

**ARROW ALTERNATIVE  
CARE**

**MMP - RFA**

**"REDACTED"**

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**A. BUSINESS INFORMATION OF APPLICANT**

1. Complete the Dispensary Facility Information Form, attached as Appendix A.

**1. Dispensary Facility Information Form**

Refer to Appendix A for the Dispensary Facility Information Form for

Arrow Alternative Care # 2



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

## 2. Summary Qualifications, Experience and Industry Knowledge

### INTRODUCTION:

Arrow Alternative Care (AAC) is an Arrow Pharmacy family company. Arrow Pharmacies have been serving the pharmacy needs of patients, caregivers, prescribers and the Health Care Community of Connecticut for over 25 years. Arrow's locations consist of specialized pharmacies and a licensed medical marijuana dispensary providing centers of wellness with healthcare products and services. Arrow Alternative Care is honored to have been chosen as an original medical marijuana dispensary in CT's pioneering first year. Our patients' satisfaction, positive clinical outcomes, and our passion for patient care are the driving forces that enable us to help CT fill the need to provide access to the benefits of the palliative use of medical marijuana in New Haven and Fairfield Counties.

Our knowledge, experience and commitment to compliance to state regulations make us a qualified candidate for licensing in this vital region.

**MISSION FOR THE DISPENSARY FACILITY:** Arrow Alternative Care will provide registered patients and caregivers of Fairfield and New Haven Counties with access to the same quality of care mirroring that of our Hartford location. . We will provide medical cannabis for palliative use, and pharmacist directed compassionate care aimed at improving overall health and quality of life, in a safe healing environment.

### QUALIFICATIONS

Arrow Alternative Care's qualifications of experience, industry knowledge and financial stability set us apart from other applicants and uniquely position us for success to develop and operate a viable, sustainable Medical Marijuana Dispensary Facility located in Milford CT to serve the patients of Fairfield and New Haven Counties.



Angelo DeFazio, RPh is the President and CEO of Arrow Alternative Care and Arrow Pharmacies. He has owned, operated and consulted with pharmacies and healthcare institutions throughout the state since 1989. He has established invaluable relationships with prescriber communities at our major institutions and universities in Connecticut.

Arrow Alternative Care Dispensary Employees are highly qualified in the operations of dispensing controlled substances such as medical marijuana. We have trained medical marijuana dispensary pharmacists and technicians serving our Hartford location who will be immediately available to service the greater Milford community.

Anthony Ajegba, RPh Dispensary Facility Manager and co-owner of Arrow Alternative Care #2 Milford has been actively pursuing a medical cannabis position since the inception of the program. He has been a licensed Pharmacist since 2002. Anthony is a Nigerian born naturalized African America citizen. He has earned two B.S. degrees in Biology and Pharmacy. He has worked in the healthcare industry for the past 20 years. Anthony has attended medical marijuana symposiums and furthers his medical marijuana education privately and will be training at Arrow Alternative Care in Hartford once approved.

With Anthony's entrepreneurial spirit, our experience and name recognition for patient care and state compliance we believe we have created a professional experienced team to serve the patients of Fairfield and New Haven Counties.

Angelo DeFazio, RPh believes in regulatory compliance as evidenced by appointed positions and board positions held in professional and academic organizations. As such, the State of Connecticut will be assured that this new dispensary facility will operate in compliance with the regulations as well as set an example for all dispensaries with the same commitment as we demonstrate in our Hartford location.



Mr. DeFazio is actively involved in the Connecticut Pharmacists Association, University of Connecticut School of Pharmacy, St. Joseph College, University of CT Foundation, National Community Pharmacist Association, American Pharmacist Association and various community organizations serving the healthcare needs of the poor and sick. He is an Advisory Board member of Cardinal Health. He has spoken nationally about the merits of pharmacist involvement in medical cannabis and has addressed 100's of pharmacists in NY and other states seeking to legalize marijuana for medical purposes.

Arrow Alternative Care as a turn-key Dispensary Facility operational model enabling us to provide affordable access to the patients in Fairfield and New Haven Counties in the short term. The same business processes, systems and controls required by law to dispense narcotics that are currently used at Arrow Pharmacies and Arrow Alternative Care will be implemented at this new location to prevent the diversion, theft and loss of medical marijuana.

Arrow Pharmacy systems, which will be installed at Arrow Alternative Care, are set up for turnkey use for dispensing, monitoring and inventory control of medical marijuana. These include POS Systems with integrated peripherals such as label printers, barcode scanners, specialized report generators and are systems familiar to the State of Connecticut drug control agents.

**EXPERIENCE RELEVANT TO THE DEVELOPMENT AND OPERATION OF A DISPENSARY FACILITY**

Designed and built out the medical marijuana dispensary in Hartford Ct.

Developed numerous pharmacies from design build to long term sustainable scalable, businesses.

Consulted with numerous hospitals and federally qualifies health centers on pharmacy projects and patient care delivery systems.

Implemented high security systems and plans as required by both the nature of a pharmacy business and in accordance with the Controlled Substances Act (CSA).



Our brand, reputation and industry relationships will help create a positive understanding for the safe and professional use of medical marijuana and help to ease prescriber trepidations

**INDUSTRY KNOWLEDGE RELEVANT TO THE DEVELOPMENT AND OPERATION OF A DISPENSARY FACILITY**

In-depth understanding and knowledge of the distribution system of pharmaceuticals and the CT medical marijuana program.

Our unique relationships with the Gray Cancer Center, St. Francis Cancer Center, UCONN Health Center NEAG Cancer Center as well as Ryan White programs and Connecticut AIDS Resource Coalition (CARC) will help with many of the chronic medical conditions cleared for the palliative use of medical marijuana and give us an understanding of the special needs and symptom relief that these compromised patients need and require.

Arrow Pharmacies participate in ACO and Medical Home providers for decreased readmissions and increase patient outcomes. Expert in Federal and State regulations, security requirements, operations and best practices required for preventing the diversion, theft or loss of pharmaceuticals.

Arrow Alternative Care will operate a Medical Marijuana Dispensary Facility independent of any Grower(s) partnership, ownership or association (not vertically integrated), in a free market environment to ensure:

Objective, unbiased data and analysis of products from multiple growers will provide a unique repository of data for use in the Arrow Alternative Care Medication Therapy Management (MTM) services that we provide to registered patients; and for collaboration with the Healthcare industry to better understand the impact of palliative use of medical marijuana on positive patient outcomes.

Arrow Alternative Care will have the same commitment to, and belief in, the value of education as Arrow Pharmacy. Arrow Alternative Care believes that we can play a major role in the development of intellectual capital regarding the development and operation of a Medical Marijuana Dispensary and the palliative use





of medical marijuana and become a source for information, education and training for all stakeholders.

Our CannaEd<sup>®</sup> educational program provides a vehicle to produce, research and disseminate educational information about cannabis in various formats such as video, traditional education event and networking events.

We will achieve our mission as required by the RFA and State Laws, by implementing the following:

- Pharmacy / Medical Office / Dispensary Operating Model: The Arrow Alternative Care Dispensary Facility will operate using the Arrow Alternative Care operational model in-place at our Hartford location. The model integrates a traditional pharmacy model in a clinical setting utilizing the state of the art technology, security systems, protocols, controls and best practices; and will implement requirements for administering and dispensing controlled substances under the Controlled Substances Act; to:
- Ensure the safe handling and dispensing of medical marijuana to prevent dispensing errors, the misuse of confidential patient information and to protect against the diversion, theft or loss of marijuana;
- Provide Pharmacist directed patient care, including therapeutic evaluations, recommendations and physician collaboration; specialized therapeutic knowledge, experience, and judgment to optimize medication therapy, promote health and wellness, positive patient outcomes and identify potential substance, abuse or fraud within the delivery system.

NOTE: If the State deems that our application acceptable but requires a DBA under different name of company we would be open to using the name, The Alternative Wellness Center. We believe that our name recognition brings added value to the program and the marketplace.



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

**3. Financial Statement – Business Transaction Connected with Application**

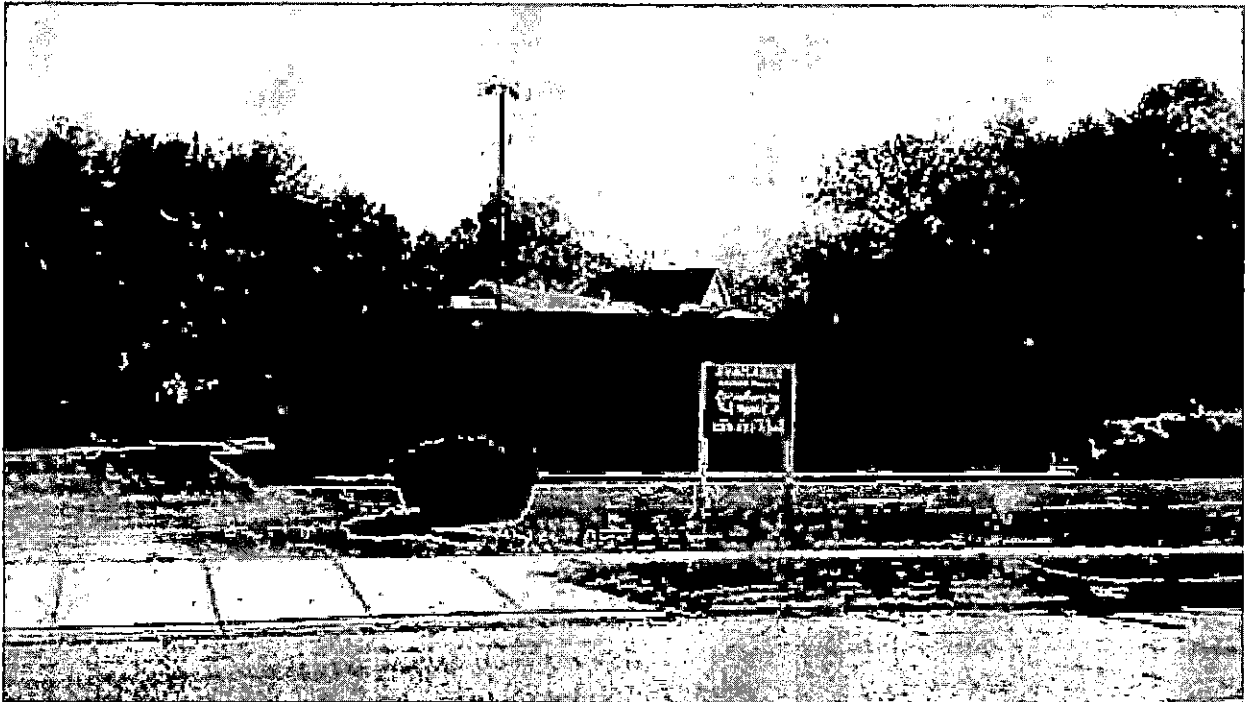
Expense	Amount
Application Fee	\$1,000
Attorney Fees	\$7,000
Accountant Fees	\$3,000
Property Negotiations / Deposit	\$31,000
Building Purchase (To be Paid at closing 11/15)	\$589,000
Printing	\$2,000

**B. LOCATION AND SITE PLAN**

1. The location of the proposed dispensary facility;

1. Proposed Dispensary Facility Location

**255 West River Street, Milford, Connecticut**



**Affordable Access**

Arrow Alternative Care submits this location for approval to provide the patients of New Haven and Fairfield counties with **affordable access** to the CT Medical Marijuana program in accordance with the Connecticut General Statutes Chapter 420f, Section 21a-408 permitting the legal use of marijuana for palliative, medical purposes.

With the exponential increase in the number of registered CT Medical Marijuana Program patients, **affordable access** has become a challenge in the most densely populated towns of CT. The state's recognition and action as represented by this RFA reinforces the commitment of the state to provide equal access to the patients of Connecticut.

The combination of **Arrow Alternative Care and the 255 West River Street Milford** location will provide affordable access to patients living in the highest density populated cities of **both** Fairfield and New Haven counties based on our population analysis, traffic analysis and current dispensary facility access,.



**255 West River Street, Milford is situated directly at the center of Bridgeport and New Haven, the two most densely populated cities in the counties of Fairfield and New Haven respectively.**

Arrow Alternative Care has a proven track record of providing the most affordable medical marijuana in the state since inception, with as much up to a 50% pricing disparity in some cases as compared other CT dispensaries. Our commitment to providing affordable medical marijuana will continue at this location.

We believe that 255 West River Street, Milford CT is the ideal location. To this end, we have purchased the building to provide Arrow Alternative Care complete flexibility and opportunity to design the ideal CT Medical Marijuana Dispensary Facility to serve the patients of New Haven and Fairfield Counties.

**Location Selection Criteria**

Arrow Alternative Care applied the following evaluation criteria to over 25 locations within Bridgeport and New Haven counties. The location was chosen based on its ability to meet two sets of criteria:

**State Criteria A: Requirements set forth by the State of Connecticut:**

1. Proximity to Number of qualifying patients registered with the department,
2. Size and proximity of existing dispensary facilities,
3. Convenience and economic benefits to qualifying patients and their caregivers.

**Arrow Alternative Care Criteria B: Requirements set forth by Arrow Alternative Care**

Based on first-hand experience providing care to registered medical marijuana patients, we have identified the following critical success factors for the viability of a potential dispensary facility location and to meet the access needs of this RFA.

**1. Proximity to Number of qualifying patients registered with the department**

255 West River Street, Milford is centrally located directly in the middle of the two most densely populated cities of Fairfield and New Haven Counties.

**2. Proximity to patient residence or place of employment must be within 35 miles**

Based on patient feedback and analysis of our current patient base we have determined that the threshold of acceptable distance to travel is 25 miles or 30 minutes.

255 West River Street, Milford is centrally located and within 25 miles of the most densely populated cities of Fairfield and New Haven Counties.



**Proximity of 255 West River Street, Milford**

**Fairfield County Population: 895,972**

**New Haven County Population: 861,277**

**Fairfield County**

Town	Est. Pop.	Distance
Bridgeport	147,612	12
Stamford	128,278	31
Norwalk	88,145	23
Danbury	83,784	34
Greenwich	62,610	36
Stratford	52,734	13
Shelton	41,295	10
Trumbull	36,578	10
Newtown	28,152	24
Westport	27,561	21
Ridgefield	25,205	34
Darien	21,689	45
New Canaan	20,314	28

**New Haven County**

Town	Est. Pop.	Distance
New Haven	130,282	11
Waterbury	109,307	32
Hamden	61,422	16
Meriden	60,293	32
West Haven	54,905	8
Milford	53,358	0
Wallingford	45,074	23.2
Naugatuck	31,659	26
Cheshire	29,250	25.6
East Haven	29,044	13
Branford	28,225	15.9
North Haven	23,909	18.2
Guilford	22,413	24.1

**3. Proximity to patient residence or place of employment must be within 25 miles**

Based on patient feedback and analysis of our current patient population we have determined that the threshold of acceptable distance of a dispensary facility that a patient will travel is 25 miles

- 255 West River Street, Milford is centrally located and within 25 miles, approximately 30 minutes of the most densely populated cities of Fairfield and New Haven Counties.

**4. Proximity to affordable medical marijuana care and products**

High cost of medical marijuana has been the second most critical barrier to affordable access. We have many patients who travel to Hartford from Fairfield and New Haven counties because of the compassion, expertise and affordable pricing at Arrow Alternative Care. We have the most affordable prices with everyday discounts for Veterans and Seniors as well as a guarantee to match any price posted in a CT dispensary. Continuum of care without changing dispensaries is vital for positive patient outcomes.

- 255 West River Street, Milford is centrally located and within 30 minutes of the most densely populated cities of Fairfield and New Haven Counties.



**5. Convenient Access**

The dispensary facility must be easily accessible by public transit and highways.

- 255 West River Street, Milford is centrally located to public transit and the main highway arteries in Fairfield and New Have Counties: The dispensary location is discreetly located at the end of the Milford Parkway.

195 0.7 mi, Merritt Pkwy 3mi, Milford Parkway .5 mi, Rte 1 500' CT Bus Stop 500'

**6. Proximity and size with respect to existing dispensary**

The dispensary must be strategically located so as not to adversely impact the existing dispensary facilities while being near enough to open access to those patients who are either travelling long distances or not using the medical dispensary system in place.

- 255 West River Street, Milford will provide affordable access to patients while not adversely impacting existing dispensary facility businesses.

<b>Bluepoint Wellness CT</b> Distance 18 miles 469 E Main St Branford, CT 06405	<b>Compassionate Care Center of Connecticut</b> Distance 27.3 miles 4 Garella Rd Bethel, CT 06801
<b>The Healing Corner</b> Distance 48.4 miles 159 E Main St Bristol, CT 06010	<b>Arrow Alternative Care</b> Distance 49.4 miles 92 Weston St Hartford, CT 06120
<b>Prime Wellness of Connecticut</b> Distance 51.1 miles 75 John Fitch Blvd South Windsor, CT 06074	<b>Thames Valley Alternative Relief</b> Distance 58.8 miles 1100 Norwich-New London Turnpike Montville, CT 06382

**7. Ability to Build / Out 100% compliant with State Medical Marijuana and Local Zoning, building a Safety Codes**

- Arrow Alternative Care is well versed in the requirements of the design and operation of a Medical Marijuana Facility in CT. We are proud of our adherence record and of our ability to operate a professional medical marijuana facility that the state can be proud of. Out of all of the locations that we evaluated we found this one to be the most favorable in terms of location, design and potential buildout required for a fully compliant dispensary as required by the CT Statutes as well as local zoning, fire and building safety coder. We are excited about the vision that we have for this space.



**8. Discreet Access**

Discretion is an important factor for our patients. Whether discretion is important because of PTSD or because of the fear of disapproval of the choice of this therapy by family, friends or colleagues, it is an important factor in patient choice for many.

- 255 West River Street, Milford is located 500' off of the main route, Boston Post Road. The building is set back from the road with parking all around the building. The perimeter of the property is lined with tall landscaping and future fencing which provides patients with privacy.

**9. Ample Parking**

The potential for a large number of patients to register with a dispensary facility in this geographic region, ample parking is imperative to provide safe, secure and convenient access to patients. Ample parking also provides a level of assurance to neighboring property and business owners that having a dispensary facility nearby will not create unforeseen traffic issues and perception issues within the community. Parking allows for easier access to patients who do not have an appointment and prefer to walk in.

- Our West River Street, Milford has over 50 parking spot available. Since the building will be owned by Arrow Alternative Care there will be no other businesses operating out of this building leaving all parking spots open for employees and patients.

**10. Safe, Secure Access**

Security and safety are a concern for both the employees and patients. Arrow Alternative Care has invested substantially in both construction and technology aimed at keeping our patients and employees safe. Each of these population groups have different exposures to potential issues. We needed to be sure that any location that we selected either already had in place or had the potential to create a safe secure building both inside and out.

This was important to us not only for compliance concerns but for the business model that we see needed at this facility for a large patient base. We believe that we will need to have extended hours to meet the demand which presents additional challenges for security.

- Our 255 West River Street, Milford location has outside lighting and the ability to add additional lighting. We will also have 24/7 perimeter surveillance. There is a single driveway entrance and exit. The building is surrounded by fencing and landscaping



**11. Compatibility with existing commercial and residential structures**

- 255 West River Street, Milford has an existing structure with an exterior design that is consistent with surrounding businesses. The area is a well-established area planned with structures all set back from the main road accessible by driveways. The building served as an Eye Surgery Center and Ophthalmology office for many years.

**12. Compatibility with types of existing businesses and the community**

- 255 West River Street, Milford is located within 500' feet of several healthcare related businesses

**13. Ability for Design/Build Out consistent with Arrow Alternative Care, Hartford**

We are proud to have created an inviting space designed for comfort and compassionate care. Our floor plan, color schemes, furniture and design elements have proven to be the right as evidenced by patient feedback and reviews. Our goal is to replicate the Arrow Alternative Care healing environment while also creating a 100% compliant facility that is secure and operationally functional.

- 255 West River Street, Milford has an ample sized building with a very similar layout to our Hartford location. We are excited about the possibility to create another 100% compliant, beautiful space for our patients while also creating a safe, secure, functional area to support the operational needs of a dispensary facility.

**14. Minimal Build Out - Ability for Design/Build Out To Support the Delivery of Services consistent with Arrow Alternative Care, Hartford**

We are proud to have created the only dispensary in CT designed to provide space for training and education and other services such as Ct Medical Marijuana Patient Registrations that is compliant with regulation. The space that we have created has been used for meeting, educational sessions and patient registrations. We have accomplished this by having a space which is secure from the dispensary facility with a separate entrance. We believe that the need for such spaces like this will grow as more Physicians and Healthcare Professionals seek our expertise to help them to learn about the program and the therapeutic uses of medical marijuana.

- 255 West River Street, Milford was home to two surgical medical businesses. As a result, the existing design offers a shared vestibule entrance into a secured lobby space that has secure access to two completely separate units. The ample square footage allows

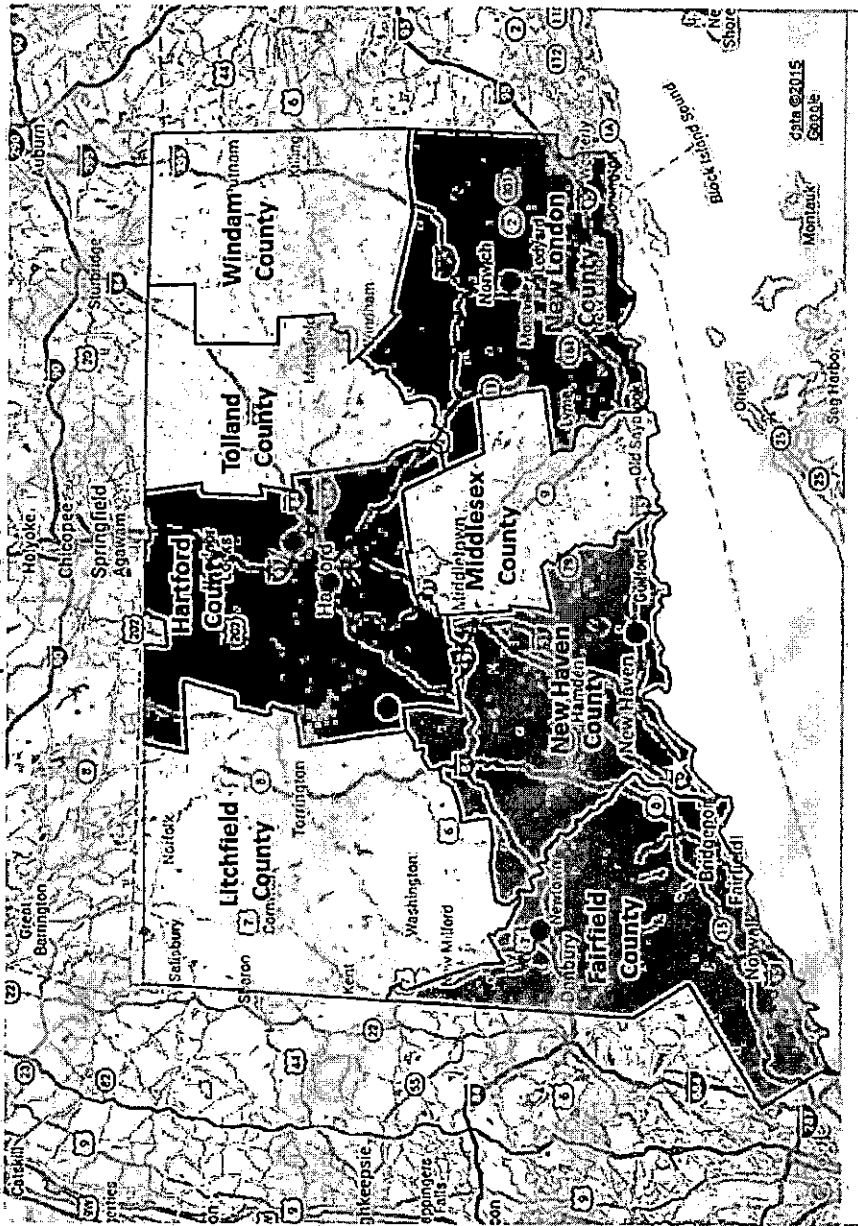




for the design and build out of an education space that is separated from the Dispensary Facility by Secure Access. The floor plan is also Floor plan consistent with Health Care Service Provider floor plan: Reception Area, Patient Waiting Area, Exam Rooms, 3 Bathrooms, Medical Equipment Storage Areas, and Restricted Access Areas. This made this location ideal for us to be able to replicate the design and services of our Hartford location

MAP: Connecticut County – CT MEDICAL MARIJUANA DISPENSARY LOCATIONS

Connecticut County Map  
CT Medical Marijuana Dispensary Locations  
September 2015



★ Proposed Arrow Alternative Care Location  
255 West River Road, Milford, CT

● Existing Dispensary Facilities

9/14/2015



**DATA SOURCE FOR ANALYSIS**



**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH  
Health Statistics and Surveillance,  
Statistics Analysis and Reporting Unit

Dannel Malloy  
Governor

Jewel Mullen, MD, MPH, MPA  
Commissioner

**ESTIMATED POPULATIONS IN CONNECTICUT AS OF JULY 1, 2013**

Population estimates of Connecticut's eight counties and 169 towns for 2013 were prepared for distribution by the Connecticut Department of Public Health (DPH), Statistics Analysis and Reporting Unit within the section of Health Statistics and Surveillance. These estimates constitute the basis of birth, death, and other population-based rates for 2013 and forward.

**Method of Estimation**

County and town population estimates for July 1, 2013 were released by the U.S. Census Bureau's (USCB) Population Estimates Program in May of 2014.<sup>(1,2)</sup> These USCB figures were adopted for the state's town-level estimates. The method used by the USCB to calculate sub-county population estimates is described in detail at <http://www.census.gov/popest/methodology/2013-su-meth.pdf>.

**2013 Population Estimates**

The July 1, 2013 population estimate for the state of Connecticut is 3,596,080. The 2013 estimate was 21,983 higher than the July 1, 2010 population estimate of 3,577,845.<sup>(3,4)</sup> Population estimates for Connecticut's counties and towns are given in the attached table.

