

PRESCRIPTION FORM FOR MEDICINAL LIQUOR

E178066

Rx *Spit* *1 ounce* *For* *Smile* *For* *Use*

KIND OF LIQUOR QUANTITY DIRECTIONS

A. F. L. *1* *Feb 2 - 1931*

FULL NAME OF PATIENT DATE PRESCRIBED

56 Cass Way *ST* *Calif*

PATIENTS ADDRESS NUMBER STREET CITY STATE

Frank J. ... *J 4791*

PRESCRIBERS SIGNATURE PRESCRIBERS PERMIT NUMBER

1325 ... *ST* *Calif*

PRESCRIBERS ADDRESS NUMBER STREET CITY STATE

Bruner Bros *Calif 261*

CANCELED DRUG STORE NAME AS ON PERMIT PERMIT NUMBER

Julio Bruner *2/2/31* *925934-20*

DISPENSERS SIGNATURE DATE FILLED AND CANCELED STRIP STAMP NUMBER

1401 Geary *ST* *Cal*

STORE ADDRESS NUMBER STREET CITY STATE

SEE REVERSE SIDE FOR INSTRUCTIONS
DO NOT REFILL OR TRANSFER UNDER PENALTY

2

This is a significant time in the history of the U.S.A.

I would like to take a moment, before you begin reading this long document, to give a huge amount of gratitude to my amazing team that helped me complete this application. It has been my dream for over a year to create this business, returning to my core values of pharmaceutical care. From the town moratoriums to the overall fear of the word “marijuana”, we had an uphill battle from the start. We had landlords that said yes, while town officials said no. We had landlords that said no, while we had town official say yes. But I felt, with the amazing team I had brought together, that we could conquer the issue at hand. “Always go with your passions. Never ask yourself if its realistic or not”.

We felt we succeeded. By 10/24 we had found the perfect site. A beautiful location, meeting all the requirements set forth by the DCP and an approval from the landlord with a fair lease agreement. It was a match made in heaven. Too good to be true. Then the roof caved in.

On Wednesday 11/6, we were looking to lock up the last of the lease agreement and receive the letter from the landlord for approval of use. No response from the broker...try back tomorrow, he says. We call on Thursday...try tomorrow, he says. We call Friday...try Monday. Is there a problem? Can we help? Are the tenants upset? I’m sure we can smooth things over once we explain how we will run our business and increase the security of their surroundings.

Silence. So on Friday, 11/8 we realized we were being dropped like a bad date. No goodbyes. No, “we changed our mind.” Nothing but an un-cashed deposit check.

So I sat and thought for a minute. I had just spent over a year of my life and all of my daughter’s college fund to chase my dream and I was not about to throw in the towel now. Cheered on by my team, we went to work. Hard. We called every other spot we had considered and got a couple of “no’s” and a couple of no answers. But we finally got a yes in a part of the city we had first considered! This left us with 3 days to get our plans through planning and zoning, the fire marshall, the building permits, and update our security system.

But we did it. We worked the problem, and with the grace of the town of New Haven who felt our dilemma, we got everything approved on time.

I wanted to humbly thank my team of family, supporters, real estate geniuses, architects, writers, and especially the people of New Haven. I truly believe we have created something really special that can help a lot of people and I was not about to let one landlord without the courtesy of a returned phone call or email ruin a years worth of work. Thank you to my team. Thank you for believing in me. This process was an amazing journey and I hope we created a document that reflects our passion for life and for helping the community at large. Hopefully, this is just the beginning.

“In modern pharmacology, it’s so clear that even if you have a fixed dose of a drug, the individuals respond very differently to one and the same dose.”

Arvid Carlsson

The Apothecary Dispensary

Dispensary Application

**Medical Marijuana Dispensary Facility License Request to
The Connecticut Department of Consumer Protection**

Ms. Colleen Higgins, R.Ph.

11/15/2013

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A. BUSINESS INFORMATION OF APPLICANT

A1. Complete the Dispensary Facility Information Form –

Please see Appendix A

A2. Provide a brief summary (no longer than five double-spaced pages) of the applicant’s qualifications, experience and industry knowledge relevant to the development and operation of a dispensary facility.

Ms. Colleen Higgins, R.Ph.

The owner and dispensary manager of The Apothecary Dispensary, LLC (for purposes of this document will be referred to as “TAD”) is Ms. Colleen Higgins, R.Ph., a registered pharmacist with 17 years of retail experience as a staff pharmacist and pharmacy manager. She managed two locations: Stop & Shop Pharmacy in Trumbull, CT (1999-2001); and Arrow Pharmacy on Dixwell Ave in New Haven, CT (2003-2007). Ms. Higgins is prepared to leverage her education, pharmacy experience, dedication to patients and medical marijuana education to create a professional dispensary in complete compliance with all rules and regulations.

Ms. Higgins extensive retail pharmacy experience will allow her to develop a forward thinking business model based off of the origins of pharmaceutical care. Medical marijuana is a medication that has very little clinical data to refer to as a healthcare professional. Therefore, it is essential an experienced, knowledgeable and motivated pharmacist manage this business venture. The pharmacist is the most accessible healthcare professional to a patient: there is no appointment to be made, and the pharmacist’s knowledge is both wide and deep (in collaboration with their physician). Under the medical marijuana business model, it is essential to have a pharmacist that is creative and experienced in order to offer the best treatment recommendation to each

patient. A pharmacist is able to interpret the information a patient will offer regarding their medical conditions in combination with their current drug regimen to determine where there are flaws in the therapy and where better outcomes may be achieved. Ms. Higgins, with her proven drive to learn every facet of each medication that she dispenses, is excited to master the learning curve in the palliative use of medical marijuana. She will be able to observe growers inconsistencies and errors in their growing techniques, and collaborate on methods that work better for her patients.

Ms. Higgins is totally focused on holistic patient care. She enjoys working directly with a patient's physician to inform them which medications may be causing which side effects (often not considered by the physician) and why these complications are a result of the medication. Patients may experience rashes, hives, hair loss, headaches and other side effects that, when shared with their doctor, can be another tool for further evaluation of the patient's therapy. Ms. Higgins, in her current position, has numerous physicians in the New Haven/Milford area contact her directly for her professional advice as to which medications are best suited for her patients, both for pharmaceutical and financial reasons. With Ms. Higgins experience in retail pharmacy, she is the optimal candidate to create the standard by which all future medical marijuana dispensaries may follow. Following is a description of Ms. Higgins qualifications.

REGULATORY COMPLIANCE

Ms. Higgins has a strong track record of reporting acts of abuse and fraud, including doctor and pharmacy 'shopping' as well as suspected patient diversion of medications.

State Compliance: Ms. Higgins has reported at least 20 patients and several physicians who may have participated in fraudulent activity pertaining to the Medicaid system or over prescribing.

Doctor Notification of Patient Abuse: Ms. Higgins has frequently refused to fill prescriptions for patients suspected of doctor shopping. When suspecting patients of abuse, she notifies all doctors of the activity since most physicians are unaware of the actions and compliance of their patients. All doctors have told Ms. Higgins that they are extremely grateful she took the time and effort to report the activities of their patients. Doctors cannot know what their patients do after they leave their office so it takes the Pharmacist going above and beyond the call of duty to close the loop in fraudulent behavior. Pharmacists can report patient compliance, interactions, and use of multiple physicians.

Patient Response: Ms. Higgins has received several letters of reference from patients who appreciate how she has gone above and beyond for their care. She frequently develops ongoing relationships with patients to assure optimal patient care. (Appendix I)

MEDICAL MARIJUANA EXPERIENCE

Ms. Higgins recently dedicated significant time and personal resources to attend Oakland University in Oakland, CA - America's first cannabis college founded in 2007 which provides the highest quality training for the cannabis industry. While she will not be actively cultivating marijuana, she gained valuable knowledge with which to evaluate the quality and efficacy of the products in her proposed dispensary. In addition, she will

be able to provide better advice to her patients based on this critical education component. Colleen attended both a beginners and an advanced indoor horticulture seminar with multiple courses including:

Courses Taken at Oaksterdam University	
Beginners Courses	Advanced Courses
Legal 101	Plant Propagation
Civics	Grow Lab: Mothers and Cuttings
Safe and Responsible Horticulture	Conditions for Optimal Growth
Seedlings and Cuttings	Anatomy and Physiology of Cannabis plant
Vegetative Growth	Nutrient Disorders
Grow Lab: Seedlings, Transplanting, and Topping	Lighting
Mediums, Nutrients, & pH	Electrical Safety
Methods of Irrigation	Pests and Pathogens
Early Flowering	Organic Gardening
Equipment Overview	Grow Lab: Sprays and Compost Teas
Ventilation	CO2 Supplementation
	Late Flowering
	Harvesting Strategies
	Grow Lab: Manicuring, Drying

In addition, Ms. Higgins read the following books in order to gain a better understanding of medical marijuana cultivations, nutrition, and pests:

- 1) *Cannabis Yields & Dosage, A Guide to the Production & Use of Medical Marijuana* by Chris Conrad. Mr. Conrad is the Director of Safe Access Now, author of *Hemp for Health and Hemp: Lifeline to the Future*.
- 2) *Emerging Clinical Applications for Cannabis and Cannabinoids*:
- 3) Ms. Higgins has a Google alert for all global articles/information regarding medical marijuana and stays up-to-the minute on new information and

changes in the space. This includes clinical use and changes in legislature.

PHARMACEUTICAL DISPENSARY EXPERTISE

Ms. Higgins has more than 17 years of experience as a Pharmacist & Pharmacy Manager at well-known pharmacy chains including CVS, Walgreens, Stop & Shop and Arrow Prescription Center. In all of her positions, Ms. Higgins has always paid extra attention to potential drug diversion. In many instances, she has refused to fill prescriptions when she suspected the patient was 'doctor shopping'. Colleen is extremely dedicated to providing patients with the pharmaceutical advice needed, while at the same time ensuring that illicit or unnecessary prescriptions are not filled.

Pharmacist — CVS Pharmacy, Milford, CT, 2007 to present

Ms. Higgins is currently the staff pharmacist at a high volume CVS/Caremark store in Milford, CT where she is responsible for the accurate delivery of drug dispensing, pharmaceutical care services including drug therapy monitoring, patient education, and chronic disease state management for CVS clinical programs. Colleen believes her position is part of a team including doctors, nurses and patient caregivers, as well as state and federal enforcement agencies as well. This CVS location is consistently reported as the #1 store in the district for customer service and following company policy and procedure.

Pharmacist in Charge — Arrow Pharmacy, New Haven, CT, 2003-2007

This position was extremely challenging to manage when the site was quickly and unexpectedly moved into a double-wide trailer in a dirt lot in a very high

crime area. (intersection of Dixwell Ave., Orchard St. and Munson in New Haven). Ms. Higgins successfully maintained the exact same script volume in the trailer as she had in the previous site of a storefront in the Dixwell Ave shopping plaza. Secondly, there was not a single act of violence or burglary during her entire tenure in the trailer (over 2 years), and her efforts, along with the close knit team of technicians and security professionals with whom she worked, were highly commendable from both Arrow and the local police force.

Staff Pharmacist — Walgreens, Phoenix, AZ. And New Haven, CT. 2000 to 2003

Ms. Higgins began with Walgreens after moving to Phoenix, AZ. Upon returning to Connecticut in 2002, she began working the overnight shift at the York St. location in New Haven, CT.

Pharmacy Manager — Stop & Shop Pharmacy, Trumbull, CT. 1999 to 2000

Ms Higgins initial manager position before relocating to Arizona.

Per Diem Pharmacist, Milford Hospital, 1998 to 2000

After graduation from UCONN, Ms. Higgins retained this position to keep her clinical skills current.

EDUCATIONAL BACKGROUND

Colleen Higgins received a Bachelor of Pharmacy Degree from the University of Connecticut, Storrs in 1998. Since then, she goes above and beyond to stay current on patient, drug, and pharmaceutical issues. Most recently, she has received her Diabetes Certification through the Ct Pharmacists Association in Sept. 2013. She also is planning to obtain her MTM certification in 2014. Ms. Higgins will con-

tinue to look for and attend courses offered for the clinical use of marijuana, which today are currently limited. Since 1998, Ms. Higgins has taken the following courses and completed the following certifications: (Please see CONTINUING EDUCATION IS APPENDIX H)

A3. Provide a financial statement setting forth the elements and details of all business transactions connected with your application.



To the Member of:
Apothecary Dispensary, LLC
Milford, CT 06461

We have compiled the accompanying balance sheet of Apothecary Dispensary, LLC as of October 31, 2013 and the related statements of revenue, expense and member's equity, cash flows and schedule of general and administrative expenses for the ten months then ended. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures required by accounting principles accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

Lynn V. Sette, C.P.A.

November 12, 2013

EXHIBIT B

APOTHECARY DISPENSARY, LLC
STATEMENT OF REVENUE, EXPENSE
AND MEMBER'S EQUITY
FOR THE TEN MONTHS ENDED
OCTOBER 31, 2013

Revenue	\$	0
General and Administrative Expenses - Exhibit B-1		<u>10,379</u>
Net Loss	(10,379)
Members' Equity - January 1,		0
Contributions		31,000
Withdrawals	(<u>0</u>)
Members' Equity - December 31,	\$	<u>20,621</u>

See Accompanying Accountants' Compilation Report

APOTHECARY DISPENSARY, LLC
 STATEMENT OF CASH FLOWS
 FOR THE TEN MONTHS ENDED
 OCTOBER 31, 2013

Cash Flows From Operating Activities:

Net Loss - Exhibit B	(\$ 10,379)
Adjustments to reconcile net income to net cash flows used in operating activities:	
Depreciation	<u>124</u>
Net Cash Flows Used In Operating Activities	(<u>10,255</u>)
Cash Flows From Investing Activities:	
Cash paid for Organization Costs	(19,000)
Cash paid for Office Equipment	(<u>745</u>)
Net Cash Flows used In Investing Activities	(<u>19,745</u>)
Cash Flows From Financing Activities:	
Capital Contributions	<u>31,000</u>
Net Increase in Cash and Cash Equivalents	1,000
Cash and Cash Equivalents - January 1,	<u>0</u>
Cash and Cash Equivalents - September 30,	<u>\$ 1,000</u>

See Accompanying Accountants' Compilation Report

APOTHECARY DISPENSARY, LLC
GENERAL AND ADMINISTRATIVE EXPENSES
FOR THE TEN MONTHS ENDED
OCTOBER 31, 2013

General & Administrative Expenses:

Advertising	\$ 500
Application Fees	1,000
Dispensary Consultant	5,000
Educational Materials	350
Depreciation	124
Dues & Subscriptions	545
Graphic Design	450
Office Expenses	240
Postage & Mailings	191
Travel	1,816
Website & Domain	<u>163</u>
 Total	 <u>\$ 10,379</u>

See Accompanying Accountants' Compilation Report

B. LOCATION AND SITE PLAN-

Please provide the following information:

B1. The location of the proposed dispensary facility;

The Apothecary Dispensary Facility will be located at:

718 Whalley Avenue
Bldg.2 (AKA 50 Fitch Street)
New Haven, CT. 06515

B2. Documents sufficient to establish that the applicant is authorized to conduct business in Connecticut and that state and local building, fire and zoning requirements and local ordinances are met for the proposed location of the dispensary facility;



NEW HAVEN CITY PLAN DEPARTMENT
165 CHURCH STREET, NEW HAVEN, CT 06510
TEL (203) 946-6378 FAX (203) 946-7815

November 13, 2013

Ms. Colleen Higgins, R. Ph.
P.O. Box 334
Milford, CT.
06460

RE: 781 Whalley Avenue aka 50-60 Fitch Street, New Haven

Dear Ms. Higgins;

We have reviewed the plans for a Medical Marijuana Dispensary that you discussed with us over the last several weeks, including a floor plan and site plan for a location at 781 Whalley Avenue (aka 50-60 Fitch Street) in New Haven. We offer the following information:

A Medical Marijuana Dispensary as defined in the State Regulation 21a-408-1 through 21a-408-70, is classified as a sale of drugs under the New Haven Zoning Ordinance per Section 42., Use Regulations for Business and Industrial Districts; Table 3: Use Table, Line C. Sale of Food Drink and Pharmaceuticals, etc. This use is permitted in a BA zone; 781 Whalley Avenue aka 50-60 Fitch Street New Haven is located in a BA zone, therefore the use is permitted at this location.

The parking requirement for this use, at less than 5000 square feet of sales and service area is one space per each 200 square feet of sales and service area, and one space per 600 feet of office areas. Your calculations indicate four to seven spaces required for your proposed use. In determining adequate parking for this proposal it must be demonstrated that the site or sites in question can support this parking, as well as parking for all other uses of the property. There are approximately 102 off-street parking spaces on site, based on the submitted site plan sketch. The City would require dimensioned site and interior plans similar to those you have shown us, a sign plan, and a dimensioned site plan showing all parking spaces in order to sign off on a building permit for this use at this location. No further zoning action would be required if these requirements are fulfilled. Do not hesitate to call if you have further questions.

Sincerely,


Karyn M. Gilvarg, A.I.A.
Executive Director

Cc Thomas Talbot, Deputy Director, Zooning
Robert L. Tobin, Architect

Fire department Letter



CITY OF NEW HAVEN
DEPARTMENT OF FIRE SERVICE
Office Of The Fire Marshal



JOHN DeSTEFANO, JR.
Mayor

MICHAEL E. GRANT
Chief

952 Grand Avenue
P.O. Box 374
New Haven, Connecticut 06502
Tel. (203) 946-6232 Fax. (203) 946-8383

November 14, 2013

Ms. Colleen Higgins, R.Ph.
P.O. Box 334
Milford, CT 06460

Re: 781 Whalley Avenue
Bldg. 2 (AKA: 50 Fitch St), New Haven, CT

Ms. Higgins,

The proposal for the Medical Marijuana Dispensary to be located at the above address was submitted by architect Robert Tobin on November 14, 2013 for a fire code preliminary review. I was able to meet directly with the architect and discuss this plan.

Based on the information discussed as well as the drawings reviewed for the 2nd floor, sprinklered site; I feel there are no obstructions to approving the site once final building plans are submitted for stamped review. There are remote egresses from the office space for exiting and emergency use. The storage areas are fully sprinklered and the electrical and lighting plans pose no code issues.

Any questions or changes should be brought to my attention by contacting me at (203)946-7869.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert Doyle".

Robert Doyle, LSCO
New Haven Fire Marshal's Office

RD/dl

Building code inspectors review letter:

11 Ettadore Park
Milford, Connecticut 06460
Phone: 203-876-2095
E-mail: jlg-design@juno.com

Interiors & Building Design

November 13, 2013

Robert L. Tobin Architect
111 Wigwam Lane
Stratford Lane, CT 06614

Project: Apothecary Dispensary, LLC
781 Whalley Avenue
Bldg. 2 - 2nd Fl. (50 Fitch
Street) New Haven, CT
06511

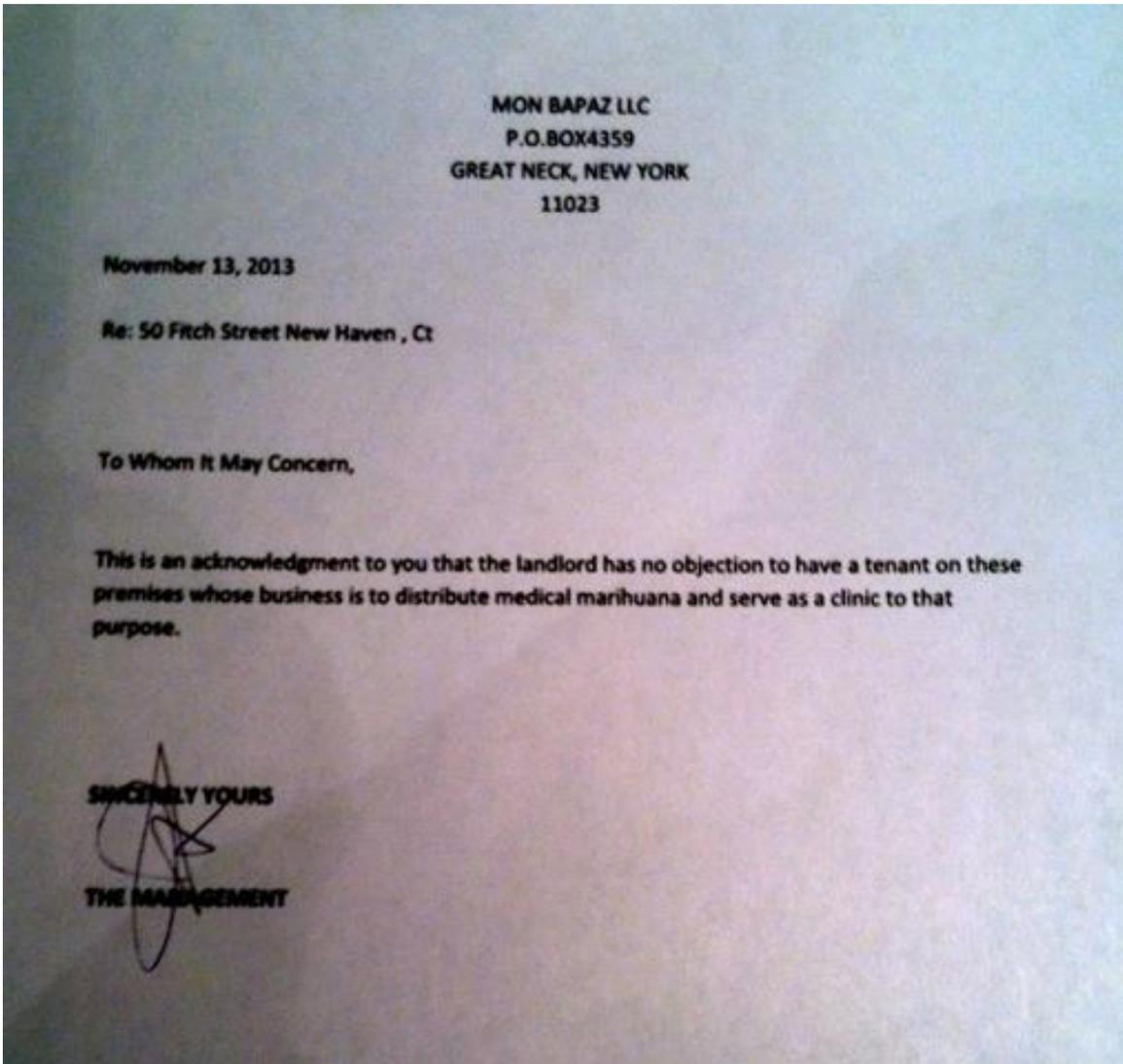
Per your request I have reviewed your drawing dated November 13, 2013 for compliance with the applicable sections of the current State of Connecticut Building Code. [2005 State Building Code which includes the 2009 Amendments]

The information submitted on the above aforementioned documents was found to be in compliance with the requirements of the 2005 National Electrical Code (NFPA-70) and the 2003 International Building Code sections of the CT State Building Code.

Sincerely,

John L. Grant,
BO

B3. 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;



Broker:
Frank D'Ostilio
CT. License: 0789479
203-641-7072

B4. Any text and graphic materials that will be shown on the exterior of the proposed dispensary facility;

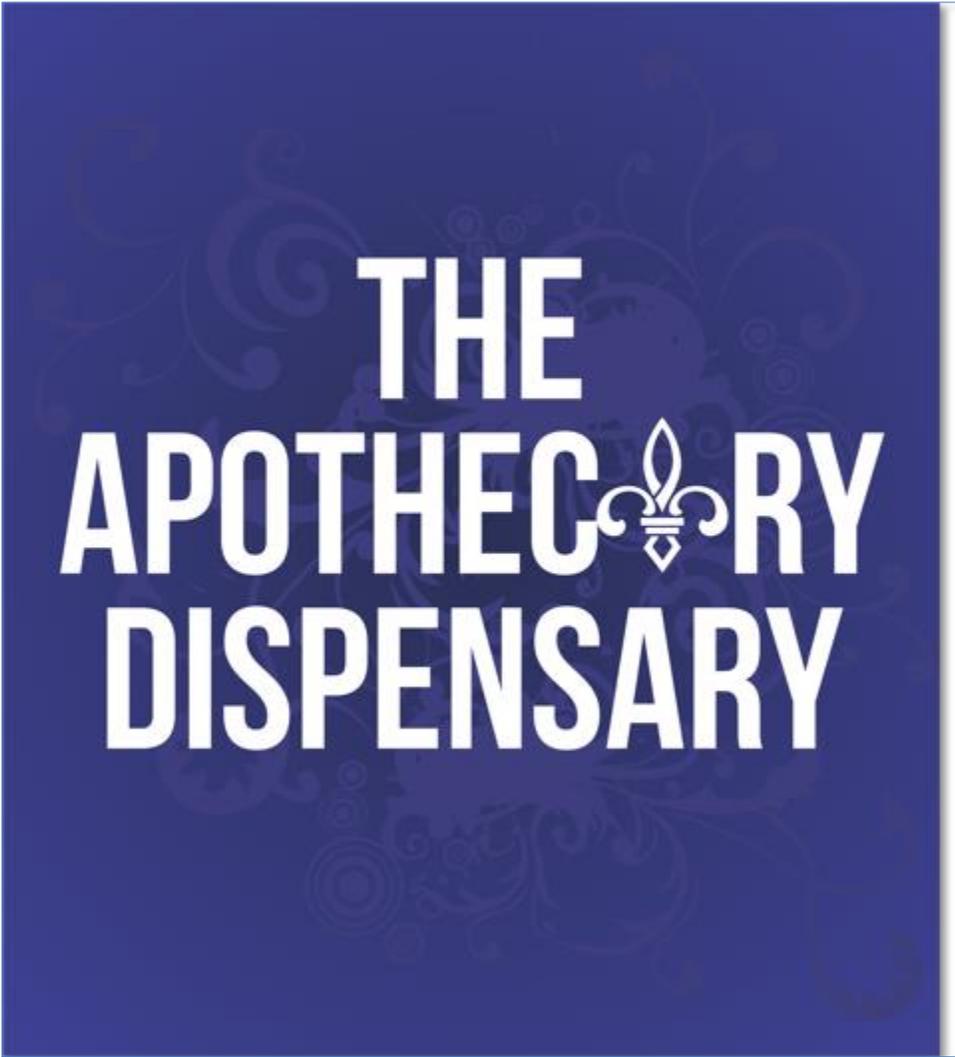
Front Entrance



Front Entrance



There will not be an outside sign on the building. TAD will identify itself on the second floor with this sign on its door.



