are signed A2 survey maps depicting the existing conditions. A map entitled "PROPERTY & TOPOGRAPHIC SURVEY PREPARED FOR SCOTT TIEFENCHALER 241 & 245 ALBANY TURNPIKE – CANTON, CONNECTICUT SCALE 1"=20' MARCH 10, 2004 ARTHUR F. HOFFMAN, L.S.". This map is not on file with the Town Clerk. Other maps in the building department's files depict proposed improvements of the site for various proposed businesses that may or may have been looking to occupy the site. Again, none of these plans are filed with the Town Clerk.

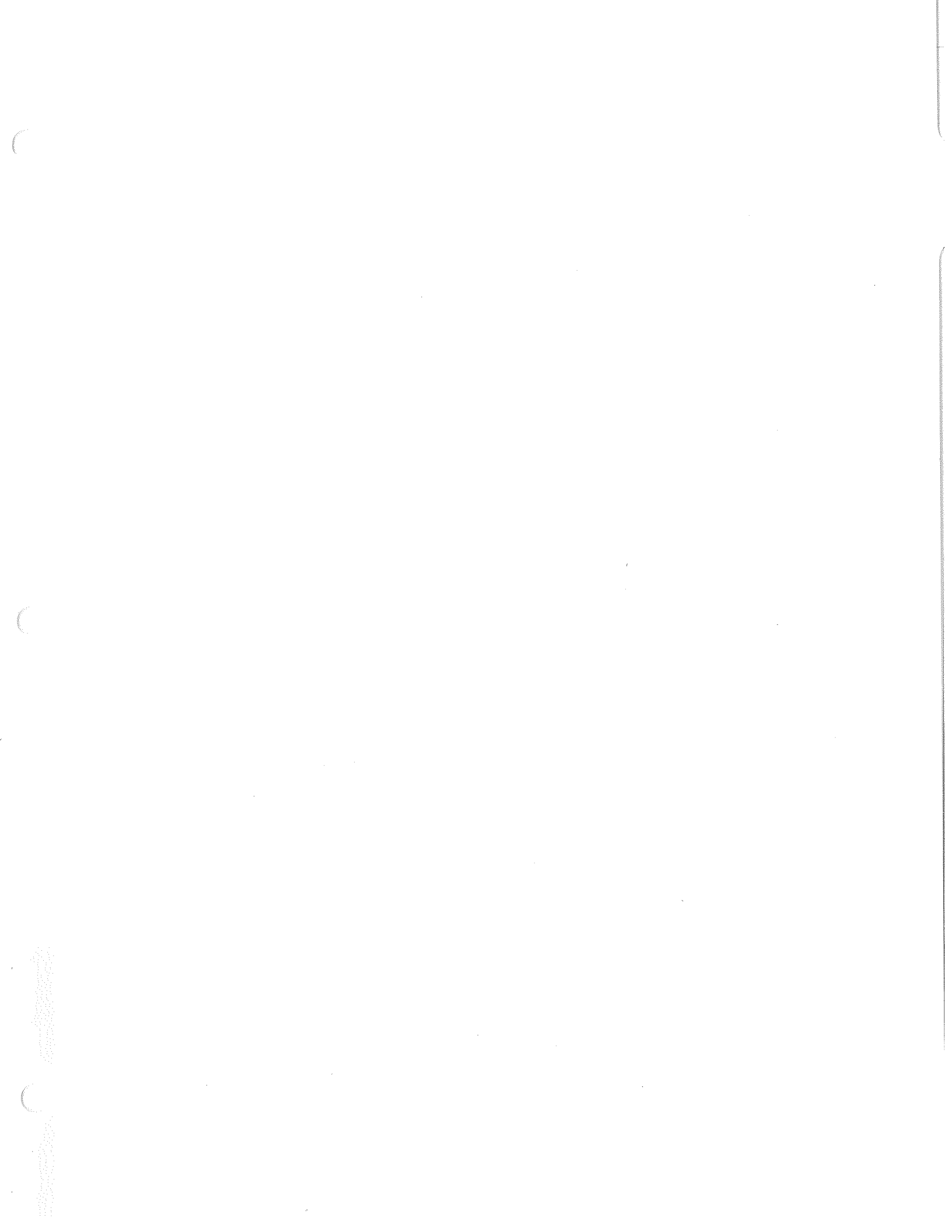
Site Inspection Completed: November 12, 2013

After a site visit and inspection, neither map listed above represents an accurate account of the existing conditions at 241 Albany Turnpike. The site is host to a paved parking area northwest of the existing house, a small retaining wall north of the parking area, a ramp and walk from the parking area to a covered porch/ deck entrance. The topography is consistence with the 2004 map with the exception of the improvements made in the parking, ramp & walk areas.



**CONCLUSION:**

Based on our site observations and Town Hall research the following maps do not properly depict the current site improvements: “MAP OF LAND OWNED BY FLORENCE M. & WILLIAM F. MABB, ALBANY TURNPIKE – CANTON, CONN. SEPTEMBER 1943 SCALE 1”=20’ MERTON HODGE, SURVEYOR” and “PROPERTY & TOPOGRAPHIC SURVEY PREPARED FOR SCOTT TIEFENCHALER 241 & 245 ALBANY TURNPIKE – CANTON, CONNECTICUT SCALE 1”=20’ MARCH 10, 2004 ARTHUR F. HOFFMAN, L.S.”. Therefore an updated A2/T2 survey is required to correctly depict the current site improvements, with also a recommendation for an current title search. Should the Department of Consumer Protection require an updated survey to reflect the changes to the present location, we would be available to perform such service, if requested to do so.



## RFA B LOCATION AND SITE PLAN

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

There are no such places within the 1000 foot radius.

# RFA B LOCATION AND SITE PLAN



RFA B LOCATION AND SITE PLAN



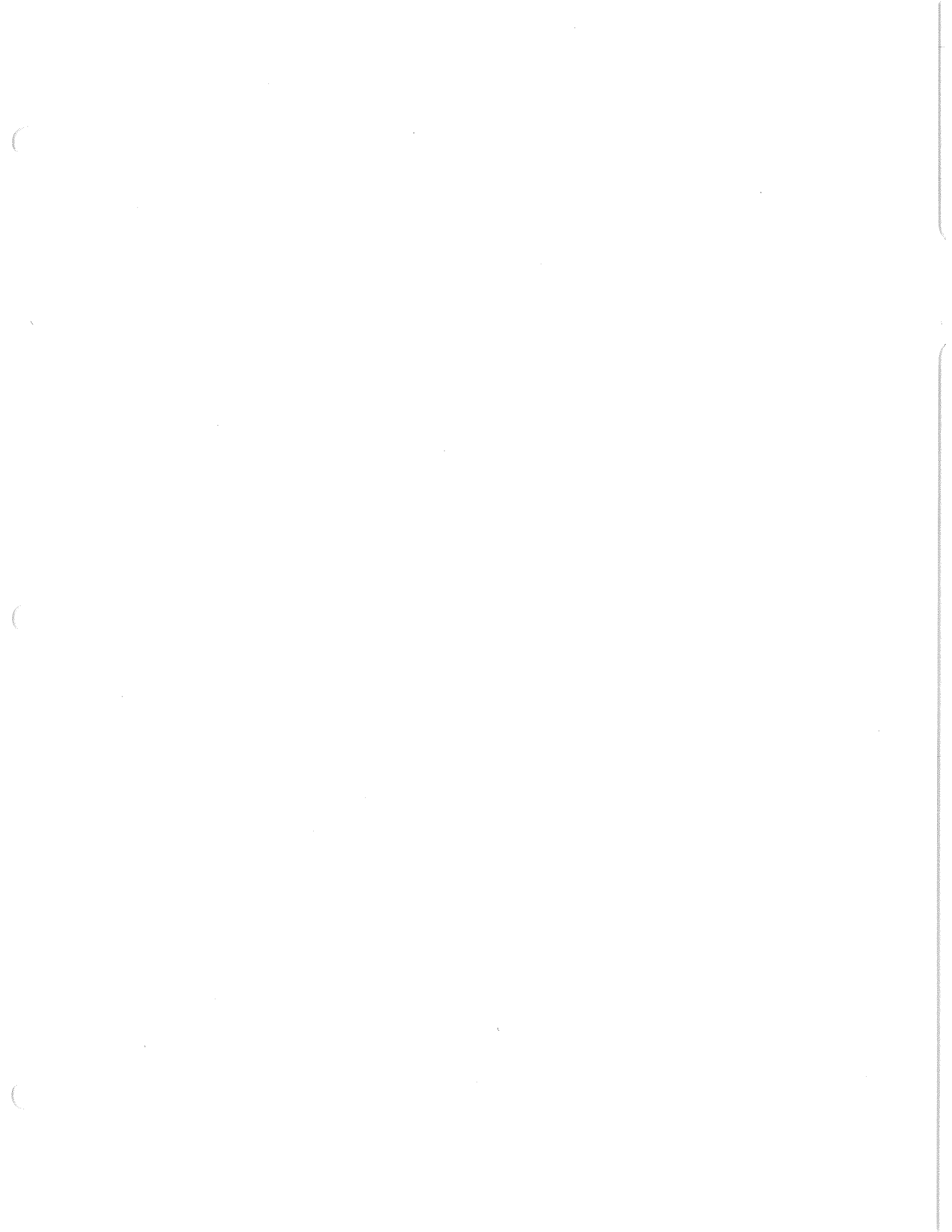
<p>Date: see above          Project No.: 1524          Scale: 1" = 50'          Drawn by: SW          Checked by: BC</p>	<p><b>SITE TOPOGRAPHY PLAN</b></p>	<p><b>Apothecary 241 (Dispensary)</b>          Repurposing of Existing Building</p>	<p>241 Albany Turnpike          Canton, CT</p>	<p>Based on Town of Canton GIS data and site observation by Coldham &amp; Hartman</p>	<p>Revisions          6 November 2013          Conceptual</p>	<p>Architect's Consultants          Coldham &amp; Hartman          205 Pleasant Street, Suite 217, Amherst, MA 01002          413.583.2814</p>
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## RFA B LOCATION AND SITE PLAN

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

(Items A through K)





## RFA C: BUSINESS PLAN

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### Executive Summary

Pursuant to the State of Connecticut's Act concerning the Palliative Use of Medical Marijuana, Apothecary241 seek to fund and operate a medical marijuana dispensary, located at 241 Albany Turnpike, Canton, CT 06019.

Dr. Khary Bryan, Doctor of Pharmacy and licensed pharmacist, will be the dispensary manager and will be responsible for daily operations and for ensuring the success of the patient care center. Dr. Bryan will focus on meeting the needs of the patients who are registered at the center. Other duties will include, but not be limited to, distributing patient medication and patient education.

Dr. Bryan will report to Apothecary 241's Board of Directors. All staff will report to Dr. Bryan.

#### Clinical care coordinator

Apothecary241 intends to hire a registered nurse to act as the clinical care coordinator. The role of the clinical care coordinator is to assist in managing the plan of care for our patients through coordination of care with other health professionals. Patient care plans will be individualized to the patient's specific condition. Some patients will require or request additional care from alternative health care professionals and others from traditional providers. Our valued relationships with area Connecticut healthcare providers allow us to deliver this level of quality to our patients.

#### Pharmacy technician

Apothecary241 will initially have two pharmacy technicians on staff. The primary responsibility of the technicians will be the accurate dispensing of any product sold at Apothecary 241. They will also assist in the patient intake process. This encourages and enhances overall patient relationships and increases dispensary operations knowledge.

### **Apothecary 241 Advisory Board**

- Michelle Sexton

Dr. Sexton is a Naturopathic Doctor and clinical research scientist at the University of Washington, where she studied neuro-inflammatory and neurodegenerative disease since 2004. Prior, she practiced midwifery and was an herbalist for ten year. Her undergraduate degree is in horticulture and she specialized in the phytochemistry of plant medicine.

- Julie Holland

Dr. Julie Holland is a psychiatrist with a deep understanding of pharmacology and drugs. At the University of Pennsylvania, Dr. Holland majored in the "Biological Basis of Behavior," a series of courses combining the study of psychology and neural sciences, with a concentration in drugs and the brain, or psychopharmacology. Dr. Holland received her medical degree from Temple University School of Medicine in 1992. At Mount Sinai Medical Center, she completed a residency program in psychiatry, where she was the creator of a research project which treated schizophrenics with a new medication. In 1994, she received the Outstanding Resident Award from the National Institute of Mental Health.

- Derek Houston

Derek is Cannatest's Principal and Chief Operations Officer and a medical cannabis researcher and professional in the analytical sector. He has spent three years in the lab working specifically with Thin Layer Chromatography as an analytical tool and has conducted thousands of potency analyses as well as microbial screenings and developed a very strong understanding of cannabis chemistry.

Michelle Sexton ND



November 6, 2013

Commissioner Rubenstein  
Department of Consumer Protection  
165 Capitol Avenue  
Hartford, CT 06106

Dear Commissioner Rubenstein,

I am writing to confirm my commitment to be a member of the *apothecary 241* advisory board upon their securing a Connecticut license for the cultivation of medical cannabis.

*Apothecary 241* has asked me to advise them as both a clinical researcher and as a natural medicine expert with over 10 years of experience in botanical medicine, basic science and clinical research and as a clinician with expertise in Cannabis research. I completed a post-doctoral fellowship at the University of Washington where I designed and conducted a clinical study that examined immune parameters in patients with Multiple Sclerosis who used Cannabis as an adjunctive medicine. This fellowship was funded by the NIH.

Research is an essential component of the *apothecary 241* mission. I will be creating a research plan for the organization generally, in their execution of research and development. I will also advise them specifically utilizing my extensive experience in the pharmacology of the endogenous cannabinoid system, the use of whole plant medicine, the development of Cannabis treatment plans and quality assurance and quality control of Cannabis products.

If the department has any particular questions regarding my position as an advisory board member or the community acceptance of the *apothecary 241* organization, please feel free to contact me directly.

Sincerely yours,



Michelle Sexton ND



Michelle Sexton ND

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**EDUCATION**

2008-11 POSTDOCTORAL FELLOWSHIP, UNIVERSITY OF WASHINGTON, SEATTLE, WA  
2008 N.D. Naturopathic Medicine, Bastyr University, Seattle Washington  
2003 B.S. Texas Tech University, Lubbock Texas. Cum Laude  
1997 Certified Herbalist, Sage Mountain Herbal Center, Vermont  
1993 Certified Professional Midwife, North American Registry of Midwives

**EXPERIENCE**

2013 EXECUTIVE MEDICAL RESEARCH DIRECTOR, THE CENTER FOR THE STUDY OF CANNABIS AND SOCIAL POLICY, SEATTLE, WA  
2013 Consultant to Washington State Liquor Control Board on implementation of I502  
2013 EXPERT WITNESS, SAN DIEGO CA : MEDICAL MARIJUANA CASES  
2011-2013 CONTINUING MEDICAL EDUCATION SEMINARS, CLINICAL CANNABIS (WA AREA)  
2011-2013 TECHNICAL ADVISOR, EDITOR, FOR THE AMERICAN HERBAL PHARMACOPOEIA CANNABIS MONOGRAPH  
2008-2013 Private Clinical Practice  
2011-2012 Owner, Phytalytics LLC, a phytochemical analysis company  
2011-2013 Bastyr University Research Institute, Assistant Research Scientist  
2008-2011 Individual fellowship (F-32:NIH/NCCAM) University of Washington, Seattle, WA  
2004-2006: Research Scientist, Vanderbilt University, Department of Chemistry  
2005 Pre-doctoral T-32 Research Fellow, Bastyr University  
2004 Pre-doctoral T-32 Research Fellow, Bastyr University  
2003 Undergraduate Researcher, Texas Tech University, Department of Chemistry  
2001-2002 Undergraduate Researcher, Texas Tech University, College of Agric. Sci.  
1993-2003 Private Midwifery Practice, primary obstetric/gynecology care  
1988-2002 : ICEA certified childbirth educator

**PROFESSIONAL MEMBERSHIPS**

American Association of Naturopathic Physicians  
Washington Association of Naturopathic Physicians  
North American Registry of Midwives  
International Cannabinoid Research Society  
International Association for Cannabinoid Medicine  
Society of Cannabis Clinicians  
Society for Orthomolecular Medicine

**TEACHING EXPERIENCE**

2013 Instructor, Nizhoni Institute of Midwifery, San Diego, CA  
2011-13 Assistant Research Scientist, Bastyr University Research Institute  
2011 Howard Hughes Medical Institute, Future Faculty Fellow: Biology Department at University of Washington, Seattle, WA.  
2011 Facilitator, Mind Body Medicine Class, University of Washington  
2010 Guest lecturer, Bastyr University, Herbal Sciences Program

2008 Teaching Assistant, Botanical Medicine, Bastyr University  
2003 Teaching Assistant, Horticulture, Texas Tech University  
1990-1993 Certified Childbirth Educator, Texas Tech Health Sciences Center  
1990-2000 Home-based Alternative Education of my (5) children

#### **ABSTRACTS PRESENTED**

2012: International Cannabinoid Research Society, Freiburg, Germany: "Cannabis as a Complementary Alternative Medicine in Multiple Sclerosis: Effects on some immune parameters".  
2012: Scripps Center for Integrative Medicine: Natural Products Update, San Diego, CA "Effects of Cannabis use on some immune parameters in patients with Multiple Sclerosis"  
2011: Drug Policy Alliance, Los Angeles, CA: "Cannabis Juxtaposed"  
2011: International Association of Cannabinoid Medicine, Bonn, Germany : "Effects of Cannabis use on some immune parameters in patients with Multiple Sclerosis"  
2010: American Association of Naturopathic Physicians, Portland, OR: "Cannabis Juxtaposed"  
2008: International Cannabinoid Research Society, Aviemore, Scotland: "Targeting the Cannabinoid 2 Receptor for medical imaging"  
2008: UCLA : Alternative Medicine Conference "Alternative Laboratory Tests: The good, the bad, the unproven" (co-authored with Cheryl Berman Ph.D)  
2006: American Society for Neurochemistry, Portland, OR "Development of a Molecular Imaging Agent Capable of Assessing PBR Expression".  
2005 Western Student Medical Research Forum, Monterey, CA: "Development of a high Sensitivity, High Throughput Screen for Neuroinflammatory Response Using a Molecular marker and Microglial Activation."  
2005 Keystone Conference: Central Nervous System Inflammation, Snowbird, UT : "High Sensitivity, High Throughput Screen for Inflammatory Response Using Molecular Imaging and Microglial Activation".  
2004 American Chemical Society, Anaheim, CA: "Ex-vivo marking for diagnostic imaging of Glioblastoma by Lanthanide Chelate."