**ESTIMATED POPULATION OF CONNECTICUT AS OF JULY 1, 2013**

Estimated Population	Change in Population, 2010-2013	
	Number	Percent
3,596,080	+21,983	+0.62%

*For further information please contact:*

Connecticut Department of Public Health  
Health Statistics and Surveillance Section, Statistics Analysis and Reporting Unit  
410 Capitol Avenue, MS#11PSJ, P.O. Box 340308, Hartford, CT 06134-0308  
Phone: (860) 509-7342 E-mail: [karyn.backus@ct.gov](mailto:karyn.backus@ct.gov)

*These estimates are also available at: <http://www.ct.gov/dph/PopulationData>*



**CONNECTICUT POPULATION ESTIMATES AS OF JULY 1, 2013**  
**BY COUNTY AND TOWN**  
(State Total = 3,596,080)

County	Est. Pop.	County	Est. Pop.
Fairfield	939,904	New Haven	862,287
Hartford	898,272	New London	274,150
Litchfield	186,924	Tolland	151,377
Middlesex	165,562	Windham	117,604

Town	Est. Pop.	Town	Est. Pop.	Town	Est. Pop.	Town	Est. Pop.
Andover	3,273	East Hartford	51,199	Monroe	19,834	Sherman	3,670
Ansonia	19,020	East Haven	29,121	Montville	19,713	Simsbury	23,824
Ashford	4,281	East Lyme	18,937	Morris	2,345	Somers	11,320
Avon	18,386	Easton	7,616	Naugatuck	31,707	Southbury	19,859
Barkhamsted	3,745	East Windsor	11,406	New Britain	72,939	Southington	43,661
Beacon Falls	6,052	Ellington	15,786	New Canaan	20,194	South Windsor	25,846
Berlin	20,590	Enfield	44,748	New Fairfield	14,145	Sprague	2,979
Bethany	5,540	Essex	6,633	New Hartford	6,886	Stafford	11,928
Bethel	19,264	Fairfield	60,855	New Haven	130,660	Stamford	126,456
Bethlehem	3,553	Farmington	25,613	Newington	30,756	Sterling	3,780
Bloomfield	20,673	Franklin	1,987	New London	27,545	Stonington	18,541
Bolton	4,948	Glastonbury	34,768	New Milford	27,767	Stratford	52,112
Bozrah	2,639	Goshen	2,945	Newtown	28,113	Suffield	15,788
Branford	27,988	Granby	11,323	Norfolk	1,678	Thomaston	7,761
Bridgeport	147,216	Greenwich	62,396	North Branford	14,353	Thompson	9,354
Bridgewater	1,696	Griswold	11,959	North Canaan	3,241	Tolland	14,915
Bristol	60,568	Groton	40,176	North Haven	23,939	Torrington	35,611
Brookfield	16,860	Guilford	22,417	North Stonington	5,291	Trumbull	36,571
Brooklyn	8,280	Haddam	8,363	Norwalk	87,776	Union	848
Burlington	9,494	Hamden	61,607	Norwich	40,347	Vernon	29,161
Canaan	1,214	Hampton	1,868	Old Lyme	7,592	Voluntown	2,611
Canterbury	5,096	Hartford	125,017	Old Saybrook	10,246	Wallingford	45,141
Canton	10,357	Hartland	2,131	Orange	13,953	Warren	1,447
Chaplin	2,276	Harwinton	5,593	Oxford	12,874	Washington	3,526
Cheshire	29,150	Hebron	9,588	Plainfield	15,228	Waterbury	109,676
Chester	4,343	Kent	2,939	Plainville	17,820	Waterford	19,505
Clinton	13,180	Killingly	17,233	Plymouth	12,047	Watertown	22,228
Colchester	16,210	Killingworth	6,490	Pomfret	4,198	Westbrook	6,906
Colebrook	1,457	Lebanon	7,319	Portland	9,456	West Hartford	63,371
Columbia	5,460	Ledyard	15,094	Preston	4,755	West Haven	55,046
Cornwall	1,412	Libon	4,348	Prospect	9,671	Weston	10,372
Coventry	12,411	Litchfield	8,333	Putnam	9,465	Westport	27,308
Cromwell	14,178	Lyme	2,401	Redding	9,312	Wethersfield	26,510
Danbury	83,684	Madison	18,297	Ridgefield	25,164	Willington	5,965
Darien	21,330	Manchester	58,211	Rocky Hill	19,915	Wilton	18,657
Deep River	4,589	Mansfield	25,774	Roxbury	2,229	Winchester	11,013
Derby	12,801	Marlborough	6,431	Salem	4,201	Windham	25,213
Durham	7,361	Meriden	60,456	Salisbury	3,693	Windsor	29,142
Eastford	1,736	Middlebury	7,571	Scotland	1,699	Windsor Locks	12,573
East Granby	5,212	Middlefield	4,425	Seymour	16,571	Wolcott	16,725
East Haddam	9,147	Middletown	47,933	Sharon	2,743	Woodbridge	8,955
East Hampton	12,912	Milford	53,137	Shelton	40,999	Woodbury	9,822
						Woodstock	7,897



Notes:

- (1) Table 4. Annual Estimates of the Resident Population for Minor Civil Divisions in Connecticut, by County: April 1, 2010 to July 1, 2013 (SUB-EST2013-04-09), Population Division, U.S. Census Bureau, Release Date: May, 2014.
- (2) The April 1, 2010 Population Estimates base reflects changes to the 2010 Census population from the Boundary and Annexation Survey (BAS) and other geographic program revisions. It does not reflect changes from the Count Question Resolution program. All geographic boundaries for the 2013 population estimates series are defined as of January 1, 2013. Additional information on these localities can be found in the Geographic Change Notes (see <http://www.census.gov/popest/about/geo/changes.html>).
- (3) Backus, K, Mueller, LM (2014) Town-level Population Estimates for Connecticut, 2013, Connecticut Department of Public Health, Health Statistics and Surveillance, Statistics Analysis & Reporting, Hartford, CT.
- (4) July 1, 2010 population estimates were estimated by CT DPH in 2011 (as described below) and may be slightly higher or lower than the USCB's estimate for July 1, 2010 published on June 28, 2012. The April 1, 2010 Census count was used as the base population figure for each town. The change in population for the three months between April 1, 2010 and July 1, 2010 was estimated by calculating the "natural increase" in population (i.e. births minus deaths) and the estimated net migration during this period. Three-month birth and death counts were based on tabulations of provisional 2010 birth and death files. Net migration was estimated for each town based on the population change and the natural increase in population over the last decade (2000-2010). The estimated three-month population change was added to the base April 1, 2010 population figure for each town to calculate the July 1, 2010 population estimate.

Citation:

Backus, K, Mueller, LM (2014) Town-level Population Estimates for Connecticut, 2013, Connecticut Department of Public Health, Health Statistics and Surveillance, Statistics Analysis & Reporting Unit, Hartford, CT.



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

**2. Documents: Authorized to Conduct Business in CT; Compliance with Local Ordinances.**

The following documents provide documentation 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;

**A. CERTIFICATE OF INCORPORATION ARROW ALTERNATIVE CARE #2 INC**

**B. CITY OF MILFORD ZONING REGULATIONS**

Section 5.19: Medical Marijuana Dispensaries and Facilities – Effective 10/01/2014

- 255 West River Street, Milford, CT fully conforms to CDD1 Zone requirements as stated in the City of Milford Zoning Regulations. Refer to the following documentation

Local Building, Fire Code and Ordinances

Local Building and Fire Code will be met on build out and fire inspection to receive Certificate of Occupancy.



A.CERTIFICATE OF INCORPORATION ARROW ALTERNATIVE CARE #2 INC

**CERTIFICATE OF INCORPORATION**  
**Arrow Alternative Care #2 Inc.**

FIRST: The name of the corporation is: **Arrow Alternative Care #2 Inc.**

SECOND: Total number of authorized shares: 20,000

The designation of each class of shares, the authorized number of shares of each such class and the par value of each share thereof, are as follows:

The corporation shall have one (1) class of stock consisting of Twenty Thousand (20,000) authorized shares, no par value.

THIRD: The terms, limitations and relative rights and preferences of each class of shares and series thereof pursuant to Section 33-665 of the Connecticut Business Corporation Act, or an express grant of authority to the board of directors pursuant to Section 33-666 of the Connecticut Business Corporation Act are as follows:

None.

FOURTH: Appointment of Registered Agent

Agent: **Robert A. Feiner, Esquire**

Business/initial registered office address:

**FEINER WOLFSON LLC**  
One Constitution Plaza - Suite 900  
Hartford, Connecticut 06103

Residence address:

Acceptance of appointment:



Signature of agent

FIFTH. To the extent permitted and in accordance with applicable notice requirements imposed, if any, by the Connecticut Business Corporation Act, as it may hereafter be amended, any action required by the Connecticut Business Corporation Act, as it may hereafter be amended, to be taken at any annual or special meeting of shareholders of the corporation, or any action which may be taken at any annual or special meeting of such shareholders, may be taken without a meeting, and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holders of outstanding shares having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted, and shall be delivered to the corporation by delivery to its registered office in Connecticut, its principal place of business, or an officer or agent of the corporation having custody of the book in which proceedings of meetings of shareholders are recorded. Delivery made to the corporation's registered office shall be by hand or by certified or registered mail, return receipt requested.

SIXTH. The personal liability of a director to the corporation or its shareholders for monetary damages for breach of duty as a director shall be limited to an amount equal to the amount of compensation received by the director for serving the corporation during the calendar year in which the violation occurred (and if the director received no such compensation from the corporation during the calendar year of the violation, such director shall have no liability to the corporation or its shareholders for breach of duty) if such breach did not:

- (A) involve a knowing and culpable violation of law by the director;





- (B) enable the director or an Associate, as defined in Section 33-840 of the Connecticut Business Corporation Act as in effect at the time of the violation, to receive an improper personal economic gain;
- (C) show a lack of good faith and a conscious disregard for the duty of the director to the corporation under circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation;
- (D) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation; or
- (E) create liability under Section 33-757 of the Connecticut Business Corporation Act as in effect at the time of the violation.

Any repeal or modification of this Article Sixth shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.

Nothing contained in this Article Sixth shall be construed to deny to the directors of the corporation any of the benefits provided or available to the directors pursuant to Sections 33-770 through 33-778, inclusive, of the Connecticut Business Corporation Act, as in effect at the time of the violation.

**SEVENTH.** The corporation shall indemnify a director for "liability" as defined in subdivision (3) of Section 33-770 of the Connecticut Business Corporation Act, for any action taken, or any failure to take any action, as a director, to the maximum extent permitted by law.

Any repeal or modification of this Article Seventh shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.



Nothing contained in this Article Seventh shall be construed to deny to the directors of the corporation any of the benefits provided or available to the directors pursuant to Sections 33-770 through 33-778, inclusive, of the Connecticut Business Corporation Act, as in effect at the time of the violation.

EIGHTH. The email address for the corporation is [RJMischke@aol.com](mailto:RJMischke@aol.com).

Dated at Hartford, Connecticut, this 15<sup>th</sup> day of July, 2015.

Robert A. Feiner, Incorporator  
Feiner Wolfson LLC  
One Constitution Plaza – Suite 900  
Hartford, CT 06103



**ARROW**<sup>®</sup>  
ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

B. Certificate of Zoning Compliance



Planning and Zoning  
Office

**City of Milford, Connecticut**

Founded 1639  
70 West River Street - Milford, CT 06460-3317  
Tel 203-783-3246 FAX 203-783-3303  
Website: [www.ci.milford.ct.us](http://www.ci.milford.ct.us)  
Email: [shharris@ci.milford.ct.us](mailto:shharris@ci.milford.ct.us)

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

September 14, 2015

Angelo DeFazio, RPh  
President and CEO  
Arrow Pharmacies  
Arrow Alternative Care  
500 Farmington Ave  
Hartford CT 06019

**RE: 255 West River Street**


Dear Mr. DeFazio,

255 West River Street has been researched and found to conform to Section 5.19 the zoning regulations of the City Of Milford and may be used as a medical marijuana dispensary.

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

C. CITY OF MILFORD ZONING REGULATIONS

9/13/2015 Zoning Regulations



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## Zoning Regulations

### Zoning Regulations and Reference Material

- [Zoning Regulation Book August 2011](#)
- [Zoning Map 2013](#)
- [Zoning Map 2010](#)
- [Milford Center Design Development District](#)
- [Accessible Parking Diagram](#)
- [Design Standards for Off-Street Parking](#)
- [Parking Lot Striping Requirements](#)
- [Appendix D - Natural Resources Inventory](#)
- [Adopted Flood Insurance Rate Maps](#)

### Zoning Regulation Amendments

- [Sec. 3.1.3.3: Home Occupation in R Zones - Effective 9/6/2013](#)
- [Sec. 3.1.3.4: Keeping Poultry in R Zones - Effective 12/27/2013](#)
- [Sec. 3.1.3.5\(6\): Pigeon and Dove Annual Review - Effective 10/01/2014](#)
- [Sec. 3.6.4.3: Multi-parcel Design Office Parks \(DO\) - Effective 9/6/2013](#)
- [Sec. 3.13.2.10: Change of Interior Use in WDD - Effective 9/6/2013](#)
- [Sec. 3.16.4.2\(5\): Health Club Parking in CDD-1 - Effective 9/24/2012](#)
- [Sec. 3.21.2: Special Uses in MCDD - Effective 11/01/2011](#)
- [Sec. 3.21.2.16: Drive-In Banks in MCDD - Effective 11/01/2011](#)
- [Sec. 3.21.3.3: Removed: Not applicable to MCDD - Effective 9/6/2013](#)
- [Sec. 3.21.5.1: Drive-in Establishment Prohibition in MCDD - Effective 11/01/2011](#)
- [Sec. 4.1.4.3: Minimal Stair Allowed when Elevating in Place - Effective 9/6/2013](#)
- [Sec. 5.1.4 Figure 4: Changes on Off-street Parking Table - Effective 6/7/2013](#)
- [Sec. 5.5.8: Outdoor Entertainment Deck Requirements - Effective 9/6/2013](#)
- [Sec. 5.6.9: Gas Station Digital Price Signs - Effective 12/27/2013](#)
- [Sec. 5.17: Interconnecting Driveway Access - Effective 9/6/2013](#)
- [Sec 5.18: Special Events/Temporary Tents - Effective 12/27/2013](#)
- [Sec. 5.19: Medical Marijuana Dispensaries and Facilities - Effective 10/01/2014](#)
- [Sec. 6.2.4: Variance Involving Non-conforming Use - Effective 9/6/2013](#)
- [Sec. 6.2.6: Restoration of Non-conforming Use - Effective 3/24/2014](#)
- [Sec. 6.3.3: Replacement of Non-conforming Structure - Effective 9/6/2013](#)
- [Sec. 6.3.6: Restoration of Non-conforming Structure - Effective 3/24/2014](#)
- [Sec 7.1.1.7: Amendments of Site Plan Review - Effective 9/6/2013](#)

<http://www.ci.milford.ct.us/print/7677> 1/2



**New Zoning Regulation Section Approved 9/16/2014**

**Section 5.19 Medical Marijuana Dispensaries and Production Facilities**

**Sec. 5.19.1 Definitions**

**“Dispensary Facility” means a place of business where marijuana may be dispensed or sold at retail to qualifying patients and primary caregivers and for which the Connecticut Department of Consumer Protection has issued a dispensary facility permit to an applicant under the Act and Sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies.**

**“Production Facility” means a secure, indoor facility where the production of marijuana occurs and that is operated by a person to whom the Connecticut Department of Consumer Protection has issued a producer license under the Act and Sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies.**

**5.19.2 Standards for Location**

**Medical marijuana dispensaries shall be allowed in the CDD-1, CDD-2, CDD-3, CDD-4, CDD-5 and MCDD zones, provided they are located no closer than 300 feet, measured closest point to closest point, in a straight line, from a public or parochial school.**

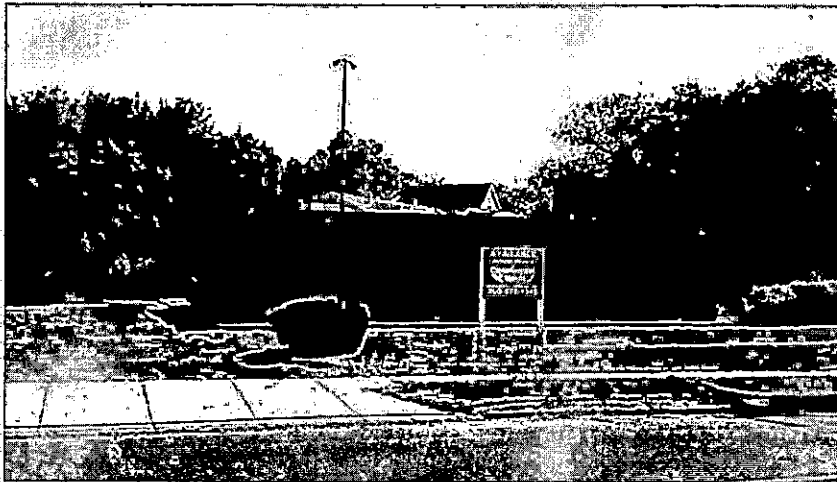
**Medical marijuana production facilities shall be allowed in the ID and LI zones, provided they are located no closer than 300 feet, measured closest point to closest point in a straight line, from a public or parochial school.**

**Effective Date: October 1, 2014**

9/13/2015

Milford CT Real Estate 255 W. River St Commercial/Investment

## 255 W River St, Milford, CT



### Property Description:

© Connecticut MLS 2015

A medical office building, masonry and steel structure. One acre leveled lot with ample parking, 50+. With easy access to I-95 and Route 15. One building from Route 1. All public utilities. Water, Sewer, Gas. Can be used for office, retail, restaurant, animal hospital, day care, school, auto parts. Ready to move in.

### Primary Features

County: New Haven  
IDX Property Type: Commercial  
Property Type: Commercial/Investment

Year Built: 1969  
Zoning: CDD1

### External Features

Direct Waterfront: no  
Lot SqFt: 42689

Park Garage Type: Lot  
Parking 100 SqFt: 50  
Parking Spaces: 50

### Additional

Acres Source: Public Records  
Assessment Environmental: Unknown  
Assessment Year: 2014  
Commercial Category: Investment, Office, Retail  
Construction Information: Brick, Concrete, Steel  
Contingency Exclusion: no  
Divisible: Yes  
Expandable: no  
Flood Zone: no

Gas Type: Public Connected  
Horse Property: No  
Hubbard: no  
Mill Rate: 27.2200  
Minimum Space: 1  
Number of Buildings: 1  
Parcel Number: 1214628  
Property Sub Type: Commercial  
Sewage System: Public Sewer Connected

<http://realestate.teamforrealestate.com/idx/details?listingb028/N10023397/255-W-River-St-Milford-CT-06461?printable=1>

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9/13/2015

Milford CT Real Estate 255 W. River St Commercial/Investment

**Frontage Approximate:** 200  
**Fuel Tank Description:** Non Applicable  
**Fuel Type:** Natural Gas

**Underground Oil Tank:** No  
**Water Source:** Public Water Connected

**Financial Details**

**Assessed Value Total:** 461980  
**Current Price:** 650000.00  
**Landlord Responsibilities:** Other  
**Last List Price:** 580000.00  
**Lease Purchase:** yes

**Other Taxes:** no  
**Potential Short Sale:** no  
**REO:** No  
**Tax Phase In:** no  
**Tax Year:** 7/14-6/15  
**Taxes:** 12575  
**Tenant Responsibilities:** Building Insurance, Common Area Maintenance, Electric, Heat, Mechanicals, R.E. Taxes, Rubbish

**Location Information**

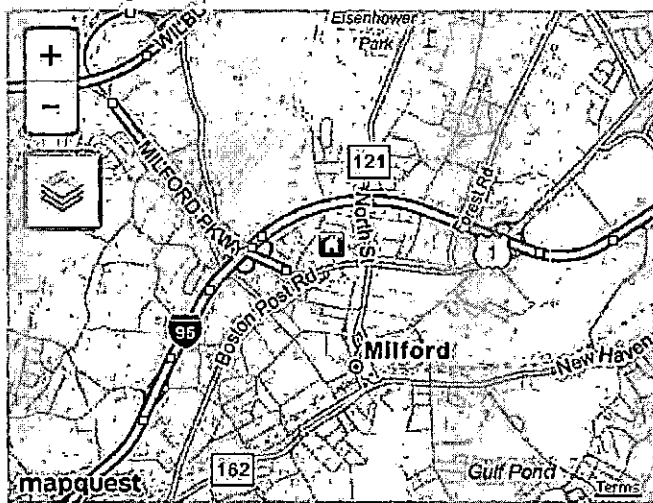
**Area:** 107  
**Area Number:** Milford  
**Directions to Property:** Boston Post Road, West River St.  
**Neighborhood:** Milford (107)

**Postal Code Plus 4:** 2628  
**Zone Code Source:** Owner  
**Zoning Description 2:** CDD1

**Interior Features**

**Cooling System:** Central Air  
**Elevator Present:** no  
**Flooring:** Carpet, Ceramic Tile  
**Heat Fuel Type 2:** Natural Gas  
**Heat Type 2:** Warm Air  
**Number of Restrooms:** 3

**SqFt Source:** Town Records  
**Stories:** 1,000



<http://realestate.teammeritrealstate.com/idx/details/listing/0023N10023397/255-W-River-St-Milford-CT-06431?printable=1>

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3. If the property is not owned by the applicant, provide a written statement from the property owner and landlord certifying that they have consented to the applicant operating a dispensary facility on the premises;

**3. Written Statement Consenting to Operate Dispensary Facility at location**

The property located at 255 West River Street is under contract by Angelo DeFazio, with a Real Estate Closing Date of November 17, 2015.

The location will be owned and managed by Angelo DeFazio dba 255 West River Street, LLC

Refer to the following fully executed Purchase and Sale Agreement: 255 West River Street, Milford, Connecticut.





**PURCHASE AND SALE AGREEMENT COMMERCIAL REAL PROPERTY**

THIS AGREEMENT (the "Agreement") is made as of the \_\_\_\_\_ day of August, 2015 between the following parties:

**Purchaser:**

Angelo DeFazio, or a limited liability company to be formed during the executory period of the contract, to which the Purchaser's rights hereunder can be freely assigned.

500 Farmington Avenue, Hartford, CT 06105

**Seller:**

255 West River Properties, LLC  
195 Binney Street, Unit 4403  
Cambridge, MA 02142

**RECITAL OF FACTS**

- A. Seller agrees to sell and convey to Purchaser, and Purchaser agrees to purchase from Seller that parcel of real property situated in the City of Milford, County of New Haven and State of Connecticut known as 255 West River Street being more particularly described in Schedule A attached hereto (the "Land") and together with the following (collectively, the "Property"):
  - (a) All buildings, structures and other improvements located thereon (collectively, the "Improvements");
  - (b) All easements, rights, interests, claims and appurtenances, if any, in any way belonging or appertaining to the Land or the Improvements;
  - (c) All right, title and interest of Seller, if any, in and to all adjoining streets, alleys and other public ways (before or after vacation thereof);
  - (d) All certificates of occupancy or use and all other permits, licenses, consents and authorizations required or held in connection with the ownership, use, occupancy or operation of the Land and the Improvements, all warranties, guaranties and agreements relating or pertaining to the Land and the Improvements which will not have expired prior to the Closing Date and all drawings, plans, site plans, studies, specifications and renderings with respect to the Land and the Improvements, to the extent any of the foregoing is assignable to Purchaser (collectively, the "Property Documents");
  - (e) All other rights, privileges and benefits owned by Seller and in any way related or appertaining to any of the above described property.

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NOW THEREFORE, in consideration of the agreements contained herein, and other good and valuable consideration, the receipt and adequacy of which are acknowledged, the parties agree as follows:

**1. Purchase Price.** The purchase price ("Purchase Price") for the Property is [REDACTED]

Said purchase price shall be payable as follows:

- (a) Initial Deposit \$ \_\_\_\_\_
- (b) Deposit due upon signing of the Contract \$ \_\_\_\_\_
- (c) Third party financing \$ \_\_\_\_\_
- (d) Balance in certified funds \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

The final Purchase Price, subject to the credits for the prorations set forth in Paragraph 4 herein below, shall be payable in certified or bank check, or wire transfer in U.S. federal funds at Closing. The Seller's attorney shall hold the deposited funds in escrow until closing. In the event of any actual or claimed dispute, the SELLER'S attorney may commence an action of interpleader or similar proceeding and may deposit the down payment with a court of competent jurisdiction, whereupon said attorney shall have no further liability or obligation with regard to said funds.

**2. Closing.** The closing or settlement ("Closing") of the transaction contemplated hereby shall be held at the Law Offices of Friedrich M. Helisch, 9 Mott Avenue, Suite 106, Norwalk, Connecticut, or at such place designated by Purchaser's lender, during regular business hours on or before November 17, 2015, or such earlier date as shall be agreed upon by the parties hereto.

**3. Conditions Precedent.** The Purchaser's obligations hereunder are contingent upon:

- a. Seller agrees to grant Purchaser a sixty (60) day due diligence inspection and investigation period from the date of tender of a fully executed copy of this Contract to the Purchaser (the "Effective Date"). Tender of an electronic copy to the Purchaser's attorney shall satisfy this requirement.

The inspection and investigation shall include a review by Purchaser of Seller's plans of expansion and development of the subject property as submitted to the City of Milford Planning Department and Seller shall reasonably cooperate with said plan review. Further, Purchaser may conduct a physical and environmental inspection, a municipal search, an examination of title, and such other studies, inspections, assessments, tests, investigations and searches of the Property as Purchaser shall deem appropriate.

If Purchaser in his sole and absolute discretion is not satisfied with the condition of the Property or the results of any such examination, study, inspection, assessment, test, investigation or search, and so notifies Seller or Seller's Attorney in writing by the end of the due diligence period, this agreement shall be null and void and any deposit monies paid hereunder, with interest thereon, shall be returned immediately to the Purchaser and neither party shall have any claims against the other under the terms of this agreement. If Purchaser fails to notify Seller or Seller's Attorney as provided herein, this contingency shall be deemed satisfied and this agreement shall continue in full force and effect.