**THE
APOTHECARY
DISPENSARY**

B5. 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

781 Whalley (toward Whalley Ave.)



781 Whalley Ave (Front)



781 Whalley Ave South down Fitch Ave



North West View Fitch St to Whalley Ave.



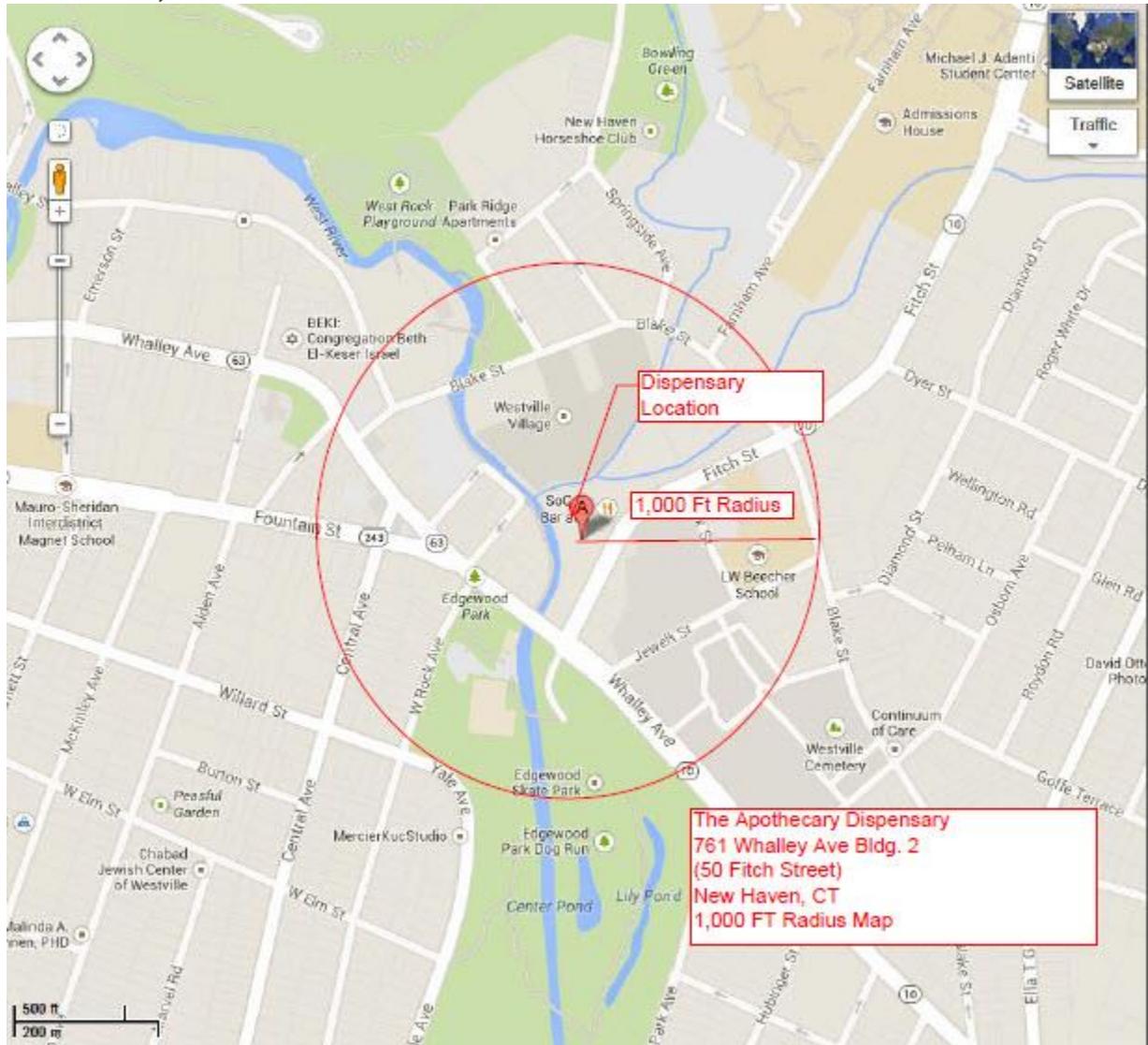
Neighborhood to the South



Neighborhood to the East



B7. 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



B8.A blueprint, or floor plan drawn to scale, of the proposed dispensary facility, which shall, at a minimum, show and identify the following:

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

C. PROPOSED BUSINESS PLAN

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

Provide the following information, using bullet points wherever possible:

C1. A detailed description of all products intended to be offered by the dispensary facility during the first year of operation;

The Apothecary Dispensary will be stocking products which will be complementary with the use of medical marijuana as well as products which will be useful for the types of patients utilizing the dispensary who have debilitating conditions such as:

- Cancer
- Glaucoma
- Parkinson's disease
- HIV positive status
- Multiple sclerosis
- Epilepsy
- Cachexia
- Wasting syndrome
- Crohn's disease
- Post-traumatic stress disorder (PTSD)
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity

Due to the entry restrictions at The Apothecary Dispensary, LLC these products will only be available to actual patients or primary caregivers who are registered with the department pursuant to the Act and section 21a-408-6 of the Regulations of Connecticut State Agencies; not to the general public.

PRODUCTS OFFERED

Vaporizers (no more than and vaporizer accessories (no more than 25 vaporizers in stock at any time until script volume deems the need for more)	Cromogen Turpinex Supplement - Nonpsychoactive CB1 and CB2 receptor antagonist. (Currently imported under FDA nutritional supplement regulations. Legal in all 50 states.)	no more than a total of 10 lock boxes and safes ranging from laptop size to 17"W X 20"H X 13"D
Smoking apparatus including glass, metal and wood bowls (quantity to be determined but not to exceed 100), brass and stainless steels screens of various sizes	All natural anti-nausea medications containing ginger, B-vitamins and peppermint	
Glass bong and water pipes (quantity to be determined, but not to exceed 50)	Peppermint and ginger candies (anti-nausea)	
Chillums (or single hit type smoking devices for small doses) (quantity to be determined, but not to exceed 100)	bonine and bonine less drowsy	
Rolling papers and cigar wraps	sea-bands	
Grinders (if needed)	emetrol	
Lighters and butane refills for lighters (2 brands of refill fluids)		

ADDITIONAL NON-LEGEND DRUGS

- Pepcid AC regular and maximum strength
- Zantac in regular and maximum strength
- Tums in various flavors
- Mylanta and Maalox
- Pepto-Bismol
- Benadryl
- Zyrtec
- Allegra

- Abreva
- Cold sore treatments
- Netti pots and refill packets
- Allergy eye medications such as Zaditor, Alaway
- Eye lubricants
- Eye wash kits
- Tissues
- Docusate sodium and docusate calcium
- Senna and Senna-S tablets
- Polyethylene glycol 3350 OTC powder
- Generic Citrucel and Metamucil (sugar free)
- Simethicone tablets (chewable 80mg and 125mg strengths)
- Beano
- Various OTC sleep aids such as diphenhydramine, Unisom, Calm, Melatonin
- Ibuprofen, Acetaminophen (325, 500 and 650mg), Excedrin, and Naproxen
- Mederma and scar treatments
- Topical sore muscle treatments such as Bengay, Arnicare, Salon Pas, Trumeel
- Hydrocortisone 1% cream
- Diphenhydramine cream and spray
- Dermoplast spray
- Clotrimazole 1% cream
- Z-sorb powder
- Tolnaftate spray
- Cold-eeze
- cough drops (up to 5 varieties)
- Vitamins: E, C, D, Zinc, Melatonin, Fish oil, Magnesium glycinate and trisilicate (nooxide)

RELAXATION PRODUCTS

- *Diplyque* candle and home scent line
- TAD will carry candles in various scents for the use in aromatherapy

C2. A detailed description of all services to be offered by the dispensary facility during the first year of operation;

The services that are to be offered by TAD will be consultation on the palliative use of medical marijuana and accurate distribution of medical marijuana. Our pharmacists will also do continuing evaluations for our patient's prescription medications that will benefit patient outcomes or offer patient cost savings. Please also see Appendix F, The TAD Operations Manual. These services will include:

ACCURATE FILLING OF MEDICAL MARIJUANA PRESCRIPTIONS WITHIN THE REGULATIONS SET UP BY THE DCP OF CT.

STEPS PRIOR TO PATIENT COMING INTO THE APOTHECARY DISPENSARY LLC.

	Physician certifies patient with CT DCP. Patient chooses TAD as their dispensary of choice and must submit paperwork to the CT DCP to register as a medical marijuana patient..
	CT DCP issues medical marijuana ID card.
	Patient is allowed to go only to TAD for medical marijuana, there is a maximum monthly quantity allowed per physician's orders.

ONCE THE PATIENT ENTERS THE APOTHECARY DISPENSARY LLC THE FIRST TIME

	Patient makes initial consultation appointment.
	Patient brings registration card and any relevant records into TAD. Patient is directed to TAD's private consultation room.
	Patient has half-hour consultation with TAD's pharmacist.
	Pharmacist enters initial medical intake and prescription information into the Pioneer RX System.*
	Once the strain is chosen, pharmacist tells technician to fill prescription for the patient.
	Pharmacist confirms that the prescription is filled correctly.
	The patient can now purchase the prescription via TAD's point-of-sale system.

*This includes: diagnosis, current prescriptions and non-prescription medications, patient expectations for use of medical marijuana, allowable quantity per month determined by physician to a maximum of 2.5 ounces per month, initial strain selection agreed upon between the pharmacist and the patient.

PIONEER RX PHARMACY SOFTWARE SYSTEM

The Apothecary Dispensary will be utilizing Pioneer Rx pharmacy software for the storage and retrieval of patient information and other marijuana records.

Ms. Higgins decided on the Pioneer Rx system since it complies with all state, and federal laws pertaining to the system's ability to create an audit trail for any authorized or unauthorized users of the system. Violation of this law may result in up to a \$10,000 fine per violation for each breach of secured information.

Pioneer Rx has 620 customizable controls accessibilities that can be based on something as broad as a job title all the way down to each individual's accessibility of all information. Not only does it not allow the individual to access the information, the Pioneer Rx system can generate reports on who may have tried to access the system and was denied. It is a locked down and customizable system.

Since this system follows the certification process for EPHI requirements which are approved by the state, TAD agrees it is in compliance to fill medical marijuana as a Class 2 narcotic.

Below is a statement of HIPAA requirements implemented by Pioneer Rx offered from the company themselves:

- (1) Guarantees the confidentiality of the information contained therein;
- (2) Is capable of providing safeguards against erasures and unauthorized changes in data after the information has been entered and verified by the dispensary. (see above information)
- (3) Is capable of being reconstructed in the event of a computer malfunction or accident resulting in the destruction of the data bank. This is done in several ways. First, the data is backed up via hardline on the local server on site, in Shreveport, LA and in Dallas, TX. There are no writable shares and no data correction on the local server. The server on site is a "black box" security system which is backed up every 15 minutes locally and in the secure cloud. The backed up data, in Louisiana, is uncompressed, verified, and re-compressed every 15 minutes. Pioneer Rx continuously backs up the information as part of their disaster recovery plan. This would result in TAD's location to be up and running within minutes of a catastrophe to the site by using a remote laptop. We would have no need to use a remote computer (cloud) system unless in times of a disaster. We are also able to backup daily, if we choose, with a USB port.

PIONEER RX DETAILS

Features



PioneerRx Mobile Delivery

PioneerRx Mobile Delivery offers an easy, secure and fun way for drivers to complete transactions, take payments, and store patient signatures while on a delivery.

[more »](#)



Advanced Searching

Throughout PioneerRx advanced search grids offer user-friendly options for pulling data such as custom layouts, fixed rows and columns, sorting, filtering and exporting.

[more »](#)



Apple iPad Electronic Signature Capture

Prepare for audits and impress your customers with the latest technology by capturing signatures on your Apple iPad or iPad Mini at the Drive Thru.

[more »](#)



Prescriber Add/Edit from NPI/DEA Database

PioneerRx supports seamlessly adding prescribers or updating their information from the National Provider Registry and DEA database. Never wait for hours to get a DEA number again.

[more »](#)



Integrated Pre/Post Edit (No Extra Charge)

Pre and post edits are included in your PioneerRx software. Discover opportunities for increased payment due to errors such as Package Size, DAW, Obsolete NDC, and more.

[more »](#)



RxNotify

Send email, text and IVR messages when prescriptions are ready. Provide your customers with great service and keep your will call bins empty by using RxNotify.

[more »](#)



Modern Windows System

PioneerRx was built from scratch to take advantage of the capability and strengths of a modern Windows environment, including dashboard screens and Microsoft's ribbon bar navigation.

[more »](#)



Hard Copy Image Workflow

Hard copy imaging is built in to your pharmacy software workflow and covers everything from entering the initial data to checking the prescription.

[more »](#)



Accounts Receivable

A/R accounts are integrated for seamless operation - at no extra charge.

[more »](#)



Automatic Database and Software Updates

Never load another disk. PioneerRx updates are automatic and include software, NPI, DEA and Drug Database updates. Updates are easily reversible at the pharmacy, if necessary.

[more »](#)

**Advanced Escript Capability**

PioneerRx supports advanced capabilities to import and view eScripts to improve workflow in your pharmacy system.

**Integrated Time Reporting Supporting Biometrics**

Allow employees to clock in/out using their PIN or fingertip. Integrated time correction tracking helps fix clock in/out errors as soon as possible.

**Competitive Cash Pricing Analysis**

PioneerRx includes statistical data analysis of cash and third party pricing for pharmacies across the country. Never blindly price your cash prescriptions again.

**Offsite Backup**

Every 15 minutes your transactions are backed up to servers at our headquarters.

[more »](#)

**Automatic Prescription Refill**

Make more money and improve your patient compliance through automatic refill. Prescriptions automatically come into the queue. RxNotify alerts the customer when scripts are ready.

[more »](#)

**Document Management**

PioneerRx puts the documents you need at your fingertips. You can link documents to prescriptions, patients, prescribers, items, suppliers, employee, third parties, facilities and more.

**Secure Audited Logins with Biometric Capability**

Meet legal requirements with speed and security with Biometric-ready logins and manageable permissions.

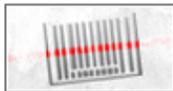
**Compounding**

PioneerRx includes full compound support including batching, advanced pricing, flavors, complex formulas, electronic insurance submission and automatic creation of manual insurance forms.

**Automatic Prior Authorization Forms**

With CoverMyMeds integrated into PioneerRx, the proper form is selected and the patient's information is populated automatically. Then, the PA is sent to the prescriber for review and a signature.

[more »](#)

**Will Call Bin Management**

An advanced will call system helps ensure customers leave with all of their prescriptions. Clerks may view the workflow location of a customer's scripts without having to interrupt the pharmacist.

[more »](#)

**User Customizable Reporting**

What pharmacy software would be complete without user customizable reporting? Find and format the information you need with user customizable reports - including your prescription label.

**Guaranteed Rebilling Service**

It's your money! Get more of your money from third parties by using the Guaranteed Rebilling from PioneerRx.

[more »](#)

**Medicare/Commerical Insurance Lookup**

PioneerRx allows you to easily find and import cardholder information.

PRESCRIPTION LABELS

All prescription labels at the Apothecary Dispensary, LLC will be applied in accordance with the State of Connecticut Department of Consumer Protection Regulations as follows:

* A dispensary, or a dispensary technician under the direct supervision of the dispensary, shall completely and properly label all marijuana products dispensed with all required information as follows:

- (1) The serial number, as assigned by the dispensary facility;
 - (2) The date of dispensing the marijuana;
 - (3) The quantity of marijuana dispensed;
 - (4) The name and registration certificate number of the qualifying patient and, where applicable, the primary caregiver;
 - (5) The name of the certifying physician;
 - (6) Such directions for use as may be included in the physician's written certification or otherwise provided by the physician;
 - (7) Name of the dispensary;
 - (8) Name and address of the dispensary facility;
 - (9) Any cautionary statement as may be required by Connecticut state statute or regulation; and
 - (10) A prominently printed expiration date based on the producer's recommended conditions of use and storage that can be read and understood by the ordinary individual.
- (c) The expiration date required by this section shall be no later than the expiration date determined by the producer.
- (d) No person except a dispensary, or a dispensary technician operating under the direct supervision of a dispensary, shall alter, de-face or remove any label so affixed.

DATABASE INTERACTIONS

The Pioneer Rx pharmacy software is programmed to automatically upload the daily prescriptions filled data to the Connecticut Prescription Monitoring Program. This will update the appropriate agencies, at end of business day, on the amount of marijuana being dispensed, to which patient, and by which physician. If the agencies have a concern about a particular prescription, TAD will be notified. TAD pharmacy manager will then take appropriate action.

EVALUATION OF PATIENTS AND PHYSICIANS TO ENSURE THEY ARE WORKING WITHIN THE REGULATIONS OF THE DCP OF CT

The Apothecary Dispensary will be utilizing software called Pioneer RX (<http://www.pioneerrx.com>) to track every step in the process of dispensing prescriptions in addition to interfacing with the State of Connecticut's Prescription Monitoring Program. The PioneerRX software will ensure that patients are not exceeding their monthly limits. Reports can be instantaneously generated to see

the amount of medical marijuana a patient has already received for the past month.

In addition, the pharmacists at The Apothecary Dispensary will be meeting with each and every patient in a consultative manner, so the pharmacists at TAD will be able to spot potential problem patients or fraudulent patients, personally.

All doctors issuing certifications for medical marijuana will have to have an active license to prescribe controlled prescriptions. The pharmacy software automatically checks the DEA against the national database system to see if they have an active license. If the doctor does not have an active DEA license or NPI number, the prescription will not be filled.

In addition, the pharmacists at TAD will utilize their professional experience and expertise to determine if a particular patient or doctor may be abusing the system. All TAD pharmacists will immediately report any suspicious activity to the Connecticut Department of Consumer Protection, Drug Control Division, and other appropriate agencies, if necessary. Ms. Colleen Higgins has been extremely diligent in her role as a pharmacist and reported many suspicious patients and doctors to the appropriate agencies including insurance agencies, such as Medicaid and Medicare, DCP Drug control, and several states DEA agencies.

POSSIBLE SIDE EFFECTS OF MEDICAL MARIJUANA

The manager of the Apothecary Dispensary, Colleen Higgins, is a Registered Pharmacist with extensive expertise in evaluating and explaining the possible side effects of a multitude of prescription and non-prescription medications as well as vitamin and homeopathic supplements. In preparation for the opening of The Apothecary Dispensary LLC, Ms. Higgins has taken specific courses at Oaksterdam University (please see 5 page bio on Colleen Higgins for detailed listings of her courses and reading on medical marijuana). Ms. Higgins has been studying specific strains of medical marijuana along with expected side effects.

In each consult with the patients at The Apothecary Dispensary, Ms. Higgins and the other pharmacists will be explaining the possible side effects of medical marijuana. In addition, The Apothecary Dispensary will be preparing a short safety sheet for patients which will alert them to possible side effects of medical marijuana. TAD will also be able to printout an informational profile of each strain that is closely related to the strain being dispensed. Since all strains will be grown in CT, they will not match the already "identified" strains. We therefore cannot give them information on that exact strain. But, we are able to search for strains within the Indica/Sativa blends and measurable THC and cannabinoids and offer information on closely related strains and their side effects.

THE DIFFERENT METHODS OF ADMINISTRATION OF MEDICAL MARIJUANA

There are many different methods of administering marijuana. The Apothecary Dispensary, LLC will be offering suggestions and advice on various methods of administration including, but not limited to:

- Inhalable
 - Smoking
 - Vaporization
- Gastrointestinal/enteral
- Oral
 - Capsules
 - Drinking:
 - Eating: Recipes and advice on the oral ingestion of medical marijuana and how it works differently than if inhaled – As most cannabinoids are not water soluble, patients need to bind the active molecules to alcohol or oil/fat prior to ingestion.
 - (1) Marijuana tinctures
 - (2) Extracted into a fat or oil, most commonly butter, called canna butter
- Topical and Transdermal
- Transmucosal
- Rectal

TAD is only allowed to sell products available from the Connecticut marijuana growers. We may not compound the medication at this time, and therefore may only give advice on how to eat or create edibles for the patient at home. We may only sell what is on the market from the growers in the state.

CONTINUOUS EVALUATION OF STRAIN SELECTION TO ACHIEVE OPTIMUM PATIENT OUTCOMES

In preparation for the opening of The Apothecary Dispensary (TAD), Ms. Higgins has taken specific courses at Oaksterdam University (please see 5 page bio on Colleen Higgins for detailed listings of her courses and reading on medical marijuana). Ms. Higgins has been studying specific strains of medical marijuana. In addition, all staff will receive a smartphone app which will have immediate information available at their fingertips on the various strains. The selection of the appropriate strains will be a key component of the patient consultation.

PATIENT PRESCRIPTION EVALUATION AND RECOMMENDATIONS BASED ON DISEASE STATE AND BENEFICIAL OR DETRIMENTAL PATIENT OUTCOMES

Each new patient at The Apothecary Dispensary, LLC will be evaluated according to their disease state and the patient's desired outcome from medical marijuana. TAD Pharmacists will make recommended strain selections and provide follow-up to ensure that the desired outcome has occurred. As part of our bonus points, we have included free and continuous evaluation of the patient's prescription, non-prescription, and vitamin use to evaluate their overall health outcome. A patient's medications and disease state change, so may their medical marijuana needs.

RECOMMENDATIONS TO PATIENTS ON NUTRITION AND OTC'S THAT MAY AID IN IMPROVED PATIENT RESPONSE

All of the patients entering into The Apothecary Dispensary, LLC will have severe and chronic conditions which may be slightly improved with additional over-the-counter medications and/or better nutrition. The pharmacists at TAD will provide advice on nutritional products, nutrition, vitamins and OTC medications which may help the patient's condition and symptoms.

COMMUNITY OUTREACH TO THOSE PATIENTS WHO MAY NEED COUNSELING WHO ARE RECEIVING MEDICAL MARIJUANA AS WELL AS PATIENTS WHO MAY NEED FREE ADVICE OVER THE PHONE OR ON OUR WEBSITE.

TAD intends to become a wellness resource for all of its patients. Patients will be able to contact a pharmacist via phone or website to receive advice on medical marijuana or medical marijuana administration methods. TAD intends to become integrated into the medical community as a reliable, experienced source of healthcare information. As we expand, we are expecting to create a blog that may become a resource for all patients with chronic diseases that want an experienced, local pharmacist's advice.

WARNINGS OF THE POSSIBLE DANGERS OF THE USE OF MEDICAL MARIJUANA AND HOW TO AVOID OR CORRECT THESE ISSUES

TAD pharmacists will discuss, with each patient, the dangers of extensive marijuana use. Ms. Higgins, as a pharmacist has never steered away from the uncomfortable conversations with her patients about the dangers of chronic opioid and benzodiazepine use. She has even received several "thank you" cards from patients who appreciated her honesty in dealing with a patient that may be entering into dangerous territory with their use of prescription medication. Alternatively, Ms. Higgins has also been a source of comfort for those patients who are terrified to take medications that will relieve their disease state symptoms. She continues to make patients feel that they are in control of their prescription intake, and when their consumption has possibly become out of their control, how to address the issue. Ms. Higgins believes all patients have the ability to take medication safely or overcome their addictions. TAD will be developing brochures and

information relating to the dangers of using medical marijuana so patients may have contact information for their local support groups. The informational brochures will also include information on how to avoid any of these potential dangers, but TAD will mostly rely on the experience and communication abilities of its pharmacists.

SPEECHES GIVEN TO LOCAL JUNIOR HIGH SCHOOL STUDENTS TO INFORM THEM THE CONSEQUENCES OF THEIR CHOICES OF MEDICATIONS AND AIDING THEM IN MAKING GOOD MEDICAL DECISIONS THAT WILL HOPEFULLY CARRY ON THROUGHOUT THEIR ADULT LIVES

TAD will be developing speeches and accompanying hand-outs for Junior High Students in the New Haven School system. One of the pharmacists will be available for any invitation from the school system to come to the school and deliver a speech on the proper use of medical marijuana and their exposure to prescription drugs. Junior high school is a deliberate choice from TAD. We feel that a younger age group may not understand the information and the older high school students may already have made their choices regarding their intake of drugs and alcohol. TAD is more than willing to work with New Haven High Schools if the administration thinks it will enact a positive outcome.

C3. A detailed description of the process that a dispensary facility will take to ensure that access to the dispensary facility premises will be limited only to employees, qualifying patients and primary caregivers;

TAD will ensure that only employees and those that are qualified to participate in the CT Medical Marijuana Program are allowed entry to the facility. The following details outline the secure entry system:

- Patients will enter the front door of 781 Whalley Ave, of which there are several tenants. TAD will be located on the second floor, there will be an elevator that will take them to the second floor. There are at least two other tenants already located on the second floor of the building. They will go to the northwest corner of the building where there will be a blue sign identifying the location of The Apothecary Dispensary. They will buzz an intercom system with a video feed into the dispensary. By private handset, they will show the TAD employee their identifications and, after verifying their status in the program, they will be allowed into the security vestibule which is handicapped accessible.
- TAD employees will be identified by the pharmacist(s) on duty.
- Once the patient is identified and determined to be accessible to the dispensary, the patients enter into a security vestibule. This is a clear, second level security system that cannot be opened until the first entry door

closes. This is also true for when patients leave, one door will only be allowed to be opened at a time. TAD believes this thorough *double check* system will assure that only current, qualified patients are allowed into the dispensary and protect the dispensary from theft. An coordinated electric lock will be used on this double-door system.