#### **HONORS AND SERVICE**

2012-2013 Board of Directors, Americans for Safe Access  
2011-2012 American Herbal Pharmacopoeia, Technical Advisor for Cannabis monograph  
2010-2012 Chair, Multidisciplinary Scientific Advisory Board, Americans for Safe Access  
2011 Howard Hughes Medical Institute Future Faculty Fellow  
2007-2009 Student member, Naturopathic Physician Research Education Program (NPREP) steering committee, Bastyr University  
2003 2<sup>nd</sup> place Undergraduate Poster competition at Texas Tech University  
2001-2003 Alpha Xi Honors Society, member, treasurer  
2002-2008 Golden Key International Honors Society, member  
1993-2000 Texas Department of Health Midwifery Board Member: Chair, Grievance Committee  
1990-2000 Association of Texas Midwives Board member, Treasurer

#### **RESEARCH FUNDING**

Previous T-32 Predoctoral Research Fellow T32ATO-0815-03 2004-2005

Completed Bastyr Student Council Research Grant 2004  
Postdoctoral Research Fellow NIH-NCCAM (F32)

## **PUBLICATIONS**

Manning HC, Smith SM, Sexton M, Haviland S, Bai M, Cederquist K, Stella N, Bornhop DJ. "A peripheral benzodiazepine receptor targeted agent for in vitro imaging and screening". *Bioconjug Chem.* 2006 May-Jun;17(3):735-40. 16704212

Mingfeng Bai, Michelle Sexton, Nephi Stella, and Darryl J. Bornhop "MBC94, A Conjugable ligand for cannabiod CB2 Receptor Imaging" (accepted *Bioconjugate Chemistry*) 18444670

Sexton M, Woodruff G, Cudaback E, Kreitzer FR, Xu C, Lin YH, Moeller T, Bai M, Manning HC, Bornhop D, Stella N. "Binding of NIR-conPK and NIR6T to astrocytomas and microglial cells: evidence for a protein related to TSPO. *PLoS One* Dec 18, 4(12) e8271

Sexton M, Woodruff G, Horne EA, Lin YH, Muccioli GG, Bai M, Stern E, Bornhop DJ, Stella N. NIR-mbc94, a fluorescent ligand that binds to endogenous CB2 receptors and is amenable to high-throughput screening. *Chem Biol.* 2011 May27, 18(5): 563-8.

Sexton, M, Sylvestroni, A, Stella, N. Differential migratory properties of monocytes isolated from human subjects naïve and non-naïve to Cannabis. *Inflammopharmacology* 2012, April 11.

Sexton, M; Cudaback, E; Rehab, A; Finnell, J; Lichtman, A, Stella, N "Cannabis Use by Patients with Multiple Sclerosis: Effects on Some Immune Parameters" (In Process)

## **RESEARCH EXPERIENCE**

President, Phytalytics LLC

2011-2012

I designed and implemented analytical platforms for the quality control of medical *Cannabis* in Washington State using HTPLC, HPLC and GCMS. Procedures for the sampling of plant samples, topicals, extractions, infusions, concentrates and edibles were developed and data was collected on strains, chemical ratios and contaminants. This data has been presented at an international conference on cannabinoids.

Postdoctoral fellow University of Washington

2008-2011

I designed, wrote and was awarded my individual fellowship grant (F32) from the National Institutes of Health (NCCAM). My appointment was in the Departments of Pharmacology and Psychiatry and Behavioral Medicine. In this position, I was an independent researcher and administered my own grant, acted as the study coordinator for a pilot study in Multiple Sclerosis, looking at novel immune markers. I was responsible for all of the Human Subjects responsibilities, recruiting, screening patients, interviewing patients, drawing blood and conducting three assays on serum and blood cells. In this position I gave numerous journal clubs, talks to undergraduates, supervised and trained

students in laboratory techniques, assay development and experimental design. I measured cell migration, cytokines in serum using bead array and endo-cannabinoids with UPLC/MSMS.

Research Scientist University of Washington

2006-2008

We labeled cannabinoid receptor two (CB2), a marker of neuro-inflammation, with MBC94, synthesized in Dr. Bornhop's lab at Vanderbilt University. My previously developed assay was employed to determine the specificity and binding properties of this molecularly-targeted imaging agent, and then screen live microglia cells activated with selected cytokines. Our conclusion here is that the marker, a near infrared conjugated ligand (SR2) specific for the CB2 receptor, does selectively and specifically bind CB2 in our system. (published) Another set of experiments involves cell migration toward selected phytochemicals including an alkylamide from *Echinacea angustifolia*, beta-caryophyllene, an aromatic compound found in many medicinal plants, and selected cannabinoid compounds from *Cannabis sativa*. I used skilled in cell culture and sterile techniques, western blotting, PCR, GCMS and LCMS as well as protein quantification radioligand binding and fluorescence microscopy.

Independent laboratory research at Bastyr University

2007

I analyzed lignan compounds in various extractions from the plant, Schisandra chinensis, under the supervision of Dr. Nancy Biery. We found that higher concentrations of ethanol used for extraction was correlated with greater amounts of lignan extracted. (unpublished) This project was using coularray detection

Research Scientist, Vanderbilt University

2005-2006

As a research scientist in the chemistry lab of Dr. Darryl Bornhop, my training and work in was in analytical chemistry/pharmacology where I continued the design of a highthroughput fluorescence-based assay to measure binding of a molecular imaging agent for neuroinflammation, TSPO. I performed the pharmacological and biological characterized NIR-PK11195 that Dr. Bornhop developed targeting a protein upregulated in the brain in neuroinflammation. I also edited many documents, helped to design research strategies, wrote grant proposals and scientific articles for publication.

T32 predoctoral fellow (T32ATO-0815-03), Bastyr University.

2004

My project was development of a live cell, fluorescent, molecularly-targeted assay for TSPO, to screen compounds/botanicals for potential neuro-immunomodulatory effect. My conclusion was that the marker, NIR-PK11195 signal did not correlate with PBR expression, but greater fluorescence in "activated" microglia did correlate with increased production of IL1-alpha, indicating what is likely a specific subset of microglial activation (published). I have experience with cell culture, western blotting, PCR, radioligand binding, protein quantification, HPLC, GCMS, and multiple cell-based assays including migration.

T32 predoctoral fellow (T32ATO-0815-03), Bastyr University.

2005

I continued work on the above described assay and tested known inflammatory cytokines for their effect on microglial cell "activation". We assessed primary microglia activation by quantifying the production of 21 cytokines using bead array and chemokines. Under basal conditions, primary microglia produced 15 cytokines

and chemokines, four of which (IL-1a, IL-3, IL-6 and RANTES) increased in response to IFN $\gamma$  and TNF $\alpha$  treatment. (published)

Research assistant Texas Tech University, Department of Agriculture. 2002-2003  
I worked to quantify onion solids in development of an Onion strain expressing high quercetin content for agricultural use in Northwestern Texas. I learned HPLC and Teaching assistant in horticulture greenhouse labs. During this time I completed an internship in the design and installation of a medicinal plant garden at the Horticultural Gardens at Texas Tech University.

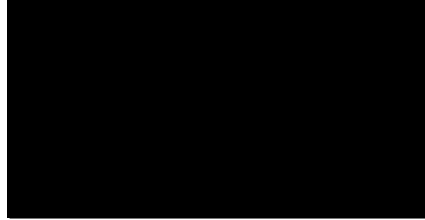
Undergraduate researcher Texas Tech University, Department of Chemistry. 2002-2003  
I assessed the Peripheral Benzodiazepine Receptor (PBR) expression in human, ex-vivo glioblastoma tissue using a molecularly-targeted lanthanide chelate. Labeling of this reliable marker of neuroinflammation with the dye and subsequent fluorescence microscopy revealed that a higher stage of disease correlated with increased labeling with the dye. (abstract and poster As a Research Assistant to Dr. Bornhop I assisted in the preparation of proposals (NIH, NSF, DOD) during my employment.

Developed an analytical platform for phytochemical analysis of native Echinacea sp. to West Texas using HPLC. 2002

Independent laboratory research, Bastyr University 2003  
In collaboration with Dr. Gowsala Sivam, I performed HPLC quantification of ellagic acid in fresh organic raspberries. Results showed that fresh raspberry has a relatively high amount of ellagic acid, a potent nutritional anti-oxidant. (unpublished)



**Julie Holland, M.D.**



October 20, 2013

Commissioner Rubenstein  
Department of Consumer Protection  
165 Capitol Avenue  
Harford, CT 06106

Dear Commissioner Rubenstein,

I am writing to confirm my commitment to be a member of the *apothecary241* advisory board upon their securing a Connecticut license for dispensing medical cannabis.

*Apothecary241* has asked me to advise them as a psychiatrist, psychopharmacologist, and expert on cannabis with over twenty years experience in this field.

Research is an essential component of the *apothecary241* mission. I will therefore also be advising on research and development.

If the department has any particular questions regarding my position as an advisory board member or the community acceptance of the *apothecary241* organization, please feel free to contact me directly.

Sincerely yours,

Julie Holland, MD  
New York Medical License # 194063  
Editor: The Pot Book. A Complete Guide to Cannabis  
Medical Monitor, FDA approved clinical research investigating the impact of cannabis on Post Traumatic Stress Disorder in US Veterans

**Name:** Julie A. Holland

**Address:** [REDACTED]

**Place of Birth:** [REDACTED]

**Education:**

1987 B.A. University of Pennsylvania, Philadelphia, PA

1992 M.D. Temple University School of Medicine, Philadelphia, PA

**Postdoctoral Training**

Internship and Residency:

1992-1996 Psychiatry, Mount Sinai School of Medicine, New York, NY

1994-1995 Chief Resident, Schizophrenia Research Ward, Bronx VAMC

**Licensure and Certification:**

1994 New York State License Registration

1994 Drug Enforcement Agency Certification

1996 Mental Health Law 9.37 Designation

1999 Diplomate, American Board of Psychiatry and Neurology

2012 Fellow, New York Academy of Medicine

**Awards and Honors:**

1994 National Institute of Mental Health Outstanding Resident Award

2011 Norman Zinberg Award for Medical Excellence, Drug Policy Alliance

**Principal Clinical and Hospital Service Responsibilities:**

1996 to 2005

Attending Physician, Bellevue Hospital Center, Comprehensive  
Psychiatric Emergency Program (CPEP), New York, NY

1996 to 2012

Assistant Clinical Professor of Psychiatry, New York University School  
of Medicine.

Teaching duties include Clinical Case Conferences at CPEP and teaching Substance  
Abuse Fellows at Bellevue Hospital.

1996 to Present

Private Psychiatric Practice, 200 East 33<sup>rd</sup> Street, Ste. 16H, New York, NY 10016

**Major Research Interests:**

Clinical Utility of MDMA in Psychiatry

Embalming fluid-soaked marijuana; PCP intoxication

Enhancement of the glutamatergic system in schizophrenia

Auditory hallucinations in psychotic disorders

Regional cerebral blood flow studies using Xenon 133

Visual agnosia in Alzheimer's disease

#### **Current Research Responsibilities**

Medical Monitor, MDMA in the treatment of PTSD in veterans of the Iraq and Afghan wars

Medical Monitor, Cannabis in the treatment of PTSD in veterans of the Iraq and Afghan wars.

#### **Research Experience**

Fall 1993 to Summer 1996 Principal Investigator of protocol involving the glutamate neurotransmitter system in schizophrenia using d-cycloserine. Department of Psychiatry, Mount Sinai Medical Center

Summer 1989 to Summer 1992 Clinical Psychiatric Research involving auditory hallucinations. Under the direction of Kevin Riley, PhD, Department of Psychiatry, Temple University Medical Center

Summer 1987 to Summer 1988 Clinical Neurological Research involving regional cerebral blood flow measurement with Xenon 133. Under the direction of Brett Skolnick, PhD, Department of Neurology, Graduate Hospital

Spring 1986 to Summer 1987 Independent Study assisting protocol preparations for clinical psychopharmacological research. Under the direction of Edward Schweizer, MD, Department of Psychiatry, University of Pennsylvania

Summer 1985 Neuropsychological Research involving Alzheimer's Disease. Under the direction of Myrna Schwartz, PhD, Department of Psychology, University of Pennsylvania

**Publications:**

Books

Editor, Ecstasy: The Complete Guide. A Comprehensive Look at the Risks and Benefits of MDMA (A non-profit book funding therapeutic MDMA research) Park Street Press, 2001

Editor, The Pot Book: A Complete Guide to Cannabis. Its Role in Medicine, Politics, Science, and Culture. (A non-profit book funding therapeutic cannabinoid research) Park Street Press, October, 2010.

Author, Weekends at Bellevue: Nine Years on the Night Shift at the Psych ER. Bantam, October, 2009.

Magazine Articles

Glamour Magazine Cavewoman's Guide to Good Health, July, 2010

Journal Publications

Holland, Julie

Psychedelic Researchers: The Next Generation.

Bulletin of Multidisciplinary association for Psychedelic Studies, 1993, Vol. 4, No. 2, pp. 40-42.

Holland, Julie

Hallucinogenic Drugs in Experimental Psychiatric Research.

Bulletin of Multidisciplinary Association for Psychedelic Studies, 1997, Vol. 7, No. 3, pp. 31-36.

Holland JA, Nelson LW, Ravikumar PR, Elwood WN

Embalming Fluid-Soaked Marijuana: New Drug or New Guise for PCP?

Journal of Psychoactive Drugs, 1998, Vol. 30, No. 2, pp. 215-219.

Holland, JA Riley, KC

Characterizing Auditory Hallucinations: An Aid in the Differential Diagnosis of Malingering.

Journal of the American Association of Emergency Psychiatry, 1998, Vol 4, No. 1, pp. 3-5.

Nelson LS, Holland JA, Ravikumar PR

Dangerous form of marijuana.

Ann Emerg Med. 1999; Vol. 34, No. 1, pp. 115-116.

Brasic JR, Holland JA, Alexander M, Rohde CA.

The increased likelihood of obstetric complications in autistic disorder.

Southern Medical Journal 2003; Vol. 96, No. 10 (supplement), p. S34

Brasic JR, Holland JA.

A Qualitative and Quantitative Review of Obstetric Complications and Autistic Disorder .

Journal of Developmental and Physical Disabilities 2007; Vol. 19, No. 4, pp. 337

November 11, 2013

Commissioner Rubenstein  
Department of Consumer Protection  
165 Capitol Avenue  
Hartford, CT 06106

Dear Commissioner Rubenstein,


I am writing to confirm my commitment to be a member of the *apothecary241* advisory board upon their securing a Connecticut license for the production of medical cannabis.

*apothecary241* has asked me to advise them as a medical cannabis researcher and professional in the analytical sector. As Cannatest Principal and Chief Operations Officer, I have gained considerable experience in strategic development within the industry and developed a certain cannabis science savvy that will strongly suite my serving the apthercary 241 board. Spending three years in the lab training specifically with Thin Layer Chromatography as an analytical tool, I have conducted thousands of potency analyses as well as microbial screenings and developed a very strong understanding of cannabis chemistry. Aside from being the CEO's right hand man and assisting our Lab Director Dr. Eerkes, my primary responsibilities include overseeing the day-to-day operations of Cannatest HQ, managing our network of global satellite labs, and acting as business liaison for the company's international developments. My many engagements over the years have provided a very unique experience and knowledge opportunity as they have allowed me to be present around world with some of the most prominent professionals in the space; from researchers, retailers, producers, processors, physicians, and ancillary service providers, I assist Cannatest in navigating relationships in every sector of the industry and am set to lend the same level of assistance to the *apothecary241* board.

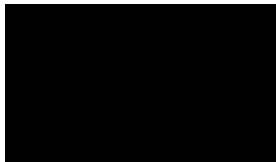
Research and cannabis science is an essential component of the *apothecary241* mission. I will therefore also be advising on research and development.