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b. This Contract is further contingent upon Purchaser obtaining a commercial mortgage loan for no more than [redacted] at the prevailing interest rate. Purchaser shall be granted sixty (60) days from the Effective Date to obtain a commitment from the lender. If Purchaser is granted a commitment reasonably acceptable to Purchaser, then the contingency is satisfied and this agreement shall continue in full force and effect. If, prior to the end of said 60 day period, Purchaser has not obtained a commitment reasonably acceptable to Purchaser, then Purchaser may elect to ask Seller for an extension of the mortgage contingency, or to notify Seller or Seller's Attorney in writing of such failure to obtain a reasonably acceptable commitment, whereupon this agreement shall be null and void and any deposit monies paid hereunder, with interest thereon, shall be returned immediately to the Purchaser and neither party shall have any claims against the other under the terms of this agreement.

4. **Costs and Expenses.** All costs and expenses related to this Agreement and the Closing of the sale and purchase of the Property shall be borne by the parties, as follows:

**By Seller :**

- (i) Seller's attorneys' fees;
- (ii) Conveyance taxes (state, county and municipal, if any);
- (iii) Recording fees for discharge or release of lien;
- (iv) Special assessments or other taxes or fees due to classification of land; and

**By Purchaser:**

- (i) Purchaser's attorneys' fees;
- (ii) Title Insurance premiums;
- (iii) Recording fees for the Deed and Mortgage;
- (iv) Cost of any inspections done by the Purchaser.

5. **Prorations.**

a. General real estate taxes for the year in which the Closing occurs shall be prorated at Closing as of the Closing date in accordance with the customs of the County Bar Association in which the Property is located.

b. All installments under any special assessment existing as of the date of this Agreement whether due then or in the future shall be paid in full by Seller upon Closing. All assessments made after the Effective Date and/or relating to any application of Purchaser for the development shall be the responsibility of Purchaser. Seller shall immediately forward to Purchaser any notice regarding any such assessment or any proposed assessment and Purchaser shall be entitled to oppose, defend and/or appeal any such assessment or proposed assessment. Seller shall execute any documents reasonably required to authorize or empower Purchaser to pursue any such opposition, defense or appeal.

All items not specifically mentioned herein shall be prorated at the Closing in accordance with the customs of the County Bar Association in which the Property is located.

6. **Title.** At Closing Seller shall convey good, indefensible, marketable and insurable title to the Property to Purchaser by warranty deed which title shall be free and clear of all encumbrances except for those allowed by the Standards of Title of the Connecticut Bar Association in force on the date of Closing provided no such allowed encumbrance (i) may, in Purchaser's reasonable discretion, interfere with Purchaser's proposed use of the Property, (ii) result in an increase in title insurance premiums or establishment of a title escrow, or (iii) shall have arisen after the date of Purchaser's title search.

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d. that there exists no actual, contemplated or threatened condemnation of the Property;

e. that there exist no actual, contemplated or threatened special assessments with respect to the Property;

f. that Seller holds, in the name of Seller, absolute fee simple title to the Property with the exception of any lien or encumbrance that will be released on or before closing hereof;

g. that Seller is not a foreign person and is not in any manner controlled by a foreign person within the meaning of Section 1445 of the Internal Revenue Code;

h. that the Property, nor any portion thereof, is designated as open space, farm land or forest land for general real estate tax purposes;

i. that there are no actions, suits or other legal proceedings before any federal, state or municipal court, agency or instrumentality presently pending or threatened against the Property, or the Seller which would affect the Property or the Seller's ability to perform its obligations under this agreement;

j. that there are no leases or other contracts or agreements affecting the use or occupancy of the Property or to which the Property, or any part thereof, is otherwise subject; and

k. that the Property is not an "establishment as defined in C.G.S. §22a-134(3);

l. that there are no hazardous or toxic substances on, in or under the Property, and Seller has no notice of any violation of any federal, state or local law, ordinance, rule or regulation for the protection of human health or of the environment regarding, or otherwise affecting, the Property; and

m. Seller is not a person with whom a U.S. citizen is prohibited from transacting business of the type contemplated by this agreement under any federal executive order or list maintained by, or regulation promulgated by, the U.S. Department of the Treasury, Office of Foreign Asset Control.

**10. Representations and Warranties of Purchaser.** Purchaser represents and warrants to Seller as follows, which representations and warranties shall be deemed made by Purchaser to Seller as of the date hereof, shall be continuing representations and warranties throughout the term of this Agreement, shall be deemed made upon Closing, and shall survive Closing (in as much as they pertain to matters before the Closing), with the understanding that but for such representations and warranties, Seller would not execute this Agreement. All representations are made to the best of Purchaser's knowledge:

a. Purchaser has the legal right, power and authority to enter into this Agreement and perform all of its obligations hereunder, and the performance by Purchaser of its obligations hereunder shall not conflict with or result in a breach of any law regulation or order, judgment, writ, injunction or decree of any court or governmental instrumentality or any agreement or instrument to which Purchaser is a party or by which it is bound.

b. Purchaser is not a person with whom a U.S. citizen is prohibited from transacting business of the type contemplated by this agreement under any federal executive order or list maintained by, or regulation promulgated by, the U.S. Department of the Treasury, Office of Foreign Asset Control.

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11. **Condemnation/Casualty.** In case of any loss to the Property or any condemnation or threatened condemnation of the Property or any part thereof prior to Closing, Seller shall immediately so notify Purchaser. Purchaser shall elect to either terminate this Agreement, or retain its rights under this Agreement and go forward to Closing. If Purchaser elects to retain its rights, Purchaser shall purchase the Property or the remaining portion thereof without abatement of the Purchase Price in whole or in part, except for the credits and pro-rations described above and provided that, in the case of condemnation, Purchaser shall be entitled to any condemnation award which has already been received by Seller and, if the award is not yet settled, Purchaser shall be entitled to solely defend and settle said condemnation suit and receive an assignment of all rights of Seller thereunder, and in the case of casualty, Purchaser shall be entitled to any insurance proceeds which have already been received by Seller and, if the insurance proceeds have not yet been received by Seller, Purchaser shall be entitled solely to receive such proceeds and shall receive an assignment of all rights of Seller thereto.

12. **Transfer Act.**

In the event the Property herein is determined to be an establishment under the Connecticut Transfer Act, Purchaser shall have the option, exercisable in his sole and absolute discretion, to terminate this agreement, by written notice thereof to Seller or Seller's attorney, whereupon this agreement shall be null and void and any deposit monies paid hereunder, with interest thereon, shall be returned immediately to the Purchaser and neither party shall have any claims against the other under the terms of this agreement. If Purchaser elects not to terminate this agreement, Seller agrees to cooperate and participate with the Purchaser with respect to the completing and filing of any forms or documents required by the Connecticut Department of Energy and Environmental Protection in connection with the transfer of the Property and cooperate with the Purchaser and/or their agents in conducting any environmental tests which may be required.

13. **Notices.** Any notice, request, demand, instruction or other document required or permitted to be given hereunder ("Notice") shall be in writing and shall be delivered personally (including messenger or courier service with evidence of receipt) or sent by depositing it with the United States Postal Service certified or registered mail, return receipt requested, with adequate postage prepaid, addressed to the parties at their respective addresses set forth below and marked to a particular individual's attention. Each Notice shall be effective upon being so deposited, but the time period in which a response to any such Notice must be given or any action taken with respect thereto shall commence to run from the date of receipt of the Notice by the addressee thereof, if delivered personally, or two (2) business days after deposit in the mails, if mailed. Rejection or other refusal by the addressee to accept or the inability of the United States Postal Service to deliver because of a changed address of which no Notice was given shall be deemed to be the receipt of the Notice sent. Either party shall have the right from time to time to change the address to which Notices to it shall be sent by giving Notice to the other party of the changed address at least ten (10) days prior to such change.

To Purchaser:

Stephen W. Studer, Esq.  
Berchem, Moses & Devlin, P.C.  
75 Broad Street  
Milford, CT 06460  
P: 203-783-1200  
F: 203-878-4912

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To Seller:

Law Office of Friedrich M. Helisch  
9 Mott Avenue, Suite 106  
Norwalk, CT 06850  
P: 203-846-4888  
F: 203-939-1609

**14. Default.**

a. In the event Seller shall default under any of the terms, conditions and provisions hereof, Purchaser shall be entitled to all remedies at law and in equity, including, but not limited to, specific performance.

b. If Purchaser shall fail to consummate the purchase of the Property, Seller shall be entitled to retain the consideration theretofore paid by Purchaser as liquidated damages for Purchaser's failure to close due to the difficulty and uncertainty of measuring actual damages, and not as a penalty, in full satisfaction of all Seller's claims against Purchaser for Purchaser's failure to close and Seller hereby waives all other rights and remedies available to it at law or in equity with respect to Purchaser's failure to close.

c. If either party must institute a lawsuit to enforce any provision of this agreement, the unsuccessful party shall pay to the successful party the cost of any action along with reasonable attorney's fees.

**15. Closing Documents.** At Closing, Seller shall deliver to Purchaser:

a. a standard Connecticut warranty deed conveying title to the Property as to the real property and a Bill of Sale, without exception, for the personal property, if any;

b. an affidavit of title with respect to the Property in form satisfactory to Purchaser's title insurer to issue title insurance without exception for judgments, bankruptcies, mechanic's or materialmen's or other statutory liens or for the rights of parties in possession;

c. such other documents as are reasonably requested by counsel for Purchaser, reasonably necessary or required by Purchaser's lender and as necessary to consummate the transaction contemplated by this Agreement.

d. a resolution authorizing Seller to enter into this agreement and the transactions contemplated herein.

e. a certificate of existence from the Connecticut Secretary of State.

f. an affidavit of Seller confirming the continued truth and accuracy as of the closing date of Seller's representations and warranties set forth in paragraph 9, above.

**16. Broker and Broker's Commission.** Seller and Purchaser represent that the sole real estate broker is as follows and that Seller is solely responsible for all fees and commissions due to said broker:

Arnold Pecks Commercial World, USA, Inc.

{00808803.DOCX Ver. 2}

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18. **1031 Tax Exchange.** Seller shall cooperate with Purchaser to qualify this purchase as a 1031 tax exchange and allow assignment of this agreement and any and all deeds, bill of sales and the like to accomplish the intent of this paragraph, if applicable.

19. **Entire Agreement.** This Agreement constitutes the entire agreement of the parties and may not be amended except by written instrument executed by Purchaser and Seller.

20. **Headings.** The paragraph headings are inserted for convenience only and are in no way intended to interpret, define or limit the scope or content of this Agreement or any provision hereof.

21. **Possession.** Seller shall deliver actual and exclusive possession of the Property to Purchaser at Closing.

22. **Surviving Clauses.** The provisions of this Agreement shall survive any Closing pursuant to this Agreement or any termination of this Agreement.

23. **Applicable Law.** This Agreement shall be construed and interpreted in accordance with the laws of the State of Connecticut.

24. **Successors and Assigns.** This Agreement shall be binding upon and inure to the benefit of Seller, Purchaser, and their respective heirs, personal representatives, successors and assigns and, so long as the Agreement is executory, shall run with the land to which it pertains.

24. **Severability.** If any provision of this Agreement or the application of such provision to any person or circumstance shall be held invalid, the remainder of this Agreement or the application of such provision to persons or circumstances other than those to which it is held invalid shall not be affected thereby and the parties shall thereupon amend this Agreement to legally and most closely embody the spirit and intent of the invalid provisions.

25. **Amendment.** This Agreement may not be altered, amended, changed, waived or modified in any respect or particular unless the same shall be in writing and signed by the parties. A waiver by any party of a breach hereunder shall not be deemed a waiver of any other or subsequent breach.

26. **Effective Date.** The Effective Date of this Agreement shall be the date on which the last person to sign this Agreement so executes it, as evidenced by the dates set forth below each signature.

27. **Waiver of Jury Trial.** SELLER AND PURCHASER HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVE (TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW) ANY RIGHT EACH MAY HAVE TO A TRIAL BY JURY IN RESPECT TO ANY ACTION, COUNTERCLAIM, PROCEEDING OR LITIGATION ARISING OUT OF, UNDER OR IN CONNECTION WITH THIS AGREEMENT AND THE TRANSACTIONS CONTEMPLATED HEREBY, THE ABOVE WAIVER SHALL SURVIVE THE CLOSING OF THE TRANSACTIONS CONTEMPLATED HEREBY OR THE TERMINATION OF THIS AGREEMENT.

28. **Recording of Agreement.** Purchaser may not record this agreement or any memorandum of this agreement without the prior written consent of Seller, which consent may be withheld by the Seller in its sole and absolute discretion. The recording of this Agreement by the Purchaser in violation of this prohibition shall be an event of default and shall entitle the Seller to its remedies in accordance with paragraph 14 hereof.

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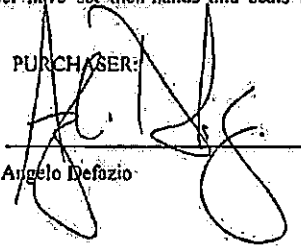
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IN WITNESS WHEREOF, Seller and Purchaser have set their hands and seals hereto as of the date indicated under their signatures.

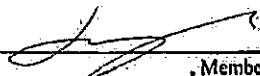
Date: 8/17/2015

PURCHASER:

  
\_\_\_\_\_  
Angelo Defazio

SELLER: 255 West River Street Properties, LLC

Date: 8/19/2015

By  \_\_\_\_\_, Member  
Duly Authorized.

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

4. Exterior Text and Graphic Materials

The regulation regarding external signage states:

(NEW) Sec. 21a-408-68. Marijuana marketing; advertising at a dispensary facility; producer advertising of prices

(a) dispensary facility shall:

- (1) Except as otherwise provided in sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies, restrict external signage to a single sign no larger than sixteen inches in height by eighteen inches in width;
- (2) Not illuminate a dispensary facility sign advertising a marijuana product at anytime;
- (3) Not advertise marijuana brand names or utilize graphics related to marijuana or paraphernalia on the exterior of the dispensary facility or the building in which the dispensary facility is located; and
- (4) Not display marijuana and paraphernalia so as to be clearly visible from the exterior of a dispensary facility.

The Arrow Alternative Care signage will be small and indiscreet, yet professional. The only signage will be a sign displaying the name of our Dispensary and lettering on the front door displaying our operating hours. There will be no other graphics or text.



16" Height

18" Wide



The following information will be displayed on the front door glass panels:

**CT Medical Marijuana Card  
Required to Enter Dispensary Facility**

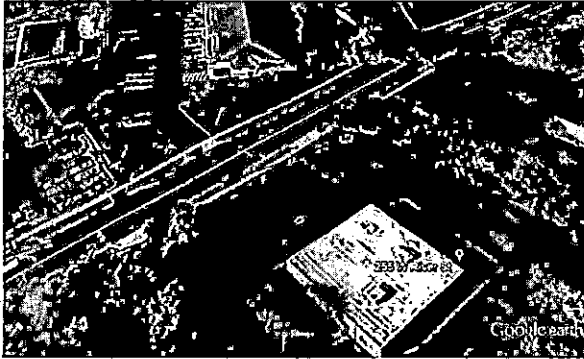
**Hours**  
**Monday – Friday 9am – 7pm**  
**Saturday 9am – 5pm**

**Closed Sunday**

**203-246-HOPE**  
**[www.arrowalternativecare.com](http://www.arrowalternativecare.com)**

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

**5. Photographs of Surrounding Neighborhood and Businesses**





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

**6. Site Plan Showing Streets, Property Lines, and Buildings etc...**

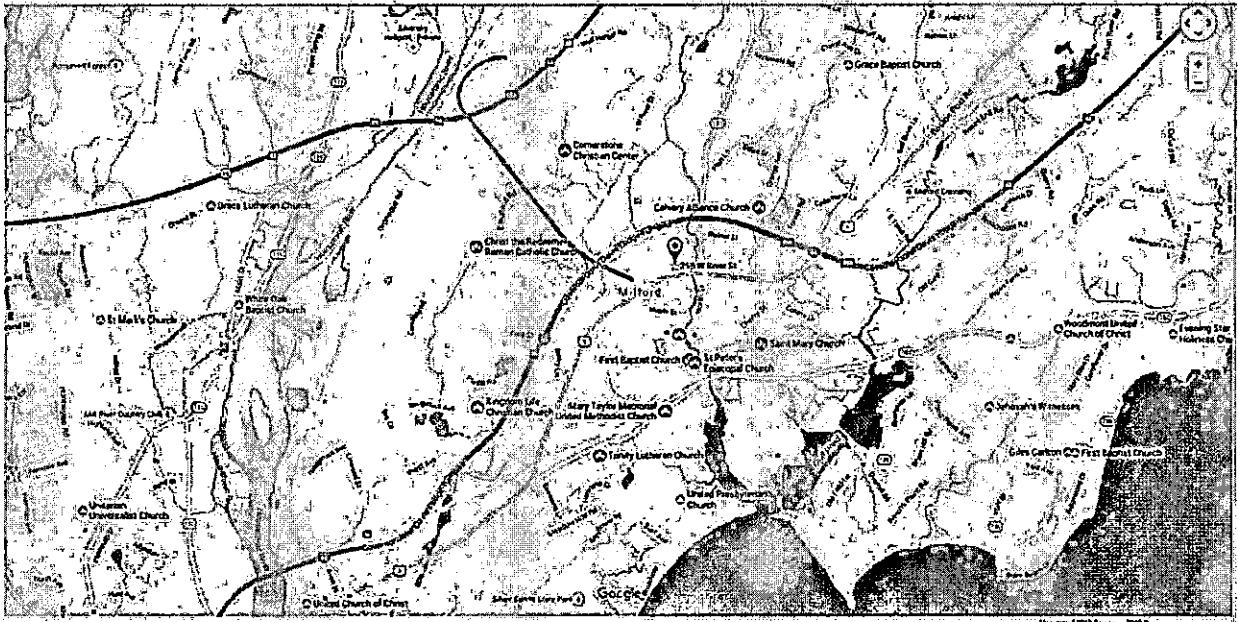


A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1000 feet of the proposed dispensary facility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

**7. Map identifying Places of Religious Worship, Public or Private Schools etc**

The following maps illustrate the location of 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 near the proposed dispensary facility location.

### Map of Churches



### Nearest Place of Worship

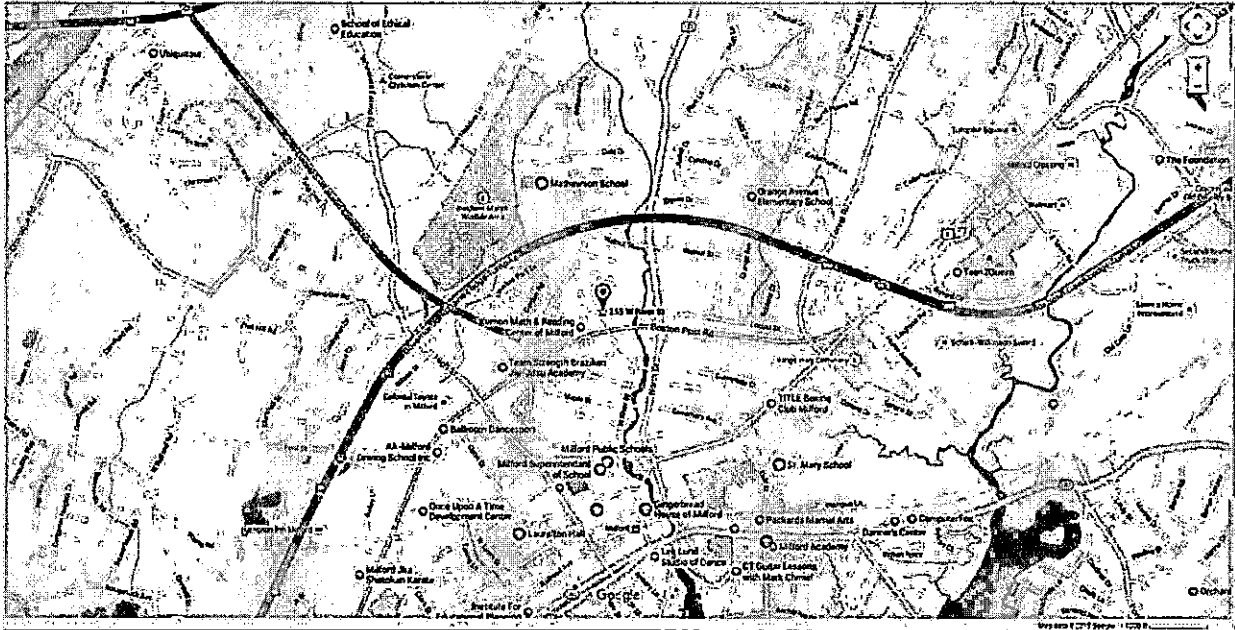
First United Church of Christ

34 W Main St

Milford, CT 06460

Total distance: 2,302.86 ft (701.91 m as the crow flies)

### Map of Schools

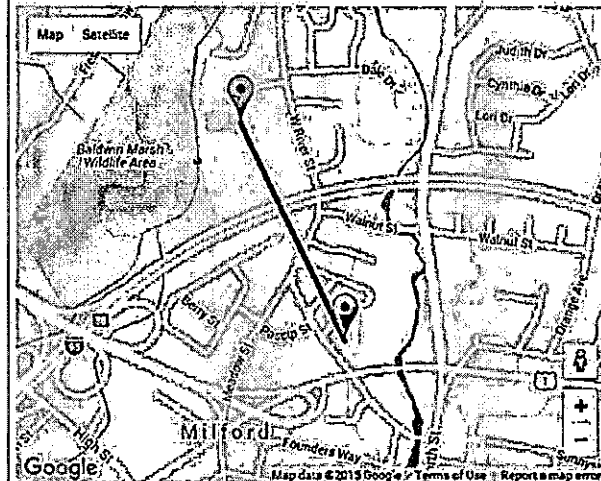


### Nearest Public or Private School \*

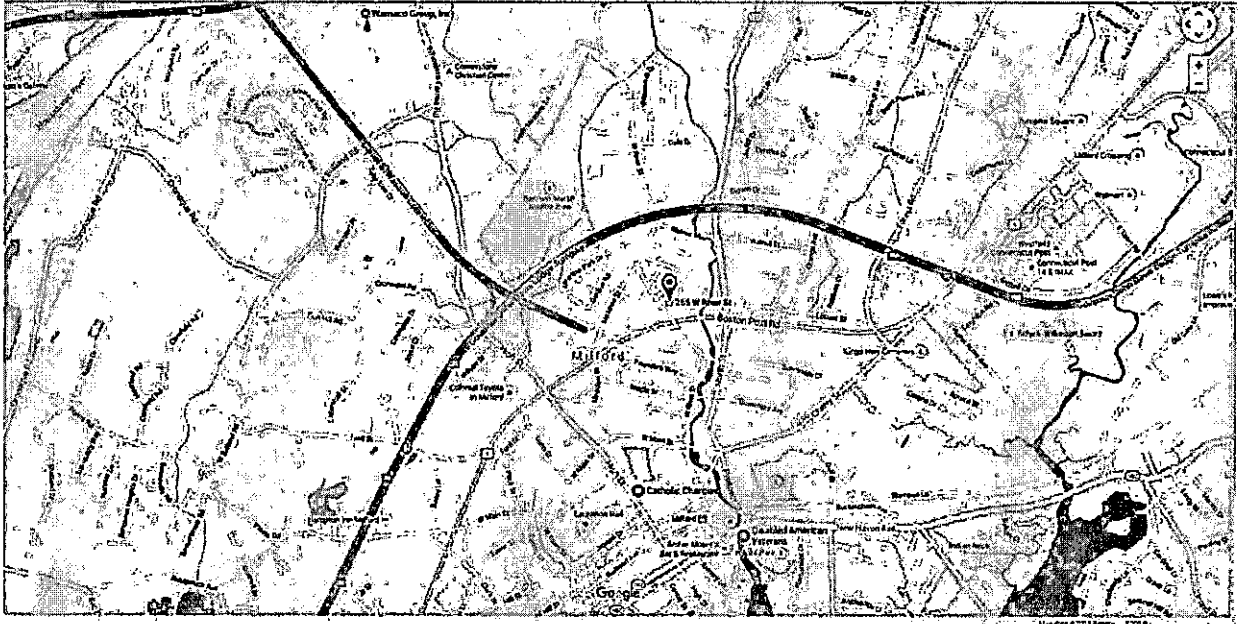
Mathewson School  
466 W River St  
Milford, CT 06461

Measure distance  
Total distance: 4,707.46 ft (1.43 km)

Distance: 0.45 miles , 0.73 kilometers (km) , 2390 feet , 728 meters



Map of Charitable Institutions



Nearest Charitable Institutions

Catholic Charities  
203 High St  
Milford, CT 06460

Total distance: 3,181.37 ft (969.68 m)

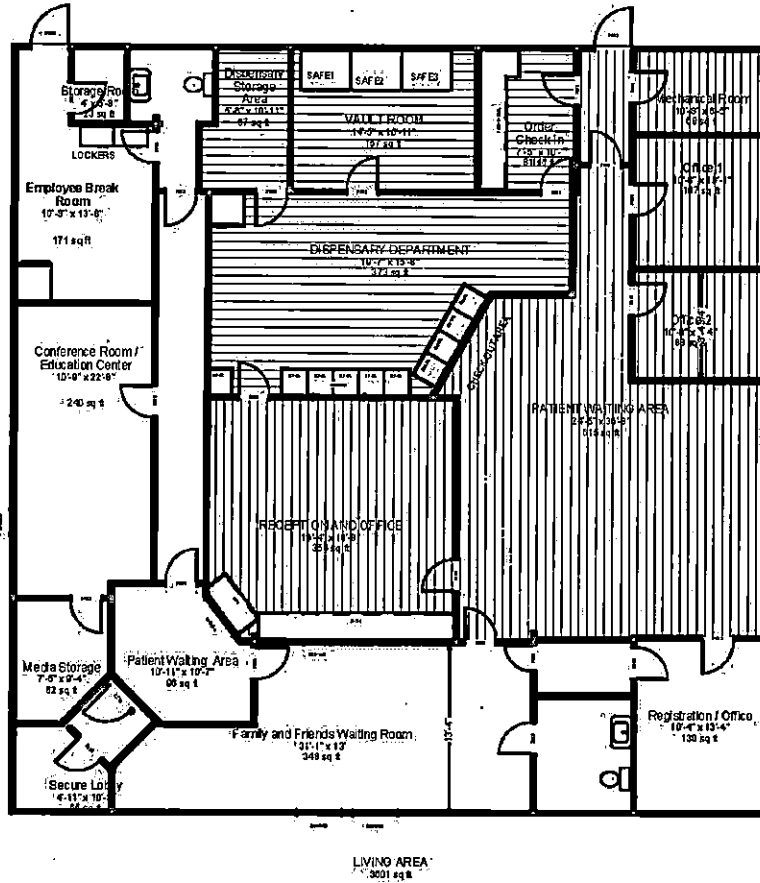




8. A blueprint, or floor plan drawn to scale, of the proposed dispensary facility, which shall, at a minimum, show and identify the following:
- a. The location and square footage of the area which will constitute the dispensary department from which marijuana and marijuana products will be sold;
  -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

**8. Dispensary Facility Floor Plan**

255 West River Street Milford CT



Dispensary = Horizontal Hatch  
Dispensary Facility = Vertical + Horizontal Hatch



**C. PROPOSED BUSINESS PLAN**

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

**1. Products Offered by Dispensary Facility**

**Our Product Strategy**

The Connecticut General Statutes Chapter 420f, Section 21a-408 permits the legal use of marijuana for palliative, *medical purposes*. Having played a role in the creation, design, implementation and execution of this program, Angelo DeFazio, RPh has created a Medical Marijuana Dispensary Facility management model with patient need and positive patient outcomes at its core. The AAC Model seeks to provide patients with access to, and expert advice about, the right medical marijuana product and right dosage form based on their qualifying disease state and treatment goals.