C4. A detailed description of the features, if any, that will provide accessibility to qualifying patients and primary caregivers beyond what is required by the Americans with Disabilities Act;

781 Whalley has compliance with handicapped accessible entry ramps. We have an elevator that will bring patients up to the second floor location of The Apothecary Dispensary. TAD will have a handicapped accessible front door, which may be automated. This will allow plenty of access for a patient in a wheelchair into the security vestibule for the door to close behind them. Once inside the security vestibule, a TAD employee may open the second door to aid in their entry.

C5. A detailed description of any air treatment or other system that will be installed and used to reduce off-site odors;

There will then be either a charcoal filter or an ozone generator air system that will be attached to a 6000cfm exhaust fan on the back of the building that will create a space with negative pressure. This will be decided by during construction based on existing exhaust features. The filters will remove any odors that may be contained in the facility when removing product to place into non-childproof containers. Otherwise, all product will be sealed at the production site and remained unopened by the dispensary or the patient until they leave the facility.

Patients will be instructed that it is illegal to consume or drive under the influence of marijuana and would recommend opening their product only after returning home. All products will be sold in small, nondescript bags so as not to look as if they are leaving from the dispensary. The intent is to have the patients leave the facility and not be identified as a marijuana patient. The marijuana product should be able to fit in either a purse or small bag so as not to attract attention.

C6. A detailed description of the process by which marijuana and marijuana products will be delivered to a dispensary facility from the producer, including the protocols that will be used to avoid any diversion, theft or loss of marijuana;

The Apothecary Dispensary Delivery Process

	Producers will make deliveries in accordance with their own developed procedures.
	Delivery drivers will identify themselves per protocol set up by producers.
	Delivery drivers will be allowed into TAD using the double security system described in Section 3 of the business plan.
	The medical marijuana will be checked in by the on-duty pharmacist against the invoice provided by the producer.
	The medical marijuana will be deposited into TAD's vault by the on-duty pharmacist.
	The medical marijuana prescription will be logged into the Pioneer RX perpetual inventory system.
	Inventory will be performed weekly.

TAD will comply with whatever delivery program that is determined by the Connecticut growers. Per DCP regulations, a pharmacist will conduct a weekly vault inventory and keep such records readily available. It will be preferred that the inventory is alternated between pharmacists, but this will be determined by script volume and income as to when a second and third, full time pharmacist will be required. Until such time, the pharmacy manager will conduct all weekly marijuana inventory audits.

When filling prescriptions, technicians must use a multiple scan system implemented by the PIONEER RX pharmacy system that is able to identify all persons who come in contact with the product from receipt of the product from the producer to the release of the product at the Point of Sale. Signatures at the at the Point of Sale will be captured electronically and kept for seven (7) years.

If it is determined that there is any loss of marijuana product, the dispensary manager will contact the local police and create a theft/loss report. The dispensary manager will then immediately notify the Department of Consumer Protection, Drug Control Division under the Marijuana program and report the loss. TAD will comply with all investigations into any marijuana loss. The Pioneer Rx system is able to generate over 1000 different

kinds of reports, so TAD is confident we will be able to identify any thefts or errors.

QUALITY ASSURANCE PROGRAM

TAD will create an 8" X10" sign displayed in the patient waiting area, detailing how to report a dispensing error. In addition, all prescription bags will have the same reporting information on a piece of paperwork which will be stapled to each and every bag.

The sign and printed information will read as follows:

"If you have a concern that an error may have occurred in the dispensing of your marijuana, you may contact the Department of Consumer Protection, Drug Control Division, by calling (Department of Consumer Protection telephone number authorized pursuant to section 21a-2 of the Connecticut General Statutes)."

TAD will also create and distribute a written document given to all employees detailing the Quality Control and Quality Assurance procedures of the pharmacy. The document will include:

1. A dispensing error is identified (usually following a complaint by the patient). The types of dispensing errors can include, but are not limited to dispensing the incorrect type/strain of medical marijuana to a patient based on physician's orders.
2. Once the error has been identified, the TAD Pharmacist will notify the MD's office as soon as possible of the error.
3. The pharmacist will make sure the patient is safe from the side effects and does not require additional medical attention.
4. Once the error has been identified and reported, the pharmacist will fill the prescription correctly for the patient at no charge.
5. Any dispensing errors will be reported to the CT DCP within 2 business days and a copy of the documented error will be kept on file for future auditing for seven (7) years.
6. The medical marijuana that was filled and returned due to an error will be quarantined and destroyed or returned for destruction under the regulations set forth at a cost to the dispensary.
7. The pharmacy will go over each dispensing error with each employee

involved on an individual basis (so as not to embarrass employee), and with the staff as a whole to use as a learning opportunity.

8. The dispensary manager will evaluate the dispensing process to see how the software or filling process can be modified so future errors are less likely to occur.

C7. A detailed description of the training and continuing education opportunities that will be provided to dispensary facility employees; and

EMPLOYEE MANUAL

TAD has developed a comprehensive employee manual which will be given to employee upon initial hire. All employees will receive a 10 day training period on the proper handling of medical marijuana as well as an overview of the CT medical marijuana regulations.

INITIAL TRAINING PERIOD

After the 10 day training period, the pharmacy manager will evaluate the potential employee as to their ability to follow all state regulations relating to the distribution of medical marijuana. In addition, close attention will be paid to the employees understanding of methods employed to prevent diversion of medical marijuana.

BACKGROUND CHECK

Employees will also go through a background and criminal check. TAD management will conduct drug testing before hiring as well as random drug testing during employment.

SPECIALIZED PHARMACY SOFTWARE

TAD will provide training on the specialized pharmacy management software, PIONEER RX -- <http://www.pioneerrx.com>. In addition, TAD will provide all employees with the app ***Marijuana lite*** on their iPhones or TAD's in-store iPads (work tool) which will give them a constant reference about the strains which are in inventory at TAD at any given time. (After considering several phone apps, TAD has decided ***Marijuana lite*** has the most comprehensive, easily interpreted information for technicians).

CONTINUING EDUCATION

Employees will attend appropriate continuing education courses, paid for by TAD, that are offered online or within a reasonable driving distance.

TAD mandates that it's staff are current in their knowledge on the latest issues in the industry. We will keep the most up to date reference materials such as:

Emerging Clinical Applications for Cannabis and Cannabinoids 5th Edition
Ed Rosenthal's Marijuana Grower's Handbook

Current PubMed articles regarding the clinical use of Marijuana such as
"Medical Use of Cannabis: A new light for Schizophrenia"

Daily Google updates on the most current clinical articles published around the world. These will be printed out and given to all employees on a daily basis.

C8. A detailed description of any processes or controls that will be implemented to prevent the diversion, theft or loss of marijuana.

The process and controls will be covered by the controls implemented by the Pioneer Rx system. This system creates a pathway from the second the pharmacist takes in the product upon delivery and enters the quantities into the system through the process upon we sell the product at the POS system. Whoever enters the safe, must identify themselves. Whoever fills a prescription, must identify themselves. Whoever prints a label, or even a duplicate label (in case they want to steal a bit), they will be identified. Every step or the process, each person is identified.

Each section has a scan tag that identified who is accessing the product and/or information. We can also generate reports as to who may have tried to open the safe or generate the inventory system and was denied. The system is customized as to which employees can have access to everything. If there is a cashier, they will simply have access to the pos. If they attempt to try and access the Pioneer Rx system to look up a patient's info and fill a prescription, they will be denied and I will be notified by the system.

The security measures make it impossible for anyone without access granted by the dispensary manager to have access either to the safe or the computer system to run a fake prescription through the system.

Inventory is done when the product is dropped off by the pharmacist who is taking in the product and verified against the invoice. The inventory in the safe is done weekly and recorded for auditing purposes. Any loss will be reported to the police and the DCP immediately.

Also, there is a security monitoring system that backs up and holds months of information in every space where marijuana may be available. The reason video will be in the consultation rooms is because if a patient requests that the product be placed in a non child proof container, we will do it in full view of a video camera for our own and the patient's security.

The employees will be required to keep all personal items locked in their lockers in the employee break room. They will also be given pocket-less scrubs as work uniforms.

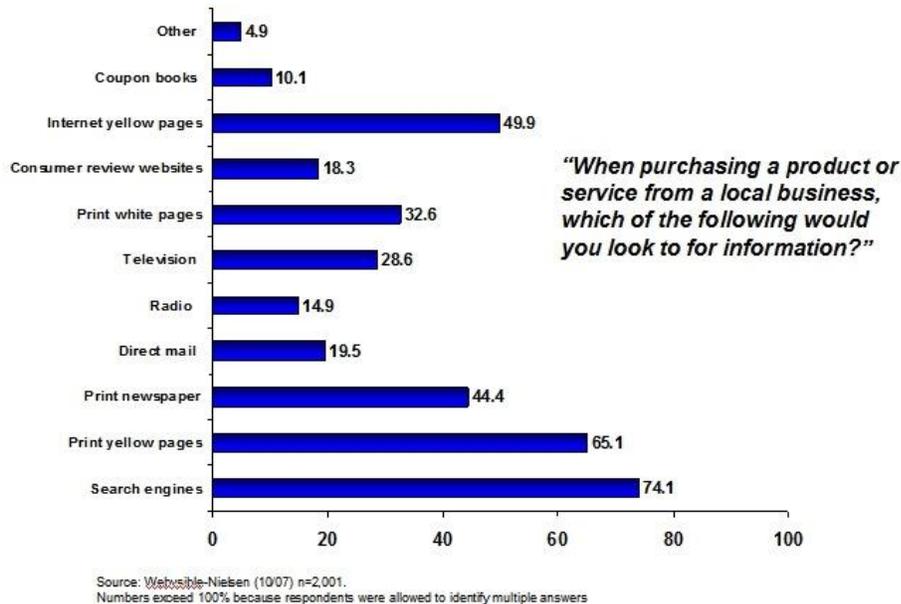
Along with our overall dispensary security system, and these procedures in place, we have done our best to assure that diversion, theft, or loss will be prevented.

D. PROPOSED MARKETING PLAN

D1. Provide a copy of the applicant’s proposed marketing plan and include any web templates and educational materials such as brochures, posters, or promotional items.

Local Marketing Plan

The Apothecary Dispensary (TAD) is a local business and therefore the Company will employ the latest methods of local marketing, focused in the digital space. As shown in the diagram below, one of the most important methods is utilizing SEO (search engine optimization) and SEM (search engine marketing) to ensure that the Company website can be easily discovered by those looking for medical marijuana. According to a Nielsen survey, they are the most popular ways that people find a local service:



PPC results are shown first in search listing

SEARCH ENGINE OPTIMIZATION (SEO)

Since SEO is one of the top methods of find a local business, the following list of local SEO methods will be implemented by TAD:

WEBSITE TAGS

The goal of local marketing is to make the Company website work locally. TAD will add the location to the title tag and meta-tag descriptions of our website, add contact information with name, full address, and list a phone number with a local area code (vs. an 800 or toll free). This information makes it easy for users to return to the website.

ORGANIC SEARCH

TAD will research and utilize local keywords to target. TAD will also include our business type and city, city and state, street, zip code, address and phone number in utilized keywords.

PAY PER CLICK SEARCH ENGINE ADVERTISING

TAD will look into utilizing paid search engine advertising, also known as pay per click (PPC), advertising in order to quickly ramp up website traffic and capture additional leads from online searches e.g. Google AdWords and Yahoo! Search Marketing.

GOOGLE PLACES

Google Places is a key technology for local businesses. They are free pages that are listed within Google search results right after AdWords listings, but before organic search results. The pages are linked to maps and directions, details about the business (transit, prices, hours, reviews)

GET LISTED

The Company will spend some time up front getting listed in every available directory. TAD will also upgrade its standing on Local.com by purchasing a premium listing. In addition to Google and Local.com, there are many additional local search platforms such as YellowPages.com, CitySearch and SuperMedia. Such directory-based advertising venues are both useful and cost-effective methods of generating additional exposure and visitor traffic. Submit company profile data to local directories (e.g. YellowPages.com, SuperPages.com, etc.)

PARTICIPATE ON SOCIAL MEDIA PLATFORMS

TAD will use our Facebook fan page and LinkedIn profile to motivate customers to rate and review our business.

SEARCH ENGINE-BASED ADVERTISING

According to Bizreport, at least 97% of consumers research a product online before making a purchase. Because consumers are using search engines to find product information, small and medium businesses (SMBs) can increase the functionality of these searches by working with local search platforms such as Local.com or Google Places.

SOCIAL MEDIA ADVERTISING

With social media platforms like Facebook boasting over 750 million active subscribers, the vast majority of small and medium businesses use and advertise on Facebook, LinkedIn, YouTube, etc. Small and medium business social media profiles can include information on the business's geographic location, hours of operation, weekly/daily specials, news, events, etc. Besides being used to ad-

dress customer inquiries and issues, social profiles can gather customer feedback about and overall perception of the products and the business.

This effort will enable the businesses to gain local customers even as it utilizes an international social platform.

NEWSPAPER MARKETING

TAD will place advertisements in the local New Haven Papers including The New Haven Register, the Connecticut Post, the Milford Weekly, and the New Haven Advocate as well as Advocate newspapers in Fairfield County, CT. We will expand this effort accordingly based on locations of other dispensaries to provide coverage.

DIRECT MARKETING

TAD will be located near Yale New Haven Hospital, the biggest cancer hospital in the state and one of the biggest hospitals on the East coast. Ms. Higgins will approach their Faculty and offer to provide teaching services to residents and doctors on the proper usage of medical marijuana.

BLOG (LONGER TERM PLAN)

The business blog will be used to write about people and events in our local communities, making sure to use local keywords in the necessary places e.g. headings, title, tags, keywords, body of the text, etc.

TAD has already sent out this informational brochure to doctors in the area. A letter that was addressed to each physician or their practice was included with the brochures. These brochures were created in March, 2013 before any of the regulations were developed. The purpose of the letters and the brochure was to inform doctors and potential patients of the changes in legislature that may affect their patients.

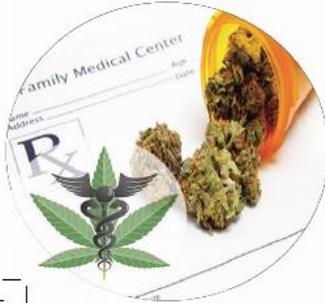
Each physician was personally contacted by Ms. Colleen Higgins. She informed them of the changes in the regulations that were occurring in Connecticut and asked if they would like to receive an informational brochure. Ms. Higgins contacted over 40 physician groups and only one single practitioner declined to any information. Ms. Higgins clearly stated that no one was allowed to prescribe or distribute marijuana in the state of Connecticut, but felt it was important that physicians had the opportunity to inform themselves of the most current regulations.

TWO PAGE INFORMATIONAL BROCHURE

Public Act 12-55,
An act concerning the palliative use
of marijuana was passed on May 31,
2012

To register patients who qualify, the temporary registration certificate application is online at www.ct.gov under the Medical Marijuana link.

- Physician initiates the process by logging into an online, secure system and certifying their patient
- After physician submits a valid certification, their patient can access the online system to complete the patient portion of the application.
- If the physician certifies the need for a primary caregiver, the caregiver can log in after the patient, and complete the application.



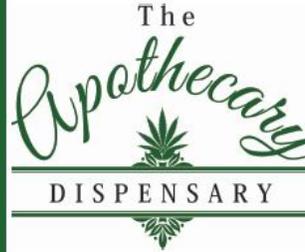
The
Apothecary
DISPENSARY

FOR MORE INFORMATION:

Medical Marijuana Program
phone (860) 713-5056
fax (860) 716-5291
Email: dcp.mmp@ct.gov
www.ct.gov
*click link on the left side of the page to the medical marijuana program

Department of Consumer Protection
165 Capitol Ave. Rm. 147
Hartford, CT. 06106

For free consultation and information regarding Act 12-55 contact Colleen Higgins, R.Ph. at 203-645-8433
ApothecaryDispensary@gmail.com
Website coming soon!



The Public Act 12-55:
*The Palliative Use of
Medical Marijuana*

Physician requirements for issuing written certifications for palliative use of marijuana:

1. Hold active license under chapter 370 of CT General statutes and is in good standing
2. Hold active Controlled Substance Practitioner registration in good standing and eligible to prescribe Schedule II controlled substances
3. Holds active DEA registration and is in good standing
4. Is registered with, and able to access, the Prescription Monitoring Program and is not engaged in any prohibited conduct
5. Have a bona fide physician-patient relationship with qualifying patient including exams, patient history, current medical conditions and in-person physical exam
6. Must diagnose patient as having debilitating medical condition
7. Decide this path of treatment is in the best interest of the patient
8. Be reasonably available for follow up care and determine efficacy of marijuana for treating disease
9. Must explain risks and benefits of palliative use of marijuana to patient or care giver.
10. Employees under their direct supervision may assist in preparing written certifications as long as final review is performed and approved by physician before being submitted to the department.
11. Physician may not have any financial interest in dispensary or producer
12. Physician may not issue prescription for physician's family members, employees or co-workers



Debilitating Conditions include:

- Cancer
- Glaucoma
- Parkinson's Disease
- HIV positive status
- Multiple sclerosis
- Epilepsy
- Cachexia
- Wasting syndrome
- Crohn's disease
- Post-traumatic Stress Disorder
- Damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity

Patient and Primary Caregiver registration:

1. Must be completed on forms provided by the department in a manner prescribed by the commissioner.
2. Must provide proof of identity, age, and residency in CT.
3. A passport photo not older than 30 days must be attached.
4. Permission given to department (if needed) to perform a background check if using a primary caregiver.
5. A \$100 total fee for each qualifying patient and each assigned Patient Care Giver. Fee waivers and reductions may be available for eligible patients.
6. Provide the name, address, and telephone number of the dispensary facility from which patient will purchase marijuana.
7. If registration application is deemed incomplete or inaccurate it must be corrected within 60 days or the department may add additional fees or deny application.
8. Patients may designate only ONE primary caregiver at any given time.



Qualifications for patient for registration:

- Must be 18 years of age
- Must be CT resident and provide proof that is in acceptable form by the department
- Cannot be inmate confined in correctional facility



THE LETTER INCLUDED WITH THE BROCHURE CONTAINED BELOW:

Hello Dr.s of X Practice,

My name is Colleen Higgins and I am a pharmacist of 15 years that is applying for a medical marijuana dispensary license under the name *Apothecary Dispensary*. In the state of Connecticut, pharmacists will dispense medical marijuana as a Class II narcotic prescription.

This pamphlet was created to provide physicians with their requirements to enroll eligible patients into the program if they wish to prescribe medical marijuana. Currently, there is a 76 page document (under Ct Dept of Consumer Protection website) that contains the temporary regulations. This pamphlet is that...in a nutshell. The regulations were supposed to be finalized 7/1/13, but have been delayed. The program hopefully be fully running by early 2014.

Patients have been able to get a medical marijuana card in CT since 10/1/12, but have no place in CT to fill their prescriptions. As of June 2013, there are about 500 people who have received their card out of at least 30 thousand eligible patients. If there are few patients registered, then there may be as little as one license granted for a dispensary in the state of CT when the regulations are finalized in the upcoming months. It is my intent to inform physicians and their patients about the most current activities so they may have the eligible patients who are interested in using medical marijuana sign up for their cards.

Please feel free to call or email me. I enjoy talking at length about these exciting developments. I will clearly need to maintain a sufficient customer base, but I am most excited using medical marijuana as an alternative to the current pharmaceutical prescription medications. As a pharmacist of 15 years, I understand the limitations, as well as the exorbitant costs of these medications. I think this can be a wonderful alternative for numerous patients.

This is a fantastic progression in the world of healthcare. I truly believe in the uses for medical marijuana and the countless patients that can lead better lives. There was a public hearing held on April 15, 2013 and the first person to speak was a woman dying of brain cancer who begged the commissioner to give her some quality of life with her children before she succumbs to her disease. The current medications leave her drowsy and unable to be an active mother. Medical marijuana can improve the remaining months of her life significantly.

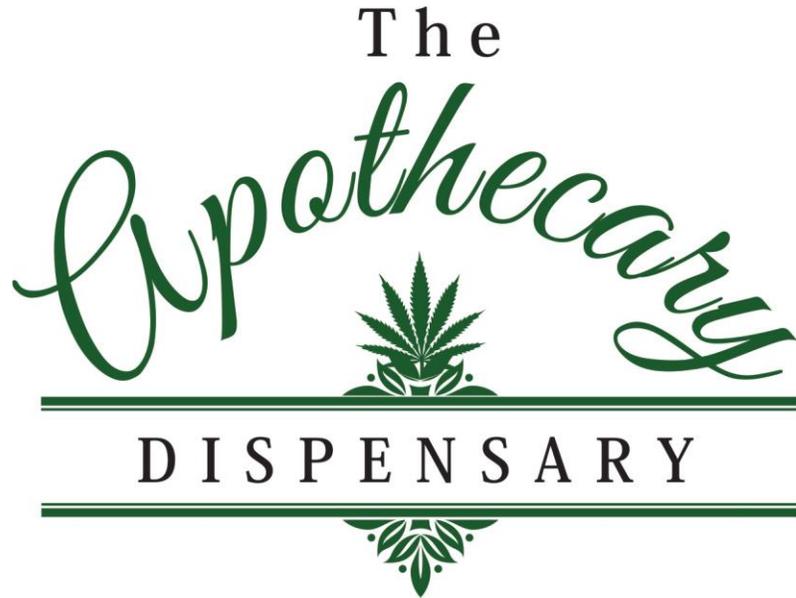
I would love to work directly with physicians, as to which is the best product for their patients. Like all medications, there are hundreds, if not thousands, of strains available. I will be the reliable drug reference that many physicians already rely on for other diagnosis. I also would like to find alternative drug delivery systems so people don't feel their only option is to smoke.

Our goal is to make people's lives better. Since this will be supervised by both a physician and a pharmacist, I think the patients are getting a fantastic benefit.

Right now is just the beginning.

Sincerely, Colleen Higgins, R.Ph

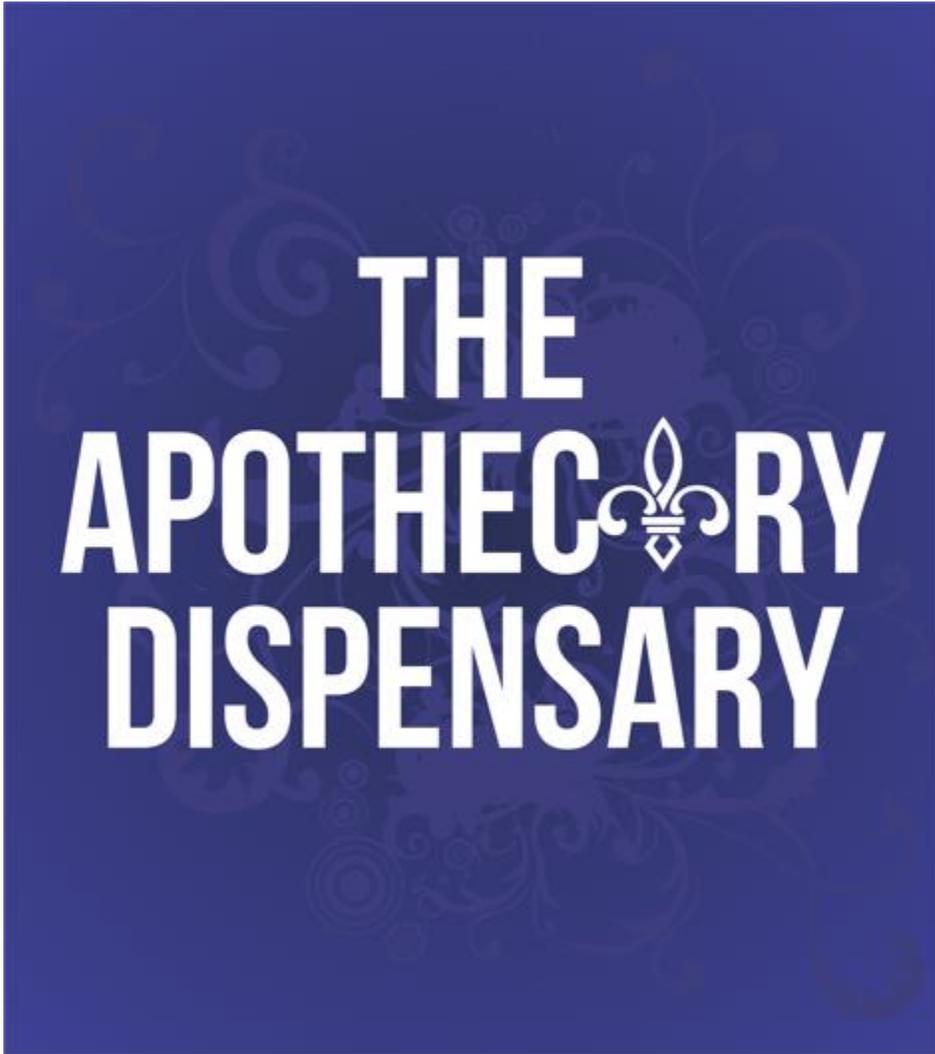
TAD'S PROPOSED LOGO



IF IT IS DEEMED UNACCEPTABLE TO HAVE A MARIJUANA LEAF IN THE LOGO, THIS LOGO WILL BE USED BELOW.



EXTERNAL SIGNAGE

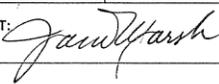


E. FINANCIALS AND ORGANIZATIONAL STRUCTURE

E1. 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;

Apothecary Dispensary, LLC is a single member LLC and thus does not require an Operating Agreement. See other documents below.