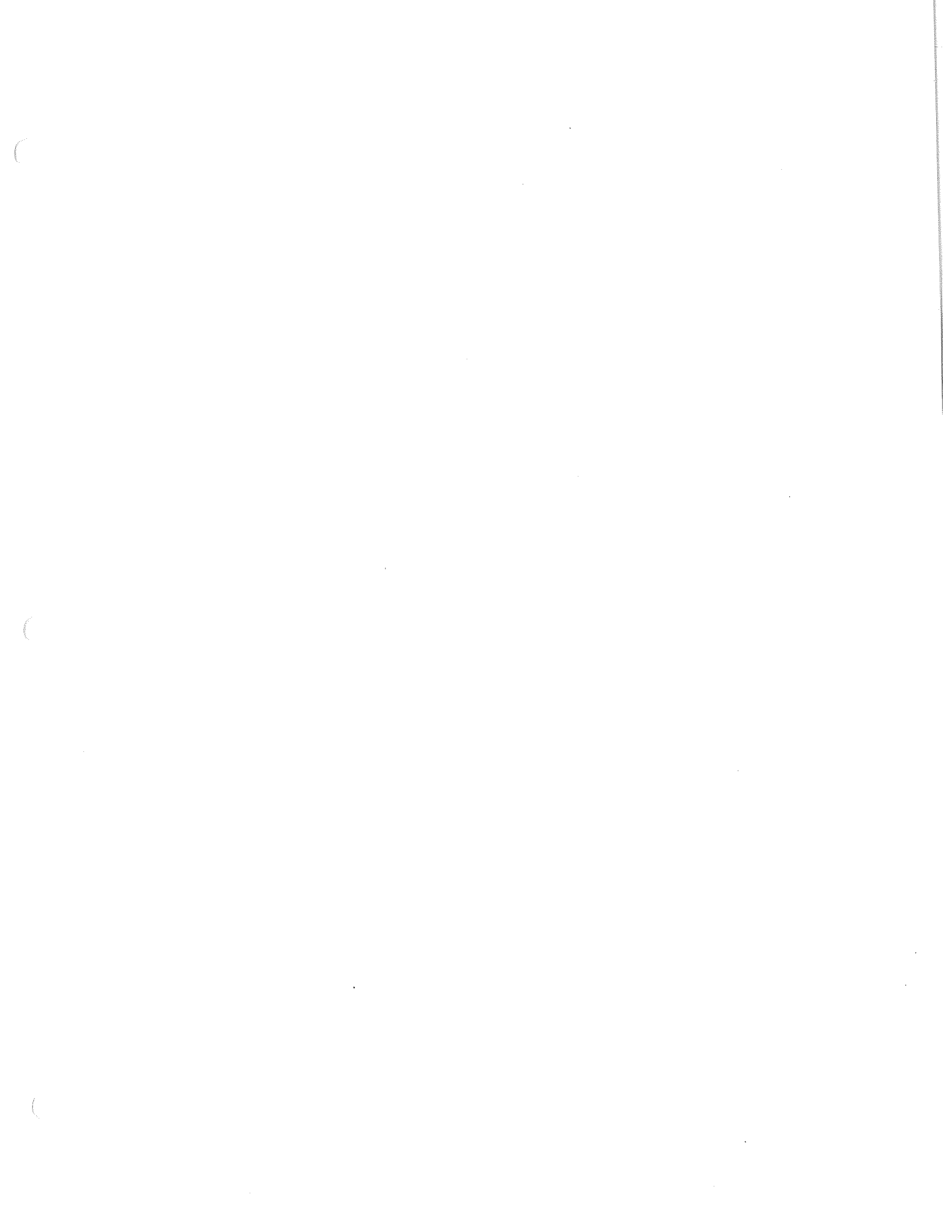
If the department has any particular questions regarding my position as an advisory board member or the community acceptance of the *apothecary241* organization, please feel free to contact me directly.

Sincerely yours,



Derek Houston,







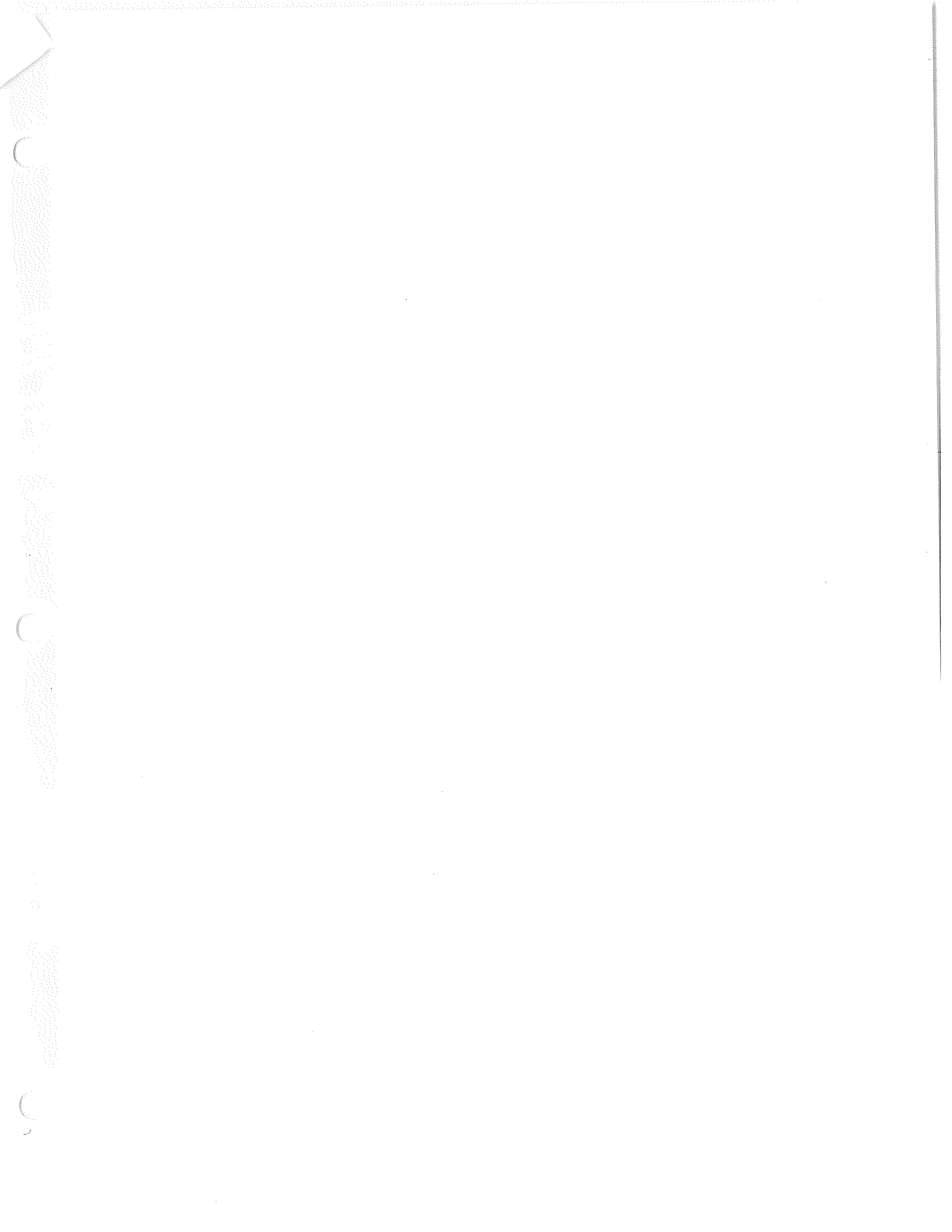


**Dispensary Policy and Procedure  
Operations Manual**





## **Security Plan**



apothecary  241

**Patient Handbook**

# RFA C BUSINESS PLAN-APPENDICES: PATIENT HANDBOOK

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## PATIENT CODE OF CONDUCT

Except as set forth herein, you must be at least 18 years old with a valid Connecticut registry identification card in order to enter Apothecary241 Compassion Center ("Apothecary241"). Please have your registry identification card and a second form of identification (e.g., a Connecticut driver's license; government-issued identification card that shows your name and address; or a utility bill issued within the previous 2 months that shows your name and address) available for presentation at the door. Entry onto the premises by a person who is under the age of 18 is prohibited unless he or she is a registered, qualifying patient accompanied by his or her primary caregiver and both are in possession of a registry identification card.

Unless provided directly to Apothecary241 by your physician, you must present written instructions from your physician concerning the total amount of medical marijuana that may be dispensed to you, in weight, in a 30-day period, which amount shall not exceed two and one half ounces. If no amount is noted, the maximum amount that may be dispensed at one time is two and one half ounces.

Do not use or consume medical marijuana in the Apothecary241 Patient Care Center or in the surrounding neighborhood of Apothecary241.

The use of cell phones and cameras are prohibited in Apothecary241.

Do not consume food and/or beverages on the premises of Apothecary241.

Please do not ask for any information other than dispensary hours over the phone. If you have questions, please ask them in person at Apothecary241.

You may not sell or redistribute your medical marijuana to others.

Place your medicine out of sight before leaving the facility. Do not display or discuss your medicine in the surrounding neighborhood of Apothecary241.

Do not engage in loud, boisterous or disruptive behavior in or near the Apothecary241 Patient Care Center.

Do not loiter near the Apothecary241 Patient Care Center.

Respect and show courtesy towards all Apothecary241 staff.

I, the undersigned, agree to these rules and I understand that violations of these rules will result in immediate termination of my privileges at Greenleaf.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## RFA C BUSINESS PLAN-APPENDICES: PATIENT HANDBOOK

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### Who is Apothecary241?

Apothecary241 is a Patient Care Center that is licensed according to the State of Connecticut Regulation of the Department of Consumer Protection and the Regulations on Palliative Use of Marijuana. We expect to exceed the standard role of the community retail pharmacy currently holds within the modern healthcare system for our qualified patient population. We expect to improve the quality of life of our patients. It is our belief that medical cannabis holds a place in today's pharmacopeia.

We will provide professional education and guidance targeting cannabinoid based therapies through individual counseling as well as community outreach.

Apothecary241 encourages adherence to a disease prevention lifestyle while effectively managing symptoms of existing disease. The patient is always our top priority with our values focusing on responsibility, compassion, caring and respect.

We believe that the key to our success is in the quality of our team. We have brought together a uniquely-qualified group of executives with extensive experience in business, health care, science, agriculture and the non-profit sector. Apothecary 241 management intends to recruit a staff of similarly accomplished and motivated individuals at every level of the organization.

- Our staff will be cheerful, courteous and patient oriented
- Our patients will always be treated with distinction and warmth
- We will be good neighbors to businesses in our area and will be a contributing and supportive member of our community

We would appreciate any feedback regarding our service

### What services do we Offer?

We provide access to medical cannabis by state qualified patient. We carry products from each production facility within Connecticut.

Our Pharmacist is onsite and will be available to assist you with your understanding of medical cannabis. Apothecary241 is embracing the changing healthcare system by placing the pharmacist within the patient's health-care team. We would like to assist you in taking an active role in your health. Every time you visit your dispensary our pharmacist will be available to provide an ongoing assessment of your medication therapy.

Other features of our dispensary that we encourage you to take part of

- Patient Activist Resource Center: Apothecary241 establish a Patient Advocacy Resource Center to enable patients and family members to gain more knowledge of medical marijuana and provide advocacy tools to help promote public awareness of the benefits of medical cannabis.
- Reading Library: Free educational literature on medical cannabis at Apothecary241's on-site reading library will provide patients with reading materials covering topics such as medical cannabis research, pain and stress management and holistic approaches to health and wellness.

## RFA C BUSINESS PLAN-APPENDICES: PATIENT HANDBOOK

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- Compassion Need Plan: Apotecary241 is fully committed to providing medical cannabis to low-income qualifying patients to eliminate disparities in access and treatment.
- Healthy Incentives Program: Apotecary241 will offer incentives to patients who choose participate in healthy and safe ingestion methods and wellness activities.

### Ground Rules for Patients

- Please be mindful of our neighbors
- Do not linger in the parking lot
- Do not consume your medicine on site
- It is not legal to drive while intoxicated.
- It is not legal to share your medication with others.
- It is not legal to smoke while operating any motor vehicle, on land or otherwise!
- When transporting medicine, keep it in the trunk!!
- If there is no trunk, keep the medicine out of sight and out of reach of the driver to prevent any suspicion of DUI
- It is not legal to buy or sell marijuana, even under state laws!!

### MEDICAL CANNABIS DISCLOSURE

Although smoking cannabis has not been linked to lung cancer, smoking it can result in respiratory harm, such as bronchitis. Many researchers agree that marijuana smoke contains known carcinogens, and that smoking cannabis may increase the risk of respiratory diseases, along with cancer of the lungs, throat, and mouth. Vaporizers and edible cannabis products may substantially reduce many of the potentially harmful smoke toxins that are normally present in cannabis smoke.

Side effects may occur while using medical cannabis including, but not limited to:

Judgment, balance, perception coordination and cognitive functions like concentration and short term memory are inherent risks associated with its use.

Headache, Nystagmus, Rapid heart rate, Reduced muscle strength, Decreased blood flow to brain, Decreased coordination, Increased food consumption and weight gain, Altered body temperature, Anxiety or panic, Paranoia, Confusion, Aggressiveness, Hallucinations, Euphoria, Suicidal ideation, Sedation, Altered libido, Cough, Dizziness, Fatigue, Hunger, Nervousness, Increased talkativeness, Inability to concentrate, Altered libido, Dysphoria, Inattention, Impotence, Depersonalization, Addictive behaviors, Decreased verbal skills, Amotivational syndrome, Reduced testicular size, Decreased testosterone levels, Menstrual abnormalities, Fetal exposure, Tremor, Infertility, Gynecomastia, Abnormal ova, Dizziness, Tachycardia, Alteration in time, space, and color perception, Fatigue, Short-term memory impairment, Nausea, Abnormal sperm morphology/motility

Symptoms of marijuana overdose include: nausea, vomiting, heart rhythm disturbances, numbness in the limbs, hacking cough

Chronic cannabis overuse can lead to laryngitis, bronchitis, and general apathy



## RFA C BUSINESS PLAN-APPENDICES: PATIENT HANDBOOK

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Some patients can become dependent on cannabis. Please contact your physician immediately if you notice the signs of withdrawal, which include the following: feelings of depression, sadness, or irritability, restlessness or mild agitation, insomnia, sleep disturbances, unusual fatigue, trouble concentrating, loss of appetite.

### Cannabis

Cannabis is the botanical name of a genus of annual flowering plants in the Cannabaceae family. Some species of cannabis (*indica* and *sativa*) produce fairly large amounts of chemicals known as THC. Many industry leaders are working hard to cultivate plants that have a more extensive cannabinoid profile, cultivating strains that are high in CBD.

### Cannabis sativa

The cannabis *sativa* medicating effect is often characterized as uplifting and energetic. The effects of a cannabis *sativa* are mostly cerebral. They give a feeling of optimism and well-being. They are known to have a spacy or hallucinogenic effect. *Sativas* are a good choice for daytime medication.

### Cannabis indica

The cannabis *indica* medicating effect is most often described as relaxing. They usually enable the patient to simply sit still and relax. Inducing an overall sense of calm and serenity.

### THC

THC, short for tetrahydrocannabinol, is a chemical compound found in cannabis. THC causes cannabis's intoxicating effects. In low doses, THC causes some pain reduction, can stimulate appetite, and help reduce nausea. Higher doses may cause the "high" associated with marijuana, leading to altered perception of time and space, feelings of happiness, or feelings of fatigue.

Although THC is not the only source of psychoactive effects in the plant, it is the most abundant chemical that clearly alters subjective experience.

### CBD

CBD (Cannabidiol) is a non-psychoactive cannabinoid, a compound found in Cannabis. Cannabis either has an elevated THC level or an elevated CBD level. These two components are not found equally in Cannabis. Therefore plants with a high CBD ratio have a low level of psycho-activity. Since there is no "high" associated with plants high in CBD it had been bred out of crops over the years.

Currently, with the growing numbers of medical marijuana patients, physicians and researchers nationwide CBD is being looked upon with new eyes.

Cannabis naive patients, who have no prior experience with marijuana, may feel more comfortable with strains higher in CBD, due to their low psycho activity (the feeling of being high). Patients may also respond better to varieties of cannabis which couple low THC levels with high CBD levels, because they enhance medical effectiveness while reducing or eliminating psycho activity.

### Is there a correct dose of medical cannabis?

Correct dosage of medication includes the correct amount of the drug as well as the route and frequency of administration. Cannabis has a very wide margin of safety and it is virtually impossible to overdose. Finding the right dose for the patient is highly individualized. One person may be much more sensitive than another to the various components in marijuana. Furthermore the patient's reactions to the components that make up marijuana are highly individualistic.

Medical Marijuana can be administered in a variety of ways. Each method of delivery has a distinct course of action.

Medical Marijuana can be administered in a variety of ways. It can be smoked, swallowed, eaten, applied under the tongue or rubbed on topically. Each method of delivery has a distinct course of action.

\*Effects of smoking cannabis are generally felt within a few minutes and peak in 10 to 30 minutes, lasting for 1-3 hours, then declining over the next 2-4.

\* Effects of eating cannabis are generally felt within 60-90 minutes, lasting for up to 6 hours.

\* Effects of tincture are generally felt within 5-10 minutes when placed under the tongue and absorbed without swallowing, and last much the same as inhaled cannabis. If swallowed or placed in a tea it is absorbed by the GI tract. Onset of effect can be between five and twenty minutes, and the duration is similar to that of edibles and can last over four hours.

*Smoking* marijuana produces the most immediate effects and refined control of dose. It does however emit tars and noxious gases that are found inherently in smoke. It is felt that the amount smoked is variably small, so perhaps the benefits outweigh the risks. Cannabis can also be vaporized.

*Vaporizers* (vaporizer) is a device that allows the patient to separate the cannabinoids (the therapeutically effective chemicals in cannabis) from the plant material without burning. The plant material is heated to temperatures just below the point of combustion where smoke is produced. This separates the THC and other medically active cannabinoids from the plant material without burning, and they are released into a vapor. This vapor is then inhaled.

The temperature at which the cannabis is heated is 400 degrees F this is the point where the cannabinoids release into a vapor. Combustion of plant material begins at around 540 degrees F, therefore many if not all of the negative effects of smoking are mitigated. A deterrent to vaporizers is the initial cost, but due to the decreased amount of cannabis needed per dose and healthier administration method, most patients feel it is a good investment

*Edibles* are longer lasting, and have lag time, the amount of time it takes to feel their effects. This is due to the absorption in the GI tract and metabolism in the liver. It is recommended to exercise caution when trying an edible for the first time. Most edibles are enjoyable to eat and it is easy to exceed a comfortable dose. It is recommended that you try a quarter of a dose the first time using an edible, wait 45 minutes, and then try another quarter dose if you have not achieved the desired effect. This will

## RFA C BUSINESS PLAN-APPENDICES: PATIENT HANDBOOK

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greatly decrease your likelihood of experiencing a stronger effect than you desire. Proceeding to quickly and over consuming the edible, by the time all the doses have hit your system, you are “over medicated”. If you experience uncomfortable side effects, eating something or sleeping may reduce your discomfort. Time is the only needed antidote. The effects will pass.