Because we are committed to providing CT registered medical marijuana patients with access to the **broadest selection** of medical marijuana products at the **most affordable prices**, we also provide our patients with a selection of products for use with the offered dosage forms as well as books to learn about medical marijuana.

Beyond Medical Marijuana, we offer:

1. Devices required for the use of Medical Marijuana
2. Reference Books

If awarded a second license, we will mirror the same product philosophy, systems and patient need focused inventory approach currently in place at Arrow Alternative Care in Hartford at our new location.

**1. Devices required for the use of Medical Marijuana**

The non-marijuana products that we carry, beyond reference educational materials, are paraphernalia items such as vaporizers and batteries required to use certain dosage forms and storage containers to keep product fresh, secure and safe.

Medical Marijuana consumption methods have evolved as medical marijuana dosage forms have evolved. Since the inception of the program, the available dosage forms have expanded from the producers from only flower products available for the first few months, which is smoked, to over 10 different dosage forms.

The evolution of dosage forms beyond flower has created a need for our Dispensary Pharmacists to help patients understand the different options available, determine the best product to meet the patients needs, learn how to use the different dosage forms and titrate.

All paraphernalia sold at our dispensary will be evaluated for its medicinal usage qualities only. We do not, and will not extend our product line to promote any product that is not intended for the medicinal use of marijuana.

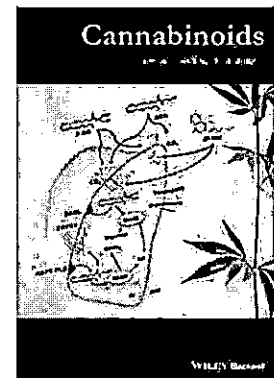
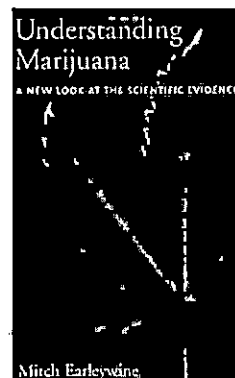
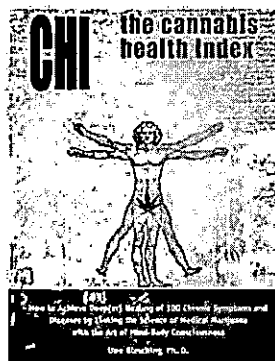
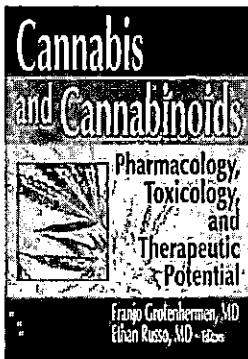
Our "non-medicated" inventory is classified into 8 categories:

Glass	Lighters	Papers	Screens
Storage Containers	Vaporizers	Publications	Grinders

**3. Reference Books**

At Arrow Alternative Care we are deeply committed to the education and training of our employees, patients and healthcare professionals. Our CannaEd<sup>®</sup> programs offer patients access to presentations, networking opportunities and other educational events. Beyond this program, we maintain a Reference Library containing books that are for sale related to understanding medical marijuana. Each book is evaluated to ensure that the topic and content comply with the regulations with respect to the information that we can make available to our patients and does not promote the recreational use of marijuana. Our reference materials are ideal for education. Our selection seeks to provide books covering pharmacology and research projects authored by clinicians, universities, scientists and physicians.

Our popular titles include:



**FUTURE PRODUCT DIRECTION**

Over time, we would like to expand our products, as allowed by law, to include other health and well being products such as vitamins or other high end nutritional supplements that we currently offer at Arrow Pharmacy locations. Our product approach is based on the fact that the Arrow Alternative Care



Dispensary Facility will be serving patients who are very ill, compromised or most likely suffers from one or more complex disease states. These patients will benefit from such health and wellness products.

#### **Medical Marijuana Product Overview**

The Ct Medical Marijuana Program has grown at an astounding pace as measured by the diversity and quantity of strains and dosage forms available to patients in CT. As such, we are able to fulfill our commitment to providing the broadest selection of Medical Marijuana in the state. However, the goal is not to simply fill our shelves and sell products to maximize profit. Our goal is to consult with our patients to help them find the right product and dosage form for them. Our inventory of Medical Marijuana products is first and foremost driven by patient need. Open access to products from all growers is key to access for our patients.

As new products are introduced, our dispensary pharmacists gather research and study the Cannabinoid and Terpene profiles to understand the therapeutic effects of each product. They assess our patient base to understand which products our patients have been stabilized on so that we can ensure that our stock maintains the appropriate levels needed to meet patient demand.

One of the most challenging management areas for our Dispensary Pharmacists is to remain educated and informed to keep current with such a large product line available from the four growers, which is continually changing. Our Dispensary Pharmacists have done an outstanding job at maintaining an inventory of products that our patients have become stabilized on, however, supply for some of the high CBD products that are recommended for Cancer and Epileptic patients has proven to be a challenge for the growers. At Arrow Alternative, we employ proactive inventory management algorithms that enable us to do the best job possible at carrying the right products for our patients and finding the right complimentary or substitute products when supply is limited.

Refer to the following listing of products and dosage forms that we currently carry at Arrow Alternative Care.



PRODUCT LISTING: Medical Marijuana

Grower	Products	T	THC	CBD	Size	Pricing	Flower Eq
<b>Concentrate Oil</b>							
CPS	Concentrated Oil Blend4	H	320mg .5ml	0mg 0.5ml	0.5ml	\$40	
CPS	Concentrated Oil Blend5	H	175mg 0.5ml	179mg 0.5ml	0.5ml	\$50	
CPS	Concentrated Oil Blend5II	H	36.8	36.07	0.5ml	\$50	
CPS	Oil 236/526	B	118mg .5ml	263mg .5ml	0.5ml	\$40	
CPS	Oil 800/30	B	800mg 1ml	30mg 1ml	1ml	\$60	
CURA	Gold T25 Oral Syringe / VC Refill Oil	S	264.422	2.32	1ml	\$60	
THERA	360x Concentrated Oil Hybrid	H	54.21	0.598	1.2ml	\$70	
<b>Concentrate Pills</b>							
AGL	Cannabidiol A 1:1 Capsules	B	47mg	40mg	5 Capsules	\$42	
AGL	Indicol A Capsules 40mg	I	40mg pill	0	5 Capsules	\$45	
AGL	Sativarin A Capsules 40mg	S	40.1mg pill	.48mg pill	5 Capsules	\$45	
CURA	HH Red Cura Caps T19C11	B	19mg pill	11mg pill	10 Capsules	\$50	
THERA	15024P	I	37.4mg pill	.62mg pill	10 Capsules	\$52	
THERA	CBD20	H	10.82mg pill	19.65mg pill	10 Capsules	\$55	
THERA	Hunter130 - 30mg THC	H	35.5 mg pill	.36mg pill	10 Capsules	\$47	
THERA	Hunter140 - 40mg THC	H	40.8 mg pill	.140 CBG	10 Capsules	\$52	
THERA	Hydrus10 - 12mg THC	H	14.58mg pill	.16mg pill	10 Capsules	\$42	
THERA	Suchinose 165	I	167.68mg	1.07mg	10 Capsules	\$110	
<b>Concentrate Shatter</b>							
AGL	Hybridol D 75	B	75.69	0.184	.5g	\$40	
AGL	Hybridol K 79	B	78.79	0.585	.5g	\$40	
AGL	Indicol B 83	I	83.586	0.367	.5g	\$43	
THERA	Friorose X9/12	H	77.65	0.264	1g	\$70	
THERA	Jaytenate X9/12	S	73	0.192	1g	\$63	
<b>Concentrate Tinctures</b>							
CPS	Seraden Tincture	H	6	0.35	15ml	\$90	
CURA	C20T7 Rainbow Safflower Tincture		7mg/ml	20mg/ml	10ml	\$41	
THERA	15034T	B	0.55	0.01	30ml	\$45	
THERA	HunterGreen 1T	B	11.1 mg/ml	0	30ml	\$54	
<b>Concentrate Wax</b>							
CPS	Flora Blend Wax 1	B	29.43	36.16	1g	\$48	
CPS	Flora leve A Wax 2	H	23.1	51.8	1g	\$40	
CPS	Flora leve B Wax 1	S	18.7	67.4	1g	\$70	
CPS	Nero Wax 3 0.5g	S	82.5	0.86	.5g	\$38	
CPS	Seraden Wax	I	80.7	0.19	1g	\$68	
CURA	Limone T370 Vape Globe Refill .1g	I	74.372	0.348	5 x 0.1g	\$63	



# ARROW<sup>®</sup> ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

9/14/2015 6:36 PM

Our Dispensary Pharmacist Will Provide Guidance on on the Therapeutic Use of these products  
We Kindly Request that you do not remove this from our facility

Thank you

Grower	Products	T	THC	CBD	Size	Pricing	Flower Eq
Concentrate Wax			THC%	CBD%			
CURA	T81 Indica Vape Globe	I	81mg	.947mg	Single	\$21	
THERA	Biscay+X	S	87.222	0.61	1g	\$88	
THERA	CelenatoneX	I	68.73	0.242	1g	\$55	
THERA	MimatoneX	H	66.9	0.24	1g	\$63	
Vape Cartridge			THC mg	CBD mg			
AGL	VP-Cannabidiol B 2:1 300mg	H	199.6mg	112.97	300mg	\$80	.3
AGL	VP-Cannabidiol D 2:3 200mg	H	89mg	126.92	200mg	\$53	.2
AGL	VP-Hybridol A 200mg	H	208.58mg	3.74mg	200mg	\$53	.2
AGL	VP-Hybridol B 200mg	H	200.88mg	1.91mg	200mg	\$53	.2
AGL	VP-Hybridol E 200mg	H	197.35mg	6.69mg	200mg	\$53	.2
AGL	VP-Hybridol F 185mg	H	181.74mg	4.67mg	185mg	\$53	.2
AGL	VP-Hybridol L 190mg	H	190.68mg	1.77mg	190mg	\$53	.2
AGL	VP-Indicol A 200mg	I	188.6	2.61	200mg	\$53	.2
AGL	VP-Indicol A Reserve (Pure oil) 320mg	I	325.14mg	4.64mg	320mg	\$70	.3
AGL	VP-Indicol C 200mg	I	187.01mg	16.67mg	200mg	\$53	.2
AGL	VP-Indicol E 165mg	I	168.2	2.87	165mg	\$53	.2
AGL	VP-Indicol G 200mg	I	193.08mg	1.46mg	165mg	\$53	.2
AGL	VP-Sativarin A 200mg	S	191.34mg	2.22mg	200mg	\$53	.2
AGL	VP-Sativarin B 275mg Reserve 275mg	S	274.11mg	2.92mg	275mg	\$70	.2
AGL	VP-Sativarin C 185mg	S	185.96mg	1.56mg	200mg	\$53	1.85
AGL	VP-Sativarin G 190mg	S	184.82mg	.868mg	190mg	\$53	.2
CPS	Depacan DC Vape 267mg THC	S	52.70%	0.87%	0.5g	\$50	.1
CPS	Depacan Vape 309mg THC	S	60.00%	0.71%	0.5g	\$45	.1
CPS	Fioraden B Peppermint Vape Liquid	S	302mg	.47mg	0.5g	\$50	.1
CPS	Fioraden B Wintergreen Vape Liquid	S	310mg	0.09	0.5g	\$50	.1
CPS	Fioradeve A Wintergreen Vape	I	101mg	126mg	0.5g	\$43	
CPS	Kyliflix Vape 311mg THC	I	61.62%	1.01%	0.5g	\$45	.1
CPS	Tauradene DC Vape 259mg THC	S	51.80%	0.11%	0.5g	\$45	.1
CURA	C197 CBD:THC 15:1 Ratio Vape Cart (mg ml)	B	13.8mg	197.5mg	Refill/Kit	\$75 / \$95	\$2.00
THERA	15031v Pure Oil	I	210.67mg	1.52mg	300 mg Kit/	\$58 / \$53	1
THERA	15031v Pure Oil	I			600mg Kit/	\$85 / \$80	
THERA	15032v Pure Oil	S	224.78mg	.557mg	300 mg Kit/	\$58 / \$53	1
THERA	15032v Pure Oil	S	74.928	0.557	600mg Kit/	\$85 / \$80	
THERA	BiscayV	S	365.59	0.536	600 mg Kit/	\$76 / \$68	2



9/14/2015 6:36 PM

Our Dispensary Pharmacist Will Provide Guidance on on the Therapeutic Use of these products  
We Kindly Request that you do not remove this from our facility  
Thank you

Grower	Products		THC	CBD	Size	Pricing	Flower Eq
	<b>Vape Oil Refills</b>		<b>THC mg</b>	<b>CBD mg</b>			
CURA	Rainbow T137 Vape Oil (10ml)	H	137mg/ml	.92mg	10ml	\$168	
CURA	Rainbow T137 Vape Oil (3ml)	H	137mg/ml	.92mg	3ml	\$50	
	<b>Edible Butter</b>		<b>THC</b>	<b>CBD</b>			
CURA	T11 Almond Butter (4oz)	B	11mg TBSP		8 TBSP / 4 oz	\$28	
CURA	T16 Coconut Butter	B	15.6mg	<.01 mg	8 TBSP / 4 oz	\$32	
	<b>Edible Sublingual Strips</b>		<b>THC</b>	<b>CBD</b>			
AGL	Breath Strips Cannabidiol A1:1		10.8 mg strip	10mg strip	10 Pack	\$40	
AGL	Breath Strips Indicore Vanilla 10mg	I	9.657	0.144	10 Pack	\$40	
AGL	Breath Strips Sativum Vanilla Mint 10mg		10mg strip	0	10 Pack	\$40	
AGL	Breath Strips Sativum Vanilla Mint 20mg		20mg strip	0	10 Pack	\$72	
	<b>Edible Cookies / Crackers</b>		<b>THC</b>	<b>CBD</b>			
AGL	Indicore Brownie 20mg	I	20mg	0	Single	\$9	
AGL	Indicore Chocolate Chip Cookie 20mg	I	20mg	0	Single	\$9	
AGL	Indicore Chocolate Chip Cookie 40mg	I	40mg	0	Single	\$18	
AGL	Sativum Honey 200mg	I	20mg	0	4oz	\$50	
AGL	Sativum Peanut Butter Cookie 20mg	S	20.741	0	Single	\$9	
CURA	C1.2T.7 Green Chip Cookie	H	20mg	35mg	Single	\$20	
CURA	Cura C1.3T.7 Lavender Lemon Bar (3pk)	H	16.5mg	28.6mg	3 Pack	\$18	
CURA	Gold T1 Dutch Chocolate Cookies (3 Pack)	S	14mg	N.D.	3 Pack	\$18	
CURA	Gold T10 Himalayan Sea Salt Cracker (10pk)	S	10.363	0	10 Pack	\$42	
CURA	T1 Chocolate Chip Cookie (Single)	B	42mg	N.D.	Single	\$16	
CURA	T1 Cinnamon Sugar Cookies	B	32mg	N.D.	3 Pack	\$38	
CURA	T1 Dutch Chocolate Cookie (Single)	B	37mg	N.D.	Single	\$16	
CURA	T1 Peanut Butter Cookie (Single)	B	50.6mg		Single	\$18	
CURA	T15 Iced Sugar Cookies (3 pack) (mg cookie)	I	15mg	0	3 Pack	\$23	
CURA	T2 Fudge Graham Crackers Cora	S	30mg	0	3 Pack	\$38	
THERA	Almond Bites Cocoa Granola (6pk)	S	13.74mg	0	6 Pack	\$12	
THERA	Almond Bites FT (6pk)	I	13.61mg	0	6 Pack	\$12	
	<b>Edible Granola</b>		<b>THC</b>	<b>CBD</b>			
CURA	T17 Granola	B	17mg TBSP	<.01 mg	8 TBSP / 4 oz	\$52	





# ARROW<sup>®</sup> ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

9/14/2015 6:36 PM

Our Dispensary Pharmacist Will Provide Guidance on on the Therapeutic Use of these products  
We Kindly Request that you do not remove this from our facility  
Thank you

Grower	Products	T	THC	CBD	Size	Pricing	Flower Eq
<b>Topical/ Balms</b>			<b>THC</b>	<b>CBD</b>			
THERA	Balm P2-Peppermint		0.515	0	Single	\$6	
THERA	Balm-Almond Coconut		0.397	0	Single	\$6	
THERA	Balm-Vanilla		0.365	0	Single	\$6	
<b>Edible Oil</b>			<b>THC</b>	<b>CBD</b>			
CPS	FloraVeve A Oil Syringe Coconut	H	4.06	4.79	.5ml	\$10	
CPS	Oil 523/1	B	523mg/ml	0.84mg/ml	1ml	\$40	
CPS	Oil 523/1	B	523mg/ml	0.84mg/ml	3ml	\$79	
CURA	Gold T15 Olive Oil (4oz)	S	15mg/tblsp	N.D.	4 oz	\$50	
CURA	HH Red C17T17 Safflower Oral Drops	H	17mg/ml	17mg/ml	15ml	\$79	
CURA	HH Red C253N65T33 Oral Syringe	H	33mg	253mg	1ml	\$58	
CURA	Lunora T29 ES Drops (15ml)	B	28.86 mg/ml	0.07	15ml	\$110	
THERA	Hunter10S	H	8.95mg/ml	.15mg/ml	30ml	\$59	
<b>Oromucosal Spray</b>			<b>THC</b>	<b>CBD</b>			
CURA	Curavex C29 Oromucosal Spray 10ml	S	1.47mg/ml	28.9mg/ml	10ml	\$40	
CURA	Curavex C75 Oromucosal Spray 10ml	S		75mg/ml	10ml	\$94	
CURA	Curavex T41 Gold Oromucosal Spray 10ml 41	S	41mg/ml	5.9mg	10ml	\$110	
<b>Concentrate</b>			<b>THC</b>	<b>CBD</b>			
CURA	Citron T50 Caviar	S	49.856	0.623	1g	\$63	
CURA	Golden Rainbow T20 C18 Caviar	B	20	18	1g	\$40	
CURA	Golden Rainbow T32 Caviar	B	32	18	1g	\$44	
<b>Flower</b>			<b>THC %</b>	<b>CBD %</b>			
AGL	AGL DL 22.17H DL	H	21.744	0.07	Pre Rolled	\$43	
AGL	Cannabidiol A 152:1	H	11.704	3.737	14g Second Cut	\$115	
AGL	Hybrid A 24	H	24.293	0.08	2g	\$29	
AGL	Hybrid A 24	H	24.23	0.08	3.5g	\$51	
AGL	Hybrid A 25	H	24.967	0.07	14g Second Cut	\$135	
AGL	Hybrid B 23.5	H	23.559	0.08	2g	\$28	
AGL	Hybrid B 23.5	H	23.559	0.08	3.5g	\$50	
AGL	Hybrid B 23.5	H	23.559	0.08	Pre Rolled	\$45	
AGL	Hybrid C 21	H	23.559	0.08	3.5g	\$45	
AGL	Hybrid E 20	H	20.45	0.058	2g	\$29	
AGL	Hybrid E 20	H	20.45	0.058	3.5g	\$51	
AGL	Hybrid K 23	H	23.095	0.08	14g Second Cut	\$135	
AGL	Indicol A 24	I	24.29	0.08	2g	\$31	
AGL	Indicol A 24	I	24.29	0.08	3.5g	\$52	
AGL	Indicol B 24	I	23.962	0.072	2g	\$31	

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# ARROW<sup>®</sup> ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

9/14/2015 6:36 PM

Our Dispensary Pharmacist Will Provide Guidance on on the Therapeutic Use of these products  
We Kindly Request that you do not remove this from our facility  
Thank you

Grower	Products Flower	T	THC THC %	CBD CBD %	Size	Pricing	Flower Eq
AGL	Indicol B 24	I	23.962	0.072	3.5g	\$52	
AGL	Indicol B 24	I	23.962	0.072	Preroll	\$45	
AGL	Indicol B 24	I	23.962	0.072	14g Second Cut	\$135	
AGL	Indicol D 25	I	24.769	0.073	2g	\$31	
AGL	Indicol D 25	I	24.769	0.073	3.5g	\$52	
AGL	Indicol D 25	I	24.769	0.073	14g Second Cut	\$135	
AGL	Sativarin A 25	S	24.707	0.072	2g	\$29	
AGL	Sativarin A 25	S	24.707	0.072	3.5g	\$51	
AGL	Sativarin A 25	S	24.707	0.072	14g Second Cut	\$135	
AGL	Sativarin B 22	S	22.068	0.08	2g	\$29	
AGL	Sativarin B 22	S	22.068	0.08	3.5g	\$51	
AGL	Sativarin B 22	S	22.068	0.08	14g Second Cut	\$135	
AGL	Sativarin G 26	S	26.279	0.079	2g	\$29	
AGL	Sativarin G 26	S	26.279	0.079	3.5g	\$51	
CPS	Depacan	S	20.48	0.18	3.5g	\$43	
CPS	Fioraden B III	S	25.81	0.1	3.5g	\$53	
CPS	Fioraleve A II	H	12.08	15.5	3.5g	\$40	
CPS	Kylitx T27	I	26.89	0.05	3.5g	\$53	
CPS	Loragen II	S	24.66	0.1	3.5g	\$53	
CPS	Seraden II	I	27.57	0.14	3.5g	\$53	
CPS	Sylacan	I	26.42	0.06	3.5g	\$53	
CURA	Bianca C11T9	H	9	11	3.5g	\$25	
CURA	Bianca C9T8	H	8	9	3.5g	\$25	
CURA	Bianca C9T8	H	8	9	1.5g Pre Rolls	\$15	
CURA	Citron T27	S	26.954	0.91	3.5g	\$50	
CURA	Citron T27	S	26.954	0.91	7g Second Cut	\$58	
CURA	Citron T27 IV	S	27.025	0.07	3.5g	\$50	
CURA	Emerald T23	S	23.344	0.077	3.5g	\$42	
CURA	HH Red C13T9	H	9.231	13.425	3.5g	\$25	
CURA	Purple T25 III	H	25	0	3.5g	\$48	
CURA	Sapphire T25	H	24.094	0.068	1.5g Pre Rolls	\$23	
CURA	Sunlight T21	S	21.432	0.078	3.5g	\$50	
CURA	Sunlight T21	S	21.432	0.078	1.5g Pre Rolls	\$23	
THERA	14032	I	14.36	0	3.5g	\$32	
THERA	15007	H	18.16	0	Pre Rolls	\$30	
THERA	Apalacept	I	23.285	0.08	3.5g	\$42	
THERA	Biscay-2	S	23.27	0.08	3.5g	\$47	
THERA	Haracept	I	23.41	0.072	3.5g	\$48	
THERA	Ingadine	I	30.381	0.106	3.5g	\$58	

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Our Dispensary Pharmacist Will Provide Guidance on on the Therapeutic Use of these products  
We Kindly Request that you do not remove this from our facility

Thank you

Grower	Products	T	THC	CBD	Size	Pricing	Flower Eq
THERA	Jehanose	II	25.948	0.075	3.5g	\$48	
THERA	Kiriica	II	22.185	0.095	3.5g	\$43	
THERA	Lyndallane	I	12.504	0.044	3.5g	\$36	
THERA	Orabellese	I	13.748	0.085	3.5g	\$32	
THERA	Suchinose	II	24.42	0.07	3.5g	\$50	
THERA	Valedica-2	I	14.934	0.056	3.5g	\$32	
<b>Flower Derivatives</b>			<b>THC %</b>	<b>CBD %</b>			
AGL	Indicol A67	I	67.376	0.194	0.5g	\$46	
AGL	Indicol B62	II	61.592	0.26	0.5g	\$40	
AGL	Sativarin A62	S	62.648	0.288	0.5g	\$46	
CPS	Depacan Kief1	S	37.4	1.2	1g	\$32	
CPS	Floraden A Kief	I	26.14	0.43	1g	\$30	
CPS	Floraden A Kief+	II	43.4	0.2	1g	\$32	
CPS	Floraden B Kief+	S	32.04	0.05	1g	\$32	
CPS	Floraleve B Kief	S	16.97	19.63	1g	\$30	
CPS	Seraden Kief+	I	35.73	0.14	1g	\$32	



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

**2. Services To Be Offered by Dispensary**

Having owned and operated a CT Medical Marijuana Dispensary Facility serving CT patients for the past 11 months, we have had the opportunity to listen to CT patients and the healthcare community to gain a better understanding of the services that our Dispensary Facility can provide to ensure equal access, standards of care, improved quality of life for our patients and positive patient outcomes.