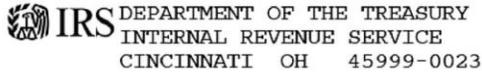
Apothecary Dispensary, LLC Articles of Incorporation

 SECRETARY OF THE STATE <small>MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT PHONE: 860-509-6003 WEBSITE: WWW.COMMREC-SDS.CT.GOV</small>		FILING [REDACTED] 01 OF 02 VOL B-01854 FILED 10/01/2013 08:30 AM PAGE 02148 SECRETARY OF THE STATE CONNECTICUT SECRETARY OF THE STATE
ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC <small>C.G.S. §§34-120; 34-121 USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.</small>		
FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Jason A. Marsh ADDRESS: Jeffers Cowherd P.C. 55 Walls Drive CITY: Fairfield STATE: CT ZIP: 06824		FILING FEE: \$120 <small>MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"</small>
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) Apothecary Dispensary, LLC		
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED: <small>ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.</small> To engage in any lawful act or activity for which a limited liability may be formed under the Connecticut Limited Liability Company Act.		
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: 43 Dale Drive CITY: Milford STATE: CT ZIP: 06461		
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: CITY: STATE: ZIP:		
5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: Jason A. Marsh		
BUSINESS ADDRESS <small>(P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"</small> ADDRESS: Jeffers Cowherd P.C. 55 Walls Drive CITY: Fairfield STATE: CT ZIP: 06824		CONNECTICUT RESIDENCE ADDRESS <small>(P.O. BOX NOT ACCEPTABLE)</small> ADDRESS: 55 Tashua Lane CITY: Trumbull STATE: CT ZIP: 06611
SIGNATURE ACCEPTING APPOINTMENT: 		

PAGE 1 OF 2

FORM LC-1-1.0
Rev. 1/11/2011

Apothecary Dispensary, LLC - EIN Number [REDACTED]



Date of this notice: 11-06-2013

Employer Identification Number:
[REDACTED]

Form: [REDACTED]

Number of this notice: CP 575 A

APOTHECARY DISPENSARY LLC
COLLEEN HIGGINS SOLE MBR
43 DALE DR
MILFORD, CT 06461

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 [REDACTED]. 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.

Apothecary Dispensary, LLC - CT Tax Registration Number 60344827



OFFICIAL RECEIPT

CO-99 REV. 8/90
 (Stock No. 6938-118-01)
 Printed on Recycled or Recovered Paper

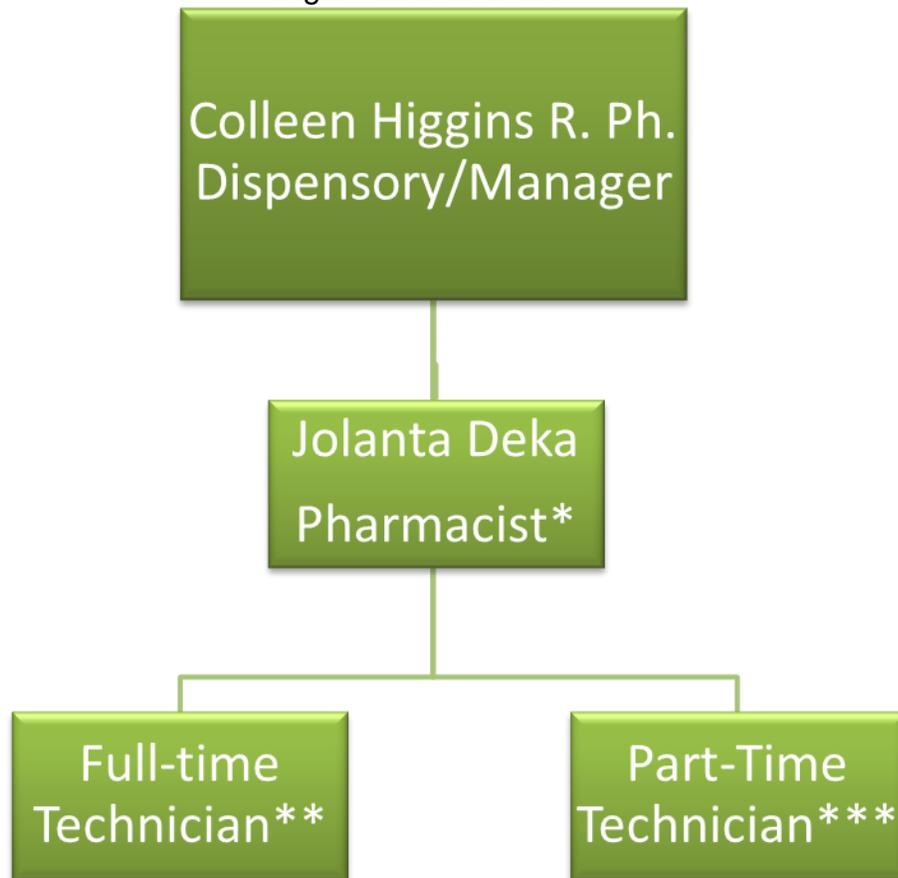
B 2308899

STATE OF CONNECTICUT

RECEIVED FROM		DATE OF RECEIPT	
Apothecary Dispensary LLC		11/08/13	
FOR		THE SUM OF	
TFD # [REDACTED]		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> 395 \$ 100 00 <input type="checkbox"/> Check	
BUT & SUT			
AGENCY NAME		RECEIVED BY	
Department of Revenue Services TEMPORARY PERMIT		K Zordni	

E2. 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;

Organizational Chart



Please see Appendix G for full copies of the resumes for Ms. Colleen Higgins and Jolanta Deka

* Hired Full-time based upon volume

** Nationally Certified Technician with a minimum of 2 yrs. will have the following qualifications:

- Must be 18 years of age
- Must have an active, nationally certified pharmacy technician license in good standing within the last 3 years
- Must have 3 years' experience in retail pharmacy, preferably 6 months experience as a lead technician
- Must read and acknowledge all DCP regulations for dispensary requirements for marijuana dispensing and be able to answer questions on demand by manager during interview
- Must pass a background check with no criminal convictions
- Must show capability of creating a weekly staff schedule
- Must have experience in cash handling and documentation

- Must show ability to train new staff and follow all hiring procedures created by The Apothecary Dispensary

*** Hired at a later date

E3. 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

Colleen Higgins (owner, pharmacist, pharmacy manager) will be responsible for the information security requirements including all patient confidentiality information. The resume for Ms. Higgins can be found in Appendix G.

All information will be protected as required by law and will be kept in password protected software. All printed information will be kept in color-coded bags in a secure trash receptacle. A professional services company, CINTAS, will be responsible for proper pick-up and disposal of all patient information.

Cintas can ensure sensitive business and employee information is protected against misuse, identity theft, and loss while staying compliant with privacy laws and government regulations.

The SmartShred™ document destruction process takes place on our secure truck before it leaves your property. Trucks can shred up to 8,000 pounds of paper an hour, ensuring the highest level of efficiency

Hands free process and state-of-the-art shredding technology within every truck guarantees highest level of security in the industry

Our mobile shredding services include:

- **Security Site Assessment** — A Cintas Security Professional will provide a consultation to uncover your document management needs to determine what type of shredding services will work best for your business.
- **Container Size & Placement** — During the initial assessment of your shredding needs, Security Professionals will determine the optimal size and placement of containers at your facilities.
- **Regular Service** — On site shredding containers are serviced at regular intervals by a Cintas Security Service Representative to ensure timely destruction of sensitive documents and records.
- **Proof of Service** — Once shredding is completed, a Certificate of Destruction will be issued.
- **Recycling** — All shredded paper documents Cintas handles are recycled as part of our commitment to improving the environment.
- **National Service** — Cintas Document Management services over 95% of the United States.

E4. A copy of all compensation agreements with dispensary facility backers, directors, owners, officers, other high-level employees or any other person required to complete Appendices B, C or E. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will provide, a benefit to the recipient whether in the form of salary, wages, commissions, fees, stock options, interest, bonuses or otherwise;

At this time, there are no compensation agreements in place with backers or employees, as Ms. Higgins is the 100% owner of Apothecary Dispensary, LLC (dba The Apothecary Dispensary, LLC) her compensation is determined by the profitability of the pharmacy. There are no compensation agreements with future employees. Ms. Higgins is the sole backer of The Apothecary, LLC and has access to lines of credit for working capital.

E5. Describe the nature, type, terms, covenants and priorities of all outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening or operating of the proposed dispensary facility;

TAD will have for working capital, an equity-backed line of credit initially of up to \$250,000 for purposes of opening and operating a Medical Marijuana Dispensary. Ms. Higgins, on behalf of Apothecary Dispensary, LLC, has negotiated a line of credit from private investors for up to \$250,000 for purposes of opening and operating a Medical Marijuana Dispensary.

E6. 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

To the Member of:
Apothecary Dispensary, LLC
Milford, CT 06461

We have compiled the accompanying balance sheet of Apothecary Dispensary, LLC as of October 31, 2013 and the related statements of revenue, expense and member's equity, cash flows and schedule of general and administrative expenses for the ten months then ended. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures required by accounting principles accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.



November 12, 2013

APOTHECARY DISPENSARY, LLC
BALANCE SHEET
OCTOBER 31, 2013

ASSETS

Current Assets:	
Cash - Checking	<u>\$ 1,000</u>
Total Current Assets	\$ 1,000
Fixed Assets:	
Office Equip.	<u>745</u>
Total	745
Less: Accumulated Deprec.	<u>(124)</u>
Total Fixed Assets	621
Other Assets:	
Capitalized Organization Costs	<u>19,000</u>
TOTAL ASSETS	<u>\$ 20,621</u>

LIABILITIES AND MEMBER'S EQUITY

Member's Equity:	
Member's Equity - Exhibit B	<u>20,621</u>
TOTAL LIABILITIES AND MEMBER'S EQUITY	<u>\$ 20,621</u>

See Accompanying Accountants' Compilation Report

EXHIBIT B

APOTHECARY DISPENSARY, LLC
 STATEMENT OF REVENUE, EXPENSE
 AND MEMBER'S EQUITY
 FOR THE TEN MONTHS ENDED
 OCTOBER 31, 2013

Revenue	\$	0
General and Administrative Expenses - Exhibit B-1		<u>10,379</u>
Net Loss	(10,379)
Members' Equity - January 1,		0
Contributions		31,000
Withdrawals	(<u>0</u>)
Members' Equity - December 31,	\$	<u>20,621</u>

See Accompanying Accountants' Compilation Report

APOTHECARY DISPENSARY, LLC
STATEMENT OF CASH FLOWS
FOR THE TEN MONTHS ENDED
OCTOBER 31, 2013

Cash Flows From Operating Activities:	
Net Loss - Exhibit B	(\$ 10,379)
Adjustments to reconcile net income to net cash flows used in operating activities:	
Depreciation	<u>124</u>
Net Cash Flows Used In Operating Activities	(<u>10,255</u>)
Cash Flows From Investing Activities:	
Cash paid for Organization Costs	(19,000)
Cash paid for Office Equipment	(<u>745</u>)
Net Cash Flows used In Investing Activities	(<u>19,745</u>)
Cash Flows From Financing Activities:	
Capital Contributions	<u>31,000</u>
Net Increase in Cash and Cash Equivalents	1,000
Cash and Cash Equivalents - January 1,	<u>0</u>
Cash and Cash Equivalents - September 30,	<u>\$ 1,000</u>

See Accompanying Accountants' Compilation Report

APOTHECARY DISPENSARY, LLC
GENERAL AND ADMINISTRATIVE EXPENSES
FOR THE TEN MONTHS ENDED
OCTOBER 31, 2013

General & Administrative Expenses:

Advertising	\$ 500
Application Fees	1,000
Dispensary Consultant	5,000
Educational Materials	350
Depreciation	124
Dues & Subscriptions	545
Graphic Design	450
Office Expenses	240
Postage & Mailings	191
Travel	1,816
Website & Domain	<u>163</u>
 Total	 <u>\$ 10,379</u>

See Accompanying Accountants' Compilation Report

The Apothecary Dispensary, LLC Pro-Forma Financials

START-UP COSTS (One time costs)

Marketing Collateral & Signage	\$ 1,000
Application Fee	\$ 1,000
Legal Fees	\$ 7,500
Registration Fee	\$ 5,000
Grant Writer Fee	\$ 3,500
Architect	\$ 5,000
Dispensary Creation Consultation	\$ 5,000
Pharmacy software and tracking systems - PIONEER RX system	\$18,500
Set up costs (banking, payroll, insurance, benefits)	\$ 5,000
Misc costs (meetings, travel, copies, etc)	\$ 1,500
Retail Store Initial buy (accessories, OTC products, health books)	\$ 50,000
iPads (3)	\$ 1,800
Security (ADP alarm system)	\$ 2,000
Phone systems (5 trunks and wiring)	\$ 5,000
Uniforms	\$ 300
Vault	\$ 5,000
Retail displace cases	\$ 5,000
TOTAL	\$122,100
PAID	\$25,000
START UP NEEDED	\$ 97,1000

RECURRING HARD COSTS (MONTHLY)

Rent (3900 sq ft)	\$ 4,430
Utilities (Electric, Gas, etc)	\$ 2,500
Software maintenance	\$ 450
Benefits (est)	\$ 2,800
Accountant	\$ 500
Security	\$ 1,000

STAFF COSTS (MONTHLY)

Pharmacy Manager (full time)	\$ 7,000
Pharmacist (part time 20 hrs/wk @ \$60/hr)	\$ 5,200
2 Pharmacy Technician (1 full time/1 part time)-until month 6	\$ 5,200
Social Security tax (6.2%)	\$ 2,000
Medicare (1.45%)	\$ 487
Unemployment (4.5% for first \$15k)	\$ 675

TOTAL MONTHLY COSTS \$32,242 X 9 MONTHS = \$290,187

TOTAL CAPITAL NEEDED FOR 9 MONTHS @ 0 REVENUE \$387,284

TAD REVENUE PROJECTIONS

Consulting Fee Structure:

1. Initial Consultation (full medical history eval) – 30- 45 mins \$ 100
 - includes initial strain purchase of 1/8 oz.

Average number of ounces sold/day		10
profit per ounce average \$150	profit/day	\$1,500
profit of \$1,500 per day X 25 days per month		\$ 450,000

Marijuana Sales Projections (blended avg for all grades)

Breakdowns:

Wholesale Cost per pound- \$3,000 (considering HIGH wholesale cost—looking to decrease after year 1)
Cost per ounce - \$187.50
Retail Price per ounce - \$250-\$450
Profit per ounce - \$62.50—\$262.50
Daily ounce sales – 10
Daily profit in product - \$1,500

Non Marijuana Retail Purchases

Pipes

cost of 5 pipes \$3: sell at \$7/each = profit of \$32

cost of 5 pipes \$4: sell at \$10/each = profit of \$46

cost of 5 pipes \$8: sell at \$14/each = profit of \$62

cost of 5 pipes \$9: sell at \$18/each = profit of \$82

about 400% profit/per pipe sold

smoking accessories (screens, cleaning supplies, etc): profit 100-200%

Vaporizers

Volcano \$420: profit \$80 (20%)

Whisper \$250: profit \$50 (20%)

Pens vaporizers (various types): profit 20-30%

Box vaporizers: profit 20-35%

Vaporizer accessories: profit 75-85%

OTC medications: profit 50-85% with variable of expiration dates as a loss

Diptyque product line: profit 20%

Alternate candle lines: profit 20%

Total monthly profit non marijuana products:

\$500-1000 at 0 to 6 months

\$1250-2500 after 6 months

E7. 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.

Please see Appendix K

E8. Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) dispensary facility backer; and (ii) each backer member identified in Section B of Appendix

Please see Appendix K

1. Dispensary Facility Backer – Colleen Higgins (Tax Returns currently included under Section E7).
2. No backer members identified beyond Colleen Higgins (Tax Returns currently included under Section E7).

F. BONUS POINTS

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

F1. 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.

In addition to having the experience of professionals on our team who have worked for small and large high-profile organizations, and have enjoyed the benefits that big companies provide, we feel it a priority to offer excellent benefits. Providing superior benefits, training and a comfortable work environment also attracts top talent and facilitates recruitment. TAD wants to ensure that its employees have the best safety, benefits, continuing education, and wages possible while still allowing the business to grow.

The benefit package offering will include:

INSURANCE COVERAGE

TAD will offer robust insurance benefits for all full time employees, 40 hours+, with no contribution (spousal/family options available) after 3 months of continuous employment. Part time employees are eligible to participate in these programs at their own expense. As the company matures and can support the costs, TAD intends to offer co-payment insurance support to employees working less than 40 hours. Below is a list of insurance offerings and the corresponding company TAD is planning to utilize.

Medical Plan – Administrator: Anthem Blue Cross - All full time employees will be covered after 90 days of continuous employment. Part-time employees can contribute at their own expense after 90 days of continuous employment. This program will also include a company Wellness Program that involves regular education on diet, nutrition, exercise and anti-smoking which can reduce premiums. Below are the plans that employees have to choose from:

Health Maintenance Organization (HMO)

Blue Care

Plans that cover routine and unexpected care, with fixed out of pocket costs. Employees do not have to select a primary care physician (PCP), and no referrals are required. Benefits are generally limited to services from HMO network providers and co pay based plan options are available. These plans are simple and a great way to save costs.

BlueCare Deductible HMO

This plan is built on our HMO platform and still covers routine and unexpected care, with a fixed out of pocket cost. In addition, this affordable option offers an upfront deductible, followed by copays for most covered medical services.

Preferred Provider Organization (PPO)

Century Preferred & Century Preferred Comprehensive

In- and out-of-network national access with low in-network out-of-pocket expenses. These plans provide varying levels of cost share, including deductibles, coinsurance and co pay options. Offers the most provider network choice for your employees.

Consumer Driven Health Plans

With these consumer-driven health plans, employees get more control of their health, their health care decisions and their dollars. This can lead to substantial cost savings for the employer. May be paired with a health reimbursement account (HRA) or a health savings account (HSA).

Lumenos PPO, HSA-Qualified (Health Savings Account)

A High Deductible Health Plan that requires a more active approach to healthcare for members and includes in and out of network access.

Dental Plan – Administrator: Guardian Dental - All full time employees will be fully covered. Part-time employees can contribute at their own expense.

Vision Plan – Administrator: VSP (Vision Service Plan). All full time employees will be fully covered. Part-time employees can contribute at their own expense.

Term Life Insurance – Administrator: Lincoln Financial – Full time employees will be eligible for a \$1M life insurance policy. Part-time employees can contribute at their own expense.

FMLA (Family Medical Leave Act) – compliance with the current statutes for employees.

RETIREMENT PLAN

Simple IRA Retirement Plan– Administrator: Merrill Lynch - TAD plans to deploy a Simple IRA plan that all employees are eligible to join and make tax-favorable contributions to, regardless of full or part-time status. Employees can contribute to their plans up to the maximum allowed by current Federal law. At this time TAD will not be contributing to employee plans, however they reserve the right to alter this decision should the business become profitable before its projections.

PAY SCALES

The pharmacists and pharmacy technicians will be paid at a rate *well above* the average salaries for their profession. According to <http://www1.salary.com/Pharmacist-Salary.html>, The median expected salary for a typical Pharmacist in the United States is \$119,421 or \$58.54/hr. The median expected salary for a typical Pharmacy Technician in the United States is \$32,001 or \$15.68/hr.

In addition to above average salaries, full time employees will enjoy full benefits coverage (see benefits in #1) and part time employees will be eligible to participate in benefits plans at their own expense after 90 days of continuous employment.

Below is the breakdown of starting salaries and hourly wages at TAD:

Lead Pharmacist/Pharmacy Manager - TBD
Pharmacists – (part time positions) - \$63.00 per hour
Pharmacy Technicians – (full & part time positions) - \$15.00 per hour
Cashier – (if needed) - \$12.00 per hour

* In addition to the above average salaries, TAD has implemented both a six month and annual salary evaluation review in which all employees have the ability to receive increases based on merit and profitability of the company.

WORK DAY

The typical work shift at TAD will be eight hours with 30 minutes for lunch. Employees will also be given two fifteen minute breaks throughout the day.. Breaks will be paid time off and lunch will be unpaid time off. For shifts under six hours, there will be no lunch break, only a 15 minute, paid break.

PHARMACY HOURS:

Mon - 9a - 6p

Tues - 9a - 6p

Wed - 9a - 6p

Thurs - 9a - 6p

Fri - 9a - 6p

Sat - 10a - 5p

Sun - 11a - 4p

PAID EDUCATIONAL TRAINING

TAD encourages long term employment and therefore will support all continuing education related to medical marijuana. These courses will be paid for by TAD and recommended for all employees who are able to attend them. Continuing education that is not related to medical marijuana or that may benefit our employees expertise, will not be paid for by TAD, however TAD will make reasonable accommodations to allow staff to attend such educational courses during work hours.. TAD will also offer initial training on medical marijuana strains which will be maintained in the employee's personal HR file. (NOTE: Only pharmacists may counsel on medications, but technicians are a crucial part of a smooth flowing, experienced, intelligent dispensary business model).

UNIFORMS

Employees of TAD will be provided uniforms at no charge. Pharmacists will be given 2 white jackets embroidered with their name and the TAD company name. They will be required to dress professionally, as is expected in all pharmacies. Ties are required for all male employees. No blue jeans. The technicians will be given three sets of "pocketless" scrubs. They will not be embroidered, but rather given a name tag for identification (must be worn at all times inside dispensary), so if they go to lunch, people can assume that they work for one of the area hospitals. Employees will be responsible for laundering their uniforms and keeping them in presentable condition.

WORK & BREAK ROOM ENVIRONMENT

There will be a comfortable, casual room available for employees to take breaks and enjoy meals during their workday. A basic kitchen (refrigerator, microwave, plates, utensils, glasses, dishwasher, etc) and it will be stocked with soft drinks and snacks offered free to all employees.

All mandated Federal and State Labor posters (such as those here: http://www.ctdol.state.ct.us/gendocs/labor_posters.htm) will be clearly posted in the break room.

Safety Training - TAD intends to create an extremely safe and secure environment. Quarterly safety and security training, including fire drills, will be provided to all employees to ensure everyone feels confident that safety isn't a concern in their workplace.

Harassment Training – Each managing employee will be required to undergo online harassment training once per calendar year.

MONTHLY LUNCHES

Once a month, catered lunch will be brought in for all employees and paid for by TAD to celebrate staff birthdays and accomplishments.

CODES OF CONDUCT

All employees are expected to be professional in every regard when they are at work. That includes treating their colleagues with respect as well as all patients. Should an employee act inappropriately in any regard, they will receive a verbal warning for the first time, and a written warning anytime thereafter. The Pharmacy manager reserves the right to terminate employment of any employee receiving more than one written warning.

F2. Compassionate Need Plan: Describe any compassionate need program you intend to offer. Include in your response:

Based upon conversation with social services in the New Haven area, TAD has developed a plan to help patients with the costs of their medical marijuana based upon four separate factors. TAD intends to work jointly with a variety of family service and patient advocacy services to help to pinpoint patients who truly need help with paying for their medical marijuana.

TAD will utilize a system of reviewing applications for assistance based upon four separate factors, on a case-by-case basis:

- Income verification income levels based upon CT. state poverty levels as well as the size of the patient's family.
- Medicaid verification.
- Working with various social service agencies, such as "Families in Crisis" to pinpoint patients who are struggling financially.
- Verifying patient's existing medical expenses to determine if their co-pays exceed more than 10% of income.

TAD will institute a discount programs for patients who meet the requirements of their Compassionate Needs Program. These patients will receive a range of discounts from 5-50% of the cost of the medical marijuana. (it must be noted that extreme cases will be encountered regularly and TAD will be the leader in the medical cannabis community in guaranteeing medicine for patients. Another option would be to outline an oral tincture manufactured in partnership with a licensed producer that combines a cannabis extract with Turpinex, therefore eliminating the possibility for abuse and diversion. The producer would simply need to add two compounds together.)

F3. 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:

TAD will be part of a large research project instituted by the Connecticut Pharmacists Association. Please see attached letter describing the plan.



November 15, 2013

To Whom It May Concern:

The purpose of this letter is to inform the State of Connecticut Department of Consumer Protection(DCP) that the **Connecticut Pharmacists Association (CPA)**, a 501(c)6 professional organization representing pharmacists in the State of Connecticut since 1876, will be conducting a Research Monitoring Program in the State of Connecticut related to the medicinal use of cannabis.

It is the intent of the CPA to partner with the **Canadian Consortium for the Investigation of Cannabinoids (CCIC)** in order to conduct this proposed re-search monitoring program with the marijuana growers and dispensaries that receive licenses from the State of Connecticut. CCIC is a federally registered Canadian nonprofit organization of basic and clinical researchers and health care professionals established to promote evidence-based research and education concerning the endo-cannabinoid system and therapeutic applications of endo-cannabinoid and cannabinoid agents.

Please note that The Apothecary Dispensary, the subject of this application, has committed to the CPA that it fully supports and will cooperate in the data collection efforts that are needed to support this Research Plan and study initiative if their company is selected by the State of Connecticut to dispense medical cannabis.

The Research Plan will be designed independently by CPA and CCIC after soliciting input from, and working with, the DCP, growers, dispensaries and other stakeholders.

The objectives will be to quantify the doses and modes of the cannabis administration and to explore the associations between cannabis products and patient phenotypes. At this time, it is not known how long a study such as this will take to complete.

In general, the overall goal will be to systematically collect long-term data on the safety and efficacy of herbal cannabis used for medical purposes. What makes this study unique is that with this **international collaboration**, data collection from each country can be compared and studied to provide a very in-depth analysis and outcomes summary.

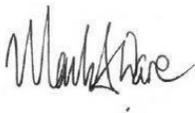
It is our estimation that the results and data gleaned from the study will be used to inform policy-makers and regulatory agencies about safety aspects of medical cannabis; clinicians will be better informed about best practice guidelines and safety issues, and the medical cannabis producers will receive beneficial information about the efficacy of their products in real world situations. Most importantly, due to how the Connecticut regulations are written, the pharmacists, who are an integral piece to both the data collection and dispensing activities, will have a comprehensive and data driven approach when educating patients about their medical use of cannabis.

The CPA has a strong and positive history of working with state agencies, universities and the pharmacists we represent in programs that involve both pharmacists and patient outcomes. It is due to this synergy and focus that the CPA feels that it is well-positioned to be the critical component to ensure that the Research Plan reflects the highest quality evidence-based “best practices” and continuing education for all those involved in this, emerging sector of patient care in Connecticut.