*Tinctures* are a concentrated extract of marijuana, usually prepared in a base of alcohol, oil, or glycerol. They offer a convenient way to medicate in a non-smoking environment. Dosages are measured with a dropper or atomizer (spray) and delivered under the tongue to be absorbed through the capillaries of the mouth directly into the bloodstream. This is similar to how the effects of smoked cannabis is processed in the body. Tinctures can also be put into a juice or a tea and consumed as a drink. The effect you feel with this method is similar to that of an edible.

Applying Cannabis *topically* in the form of a lotion, ointment or salve has been shown to produce anti-inflammatory processes to patients. Patients have found it helps to clear skin conditions such as psoriasis and eczema. It is known to relieve muscle spasms, knots and soreness.

### COMMON SIDE EFFECTS

For the Cannabis naive patient knowing ahead of time what some of the effects of using Cannabis are will greatly increase a positive experience. It is also good to know that for reasons that aren't well understood, many people don't feel effects the first time they use Cannabis.\* It may take two or three times before the desired effects are felt. (this is known as priming)

Marijuana usually has a soothing and comforting effect on the mind. Moderate doses tend to induce a sense of well-being and a dreamy state of relaxation. Marijuana's medicinal benefits affect the perception of pain, mood, hunger, and muscle control.

Before getting started be sure to set aside some time in your schedule to potentially decrease the likelihood of an uncomfortable situation. It would also be beneficial to have a supportive person with you for assistance if necessary.

It is impossible to consume enough cannabis to produce a toxic effect in the body. Marijuana is known to be one of the safest medicines with relatively few side effects. However being aware of potential side effects can help you to use it more effectively. Remember, the side effects, if any, will go away with time.

At stronger doses some people do experience increased heart rate, anxiety, paranoia, nausea and dizziness. If this happens to you, there are several things you can do. Try to stay in an environment where you feel naturally comfortable. If you feel anxious, sit or lay down, breathe deeply, and relax. Try to focus on something other than your anxiousness. Watch television, listen to music, talk with a friend, or eating something may quickly reduce the feeling of anxiety. If you can, sleep. Sleep is the best thing for you at this point. Try to make yourself comfortable enough for you to fall asleep. The next time you use it try reducing your dosage or trying a different strain.

## RFA C BUSINESS PLAN-APPENDICES: PATIENT HANDBOOK

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Many patients use marijuana to stimulate appetite. It also causes the feeling of a dry mouth and throat. If you are using marijuana to increase your appetite, plan dosing and administration times that coincide with meals. Remember the amount of time needed to feel the effects of cannabis depend on method of administration. If you experience dry mouth, try drinking water or juice. Avoid drinks that are inherently dehydrating like coffee and soft drinks. Hard candies and gum also help. If you wish to eat, eat good nourishing food rather than sweets.

Some strains are perfect to help you sleep. If you are looking for something for insomnia try using an Indica dominant strain. If you find that you can't sleep after using marijuana, try reducing your dosage and avoid using it for about two hours or so before you want to sleep.

Sometimes people find it difficult to carry on a complicated conversation, keep track of details, or perform complex tasks. Coordination, balance and reaction times may also be affected. You should consider scheduling your time so that you don't have to be concerned about these effects while going about your day, or choose a strain and amount that will allow you to participate to your greatest ability.

Many people find that things which normally don't seem funny become quite amusing when they use marijuana. Most people enjoy this effect. If you must deal with situations where humor would be inappropriate, use your judgment and schedule your time so that you don't have to deal with them when you are taking your medicine.

\*Excerpts taken from the ASA, Norml, and The Marijuana Medical Handbook

### Know your rights

Under state law, patients and caregivers are afforded protection from arrest and criminal sanctions if used in compliance with the law. State law however is superseded by federal law, which still classifies medical cannabis as an illegal substance. Therefore, medical cannabis patients can still face criminal charges under federal law. Also note, it is illegal at both the state and federal levels to possess or cultivate cannabis with the intent to distribute or sell.

### If You Get Approached By an Officer of the Law...Be Smart and Stay Calm!

Many arrests for cannabis possession are due to traffic violations and noise complaints.

- Travel Safety: Do Not Smoke and Drive. If you travel with cannabis, make sure your vehicle is up to code and your cannabis is concealed, preferably in your trunk.
- Be a Good Neighbor: Loud music and domestic disputes can lead law enforcement to your home.
- Be Discreet: Try not to smoke where others can see you and never leave cannabis items in plain view.

### Do Not Consent to a Search!

If approached by an officer of the law and he/she asks: "Do you mind if I look into your purse, bag, home or car?"

You can answer: "I Do **NOT** consent to a search." "I believe in my Constitutional Right to Privacy and I Do **NOT** consent to a search." Note: This probably will not stop an officer from searching you, but it can help get any evidence thrown out in court.

### Search Warrants:

## RFA C BUSINESS PLAN-APPENDICES: PATIENT HANDBOOK

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Do **NOT** let an officer into your home without a search warrant. If they have a search warrant, check the address, the date and a judge's signature.

If the law enforcement officer knocks on your door, step outside and close the door behind you while you find out why they are there. Do **NOT** leave the door open behind you. If they do enter your home with or without a search warrant, state "I Do **NOT** consent to a search."

### **Exercise Your Rights!**

There are 3 levels of police interactions and safe ways to handle each encounter.

**Casual Conversation:** Ask if you are being detained. If not, walk away.

**Detention:** If you are being detained, ask why!? Make the officer cite the law (and remember what they say).

**If Arrested:** State, "I choose to remain silent and I would like to see a lawyer" (Remain Silent).

Apothecary241 has a strong commitment to assisting their patients achieve a greater quality of life. As healthcare providers we are ethically bound to discuss the negatives as well as the positives associated with any medicine. We encourage a healthy conversation about medicine and the potential for dependence or abuse.

Drug dependence occurs when an individual has built up a tolerance to a particular drug or drugs. With tolerance comes the need to take more and more of the drug in order to achieve the same level of effect. Those with a drug dependence problem are also likely to experience withdrawal symptoms when they stop taking the drug in question.

Drug abuse refers to an individual who continues to use drugs even though they know it is having an adverse effect on their health and well-being. Drug abusers will continue to use even though their social life is falling apart and their financial stability is collapsing.

To help better identify drug abuse and dependence, it is important to understand the medical criteria for each

The medical community defines drug dependence as three of the following occurring within a single year:

- Building a tolerance for the drug. This may include the need to take more and more of the drug to get its desired effect, or a lessening of the effect one gets when they continue to take the same amount of the drug.
- Withdrawal symptoms. These may include physical and psychological symptoms such as nausea, sleeplessness, irritability, muscle aches, etc. The length of time that withdrawal symptoms are experienced varies according the individual and the intensity of the drug addiction, but as a general rule, they will last between two to five days.
- The inability to stop taking the drug(s) in question

## RFA C BUSINESS PLAN-APPENDICES: PATIENT HANDBOOK

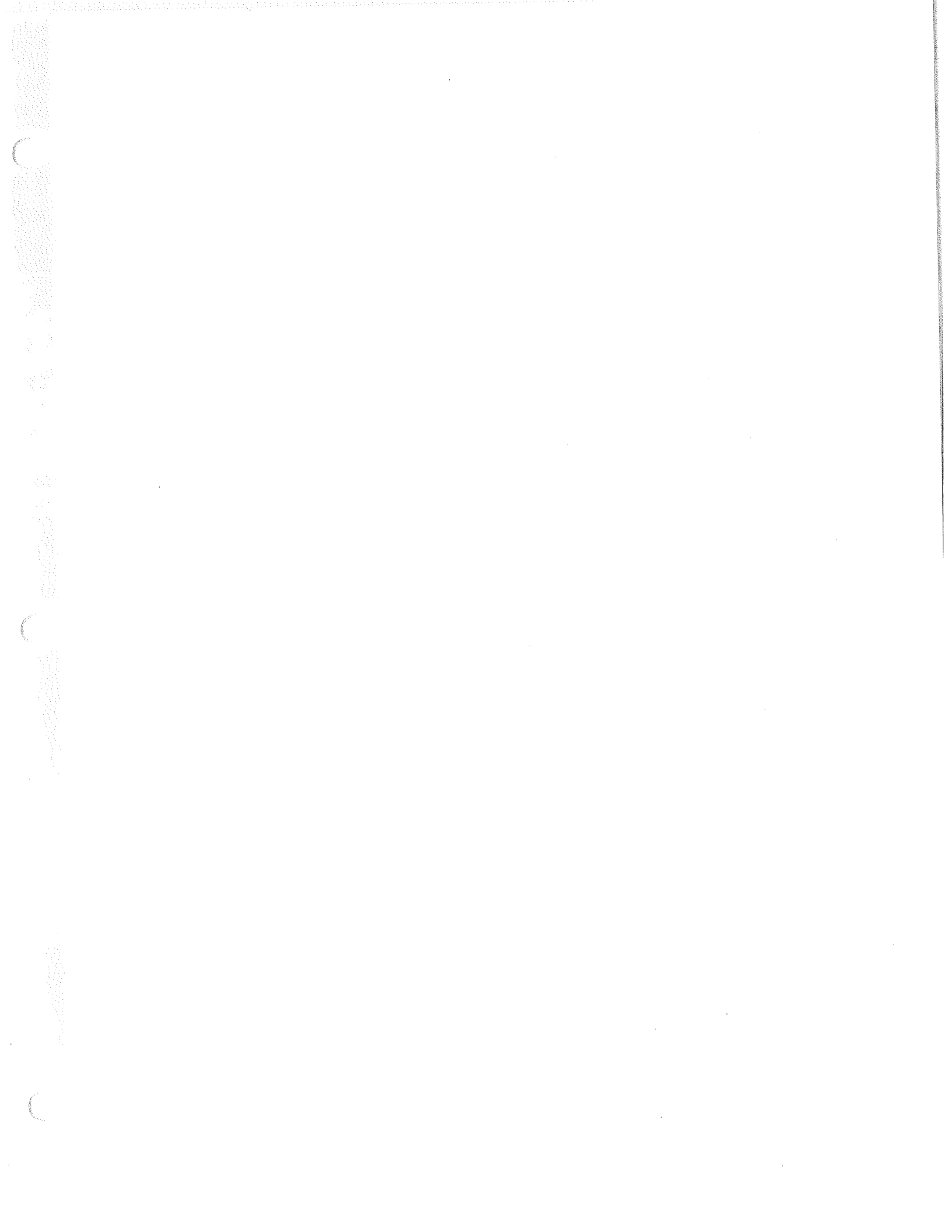
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- The individual takes more and more of the drug over time. More than he or she originally had intentioned.
- The individual becomes obsessed with the drug, and the pursuit of it begins to overtake their life.

Drug addiction symptoms or behaviors include:

- Feeling that you have to use the drug regularly — this can be daily or even several times a day
- Failing in your attempts to stop using the drug
- Making certain that you maintain a supply of the drug
- Spending money on the drug, even though you can't afford it
- Doing things to obtain the drug that you normally wouldn't do, such as stealing
- Feeling that you need the drug to deal with your problems
- Driving or doing other risky activities when you're under the influence of the drug
- Focusing more and more time and energy on getting and using the drug

If you are concerned about your medication consumption, we are here to help. You can always speak with any of our staff, as well as call the CT mobile crisis line 860-482-1560 or Community Health Resources 877-884-3571.



apothecary 241

**Employee Education**



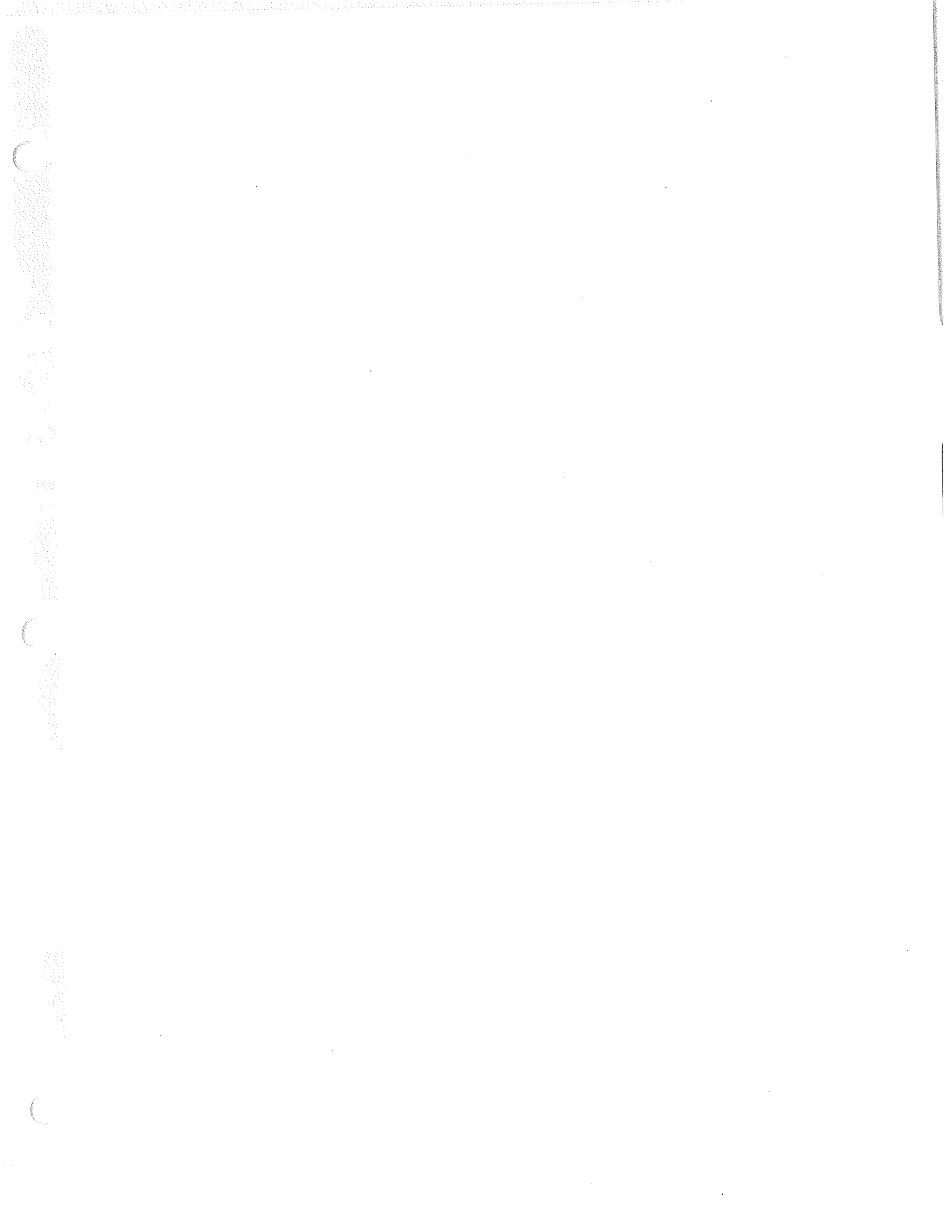
# RFA C BUSINESS PLAN- APPENDICES: EMPLOYEE EDUCATION

## Employee Education

(For educational purposes only)

## Patient's Bill of Rights

- Patients have a right to respectful care.
- Patients have the right to be informed about their diagnosis, to know what their treatment options are, and know what the potential outcomes of each treatment would be.
- Patients have the right to know the names of those treating you.
- Patients have the right to refuse a treatment.
- Patients have the right to privacy.
- Patients have a right to access their medical records.
- Patients have a right to know what kinds of alternative care options you have.
- Patients are responsible for providing all information about past care, illnesses and medicines to their physician when he or she is trying to find out the best possible treatment for you.



## RFA D MARKETING PLAN

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Apothecary241 will be the first business of its kind in the state of Connecticut. Due to the novelty of the medical cannabis industry, there is virtually no in state data to rely on. In addition, due to the highly regulated and highly medical nature of Connecticut's medical cannabis program, it is not accurate to extrapolate the data based on the information available from other states that have legalized medical cannabis.

There will sufficient growth in a competitive market. We plan on being leaders in this future market and a positive influence on the way the market forms. By providing active educational outreach both within the walls of the dispensary and out in the community we will create a positive and compliant marketplace.

Connecticut has essentially laid a foundation for an emerging small cap pharmaceutical market specializing in only cannabis. For this reason, the most reliable source of data is that relating to the general pharmaceutical industry, and does not necessarily include the cannabis component. As such, the following data analysis is based on cannabis as a standard pharmaceutical. Relevant data includes but is not limited to; the number of patients in the state with qualifying conditions, the number of patients currently taking medications that treat the causes or symptoms of those qualifying conditions, the numbers of deaths associated with each condition and the current breakdown of qualifying conditions among current registered patients.

LOGO



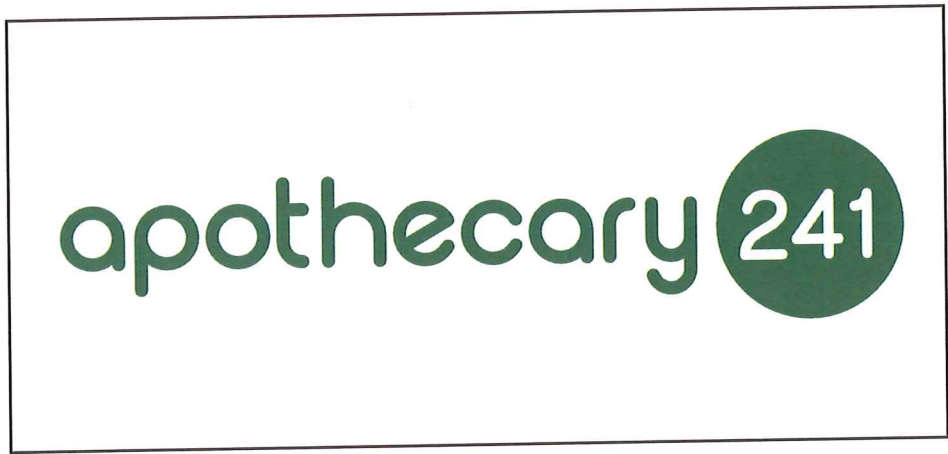
## RFA D MARKETING PLAN

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### SIGNAGE

Our signage strategy focuses on discretion and clarity. A simple sign only providing our name hangs next to our entrance.