Arrow Alternative Care currently provides the following services. If awarded a second license, based on our experience, infrastructure and resources available we are able to provide the same services at the new location as soon as our build-out is complete.

- 1. Wellness Care and Healing Consultations: Initial and Returning – Core Service
- 2. Dispensing of Medical Marijuana – Core Service
- 3. CT Medical Marijuana Registry Registration Services
- 4. Immunization Services
- 5. CannaEd® Educational and Community Outreach Events Onsite and Offsite

**1.2. Wellness Care and Healing Consultation- INITIAL – Pharmacist driven**

- This is a key differentiator that sets us apart from other dispensaries. As an integral part of the Medical Marijuana dispensing process, Arrow Alternative Care Dispensary Pharmacists conduct a mandatory Wellness Care and Healing Consultation with **each and every registered patient and primary caregiver during their initial visit** to the dispensary facility.
- This consultation provides both the Dispensary Pharmacist and patient/primary caregiver, with a holistic view of the patient medical history, current medication management therapies and any complimentary or alternative therapies.
- Average time per initial consultation is **52** minutes. We have spent over **600 hours** conducting these initial consultations and hundreds more on follow-up consultations. Frankly, we aren't sure how proper patient care is delivered with staffing models we know to exist today. Staffing at our Arrow Alternative Care dispensary is forecasted based on this very important service to our patients utilizing a minimum of 2 dispensaries, 3 dispensary technicians and 3 office personnel.

Arrow Alternative Care has developed a **MEDICAL MARIJUANA DISPENSING FORM** that will be used during the Wellness Care and Healing Consultation to gather data to assist in the recommendation process, maintain registered patient profile and history and to provide to the registered patients physician.

The protocol to be followed by the Dispensary Pharmacist with the patient/caregiver for the Wellness Care and Healing Consultations is determined by the patients qualifying disease state and patient goals for the palliative use of medical marijuana. For example, A PTSD patient may have a personal goal of



reversing insomnia resulting from PTSD, therefore we would monitor hours of sleep on an ongoing basis and make adjustments in medical marijuana products based on the patient progress. The same is true of our patients suffering from Cachexia, Crohn's and Wasting Syndrome in reversing weight loss or appetite for cancer, reducing eye pressure for glaucoma...

A. Basic vital assessment: Dispensary Pharmacist or Technician will screen blood pressure and weight

B. Medical History Profile: Registered patients and caregivers are asked to update their patient and medical profiles using standardized forms. All data is updated into our dispensary facility management systems. The history includes a Medical, Alternative, Complimentary Therapy Review. The Certifying Physician instructions are also evaluated and documented during this process.

C. Patient Goals: Our patients are suffering from chronic illnesses. Our patients have become certified to find alternative and/or complimentary therapies to address the symptoms resulting from their chronic diseases. We have witnessed first hand the impact that medical marijuana has on our patients quality of life and overall well being. We know that life expectancy for many of our cancer patients is under six months, and we have already experienced the loss of 6 of our patients. Understanding the patient's goals is at the core of our culture. Treatment goals change from visit to visit. Consulting with patients truly makes a difference.

C. Medication Therapy Management: A process conducted by the Dispensary Pharmacist aimed at producing positive patient outcomes, as with the Medical Home and ACO models, decrease unnecessary medications and institutional readmissions. It is the process of reviewing all of the information gathered from the patient, caregiver and certifying physician to identify the following

- Synergistic or antagonistic therapy between medicines and/or prescribers
- Medication therapy adherence and compliance
- Improper techniques of using paraphernalia, inhalers, nebulizers...
- Duplicative therapy
- Warning signs of substance abuse
- Warning signs of diversion

Arrow Alternative Care is the only CT Dispensary Facility that we are aware of to utilize the same robust pharmacy with a comprehensive drug therapy monitoring system providing tools that integrated medical marijuana products with traditional pharmaceutical drugs.

**Refer to Section C. PROPOSED BUSINESS PLAN – Question 8 For a detailed description of QS/1.**

E. Patient Education – Patient receives education and information in the following areas:

- CT Medical Marijuana Program: Patient Responsibilities
- Monthly Limits
- Guide to using Medical Marijuana
- Potential risks and benefits of the palliative use of marijuana



- Proper storage of Medical Marijuana
- Medical Marijuana Law Overview
- Patients Consent to share information for research

F. Follow---Up Calls and Consults- Our Dispensary Pharmacists determine follow-up protocols based on these consultations. The follow-up protocol includes contact within as early as 24 hours and up to 3 weeks.

During the follow-up calls the Dispensary Pharmacist or Technician will contact the patient to determine adherence compliance, adverse reactions or to answer any questions that the patient may have.

We have had experience with patients who are new to medical marijuana have been very concerned about using their medical marijuana so we have provided off-hours contact information to them to make ourselves available to patients when they need us.

### **1.1. Wellness Care and Healing Consultation- Returning – Pharmacist driven**

At Arrow Alternative Care, every day we witness the positive impact and many cases, life changing impact, that medical marijuana provides to our certified patients who are suffering from a debilitating qualifying disease. Although many patients can be stabilized with a particular therapy, many patients' treatment goal will change from day-to-day. We also learned quickly that there are many factors to be considered when recommending medical marijuana for our patients. For every recommendation that our dispensary pharmacist provides to a patient.

These factors include, but are not limited to:

- a. Current patient wellness consultation  
Patient symptoms and treatment goals at the time of the visit
- b. Review of patient past purchases in terms of:
  - Date purchased and Amount purchased
  - Product Type
  - Dosage Form
  - Recommended dosing
- c. Patient Self-Assessment
  - Assessment of effectiveness of products used
- d. Products Available from Growers  
Products available from growers changes each week. This is why inventory management is critical. Our dispensary pharmacists help patients to understand which new products are available to treat their conditions and recommend complimentary and/or replacement therapies based on availability.



### **3. Dispensing of Medical Marijuana – Core Service**

Arrow Alternative Care dispenses medical marijuana in compliance with regulatory requirements with the proper controls, processes, people and technology to serve our patients while protecting against theft and diversion.

Arrow Alternative Care has not received any citations or fines related to non-compliance.

If awarded a second license, the same quality controls, discipline and rigor will be implemented to ensure 100% compliance.

### **4. CT Medical Marijuana Registry Registration Services**

In 2015, Dispensary Facilities were granted permission by the DCP to assist prospective patients with the application process, and existing patients with the renewal process. This process entails assisting patients with access to CT Medical Marijuana Registry, providing passport photograph services, uploading documents and processing the applications.

Many of the patients that come into our facility seeking assistance do not have access to the technology, or understand how to use technology required to process the application online and prefer to do so rather than sending documents in the mail.

When a patient comes to us to assist them in the registration process, by law, they are not allowed inside the facility. The patient is directed to Unit 18 (dispensary facility occupies Unit 16 and 17)

The design of our location at 92 Weston Street in Hartford has made it possible for us to offer this service without allowing non-registered persons to enter the dispensary facility which is in direct violation of the CT Statute. We have accomplished this by taking advantage of additional space that Arrow Alternative Care leases which is adjacent to our dispensary facility and separate from the dispensary facility by secure access.

All of the necessary paperwork is processed and uploaded.

This service is provided at no charge to the patient. To-date we have uploaded over 120 applications.

### **4. CannaEd<sup>®</sup> Educational and Community Outreach Events Onsite and Offsite**

As part of our commitment to outreach and education, Arrow Alternative Care has introduced CannaED<sup>®</sup>, an educational program providing education, learning and networking opportunities to those seeking more information and/or education about the CT Medical Marijuana Program and other related topics.

CannaEd<sup>®</sup> was formed to address a void in access to information about the program, about medical marijuana, and the therapeutic uses of medical marijuana.



- The CT Statute clearly states and set parameters for allowable printed materials, marketing and educational materials etc... Arrow Alternative Care remains 100% compliant with the regulation and strictly adheres to the DCP policy of obtaining approval for any and all materials published.
- DCP approval is obtained for all CannaEd materials.

Under the CannaEd<sup>®</sup> umbrella, Arrow Alternative Care has provided the following:

- Presentation and Panel Involvement at Medical Marijuana Symposiums organized by local Healthcare Institutions and Associations
- Participation and Presentation at local support groups for covered disease states; ie., Parkinson and Multiple Sclerosis
- Held in-house education sessions for CT Medical Marijuana Patients:
  - Understanding the Endocannabinoid System
  - Finding the Right Medicine and Dosage Form for You
  - Joy of Canna Cooking Basics

Access our website for more information [www.cannaed.org](http://www.cannaed.org)

**5. Immunization Services**

Patients suffering from the approved qualifying disease states often have weakened immune systems placing them at risk for conditions such as influenza and shingles. Our Dispensary Pharmacists are certified Immunizers allowing them to deliver certain immunization such as flu vaccinations. Arrow Pharmacy provides this service to patients both in--house and offsite at clinics in places such as Hospitals, Schools, and other Healthcare facilities as well as Senior Residential Housing.

**Potential Services to be offered in the future Wellness Care and Healing Services**

Patients requiring palliative care have needs that go beyond palliative medicine. Their physical, emotional and spiritual needs are to be considered, with an emphasis on preserving dignity and improving quality of life. In the future, additional Arrow Alternative Care services aimed at the overall health and well-being of our patients will be added over time and as allowed by Law. These services may include the following:

Holistic Healing Services which may include both on-site and off-site services provided by "partners" to our registered patients such as:

Chiropractic Services  
Nutritional Counseling

Massage Therapy  
Social Service counseling

Reiki Healing Touch  
Acupuncture






Arrow Alternative Care would notify DCP with any plan to expand scope of services to qualify service as authorized under current regulations.

The next several pages provide examples of tools and screenshots that support the Arrow Alternative Care Wellness Care and Healing Consultations and enable data gathering for research.

These include:

- Medical Marijuana Dispensing Form
- Patient Intake Form
- Dispensing System Screenshots



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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

Do you have ANY of the following? Please circle Yes or No.


Chest Pain	Yes	No
Headache	Yes	No
Dizziness	Yes	No
Palpitations/racing heart	Yes	No
Irregular heartbeat	Yes	No
Weight loss	Yes	No
Eyes, itchy/watery	Yes	No
Fever/chills	Yes	No
Dry cough	Yes	No
Productive cough	Yes	No
Difficulty breathing	Yes	No
Night sweat	Yes	No
Swelling in leg	Yes	No
Lack of appetite	Yes	No
Nausea	Yes	No
Vomiting	Yes	No
Dizziness	Yes	No
Confusion	Yes	No
Abdominal cramping	Yes	No
Yawning, yawn	Yes	No
Burning	Yes	No
Nose bleeds	Yes	No
Joint pain/stiffness	Yes	No
Muscle pain/muscle cramps	Yes	No
Difficulty seeing	Yes	No
Difficulty hearing	Yes	No
Difficulty swallowing	Yes	No
Difficulty sleeping	Yes	No

Previous surgeries:

1) _____	Date: _____
2) _____	Date: _____
3) _____	Date: _____
4) _____	Date: _____

Any previous hospitalizations? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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ALTERNATIVE CARE

Patient Health Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have ANY allergies?

- No known allergies
- Penicillin
- Tetracycline
- Sulfas
- Morphine
- Erythromycin

Other (Please specify): \_\_\_\_\_

What medical conditions do you have?


- HIV
- Acquired Immune Deficiency Syndrome (AIDS)
- Multiple Sclerosis
- Crohn's Disease
- Damage to Nerves/Tissues of Spinal Cord
- Emphysema
- COPD, lung problem
- Immune disorder
- Overweight
- Osteoporosis
- Blood clot (DVT)
- Cancer, type: \_\_\_\_\_
- Other: \_\_\_\_\_

What condition above are you using medical marijuana for? \_\_\_\_\_

Has anyone in your immediate family ever had any of the following? If so, who?

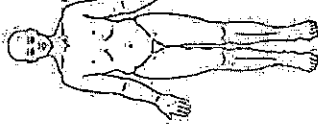
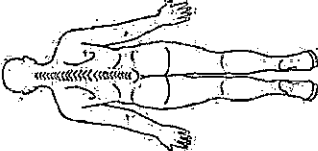
<ul style="list-style-type: none"> <li><input type="checkbox"/> None known</li> <li><input type="checkbox"/> Sickle Cell Anemia</li> <li><input type="checkbox"/> Stroke</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Coronary Artery Disease</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hypothyroidism</li> <li><input type="checkbox"/> Celiac</li> <li><input type="checkbox"/> Bleeding</li> <li><input type="checkbox"/> Tuberculosis</li> <li><input type="checkbox"/> Seizure disorder</li> <li><input type="checkbox"/> Alcoholism</li> <li><input type="checkbox"/> Other: _____</li> </ul>
--	---

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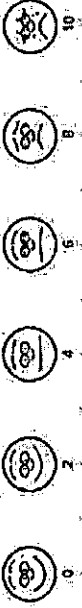


Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please mark the areas where you have pain below:


Please mark where your pain is BEFORE treatment with medical marijuana:




0 1 2 3 4 5 6 7 8 9 10

NO PAIN MID PAIN MODERATE SEVERE VERY SEVERE WORST POSSIBLE

On average, how much does your pain interfere with activities? Circle number.



ACT Form 0003 Rev 04/11/03/2003 Page 6 of 12



Pain Assessment PRIOR to Medical Marijuana Treatment

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Below is a list of words that may describe your pain. Please place a check mark in the box that describes each pain type.

Pain Type	None	Mild	Moderate	Severe
Throbbing				
Stabbing				
Stinging				
Sharp				
Cramping				
Crawling				
Hot-Burning				
Aching				
Heavy				
Tender				
Spining				
Tiring-Exhausting				
Sickening				
Fearful				
Pushing-Crual				

Is your pain:  Continuous  Intermittent

If your pain is intermittent, how often does it occur?

Several times a day  Several times a week  Less than once per week  
 Once per day  Once per week  Never

How long does your pain last?

Seconds  Minutes  Hours  Days  Weeks  None

ACT Form 0003 Rev 04/11/03/2003 Page 8 of 12

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please mark the areas where you have pain below:

Please mark where your pain is AFTER treatment with medical marijuana:

On average, how much does your pain interfere with activities? Circle number.

No pain: 0 1 2 3 4 5 6 7 8 9 10  
 Mild pain: Moderate pain: Severe pain: Activities are substantially impaired

4-5 Form 0033-01-01-11-11-033 Page 1 of 3

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ALTERNATIVE CARE

Mid pain: Severe pain: Non-pain

Pain Assessment AFTER Medical Marijuana Treatment

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Below is a list of words that may describe your pain. Please place a check mark in the box that describes each pain type.

Pain Type	None	Mild	Moderate	Severe
Sharp				
Stabbing				
Stinging				
Stitching				
Hot				
Burning				
Itching				
Tickling				
Throbbing				
Tingling or numb				
Sickening				
Fresh				
Penetrating				
Other				

Is your pain:  Constant  Intermittent

If your pain is intermittent, how often does it occur?  
 Several times a day  Once per week  Less than once per week  
 Once per day  Once per week  Never

How long does your pain last?  
 Seconds  Minutes  Hours  Days  Weeks  None

4-5 Form 0033-01-01-11-11-033 Page 1 of 3

92 Weston Street, Hartford, Ct  
Submitted 11/15/13

All information contained herein is proprietary and owned by  
Arrow Alternative Care, Arrow Prescription Center, ANG Inc. et al





**Confidential Communications:** To receive correspondence or confidential information by alternate means or location such as printing you at work rather than at home or mailing your health information to a different address. To do this, contact the Dispensary Manager. We will take reasonable actions to accommodate your request.

**Access:** To inspect or receive copies of your protected health information (PHI). To do this, contact the Dispensary Manager. In certain circumstances you may not have the right to access your records if it is reasonably believed (or has reason to believe) that such access would cause harm. Examples include, but are not limited to, certain psychotherapy notes, information compiled in reasonable anticipation of or for use in civil, criminal or administrative actions or proceedings, or information obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information.

**Amendments / Corrections:** To request changes be made to your protected health information (PHI). To do this, contact the HIPAA Privacy and Security Officer. We are not required to grant your request if we did not create the record or the record is accurate and complete. If we deny your request for amendment / correction, we will notify you why, how you can attach a statement of disagreement to your records (which we may review), and how you can complain. If we agree to the request, we will make the correction within 60 days and will send the corrected information to persons we know who got the wrong information, and others you specify.

**Accounting:** To receive an accounting of the disclosures by us of your protected health information (PHI) in the six years (or shorter time) prior to your request. By law, the list will not include disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law; and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law, we can have one 30-day extension of time if we notify you of the extension in writing. We are not required to give you a list of disclosures that occurred before April 14, 2003.

**Complaints:** To complain to us or the U.S. Department of Health & Human Services if you feel your privacy rights have been violated. To register a complaint with us, contact Arrow Alternative Care. The law forbids us from taking retaliatory action against you if you complain.

**Our Duties:** We are required by law to maintain the privacy of your protected health information (PHI). We must abide by the terms of this notice or any update of this notice. Please contact Arrow Alternative Care with any questions.

Release Form

By signing below, I have read the privacy statements above and hereby authorize Arrow Alternative Care and its affiliates, its employees and agents to release my personal health information maintained by Arrow Alternative Care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed full name \_\_\_\_\_



**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Uses and Disclosures:** We will use and disclose elements of your protected health information (PHI) in the following ways:

Without your signed authorization:

- Treatment including, but not limited to, inpatient, outpatient or psychiatric care.
- To your treating physician(s).
- Payment, including but not limited to, asking you about your health care plan(s), or other source of payment; preparing and sending bills or claims; and collecting unpaid amounts, either ourselves or through a collection agency or attorney.

Health care operations, including, but not limited to, financial or billing administration; internal quality assurance; personnel decisions; participation in managed care plans; defense of legal matters; business planning; and outside storage of our records.

- Disclosures when release is authorized by law, including, but not limited to, judicial settings and to health oversight regulatory agencies, law enforcement and correctional institutions.
- Uses or disclosures for specialized government functions, including, but not limited to, the protection of the President or high-ranking government officials; for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign services.
- In emergency situations or to avert serious health / safety situations.
- Disclosures of de-identified information.
- To public health organizations or federal organizations in the event of a communicable disease or to report a defective device or unusual event to a biological product (food or medication).
- Disclosures to "business associates" who perform health care operations for us and who commit to respect the privacy of your health information.

**Personal Privacy Protection Directive:** In accordance with Arrow Alternative Care's Notice of Privacy Practices and to protect the confidentiality of my protected health information, I hereby direct that disclosure of my protected health information be restricted: Specifically, no documentation of any information related to my stay or treatment, including but not limited to, any documents or other materials prepared for peer review, risk management, or quality assurance purposes, is to be disclosed under any circumstance, redacted or otherwise, to anyone not authorized, for any purpose other than payment or legitimate health care operations, without my express written consent or the express written consent of my authorized representative.

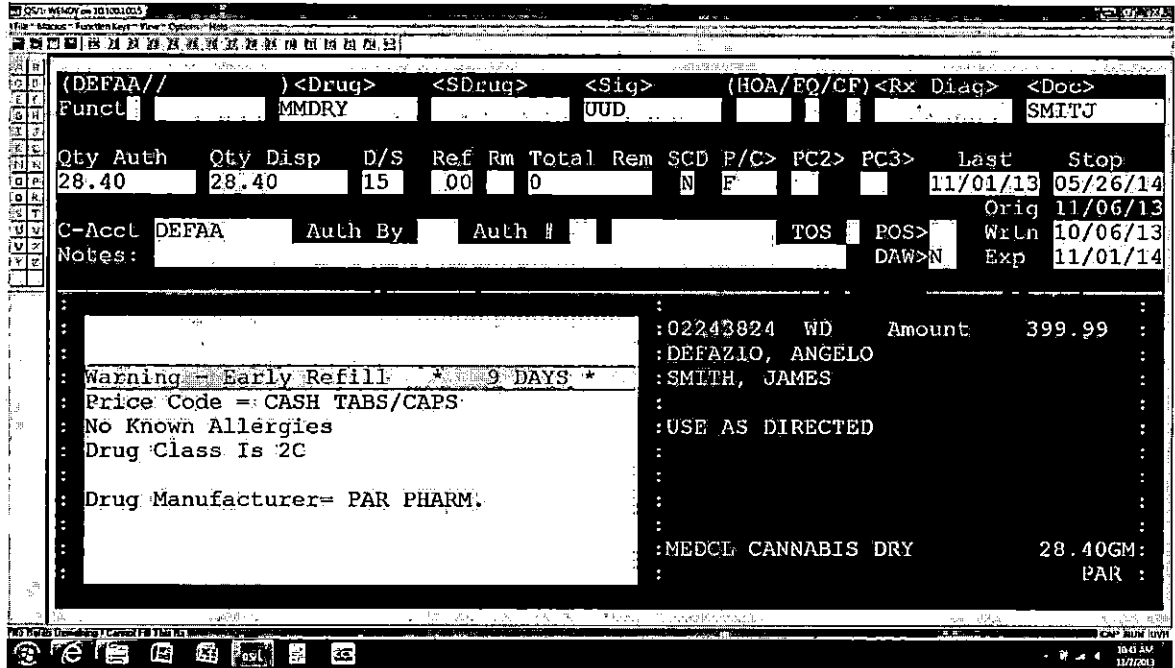
**Other Uses and Disclosures:** Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosure we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

**Your Rights:** You have the following rights concerning your protected health information (PHI):

**Restrictions:** To request restricted access to all or part of your protected health information (PHI). To do this, contact the Dispensary Manager. We are not required to grant your request and you do not have the right to restrict disclosures required by law. If we do agree, we must honor the restriction you request.

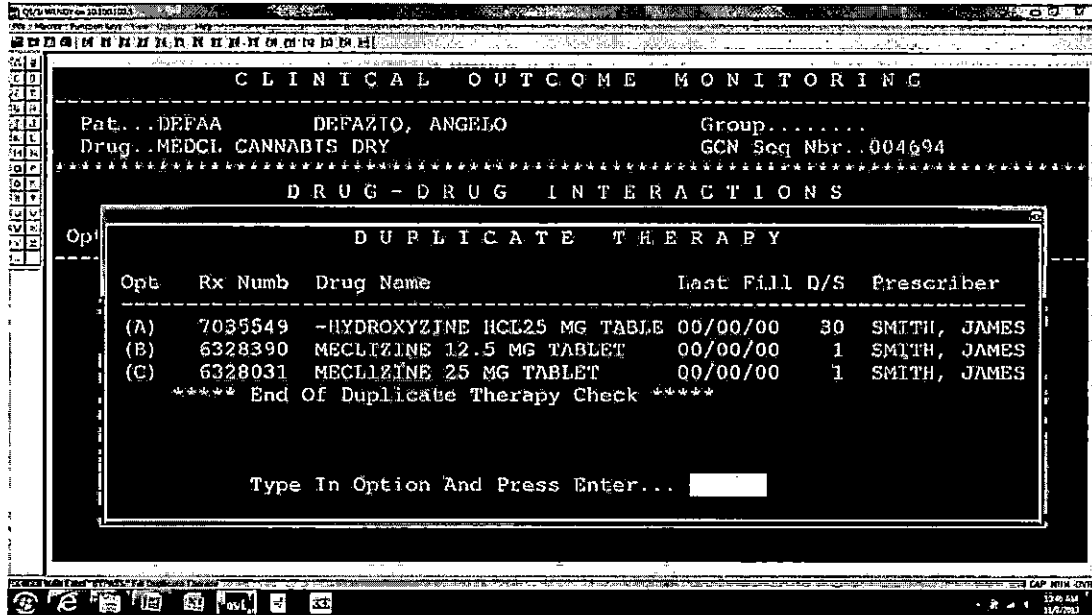


**SAMPLE SCREENS FROM OUR PHARMACY MANAGEMENT SYSTEM**



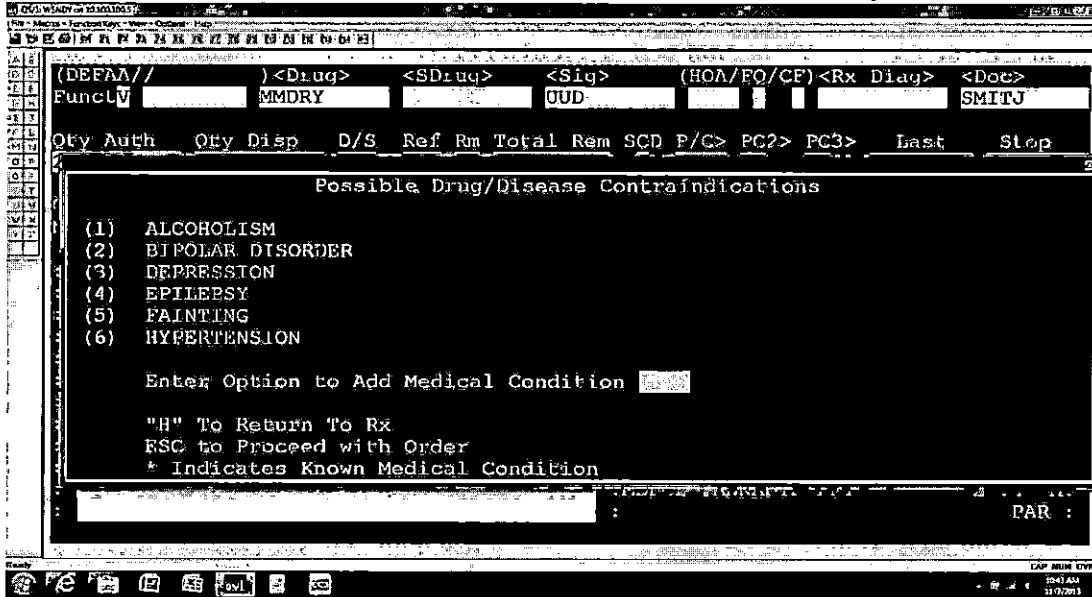
Early refill screen, with QS/1 unlike the marijuana management systems available today, as early warning pops up if refills are filled before indicated days supply from original dispensing.