Sincerely,



Margherita R. Giuliano, RPh
Executive Vice President
Connecticut Pharmacists Association



Mark A. Ware MD MSc
Executive Director
Canadian Consortium of the Investigation of Cannabinoids



F4. Community Benefits Plan: Provide the Department with a detailed description of any plans you have to give back to the community either at a state or local level if awarded a dispensary facility license.

The Apothecary Dispensary will provide two separate community benefit programs to their patients:

1. Upon the initial intake interview, TAD will create a medical record that will contain all of the patient's medical conditions and current medications (prescription, OTC, and vitamins). TAD's pharmacists will use this information to choose the best strain of medical marijuana for the patient. Upon each follow up visit TAD will work to create the most beneficial patient outcome.

As a community benefit for these patients, TAD will also use our professional pharmaceutical knowledge to assess the cost of their current medication regimens and create reports of possible cost saving alternatives based on their insurance parameters. Many doctors prescribe very expensive medications that can easily be interchanged with a pharmacist's input to save a patient up to thousands of dollars per years. This will still keep the patient in compliance with their physician directed regimen, but TAD can offset their costs so that they may purchase their medical marijuana at a substantial savings. TAD will also work in cooperation with each physician of the patient, so that TAD can offer any "holes" in their patients' therapies that may have been overlooked by the physician.

TAD will contact the patient's insurance directly, and find which regimens will be the cheapest and most effective. TAD's pharmacists will direct these reports to the physicians, as well as to the pharmacy where they will send the new prescriptions. As a follow up, TAD's pharmacists will contact the patient's current retail pharmacy and assure these medications are available and the old regimens are discontinued to avoid holes in patient care and records.

TAD will also maintain a vaccine record and report to the patient and the physician when the patient is in need of a vaccine. TAD will also attain a power of attorney with respect to each patient's prescription regimen only, so the pharmacy and physician will be protected under HIPAA law to converse with TAD employees as to all their healthcare requirements.

As an example:

Patient A has a regimen of:

Benicar	Dymista
Bystolic	Lotemax

Patient A has total monthly co-pays of \$700

TAD would contact the patients insurance and offer the physician alternatives that could allow savings of up to \$400 per month based on the insurance formulary and generics available. It is something pharmacists try to do in every day in practice, but simply do not have the time in the current retail pharmacy environment. Pharmacists are also currently not paid for these services since insurers have not developed billing codes for our services. TAD can take the extra time needed for our patients to offer this service and follow up to make sure the changes are implemented. If these patients are on a Medicare D plan, they may also run out of their allowable benefits because of the high costs of these medications. This would allow more money available to the patient throughout the year so their payouts at the end of the year would be minimized. TAD can continue this service on a monthly basis to assure that each patients regimen is the most effective while being the most cost efficient.

If our patients have a spouse or child that has a health condition that may not qualify them for medical marijuana, but they are drowning in health care costs, TAD will happily add in these cost savings measures for their families as well at no additional charge.

2. The second community benefit will reach a broader spectrum of people that may not necessarily need medication. TAD will look to work with one or two social organizations, such a "Families in Crisis" where TAD will offer to sponsor a family during the holidays. TAD would like to begin with one family, and based on growing profits, continue to offer holiday support for many families. TAD would like to gather all the trimmings needed for a beautiful Thanksgiving dinner, possibly hosting the day at a separate location when there are enough people. TAD would also like to make sure that children in the foster care system, or families that cannot afford toys for birthdays or Christmas, are made to feel special and receive gifts that make their day special.

TAD believes in the philosophy of an independent pharmacy that has an obligation to the health and wellness of its localized patient base. Ms. Higgins began in pharmacy 20 years ago, at a time when pharmacists and staff knew everyone who walked through our doors and took care of them across all their ailments and injuries. The pharmacy was the healthcare provider who was most accessible and trusted by the patients. The fabric of pharmacy has completely transformed in the last 10 years into a fast-paced, large scale chain warehouse system that no longer focuses on the individual holistic patient care but rather the

disbursement of drugs at low cost and high profit. Ms. Higgins' goal at TAD is to bring back the healthcare provider that takes care of our community.

F5. Substance Abuse Prevention Plan: Provide a detailed description of any plans you will undertake, if awarded a dispensary facility license, to combat substance abuse in Connecticut, including the extent to which you will partner, or otherwise work, with existing substance abuse programs.

SUBSTANCE ABUSE PREVENTION PLAN

The Apothecary Dispensary (TAD), LLC will take an active role in substance abuse prevention starting at the Junior High level. TAD believes that Junior High School is a critical age where children begin to understand the concept of drugs and how they can alter one's state of mind. Junior High Students are curious, but instead of asking and understanding, they often try first and suffer the consequences later.

Unfortunately, substance abuse prevention has thus far been handled by policing authority. They understand and observe the results of drug abuse, but it is the pharmacist and doctors that see the precursors that lead up to these results. If employees of TAD can speak to the children about what happens in the body and mind of both a child and adult; they can better understand why they should make the choice to stay away from drugs.

Also, as a medication and pharmaceutical expert, a pharmacist from The Apothecary Dispensary will go to the junior high schools to them that there are times when medications are appropriate. TAD will also create printed materials for teachers to hand out to their students.

TAD has an agenda to clarify what drugs do, how they affect the body, and how marijuana can decrease your potential in life, if taken recreationally. Ultimately, the goal is to help teenagers make the informed, smarter choice to have a clear mind in order to achieve their dreams and goals.

The TAD program will progress as follow:

Throughout the school year, TAD will schedule one pharmacist to speak to each class, grade 7, 8 and 9 at each of the two Junior High Schools. This will total six speeches. This will be done with the consultation of the school as to what is the best forum, i.e. a full class gathering in the gymnasium or a single class discussion in one course. TAD will work with the school to make sure each class receives the time it needs to ask the pharmacist all the questions they want. They will also be given the opportunity to call the dispensary for any advice on future drugs they may encounter in their daily lives.

Often pre-teens and teenagers are uncomfortable asking their parents about drugs they encounter, and it is our stance at Apothecary Dispensary to be an outlet for

drug information which will ultimately lead to a decrease in drug use overall. This is the age where kids are going to be gaining more freedom, and making their own choice. We, at Apothecary Dispensary, hope to guide them to make the most informed choice, not only regarding marijuana, but also those drugs like oxycodone and Adderall. We can also discuss the dangers when these drugs are mixed with each other, as well as alcohol. These are choices that will affect them for the rest of their lives.

We would like to work in cooperation with any organization that shares our views, but we believe that most programs are quite different from what TAD has developed. TAD would be happy to work in tandem with any program to reach the outcomes of less illicit drug use in pre-teens and young teens.

Appendix A – Facility Information Form

Appendix B – Dispensary Facility Backer Information

Appendix C – Backers, Employees, Background Information

Appendix D-Dispensary Facility Manager Information Form

Appendix E – Release form for backers

RE: APPENDIX B, SECTION E CLARIFICATION

On April 12, 2013 at 12:42 a.m. I was arrested under suspicion of DWI in New York City. The arresting officer contends that I was speeding and erratically changing lanes, which was the cause to pull me over.

He did not have a radar gun in his vehicle to clock my speed. He asked if I would consent to a breath test, which I did. I blew a .071 which is well below the legal intoxication limit. I did admit to having had three glasses of wine earlier in the evening at a business dinner. The arresting officer noted in the arrest report that I was coherent and lucid. I passed the other intoxication tests as well.

I am fighting all the charges in court with a lawyer. My next scheduled court date is November 21, 2013.

Place of Arrest: New York County, NY Arresting Agency: NYCPD PCT 033 Arrest

Number: M13632815

Arraignment: New York County Criminal Court

Charges:

Operate Motor Vehicle with .08 of 1% Alcohol or more Driving While Intoxicated - 1st offense

Illegal Signal from parked position Speed Violation

Driving While Ability Impaired by the Consumption of Alcohol

Appendix F – Operations Manual

Appendix G-Resumes

Colleen M. Higgins
43 Dale Drive * Milford, CT * 06461
(203) 283-1307
Email: colhig@hotmail.com



Professional Highlights:

- I have 17 years of experience as a pharmacist and pharmacy manager at well-known pharmacy chains including CVS, Walgreens, Stop and Shop, and Arrow Prescription Center
- I currently work at CVS/Caremark store in Milford CT. It is consistently reported as the #1 store in the district for customer service following company policy and procedures
- In my previous position at Arrow Pharmacy in New Haven, CT, we were unexpectedly moved into a double wide trailer in a very high crime area. I successfully maintained the exact same script volume in the trailer as I had done in the previous store front in the Dixwell Shopping Plaza. During my employment, there was not one single act of violence or burglary.
- I pride myself on my ability to communicate very complicated medications into easy language for people to understand so they may be more compliant.
- Since taking several medications can be very confusing, I take extra time to develop a regime that is easier to remember for my customers. This leads to better compliance and better overall patient outcomes.

Work History

Staff pharmacist, CVS/Caremark, Milford, CT { Oct 2007-present }

- Typical duties on staff pharmacist at fairly high volume, fast paced retail pharmacy
- Duties include, but are not limited to:
 - o Manage 3-5 people on a daily basis
 - This requires they are compliant in HIPPA and all other store policies
 - Create a flow for the fast pace of the pharmacy, that keeps patients happy and develops a learning environment for new employees
 - o Accurate delivery of drug dispensing
 - o Pharmaceutical Care Services, including drug therapy monitoring
 - o Patient Education
 - o Chronic disease state management for CVS clinical programs

Pharmacist in Charge. Arrow Pharmacy, New Haven, CT. {Oct. 2003 to April 2007}

(company was acquired by Walgreens)

- Revived unmanageable location to increase customer base and gross profit
- Was responsible for a drug inventory valued around \$200,000.
- Proficient in keeping drugs in stock for patients while minimizing loss due to expiration
- Worked with DEA and Dept. of Consumer Protection drug control division after taking over the trailer. In this role, I was responsible for making sure all of the control drugs were accounted for and kept in communication with any incidents of loss
- Worked closely with local community clinics to implement optimal pharmaceutical care for patients
- Completed DME certification to become DME provider for the community
- Kept communication open with Board of Pharmacy during relocation
- Oversaw staffing of location including hiring, annual employee evaluations and terminations
- Maintained compliance with all state and federal rules and regulations
- Managed third party audits on location
- Drug distribution and counseling
- Inventory management

Staff Pharmacist. Walgreens (Phoenix, AZ. and New Haven, CT.) {Sept. 2000- Aug. 2003}

- Hired in Arizona and transferred to CT. in 2001
- Worked in high volume, challenging location that worked closely with Yale New Haven Hospital clinics
- Fulfilled store compounding needs as overnight pharmacist

Pharmacy Manager. Stop & Shop Pharmacy (Trumbull, CT.) {May 1999- July 2000}

- Took over management of struggling acquisition to improve profitability
- Managed staff and conducted employee evaluations
- Implement company policy and procedures
- Oversaw budget requirements

Staff Pharmacist. Milford Hospital (Milford, CT.) {April 1998- July 2000}

- Per diem position to keep my clinical skills sharp- enjoyed the environment immensely
- Small, community hospital that required individual calculation and production of TPNs
- Drug reviews and evaluation to implement hospital formulary

Staff Pharmacist. Brooks Pharmacy (Monroe, CT.) {Oct 1997 - April 1999}

- An introduction to pharmacy practice in a high volume retail environment
- An introduction to pharmacy practice in a high volume retail environment

EDUCATION

- Bachelor of Science in Pharmacy, University of Connecticut 1998
- Continuing Education:
 - o Diabetes Certification through CT Pharmacists Association – Sept 2013
 - o Planning on obtaining my MTM Certification in 2014

Certifications and Memberships

- Member of the Connecticut Pharmacist's Association
- Member of the APhA (American Pharmacist Association) with specialty in:
 - o Health Administration
 - o Food and Nutrition
- Certified under the American Health Care Academy in CPR/AED and First Aid
- Lifetime member of the UConn Pharmacy Alumni Association
- Licensed in both CT and AZ

Hobbies and other Interest:

- Participated in the St. Vincent's "Swim Across the Sound" in 2007. This event was to raise money for people with cancer to help with expenses such as wigs, medical bills, and other expenses
- Member of the Sharks Triathlon team since 2004. I participate in triathlons each year with this team, as well as help with volunteer opportunities
- Ran the NYC Marathon in 2010
- Completed the Timberman Half-Ironman in New Hampshire in 2006
- I have a child enrolled in St. Mary School in Milford, CT. Through the school, we help with various organizations by:
 - o Contributing to the local food bank
 - o Raising money for local charities via book fairs, pie fairs, and other fund-raising activities

Colleen Higgins License



Jolanta Ewelina Deka-Minior

5 Padens Court
Wallingford CT 06492
Cell: 646.401.1071
joladeka@gmail.com

Summary of Experience

- More than seven years experience working in a retail pharmacy
- Comprehensive knowledge of drugs, interactions, pharmacy processes, and drug laws and regulations
 - Excellent knowledge of prescription brand and generic drugs, and non-prescription medications
- Experience with insurance and third party payment systems
- Excellent problem solving skills with proven ability to work with co-workers and customers in analyzing problems and identifying solutions that meet customer needs
- Strong communications, teamwork, and interpersonal skills
- Entrusted with highly confidential information
- Highly motivated, dedicated, well organized; a quick learner with a positive attitude
- Skilled supervisor and manager

Technical Skills

- Knowledge of and experience with OPUS Pharmacy System
- Knowledge of and experience with retail finance and technology systems, including counter service operations, Microsoft Word, Excel, Outlook, Internet Explorer, Mozilla Firefox, Safari

Employment History

**Pharmacist CVS /Pharmacy manager CVS
2009 – Present**

October

Prepares medications by reviewing and interpreting physician orders; detecting therapeutic incompatibilities. Dispenses medications by compounding, packaging, and labeling pharmaceuticals. Controls medications by monitoring drug therapies; advising interventions. Completes pharmacy operational requirements by organizing and directing technicians' work flow; verifying their preparation and labeling of pharmaceuticals; verifying order entries, charges, and inspections. Provides pharmacological information by answering questions and requests of health care professionals; counseling patients on drug therapies.

Complies with state and federal drug laws as regulated by the state board of pharmacy, the drug enforcement administration, and the food and drug administration by monitoring nursing unit inspections; maintaining records for controlled substances; removing outdated and damaged drugs from the pharmacy inventory; supervising the work results of support personnel; maintaining current registration; studying existing and new legislation; anticipating legislation; advising management on needed actions.

**Pharmacist Assistant / Pharmacy Technician
September 2004 – Present**

Sep-

Polish-American Pharmacy of Greenpoint
Brooklyn, NY

Main role is assisting the pharmacist with all day-to-day activities, including drug inventory and stock maintenance, prescription record keeping and tracking, insurance and finance records, customer service. Provide broad support for pharmacist and customers, including computer related activities, insurance claims and reimbursement, accuracy of prescription records and processes, counter interaction with customers and maintenance of patient profiles. Also handle cash, credit card transactions and phone inquiries.

**Pharmacist
2004**

June 2002 – July

Malwa Pharmacy
Lowicz City, Poland

Qualified pharmacist. Prepared and supervised preparation and dispensing of prescription medications to patients or medical practitioners, and made decisions regarding generic substitution of prescribed pharmaceuticals. Counseled patients and medical practitioners on drug indications/contraindications, dosage, drug interactions and side effects, and provided drug and pharmaceutical information as appropriate. Oversaw inventory, stocking, and acquisition and disbursement of drugs and medications to various offices and clinics. Provided training to pharmacy interns and monitored performance. Established methods and manner of storage and record keeping systems for restricted and controlled pharmaceuticals. Took intake for patient histories, made initial clinical assessments and referred patients to appropriate clinicians. Assisted with development

and implementation of pharmacy policies, procedures and objectives, with special attention to continuous quality improvement, and safety, environmental, and infection control standards.

Education and Certifications

- CT Rph licensed August 2011
- TOEFL iBT certified, June 2009
- Foreign Pharmacy Graduate Equivalency certified, June 2008
- Awarded Pharmacy Technician Certificate, New York State, July 2006
- Master's Degree in Pharmacy, Medical University of Lodz, Poland, June 2002
- Training seminars on homeopathic drugs (Boiron)
- Training seminars on cosmetics (Vichy, La Roche Pasay)

Appendix H-Continuing Education

Ms. Colleen Higgins

CONTINUING EDUCATION

1. **Epilepsy and Behavior, Volume 25, issue 4, Dec. 2012**

Seizure exacerbation in 2 patients with focal epilepsy following marijuana cessation

---articles shows how focal point epilepsy was nearly completely controlled following regular marijuana consumption and developed a dramatic increase in seizure frequency upon removal of marijuana use that was documented on video-EEG telemetry.

1. **Proceedings of the National Academy of Sciences of the United States, #13 from February 13, 2013**

2. **“Cannabinoid- and lysophosphatidylinositol-sensitive receptor GPR55 boosts neurotransmitter release at central synapse”**

3. **The Israel Medical Association Journal, August 13, 2011 455-458**

4. **“Treatment of Crohn's Disease with Cannabis: An Observational Study”**

5. **Karger Medical and Scientific Publishers, Impact of Cannabis Treatment on the Quality of Life, Weight and Clinical Disease Activity in Inflammatory Bowel Disease Patients: A Pilot Prospective Study**

6. **Lahat A. · Lang A. · Ben-Horin S. Digestion 2012;85:1–8 (DOI: 10.1159/000332079)**

- 7. “Behavioral Neurolog, Treatment of Tourette Syndrome with Cannabinoids”**
- 8. Volume 27/Number 1/2003**
- 9. The Journal of Pain, American Pain Society, Volume 14, issue 2, (pages 136-148) Feb 2013**
- 10. “Low Dose Vaporized Cannabis Significantly Improves Neuropathic Pain”**
- 11. Journal of Psychopharmacology, “Effects of acute systemic administration of cannabidiol on sleep-wake cycle in rats”, March 2013 (27:312-316), first published on January 23, 2013**
- 12. Journal of Human Pharmacology and Drug Therapy, “The Pharmacologic and Clinical Effects of Medical Cannabis Pharmacotherapy” Volume 33, Issue 2, (pages 195–209), February 2013**
- 13. Journal of Physiology and Pharmacology 2012, #63, 6, (581-588).
“Involvement of the hindbrain and the peripheral prostanoids in gastric, motor and cardiovascular responses to Delta-9-Tetrahydrocannabinol in the rat.”**

Appendix I- PATIENT RESPONSE LETTERS

1, Patricia A. Kelly
October 17, 2013

To Whom it May Concern:

I met Colleen Higgins at CVS Pharmacy over 4 years ago. At that time I was going through a divorce after 20 years of marriage and my immune system was breaking down. I had been to 6 different specialists with no diagnosis and was in severe pain. I had a skin disorder in my most sensitive female area and also on my gums in my mouth. Each doctor kept telling me I had some sort of infection and kept putting me on antibiotics with no relief. When I went to the pharmacy to refill yet another prescription I was exhausted and in extreme pain. The clerk asked if I had any questions for the pharmacist and I said "yes". When Colleen approached the counter I broke down crying. She took the time to talk to me to hear what I had been through over the past year and she recommended a few primary care physicians she felt would hear my complaints and get me to the right specialist. I found my primary care physician through Colleen who then got me to the right doctor that finally diagnosed me with the correct condition and then was able to treat me with the right medication. Since knowing Colleen, CVS moved their location. It is not convenient for me and it is at least 10 miles out of my way, but I refuse to go to the CVS that closer to my home. Why? Because I know I am going to get the best-personalized attention at the CVS that Colleen works at. I have been struggling for 13 years with acid reflux and my Doctor is trying to put me on a different medication. I spoke to Colleen recently because it is not working for me and I am in severe pain. She sat down with me and explained the different drugs and dosage and told me I am "under" dosing myself and therefore the drugs will not work for me. If only my Doctor took the time to do this! Colleen is very knowledgeable about prescription drugs, their chemical compounds and how they interact with other drugs and the human body. I feel she is smarter than most doctors I have ever met and have been treated by. I trust her judgment and so far she has never led me down the wrong path. She is very familiar with the community and which doctors typically prescribe the right medication and have a good bedside manner. My trust and faith in her knowledge of the chemical/prescription world surpasses any person I have ever met. I do believe she is my guardian angel and I am forever grateful for the help and care she has given me over the past 4 years.

Respectfully,

Patricia A. Kelly

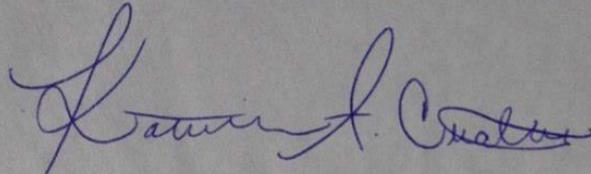
Katalina Cuartas

To whom it may concern,

Colleen Higgins is one of the head pharmacists at CVS Pharmacy in Milford. About 2 weeks ago she was extremely helpful towards me with an issue I had with a walk-in clinic doctor that I went to frequently for treatment of my Lyme Disease. This doctor sent me a letter accusing me of being a drug addict and to seek immediate help, because my prescription history from 4/30 up until 08/01 showed several prescriptions for pain meds from numerous doctor visits. This was a very unprofessional and poorly written accusatory letter. I had two surgeries, 2 trips to the Emergency room and a very badly shattered big toe, with joint and cartilage damage to it, all within this 3 month time period. So I had to see several doctors and receive multiple prescriptions within this time frame. I was extremely upset and concerned because the walk-in clinic doctor told me that this looked bad on my "record," and the next time my podiatrist offered me pain meds for my shattered toe I should turn it down and only take ibuprofen for pain. Colleen explained to me that it is a shame that this doctor was treating me this way and deterring me from following the instructions of my foot specialist. She told me not to make myself suffer and to go right ahead and continue seeing my podiatrist and not to be afraid of receiving his prescriptions. Colleen went out of her way for over half an hour to make sure I was comfortable and understood that there are patients out there who have multiple surgeries or injuries in a short time span and it is very normal to see more than one doctor and have several prescriptions assigned to you. Colleen did seem upset that I was another patient who was made to be afraid to get prescriptions from other doctors because of one doctor not taking their time to find out from the patient as to why they were receiving certain medications and treatments. She took the extra time to make sure I didn't leave that pharmacy until I was confident enough to know that I really did need these meds, because I have a very real and serious injury. Honestly, I have never met a pharmacist who was so customer service oriented and actually, truly cared about the comfort and well being of the patients. She was even kind enough to give me all the information and side effects of my medication so I can further understand it. She also gave me the information of a doctor who specializes in Lyme Disease so I no longer have to go to the doctor at the walk-in clinic for treatment. I left that pharmacy feeling very happy with how I was treated and she explained to me that there is no "record," and she had received confirmation from all the doctors about treating me and the prescriptions were all legitimate. Colleen also told me to get some Zinc so it could help me heal faster and told me to take some Benadryl with my pain meds so the side effects do not bother me as much. She is absolutely terrific and put my mind at ease. I would highly recommend her as a lead pharmacist and as someone who has an extreme wealth of knowledge and uses it to help others in need. Because of her I am feeling comfortable with my doctors again and following their instructions. Especially since I started a new job and I cannot elevate my foot. I know I have the appropriate medication and the correct doses to keep me comfortable throughout the day. She is truly an asset and because of her I will continue using only that Pharmacy, just because she is there and I know I can go to her for any questions and she will always have an answer for me. It is very rare now a days to find someone who truly cares about patients and she did not hesitate one bit to spend as much time needed to comfort me and reassure me I was doing the right thing. I wish more people who work in medicine and in

pharmacies were as friendly and knowledgeable as Colleen Higgins was to me that day. I truly thank her for all of her assistance.

Sincerely
Katalina A. Cuartas

A handwritten signature in blue ink, appearing to read "Katalina A. Cuartas". The signature is fluid and cursive, with a large initial "K" and a distinct "A." before the last name.

203-909-5893

Patricia Dolceaqua

To whom it may concern,

I have been, a customer of pharmacist Colleen Higgins for many years. She has always been very thorough in her explanations of my medication, and or prescriptions for my family. Colleen has always answered any question or concern I had through the years and was more than happy to do so. Colleen has always been a utmost professional in her field of work, and a very caring and diligent individual with a desire to help others in any way possible. Colleen is a motivated person with a will to succeed in anything she puts herself up against, and has always been a pleasure to know and do business with.

Sincerely,

Patricia Dolceaqua
203-306-7458
3 Crown st Milford Ct 06460

Pete Rembetsy



Commercial Photography
Digital / Film Images
Location Specialists
Worldwide

1420 Jennings Rd
Fairfield, CT 06824
203 254-9435
rembetsy@worldnet.att.net

September 17, 2013

Commissioner William Rubenstein
Department of Consumer Protection
State of Connecticut

Dear Commissioner Rubenstein,

My name is Peter Rembetsy and I write this letter of recommendation for Colleen Higgins who is a woman of great character, intelligence and integrity.

Colleen has always been truthful and positive in her endeavors which provides confidence in anyone who has dealings with her in a personal as well as a professional manner.

She has been my father's pharmacist for many years and displays genuine concern for him as well as her other clients. She makes people feel at ease and has the ability to relate to many types of personalities answering a multitude of important questions with positive and calm responses.

I have never seen her distraught or lose her temper. Colleen is a genuine professional in her field. I have the utmost confidence in her judgement and would not hesitate to recommend her for any endeavor that she may undertake now or in the future.

Please feel free to contact me at anytime if there is any question that you may have.