SIGNAGE



## RFA D MARKETING PLAN

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### INTERIOR SPACE

Our interior space would be state-of-the-art and progressive, while maintaining an environment of comfort and professionalism. We are working with the interior designers GUILD ([www.guildisgood.com](http://www.guildisgood.com)) to realize the dispensary vision.



apothecary 241

Name

Role

## RFA D MARKETING PLAN

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### LABELING

The Apothecary241 product label displays all information required for the safe storage and consumption of medication by our patients.

Our dispensary facility manager ensures that all cannabis products are properly labeled in accordance with Connecticut State Medical Marijuana regulations.

The labels are clearly marked and can be clearly differentiated from other medications.

## RFA D MARKETING PLAN

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### NAME TAG

Name tag would be clear and easy to read.

### BAG

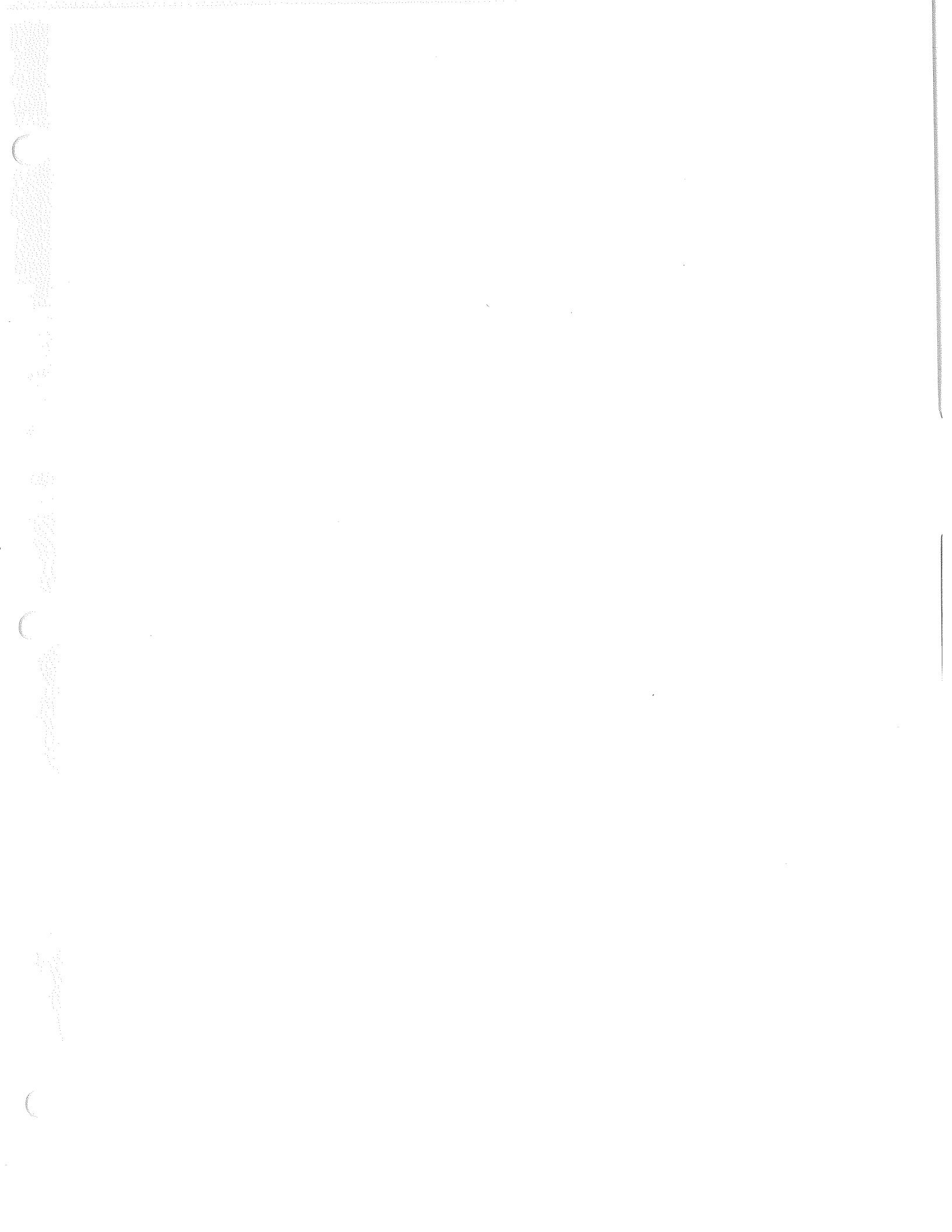
Products sold at the Apothecary241 dispensary department are packaged in discreet, low profile bags to ensure the privacy of our patients. A simple "241" sticker will be the only exterior branding.

### DRUG INFORMATION LABEL

Provides the patient with a general summary of the clinical aspects of the product. This serves as a general guide for safe product storage and administration.

### PATIENT FORMS

Our patients are provided with forms that are formatted in a similar fashion to the forms used by their physician. Familiarity with the format will allow for simple and easy completion. These forms are uniformly branded with the rest of our materials.



## **RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE**

**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;**

Please see organizational documents attached to B(2)

## **RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE**

**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;**

## RFA E.(2)

### E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

(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;

#### APOTHECARY241 DISPENSARY FACILITY TEAM

##### Dispensary manager:

The dispensary manager position will be Dr. Khary Bryan. Dr. Bryan has over 17 years of experience working in retail pharmacy, twelve of which were in the role of licensed pharmacist. He has a clear understanding of the value a clinical pharmacist brings to the healthcare team.

Dr. Bryan will report to the Board of Directors, Robert Birnbaum, April Arrasate and Andrew Sieghart.

All staff will report to Dr. Bryan.

##### Clinical care coordinator (not yet hired):

. The role of the clinical care coordinator is to assist in managing the plan of care for our patients through coordination of care with other health professionals. Patient care plans will be individualized to the patient's specific condition. Some patients will require or request additional care from alternative health care professionals and others from traditional providers. Our valued relationships with area Connecticut healthcare providers allow us to deliver this level of quality to our patients.

##### Pharmacy technicians (not yet hired):

Apothecary241 will initially have two pharmacy technicians on staff. The primary responsibility of the technicians will be the accurate dispensing of any product sold at Apothecary 241. Additionally, they will also assist in the patient intake process. This encourages and enhances overall patient relationships and increases dispensary operations knowledge.

## RFA E.(2)

### E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

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#### DIRECTORS

##### APRIL ARRASATE

April is a Connecticut resident and a licensed attorney in the states of Connecticut and South Carolina.

Prior to her legal career, April had a career in pharmaceutical research and development. She has worked in the biotech and the academia arms of this field. She is versed in the operation of small cap pharmaceutical start-ups as well as the lab safety, compliance and distribution aspects of such facilities.

April is also a certified medical assistant and as such understands the medical profession and can communicate effectively with medical professionals.

As an attorney, April is well equipped to handle the regulatory aspects of operating curaleaf. She is also a skilled and effective communicator and strives for transparency and open and frequent dialogue with state and local authorities.

In September of 2008 April's Mother was diagnosed with Breast Cancer. I took a leave of absence from my firm in order to be her full time caretaker. We went through chemotherapy, radiation and a double mastectomy. Two years later the cancer returned with a vengeance and claimed her life on this earth. This experience defines my life and has made me a passionate and experienced patient advocate.

April's transition into patient advocacy coincided with the implementation of the Connecticut Act Concerning the Palliative use of Medical Marijuana. In researching medical marijuana as a patient option, she consulted with her Mother's radiation oncologist, Dr. Andrew Salner, MD. He expressed his approval of the drug as a patient option. Since then, she has been working full time to realize the vision of a pharmaceutical company committed to providing patients with this product thus affording them a wider array of treatment options.

Recommendations:

Dr. Andrew Salner, MD

Senator Kevin Witkos

Chief Ingvertson, Simsbury Chief of Police



# APRIL ARRASATE

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## EXPERIENCE

### **Founder, curaleaf, llc**

Since founding this entity, I have been working full time to realize the vision of a pharmaceutical company committed to provide patients who suffer with debilitating medical conditions a wider array of treatment options. The process has drawn on my experience as an attorney, my history in pharmaceutical research and development, my interactions with patients as a medical assistant and my recent pursuits in patient advocacy.

### **Sole Practitioner, Law Offices of April Arrasate, Farmington, CT 2012-Present**

Founder and sole operator of law firm specializing in transactional law including but not limited to contract review, contract negotiations, purchase and sales agreements. I am a member in good standing of both the South Carolina and the Connecticut Bar Associations.

### **Owner, Core23, LLC, Collinsville, CT 2012-Present**

Co-owner and operator of an art gallery/antique store called "The Flea Circus" located in the heart of a river side tourist town. Operate with my siblings as a tribute to our Mother and as a hobby. Our enterprise recently won Connecticut Magazine's "Best of Connecticut" award and we are proud of the goodwill associated with the store.

### **Caretaker, Farmington, CT 2008-2011**

In September of 2008 my Mother was diagnosed with Breast Cancer. I took a temporary leave of absence from my firm in order to be her full time caretaker. We went through chemotherapy, radiation and a double mastectomy. Two years later the cancer returned with a vengeance and claimed her life on this earth. This experience defines my life and has made me a passionate and experienced patient advocate.

### **Associate, Parsons, Oувerson, Stark & Guest, Murrells Inlet, SC 2008-2010**

Practiced civil litigation in several areas of the law; Construction litigation, personal injury and real estate. Utilized a host of people management skills handling divorce, property division and custody issues for my family court clients.

### **Associate, Jeffcoat Law Firm, Myrtle Beach, SC 2007-2008**

Associate for a busy real estate firm who emphasized my role in networking, social media and community involvement. Personally handled advertising and client development.

### **Medical Assistant, Podiatry Group of Southington, Southington, CT 2002-Present**

Certified Podiatric Medical Assistant and X-ray technician in a busy Doctor's office. Patient care, record keeping and familiarity with the surgical environment were an excellent precursor to client maintenance in every occupation I have had. I maintain some hours here presently.

# APRIL ARRASATE

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## **Research Assistant, Channing Laboratory, Boston, Massachusetts 2000-2002**

This lab is a division of Harvard Medical School and Brigham and Women's Hospital, where I worked as a research assistant in the field of Microbiology. My team studied the potential medical benefits of a particular protein, present in the b.fragilis microbe, which we then presented and marketed to the drug manufacturer Eli Lilly. While this was a research job, I gained practical experience in marketing a drug product that is not entirely understood by the buyer.

## **Genzyme Pharmaceutical Company, Boston, Massachusetts 1998-2000**

Genzyme was a small startup committed to "discovering and delivering transformative therapies for patients with rare and special unmet medical needs, providing hope where there was none before." I began here as an intern while completing my undergraduate degree. This introduction to pharmaceutical R & D provided me with lab experience and sparked my interest in the field.

## **EDUCATION**

### **Thomas Jefferson School of Law San Diego, CA:**

J.D., 2007, Cum Laude, Law Review

### **Suffolk University Boston, MA:**

B.A., 2000 Maj. Biology, Min. Chemistry, Spanish

### **University of Malaga, Malaga, Spain**

1996, Spanish Language Certification

## **REFERRALS**

Steven Ouverson, JD: (Managing Partner, POSG, PA) [REDACTED]

Dr. Andy Salner, MD: (Radiation Oncologist, Hartford Hospital) [REDACTED]

Dr. Arthur Tzianabos, PhD : (Lab Director, Channing Laboratory)

## RFA E.(2)

### E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

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(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;

#### ROBERT BIRNBAUM

In 2005, Robert co-founded Third Wave Global Investors LLC, a global macro hedge fund in Greenwich Connecticut, and served as its President, Chief Operating Officer, and Chief Compliance Officer, and as Director of the Third Wave Global Master Fund, until 2009. The firm grew from a relatively small investment by its principals to over \$500 million in assets in 2008. Clients included major global banks, large hedge fund-of-funds, and high net worth individuals. Robert was responsible for all aspects of the firm's business (including marketing, client service, compliance, finance, operations, and technology), and his work in creating the firm was featured in 2005 in Global Custodian magazine.

Prior to Third Wave, Robert served from 2001 to 2004 as Managing Director and Head of Institutional Distribution and Client Service for Columbia Management Group (owned by Bank of America), with responsibility for over \$60 billion in assets under management, \$200 million in annual revenue, and 300 employees. During his tenure, Robert integrated 5 separate firms into one coherent sales and marketing organization, with effective positioning to clients, consultants, and prospects, and increased sales to over \$3 billion annually. He was a member of Columbia Management's Operating Committee.

Previously, as Managing Director and Head of Marketing and Global E-Commerce for Credit Suisse Asset Management (1998-2001), Robert was named an Impact Player of the Year by Defined Contribution News (an Institutional Investor publication). He was a member of the Management Committee of CSAM-Americas.

From 1988 to 1998, Robert held a variety of posts at J.P. Morgan Investment Management, culminating in Managing Director and Head of Defined Contribution, and received industry recognition for his innovations. He grew the business at an annual compound rate of 40% to \$120 million in annual revenue.

Robert began his career in the investment management business with The Vanguard Group, where he was the Senior Product Manager responsible for fund development and retirement plans.

Robert is active in community affairs, and currently serves as President of Greenwich Reform Synagogue.

Robert holds an A.B. from Columbia University, and an M.B.A. in Finance (with Distinction) from Wharton.

**Robert Birnbaum**



**Summary:** A senior executive, known for creativity, effectiveness, investment knowledge, and strategic orientation, with a 30 year track-record in both retail and institutional businesses.

**Professional Experience**

**Third Wave Global Investors**

2004-2009

**Co-Founder, President, Chief Operating Officer, Chief Compliance Officer**  
Responsible for all aspects of the firms business (including marketing, client service, compliance, finance, operations, and technology)

**Columbia Management**

2001-2004

**Managing Director, Head of Institutional**  
Responsible for over \$60 billion in assets under management, \$200 million in annual revenue, and 300 employees.  
**Member of Management Committee.**

**Credit Suisse Asset Management**

1998-2001

**Managing Director**  
**Head of Marketing, Head of e-Commerce,**  
**Member of America's Management Committee**

**J.P. Morgan Investment Management**

1989-1998

**Managing Director,**  
**Head of Defined Contribution.**  
-headed strategic process and negotiations leading to a \$900 million transaction.  
-achieved 40% annual compound growth in Defined Contribution (DC) revenues for five years.  
-responsible for \$120 million in revenues

**Head of Marketing Strategy and Communications**

**Robert Birnbaum, page 2**

**Fred Alger Management**

1987-1989

**Vice President, head of Mutual Funds**

-recruited to launch direct-marketed mutual fund family; in difficult environment for growth managers, restructured to focus on variable annuity/life insurance funds. Alger became one of the insurance market's major providers, with over \$1.5 billion AUM. Direct family reached \$400 million under my guidance.

**The Vanguard Group**

1985-1987

**Assistant Vice President, Senior Product Manager**

-responsible for all product launches and tax advantaged products, including Individual Retirement Accounts. Achieved highest conversion rate and average balance in direct industry. Responsible for all advertising content. Developed Vanguard's first 7x24 phone center capability.

**American Future Systems, Inc.**

1976-1983

variety of positions, culminating in Director of Marketing. Ran two direct sales divisions, two telemarketing divisions, and one direct mail division.

**Education**

**MBA**

**The Wharton School**, 1985. Graduated with Distinction, 3 times Dean's Honors List. Finance major.

**AB**

**Columbia University**, 1975. Pre-med and anthropology major.

**Personal**

President, Greenwich Reform Synagogue

## RFA E.(2)

### E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

(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;

#### **ANDREW SIEGHART**

Mr. Sieghart is a real estate investment professional, and is currently the Managing Partner of Framework Capital Partners, a real estate private equity firm based in Connecticut.

Prior to Framework Capital Partners, Mr. Sieghart worked for G2 Investment Group in New York as Vice President of the firm's real estate division, G2 Real Estate Partners. In addition to being responsible for deploying the firm's capital into senior and subordinate mezzanine debt and direct-equity investment opportunities across all commercial property sectors, Mr. Sieghart resolved or restructured over 50 real estate deals with a principal balance of over \$19.0 billion as part of G2's real estate advisory and restructuring business.

Before joining G2, from 2006 to 2009, Mr. Sieghart was with Lehman Brothers, the global investment bank, serving as Vice President in its Global Real Estate Group. During his time in New York, Mr. Sieghart oversaw the financial analysis, structuring, and due diligence for transactions totaling \$34.4 billion. Based on his experience and expertise, Mr. Sieghart was asked to relocate to Hong Kong to join a select team, the Principal Transactions Group, which managed over \$12 billion of real estate investments across Asia Ex-Japan. Ultimately, the Principal Transactions Group was acquired by Nomura Securities.

Mr. Sieghart began his career at Standard and Poor's as a member of the Real Estate Structure Finance Group. During his tenure at S&P, Mr. Sieghart was lead analyst for eighteen CMBS and two CDO transactions totaling \$36.8 billion.

Mr. Sieghart received a law degree from American University, Washington College of Law, and is a member of the NY State Bar, and received a BA from Bucknell University where he majored in both finance and economics.

Mr. Sieghart was born and raised in Greenwich, CT and now lives in New Canaan, CT with his wife and three children, where he is an active part of the community.

Member of the New York State Bar since 2004.

From 1997 – 2011 worked for SEC registered and FINRA/SIPC member firms.

From 2007 – 2009 was licensed by the Hong Kong Securities and Futures Commission (SFC).

No customer/client complaints, violations, administrative, judicial or regulatory actions in any role.

## RFA E.(2)

### E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

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(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;

#### INVESTORS

##### AARON FORD

Mr. Ford is an angel investor and is the co-founder of a start-up private equity firm based in Stamford, Connecticut.