**SAMPLE SCREENS FROM OUR PHARMACY MANAGEMENT SYSTEM**



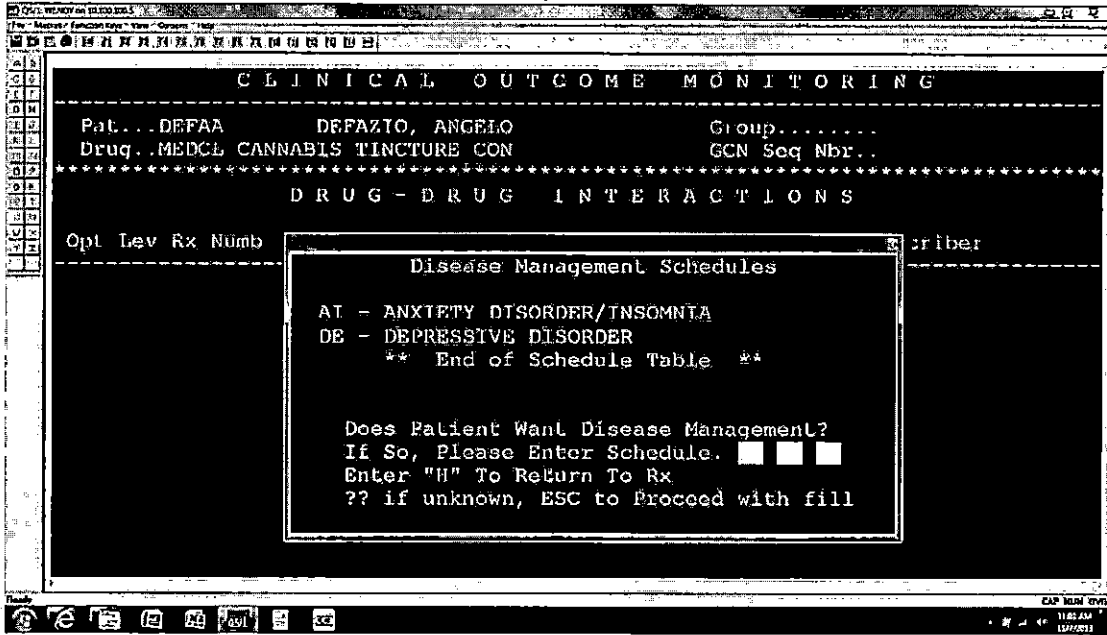
Our team at Arrow Alternative Care has loaded the QS/1 system with the warning codes and all associated pharmacological indications from commercially available marijuana products ie., Marinol<sup>®</sup>, Cesamet<sup>®</sup>, Sativex<sup>®</sup>. We have mapped CT grown products so that producers can now electronically update traditional pharmacy systems. The screen above demonstrates how a drug interaction for a patient taking a common vertigo medicine and marijuana.





The above screen has prompted the pharmacist that a contraindication may exist with the above referenced disease state and marijuana.

## SAMPLE SCREENS FROM OUR PHARMACY MANAGEMENT SYSTEM



Here the system has prompted the pharmacist of a potential contraindication.



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

**3. Security Process – Access to Dispensary Facility**

Arrow Alternative Care has experience and a proven track record designing and implementing 100% compliant processes to ensure that access to the dispensary facility premises is limited only to employees, qualifying patients and caregivers.

Compliance to Dispensary Access regulation is accomplished with a combination of the following:

- A. Secure physical building design,
- B. Team of personnel trained on security requirements, processes and systems
- C. Advanced Security Systems and Technology

**A. Secure Physical Building Design**

External access into this building is identical to the current design at Arrow Alternative Care in Hartford. The design and systems were approved by DCP and meet the criteria set forth in regulations.

The same processes and controls will be implemented at this location. The physical layout of the building and building security will have the following attributes and controls

- 1. Exterior Entrance and Exits:** There will be only 3 entrance / exit points into the building: only two of which provide entrance / exit points in the Dispensary Facility. The third exterior door provides entrance / exit into the Education Center of the building which is securely separate from the Dispensary Facility.
- 2. 24/7 Surveillance Systems** will monitor both the front and rear entrances and surrounding areas (refer to section for details)
- 3. Keycard Access / Code Access:** All exterior doors will be secured with electronic locking systems operated by a combination of key card and code entry security access
- 4. Bullet Resistant Rear Door:** Rear entry door will be made up of a bullet resistant solid panel.



**5. Secure Vestibule For Identification and Verification –**

Front Entrance Layout includes the following:

- Exterior Door operated through secure “buzz in” electronic locking system
- Exterior Door leads into an enclosed secure space
- Bullet Proof Check In window will be used to verify and validate credentials
- A secure entrance door leading into the common dispensary facility waiting area will be used to provide access into the facility.

**6. Security Personnel Station** consists of a secure enclosed, windowed area and access door fashioned after Bank drive up teller station or the service stations found at the U.S. Passport Agency locations with bullet resistive glass, voice box and secure document exchange drawer

**7. Panic Alarms** will be installed in Security Station

**8. Secure Rear Entrance** layout includes the following:

- Single solid door leading into a secure enclosed delivery vestibule space where all deliveries will be dropped (Refer to Question 6 Response of this Section for detailed description of secure delivery process).

**B. Security Guard Protection**

Arrow Alternative Care may enter into a service contract with a local security company or hire a retired police officer as allowed by law, to provide security guard coverage for the front entrance at all times during hours of operation and/or anytime the building is occupied by Dispensary Facility personnel. The security guard will also accompany Dispensary Pharmacist during all deliveries into the building (Refer Question 6 Response of this Section for a detailed description of the delivery process).

To date in our Hartford location the security has been performed by a licensed trained dispensary pharmacist technical. This has been extremely helpful with patient interaction and knowledge of process.

**C. Security Systems and Technology**

The same approved state of the art security systems that are installed at our Dispensary Facility location at 92 Weston Street will be installed throughout the Dispensary Facility. The entire premises will have 24/7 Surveillance and other security systems. (Refer APPENDIX A.4 – Question 71: Security Plan from Command Corporation, for a detailed description of our plan, security equipment and technology.)



D. Controls

All persons requesting access to the Dispensary Facility must present a valid CT Medical Marijuana registration certificate issued by the DCP, a valid U.S. issued photo identification ie., license, passport and proof of CT residency.

Visitor approval is required prior to allowing any entry of non-registered persons into the facility. Arrow Alternative Care has implemented processes and controls to ensure that the regulations regarding access to the dispensary facility are adhered too. Arrow Alternative Care has a track record of compliance with regard to visitor access.

All deliveries must be prescheduled and delivered through rear secured delivery vestibule.

All persons must enter through the front entrance only including: employees, visitors, registered patients, registered primary caregivers, with the exception of delivery personnel and dispensing employees.

**Processes**

FRONT ENTRANCE ACCESS PROCESS		
	Person / Responsibility	Process
1	Registered Patient / Caregiver, Visitor, Employee	<ul style="list-style-type: none"> <li>• Enter through front entrance</li> <li>• Present PROOF OF ELIGIBILITY REQUIRED DOCUMENTATION (Valid Photo ID and CT Medical Marijuana Care or Temporary Certificate) to security personnel using secure document exchange drawer</li> </ul>
2	Security Personnel	<ul style="list-style-type: none"> <li>▪ Validate proof of identity and registration for medical marijuana use by checking documents</li> <li>▪ Cross reference CT.GOV Patient website and AAC Patient Database</li> <li>▪ Visitors must be on approval listing from state, provide photo ID and follow sign in protocol. Visitors must wear Visitor badges at all times.</li> <li>▪ Permit entry by using automated door locking system (buzzer) to unlock interior door leading into common waiting area or Deny Entry</li> </ul>
3	Registered Patient / Caregiver, Employee	<ul style="list-style-type: none"> <li>▪ Enter common waiting area and approach sign---in window for in--- take processing</li> </ul>



REAR ENTRANCE ACCESS PROCESS		
	Person / Responsibility	Process
1	Delivery Personnel	<ul style="list-style-type: none"> <li>▪ Approach rear delivery door of building</li> <li>▪ Request entry using rear door call box to announce delivery (system will sound an alert in Dispensary Facility identifying that there is someone at the rear entrance)</li> <li>▪ Present CT Medical Marijuana ID Card and Photo ID via monitor</li> </ul>
2	Dispensary Pharmacist	<ul style="list-style-type: none"> <li>▪ Confirm Delivery Date and Time on state approved Delivery Manifest</li> <li>▪ Notify Security Personnel that delivery has arrived</li> <li>▪ Wait for Security Personnel to accompany to delivery station</li> </ul>

REAR ENTRANCE ACCESS PROCESS		
	Person / Responsibility	Process
3	Security Personnel	<ul style="list-style-type: none"> <li>▪ Secure facility – No persons will be able to enter or exit facility at this time. Since all deliveries are scheduled the staff will be prepared.</li> <li>▪ Go to Delivery Station in rear</li> </ul>
4	Dispensary Pharmacist Security Personnel	<ul style="list-style-type: none"> <li>▪ Viewing security monitors located in the dispensary area, make visual and verbal contact verifying identity, credentials and delivery documents</li> <li>▪ Unlock rear door to delivery vestibule electronically</li> </ul>
6	Delivery Personnel	<ul style="list-style-type: none"> <li>▪ Interior door is electronically unlocked and deliveries are placed with accompanying documentation in secure delivery vestibule area where product check-in will occur</li> <li>▪ Exit</li> </ul>



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

**4. ADA Accessibility Security Process**

The Arrow Alternative Care Dispensary Facility will be designed in accordance with the requirements of the American with Disabilities Act. Our Hartford Medical Marijuana Dispensary Facility as well as all of our Arrow Pharmacy locations have all been designed to comply so we are knowledgeable of the requirements and have successfully designed and built complying facilities. In addition to the ADA requirements, the Arrow Alternative care will also include the following features:

- Strategic handicapped parking
- All Security pads, call buttons, key card swipe units will be installed for wheelchair access
- Non---threshold doorways with ramp access from parking lot
- Extra---wide doorways, entrances and hallways to accommodate wheelchair access and turning radius
- Patient check---in, counseling counters and sales areas will be designed at 2 differing heights for comfort and ease for patients in wheel chairs
- Restrooms facilities will be wheelchair accessible and handicap usable
- Interior doors will have handicap push button access for entry and exit

Arrow Pharmacy is a provider of a large selection of Durable Medical Equipment to patients. As such, we will have access to items such as wheelchairs, walkers etc... to use in our design and build---out of the dispensary facility to ensure compliance with ADA Building Code Requirements. Our experience over the years providing supplies to handicapped patients gives us a unique perspective for design and build---out projects from table heights, water fountains and counseling areas to countertops, to exterior access design elements.



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

**5. Air Treatment Systems**

Air treatment systems will be installed in the Arrow Alternative Care Dispensary Department and Patient Reception/Waiting area to keep facility fresh, and to control odors from the product. Arrow Alternative Care will install the following system to reduce odors:

**EverClear<sup>®</sup> CM Air Purifier and Odor Removal System**

The EverClear<sup>®</sup> system will be purchased from Air Filtration Systems, LLC, The system is a state-of-the-art air cleaner. The system captures both particulate and gaseous contaminants.

Refer to the spec sheet that follow for a detailed description of the system.



## EverClear™ CM-11 and MiracleAir™ CM-12

### High Performance Particulate and Vapor Filtration Solutions



Indoor air quality issues, whether within cigar bars, laboratories, or light manufacturing, require a combination of high efficiency filtration and absorbent media to handle both airborne contaminant and odor/vapor removal. Air Quality Engineering's EverClear CM-11 and MiracleAir CM-12 air cleaners are designed to meet those needs.

The CM-11 and CM-12 are designed to handle:

- Heavy smoke and odor associated with cigar and hookah bars
- Airborne particulate and vapors within medical laboratories and testing environments
- Smoke from welding and soldering in light manufacturing and cottage industries

The CM-11 and CM-12 deliver efficiency, savings, and minimal maintenance cost by:

- Removing dust, smoke, pollen and other airborne particles with 95% efficient (at 3 micron) HEPA type filters
- Using 3-speed controller allowing ease of airflow adjustment
- Increased filter life by using large volumes of media used in both the particulate and the odor/vapor disposable filters
- Ease of filter access within the units for maintenance

The CM-11 and CM-12 air cleaners are **THE** air cleaning solutions for indoor air quality!



Air Quality Engineering, founded in 1973, is proud to offer a certified, superior level of experience in manufacturing complete air filtration systems that provide the highest performance, efficiency, and capacity for the money. Our sales and engineering team's mission is to identify the most cost-effective, high-quality solutions for our customers' needs, whether commercial, industrial or residential.

## EverClear™ CM-11

### Installation

The CM-11 can be easily flush mounted into a drop ceiling requiring a minimum of 19 9/16" above ceiling space.

### Unit Part Numbers

#### Standard CM-11

- 00296 EverClear CM-11, WHITE, 120V, 9 lbs. carbon
- 00429 EverClear CM-11, BLACK, 120V, 9 lbs. carbon
- 00298 EverClear CM-11, WHITE, 120V, 3-speed wall control, 9 lbs. carbon
- 00430 EverClear CM-11, BLACK, 120V, 3-speed wall control, 9 lbs. carbon

#### Deluxe CM-11

- 00284 EverClear CM-11, WHITE, 120V, 44 lbs. carbon
- 00427 EverClear CM-11 BLACK, 120V, 44 lbs. carbon
- 00293 EverClear CM-11, WHITE, 120V, 3-speed wall control, 44 lbs. carbon
- 00428 EverClear CM-11, BLACK, 120V, 3-speed wall control, 44 lbs. carbon

### Replacement Filters

- 41147 Prefilter, 1" Aluminum Mesh, CM-11
- 41039 Media Prefilter Pad, 24" x 29.5" x 1"
- 41149 MERV 16 (95% DOP) Disposable Filter
- 41154 MERV 13 (85% ASHRAE) CM-11
- 41155 MERV 11 (65% ASHRAE) CM-11
- 41168 HEPA 99.97%
- 41162 Disposable Carbon Filter 2" x 19" x 22.38", 4.5 lbs./filter, 2 req.
- 07133 VOC Filter Replacement Kit CM-11 (20 carbon filters for the two modules)
- 07240 VOC Filter Replacement Kit (50% Carbon 50% PP, 20 filters for the two modules)

### Optional Accessories

- 41156 Prefilter Frame for Disposable Media Pads, CM
- 41168 HEPA Filter Upgrade
- 41039 Media Prefilter Pad, 24" x 29.5" x 1"

### Capacity (CFM)

Low Speed	Med. Speed	High Speed
400	650	850

### Dimensions

Length	Width	Depth
46 5/8"	22 5/8"	19 9/16"

### Weight

Model	Shipping	Installed
Standard	180 lbs.	125 lbs.
Deluxe	250 lbs.	200 lbs.

### Efficiency (based on filter selection)

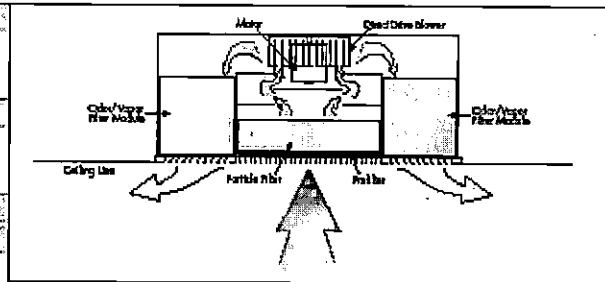
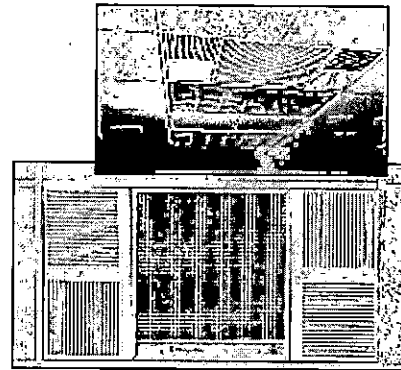
Efficiency	Part No	Filter Description
95% DOP on .3 micron	41149	MERV 16 (95% DOP) Disposable Filter
99.97% DOP	41168	HEPA 99.97% (Upgrade)

### Power

115V, 4.3 AMPS, 60Hz Requires hardwiring

This product is not available for resale or installation in California.

Specifications subject to change without notice.



7140 Northland Drive North, Brooklyn Park, MN 55428-1520, USA  
PHONE: 763-531-9823 • FAX: 763-531-9900 • TOLL FREE: 1-800-328-0787  
EMAIL: info@air-quality-eng.com • www.air-quality-eng.com



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

**6. Medical Marijuana and Marijuana Products Delivery Process**

Arrow Alternative Care and Arrow Pharmacy have extensive experience with accepting medical marijuana and narcotics through rear entrances of our dispensary facility and pharmacies which has given us perspective and insight into various diversion and burglary tactics. We have created and implemented processes and controls which minimize the risks of diversion, theft, forced entry by delivery personnel held against their will or loss of pharmaceuticals during and after the delivery process.

Existing systems in place at Arrow Alternative Care in Hartford are in compliance with the regulations

Compliance to the medical marijuana and marijuana products delivery regulation is accomplished with a combination of the following:

- A. Secure physical building design,
- B. Team of personnel trained on security requirements,
- C. Advanced Security Systems and Technology
- D. Protocols, Systems and Processes

**A. Secure Physical Building Design**

The physical layout of the delivery area is made up of two separate alarmed areas and has been designed for security and safety with the following attributes and controls.

- There will be only 1 entrance / exit point at the rear of the building that will be used for all deliveries
- 24/7 Surveillance systems will monitor the rear entrances and surrounding area
- Rear door will be secured with an electronic locking system operated by a combination of key card and code entry security access from within the dispensary department
- Rear door will be made up of a bullet resistant solid pane
- Rear door will lead into a secure enclosed delivery vestibule space where all deliveries will be dropped
- A security document exchange drawer will be built into the wall adjacent to the rear door



- A monitor display station of exterior door area at the delivery vestibule will be located in the dispensary
- 
- The interior door will be electronically locked and opened by a Keypad/Fingerprint Combination Security System located inside delivery vestibule and Dispensary Facility
- 
- A secure vault will be located in the dispensary department that will store all medical marijuana products and will -call prefilled orders or refills.
- 
- Secure Vault will be locked/unlocked by a key card and code combination.

#### **B. Security Personnel Protection**

The Security Personnel will accompany the Dispensary Pharmacist to accept and process all deliveries but will not enter dispensary department. Only Dispensary Pharmacist and Technicians will have access to the dispensary department.

#### **C. Security Systems and Technology**

State of the art security systems will be installed throughout the delivery areas and the Dispensary Facility. Refer to APPENDIX A.4 – Question 71: Security Plan from Command Corporation for a detailed description of security technology installation.

#### **D. Controls**

- ALL Deliveries must be scheduled in advance. Unscheduled deliveries will not be accepted.
- Deliveries will be accepted only through rear delivery entrance only (as described above).
- Deliveries will be accepted and processed exclusively by Dispensary Pharmacist.
- Each Dispensary Pharmacist will have their own personal combination and key code and/or fingerprint coding for access to ensure security and provide a security trail of vault access
- Products delivered will be sealed in tamper proof child resistant packaging. There will be no unpackaged, loose product anywhere on the premises.



E. Process

Our process creates a quarantine type area where the delivery personnel and Dispensary Pharmacist perform their respective processes protecting the dispensary facility from illegally being entered.

DELIVERY PROCESS		
	Person / Responsibility	Process
1	Dispensary Pharmacist or Technician	Places order with Grower(s) or other vendors Schedules delivery date and time Receives state approved delivery manifest from grower
2	Delivery Personnel	Approach rear delivery door of building Request entry using rear door call box to announce delivery (system will sound an alert in Dispensary Facility identifying that there is someone at the rear entrance) Place verification documents in the secure document exchange drawer
3	Dispensary Pharmacist	Notify Security Guard that delivery has arrived Wait for Security Guard to accompany to delivery station

5	Dispensary Pharmacist / Security Guard	With Security Guard present, unlock interior door in Pharmacy Dispensary area leading to enclosed, secure delivery vestibule Viewing monitor located in the delivery area, make visual and verbal contact verifying identity and credentials requesting valid CT medical marijuana registration and photo Identification and delivery documents
6	Delivery Personnel	Place proof of identity and state registration document into secure document exchange drawer
7	Dispensary Pharmacist / Security Guard	Verify identification documents and delivery documents Exit delivery vestibule Unlock rear door to delivery vestibule electronically
8	Delivery Personnel	Enters secured delivery vestibule Places order and delivery documents in delivery vestibule
9	Dispensary Pharmacist / Security Guard	Enters secured delivery vestibule Verifies order, Checks for tampering, Counts all products delivered Cross Reference delivery Manifest and Order Placed Accepts or denies order Signs invoice noting any discrepancies
10	Dispensary Pharmacist / Security Guard	Once outside delivery area is clear of delivery personnel and vehicle, move product to Dispensary department Vault. Security guard returns to front of facility
11	Dispensary Pharmacist	Unpacks delivery, enters delivery into Inventory Control and Perpetual Inventory System inside of dispensary department Unlock Vault and place order in vault



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

**7. Dispensary Facility Employee Training and Continuing Education Opportunities**

**Education and Training Philosophy**

Arrow Alternative Care recognizes that advancements, innovations and changes occur rapidly within our industry and that providing the highest levels of patient care requires daily education and ongoing professional development for all of our employees.

We understand that the opportunity and challenge for all of our employees is to maintain a leading edge of knowledge in terms of our products, our business model and the advancements and changes of the industry at large.

We believe that over time, since this is such a niche specialized pharmaceutical care model, that a specialty practice with certification opportunities and requirements in the field of Medical Marijuana Use will emerge, just as it has in Diabetes, Asthma, Ostomy and Immunization Therapy. We will work jointly with the Connecticut Pharmacists Association, UCONN School of Pharmacy and St. Joseph School of Pharmacy to create Medical Marijuana certification, and training.

Arrow Alternative Care Employee Training will be consistent at all Arrow Alternative Care locations consisting of:

**Continuing education** as required by law to retain licensure ie, Pharmacist CE annual requirements (15hrs of CE), Pharmacy Technician CE requirements, and future requirements set forth by the law to obtain and retain certification status to work as a dispensary facility manager, dispensary pharmacist, technician or other employees.

All Dispensary Facility Pharmacists and Technicians will be required to attend CE credits in the field of Medical Marijuana.

**Operational training** --- All dispensary facility employees will be required to attend training to stay current with the Arrow Alternative Care mission, business model, systems, operational policies and procedures, products and services and best practices

**Industry Training** --- All dispensary facility employees will be presented with opportunities to participate in available industry training.



Resources – Arrow Alternative Care will use the following resources to create education and training programs for employees, registered patients and primary caregivers and registered physicians...

Including but not limited too:

Grower Educational Materials and Sessions

Symposiums Offered by Accredited Association and Industry Leaders

Canadian consortium for the Investigation of Cannabinoids [www.ccic.net](http://www.ccic.net)

Health Canada <http://www.hc-sc.gc.ca>

The International Cannabinoid Research Society [www.icrs.co/](http://www.icrs.co/)

International Association for Cannabinoid Medicines [www.cannabis--med.org](http://www.cannabis--med.org)

Patients Out of Time [www.medicalcannabis.com](http://www.medicalcannabis.com)

Medical Marijuana: Therapeutic Uses and Legal Status

[http://www.uspharmacist.com/continuing\\_education/ceviewtest/lessonid/106975/](http://www.uspharmacist.com/continuing_education/ceviewtest/lessonid/106975/)



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

**8. Processes and Controls to Prevent Diversion, Theft, Loss of Medical Marijuana**

Arrow Alternative Care will implement the same processes, controls and technology systems that are used at our Hartford Location and Arrow Pharmacies to prevent diversion, theft and loss of narcotics and medical marijuana. Our Dispensary Pharmacists and Technicians use these processes, controls and systems every day at our Hartford location and are knowledgeable and proficient in the execution and use of these tools. These turnkey processes, controls and technology systems will be implemented and in place from the moment the Dispensary Facility opens.

Arrow Alternative Care has identified 5 contact points in our dispensary facility model that present the highest risk of potential diversion, theft or loss of marijuana. These contact points mirror those that occur in the Arrow Pharmacy business model for the dispensing of scheduled pharmaceuticals.

Processes and controls will be implemented at each of the 5 contact points:

1. Delivery of Marijuana from Growers to Dispensary Facility
2. Stocking / Handling of Marijuana in Dispensary Facility
3. Dispensing of Marijuana to the Patient
4. Sale of Marijuana to Patient
5. Patient use of Marijuana

Refer to APPENDIX A.4 – Question 71: Security Plan from Command Corporation for layout and security measures for a detailed description of the actual security system to be installed.

**A. Physical Controls In Place to Prevent Diversion, Theft, Loss of Medical Marijuana**

The following physical controls will be put into place

**1. 24/7 Surveillance Systems** will monitor ALL areas within the facility, as well as the exterior perimeter ie., Entrances, Security Area, Reception, Dispensary Department, Dispensary Technician areas, consultation areas, vault.....

**2. Secure Entrance and Exits:** The entrance / exit points into the Dispensary Facility will be secured with electronic strike pads that only key personnel have access too..

**3. Secure Dispensary Department** – Access to Dispensary Department is restricted to Dispensary Pharmacist, Dispensary Facility Manager, Dispensary technician.. Defined above in this section -- Response to Question 6. Medical Marijuana and Marijuana Products Delivery Process.

**4. Secure Product Storage Vault – Located in the Dispensary Department will** be accessible solely using keypad access. All marijuana will be stored solely in the vault including will--call orders filled on a





refill basis. Refer to APPENDIX A.4 – Question 71: Security Plan from Command Corporation for a detailed description of the Vault that will be installed.