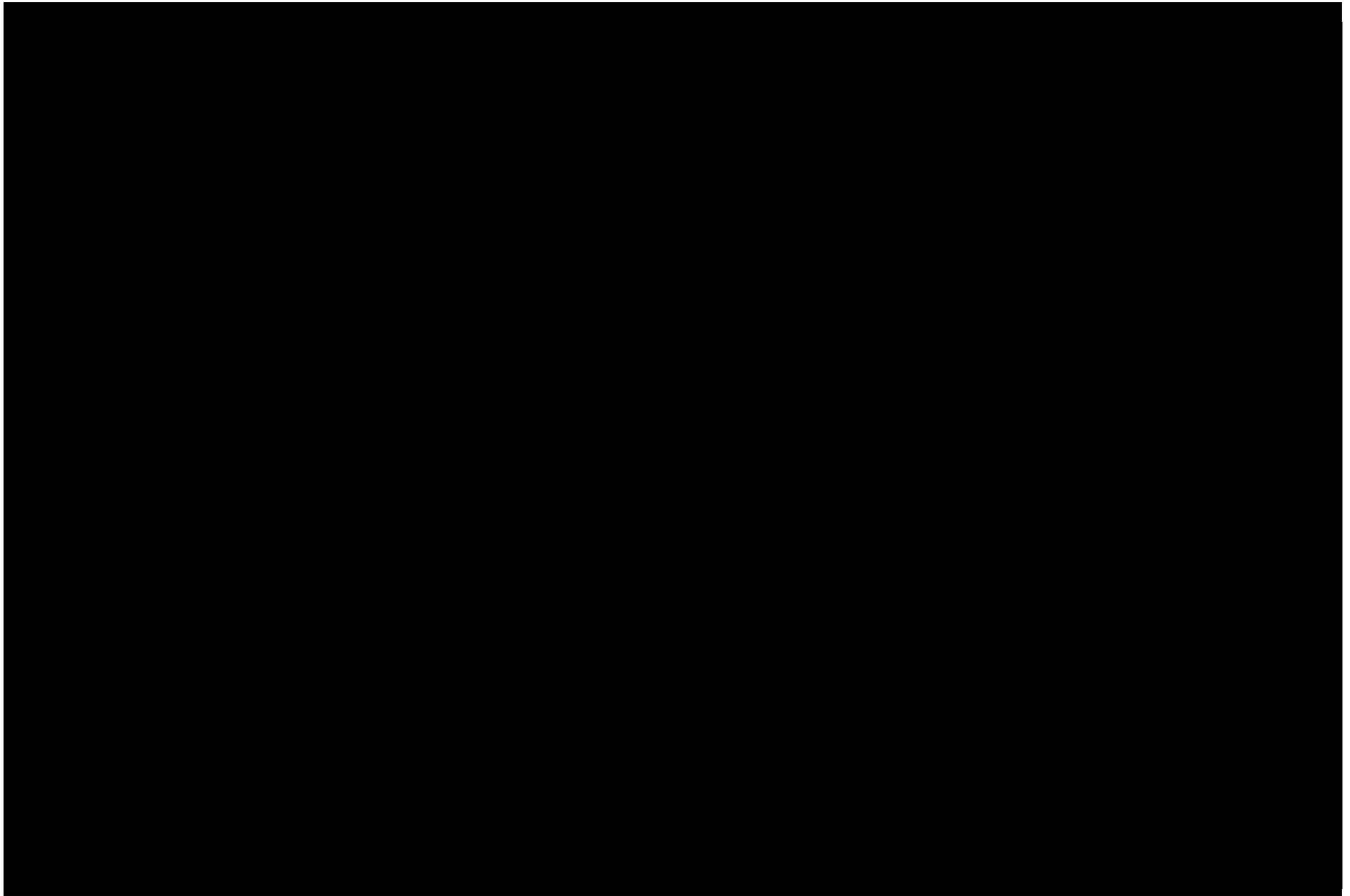
Sincerely,

A handwritten signature in black ink that reads "Peter Rembetsy". The signature is written in a cursive, flowing style.

Peter Rembetsy

Appendix J- Security Details

Appendix K- Tax Returns





Medical Marijuana Program

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

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Appendix A Dispensary Facility License Information Form

Section A: Business Information						
1. Applicant business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input 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: Colleen Higgins, R.Ph.						
3. Trade Name of Applicant: The Apothecary Dispensary, LLC						
4. Applicant's Business Address: 43 Dale Dr						
5. City: Milford				6. State: CT	Zip Code: 06461	
8. Daytime Telephone Number: TBA			9. E-mail Address: ApothecaryDispensary@gmail.com			
10. Applicant's Mailing Address (if different than business address): P.O. Box 334					11. City: Milford	
12. State: CT	13. Zip Code: 06460	14. Daytime Telephone Number: 203-645-8433		15. Fax Number: none		

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: Colleen Higgins, R.Ph.	17. Primary Contact Title: Dispensary Manager
18. Primary Contact E-mail Address: ApothecaryDispensary@gmail.com	19. Primary Contact Telephone Number: 203-645-8433
20. OPTIONAL - Name of Alternate Contact:	21. Alternate Contact Title:
22. Alternate Contact E-mail Address:	23. Alternate Contact Telephone Number:

Section C: Formation/Incorporation Information	
24. Date of Formation/Incorporation: 10/1/2013	25. Place of Formation/Incorporation: Milford, CT
26. Registered with the Connecticut Secretary of State: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Sale and Use Tax Permit Number: 60344827-see Appendix L Provide a copy of your Sale and Use Tax permit with your application.



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Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address: 781 Whalley Ave Building #2			29. City: New Haven
30. State: CT	31. Zip Code: 06515	32. Telephone Number: n/a	33. Fax Number: n/a
34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		35. Name of Property Owner: 613 & 87 Bapaz LLC & Bapaz Whalley LLC	

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 checked="" type="checkbox"/> No	
If yes, provide the name of all applicants with whom you are associated. Attach additional pages if necessary.	
37. Applicant Name:	38. Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer
39. Applicant Name:	40. Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer

Section F: 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	9am	to	6pm	Friday	9am	to	6pm
Tuesday	9am	to	6pm	Saturday	10am	to	5pm
Wednesday	9am	to	6pm	Sunday	11am	to	4pm
Thursday	9am	to	6pm				

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	9am	to	6pm	Friday	9am	to	6pm
Tuesday	9am	to	6pm	Saturday	10am	to	5pm
Wednesday	9am	to	6pm	Sunday	11am	to	4pm
Thursday	9am	to	6pm				



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Section H: Other Business Names & Addresses

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

43. Name: NONE	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: NONE	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: Colleen Higgins, R.Ph.	48. Percentage of ownership 100
Dublin Management, LLC	0



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

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

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

Create additional copies of this page if necessary.

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

49. Name (First, Middle, Last):	50. Title:	51. Role:
Aimee Higgins	Manager	control daily operations
Colleen Higgins	member	none

Section K: Financial Statement

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

52. Expense Item:	53. Cost: \$	54. Source of Funds:
Pioneer Rx Pharmacy Software system	\$ 18,500	Colleen Higgins
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Section L: Security System

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

55. Primary Security Company Name: Tyco Integrated Security

56 Primary Security Company Address (including Apartment or Suite #):
10 Research Parkway

57. City: Wallingford



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58. State: CT	59. Zip Code: 06492	60. Telephone Number: 203-741-4139	61. Fax Number: 203-294-1514
62. E-mail Address: jskowronek@tyco.com			
63. Backup Security Company Name (if applicable):			
64. Backup Security Company Address (including Apartment or Suite #):			65. City:
66. State:	67. Zip Code:	68. Telephone Number:	69. Fax Number:
70. E-mail Address:			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies. See Appendix I			

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.

On September 8, 2013, I was arrested for Breach of Peace and Resisting Arrest (misdemeanor charges) while trying to retrieve my daughter from her father. I have court ordered primary physical custody and final decision making authority. Her father and I are engaged in a highly conflicted custody battle which is exacerbated by the inappropriate interloping of his new, third wife. I have been seeking to further restrict his visitation with my daughter because of concerns that I have about the appropriateness of his behavior and parenting ability. My daughter's father and his current wife are both New Haven police officers and It is my belief that this influenced the decision of the investigating officer to arrest me. In any event, I have retained counsel and that attorney is confident the charges will be resolved in my favor and in short order. I have never been arrested before. We have a court date set in the family court of Milford, CT for 12/2 since I am now seeking sole custody. The prosecutor recommended reducing the charges to creating a public disturbance, a non-criminal infraction, but my daughter's father's wife is refusing to accept the prosecutor's recommendation. For this reason the matter was continued to 12/18/13. My attorney strongly believes this will be the final resolution since we have taped evidence that his wife called into the Derby police station as a Lieutenant of the New Haven police force, which is an abuse of her position of authority (she was not on duty, but rather a civilian complainant when this incident occurred). This current event is an anomaly arising out of an emotionally charged family court proceeding. It is not a true reflection of my character and should in no way affect my qualifications as an applicant. I have been a licensed and registered pharmacist for in excess of 17 years. My personal and professional reputation has been above reproach throughout that time. This is an isolated incident that is being

extrapolated, in my belief, to destroy my reputation and and hold onto custody of my daughter.

Sincerely,



Colleen Higgins, R.Ph.



Medical Marijuana Program

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Section O: Criminal Background Check

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

77. Signature:



78. Date Signed:

11/13/13

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

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

79. Signature:



80. Date Signed:

11/13/13

Form REG-1

Business Taxes Registration Application

1. Reason for Filing Form REG-1 Check the applicable box:

- Opening a new business including but not limited to:
- a. An existing out-of-state business opening a location in Connecticut;
 - b. Selling at a craft show, flea market, fair, or other venue in Connecticut or selling over the Internet; or
 - c. An existing out-of-state business having employees in Connecticut (including nonresident contractors and loan-out companies).
- Opening a new location. **Enter your Connecticut Tax Registration No.:** _____
- Registering for additional taxes. **Enter your Connecticut Tax Registration No.:** _____
- Reopening a closed business.
Enter Connecticut Tax Registration No. of the closed business: _____
- Purchasing an ongoing business. The buyer of an existing business may be responsible for tax liabilities of the previous owner. See the Informational Publication on Successor Liability for Sales and Use Taxes, Admissions and Dues Tax, and Connecticut Income Tax Withholding, on the DRS website.
Enter Connecticut Tax Registration No. of the previous owner: _____
- Forming a business entity under Connecticut law or a non-Connecticut entity required to register with or to obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in Connecticut.
- Establishing a passive investment company (PIC).
- Changing organization type. **Enter your current Connecticut Tax Registration No.:** _____
- Hiring household employees and intend to withhold Connecticut income tax.
- Other (explain); see *Who Needs to Complete REG-1*. _____

DRS use only Connecticut Tax Registration Number

60344827

2. Business Information: Type of organization

- Sole proprietorship Single member LLC (SMLLC) Corporation
- General partnership Single member LLC taxed as a corporation S Corporation
- Limited liability partnership (LLP) Single member LLC taxed as an S corporation Qualified subchapter S subsidiary (QSSS)
- Limited liability company (LLC) taxed as a partnership
- Limited liability company (LLC) taxed as a corporation
- Limited partnership (LP) Limited liability company (LLC) taxed as an S corporation
- Limited partnership taxed as a corporation Other (explain): _____

3. Nature of Business Activity

- Check the box(es) that best describe your business:
- Retailer Wholesaler Manufacturer Service provider Other (explain): _____

4. Major Business Activity

Describe your major business activities: retail pharmacy dispensary

5. Business Name and Address

Organization name: Enter the name of the sole proprietor, partnership, corporation, or LLC. <u>The Apothecary Dispensary, LLC</u>		Federal Employer Identification Number, if applicable <div style="background-color: black; width: 100px; height: 20px;"></div>	
Business trade name <u>The Apothecary Dispensary</u>		State ID No., if applicable <div style="background-color: black; width: 100px; height: 20px;"></div>	
Business Location: Enter the physical address of the business. A post office box or rural route number is not acceptable. Home-based businesses and flea market or craft show vendors must enter a home address.			
Address line 1 <u>153 East Street 13 Dub Dr.</u>		Address line 2	
City <u>New Haven Milford</u>		State <u>CT</u>	ZIP code <u>06511 06460</u>
Mailing address line 1 (Street or PO Box) <u>P.O. Box 334</u>		Address line 2	
City <u>Milford</u>		State <u>CT</u>	ZIP code <u>06460</u>
Business telephone number <u>(203) 645-8433</u>	Email address <u>colhig322@icloud.com</u>	Bank name <u>People's Bank</u>	

6. List All Owners, Partners, Corporate Officers, or LLC Members Attach a separate sheet if needed.

Name (last, first, middle initial) <i>Higgins, Colleen M.</i>			Title <i>owner</i>
Home address line 1 (street) <i>45 Dale Drive</i>		Home address line 2	
City <i>Milford</i>	State <i>CT</i>	ZIP code <i>06460</i>	Home telephone number <i>(203) 645-8433</i>
SSN [REDACTED]	Date of birth [REDACTED]	Bank name <i>People's Bank</i>	
Name (last, first, middle initial)			Title
Home address line 1 (street)		Home address line 2	
City	State	ZIP code	Home telephone number ()
SSN	Date of birth / /	Bank name	
Name (last, first, middle initial)			Title
Home address line 1 (street)		Home address line 2	
City	State	ZIP code	Home telephone number ()
SSN	Date of birth / /	Bank name	
Name (last, first, middle initial)			Title
Home address line 1 (street)		Home address line 2	
City	State	ZIP code	Home telephone number ()
SSN	Date of birth / /	Bank name	

7. Income Tax Withholding

Are you an employer that transacts business or maintains an office in Connecticut and intends to pay wages to resident employees or nonresident employees who work in Connecticut?..... Yes No

If you have a Connecticut tax registration number for withholding for another location and intend to file withholding for this new location under that number, enter that number here: _____ and skip to Section 8; otherwise continue.

Are you an out-of-state company voluntarily registering to withhold Connecticut income tax for your Connecticut resident employees who work outside of Connecticut?..... Yes No

Do you intend to withhold Connecticut income tax from pension plans, annuity plans, retirement distributions, or gambling distributions?..... Yes No

Do you pay nonresident athletes or entertainers for services they render in Connecticut?..... Yes No

Do you only have household employees and wish to withhold Connecticut income tax?..... Yes No

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

If **Yes**, do you file federal Form 943, Employer's Annual Tax Return for Agricultural Employees, and wish to file **Form CT-941, Connecticut Quarterly Reconciliation of Withholding**, annually? Yes No

If you answered **Yes** to any of the income tax withholding questions, enter the date you will start withholding Connecticut income tax. m m - d d - y y

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

8. Sales and Use Taxes

Do you sell, or will you be selling, goods in Connecticut (either wholesale or retail)? Yes No
Do you rent equipment or other tangible personal property to individuals or businesses in Connecticut? Yes No
Do you serve meals or beverages in Connecticut? Yes No
Do you provide a taxable service in Connecticut? See the Informational Publication, *Getting Started in Business, and the Special Notice on Legislative Changes Affecting the Sales and Use Taxes*, on the DRS website, for a list of taxable services..... Yes No
If you answered **Yes** to any of the sales and use taxes questions, **enter the date** you will start selling or leasing goods or taxable services. 03-01-14
m m - d d - y y

8a Prepaid Wireless Service E 9-1-1

Do you sell prepaid wireless service in Connecticut?..... Yes No
If you answered **Yes**, **enter the date** you will start to sell these in Connecticut.
m m - d d - y y

9. Room Occupancy Tax

Do you provide lodging rooms for rent in a hotel, motel, or rooming house in Connecticut for 30 consecutive days or less? Yes No
If you answered **Yes**, **enter the date** you will start to provide rooms for rent for lodging purposes in Connecticut.
m m - d d - y y

10. Business Entity Tax Do not complete this section if the entity is liable for the corporation business tax.

The **business entity tax** applies to all of the following business types formed under Connecticut law and to those non-Connecticut entities required to register with or obtain a certificate of authority from the Connecticut Secretary of the State before transacting business in the state, whether or not the business has registered or filed a certificate of authority, as the case may be, with the Connecticut Secretary of the State.

- S corporations (Qualified subchapter S subsidiaries (QSSS) are not liable for the business entity tax.);
- Limited liability companies (LLCs or SMLLCs) — any limited liability company that is, for federal income tax purposes, either:
- Treated as a partnership if it has two or more members; or
- Disregarded as an entity separate from its owner if it has a single member;
- Limited liability partnerships (LLPs); and
- Limited partnership (LPs).

Are you a business entity as described above? Yes No
Enter state you are organized under: CT **Enter date of organization.** 10-06-13
m m - d d - y y
If not organized in Connecticut, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State.
m m - d d - y y
Enter the month your tax year closes: December

11. Corporation and Unrelated Business Income Taxes

Corporation Business Tax Do not complete this section if the entity is liable for the business entity tax.

Are you a corporation? Yes No
Are you an LLC, SMLLC, or other association taxed as a corporation?..... Yes No
Is this corporation exempt from federal income tax? Yes No
Have you received a determination from the Internal Revenue Services (IRS) that this corporation is exempt from federal income tax?..... Yes No
If **Yes**, enclose a copy of your IRS letter of determination.
Enter state you are organized under: _____ **Enter date of organization.**
m m - d d - y y
If not a Connecticut corporation, enter the earlier of the date you started business in Connecticut or the date you registered with the Connecticut Secretary of the State.
m m - d d - y y
Enter the month the corporate year closes: _____

Unrelated Business Income Tax

Are you a federally exempt organization that has unrelated business income attributable to a trade or business in Connecticut?..... Yes No
If you answered **Yes**, **enter the date** the unrelated business income tax liability started.
m m - d d - y y

Passive Investment Company (PIC)

Is this corporation a passive investment company as defined in Conn. Gen. Stat. §12-213(a)(27)? Yes No
Enter the date the PIC was organized.
m m - d d - y y
Enter Connecticut tax registration number of the PIC's related financial service or insurance company: _____

12. Business Use Tax

If you are registered for or are registering for sales and use taxes, you do not need to complete this section.

Business use tax is due when a business purchases taxable goods or services including the purchase or lease of assets, consumable goods, and promotional items, for use in Connecticut without paying Connecticut sales tax.

Will you be purchasing taxable goods or services for use in Connecticut without paying Connecticut sales tax? Yes No

If you answered **Yes** to the business use tax question, **enter the tax liability start date.** m m - d d - y y

If you answered **No**, you must complete the *Business Use Tax Declaration* section below.

Business Use Tax Declaration: By registering for any of the taxes listed in this application, you have indicated to the Department of Revenue Services (DRS) that you may have a business use tax liability. Therefore, based on your application, you will be automatically registered for the business use tax unless you complete the following declaration.

I, _____ (name of taxpayer or authorized representative of taxpayer), acknowledge I have read and understand the information concerning the business use tax and declare I will not be liable for business use tax. Please initial here. _____

13. Registration Fee Schedule

Enter the registration fee amount indicated. If you are liable for either sales and use taxes or room occupancy tax, or both, as indicated in Sections 8 or 9, you must pay a \$100 registration fee. Enter the appropriate registration fee(s) from Addendum A if you are registering for the cigarette tax. You must include the total registration fee due with Form REG-1 or your registration application **will not be processed** and will be returned.

Make your check payable to: **Commissioner of Revenue Services**. If you register by mail, send Form REG-1 with your payment to: Department of Revenue Services, PO Box 2937, Hartford CT 06104-2937

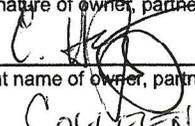
Registration Fee

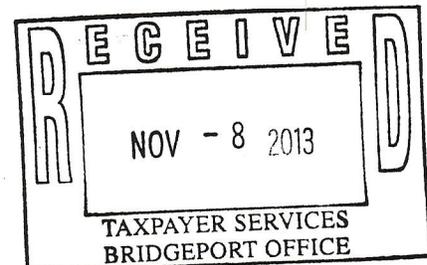
a.	If registering for sales and use taxes or room occupancy tax , enter \$100.*	a.	\$100
b.	If registering for cigarette tax , see Addendum A.	b.	
c.	Total registration fee due: Add Line a and Line b.	c.	\$100

* No fee is required for room occupancy tax if you are registered or are registering for sales and use taxes.

14. All Applicants Must Sign the Following Declaration

I declare under penalty of law that I have examined this application and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false application to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Sign here and keep a copy for your records.	Signature of owner, partner, LLC member, or corporate officer 	Date 11/6/2013	Telephone number (203) 645-8433
	Print name of owner, partner, LLC member, or corporate officer Colleen Higgins	Title owner	





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B 2308899

STATE OF CONNECTICUT

RECEIVED FROM <i>Apothecary Dispensary WC</i>	DATE OF RECEIPT <i>11/08/13</i>
FOR <i>TED # [REDACTED]</i> <i>BUT 95UT</i>	THE SUM OF <input type="checkbox"/> Cash <input checked="" type="checkbox"/> <i>395</i> \$ <i>100 00</i> <input type="checkbox"/> Check
AGENCY NAME <i>Department of Revenue Services</i> TEMPORARY PERMIT	RECEIVED BY <i>K Jordan</i>

AIMEE HIGGINS 10-08
166 W 18TH ST APT 3A
NEW YORK, NY 10011

395

11/8/13

1-1367/260
411

Date

Pay to the order of *Commissioner of Revenue Services* \$ *100.00*
One hundred and 00/100

Dollars



Security Features Details on Back.



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BUT
For fee: *TAP # [REDACTED]*

Aimee N Higgins

MP

TD Bank, N.A.



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STATE OF CONNECTICUT

RECEIVED FROM	DATE OF RECEIPT
Apothecary Dispensary LLC	11/08/13
FOR	THE SUM OF
TED # [REDACTED] BET 950T	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check 395 \$ 100 00
AGENCY NAME	RECEIVED BY
Department of Revenue Services TEMPORARY PERMIT	K Zordni



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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:

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



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Section C: Licenses, Permits and Registrations

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

13. State CT	14. Issue Date (month/year): 2/01/2012 Expiration Date (month/year): 2/01/2014	15. Type: pharmacist	16. Number: 8884
17. State AZ	18. Issue Date (month/year): 9/12/2000 Expiration Date (month/year): 10/31/2007	19. Type: pharmacist	20. Number: S012593

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.

*See previous document
from Appendix A.*



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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:

11/13/13

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:

11/13/13



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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"/>	<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:

Dublin Management, LLC

3. Trade Name of Backer (if applicable):

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

34 Dale Drive

5. City:

Milford

6. State:

CT

7. Zip Code:

06460

8. Daytime Telephone Number:

(310) 210-7025

9. Fax Number:

10. E-mail Address:

aimeehiggins@Yahoo.com

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

Aimee N. Higgins

100%

Colleen M. Higgins

0%



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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.



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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:



Anna Higgins

27. Date Signed:

11-14-13

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

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

28. Signature:



Anna Higgins

29. Date Signed:

11-14-13



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Appendix C

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

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

Section A: Personal Information

1. Name (First, Middle, Last): Colleen Michele Higgins		
2. Street Address (including Apartment or Suite #): 43 Dale Dr		
3. City: Milford	4. State: CT	5. Zip Code: 06461
6. Title: Dispensary Manager	7. Telephone Number: 203-645-8433	8. E-mail Address: apothecarydispensary@gmail.com
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. CVS/Caremark	Date of Employment: Start Date: 10/1/2007 End Date: ; present	
14. Employer Address (including Apartment or Suite #): 734 Bridgeport Ave		
15. City: Milford	16. State: CT	17. Zip Code: 06460
18. Telephone Number: 203-877-8127	19. Fax Number: 203-877-1880	20. E-mail Address: none

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.

Response to Appendix C #23 and Appendix D #23

Pharmacies employed:

- CVS #1241 10/07-present
 - 734 Bridgeport Ave. Milford, CT 06461
 - staff pharmacist/power of attorney to order narcotics/oversight of regulations and technicians/upheld all laws and regulations, train staff and uphold all insurance billing policies for audition purposes.
 - I am currently employed at this location
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- Arrow Pharmacy and Prescription Center 2003- April 2007
 - Dixwell Ave. (2 locations) New Haven, CT
 - pharmacy manager in charge of all staff, control of prescription medication inventory, narcotic control and inventory, power of attorney for ordering of Class 2 medications, damage control/ dealings with DEA and Drug Control when the trailer was hit by a stolen car. Upholding Medicare and Medicaid billing requirements, as well as carrying out all laws and regulations set forth
 - my employment terminated when the locations was bought out by Walgreens and I went to work for CVS, declining an offer for employment from Walgreens
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- Walgreens 2000-20003
 - started as floater pharmacist in Phoenix, AZ and became a staff pharmacist on York St. New Haven, CT
 - as floater pharmacist-my role was to uphold the state regulations for prescription distribution
 - as an overnight staff pharmacist- my role was to fill the evenings prescriptions, counsel patients, fill and audit the filling of the automated filling equipment, do narcotic inventories, uphold the laws and regulations set forth
 - my employment voluntarily terminated when I went to work for Arrow Pharmacy
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- **Stop and Shop Pharmacy, Trumbull, CT 1999-2000**
 - Pharmacy manager in charge of all staff, control of prescription inventory, narcotic control and inventory, power of attorney for ordering Class 2 medications. Uphold all insurance billing policies for auditing purposes, specifically Medicaid and Medicare as well as private insurances.
 - my employment voluntarily terminated when I decided to move to Arizona
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- **Milford Hospital 1998-2000**
 - per diem pharmacist responsible for basic filling of daily orders, TPN's and narcotics.
 - voluntarily left this position to work full time at Brooks Pharmacy because of significant pay raise (great place to work)
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- **Brooks Pharmacy 1998-1999**
 - first job upon graduation as a staff pharmacist where I was introduced to the insanity of retail pharmacy. A fast paced environment where I was responsible for 2 technicians and 2 cashiers, worked as a solo pharmacist and learned to fill at a rapid pace while following all proper rules and regulations, insurance policies and procedures and counseled patients.
 - I voluntarily left this position because I was not happy in the crazy work environment. I went to work for Stop and Shop Pharmacy.
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.



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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 CT	30. Issue Date (month/year): 2/01/12 Expiration Date (month/year): 2/01/14	31. Type: pharmacist	32. Number: 8884
33. State AZ	34. Issue Date (month/year): 9/12/2000 Expiration Date (month/year): 10/31/2007	35. Type: pharmacist	36. Number: S012593



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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.