Mr. Ford began his financial services career nearly 20 years ago with Goldman Sachs as a proprietary trader of partners' capital and has held various positions on Wall Street both producing and managing trading, sales and research with a focus on derivatives, structuring, and principal investing. Prior to starting his own private equity firm, he was with BNP Paribas from 2005 through 2010, where he was the Deputy Head of the equities division for the Americas, which included all sales, trading, research, and prime brokerage activities. There he was responsible for approximately 300 professionals with over 500 institutional clients generating nearly \$800 million in gross annual revenues. During his tenure, he was a key contributor and leader particularly in the development of innovative products and new business lines, resulting in his division winning several global awards and top rankings, including Risk Magazine Equity Derivatives House of the Year 2007. He also served on the firm's US Executive Committee, Global Management Committee, and Global Business Committee. Prior to BNP, he worked in trading and sales with UBS and KBC where he specialized in structuring and trading risk management solutions for the largest hedge funds and pensions. He was also the founder of Ford Capital, an early-stage venture capital firm, which eventually was re-established as NetCentric Partners. There he and his partners investigated, funded, and as board members advised start-up technology companies leading to several public liquidity events. Earlier in his career, he managed the global volatility arbitrage portfolio at Veritas Capital, a Greenwich, Connecticut based hedge fund.

Mr. Ford resides in Old Greenwich, Connecticut where he has lived for approximately 16 years and where he has been very involved with his community through his religious organization (executive board, investment committee) and local high schools (assistant coach, investment committee) on a volunteer basis.

Worked for SEC registered firms from 1994-2010. Prior FINRA Registrations: Series 7, 3, 24, 4, 63. No customer complaints, violations, administrative, or regulatory actions in any role.

Beta Gamma Sigma, MENSA, Triple Nine Society

## RFA E.(2)

### E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

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**SANDY SOULE**

CONTACT INFO: [REDACTED]

CONTEXT: Please fill in the following areas as they are relevant to the person's ability to

1 Carry out their designated role

2 Successfully complete work on projects of a similar size and scope, in the same or a comparable line of business.

#### **CREDENTIALS/ACCOMPLISHMENTS:**

EDUCATION/TRAINING: Sandy holds a B.A from Mt. Holyoke College.

QUALIFICATIONS/SKILLS: Writing, editing, marketing, communication, personnel, senior management.

EXPERIENCE: Following her retirement from her position as Vice-President, Marketing from BedandBreakfast.com in 2010, Sandy increased her long-time involvement in two Connecticut non-profits, Jewish Family Services of Greenwich (JFS) and Greenwich Reform Synagogue (GRS). For JFS, Sandy serves as secretary of the Executive Committee, and has been instrumental in such projects as celebrating the 25<sup>th</sup> anniversary of the Supermarketing for Seniors program, a free service for low-income homebound seniors; she also used her internet and marketing experience to update the agency's website at [www.jfsgreenwich.org](http://www.jfsgreenwich.org). For GRS, Sandy has utilized her experience in both marketing and real estate to update the synagogue's website and also to co-chair the GRS New Building Committee, involving the selection of a site, architect, owner's rep, and much more.

Prior to retirement, Sandy worked from 1999 to 2010 as Vice-President, Marketing for BedandBreakfast.com. Responsibilities ranged from extensive writing and editing of online and printed materials for both consumers and innkeepers for a variety of business and consumer products, to strategic planning, to wide-ranging educational speaking assignments, both in person and via internet conferencing. During the same period, Sandy was a managing partner in Wolf Soule Realty LLC, primarily focused on the development of a 25-home residential subdivision in Gardiner, New York.

Earlier in her career, Sandy worked as the marketing director for the Council on International Educational Exchange, a leading non-profit agency in the field of international education. She went on to write a series of top-selling series of B&B/inn guidebooks, inaugurated the Internet's first independent advertising inn directory, and established her own website. As a B&B expert, she wrote for or was interviewed by major print, radio, and TV media.



## RFA E.(2)

### E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

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**JACK RUBIN**

CONTACT INFO: [REDACTED]

CONTEXT: Please fill in the following areas as they are relevant to the person's ability to

1 Carry out their designated role

2 Successfully complete work on projects of a similar size and scope, in the same or a comparable line of business.

**CREDENTIALS/ACCOMPLISHMENTS:** Over the past thirty years I have played a integral role in the start-up of several entities including companies, funds and investment vehicles that involved over \$4 billion of equity investment.

**EDUCATION/TRAINING:** Bachelor of Science in Commerce from the University of Virginia and Master of Business Administration from Dartmouth College

**QUALIFICATIONS/SKILLS:** Key accomplishments hinged on the ability to bring focus to concepts and convert to launch through determining the concrete steps required for progress.

**EXPERIENCE:** Currently Jack is a General Partner of a real estate fund specializing moderate income housing in the Midwest. Previously he served in the asset management and private banking group of Credit Suisse and its predecessor, Donaldson, Lufkin & Jenrette as a Managing Director. Earlier in his career he practiced real estate finance in the investment banking department at Merrill Lynch and at LaSalle Partners.

**COMPETENCE:**

**PAST LEGAL AND REGULATORY COMPLIANCE:** Jack has served over 20 years in highly regulated environments governed by the SEC and FINRA with no remarks or violations.

## RFA E.(2)

### E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

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**KYLE RUSCONI**

CONTACT INFO: [REDACTED]

CREDENTIALS/ACCOMPLISHMENTS:

- \*Achieved position of Global Trading Head of Leading Multi-National Financial Institution
- \*Led the oversight of all compliance, legal, position risk, and profit/loss reporting for trading desks in local, regional, and global capacity
- \*Built a new fast casual food retail concept, named Cocobeet, in Boston, MA from idea stage to official opening in 2013

EDUCATION/TRAINING:

Villanova University B.S. Finance 1995

FINRA / General Securities Representative Series 7, 24, 55, 63 (2005 –2012)

Japanese Securities Trading License (2002-2005)

Australian Securities Trading License (1999-2004)

QUALIFICATIONS/SKILLS:

EXPERIENCE:

During a 17-year trading career I worked for major multi-national financial institutions managing the institutions own capital. I began as a junior trading assistant in 1995 and ended my trading career in 2012 as the Global Head of Proprietary Trading. I spent parts of my career as the local, regional, and global trading desk head in Sydney, Tokyo, and New York.

I have been an active investor in private equity ventures for the last 8 years. My support has been focused on technology and biosciences. I now serve on the Board of Directors of an Israeli-based 3D mapping technology named Geosim Systems LTD.

Currently, through solely owned Reroot LLC, I am focused on bringing healthy, organic eating solutions to consumers in a daily "Grab and Go" format under the trade name "Cocobeet".

Cocobeet evolved this past year after my wife battled breast cancer at age 36. She was determined to fuel her body right going forward to improve her wellbeing and increase her odds of long-term survival to ensure she could actively raise our three young girls.

## **RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE**

**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.**

Dr. Khary Bryan, Dispensary Facility Manager

**Khary A. Bryan**



**EDUCATION:**

1995-2001

**Doctor of Pharmacy**  
University of the Sciences in Philadelphia  
Philadelphia College of Pharmacy

1995-2000

**Bachelor of Science in Pharmacy**  
University of the Sciences in Philadelphia  
Philadelphia College of Pharmacy

- Named to Dean's List during Spring semester of 1996, 1998 and 2001.

**PROFESSIONAL EXPERIENCE:**

11/12-Present

**East Coast Representative for Cannatest, LLC**

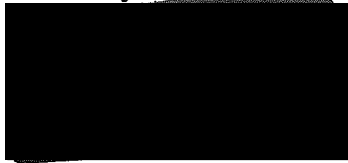
- Inform and educate patients, healthcare providers and the general public about the therapeutic potential of cannabinoids
- Explain the significance of cannabinoid analysis in relation to medicinal cannabis and clinical research
- Promote HPTLC as a cost effective and accurate cannabinoid analysis method

8/01-Present

**Staff Pharmacist at CVS/Pharmacy, Hartford, CT**

- Effectively influence physicians to enhance patient pharmacotherapy when necessary
- Counsel patients via phone and in person
- Enter prescriptions, count and dispense medications
- Compound progesterone suppositories, and various oral suspensions, topical medications and nasal sprays
- Perform monthly inventory of narcotic medication

**Khary A. Bryan**



**PROFESSIONAL EXPERIENCE (continued):**

6/02-9/03

**Consultant Pharmacist for North Central Area Agency on Aging, Hartford, CT**

- Provided medical information relating to pharmacotherapy, adverse drug events and pharmacy benefits coverage in the geriatric population
- Counseled geriatric patients at various senior centers in the proper use of medications, positive lifestyle changes and disease prevention
- Demonstrated proper use and maintenance of diabetic glucometers to the geriatric population
- Alerted physicians of drug interactions, intolerable adverse drug events and potential pharmacotherapeutic enhancements in select geriatric patients
- Provided care to low income Hispanic and African-American seniors

**LICENSURE AND CERTIFICATION:**

2005-Present North Carolina Board of Pharmacy  
(#17481 by reciprocity)

2001-Present Connecticut Commission of Pharmacy  
(#9590 by examination)  
Pennsylvania State Board of Pharmacy  
(#RP046065L by examination)

**PROFESSIONAL ORGANIZATIONS:**

2013-Present International Cannabinoid Research Society  
Canadian Consortium for the Investigation of  
Cannabinoids  
Society of Cannabis Clinicians

**REFERENCES:**

Furnished upon Request

November 11, 2013

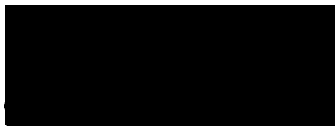
Commissioner Rubenstein  
Department of Consumer Protection  
165 Capitol Avenue  
Harford, CT 06106

Dear Commisioner Rubenstein,

I am writing to recommend Dr. Khary Bryan for the position of Manager for Apothecary 241.

As Chief Operations Officer of Cannatest, I have witnessed Khary become an integral part of our company's east coast operations for the past two years: from being our eyes and ears on the ground, assisting in training and education programs for our satellite labs, and representing Cannatest at East Coast industry events, his efforts continually evince an admirable aspiration, willingness to learn and, most importantly, patience with the process and precarious position the nascent industry finds itself. Khary has carefully observed the many business opportunities and consistently chosen to involve himself with a small and select group of professionals representing the scientific sector of the cannabis industry. Through these relationships he has gained significant insight into cannabis as medicine and is well positioned to provide excellent care and assistance for patients and physicians seeking to pursue the possible efficacy of medical cannabis. Throughout our relationship, I have experienced Khary's quality of character and consciousness through many acts though most specifically through his treating a career in cannabis as an incredible privilege, a privilege that requires and equally impressive responsibility. All of the steps I have seen Khary take have been carefully considered and with the long-term sustainability of the industry in mind; he has the ability to objectively observe cannabis as any other medicine and will represent very well this new sector of the medical community. I kindly thank you for your time and consideration of my words on Khary's behalf.

Sincerely,



Derek Houston



*November 12, 2013*

Commissioner Rubenstein  
Department of Consumer Protection  
165 Capitol Avenue  
Harford, CT 06106

Dear Commissioner Rubenstein,

My name is Michele Gonzalez and I have been practicing as a licensed and registered Occupational Therapist for the last 11 years. I work to assist my patients in realizing their potential for wellness. We focus on good health habits and independence through re-training and new learning, taking into consideration each individual's physical and cognitive functioning.

It is my dedication to this field that has led me to work for the Program of All-Inclusive Care for the Elderly (PACE) model of care. The PACE model is centered on the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community and hopefully, in their own homes. There is a heavy focus on wellness and aging-in-place along with addressing personal life goals even through palliation. I was hired as a member of the initial team creating the first PACE program in Delaware. I am currently employed at the St. Francis Life Program in Wilmington, DE as a member of the PACE interdisciplinary team who acts as both the payer and provider of care.

Wellness is reflected in the lives of those who live life with dignity and purpose; who maintain balance among mind, body, spirit, and environment. It is reflected in those who contribute to the lives of others. Dr. Khary Bryan is a friend, pharmacist, advocate, and educator who exemplifies the aforementioned definition in each of his many life roles. This letter is both a professional and personal reference for Dr. Khary Bryan.

Khary was one of my college peers at the Philadelphia College of Pharmacy and Science. I observed his ability to connect with people on a very personal level. He was known for being a quiet listener and patient friend. He is a collaborator and problem solver. These attributes carry over into his "style" as a care provider as he strives to encourage positive life-style practices and health habits.

The unique opportunity to manage a dispensary through the Connecticut Medical Marijuana program creates the optimal outlet for his skills and ability to serve this patient population. Khary strongly believes in the therapeutic potential of cannabis and very strongly feels that clinicians should have the option of monitoring the outcomes of these therapies. Khary's vast knowledge of the endocannabinoid system, use of medicinal herbs, and pharmacotherapy make him a perfect candidate. His understanding of the need for the continuum of care within this program is exceptional and he is dedicated to improving outcomes. His willingness to modify treatment as

## RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE

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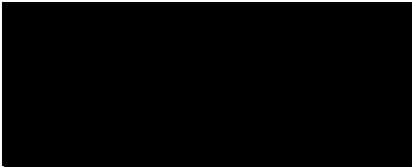
the needs of the patient change demonstrates his dedication to changing the role of pharmacist from dispenser to the pharmaceutical care provider.

I am excited for this new adventure to begin. I am confident that Dr. Khary Bryan is the candidate who will best manage a dispensary, ensuring the goals of the organization are meeting the needs of the population, and focusing not just on wellness, but on ensuring each patient has the chance to live life to it's fullest.

If you have any questions or require any further information, please do not hesitate to contact me directly.

Sincerely,

Michele Gonzalez MOT OTR/L





**RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE**

Cannabis.Pro LLC™ PO Box 362 Hinesburg VT 05461 (570)952-4477



State of Connecticut  
Commissioner Rubenstein  
Department of Consumer Protection  
165 Capitol Avenue  
Harford, CT 06106  
November 8th, 2013

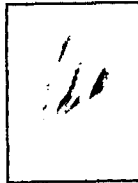
To whom it may concern:

I am writing this letter as a professional and personal reference for Dr Khary Bryan. I am a cannabis consultant, industry developer, medical marijuana patient, & activist. I operate my own business Cannabis.Pro LLC, and have recently started working with mCig, Inc. I started working in this industry in 2004, working to tax & regulate adult use of cannabis, over the counter in Nevada & Alaska. 2007, I was the inaugural valedictorian at Oaksterdam University in Oakland CA. From there I worked for one of the nation's "model" dispensaries called Berkeley Patients Group. After leaving BPG in 2009, I started working with over a dozen dispensaries across Northern California. In 2011, I moved to Vermont to be a part of the East Coast's growing medical marijuana movement, and in 2013 opened Cannabis.Pro LLC to advocate for decriminalization in Vermont, and to lobby Congress to reform federal law, both of which have been a success.

In March of this year, after just opening Cannabis.Pro LLC, I was fortunate to meet Khary for the first time at the National Cannabis Industry Association event held in Boston. At this meeting we discussed storage methods, terpenes, and medical marijuana testing which he was an advocate for. As am I, it is vitally important that patients know what is in their medicine to understand what properties of the plant help them.

Khary is so professional, that he drove to meet me in Vermont for a rally to decriminalize cannabis & expand medical marijuana laws for Vermonters in the State Capital in Montpelier. While that event was a failure due to weather, the meeting with Khary, and discussion that day was beyond a success. Khary's knowledge of this plant is an asset to this industry, and he values this plant for

Cannabis.Pro LLC™ PO Box 362 Hinesburg VT 05461 (570)952-4477



how it can help people lead a higher quality of life. As a professional, I quickly realized how he was a great resource to bounce ideas off of because of his immense understanding of the plants potential to make people's lives better.

It makes perfect sense that Khary is applying for a license to manage a dispensary. He strongly believes in the therapeutic potential of cannabis and would often express his feeling that clinicians should have the option of monitoring the outcomes of cannabis therapies. The clinical nature of the Connecticut Medical Marijuana program will give him the opportunity to collect patient data. Khary's vast knowledge of the endocannabinoid system, medicinal herbs, nutraceuticals and pharmacotherapy make him a perfect candidate to manage a dispensary

If you have any questions or require any further information, please do not hesitate to contact me directly. I will be out of the country in China doing R&D for mCig, Inc. starting November 14th. The best way to contact me after that will be via email: [REDACTED]

I have the utmost confidence that Khary will be an asset to your state's program.

Sincerely,

Mark Linkhorst

## RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE

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10 November 2013

Commissioner Rubenstein  
Department of Consumer Protection  
165 Capitol Avenue  
Hartford, CT 06106

Dear Commissioner Rubenstein,

I have known Khary Bryan for over 20 years both as a colleague and a friend. I first encountered Khary when we began high school at Northwest Catholic in West Hartford, CT. We entered the same year and often were in the same class where we would study together. Through these studies sessions, we became friends and found our interests were not only limited to academia. We have continued to work together ever since, on both a personal level and playing advisory roles for each other's independent careers.

I received my Ph.D. in Neurophysiology from Howard University College of Medicine in 2006. I currently work at Case Western Reserve University in a lab which focuses on pH regulation and  $\text{HCO}_3^-$  transport in the body, a critical process which must be controlled in both physiologic and physiopathologic conditions. Although other parts of the lab focus more on the regulation by the renal system, a chronic regulation, I focus on pH regulation in neurons and glial cells, the major cell types in the brain. This acute regulation uses the respiratory system to control intracellular and extracellular pH in the body. In addition, I most recently have focused on pH regulation in neurons and astrocytes during hypoxia which is a condition that often is present in many neurological diseases, i.e. stroke, sleep apnea, and epilepsy. I have always been interested in Khary's work in pharmacy/ pharmacology because his work has close association in my interests. In addition, Khary is working in the clinical setting with patients and the symptoms they present, whereas I am dealing with artificial systems obtaining findings that translate to the clinical setting.