We will install a vault designed specifically for Pharmaceuticals that is approved by D.E.A. DESIGNED TO HOLD SCHEDULE 1 & 11 DRUGS UNDER SEC 1301.72 from Vault Systems.

- Features of the Pharmaceutical Vault will include:
- Most of the vaults require the need of forklifts and pallet loaders to easily move the materials within the vault. The necessary door(s) size to accommodate the above machinery should have a clear opening of 60"W x 85"H or greater. The door(s) must meet D.E.A. standards under SEC. 1301.72.
- With the use of steel beams, columns, and U.L. approved panels, it is essential that all the components fit together in such a way that nothing can be "passed through" any opening to the outside. This is extremely important in the design of D.E.A. vaults as the stored products are extremely small, potentially dangerous, and very valuable on the illegal market. With this in mind, the steel selection is critical and the panels must fit correctly within the beams.
- The pharmaceutical vaults must provide equal protection on all sides, roof, and floor. When the existing floor does not meet D.E.A. standards for generic construction, it may be substituted with a generic floor or U.L. listed floor similar to the walls and roof. The local D.E.A. agent will be helpful in providing advice if the existing floor needs to be replaced. Today, the floor panel may be a U.L. listed panel as thin as 2".
- Air ventilation is handled through U.L. approved vault vent ports. The vent ports have a built-in trap to prevent any pass through attempt in the event that the vent ports are located in any area that might be reached by personnel.
- The need for fire suppression systems is a major requirement for pharmaceutical vaults and can be accomplished without compromising the integrity of the vault. The use of a main line within the vault and the running of "feeders" are possible. An alternative is the pre-positioning of 1 1/2" holes (maximum) within the panels for "sprinkler heads".
- Conduit connections between the inside and outside of the vault are provided for the panels prior to construction. These locations allow the electric, alarm, cameras, computer, phone, and other electronic communication systems to be easily connected. The normal size for the conduit normally is 1"–1 1/2" in diameter. These are grouped in various panels.

**5. Prescription Dispensing Technology Station** will be located within the dispensary department. Access will be limited solely to Dispensary Pharmacist, Dispensary Facility Manager, Pharmacy Technician. Refer to Process Control below 3. Secure Dispensing Process.

6. Patients will be admitted into patient consultation area one at a time.



- 7. Patients will place order within consultation area as part of the Wellness Care and Healing Consultation with the Dispensary Pharmacist.
- 8. No open product or sample products will be allowed anywhere within the dispensary facility.
- 9. Marijuana will be pre packaged in tamper proof containers.
- 10. Dispensary Facility employees are required to wear pocket less pharmacy lab jackets
- 11. No baggage, purses, deep pockets etc. allowed by any employee in dispensary department
- 12. All employee bags, purses, coats etc prior to opening the dispensary department.

**B. Process Controls**

**1. Secure Medical Marijuana Delivery Process** from the Growers – Refer Question 6 Response of this Section for a detailed description of the delivery process.

**2. Narcotic Like Perpetual Inventory Process** – Nightly, Dispensary Pharmacist will run a report from the pharmacy system listing all medical marijuana dispensed during the day. A physical inventory will be conducted matching product to report, it will be signed and filed. This is the identical process drug control requires us to use today at our Arrow Pharmacy locations.

**3. Secure Dispensing Process** - The physical dispensing of medical marijuana to registered patients and primary caregivers will occur only after the patient and/or primary caregiver has participated in the Wellness Care and Healing Consultation. Refer above to Response to Question 2 Services Offered by Dispensary for a description of this consultation.

- At no time will a patient or care giver enter or have access to Dispensary Department Dispensary
- Order will be handed to patient or caregiver through a secured pass through window
- All patient, product and order specifics ie., strain, form, dosage, total amount dispensed... will be processed using the QS/1 Prescription Dispensing module as described below.

The dispensing process will mirror the processes in place at Arrow Alternative Care:

- a. Patient, after going through front entrance security process will enter common waiting area
- b. Patient will approach a secure patient sign---in window
- c. Pharmacist Technician will check patient in cross checking credentials with State System and QS/1 (see description below).



- d. Pharmacist Technician will provide patient or caregiver with a series of required forms to be completed ie., patient profile, medical history, consent to Arrow Alternative Care procedures forms
- e. Patient will complete forms and return to Pharmacy technician.
- f. Patient will be called into consultation area, one at a time.
- g. Dispensary Pharmacist will conduct a Wellness Care and Healing Consultation.
- h. Dispensary Pharmacist will be make recommendation of appropriate product, form and dosage that will most effectively treat the patient.
- i. Patient will make choice and place order with Dispensary Pharmacist
- j. Patient will return to the common waiting area
- k. Dispensary Pharmacist will return to Dispensary Department and process the order using the QS/1 Prescription Dispensing Module.
  - Prescription Monitoring Program (PMP) is checked to verify previous purchases and to establish 30 Day Supply Start date – this is the date that is used by the system to monitor 30 day supply limits set by certifying physician.
  - Order is entered into QS/1 Prescription Dispensing Module
  - Labels are printed – 2copies of each label
  - Pharmacist Technical or Dispensary Pharmacist retrieves product from vault, verifies NDC number, affixes label and places in order checking/logging area.
  - Orders is checked by Dispensary Pharmacist
    - Proper NDC Number
    - Amount Purchased
    - Patient Name and Physician
  - The order is logged into our perpetual inventory logs
  - Order is placed in a basket to deliver to patient
- l. Process for will--call or orders received from certified physician, If patient comes in with a medical marijuana order from a certified physician, all of the above steps will be followed with the exception of making recommendation

**4. Secure Check-Out Process** -- The physical delivery of the product to the patient and the financial transaction will take place through a secure "Check-Out Station".. At no time will a patient or care giver enter or have access to Dispensary area.

- Order will be delivered to patient from behind a protected window/counter that allows a secure physical pass through of order from Dispensary Department to patient much like the window system at the US Passport Agency Facilities. (Refer to APPENDIX A.4 – Question 71: Security Plan



from Command Corporation for layout and security measures)

- The QS/1 POS System (see description below) will be used to store all transaction information.
- The only exchange of payment will be made at this time.
- Patient must present registration card and photo ID to purchase their order as a secondary source of verification for dispensing.

#### **5. Patient Education Process – Safe Use and Storage of Medical Marijuana**

Once the medical marijuana leaves the Dispensary Facility it will not be possible to track its whereabouts. However, the Dispensary Facility will have detailed records of all products and amounts of medical marijuana that have been dispensed to a patient. This data will be cross referenced every time an additional order is placed. Before any product is dispensed, potential diversion may be detected by comparing the order that the patient or primary caregiver is requesting against our records of what has been dispensed previously.

All registered patients will receive training on how to safely use medical marijuana at home and how to safely store medical marijuana to alleviate theft, misuse by others and diversion. They will be instructed to immediately contact Dispensary Facility if the medical marijuana is lost, stolen or diverted.

#### **C. Technology Controls** to prevent the diversion, theft or loss of marijuana include:

##### **QS/1 Pharmacy Management System: Drug Therapy Monitoring and Narcotic Tracking**

Arrow Alternative Care will be the only CT Dispensary Facility to implement a pharmacy management system with a robust narcotic inventory control tracking system, QS/1. This system is used at Arrow Pharmacies and at independent pharmacies in the state of Connecticut. The CT Department of Consumer Protection Drug Control Division on its agents are familiar with this system and its capabilities.

Our experience has proven that the new systems that have been designed for the medical marijuana industry such as BioTrack<sup>®</sup> and MMJFreeway<sup>®</sup> provide basic inventory control functionality but are not capable of implementing the tight level of control necessary for narcotic tracking required to prevent the diversion, theft or loss of marijuana.

Arrow Alternative Care will be a pioneer in the state of CT and will implement the QS/1 Pharmacy Management System. QS/1 provides comprehensive pharmacy management functionality, advanced inventory control system, robust narcotic tracking system (familiar to CT Drug Control Agents) and a comprehensive drug therapy monitoring system providing tools aimed at positive patient outcomes.

The 2015 release of QS/1 has suggested revisions necessary for the management of medical marijuana dispensaries and medical marijuana medication therapy management tools.

QS/1 has recently contracted with the medical marijuana dispensary facilities in system for the State of New York medical marijuana dispensary facilities.



**QS/1 – Medication Therapy Management and Narcotic Tracking Overview**

BioTrack<sup>®</sup> and MMJFreeway<sup>®</sup> are the Medical Marijuana Dispensary management systems of choice in the medical marijuana space. The functionality of these systems falls short in their capabilities to truly engage in Medication Therapy Management which encompasses the ability to access a patients complete medical history including medical marijuana therapies and to adequately monitor, manage and control narcotic inventory . Based on our commitment to provide the highest quality of care to our patients and to adhere to the tight controls required for the distribution of scheduled drugs as implemented in our pharmacies, a traditional Pharmacy Management System that can provide both advanced inventory control functionality and an integrated drug therapy monitoring system is required.

In 2014, Arrow Alternative Care began negotiations with QS/1 (Smith Data Corporation) concerning modifying their traditional Pharmacy system to integrate the tools necessary for the operation and management of medical marijuana dispensary facilities. We were the first dispensary facility in the U.S. to request permission to use the traditional pharmacy management system in this non-traditional setting. In 2014 Arrow Alternative Care was invited to become an active participant with the QS/1 design team to create this new functionality, In fact, because of our intervention and suggestions, QS1 has already sold units to approved NY State dispensary facilities.

**QS/1 Drug Therapy Monitoring Component**

Arrow Alternative Care have enhanced the system to integrate medical marijuana products in the Medi-Span drug monograph codes of commercially available cannabis products such as Marinol<sup>®</sup>, Sativex<sup>®</sup> and Cesamet<sup>®</sup>. This has allowed us to create individual drug monographs for medical marijuana products available from CT Growers. This functionality gives us the ability to create patient profiles of current traditional medication with CT grown medical marijuana products to include pharmaceutical contraindications, adverse side affects, dosing considerations for medical marijuana and any traditional pharmacy prescription the patient may be taking.

Arrow Alternative Care is the only dispensary that we are aware of that has the ability to store and electronically cross reference other prescribed medications and be prompted to contraindications with traditional pharmaceutical and medical marijuana products.

The QS/1 System enables us to meet the requirements for providing Ct medical marijuana program access to Hospice and Institutional patients. QS/1 enables us to create customized directions and procedures for patients which is vital in hospice and institutional care settings where protocols using specific directions (SIG) is mandatory for patient use within a facility.

**QS/1 Narcotic Tracking Component**

In addition to the robust pharmaceutical inventory management functionality, QS/1 has a component required by states to address prescription drug abuse, addiction and diversion. This functionality allows us to:

- Monitor palliative use of medical marijuana and other controlled substances,
- identify and deter or prevent drug abuse, diversion of and addiction to medical marijuana and prescription drugs



We believe that using the QS/1 System is an important differentiating tool enabling Arrow Alternative Care to provide the highest level of care for positive patient outcomes and for implementing the tight controls required for medical marijuana inventory management and regulatory compliance. The system has a robust narcotic tracking function which is very familiar to drug control agents in the CT Drug Control Department. This will give us the proper tools to manage the complex disease state therapies associated with the approved disease states.

**QS/1 Pharmacy Management System Components**

A. Inventory Management – Delivery data will be input into the QS/1 System. In real time, every dosage form will have an accurate exact count whether milliliters, grams, units, etc.... that is electronically and manually traceable. . Most products and services sold at the Dispensary Facility will be bar coded or entered into the system including such items as over the counter products, ancillary items associated with the prescribed use of medical marijuana, consultations and interventions.

B. QS/1 Prescription dispensing system will be used to dispense and track all orders including complete patient profile and historical data

C. Point of Sale System (POS) All sales will be processed using the QS/1 POS including medical marijuana, related ancillary products and services. This system will keep track of the exact time of patient pickup, what was picked up, what the patients possession ratio is, transaction payment data, what the payment form is and have electronic signature logs of patient receiving order. As bar codes are created from both the original system and transactions systems from fill to the point of sale, in essence there are two systems that mirror image patient data to better gate keep all activities associated with purchases from dispensing to transactions.

D. Drug Therapy Management System: A comprehensive and up-to-date drug interaction and drug allergy screening database that will allow the addition of medical marijuana product available. This component provides our dispensary pharmacists with timely and clinically relevant information on prescription and OTC medications and medical marijuana, enabling them to measurably improve patient outcomes through effective drug therapy hazard monitoring.

E. Traditional prescription information for individual patients

QS1 Will allows us to store through its extensive drug database “all” medications a patient is taking This gives us unsurpassed tools to properly prescribe and help adjust doses with respect to medical marijuana



**D. PROPOSED MARKETING PLAN**

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.

**1. Proposed Marketing Plan**

Arrow Alternative Care will extend its current Marketing Plan and Strategies to this new location.

**Marketing Goal**

The goal of our marketing plan is simple:

*To promote the CT Medical Marijuana Program  
and  
the value of choosing Arrow Alternative Care  
in 100% compliance with the State Regulation.*

Arrow Alternative Care has engaged two innovative, creative CT marketing firms to help us identify and implement marketing strategies to meet our marketing goal

Adams and Knight, Simsbury, CT

The main focus is on printed media in the HealthCare Market. Their client portfolio consists of companies such as Hartford HealthCare, and Pfizer Corporation.

Silent Partner, Manchester, CT

Social Media, Videography and Internet Development are their specialty.

**Marketing Message**

The use of Medical Marijuana for palliative care offers CT qualifying patients access to a treatment option using products that have been stigmatized and frowned upon by many in our community as a result of not fully being understood.

Our commitment is that all of our marketing materials are professionally designed and are in keeping with the intent of the CT Medical Marijuana program as a "medical model" and avoiding any and all possibilities of portraying the intent of the program or Arrow Alternative Care as supporting the recreational use of marijuana.



It is much to our dismay that for as many positive on point marketing messages that have been released, there are as many that have sent the wrong message about the intent of the program to patients and the healthcare community.

Our messaging is aimed at:

- introducing medical marijuana as a treatment option for palliative care by providing as much informational and educational tools to all stakeholders in this new area of treatment as is possible.;
- promote the value of Arrow Alternative Care with a primary focus on our key differentiators:

**Expertise • Compassion**

**Affordability**

**Stakeholders**

Our plan focuses on expanding our materials for the following stakeholders:

1. Physicians
2. Patients

Stakeholders	Marketing Messages
Physicians	Industry and Product Specific Risks and Benefits of using Medical Marijuana What are the different types of Medical Marijuana, forms, dosages etc... and the disease states that each type is most effective in treating Proper usage, potential side effects
Patients	Proper storage Understanding Medical Marijuana Laws in the State of Ct Personal and Home Safety  Arrow Alternative Care Specific Medical Marijuana products available at our dispensary facility Understanding the process of purchasing Medical Marijuana at our dispensary facility Overall wellbeing services including importance of holistic view of health, impact of vitamin and/or nutritional supplements.





Physicians and Registered Physicians	In addition to all of the above: Disease states approved for palliative use of marijuana Up to date information about efficacy, contraindications etc... Arrow Alternative Care business model and services Medication Management Therapy collaboration
--------------------------------------	---

Our emphasis is to provide the information and education needed by stakeholders to understand the value and impact that this treatment can have in improving the overall health, well being and quality of life for chronically ill patients as opposed to marketing products or services to gain customers

**Media**

The following types of media are included in our plan:

1. Brochures
2. Website
3. Social Media
4. Email Marketing
5. Online Menu/Product Management System [www.leafly.com](http://www.leafly.com)

Media	Target Audience	Marketing Messages
Brochures and Posters  – Located inside of the Dispensary Facility Waiting Room and Consultation Area	Registered Patients and Registered Primary Caregivers	Disease State Information Brochures, for each of the chronic disease states approved for the palliative use of medical marijuana, with targeted messages describing treatment options, products, usage etc... Information about Arrow Alternative Care Products, Services, Operations Information to help patients, caregivers and physicians navigate the State of Connecticut registration process and regulations
Internet Web Site		Arrow Alternative Care Products, Services, Operations Online order request, appointment scheduling Information to help patients, caregivers and physicians navigate the State of Connecticut registration process and regulations
Email	Registered Patients /Registered Primary Caregivers	Wellness Care and Healing Consultation follow-up information reminding of proper usage and safety Updates and Information on chronic disease states conditions and medical marijuana – If patient opts into such communication Product recall notices



Videos	Registered Patients /Registered Primary Caregivers	Patient Testimonials Virtual Tours: Dispensary and Grower locations Educational Events and Material
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Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

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**Compliance**

Arrow Alternative Care marketing materials have been 100% compliant with the regulations and will continue to be. Any and all communications

**2015 PLAN**

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The following marketing projects are underway:

1. Website Redesign
2. Update our Arrow Alternative Care Brochure
3. Disease State Information Brochures
4. Hiring of a Sales Representative (Pharmacist Sales Representative) to call on physicians and institutions to expand the Ct program and to market Arrow.

The following pages contain copies of our current materials and work that we are presently engaged in developing.

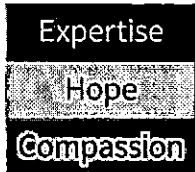
**Logo and Branding**

**CannaED<sup>®</sup>**

PRESENTED BY



**ARROW<sup>®</sup>**  
ALTERNATIVE CARE



**ARROW<sup>®</sup>**  
ALTERNATIVE CARE



## Brochures



Hope is here at last.  
With the new Arrow  
Alternative Care Medical  
Marijuana Wellness Center,  
it is our mission to help  
registered patients get the  
medical marijuana they need  
to manage symptoms and  
ease pain. Our pharmacist-  
directed, compassionate care  
is designed to ensure that  
every patient gets the relief  
and comfort they seek, as well  
as the understanding and  
respect they deserve.  
All in a safe, healing place.

### Arrow Alternative Care Medical Marijuana Wellness Center

#### Our Center offers:

- CT Medical Marijuana Program Enrollment/  
Renewal Registration Services at no charge
- personalized wellness and healing consultation
- Individualized treatment plans and monitoring
- training on safe use of different forms, including  
vaporizers, edibles, salves, tinctures concentrates
- a wide array of medical marijuana accessories
- an extensive variety of medical marijuana  
strains and dosage forms
- a reference area/resource center
- holistic healing and wellness services, including  
immunizations for pneumonia, influenza, whooping  
cough, hepatitis B and shingles
- easy access for the mobility-impaired:
- 10% Veterans Discount
- 10% Senior Discount
- on-site ATM

Visit Us At

[www.ArrowAlternativeCare.com](http://www.ArrowAlternativeCare.com)



Find us on Facebook

Monday - Friday 10am - 6pm Saturday 10am - 3pm  
And by appointment. If you need us, we will be here.



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ALTERNATIVE CARE

©2014 Arrow Alternative Care

### Arrow Alternative Care Medical Marijuana Wellness Center



Dispensing medical  
marijuana with  
professional expertise.

In an environment  
designed for  
compassionate care.

92 Weston Street, Suite 16  
Hartford, CT 06120

Minutes from downtown Hartford,  
right off I-91 and I-84, with easy parking.

Telephone: (860) 246-HOPE (4673)

Fax: (860) 519-1852

[www.ArrowAlternativeCare.com](http://www.ArrowAlternativeCare.com)



# ARROW<sup>®</sup> ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



### Much more than medical marijuana. Just minutes from downtown Hartford.

The Arrow Alternative Care Medical Marijuana Wellness Center serves Greater Hartford and surrounding areas, providing patients and caregivers with access to medical cannabis for palliative use in a safe, comfortable environment.

We understand what patients are going through. And we're here to help, with:

**Accredited and specialized pharmacists** Our highly qualified team of Arrow Alternative Care pharmacists has experience in HIV, oncology, multiple sclerosis, glaucoma and other illnesses. For added convenience and well-being, we also offer on-site flu shots and immunizations for pneumonia, shingles and hepatitis B.

**A place designed for healing** Much more than a traditional dispensary, the Center features a welcoming environment where you can find alternative therapies that focus on holistic well-being. In addition to our medical marijuana library and resource center, we offer a place for a private, healing consultation and, most of all, a calming space to relax.



**Experts in medical marijuana for palliative use** To help manage pain symptoms or levels, Arrow Alternative Care pharmacists work with patients to dispense the best strain, strength and form of marijuana for their individualized disease state. We also educate patients and caregivers on how to use different forms, including vaporizers, edibles, salves, tinctures and concentrates.

Our product approach is based on the fact that the Arrow Alternative Care Medical Marijuana Wellness Center will be serving patients who are very ill, compromised or suffering from one or more complex disease states.

**Access to a wide product selection** As Arrow Alternative Care is not affiliated with a grower, nor are we owned wholly, partially, directly or indirectly by any grower, we can offer access to a selection of marijuana strains, brands and dosage forms to meet the specific needs of each individual patient. In fact, we will continue to widen our offerings as patient needs demand.

**25 years of experience serving Greater Hartford** This new, locally owned and operated Wellness Center is part of the trusted Arrow Pharmacy family, which has helped to care for families in Hartford for nearly 25 years.

**Qualifications for registration** Patients must be registered through a physician to purchase medical marijuana in Connecticut. To register, they must be at least 18 and undergoing treatment for at least one of the following health conditions:

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

Learn more about registration by calling 860-246-HOPE (4673).

Or visit [ArrowAlternativeCare.com](http://ArrowAlternativeCare.com).

**Arrow Alternative Care  
Medical Marijuana Wellness Center**



**ARROW**<sup>®</sup>  
ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

Example of our CannaEd<sup>®</sup> Announcements

**ARROW ALTERNATIVE CARE PRESENTS**

# CannaED<sup>®</sup>

We believe that information and education empowers us to gain control of our lives and create a brighter healthier future. The benefits of Medical Marijuana are life changing. There is so much to learn. We are excited to launch our Arrow Alternative Care CannaEd Series, a series of free events including cooking, learning and networking sessions. Experts will offer insight and advice on a variety of subjects, with a focus on the total health and well being of patients.

We invite All Registered CT Medical Marijuana Patients to join us.

Reservation is required and can be completed at our Arrow Alternative Care site [www.CannaED.org](http://www.CannaED.org).



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**ARROW ALTERNATIVE CARE, 92 WESTON STREET, SUITE 16, HARTFORD, CT 06120**

**ARROW ALTERNATIVE CARE PRESENTS**

# CannaED<sup>®</sup>

As part of our commitment to outreach and education, Arrow Alternative Care is proud to introduce CannaED, a series of free events including cooking, learning and networking sessions. Experts will offer insight and advice on a variety of subjects, with a focus on the total health and well being of participants. The series is open to all registered CT Medical Marijuana Patients. Reservation is required and can be completed at [www.CannaED.org](http://www.CannaED.org).



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CannaED<sup>®</sup>.org

**ARROW ALTERNATIVE CARE PRESENTS**



**Have it Your Way:  
Choosing the Right Dosage Form**

**August 6<sup>th</sup> from 6:30 - 8pm**

**20% Off  
Theraplant**

Medical Marijuana in Connecticut is available in many different dosage forms. One of the most frequently asked questions that we get is 'what is the best way to consume marijuana.' With so many people smoking for the first time due to medical reasons, the truth is, there isn't a correct answer to this question; it's a matter of preference and treatment goals.

We will discuss the impact of the medicine on your body, proper dosing, and the different ways that you can take the medicine to provide the maximum benefit.

**BONUS:** On August 6<sup>th</sup> only, Theraplant will give a **20%** Discount on All Products, All Dosage Forms to help you decide which is the best form for you.

REGISTER at [www.CannaEd.org](http://www.CannaEd.org)

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Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

Example of Sponsorship Communications

**Arrow Alternative Care  
Medical Marijuana Wellness Center**

**We don't simply dispense medication...**

**We offer hope.**

One year ago, Arrow Alternative Care was honored to be selected as one of the first medical marijuana dispensary facilities chosen to provide medical marijuana for palliative care to qualified patients in Connecticut. Since opening our doors, we have sought to create a center focused on the overall wellness of our patients – **combining our decades of experience and pharmacy expertise with compassion and empathy** – all within a serene, comforting space.

Each day we witness how the CT Medical Marijuana Program has changed the lives of our patients. **We are deeply committed to continually helping residents of our state understand and gain access to this program.** We are here for you. Just give us a call and we can help guide you through the process.

In CT, patients must be certified by a physician that they suffer from one of the qualifying conditions in order to access medical marijuana. Check our website for a list of the qualifying conditions. Once you are certified, call us at 860-246-HOPE (4673) and we will help you through the registration process.