See previous document from Appendix A

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:

11/13/13



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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:

11/13/13



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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): Colleen Michele Higgins			
2. Home Address (including Apartment or Suite #): 43 Dale Dr.			3. City: Milford
4. State: CT	5. Zip Code: 06461	6. Date of Birth: [REDACTED]	7. Telephone Number: 203-645-8433
8. Social Security Number: [REDACTED]			9. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
10. E-mail Address: Apothecarydispensary@gmail.com		11. Connecticut Pharmacist License Number: 8884	

Section B: Employment Information			
12. Current or Most Recent Employer: 13. CVS/Caremark		Date of Employment: Start Date: 10/1/2007 End Date: : present	
14. Employer Address (including Apartment or Suite #): 734 Bridgeport Ave.			
15. City: Milford		16. State: CT	17. Zip Code: 06460
18. Daytime Telephone Number: 203-877-8127	19. Fax Number: 203-877-1880	20. E-mail Address: none	

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

Response to Appendix C #23 and Appendix D #23

Pharmacies employed:

- CVS #1241 10/07-present
 - 734 Bridgeport Ave. Milford, CT 06461
 - staff pharmacist/power of attorney to order narcotics/oversight of regulations and technicians/upheld all laws and regulations, train staff and uphold all insurance billing policies for audition purposes.
 - I am currently employed at this location
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- Arrow Pharmacy and Prescription Center 2003- April 2007
 - Dixwell Ave. (2 locations) New Haven, CT
 - pharmacy manager in charge of all staff, control of prescription medication inventory, narcotic control and inventory, power of attorney for ordering of Class 2 medications, damage control/ dealings with DEA and Drug Control when the trailer was hit by a stolen car. Upholding Medicare and Medicaid billing requirements, as well as carrying out all laws and regulations set forth
 - my employment terminated when the locations was bought out by Walgreens and I went to work for CVS, declining an offer for employment from Walgreens
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- Walgreens 2000-20003
 - started as floater pharmacist in Phoenix, AZ and became a staff pharmacist on York St. New Haven, CT
 - as floater pharmacist-my role was to uphold the state regulations for prescription distribution
 - as an overnight staff pharmacist- my role was to fill the evenings prescriptions, counsel patients, fill and audit the filling of the automated filling equipment, do narcotic inventories, uphold the laws and regulations set forth
 - my employment voluntarily terminated when I went to work for Arrow Pharmacy
 - to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- Stop and Shop Pharmacy, Trumbull, CT 1999-2000
- Pharmacy manager in charge of all staff, control of prescription inventory, narcotic control and inventory, power of attorney for ordering Class 2 medications. Uphold all insurance billing policies for auditing purposes, specifically Medicaid and Medicare as well as private insurances.
- my employment voluntarily terminated when I decided to move to Arizona
- to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- Milford Hospital 1998-2000
- per diem pharmacist responsible for basic filling of daily orders, TPN's and narcotics.
- voluntarily left this position to work full time at Brooks Pharmacy because of significant pay raise (great place to work)
- to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.

- Brooks Pharmacy 1998-1999
- first job upon graduation as a staff pharmacist where I was introduced to the insanity of retail pharmacy. A fast paced environment where I was responsible for 2 technicians and 2 cashiers, worked as a solo pharmacist and learned to fill at a rapid pace while following all proper rules and regulations, insurance policies and procedures and counseled patients.
- I voluntarily left this position because I was not happy in the crazy work environment. I went to work for Stop and Shop Pharmacy.
- to my knowledge, this pharmacy as never been alleged to have violated the laws or regulations of the state of CT during the time period of which I have been associated.



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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.

See previous document from Appendix A

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:

11/13/13

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 52a-157b of the Connecticut General Statutes.

27. Signature:

28. Date Signed:

11/13/13



Medical Marijuana Program

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

E-mail: dcp.mmp@ct.gov • Website: www.ct.gov/dcp/mmp



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): Aimee Nichole Higgins		
2. Street Address (including Apartment or Suite #): 334 Rowland Road		
3. City: Fairfield	4. State: CA	5. Zip Code: 06824
6. Daytime Phone Number: (310) 210-7025	7. Fax Number:	8. E-mail Address: aimeehiggins@yahoo.com

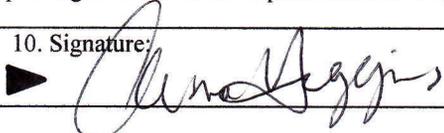
Section B: Criminal Actions

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

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

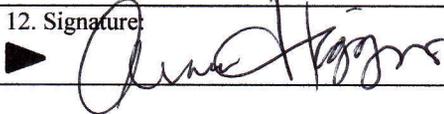
Section C: Criminal Background Check

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

10. Signature: 	11. Date Signed: 11-14-13
-------------------------------------------------------------------------------------------------------	------------------------------

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

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

12. Signature: 	13. Date Signed: 11-14-13
-------------------------------------------------------------------------------------------------------	------------------------------

RE: APPENDIX E, SECTION B CLARIFICATION

On April 12, 2013 at 12:42 a.m. I was arrested under suspicion of DWI in New York City. The arresting officer contends that I was speeding and erratically changing lanes, which was the cause to pull me over. He did not have a radar gun in his vehicle to clock my speed. He asked if I would consent to a breath test, which I did. I blew a .071 which is well below the legal intoxication limit. I did admit to having had three glasses of wine earlier in the evening at a business dinner. The arresting officer noted in the arrest report that I was coherent and lucid. I passed the other intoxication tests as well.

I am fighting all the charges in court with a lawyer. My next scheduled court date is November 21, 2013.

Place of Arrest: New York County, NY

Arresting Agency: NYCPD PCT 033

Arrest Number: [REDACTED]

Arraignment: New York County Criminal Court

Charges:

Operate Motor Veh with .08 of 1% Alcohol or more

Driving While Intoxicated - 1st offense

Illegal Signal from parked position

Speed Violation

Driving While Ability Impaired by the Consumption of Alcohol

OPERATIONS MANUAL – CUSTOMER AND EMPLOYEE ACCIDENTS AND INJURIES

Objective:

To make the comfort and well being of our customers and employees our first priority in cases of accident and/or injury and to respond to all injury claims promptly and courteously.

STANDARDS AND EXPECTATIONS:

The customer is the first priority in instances of accidents or injuries.

A management person responds to the customer courteously and promptly

The customer decides if he/she wants to seek medical treatment.

If necessary, call for medical help immediately.

Do NOT make any commitment regarding medical payment.

Do NOT mention insurance forms, claims forms, or accident forms to the customer.

All conversations with the customer should be documented in writing, and signed and dated by the employee.

Facts and witness's names, address, and phone numbers are gathered quickly. This should include cause of incident, a detailed description of the incident, and exact location of the incident.

The accident scene is inspected with another employee with results documented in writing, again to be signed and dated by employees. Photos and video should be obtained whenever possible.

Contact the manager of any defects.

All accidents and/or injuries should be reported to dispensary manager by the end of the business day.

The customer is asked for a receipt of the damaged item and the damaged item is returned to the store and forwarded to the manager.

If unavailable, request the value of the damaged property, where and when it was purchased, and the name brand and forward to the manager

If an employee incurs a loss to personal property, the manager is notified.

Payment should be arranged through the manager. All employees are responsible for their personal property kept in their vehicles.

If product tampering is suspected, the product will be quarantined and management notified.

Manager is notified of all shoplifting or security breach instances.

If an employee is injured while working, follow these procedures:

If necessary, call an ambulance. Managers and coworkers should NOT transport the injured employee.

Report to manager immediately.

Manager should take a statement from the injured worker with at least one witness while recording the statement.

Manager will process request for workers compensation or leave of absence if out of work for more than seven days.

Manager should pay the employee for the entire shift on the day of the injury.

Manager should make every attempt to accommodate the employee's medical restrictions as outlined by the treating physician.

When an injured employee returns to work following a workers compensation leave of absence, the manager will terminate the leave of absence status.

Manager should follow up with injured employee for disability updates.

Manager should make every attempt to provide transitional duty to accommodate the employee's medical restrictions.

The injured employee should report a work related injury to his/her supervisor immediately following the incident.

The injured employee should NOT use their personal group healthcare coverage.

The injured employee should have the physician complete an injury treatment form and then return it to his/her manager.

The injured employee should provide his/her manager with disability updates.

Refer all bills to the manager

Refer any workers compensation related questions to manager

OPERATIONS MANUAL – DEPOSIT PREPARATION

OBJECTIVE:

To provide store with accounting methods which help to ensure accurate and timely preparation of cash receipts through deposit preparation.

STANDARDS AND EXPECTATIONS:

Prepare one deposit per day if the total does not exceed \$10,000. Each subsequent deposit must not exceed \$10,000.

All deposits are handled by employees of Dublin Management

Deposits are prepared by management of TAD. There are two (2) deposits each day; one for cash and the other for checks. Discrepancies are reported by Dublin Management to the Manager of TAD

Any item that has bank account numbers on the bottom of it; personal checks, travelers checks, etc. must be included in the check deposit.

Use the deposit ticket that is specifically for checks and fill out as:

The check deposit ticket will be marked "checks only".

The check deposit ticket will be in the deposit ticket book created by

Dublin Management

Fill out the check deposit ticket

Enter the sales date in the appropriate boxes; format: MM DD YYYY

Enter the number of checks included in the deposit in the appropriate box.

Enter the total dollar amount of the checks included in the deposit in the appropriate box.

The person preparing the check deposit is to record his/her initials in the appropriate box.

Make certain that all information recorded on the check deposit ticket is in the correct boxes and is clearly and legibly written.

All checks (personal, travelers, etc. are to be forwarded each and every week without fail. Getting all of the checks forwarded every week is imperative to the check settlement process.

Cash and checks are deposited by a representative of Dublin Management

Cash Deposits

Use the cash deposit ticket created by Dublin Management. The ticket will be noted "Cash Only".

Fill in the cash deposit ticket with the amount of cash to be deposited.

Enter the date in the appropriate spot on the cash deposit ticket. Bundle the cash with the top portion of the cash deposit ticket and place the deposit bundle into the clear deposit bag.

Dublin Management will make daily pickups of cash deposits. No more than \$10,000 cash will be kept on premises, or an amount necessary to pay for the day's marijuana delivery

Once balanced, the deposit is closed in the system and automatically posted into the TAD inventory system.

The deposit preparation and transportation log, is completed for each deposit, not to exceed one week of daily deposits on one page.

The following information must be included:

Date of deposits (cash and check deposits)

Date transported (cash deposits)

Date of delivery (check deposits)

Clear plastic deposit bag number (cash deposits)

Check bag number (check deposits)

Deposit amount

2 signatures are required: manager and Dublin Management representative

A cash deposit slip containing the following information must accompany each deposit.

Deposit slip information, date, cash amount, coin amount, deposit bag number, total deposit amount, adding machine tape and the signature of the proper preparer.

Deposit preparation logs, cash control booklet, are retained for the current month and the previous twelve (12) months. At the end of the week, place the completed log in the cash control book.

The validated bank slip for each deposit is stapled to the weekly deposit log it pertains to and is validated by the manager.

Failure to properly implement or follow all standards, regardless of the loss of company assets, will lead to disciplinary measures which may result in separation.

Standards and expectations: Deposit preparation

Prepare a minimum of one deposit per day. Individual deposits must not exceed \$3,500.

All deposits are reported in the TAD financial computer applications.

All deposits are counted and verified by the manager (verified by Dublin)

Each employee runs an adding machine tape containing the deposit contents once the deposit balances.

One tape is attached to the bank copy of the deposit ticket, the other to the log. The adding machine tape must show each check contained in the deposit.

All checks are endorsed and processed through the register at the time of sale.

Once balanced the deposit is closed and posted in the TAD computer system and the Dublin Management accounting system.

A deposit preparation and transportation log is completed for each day's deposits.

The following information must be included:

Date of deposits (cash and check deposits)

Cash deposit bag number (cash deposits)

Check deposit bag number

Signatures required. (initials are not acceptable)

Persons preparing the deposit.

Persons transporting the deposit.

A management person verifies the deposits, compares bag number to log, date and reasonableness of the money in the bag.

A cash deposit slip containing the following information must accompany each deposit:

Deposit slip information, date, cash amount, coin amount, deposit bag number, total deposit amount, adding machine tape and signature of preparer.

Deposit preparation logs, provided by Dublin Management, are retained for the current month plus the previous twelve months.

The validated bank slip for each deposit is stapled to the day it pertains to. At the end of the week, place completed log in the cash control book.

Failure to properly implement or follow all standards, regardless of the

loss of company assets, will lead to disciplinary measures which may result in separation.

OPERATIONS MANUAL – DEPOSIT TRANSPORTATION

Objectives:

To limit the amount of cash retained in stores thereby removing the opportunity and incentives for theft.

To transport deposits to the bank in a manner that prevents losses and ensures the safety of all employees.

Standards and expectations:

Complete one bank trip by Dublin Management per day (includes weekends) if deposits do not exceed \$10,000. If a deposit is greater than \$10,000, Dublin must arrange for multiple deposits for that day.

Dublin must return receipts for the previous days deposits daily. If deposits are dropped in the night depository receipts are picked up within 5 days.

All columns on the deposit log are filled out and signed (PRIOR to transport) by the TAD manager and Dublin representative preparing, transporting and visually verifying the deposit.

Bank trips are not to be made later than 6 p.m or after dark (whichever comes first except with police escort)

Police escorts are used whenever available.

The car is brought to the front of the store in an inconspicuous manner before the deposit is transported. (Do not walk through parking lot with deposit).

Trips to the bank are at varied times and by different routes.

The deposit bag is concealed under clothing or in a plain bag.

Employees remove any visible sign of The Apothecary Dispensary.

Employees are expected to take a direct route to and from the bank, no detours.

Trips are postponed or stopped if people or circumstances are at all

suspicious. These incidents are reported to the managers IMMEDIATELY.

When using the bank chute for deposits, the transporter(s) recheck the chute to verify that the bag has been properly deposited.

Failure to properly implement these standards, will lead to disciplinary measures which may result in separation. If it is determined that deposits are not being transported daily, but stores do not incur a loss the result will be final warning if this is the first offense. If the store does in fact incur a loss as a result of not transporting deposits daily, the result will be termination.

OBJECTIVE:

To closely monitor and verify deposit paperwork to ensure bank accuracy and to deter employee theft.

STANDARDS AND EXPECTATIONS:

The store manager is responsible to verify validated deposit slips provided by Dublin Management to the bank deposit log. A validated deposit slip from the bank is required for each deposit. The slip:

is attached to the deposit log;

includes the adding machine tape of the deposit;

is retained at store level in the cash control booklet, with other documents

for the sales day, for current month plus the previous five months. The manager and Dublin Management are notified if a validated deposit

receipt is unavailable within 5 days;

Validated deposit slips are verified to the TAD financial accounting computer accounts by the manager only.

If the store manager is absent for an extended period of time, the assistant manager identified verifies deposits to the deposit log.

The store manager verifies the deposit summary screen upon his/her return.

All validated deposit slips are verified within 7 days of receipt.

If a deposit is missing or a discrepancy is detected, the following steps are taken:

The verifications, Dublin Management personnel and deposit logs are reviewed.

The bank manager is questioned to see if the bank experiences an overage or shortage on the day in question.

The store copy of the deposit slip is compared to the bank copy.

The manager is contacted.

Failure on the part of the management team to properly implement or follow procedures relating to a missing deposit or a deposit discrepancy, will lead to disciplinary measures up to separation from the company.

OPERATIONS MANUAL – EMPLOYEE LOCKERS

OBJECTIVE:

To provide locks and lockers for the safekeeping of employee's personal belonging while reserving the right to inspect the contents of the lockers at any time.

STANDARDS AND EXPECTATIONS:

Locks are provided for all employees on their first day of work.

All crew members are informed of the following:

Lockers are:

- Used and locked throughout each shift

- Locked only when in use

- Empty when not in use

- Used for personal belongings only; and

- Inspected at least once a month to

eliminate health hazards caused by spoiling food and to deter internal theft.

Locks and lockers are TAD property.

No weapons, non prescription drugs, alcoholic beverages or unpaid for merchandise can be stored in a locker at any time.

Items too large to fit in a locker are kept in the locked manager's office.

Employees are responsible for locking their locks. TAD is not responsible for any personal loss incurred.

Reserve and overstock merchandise are not stored next to lockers.

Lock combinations are recorded and maintained in the managers office.

Locker number field is 6 digits. Personal locks are not permitted.

If a lock combination is lost, manager will remove lock and supply new lock.

OPERATIONS MANUAL – OPENING AND CLOSING THE STORE

OBJECTIVES:

To open our doors each day to a well merchandised, clean and easily shopping environment that is properly staffed and committed to service.

To open our doors promptly at the posted opening time each day.

To complete all housekeeping and terminal functions prior to closing the store in order to maintain a high standard of cleanliness and appearance.

To verify all store funds are intact and all security measures are followed prior to leaving the building.

STANDARDS AND EXPECTATIONS: PRIOR TO OPENING

When approaching the store, the premises are observed for any suspicious circumstances or individuals.

The alarm is deactivated upon entering the store. Manager approval and a call to the alarm company is necessary for entries 1 hour prior to normal opening time.

All doors are kept locked until opening time.

A brief store walk-through is performed to ensure security procedures were followed the previous evening.

The morning operations check is performed and necessary reports are completed.

All limited access areas are secured prior to opening the store.

STANDARDS AND EXPECTATIONS: AT OPENING

The store is opened at the time posted in the entrance.

Any remaining register drawers from the previous evening are cashed out.

A morning walk-through is completed.

The priorities of the day are established by the manager and discussed

with employees.

STANDARDS AND EXPECTATIONS: AT CLOSING

All daily maintenance duties are completed prior to leaving the building.

Register drawers are removed at closing and secured in the safe in the locked manager's office.

Verify the following for all terminals:

Final sign off has been performed

“sign on” displays on all cashier prompts; and all terminals are left on

Bag checks are performed on all employees leaving the store.

Non-employees are prohibited from being in the store after operating hours. The only exception would be maintenance or installation people that are supervised by a management person.

All non-security lights are turned off including the back room, break room, and office lighting.

A final store walk-through is completed to ensure all closing procedures were performed and the overall condition of the store is assessed.

The alarm is set just prior to leaving. The manager will not leave until the alarm is set. Any problem is reported to the alarm company.

Two people exit the store together, after the alarm is set, to verify proper security procedures.

OPERATIONS MANUAL – PAPERWORK RETENTION

OBJECTIVE:

Provide information regarding retention periods for specific paperwork and reports.

STANDARDS AND EXPECTATIONS:

The following standards and expectations are to be reviewed with all store management personnel.

The paperwork retention summary is explained in further detail by category in the following pages.

Confidential trash items **MUST** be disposed of by following TAD confidential trash policy and procedures.

*****CONFIDENTIAL ITEM STORAGE & DISPOSAL CONCERNS*****

All paperwork items within their retention period must be securely boxed and clearly labeled in order to make storage and later identification easier.

Boxes used should be appropriately sized for the items being stored to keep box sizes and weight of full boxes to a minimum. Make certain all boxes are securely closed with packaging tape to prevent items from becoming loose.

Each box of confidential items being retained should be marked with the following information:

The name of the items/reports contained.

The time period/date range of the items/reports contained.

The words "management only" should also appear on each box.

Avoid stacking boxes too high as this can make reaching some boxes difficult as well as cause stacks to topple over or collapse.

Always stack boxes with the heaviest items at the bottom.

Confidential paperwork/confidential trash (payroll, employee information,

and store records) must never be stored outside of the building which includes never storing confidential paperwork/confidential trash in any storage containers, trailers or outside storage.

Confidential trash consists of any item discarded at store-level that includes any of the following:

Personal identifying information: customer or employee name, address, phone number, birth date, identification number such as drivers' license or social security number.

Payment card information: customer credit card account number, expiration date, verification code.

Protected health information: dispensary customer prescription number, medication name, dispensary containers, dispensary system label and/or receipt

All items containing sensitive information must be treated as confidential trash and disposed of properly by utilizing TAD confidential trash policy and procedures.

Confidential trash items must NOT be:

Stored near the receiving door.

Placed near other non-confidential trash.

Stored outside the building.

Discarded in our store's dumpster.

CINTAS is the outside company that will be hired to destroy confidential trash generated by TAD

Failure to adhere to TAD policies and law regarding the handling of

confidential trash items may result in disciplinary action up to and including termination of employment, and may have several negative outcomes including:

Stolen credit card numbers and/or personal information

Identify theft through which an individual may be able to assume the

identity of another through the use of personal information such as a social security number. Identity theft can lead to personal financial loss and/or legal liabilities for the victim in extreme cases.

RETENTION & DISPOSITION SUMMARIES FINANCIALS SUMMARY

Cashier Analysis Report

- Retain: current month & 12 previous months
- Disposal Post Retention Period: confidential trash

Charge Slips

- Retain: 12 full months
- Disposal Post Retention Period: confidential trash

Deposit Logs

- Retain: current month & 12 previous months
- Disposal Post Retention Period: confidential trash

Paid outs and Special Receipts

- Retain: 12 full months
- Disposal Post Retention Period: confidential trash

Refund Slips

- Retain: current month & 6 previous months
- Disposal Post Retention Period: confidential trash

Register Readings

- Retain: current month & 6 previous months
- Disposal Post Retention Period: regular trash

MARKUP/MARKDOWN SUMMARY

Markup/Markdown Reports

- Retain: current inventory period & 1 previous period
- Disposal Post Retention Period: regular trash

Price Change Bulletins

- Retain: current inventory period
- Disposal Post Retention Period: regular trash

INVENTORY SUMMARY

Credit Reconciliation Reports

- Retain: until followed up
- Disposal Post Retention Period: regular trash

Inventory Issue Sheet

- Retain: until followed up
- Disposal Post Retention Period: regular trash

Inventory summary reports

- Retain: current inventory period & 1 previous period
- Disposal Post Retention Period: regular trash

Inventory Activity Reports (IAR)

- Retain: current inventory period & 1 previous period
- Disposal Post Retention Period: regular trash Inventory Day Paperwork
- Retain: current inventory period & 1 previous period
Disposal Post Retention Period: regular trash Invoice/Return Invoices

EMPLOYEE RECORDS/PAYROLL RECORDS SUMMARY

Applications (Hired)

Retain: in employee's HR file

Retention Period: inactive/former employee files. Do not discard.

Disposal Post

Applications (All Other)

Retain: for three (3) years

Disposal Post Retention Period: confidential trash Certifications

Retain: permanently in employee's HR file

Terminated Employees

Disposal Post Retention Period: Inactive/Former employee file

Retain: with time card report for ten (10) years

Disposal Post Retention Period: confidential trash Employee Counseling Cards

Employee Reference Checks

Retain: Permanently in employee's HR file

Disposal Post Retention Period: Inactive/Former employee file. Do not discard.

Missing Punch Report

Retain: complete then discard

Disposal Post Retention Period: confidential trash Patient Confidentiality Retain:
permanently in employee's HR file

Disposal Post Retention Period: do not discard Performance Reviews

Retain: permanently in employee's HR file

Disposal Post Retention Period: do not discard Schedules

Retain: with time card report for ten (10) years

Disposal Post Retention Period: confidential trash Time Card Report

Retain: for ten (10) years

LOSS PREVENTION REPORTING SUMMARY

Apprehension Reports

Retain: permanently

Audit Reports

Retain: for seven (7) years in Audit binder

Disposal Post Retention Period: confidential trash

RETENTION & DISPOSITION DETAILS

CATEGORY: FINANCIAL

Charge Slips

Retain for 12 months. Charge slips need to be retained for customer disputes as well as in the event a register goes offline and sales do not "catch up" after the reset. Settlement accounting will request the slips in order to receive credit for the charges. After retention, discard via confidential trash.

Deposit Logs

Retain in cash control book for current month and in a store file for the 9 previous months. After retention, discard via confidential trash.

Paid outs and Special Receipts

All original paid out and special receipts documentation must be kept onfile for 7 years.

Refund Slips/Register Readings/Refunds: kept for 6 months then confidential trash

CATEGORY: MARKUP/MARKDOWN

Price Changes

Approved by the manager only

CATEGORY: INVENTORY

Credit Reconciliation Reports

These should be attached to the invoice of the credit in question and filed in the credit pending binder/file until resolved or issue is addressed. Keep for current inventory period. Any outstanding issues older than 90 days should be followed up until resolved. After resolution, discard via regular trash.

Inventory Activity Report (IAR)

Current inventory period plus previous inventory period. These should be kept in an organized a binder. After retention, discard via regular trash.

Inventory Day Paperwork

The following should be retained for the current inventory period plus the previous inventory period:

Final inventory summary report
After retention, discard via regular trash

Invoice/Return Invoices: vendors, otc, Damages:

Print invoice and retain with credit pending binder/file until resolved.

Reports that are unresolved should be reviewed weekly until resolved. Invoices should be saved for the current inventory period plus 1 previous inventory period. After retention, discard via regular trash

Vendors activity reports: (printed monthly)

Print monthly and retain for current inventory period plus previous inventory period. It is recommended that these be kept with the IARs in a credit pending binder or on file. After retention, discard via regular trash

CATEGORY: EMPLOYEE RECORDS/PAYROLL RECORDS

Applications

Active: Retain in file for 90 days. After 90 day retention period, reclassify as inactive	Inactive:
Retain in file for 3 years, and then discard via confidential trash in HR file	Hired: Retain

Certifications

Retain permanently in HR file

Employee counseling cards

Retain permanently in HR file

Employee Reference Checks

Retain permanently in HR file

CATEGORY: LOSS PREVENTION REPORTING

AuditReports

Retain for 7 years in Audit binder

Report of Apprehension

Retain permanently in file: keep original at store. If prosecuting, send a copy to attorney on title.

OPERATIONS MANUAL – PAYROLL

OBJECTIVES:

To ensure employees are paid accurately and on time.

STANDARDS AND EXPECTATIONS:

All employee records are entered into the Pioneer POS system, printed and forwarded to Dublin Management Services

All Scheduled hours are maintained by the manager.