Khary's application for a medical marijuana dispensary license is clinically relevant because recent studies have shown that endocannabinoids are important in regulating nausea and vomiting, a major source of acid/base imbalance in the body. Phytocannabinoids, the therapeutically active components of marijuana, are naturally produced cannabinoids and chemically similar to endocannabinoids. Khary has extensive knowledge of the endocannabinoid system, medicinal herbs, nutraceuticals, and pharmacotherapy. Furthermore, Khary is a responsible and intelligent individual whose main goal has been to treat patients naturally. His enthusiasm in this regard is underscored by the diverse programs in which he participates outside of his role as a pharmacist. Khary has a passion and an understanding of science, and pure motives in treatment of patients from the local community. In addition, it is necessary to monitor the efficacy of long-term medical phytocannabinoid treatment and therapy, a key component of his desire to obtain a dispensary license.

Khary will be a great candidate for the Connecticut Medical Marijuana Program. He is smart, focused, hard-working, and collegial. Overall, it has been a pleasure to interact and work alongside him for the 20+ years and I hope that you find him suitable for the present position.

Please feel free to contact me if you have any questions.

Sincerely,

Digitally signed by Vernon Ruffin

Vernon A. Ruffin, Ph.D.

## From the Desk of Rayshida T. Taylor

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November 11, 2013

Commissioner Rubenstein  
Department of Consumer Protection  
165 Capitol Avenue  
Harford, CT 06106

**Re: Dr. Khary A. Bryan – Professional and Personal Reference**

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Commissioner Rubenstein,

Please allow this to serve as both a professional and personal reference for Dr. Khary A. Bryan. My name is Rayshida Taylor and I am the National Director, Community Relations at Bristol Myers Squibb, specializing in the therapeutic areas of HIV, Hepatitis and Solid Organ Transplant. My primary responsibility includes leading a national team with focus on patient education and care, as well as economic outcomes of adherence in the space of improved patient response when controlled on maintenance medicine.

I have had the pleasure of knowing Dr. Bryan for over 20 years, working with him more closely the past 11 years after beginning my career in the pharmaceutical industry. Throughout our time of acquaintance, he has remained strongly engaged and vigilant in leading a disease prevention focused lifestyle, for himself as well as consistently encouraging his colleagues to do the same. His strong therapeutic knowledge and commitment to the betterment of patient outcomes through a life quality model are commendable.

Dr. Bryan is a responsible, socially and culturally conscious, committed provider, who recognizes the benefits in both a therapeutic regimen and the holistic approach to patient care. He is well read in a broad range of

## **RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE**

**4. A copy of all compensation agreements with dispensary facility backers, directors, owners, officers or other high level employees or any other person required to complete Appendices B, C, or E.**

Management Compensation Plan, dated 11/13/13

Management Compensation Plan

This Agreement is made this 13 day of November by and between Doubling Road Holdings, LLC, apothecary 241, LLC, and Khary Bryan

- Whereas apothecary 241 is pursuing a dispensary license under the Connecticut act concerning the palliative use of medical marijuana;
- Whereas, contingent on apothecary 241 securing the license, the parties desire to create a relationship;
- Whereas the parties wish to outline the terms of that relationship;
- The parties agree to the following:
- Khary will be facility manager, at a salary of [REDACTED]
- incentive plan will be: .
- [REDACTED]
- [REDACTED]
- The sales incentive begins the day the dispensary opens its doors.
- Regardless of sales, incentive for the first 12 months of operation will be a minimum of [REDACTED]
- Khary will take charge of completing the application.
- Upon submission, Khary will receive a consulting fee of [REDACTED]
- 

Khary Bryan

[REDACTED]

11/13/13

Robert Birnbaum

[REDACTED]

11/13/13

## RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE

5.

NONE

## **RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE**

**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 and any pro forma financials used for business planning purposes; and**





**Totilo & Company LLC**  
CERTIFIED PUBLIC ACCOUNTANTS

**APOTHECARY 241, LLC**

**FINANCIAL STATEMENT  
with Independent Auditor's Report**

**NOVEMBER 12, 2013**

## **RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE**

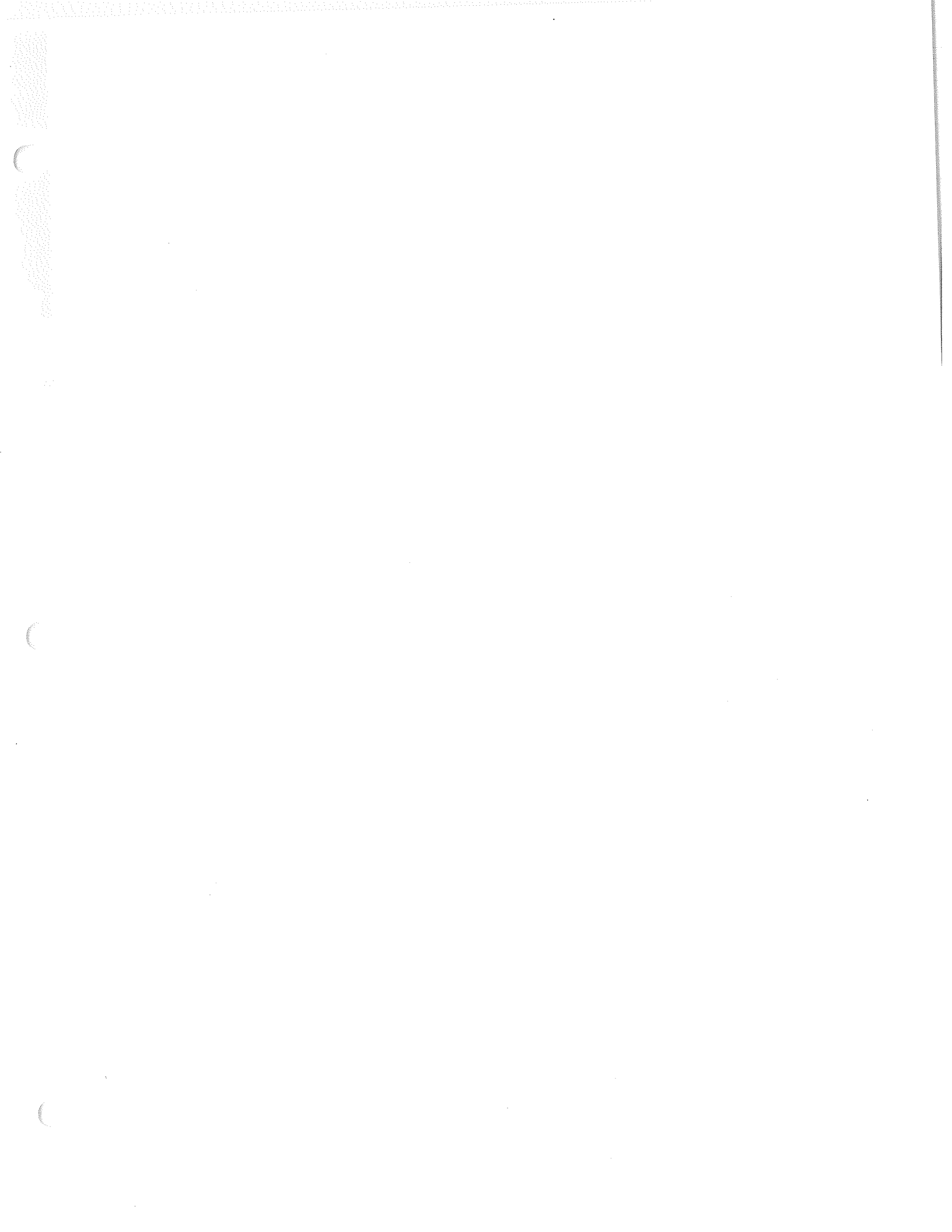
**7. Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.**

None

## **RFA E FINANCIAL STATEMENTS & ORGANIZATIONAL STRUCTURE**

**8. Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) dispensary backer; and (ii) each backer member identified in Section B of Appendix B.**

See attached box titled "Backer Tax Returns"



## RFA I(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.

### Location

The Apothecary 241 dispensary is located at 241 Albany Turnpike. The interior design of the building has been guided by experts who custom design for \_\_\_\_\_.

In addition to a beautiful building, the neighborhood of the facility and the town of Simsbury as a whole offer a safe and beautiful backdrop for the employee.

### Corporate Culture

One of the core values set forth Apothecary 241's mission statement will help guide the company in achieving their goal of creating a "healthy" organizational culture. A "healthy" organizational culture will increase productivity, growth, efficiency and reduce counterproductive behavior and turnover of employees. A variety of the characteristics which create a "healthy" organizational culture include:

- Acceptance and appreciation for diversity: Organizations employing a diverse workforce can supply a greater variety of solutions to problems in service, sourcing, and allocation of resources. Employees from diverse backgrounds bring individual talents and experiences in suggesting ideas that are flexible in adapting to fluctuating markets and customer demands. Apothecary 241 intends to employ this method in its recruiting efforts.
- Codes of Conduct: Regard for and fair treatment of each employee as well as respect for each employee's contribution to the company. Apothecary 241 has an **employee handbook** which contains policies and procedures for handling a variety of situations. In the absence of a specific situation not listed in the handbook, the management team will work to resolve the matter in the best interest of both the company and then employee.
- Employee pride and enthusiasm for the organization and the work performed. Apothecary 241 intends to develop a recognition program to keep its employees motivated to promote continued pride and enthusiasm.

## **RFA I(1): EMPLOYEE WORKING ENVIRONMENT PLAN**

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- Equal opportunity for each employee to realize their full potential within the company. Apothecary 241 will establish goals for employees and conduct regular performance reviews to measure the success in reaching those goals.
- Strong communication with all employees regarding policies and company issues. All new hires will go through an on-boarding process during which they will receive a copy of the company handbook, extensive training, overall education.
- Excellent company leadership with a strong sense of direction and purpose. Apothecary 241 is committed to recruiting and hiring the most knowledgeable people in their fields in an effort to move the company forward.
- Ability to compete in industry innovation. Employees will be encouraged to keep abreast of new and/or improved procedures within the industry and the company will support their efforts to bring those ideas to the table.
- Lower than average turnover rates (direct benefit of a healthy culture). Apothecary 241 will make every effort to recruit the best fits for each available position in addition to offering competitive wages and benefits.
- Educational Investment: Apothecary 241 will invest in learning, training, and employee knowledge.

Apothecary 241 will seek high employee involvement, strong internal communications, acceptance and encouragement of out of the box suggestions and ongoing participation in health & safety programs.

Apothecary 241's culture will also emphasize adaptive training & educational factors related to the demands placed on employees by industry technology and growth with the goal of making the employees better performers with in the industry.

### **Use of expert HR advisors**

Total Team Solutions is a business and executive leadership development company that provides services designed to develop companies and the people who lead them. With over 20 years in organizational development and Human Resources, Apothecary 241 has contracted TTS to develop and implement strategies that will recruit and develop key players and increase overall employee satisfaction, retention and contribution.

### **Individualized Health Care Benefit Options**

Apothecary 241 will provide each eligible employee a very competitive defined benefit contribution for the purpose of purchasing medical, dental, along with other insurance coverage options made available with Bright Choices Exchange. Apothecary 241 employees will be able to access a variety of plan designs that will be more suited toward that individual employee's life stage, health status, and financial situation. For example, this program currently provides 12 medical plan options with Aetna, 4 Dental Plan options with Guardian

## **RFA I(1): EMPLOYEE WORKING ENVIRONMENT PLAN**

along with Vision, Critical Illness, Life, Accident and Disability coverage. Our employee benefit program will also provide for Health & Wellness coaching along with Financial Service guidance.

Our goal is to have employees who are not only very satisfied with their coverage but have become a better informed benefit consumer. Apothecary 241's defined contribution funding approach coupled with a state of the art benefit programs will provide our employees with the one of the most cost effective, comprehensive, and personalized / right sized benefit program available.

### **Competitive Economic Benefits**

Compensation designed to provide living wage with quality/flexible employee benefits. Apothecary 241 will work with Total Team Solutions to accurately determine appropriate living wages for all prospective new hires. In addition, Apothecary 241 will provide a platform of benefits to include, but not limited to medical, dental, vision, flexible spending, 401k, life insurance, long term disability coverage, Employee Assistance Plan and an assortment of AFLAC options. Each employee will be given a company contribution (yet to be determined) with which they can purchase the benefits that are most important to them and their families.

## RFA F (2) COMPASSIONATE NEED PLAN

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**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 dispensary facility applicant; and
- Any other information you think may be helpful to the Department in evaluating your compassionate need program.

### Overview

Apothecary241's basic charitable mission is to provide pharmaceutical grade medical cannabis to patients in need. This section briefly summarizes Apothecary241's basic approach to our charitable missions, but it should be understood that our board of directors will be refining our charitable programs on an ongoing basis in response to our experiences and evolving patient and community needs.

An important aspect of our patient care mission is our commitment to increase access to medical cannabis for those who are medically underserved. Most immediately, we recognize that people with chronic or terminal illness often have limited financial means frequently made worse by the loss of ability to work and the expenditure of income on expensive medical or custodial care. While we will continually refine the administration of the program, the financial commitment is secure and is an integral part of our pro forma.

### Primary focus areas

- Reducing the cost of our medicine and expanding our indigent care program
- Offering more free healthcare services to patients.

### Financial Commitment

Apothecary241 will commit funding to the compassionate need program based on sales, rather than based on profits. We did this to ensure that the funds are available to the program and will persist into the future.



## RFA F (2) COMPASSIONATE NEED PLAN

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Specifically, 0.5% of sales, with no cap, is budgeted to support a compassionate need program.

### Educate Insurance Carriers

Access issues for medical cannabis are especially pronounced because cannabis is currently a self-pay medication. Neither public nor commercial insurers provide any subsidies or reimbursements to patients electing to use this medicine. With our board's experience in the health care industry, we expect to bring forth research that may persuade third-party payers to reimburse patients using medical cannabis for conditions for which it has been shown to be clinically efficacious, safe and cost effective in comparison to alternative therapies.

### Producer Relationships

We intend to create partnerships with licensed producers in order to collaborate in administering our compassionate need program and invest in research and development programs.

### Patient Outreach

To facilitate our interaction with charities and other organizations we will form a Charitable Research Support Committee.

## RFA F (2) COMPASSIONATE NEED PLAN

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### Patient Eligibility and Discounts Available

We anticipate the ability to provide product at low or no cost to those patients with financial need. Patients will be pre-qualified for this program during an interview process using a form similar to the one below. The income levels are currently based on Federal Poverty Levels and subject to revision as new information becomes available.

For those patients with limited financial ability to purchase medical marijuana, we will offer a low-cost and a no-cost program, subject to approval. Each patient that requests participation in the low-cost or no-cost program will be required to complete the application below. Each application will be individually reviewed and acceptance will be granted on a case by case basis.

#### Protocol for determining Patient Eligibility

Eligibility will be determined using Federal Poverty Guidelines. Patients whose income falls below a multiple of the guideline level (multiple yet to be determined, as we will consult with local social agencies to determine the appropriate level) will be eligible to receive *apothecary241* medication through a licensed dispensary at little or no cost.

Persons in family/household	Poverty guideline
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.

# apothecary **241** compassion

Apothecary241 Compassion helps eligible patients without prescription coverage get savings on their Curaleaf medicines through participating dispensaries, regardless of their age or income.

Am I eligible for Apothecary241Compassion?

You and your family are eligible to receive assistance through Apothecary241 Compassion if:

1. You have been prescribed Curaleaf medicine
2. You reside in Connecticut
3. You have no prescription drug coverage

How do I apply for Apothecary241 Compassion?

Fill out and sign this form and mail the completed form to:  
Apothecary241, 100 Grist Mill Rd. #2A, Simsbury, CT 06067

The Apothecary241 Compassion savings program is not health insurance. There are no membership fees to participate in the Apothecary241 Compassion program.

for a complete list of participating dispensaries please go to [www.apothecary241.com](http://www.apothecary241.com). Estimated savings range from 15-36% and depend on such factors as the particular drug purchased, amount purchased, and the dispensary where purchased.

	Name	Date of Birth	Gender
1	Applicant:	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
	Spouse/Domestic Partner:	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
	Dependent #1:	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
	Dependent #2:	__/__/__	<input type="checkbox"/> M <input type="checkbox"/> F
	Address:	State:	Zipcode:
	City:	Email Address:	
	Telephone: (____) ____-____		

2	Total Gross Annual Income: \$ _____ <small>(to determine savings level)</small>	Number of Persons in Household: _____ <small>(include yourself and those you are financially responsible for)</small>
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3 Patient Privacy and consent: The information you provide will be used by Apothecary241, the Apothecary241 Patient Assistance Foundation and parties acting on their behalf to determine eligibility, to manage and improve Curaleaf Helpful Answers (PHA) programs, products and services, to communicate with you about your experience with PHA and Curaleaf Compassion, and/or to send you materials and other helpful information and updates relating to PHA programs.

Patient declaration – By signing below, I/we affirm that my/our answers are complete, true and accurate to the best of my/our knowledge. And I/we understand and attest that:  
Completing this application form does not ensure that I/we will qualify for Pfizer Pfriends.

- Curaleaf may verify the accuracy of the information I/we have provided and may ask for more financial and insurance information.
- Any medications purchased at a discount price through Apothecary241 shall not be sold, traded, bartered or transferred.
- Apothecary241 reserves the right to change or cancel the Curaleaf Compassion program at any time.
- I/we will promptly contact Apothecary241 if my/our financial status or insurance coverage changes.

Original Applicant Signature:	X	__/__/__
Original Spouse/Domestic Partner Signature:	X	__/__/__
Original Dependent #1 Signature: <small>(Parent or guardian, if under 18 years of age)</small>	X	__/__/__
Original Dependent #2 Signature: <small>(Parent or guardian, if under 18 years of age)</small>	X	__/__/__

241 Albany Ave  
Simsbury CT 06070  
[apothecary241.com](http://apothecary241.com)

## RFA F(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 each

- 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.

Apothecary 241 will dedicate .5% of sales, up to \$50,000 per year, to research.

## RFA F(3) Research Plan

### **Apothecary 241 Research Associate**

Apothecary 241 is working with Michele Sexton who has created a research plan for our organization.