Employees utilize Time In/Out application at POS to record all hours.

Employees ID or key tag is used to punch in and out.

All hours are maintained daily using the missing punch and daily usage reports.

Prior to posting, the following is done:

Any special hours are entered

A final daily usage report is reviewed, along with the time card preview

All salaried management hours are entered

All salaried and hourly pharmacist hours are entered

Payroll is manually released at store closing on Sunday. Payroll

adjustments are handled by the manager

The following reports are handled in accordance with TAD policy and

federal/state law:

A final daily usage report is retained with the payroll information both by TAD and Dublin Management.

The time card report is signed when employees pick up checks and

retained for 7 years by Dublin Management or TAD

The pharmacy payroll summary sheet is retained with all other payroll reports

OPERATIONS MANUAL – PAYROLL ADVANCES

OBJECTIVES:

To ensure that an employee is compensated for work performed when a paycheck has not been issued or to compensate an involuntary terminated employee in compliance with CT state laws. This is to be done only by the manager. Contact Dublin Management and mail check directly to terminated employee.

STANDARDS AND EXPECTATIONS:

Payroll advances are for a check not issued or terminations ONLY. Payroll advances are NOT to be used to recompense outside labor or for loans to employees or for oneself. Misuse of store funds/payroll advances may lead to disciplinary action up to and including termination.

It is the responsibility of the manager to ensure that any and all disciplinary action noted in this policy is appropriately administered.

Maintain payout in employee file.

OPERATIONS MANUAL – PERSONNEL INFORMATION/RECORD KEEPING

OBJECTIVES:

To ensure the proper distribution and retention of employment records for all TAD employees in compliance with all legal requirements.

To use a uniform method for maintaining these records so that personnel information is easily located and no personnel information is lost.

STANDARDS AND EXPECTATIONS: MAINTAINED BY DUBLIN MANAGEMENT SERVICES AND TAD

One or more personnel records binders are maintained in a locked cabinet in the manager's office.

An employee pocket folder is maintained in the personnel records binder for each employee (including manager and pharmacist)

An employee I-9 pocket folder is maintained in the front of the binder for all completed employment eligibility forms

OPERATIONS MANUAL – REFUNDS

OBJECTIVES:

To promote customer satisfaction by providing a refund or exchange for products purchased from TAD

To minimize fraudulent refunds and shrinkage

To ensure returned merchandise is of sell-able condition before returning to sales floor through refund inquiry and merchandise inspections.

STANDARDS AND EXPECTATIONS:

No refunds on opened/used merchandise

Exchanges will be done for defective merchandise (or full refund if not available)

Full refund unopened/sealed merchandise with receipt

A receipt is required for all refunds within 14 days of purchase

When a receipt is produced by the customer:

Circle the item being returned on the receipt

Circle the receipt date

Record your initials and the refund date on the original receipt before handing it back to the customer.

Management authorization is not required when customers are returning items with a receipt.

Refund slips placed in register drawer and resolved when the drawers are balanced.

OPERATIONS MANUAL – PHARMACY SUPPORT STAFF TRAINING

OBJECTIVE:

To provide pharmacy support staff with the basic information and procedures needed to effectively assist the pharmacist in delivering prescriptions to our customers / patients.

STANDARDS AND EXPECTATIONS:

All training done by manager in coordination with lead technician and pharmacist on duty.

Training will consist of pre – employment interviews and 10 hours of on the job training

Complete all compliance and HIPPA training and TAD integrity agreement

All employees who work in the dispensary must complete the appropriate compliance training and sign-offs. The following are some (but not necessarily all) of the sign-offs that must be retained:

HIPPA confidentiality agreement

understanding assured compliance with DCP regulations regarding

the dispensing of medical marijuana

the procedures for preparing for dispensing of marijuana

compliance that no prescriptions will be dispensed without the verification

of the pharmacist on duty

to keep current on all regulations and laws that continue to evolve in

respect to the dispensing of marijuana

OPERATIONS MANUAL – REGISTER DRAWER ACCOUNTABILITY

OBJECTIVES:

To protect company assets and operating funds by holding cashiers accountable for the contents of assigned registers. And all transactions performed by them on the register they use.

STANDARDS AND EXPECTATIONS: REGISTER DRAWER ACCOUNTABILITY

Employees report directly to their assigned registers and do not count them in, prior to the start of their shift, unless on probation.

Temporary sign off is performed any time a register is left unattended, providing the employee is the only one assigned to that register.

If management is covering breaks, a permanent sign off is performed allowing access to the register.

Dispensary technicians should not use a temporary sign off in the pharmacist is using the register.

A permanent sign off is performed at the end of each shift.

A forced sign off is done by management when a cashier neglects to permanently sign off the register.

Change requirements are handled by the person in charge of cash handling

Swapping coins/bills between registers is prohibited.

STANDARDS AND EXPECTATIONS: EXCEPTION STORES / REGISTER DRAWER ACCOUNTABILITY

Drawer accountability is maintained by allowing only one employee per register using their assigned operator ID and password.

The drawer contents are verified by the cashier.

A temporary sign off is performed anytime a register is left unattended.

A permanent sign off is performed at the end of each shift and the drawer is turned over to the Pharmacist in charge

A forced sign off is done by management when a cashier neglects to permanently sign off the register.

OPERATIONS MANUAL – RESTRICTED AREAS

OBJECTIVE:

To prohibit any unauthorized person from gaining access to restricted areas of the store.

STANDARDS AND EXPECTATIONS:

Management notifies the DCP ahead of time of any maintenance work that may need to be performed in the dispensary. If an emergency must be handled, TAD will inform the DCP at the earliest possible time during business hours.

Any area other than the sales floor and bathroom is considered a restricted area to any person allowed in the dispensary

No person is allowed in the dispensary except dispensary employees.

Any repairs non/registered workers who enter dispensary will be reported to DCP within 24 hours. If necessary for immediate repairs.

DCP will be notified ahead of time of any non-registered personnel entering the dispensary (i.e Pioneer Rx training or expansion)

Cashiers are to maintain visibility with their terminal at all times or assign someone to assist them

The manager's door is kept locked at all time

Merchandise is not allowed in the restroom.

OPERATIONS MANUAL – ROBBERY: PREVENTION AND REACTION

OBJECTIVES:

To ensure the safety of our employees and customers by cooperating fully with anyone who initiates a robbery.

To reduce the likelihood of a robbery taking place by being aware of unusual and suspicious situations.

STANDARDS AND EXPECTATIONS:

Non one allowed in the dispensary without being verified

Suspicious persons outside the facility will be reported to the police

External security is kept in good working condition with all lights working properly

Cash in drawer amounts are to be followed

Bank drop procedures are followed

In the event of a robbery, all employees cooperate fully with the robber

An attempt is made to remember what the robber looks like and video is immediately attained

After the robber leaves, the following steps are taken:

Help is summoned immediately for anyone who is injured

The police are contacted immediately.

The store is closed until the police arrive.

Customers are asked if a statement can be made to the police.

The scene of the crime is protected.

The manager is contacted immediately

Paperwork is completed as soon as possible

Cash verification procedures are used to determine cash loss. Any necessary insurance claims procedures are followed by the manager.

OPERATIONS MANUAL – SAFE/CASH OFFICE SECURITY

OBJECTIVE:

To ensure the safety of all employees by maintaining the security of all store funds.

STANDARDS AND EXPECTATIONS:

All store funds (cash, pulls/deposits, register drawers) are kept in a fully locked safe while not in use.

A sign stating that the safe is fully locked is posted on the safe door.

Doors to the manager office and safe are kept closed and locked at all times.

Unauthorized personnel are not allowed access to the managers office.

A management person is to accompany all non-employees in the office at all times.

The safe is not opened nor is cash counted when a non-store employee is in the office.

Manager office keys are not loaned or given to an unauthorized person.

Safe day lock is not used for any reason.

The safe combination is provided to the manager only.

The combination is not written or otherwise shared

The manager can change the safe combination once a year and whenever the following occur:

Unexplained cash losses

Robbery

High turnover of cash handling employees

The manager changes the alarm access code within 24 hours for any individual who is terminated, transferred or leaves the company.

OPERATIONS MANUAL – SHOPLIFTING: APPREHENSION/REPORTING

OBJECTIVE:

To use sound judgment in difficult situations, making the safety of our employees and customers our first priority, while protecting TAD from liability.

STANDARDS AND EXPECTATIONS:

An apprehension is made only when the conditions listed below are met:

A member of the TAD team personally makes a direct observation of the subject concealing merchandise.

The subject must have an item not paid for in their possession and attempt to leave

The subject will be detained in the security vestibule until the police arrive

Interviews are conducted in a reasonable manner and amount of time.

Use of any kind of force will NOT be tolerated

The following criteria is used when deciding to prosecute:

Advice of legal counsel of TAD

Mental conditions

Degree of subject's cooperation

Time required to process the case

Degree of interruption to store operations

General attitude of local authorities and judicial system

OPERATIONS MANUAL – STOCKING A VENDOR DELIVERY

OBJECTIVES:

To ensure the accurate and timely stocking of merchandise.

To maintain customer satisfaction and minimize customer inconvenience.

To stock vendor deliveries as quickly as possible

To put away entire delivery within 24 hours of receipt

STANDARDS AND EXPECTATIONS:

Merchandise is stocked within 24 hours of receipt

Employees are provided with the necessary tools and materials.

Tools and materials are kept in a secure area when not being used.

Employees and customer safety is the number one priority by following these safety standards:

Aisle, doorways, exits and stairways are clear and clutter free.

Trash is removed before it becomes an obstruction.

Cardboard and trash are placed in the dumpster so that work areas are not blocked

Case cutters are used with care and never left unattended. • Damaged product is removed for handling accordingly.

Eating and drinking is limited to the break room.

Totes and cases are lifted by bending with the knees

The management team ensures that the following standards are maintained while stocking a delivery:

UPCs are matched to the coding level.

Product is rotated when being placed on shelf

Price changes are completed if applicable

Excess inventory of high velocity items are not hidden behind other items.
Overstock is brought into the back room

Empty totes and lids are removed from the sales floor

Trash and cardboard are removed from the sales floor and disposed of properly

OPERATIONS MANUAL – WINTER MAINTENANCE OBJECTIVE:

To ensure customer and employee safety during hazardous weather conditions.

STANDARDS AND EXPECTATIONS:

All parking lots will be cleared by company contracted by landlord.

Shovels will be available for employees to remove snow from ramp and entrance

Rock salt or ice melt will be applied and re-applied if needed

OPERATIONS MANUAL – FEDERAL, STATE AND LOCAL TAXES OBJECTIVES:

To understand your federal, state or local taxes.

STANDARDS AND EXPECTATIONS:

1. Employees should verify their tax filing status on their paycheck each pay period.
2. Employee's federal and state filing status is located in the top left-hand corner of their pay stub. If employees notice a problem with their federal, state or local taxes, they should contact the manager as soon as possible so that corrections can be made prior to year – end.
3. If employees need to make a change to their federal or state filing status Dublin Management will provide all forms and execute status changes.

November 13, 2013

Ms. Colleen Higgins
The Apothecary Dispensary
781 Whalley Avenue
New Haven, CT 06511

Re: Tyco Integrated Security-provided electronic protection systems and associated services for 781 Whalley Avenue, New Haven

Dear Ms. Higgins:

You make difficult business decisions every day. But selecting an experienced electronic protection provider to assist with your company's electronic protection needs at 781 Whalley Avenue might have recently become an easy one!

Properly designed, professionally installed and competently monitored and maintained electronic protection systems can reduce the risk of personal injury, property damage, loss of assets and business interruptions due to robbery, burglary and vandalism.

This letter and the enclosed sales literature are in response to our recent meeting and discussion regarding electronic protection systems to protect The Apothecary Dispensary's people, property, assets and profits. Thank you for your interest in my company's electronic protection systems and services and for the opportunity to make this submittal.

1. Project qualifications:

Why Tyco Integrated Security to assist with your company's electronic protection needs?

- **Organization** Tyco Integrated Security is the largest electronic protection provider in the U.S. and is a division of Tyco International Ltd. We own and operate a network of fully redundant, load-sharing UL/FM Central Stations here in North America and support our operations through sales, installation and service offices throughout the country. Should a catastrophic weather event or Central Station equipment failure occur, your Tyco-provided protection system continues to be monitored and alarm responders and service personnel dispatched without interruption. We do not outsource alarm monitoring services to third party alarm monitoring centers!
- **Experience** Tyco Integrated Security is an established, experienced provider of electronic protection solutions. One component of the company has been in the security business for over 130 years! We are a technological innovator and a true electronic protection systems integrator. We design and install electronic protection systems, provide alarm monitoring services and provide maintenance and inspection/testing services in manufacturing plants, government facilities, schools, office buildings, hospitals, etc., throughout the United States.

- **Reliability** Tyco's name has become synonymous with quality and reliability. We lead the way with innovative and advanced applications of microprocessor and computer-based systems and services. Our business flourishes in the very competitive industry in which we compete because we indeed add some things special to the systems and services we provide—quality, reliability, value and a dedication to servicing our Customers!
- **Products** We offer a wide range of products for nearly every protection application ...from simple, conventional, hardwired alarm systems to advanced, microprocessor-controlled security systems. With access to a wide array of products, Tyco's security "solutions" include the most appropriate equipment for our Customers' specific protection applications.

With over one hundred and thirty years of experience providing professionally installed systems and world-class service, our company has consistently provided quality, affordable, professionally designed and installed, value-engineered products and services for its Customers.

2. Proposal:

A. Burglary protection and emergency police call system:

Tyco I. S.'s proposal provides a Honeywell VISTA-128BP alarm control panel, an Internet communicator with backup cellular transmitter and interactive alphanumeric operator's touchpads. The system will be divided into three distinct, independent-in-operation partitions/groups as follows:

- Partition #1—General premises
- Partition #2—Secured pharmacy area
- Partition #3--Safe

I've included magnetic contact protection on several perimeter and interior pedestrian doors and an overhead door contact on the roll-up grill in the pharmacy. My proposal provides a number of strategically located, wall-mounted passive infrared intrusion sensors to provide interior "trap" burglary protection. An alarm bell in a tamper-resistant enclosure will be provided and installed as well.

The Honeywell alarm control panel will transmit alarm and routine system opening and closing signals to Tyco Integrated Security via the highly supervised network communicator included in my proposal. In the event that the primary communications path is for any reason inoperable because of a severe weather condition, deliberate damage or some network facility outage, alarm signals will be transmitted to Tyco I.S. via the backup cellular alarm transmitter that is included in our proposal. The system includes a rechargeable standby power supply to help ensure that your protection system remains fully functional in the event of a local or regional commercial power interruption.

The routine opening/closing signals will be both supervised and logged by Tyco and made available to you and other authorized company representatives via the Internet using our DataSource service described in the enclosed sales literature.

Honeywell VISTA-128BP multiplexed system “point annunciates” each protection device making it easy to identify and correct abnormal building conditions that would otherwise impede turning the burglary protection system ON at closing. This same point identification technology will also enable Tyco’s Central Station operators and field service technicians to pinpoint and repair/replace the exact device that might have caused a nuisance alarm.

Tyco’s installation will include:

COMMON EQUIPMENT

- 1 alarm control panel with rechargeable 24-hour standby power supply
- 1 network communicator
- 1 backup cellular transmitter
- 4 alphanumeric, interactive operator’s touchpads
- 1 alarm bell in a tamper-resistant enclosure
- conduit, cable, fasteners, etc.—provided and installed as required

PREMISES

- 4 addressable magnetic contacts—main entrance door, fire exit door from Product Display area and two interior doors leading into Pharmacy
- 1 addressable overhead door contact—roll-up grill in pharmacy
- 19 addressable, wide angle, wall-mounted passive infrared intrusion sensors—interior “trap” burglary protection in public areas, Pharmacy, private offices and storage areas

SAFE

- 1 safe door hood contact—safe door
- 1 heat detector—safe chest
- 3 vibration sensors—two safe side walls and safe door

EMERGENCY POLICE CALL

- 1 wireless receiver
- 9 wireless, 2-button emergency police call handbuttons
- 11 hardwired emergency police call handbuttons—four counseling offices (4), Pharmacy workstations (3), Pharmacy Prep Area (1), Product storage room (1), In-take station (1) and Break Room (1)

Costs to install, monitor and maintain the proposed burglary and emergency police call system are detailed in the “pricing summary” section of this submittal.

B. CCTV surveillance/recording/retrieval system:

It is impossible for you and others to continuously be at 781 Whalley Avenue to monitor activity within your operation. A Tyco Integrated Security-provided surveillance/recording/retrieval system can be there 27/7/365 to provide critical event information for the improved safety and security of these premises by:

- Continuously recording activity in your fourth floor space
- Reducing the risk of robbery, burglary and vandalism
- Helping improve operational efficiencies, e.g. cleaning service, etc.
- Allowing video-based audits of events occurring in your business
- Reducing the risk of fraudulent “slip and fall” and auto damage insurance claims

Tyco Integrated Security's proposal is to provide and install: one 16-channel digital video recorder; a central camera power supply; one 24" high resolution LCD monitor co-located with the DVR and thirteen dome surveillance cameras installed per project plans. Two of the surveillance cameras will be installed to view people requesting entry into your facility and their State-issued ID cards at the exterior door that leads to the entry mantrap. These two cameras will be connected to a 2 x 1 color video splitter and to seven 19" monitors located in four Counseling Offices (4), at three Pharmacy positions (2 monitors) and at the In-take station (1). Either through the use of an intercom system or your telephone system, any of these stations monitoring the door leading into the entry mantrap will be able to unlock the entrance door to admit the person to the mantrap. One of your employees will then need to visually verify that there is only one person in the entry mantrap and then remotely unlock the interior door that leads from the mantrap into the Vestibule/Product Display area.

Tyco I.S.'s installation includes the following components:

American Dynamics TVR digital video recorder

American Dynamics introduced its "TVR" line of digital recorders in 2009. The enclosed sales literature discusses these DVRs that incorporate the security industry's latest "H.264" video compression technology. H.264 video compression technology provides the clearest possible recorded images while using a reduced amount of DVR storage. The proposed 16-channel DVR provides 4.0TB of internal storage. The DVR will be provided with a DVD R/W drive so that selected activity can be permanently achieved as court-admissible evidence if needed.

With Internet connectivity and static IP address provided at the digital video recorder, you and other authorized people will be able to access the DVR remotely via Internet-connected PCs and mobile devices to view live the surveilled scenes and to access stored video. Both live and recorded video can be effectively and efficiently retrieved remotely via the Internet because of the reduced bandwidth requirements of these digital video recorders that utilize H.264 compression technology.

American Dynamics vandal-resistant dome surveillance cameras

These surveillance cameras are discussed in another piece of sales literature. These cameras are available with either 2.8-10mm or 9-22mm auto-iris, manually adjustable lenses and provide 690TVL images. Several of the proposed cameras have integral IR illuminators and are adaptable to varying surveilled scene lighting levels...and provide usable images in total darkness. Criminal activity will not be hidden from these cameras because of poor scene illumination! A total of eleven of these cameras are proposed for installation within the fourth floor building area that The Apothecary Dispensary will occupy.

Tyco I.S.'s surveillance/recording/retrieval system installation will include:

- 1 American Dynamics 16-channel digital video recorder with 4.0TB internal storage and integral DVD R/W drive

- 1 Altronix 16-camera central power supply
 - 1 Compu-Video Systems 2 x 1 color screen splitter
 - 7 American Dynamics 19" high resolution LCD monitors
 - 1 American Dynamics 24" high resolution viewing/playback LCD monitor
 - 5 American Dynamics wide dynamic range, "0 lux" dome cameras with 2.8-10 mm variable focal length lenses and integral IR illuminators
 - 1 American Dynamics wide dynamic range, "0 lux" dome camera with 9-22mm auto-iris lens and integral IR illuminators
 - 7 American Dynamics wide dynamic range dome cameras with 2.8-10mm auto-iris lenses
- cable, connectors, fasteners, conduit, etc.

3. Responsibilities of The Apothecary Dispensary:

The pricing provided assumes that your company will provide 110VAC power sources for the burglary protection control panel. Internet connectivity and a static IP address will be needed at the control panel. In addition, Internet connectivity will be required to access the proposed Tyco DataSource online security account management portal. Authorized system user access to DataSource will be accomplished using either local or remote PCs via the Internet. PCs and Internet access will be the responsibilities of these authorized users.

110VAC power sources will be needed for the video recorder, the central camera power supply and eight LCD monitors. Internet connectivity and static IP address will be needed at the digital video recorder so that live and recorded video can be remotely accessed and viewed.

4. Pricing summary:

The proposed protection systems can be installed as "Tyco-owned" protection, on an outright purchase basis or on an outright purchase basis under a 60-month lease/purchase plan with system ownership for \$1.00 at the end of the lease term. Costs to install, monitor and maintain the proposed systems are as follows:

A. Burglary and emergency police call system:

1. TYCO-OWNED

	<u>Install</u>	<u>Monthly</u>
\$	11,709.72	\$ 421.01 (a, b, c, d, f)

2. OUTRIGHT PURCHASE*

	<u>Install</u>	<u>Monthly</u>
\$	16,728.17 (e)	\$ 303.92 (a, c, d, f)

3. OUTRIGHT PURCHASE* (60-month lease/purchase with \$1.00 buyout at end of lease term)

	<u>Install</u>	<u>Monthly</u>
\$	140.00 (document fee)	\$ 303.92 (a, c, d, e, f)
\$	720.98 (first	\$ 360.49 (to Tyco Global Financial

and last months' payments in advance) Solutions x 58 months)

B. CCTV surveillance/recording/retrieval system:

1. TYCO-OWNED

	<u>Install</u>	<u>Monthly</u>
\$	13,587.59	\$ 310.29 (b, f)

2. OUTRIGHT PURCHASE*

	<u>Install</u>	<u>Monthly</u>
\$	19,410.84(e)	\$ 174.42 (f)

3. OUTRIGHT PURCHASE* (60-month lease/purchase with \$1.00 buyout at end of lease term)

	<u>Install</u>	<u>Monthly</u>
\$	140.00	\$ 174.42 (e, f)
	(document fee)	
\$	836.60 (first and last months' payments in advance)	\$ 418.30 (to Tyco Global Financial Solutions x 58 months)

NOTES:

a = Tyco UL/FM Central Station alarm monitoring services with highly supervised network and backup cellular signal transmission

b = use of Tyco equipment at the protected premises

c = includes monthly cellular carrier charges

d = includes Tyco's DataSource online security management portal with supervision and logging of burglar alarm system openings/closings

e = one-year warranty on Tyco-provided equipment and labor

f = includes optional system maintenance service; service can also be provided on request on a charge-per-call, time-and-material basis

—pricing assumes 110VAC power sources, Internet connectivity and static IP address will be provided to Tyco specification by Customer

—Internet connectivity will be required to utilize the proposed Tyco DataSource Service

—pricing does include very substantial electrical permit fees

—pricing does not include applicable 6.35% Connecticut Sales Tax

5. Summary:

The enclosed, color-coded drawings and sales literature provide information and details concerning much of the proposed protection equipment and related Tyco services. I trust that the above and the enclosed will be sufficient for your immediate information, planning, budgetary and decision-making needs. Please do not hesitate to contact me with questions, to discuss, if added information is needed or if I can

provide clarification of any proposal item. It is usually easiest to reach me via cell phone at 203-868-2134.

Thank you again for your interest in Tyco Integrated Security's electronic protection systems and related services and for the opportunity to present this proposal and price quotation for your review, consideration and approval. We here at Tyco I.S. will look forward to assisting with your company's electronic protection plans at 781 Whalley Avenue!

Very truly yours,

Tyco Integrated Security

A handwritten signature in black ink, appearing to read "Jay Skowronek", with a long horizontal flourish extending to the right.

Jay Skowronek
Commercial Sales Executive

enclosures
cc: file

Protected by

tyco

Integrated Security

Tyco Integrated Security Devices in Use

For service/repair call 1.800.2.TYCO.IS | www.tycois.com

LT1024-00 (10/12)

LEGEND:

-  = alarm control panel
 -  = IP/cellular communicator
 -  = operator's alphanumeric touchpad (red)
 -  = spot-type smoke detector
 -  = operator's alphanumeric touchpad (white)
 -  = pedestrian door contact *
 -  = high security door contact *
 -  = overhead door contact *
 -  = high security door contact *
 -  = wall-mounted passive infrared intrusion sensor
 -  = 360° ceiling-mounted passive infrared intrusion sensor
 -  = wall-mounted "verified" microwave/passive infrared intrusion sensor
 -  = alarm bell in tamper-resistant enclosure
 -  = safe/vault door contact
 -  = safe/vault heat detector
 -  = seismic vault/safe vibration sensor
 -  = wireless receiver
 -  = wireless emergency police call handbutton (ganyard and belt clip provided)
 -  = electronic glass break sensor
 -  = hardwired emergency police call handbutton
- W = wireless detector
- * = daytime annunciated

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Integrated Security

Tyco Integrated Security Devices in Use

For service/repair call 1.800.2.TYCO.IS | www.tycois.com

LT1024-00 (10/12)

LEGEND:

-  = video recorder with TB of internal storage and DVR/W
-  = central camera power supply
- * = high resolution indoor dome surveillance camera with 2.8-10mm auto-iris lens
- * = high resolution indoor dome surveillance camera with 9-22 mm auto-iris lens
- * = high resolution outdoor dome surveillance camera with 2.8-10mm auto-iris lens
- * = high resolution outdoor dome surveillance camera with 9-22 mm auto-iris lens
- * = high resolution "bullet" surveillance camera with 2.8-10mm auto-iris lens
- * = high resolution "bullet" surveillance camera with 9-22 mm auto-iris lens
-  = 19" high resolution LCD monitor
-  = 24" high resolution LCD monitor
-  = 32" high resolution LCD monitor
-  = video splitter

* = optional IR illuminators

Federal and State income tax returns submitted but have not been included as they are not subject to FOIA requirements.