Dr. Sexton is a Naturopathic Doctor and clinical research scientist at the University of Washington, where she has studied neuro-inflammatory and neurodegenerative disease since 2004. Prior to this, she practiced midwifery and as an herbalist in Texas for ten years. Her undergraduate degree was in horticulture where she specialized in the phytochemistry of plant medicine.

Dr. Sexton proposes: (general overview)

- *Aim 1: To develop a database of analytical information for classification of major cannabinoids and terpenoids in Cannabis species.*
- *Aim 2: To effectively match plant fingerprints with specific symptoms sets or disease processes.*
- *Aim 3: To establish dosing regimens for personalized formulations and their specific indications.*

## **Research & Development and Testing: Apothecary 241 5-Year Research Plan**

**Apothecary 241**, in collaboration with the **Center for the Study of Cannabis and Social Policy (CASP)** will produce, review, and disseminate objective research regarding the relationship between Legal Cannabis Policy and other forms of Social Policy including but not limited to Medical Cannabis Policy, and Public Health Policy. **This approach prioritizes the assumptions that Cannabis is Medicine and Culture, rather than a threat to society and that Cannabis is used as a contemporary botanical medicine. This joint project will be grounded in sound research methodologies and natural history interactions at multiple scales arising from the natural history of the plant and the patients who access this medicine in Connecticut.**

### **Background**

Medicinal use of Cannabis has significant cross-cultural history across time. However, stigma related to its psychoactive effect has led to an absence of quality control, and socio-political pressure continues to impede associated research of Cannabis as medicine. Cannabis has the potential to evolve into useful and much needed new medicines, but this effort is seriously obstructed by its DEA classification as a Schedule I narcotic. The

## RFA F(3) Research Plan

American Medical Association (AMA) urged in 2009 that the current classification be reviewed. At the November 2010 AMA national meeting, a resolution was passed urging once again that Schedule I classification be reviewed to allow for "unfettered exchange of information on treatment alternatives" and for "adequate and well-controlled studies". Despite this repeated plea, it will take administrative 'geologic' time to bring this resolution to the reality of clinical trials. One of the first steps in this process is enabling analytical platforms to reveal the exact nature of different strains, and the resulting high quality research that will be enabled.

The distinction between a dangerous drug of abuse and a medicine can be made by a rational, proper, unbiased and well-conducted research approach. Relevant biological activities, as shown thorough research in the laboratory, and finally confirmed through properly conducted clinical trials, are the best guarantee for the future of Cannabis as a medicine. The contemporary widespread use of Cannabis for a variety of conditions necessitates accurate quantification of strains of clinical Cannabis to ensure that patients have access to safe and effective medicine that can realistically address symptom sets.

Phytochemical analysis is an important aspect of consumer safety and satisfaction. Further, formulation of botanical medicines directed toward specific symptom sets, based on phytochemical fingerprinting, will lead to whole practice-based clinical studies which will test the hypotheses that Cannabis has utility for the broad range of conditions for which ample experiential and anecdotal evidence as verified by patients and their doctors.

### **Methodology:**

We will take the approach of a natural history study wherein patients are n-of-one subjects that are self-selecting and self-titrating their Cannabis medicine. We will use the test results for Cannabis and related products provided by a state-approved laboratory to create a database of product chemotypes using principle component analysis (PCA). The principle components of cannabis varieties in the classes of cannabinoids and terpenoids will be probed for exploratory analysis to make predictive models about the efficacy and effects of varieties. This data will be coupled to patient-reported data (de-identified) for the purpose of determining specific effects of both phenotype of the plant and mode of administration. The multivariate analysis of this data will provide information on plant "chemotype" and effects in individuals from which we will derive information about specific effects of various potencies and synergistic effects of the terpenoid content. The long-term goal is to gather preliminary data to fuel prospective cross-over clinical trials. Through affiliation with the Center for the Study of Cannabis and Social Policy, we will have access to human subjects approval for these clinical trial, as CASP is in the development of an IRB.

### **Issues we intend to study:**

Variance of phytochemical profile within and across a strain and strains; the contribution of this variance to efficacy or specific clinical effects; patient response to diverse strains;

## RFA F(3) Research Plan

prospective clinical trials testing various strains against specific symptom sets and/or diagnoses.

### **Method for identifying and selecting study participants:**

We will develop inclusion and exclusion criteria for each prospective trial that we will conduct. Patients will be their own negative controls as n-of-one studies by recommendation of at least two strains of cannabis or product produced from strains that have significantly different profiles. Patients will be recruited after IRB approval from collaboration with the Center for the Study of Cannabis and Social Policy, using approved flyers or other recruitment materials from dispensaries, doctors offices or other media and advertising. Potential diagnoses for which we would study effects are cancer-related symptoms, neurological disease and gastrointestinal disorders such as irritable bowel disease. All participants will receive orientation regarding rights and responsibilities as study participants. The study will be described to them in person and they will have the opportunity to ask questions. It will be stressed that we are not making claims about specific varieties or modes of administration, and that we are seeking initially to describe the effects of Cannabis use on their symptoms set or diagnosis. Should the individual agree to participate, and they will be walked through an informed consent document by study personnel. They will be given a copy of the document and one copy will be kept in a locked file cabinet. Participants will be instructed regarding potential adverse events and we will report any such events to the IRB. Individuals may discontinue the study at any time if they are unable or unwilling to continue.

### **Identify of all persons or organization including the role of each:**

**Apothecary 241** will: provide Cannabis strains and/or products and the quantitative chemical analysis for prospective strains; engage in product development; Dr. Khary Bryan, PharmD, dispensary facility manager will recruit patients for initial questionnaires and for the prospective trials; and project management for prospective trials. **The Center for the Study of Cannabis and Social Policy** will provide: data collection and analysis, provide assistance in product development for the best bioavailability for each diagnosis, clinical trial design, IRB approval, project oversight and statistical analysis using regression modeling. Dr. Sunil Aggarwal MD PhD, the Executive Scientific Director and Dr. Michelle Sexton ND Executive Medical Research Director will be executing these roles for CASP.

### **The duration of the study**

## RFA F(3) Research Plan

Plant data will be collected for a period of one year and during this time product development will be initiated. At the end of the principle component analysis on plant material, we will develop algorithms for guiding the prospective trials using different varieties. During year one we will also initiate patient questionnaires that will describe demographics and symptom sets and diagnoses of the patients who come to us. Primary objectives of the initial questionnaire are to have qualitative and quantitative data on which to base a prospective trial. By the end of year one we will be in the process of beginning to design the prospective trials with inclusion/exclusion criteria and protocols, foreseeably to commence by year two. Each trial will be approximately 6 weeks in duration and patients will be dispensed one product for a two-week period. Follow-up will be at the end of each two-week "arm". See the potential schedule below in Table 1. Participants may decide to discontinue participation at any time. Should they do so, we will inquire as to their reasons and record these as part of the study notes. No pregnant women, or women who might become pregnant, will be allowed to participate in the study.

**Table 1: Schedule of Evaluations for Prospective Trials**

Evaluation	Screening (-XX days)	Entry 0	1 (+ 2)	Day 1- 14	1 4	Day 14- 28	2 8	Day 28 - 44	44
Participant Volunteers	-30 to -0								
Informed Consent		X							
Documentation of Disease/Disorder	X								
Medication list		X							
Training on Journal & any other measurements used as outcome measures		X							



## RFA F(3) Research Plan

Initiate product use (or change product)			X			X			
Record in Journal				X		X		X	
Return Journal					X		X		X
Qualitative Interview					X		X		X

### The intended use of the study results:

These studies will be to assess efficacy of various strains on select symptom sets. We aim to add to the body of knowledge on the clinical use of Cannabis as a therapeutic.

We intend to use the results of these studies for publication in high-quality scientific, peer-reviewed journals.

**Specific Aims:** To establish a certification brand that allows patients to identify safe and effective medicine and to add to the scientific literature on the therapeutic use of Cannabis.

- *Aim 1: To develop a database of analytical information for classification of major cannabinoids and terpenoids in Cannabis species.*
- *Aim 2: To effectively match plant fingerprints with specific symptoms sets or disease processes.*
- *Aim 3: To establish dosing regimens for personalized formulations and their specific indications.*

All research will be published in peer-reviewed journals in collaboration with clinical research programs, providers and others.

### Methods:

***Aim 1: To develop a database of analytical information for classification of major cannabinoids and terpenoids in Cannabis species.***

## RFA F(3) Research Plan

Cannabinoids are a class of compounds unique to the genus *Cannabis* identified as the major bioactive compounds in the plant. The most well-known terpeno-phenolic is  $\Delta$ -9 tetrahydrocannabinol (THC), which is known to possess analgesic, anti-inflammatory, appetite-stimulant and anti-emetic properties. THC is also the primary psycho-activity component of *Cannabis* which has the potential to induce the side-effect of psychosis in some people. There has been a linear trend in THC potency over time in the US, while scientific research does not necessarily support that this increase in potency is medically beneficial in all pathologies. In addition particular varieties may express significant levels of other cannabinoids, primarily cannabidiol (CBD), the compound produced in secondary abundance. This compound is not psychoactive and has been reported to be anti-inflammatory, anxiolytic, anti-psychotic and to modulate the effects of THC. We will collect the phytochemical data on our varieties including the class of compounds called terpenoids, which is responsible for the scent of cannabis and also reputedly modulating the effects of the cannabinoid compounds. These compounds are typically less than 5% of the plant, but are potent molecules with biologic action in humans. We will use principle component analysis (PCA) to track our "branded" plants and to classify them based on PCA. This will enable us to not only insure that we have a stable variety, but to have variety amongst the plants that we brand and to explore the specific effects of each one.

### ***Aim 2: To effectively match plant fingerprints with specific symptoms or disease processes.***

Botanical medicines in general, lack the same validity in the conventional medical world that reductionistic science provides for single agent pharmaceuticals. Clinical *Cannabis* use is only one example of how anecdotal evidence of efficacy of a botanical medicine, passes from person-to-person and is a form of authoritative knowledge. The classic paradigm of randomized controlled clinical trials is not a good fit for botanical medicine in general as often *Cannabis* as a form of 'intervention' is only one piece of a therapeutic picture. In addition the research bias that has been imposed by the current scheduling system has prevented systematic inquiry into this aspect of data. Because the medical use of *Cannabis* has been sustained for so long without the scientific community aiding the knowledge base via clinical practice and laboratory research, it is now necessary and expedient to turn to the experts, the patients themselves, to compile data on the many varieties available. This is considered a natural history study to collect health information in order to better understand this phenomenon.

A confidential, validated patient questionnaire will be developed and distributed to patients of Apothecary 241 to collect information on (examples):

- *Medical Condition(s) being treated (with diagnosis code from physician if possible)*
- *Cannabis variety(ies) used*
- *Specific symptom(s) relieved by specific varieties*
- *Routes of administration*
- *Preparation(s)*
- *Dose*
- *Frequency of use*

## RFA F(3) Research Plan

- *Negative side-effects*
- *Any data available on phytochemical content*
- *Patient demographics*

Once compiled, the data will be analyzed by an independent biostatistical company (e.g., Ingenium Research Inc.) to detect potential correlations between conditions/symptoms and varieties.

Varieties may then be classified and phytochemical content or plant 'fingerprints' can then be multivariate analysis will reveal whether these fingerprints can be correlated with symptom relief or therapy for specific diagnoses. Information gained regarding preparations, dose and frequency of dosing will allow for guidance toward recommended dosages, and with quantification, allow for precise dosing via standardization of formulations.

### ***Aim 3: To establish dosing regimes and indications for specific fingerprints - Phase I trials.***

By accumulating retro and prospective data from patients, it will be possible to estimate dosage if we have corresponding cannabinoid analysis. This information will allow for prospective Phase I and n-of-one trials of novel formulations. Phase I trials are primarily to address questions of safety and to record side-effects. N-of-one trials are a method for case analysis when appropriate healthy controls are not available. These are multiple crossover studies in single individuals, where they serve as their own controls.

These studies may assess:

- *Safety and tolerability*
- *Pharmacokinetics and pharmacodynamics*
- *Dose-ranging and dose escalations*
- *Cross-over studies of specific effects of different varieties and administration methods (inhaled vs. ingested)*
- *Enhance therapeutic precision*
- *Determining individual treatment effects*

Encompassed within the framework of dosing regimes and specific indications will be the development of varieties herbal formulations. The analytical platform will allow for experimentation with a variety of extraction techniques implemented for analysis of compounds in different parts of the plant (root vs. leaf vs. flowering top) so that functional foods, tinctures, teas, topicals, suppositories may make the best use of different plant parts and their respective abundant constituents.

### **Proposed Personnel:**

- *Part-time research associate with a degree in the herbal sciences.*

## RFA F(3) Research Plan

- *Part-time lab coordinator to oversee, stock and organize the medicine processing labs.*
- *Part-time IT coordinator for assistance with implementing data collection and analysis platforms.*
- *Part-time Research Coordinator*
- *Part-time medical personnel for in-patient Phase I patient monitoring.*

## RFA I(4) COMMUNITY BENEFITS PLAN

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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 producer license.

Apothecary241's community benefit plan effort will be grounded in the principles of openness, inclusive stakeholder engagement and social responsibility. Apothecary241 is committed to being a good neighbor and to making a positive contribution to the communities across our service area. At the outset of our relationship with the community, an important objective will be to introduce ourselves, the organization and our operating plans and principles. However, the primary purpose from day one and ongoing will be to listen and respond to any issues and concerns of local leaders, law enforcement authorities, community groups, the general public and particularly our neighbors.

### Financial Commitment

0.5% of sales, up to \$50,000 annually, will be granted to programs that benefit the local community.

### Community Benefits Committee

April Arrasate, Community Outreach Coordinator and a local resident, will assemble and chair a Community Benefits Committee that will help Apothecary241 understand and address the local and state priorities.

Lisa Peters, a Litchfield resident, will assist the Community Benefits Committee. Ms. Peters is a member of several community boards, including a children's day care board, the board of a community music foundation, and as a member and chair of a political committee.

## RFA I(4) COMMUNITY BENEFITS PLAN

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### Model

Our approach to community relations is expansive and the Apothecary241 public affairs program will engage all stakeholders including:

- Apothecary neighbors and community groups
- Businesses and commercial associations
- State and local law enforcement
- Government officials at the town, city, county and State levels
- Educational Institutions

With input from stakeholders, apothecary241 will seek to make annual grants to local organizations that, in our opinion, will make the most effective use of the grant to benefit an underserved population or the community as a whole.

Grant recipients will be expected to:

- Provide a description of how the grant will be used.
- State the objectives of the program
- Report at least annually on the actual results achieved
- Provide copies of any filings required to be made to state and/or federal agencies
- Permit an audit if apothecary241 so desires.

In keeping with our mission to set the standard for a medical model of palliative care, the Community Benefits Committee (CBC) will also reach out to oversee the organization's outreach to the medical and healthcare community in our service area.

- Doctors, medical and healthcare organizations
- Connecticut Cancer Pain Initiative

## RFA I(4) COMMUNITY BENEFITS PLAN

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- Medical Society of Connecticut
- Hartford Hospital, specifically Dr. Andy Salner, MD
- Yale Cancer Center, specifically dr. Mays Abu-Khalaf, MD

## RFA F(5) SUBSTANCE ABUSE PREVENTION PLAN

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

### **Financial Commitment**

0.5% of sales, up to \$50,000 annually to be put toward education, programs and groups that work to prevent substance abuse in Connecticut, as directed by the apothecary241 committee on substance abuse prevention.

### **Apothecary241 Substance Abuse Prevention Committee**

Apothecary241 will create a Substance Abuse Prevention Committee that will help apothecary241 create an educational campaign with those under 18 in mind, as well as identify recipients and ensure the money is effectively spent on worthwhile programs. The program will be chaired by Mary Lynn Mathre RN, MSN, CARN.

Ms. Mathre is a Certified Addiction Registered Nurse who has provided consultation to hospitals, clinics, health care organizations related to prevention, assessment and treatment of substance abuse/addiction.

- The goal of the Committee will be to assist our local communities on the issue of substance abuse and prevention.
  - well-constructed community plan:
    - **Identifies** the specific substance and other child and adolescent problems in a community;
    - **Builds** on existing resources (e.g., current substance abuse prevention programs);
    - **Develops** short-term goals related to selecting and carrying out research-based prevention programs and strategies;
    - **Projects** long-term goals so that plans and resources are available for the future; and
    - **Includes** on-going assessments of the prevention program.
  
- We would like to partner with organizations within our local communities



## RFA F(5) SUBSTANCE ABUSE PREVENTION PLAN

- already involved in these efforts
- provide additional resource
- financial assistance
- create educational program and media campaign about drug use
  - run con-currently with Apothecary241 advertising campaign
  - launch a substance abuse prevention campaign that specifically targets our most vulnerable citizens, those under 18 years of age.
    - ❖ Assess the level of risk of youth engaging in substance abuse
      - Consult with key community leaders to understand the community culture. Researchers have developed many tools, available to community planners, to assess the extent of a community's substance problems. They include public access questionnaires and existing community-level data (e.g., truancy records, substance arrest records, emergency room admissions data).
    - ❖ measure the nature and extent of substance abuse patterns and trends;
    - ❖ collect data on risk and protective factors throughout the community; and
    - ❖ identify prevention efforts already under way to address the problem.
  - One component of the campaign will aim to deter the recreational use of illicit drugs and pharmaceuticals among minors by
  - explaining the damaging effects of illicit drugs and pharmaceuticals on the developing brain,
  - Reiterating that the legalization of marijuana as a pharmaceutical does not indicate that it is a safe recreational drug for minors.

### **Affiliation with a Substance Abuse Recovery Center**

Apothecary241 will also partner with a specific substance abuse treatment center as a resource for patients who require assistance or information regarding addiction and drug dependence. In our educational efforts, we will include this facility's materials and do our best to facilitate patient, physician and pharmacist access to the facility as a resource.

thank you

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