To learn what our patients are saying about us, visit us on [www.Leafly.com](http://www.Leafly.com) and search for Arrow Alternative Care. You may also visit us at [www.ArrowAlternativeCare.com](http://www.ArrowAlternativeCare.com)

**We look forward to getting to know you.**

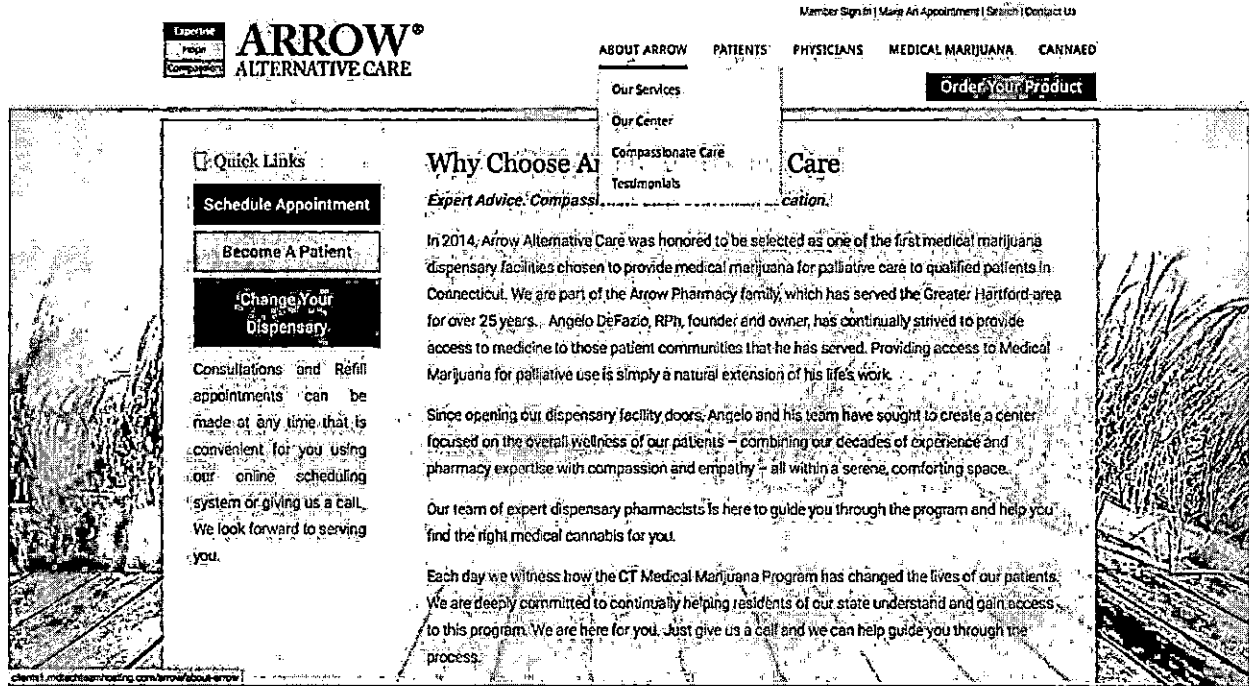
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92 WESTON STREET, SUITE 16, HARTFORD, CT 06120  
(860) 246-HOPE (4673) [www.ArrowAlternativeCare.com](http://www.ArrowAlternativeCare.com)





## Website Development In Progress – To Be Approved By DCP



Member Sign In | Make An Appointment | Search | Contact Us

ABOUT ARROW PATIENTS PHYSICIANS MEDICAL MARIJUANA CANNABIS

Physician Requirements and Eligibility  
Qualifying Conditions  
How To Certify a Patient  
Medication Therapy Management  
Request a Dispensary Facility Tour

**Quick Links**

- Schedule Appointment
- Become A Patient
- Change Your Dispensary

Consultations and Refill appointments can be made at any time that is convenient for you using our online scheduling system or giving us a call. We look forward to serving you.

## Physicians

### MEDICAL MARIJUANA CAN PRESCRIBED

Physicians can only prescribe Schedule II-V controlled substances to their patients. The federal government classifies marijuana as a Schedule I drug, which means a physician cannot prescribe it. However, a physician may certify their patient for use of medical marijuana in Connecticut by utilizing the Department's online form. The certification is valid for one year from date of certification. This will allow a patient to complete their portion of the registration process and submit all the required documents and payment fees. **DECERTIFYING YOUR PATIENT** A physician may decertify a patient for any reason by submitting a Physician Decertification Form to the Medical Marijuana Program. The form is available on our website at [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp).

### PHYSICIAN RESPONSIBILITIES

Physicians can only certify patients for marijuana where there is a bona fide physician-patient relationship, and after:

- Completing an in-person medically reasonable assessment of the patient's medical history, prescription history and current medical condition.

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Member Sign In | Make An Appointment | Search | Contact Us

ABOUT ARROW PATIENTS PHYSICIANS MEDICAL MARIJUANA CANNABIS

Product Catalog and Online Ordering  
The CT Program and Law  
Disease State Research  
Medical Marijuana 101  
Science and Studies  
The Growers  
News & Events

**Quick Links**

- Schedule Appointment
- Become A Patient
- Change Your Dispensary

Consultations and Refill appointments can be made at any time that is convenient for you using our online scheduling system or giving us a call. We look forward to serving you.

## Physicians

### MEDICAL MARIJUANA CANNOT BE PRESCRIBED

Physicians can only prescribe Schedule II-V controlled substances to the government classifies marijuana as a Schedule I drug, which means a physician cannot prescribe it. However, a physician may certify their patient for use of medical marijuana in Connecticut by utilizing the Department's online form. The certification is valid for one year from date of certification. This will allow a patient to complete their portion of the registration process and submit all the required documents and payment fees. **DECERTIFYING YOUR PATIENT** A physician may decertify a patient for any reason by submitting a Physician Decertification Form to the Medical Marijuana Program. The form is available on our website at [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp).

### PHYSICIAN RESPONSIBILITIES

Physicians can only certify patients for marijuana where there is a bona fide physician-patient relationship, and after:

- Completing an in-person medically reasonable assessment of the patient's medical history, prescription history and current medical condition.

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Order Your Product

### Quick Links

Schedule Appointment

Become A Patient

Change Your  
Dispensary

Consultations and Refill appointments can be made at any time that is convenient for you using our online scheduling system or giving us a call. We look forward to serving you.

## Why Choose Arrow Alternative Care

*Expert Advice. Compassionate Staff. Convenient Location.*

In 2014, Arrow Alternative Care was honored to be selected as one of the first medical marijuana dispensary facilities chosen to provide medical marijuana for palliative care to qualified patients in Connecticut. We are part of the Arrow Pharmacy family, which has served the Greater Hartford area for over 25 years. Angelo DeFazio, RPh, founder and owner, has continually strived to provide access to medicine to those patient communities that he has served. Providing access to Medical Marijuana for palliative use is simply a natural extension of his life's work.

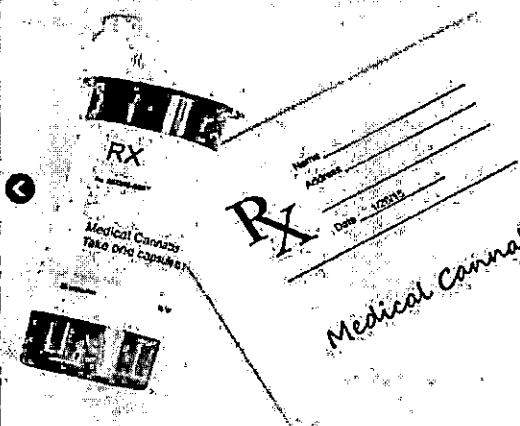
Since opening our dispensary facility doors, Angelo and his team have sought to create a center focused on the overall wellness of our patients – combining our decades of experience and pharmacy expertise with compassion and empathy – all within a serene, comforting space.

Our team of expert dispensary pharmacists is here to guide you through the program and help you find the right medical cannabis for you.

Each day we witness how the CT Medical Marijuana Program has changed the lives of our patients. We are deeply committed to continually helping residents of our state understand and gain access to this program. We are here for you. Just give us a call and we can help guide you through the process.



Order Your Product



## Explore our Medical Marijuana Products and Menu



Expertise  
Hope  
Compassion

# ARROW<sup>®</sup>

ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

## LEAFLY System – Menu System





LEAFLY System - Reviews

Here are just a handful of the patient reviews

<p><i>"I am so glad I picked this location. I have been here a few times in the past month and from my first visit to my most recent, the people here have been so welcoming and just genuine sweethearts. On my first visit, I had to fill out some paperwork and then I met in a private room with the pharmacist who went over all of the different types of medicines they offer and explained differences and even offered suggestions after I told her my symptoms. I was nervous on my first visit, not really sure what to expect or how I would be treated. I read other reviews which made me feel confident in my choice. Again, I couldn't be happier with my choice. On your first visit you have a consultation with the pharmacist, but that is not necessary on your following visits. You can just go in and place your order or you can even order online and pick up (my favorite feature). I have been very happy with the medicine that I've received here. Very happy with the people and the overall experience. They do accept cash and debit card payments (they run your debit card through like an atm withdrawal) and you can use your credit card for anything that isn't marijuana (pipes, vaporizers, papers, accessories, etc..) If you live within a reasonable distance to Hartford, I would highly recommend registering at this location without reservation. You will be SO happy you did."</i></p>	<p><i>"We did a lot of research before choosing Arrow, and it is worth, by far, the 1 1/2-hour drive. The owner and every single staff member are so courteous, compassionate, knowledgeable and professional. I only wish that all of the MD's we have seen had even a fraction of the spirit omnipresent at Arrow. The competitive pricing and huge selection are enticing of course, but they are only part of the overall experience, which was stellar. Thank you SO much Arrow - you are a role model in the medical marijuana industry!"</i></p>
<p><i>"I love everything about this Dispensary except for 1 thing. The atmosphere, the people, everything is just wonderful. I guess</i></p>	<p><i>"Incredible. I've been coming here for about 5 months now, haven't been to any other dispensary in the state &amp; won't need to. As</i></p>



<p><i>with as with everything there is always one thing that tends to make it not perfect, and for me, it is the location. Since I do not drive much, my husband being ill, I can't drive there. I would give anything for Arrow to open another Dispensary closer to where we live. But we can't always have everything we want! : D Great place!"</i></p>	<p><i>far as price goes, I chose Arrow, which is about an hour drive each way, over the dispensary in my town, strictly because of the affordability. The incredible &amp; knowledgeable pharmacists, atmosphere, and accessories they offer are all just icing on the cake :) Love this place."</i></p>
<p><i>"I was coming into Arrow planning to move my dispensary to somewhere else. Wonderful people, great prices and accurate information has kept me right where I started. The location is simple! Right across from Carmax off I91n Jennings Rd exit. Thank you for everything!"</i></p>	<p><i>"OH Hey!!!I've been to Arrow twice now. My first time at arrow was amazing a bit of a wait because of a killer sale they were having; but when I heard sale my ears perked! So yea, def worth the wait! ;) The second time I went def a more relaxing experience I had the wonderful opportunity to speak with Michelle (the owner) and I expressed why I chose arrow: affordability, large variety of products, and wonderful customer service. I come from about an hour and some change away but its totally worth it. I love Arrow! Will always recommend Arrow if you're a patient nearby or are able to make the journey!"</i></p>
<p><i>"I have been visiting Arrow Alternative in Hartford on a regular basis since I became registered. Every single visit, from the welcome at the door to the sweet goodbyes and 'see you later's' when I leave has been consistently pleasant and hassle free. Every single person working there clearly gives a shit about what they are doing and my consistently wonderful experience is a reflection of their extraordinary efforts. Thanks you kindly to Arrow Alternative, from the greater good. Your offer is a life changer for so many."</i></p>	<p><i>"Words cannot possibly express how happy I am that I chose Arrow as my dispensary. The atmosphere is so welcoming and everyone is so very nice. Their huge variety of products, not to mention their great prices, are enough alone to make them the best. The level of knowledge of their staff and their compassion puts them over the top. If you're looking for a dispensary, there's no competition. Arrow Alternative Care is the best."</i></p>



# ARROW<sup>®</sup> ALTERNATIVE CARE

<p><i>"So glad i went there felt wierd but was told everyone feels that way at first visit very pleasent experience rare to find a place these days where every single person that works there is the nicest they can be sofar totally satisfied with arrow alternative and thank you to everyone for being so helpful "</i></p>	<p><i>"Been with ARROW from day one when there were only 3 (well 2 one sold out say one) ground up strains to now which we are still very much in our infancy phase here in Connecticut. I feel Ct is doing this right as for the actual progression of real quality medicine and research without the sticks and ARROW ALTERNATIVE CARE is and has been the leader all the way around. Not to put ANY of the other "dispensaries" down as they as a whole are handling themselves well. Very Sincerely, I hope this helps your decision. Ps the last poster couldn't be more right about what he thought was going to happen and what actually did. beam eins "</i></p>
<p><i>"My D.O. referred me here, so I checked it out, and switched! It took all of 10 minutes, and they got it signed and faxed back in less than 20 minutes. Take time to listen to your needs. They HAVE the best PRICES. The person who said "they are all the same", is wrong. Exact same waxes are half the price, then where I use, to go. I am on the highway to less pain, and cutting back on narcotics and anti-anxiety drugs. So many options, and more are coming this year. This place is here to stay because they give great SERVICE. That is huge with me. Really big thanks to Demaris, and all the entire pharmacy welcoming me! It was like the weight of the world was lifted off of me. The "other" place, copped an attitude over that waxy pen that broke after 8 days... "oh well, too bad for you!" I expect higher standards, like ARROW has, since it's a pharmacy, not a "head shop". PRICES ROCK &amp; so does the service."</i></p>	



**E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE**

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

1. Documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant;





**ARROW<sup>®</sup>**  
**ALTERNATIVE CARE**

Medical Marijuana Dispensary Facility License Application  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

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**1. Articles of Incorporation, By Laws**



**CERTIFICATE OF INCORPORATION**  
**Arrow Alternative Care #2 Inc.**

**FIRST:** The name of the corporation is: **Arrow Alternative Care #2 Inc.**

**SECOND:** Total number of authorized shares: .

The designation of each class of shares, the authorized number of shares of each such class and the par value of each share thereof, are as follows:

The corporation shall have one (1) class of stock consisting of authorized shares, no par value.

**THIRD:** The terms, limitations and relative rights and preferences of each class of shares and series thereof pursuant to Section 33-665 of the Connecticut Business Corporation Act, or an express grant of authority to the board of directors pursuant to Section 33-666 of the Connecticut Business Corporation Act are as follows:

None.

**FOURTH:** Appointment of Registered Agent

Agent: Robert A. Feiner, Esquire

Business/initial registered office address:

**FEINER WOLFSON LLC**  
One Constitution Plaza - Suite 900  
Hartford, Connecticut 06103

Residence address:

110 Norwood Road  
West Hartford, Connecticut 06117.

**W**



Signature of agent

FIFTH. To the extent permitted and in accordance with applicable notice requirements imposed, if any, by the Connecticut Business Corporation Act, as it may hereafter be amended, any action required by the Connecticut Business Corporation Act, as it may hereafter be amended, to be taken at any annual or special meeting of shareholders of the corporation, or any action which may be taken at any annual or special meeting of such shareholders, may be taken without a meeting, and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holders of outstanding shares having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted and shall be delivered to the corporation by delivery to its registered office in Connecticut, its principal place of business, or an officer or agent of the corporation having custody of the book in which proceedings of meetings of shareholders are recorded. Delivery made to the corporation's registered office shall be by hand or by certified or registered mail, return receipt requested.

SIXTH. The personal liability of a director to the corporation or its shareholders for monetary damages for breach of duty as a director shall be limited to an amount equal to the amount of compensation received by the director for serving the corporation during the calendar year in which the violation occurred (and if the director received no such compensation from the corporation during the calendar year of the violation, such director shall have no liability to the corporation or its shareholders for breach of duty) if such breach did not

(A) involve a knowing and culpable violation of law by the director;



- (B) enable the director or an Associate, as defined in Section 33-840 of the Connecticut Business Corporation Act as in effect at the time of the violation, to receive an improper personal economic gain;
- (C) show a lack of good faith and a conscious disregard for the duty of the director to the corporation under circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation;
- (D) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation; or
- (E) create liability under Section 33-757 of the Connecticut Business Corporation Act as in effect at the time of the violation.

Any repeal or modification of this Article Sixth shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.

Nothing contained in this Article Sixth shall be construed to deny to the directors of the corporation any of the benefits provided or available to the directors pursuant to Sections 33-770 through 33-778, inclusive, of the Connecticut Business Corporation Act, as in effect at the time of the violation.

SEVENTH The corporation shall indemnify a director for "liability" as defined in subdivision (3) of Section 33-770 of the Connecticut Business Corporation Act, for any action taken, or any failure to take any action, as a director, to the maximum extent permitted by law.

Any repeal or modification of this Article Seventh shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification.



Nothing contained in this Article Seventh shall be construed to deny to the directors of the corporation any of the benefits provided or available to the directors pursuant to Sections 33-770 through 33-778, inclusive, of the Connecticut Business Corporation Act, as in effect at the time of the violation.

EIGHTH. The email address for the corporation is RJMischke@aol.com

Dated at Hartford, Connecticut, this 15th day of July, 2015.

Robert A. Feiner, Incorporator  
Feiner Wolfson LLC  
One Constitution Plaza- Suite 900  
Hartford, CT 06103



**BYLAWS  
OF  
ARROW ALTERNATIVE CARE INC. #2**

**ARTICLE I**

Offices

The principal office of the corporation shall be at such place in the City of Hartford, in the State of Connecticut as the Board of Directors shall from time to time designate. The corporation may have such other offices within or without the State of Connecticut as the Board of Directors may from time to time determine.

**ARTICLE II**

Meetings of Shareholders

1. Place of Meetings. All meetings of the shareholders shall be held at the principal office of the corporation, or at such place within or without the State of Connecticut as from time to time may be designated by the bylaws or by resolution of the Board of Directors.
2. Annual Meetings. The annual meetings of shareholders shall be held on such day other than a legal holiday in the months of March or April of each year and at such time and place as may be designated by the Board of Directors, for the election of directors and for the transaction of such other business as may properly come before such meeting. If the annual meeting of the shareholders is not held as herein prescribed, the election of directors may be held at any meeting thereafter called pursuant to these bylaws or otherwise lawfully held.
3. Special Meetings. Special meetings of the shareholders may be called at any time by the President or by resolution of the Board of Directors and shall be called by the President upon the request of any two (2) directors or upon the written request of one (1) or more shareholders holding in the aggregate at least one-tenth (1/10) of the total number of shares entitled to vote at such meeting.
4. Notice of Annual or Special Meeting. A notice setting forth the day, hour and place of each annual or special meeting of shareholders shall be mailed, postage prepaid, to each shareholder of record, at his last known post office address as the same appears on the stock records of the corporation, or said notice shall be left with each such shareholder at his residence or usual place of business, not less than ten (10) nor more than sixty (60) days before such annual or special meeting. In the case of a special meeting the notice shall also state the general purpose thereof.



5. Waiver of Notice. Notice of any shareholders' meeting may be waived in writing by any shareholder either before or after the time stated therein and, if any person present at a shareholders' meeting does not protest, prior to or at the commencement of the meeting, the lack of proper notice, such person shall be deemed to have waived notice of such meeting.

6. Shareholders' Consent. Any resolution in writing approved and signed by all the shareholders or their proxies or attorneys shall have the same force and effect as if it were a vote passed by all the shareholders at a meeting duly called and held for that purpose. In addition, actions taken at any meeting of shareholders however called and with whatever notice, if any, shall be valid as if taken at a meeting duly called and held on notice, if

(1) All shareholders entitled to vote were present in person or by proxy and no objection to holding the meeting was made by any shareholder, or

(2) A quorum was present, either in person or by proxy, and no objection to holding the meeting was made by any shareholder entitled to vote so present, and if, either before or after the meeting, each of the persons entitled to vote, not present in person or by proxy, signs a written waiver of notice, or a consent to the holding of the meeting, or an approval of the action taken as shown by the minutes thereof. All such resolutions, waivers, consents and approvals shall be recorded in the minute book of the corporation by the Secretary.

In addition to unanimous written consent as aforesaid, to the extent permitted and in accordance with applicable notice requirements imposed, if any, by the Connecticut Business Corporation Act, as it may hereafter be amended, any action required by the Connecticut Business Corporation Act, as it may hereafter be amended, to be taken at any annual or special meeting of shareholders of the corporation, or any action which may be taken at any annual or special meeting of such shareholders, may be taken without a meeting, and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holders of outstanding shares having not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote thereon were present and voted and shall be delivered to the corporation by delivery to its registered office in Connecticut, its principal place of business, or an officer or agent of the corporation having custody of the book in which proceedings of meetings of shareholders are recorded. Delivery made to the corporation's registered office shall be by hand or by certified or registered mail, return receipt requested.

7. Quorum. The holders of a majority of the issued and outstanding shares entitled to vote, either in person or by proxy, shall constitute a quorum for the transaction of business at any meeting of the shareholders. The shareholders present at a validly called and convened meeting at which a quorum was present may continue to transact business notwithstanding the withdrawal of enough shares to leave less than a quorum.



8. Adjournment of Shareholders' Meeting. If a quorum is not present at any meeting of the shareholders, the holders of a majority of the voting power of the shares entitled to vote present, in person or by proxy, may adjourn the meeting to such future time as shall be agreed upon by them, and notice of such adjournment shall be given to the shareholders not present or represented at the meeting.

9. Proxies. At all meetings of the shareholders, any shareholder entitled to vote may vote either in person or by proxy. All proxies shall be in writing, signed and dated and shall be filed with the Secretary before or at the time of the meeting. No proxy shall be valid for more than eleven (11) months after its execution unless a longer period is expressly provided in the appointment form.

10. Number of Votes of Each Shareholder. Each outstanding share, regardless of class, shall be entitled to one vote on each matter submitted to a vote at a meeting of shareholders unless, and except to the extent that, voting rights of shares of any class are increased, limited or denied by the Certificate of Incorporation.

11. Voting. In voting on any question on which a vote by ballot is required by law or is demanded by any shareholder, the voting shall be by ballot; on all other questions it may be viva voce.

12. Record Date. For the purpose of determining shareholders entitled to notice of or to vote at any meeting of shareholders or any adjournment thereof, or entitled to receive payment of any dividend or for any other proper purpose, the Board of Directors shall set a record date which shall not be a date earlier than the date on which such action is taken by the Board of Directors, nor more than seventy (70) nor less than five (5) days before the particular event requiring such determination of shareholders is to occur.

ARTICLE III

Directors

1. Number, Election and Term of Office. The property, business and affairs of the corporation shall be managed by or under the direction of a Board of Directors comprising not less than one (1) nor more than seven (7) directorships in number. The actual number of directorships shall be fixed from time to time by resolution of the shareholders or the directors, or in the absence thereof, shall be the number of directors elected at the preceding annual meeting of shareholders. Directors shall be elected by the shareholders at the annual meeting, and it shall not be a qualification of office that the directors be shareholders or residents of the State of Connecticut. Each director shall hold office for the term for which he is elected and until his successor has been elected and qualified, except that a director shall cease to be in office upon his death, resignation, lawful removal or court order decreeing that he is no longer a director in office.





2. Removal Any one or more directors may be removed from office at any time with or without any showing of cause by affirmative vote of the holders of a majority of the corporation's issued and outstanding shares.
3. Vacancies Any vacancy in the Board of Directors by reason of death, resignation, or other cause, including an increase in the number of directorships, may be filled for the unexpired portion of the term by the concurring vote of a majority of the remaining directors in office, or by action of the sole remaining director in office, though such remaining director or directors constitute less than a quorum, though the number of directors at the meeting to fill such vacancy constitutes less than a quorum and though such majority is less than a quorum.
4. Powers of Directors The Board of Directors shall have the general management and control of the property, business and affairs of the corporation and may exercise all the powers that may be exercised or performed by the corporation, under the statutes, its Certificate of Incorporation, and these bylaws.
5. Place of Meeting The Board of Directors may hold its meetings at such place or places within or without the State of Connecticut as it may from time to time determine.
6. Regular Meetings A meeting of the Board of Directors for the election of officers and the transaction of any other business that may come before such meeting shall be held without other notice immediately following each annual meeting of the shareholders or as soon thereafter as is convenient at the place designated therefor.
7. Other Meetings Other meetings of the Board of Directors may be held whenever the President or a majority of the directors may deem it advisable, notice thereof to be given or mailed to each director at least two (2) days' prior to such meeting.
8. Waiver of Notice Notice of any meeting of the Board of Directors may be waived in writing by all the directors and, if any director present at a meeting of the Board of Directors does not protest prior to or at the commencement of the meeting the lack of proper notice, he shall be deemed to have waived notice of such meeting.
9. Telephonic Participation at Meetings A director or member of a committee of the Board of Directors may participate in a meeting of the Board of Directors or of such committee by means of a conference telephone or similar communications equipment enabling all directors participating in the meeting to hear one another. Participation in a meeting pursuant to this section shall be equivalent to presence in person at such meeting.
10. Directors' Consent Any resolution in writing concerning action to be taken by the corporation, which resolution is approved and signed by all of the directors, severally or, collectively, whose number shall constitute at least a majority of the directorships, shall have the same force and effect as if such action were authorized at a meeting of the Board of Directors duly called and held for that purpose, and such resolution, together with the Directors' written approval thereof, shall be recorded by the Secretary in the minute book of the corporation.

11. Quorum. The holders of a majority of the directorships shall constitute a quorum for the transaction of business at all meetings of the Board of Directors. The act of a majority of the directors present at a meeting at which a quorum is present at the time of the act shall be the act of the Board of Directors.

12. Compensation of Directors. The Board of Directors shall have authority to fix fees of directors, including reasonable allowance for expenses actually incurred in connection with their duties.

#### ARTICLE IV

##### Officers

1. The officers of the corporation shall be a President and a Secretary, and such other officers as the Board of Directors may from time to time appoint, which may include a Treasurer and one or more Vice Presidents, Assistant Secretaries and Assistant Treasurers. Any two or more offices may be held by the same person. The duties of officers of the corporation shall be such as are prescribed by these bylaws and as may be prescribed by the Board of Directors.

2. President. The President shall be the chief executive officer of the corporation; shall have general control and management of its business affairs, subject to the direction of the Board of Directors, and shall perform all duties incident to the office of President. He may appoint such clerks and other employees and agents of the corporation as he may from time to time deem advisable.

3. Vice President. Each Vice President, if any, shall assist the President in the performance of his duties and shall perform such duties as may from time to time be assigned to him by the Board of Directors or delegated to him by the President. In case of death, disability or absence of the President, the Vice President, if any, or if there shall be more than one, the Vice Presidents, in order of seniority or in any other order determined by the Board, shall perform the duties and exercise the powers of the President.

4. Secretary. The Secretary shall keep a book of minutes of all meetings of shareholders and the Board of Directors and shall issue all notices required by law or these bylaws, and he shall discharge all other duties required of a corporate secretary by law or imposed from time to time by the Board of Directors or by the President or as are incident to the office of Secretary. He shall have the custody of the seal of the corporation and all books, records and papers of the corporation, except such as shall be in the charge of the Treasurer or of some other person authorized to have custody and possession thereof by a resolution of the Board of Directors.

5. Assistant Secretary. The Assistant Secretary, if any, shall assist the Secretary in the performance of his duties and shall carry out the duties of the Secretary whenever the Secretary is unable to perform such duties. There may be more than one Assistant Secretary.



6. Treasurer. The Treasurer, if any, shall have charge and custody of and be responsible for all funds and securities of the corporation, keep full and accurate accounts of receipts and disbursements and other customary financial records of the corporation, deposit all moneys and valuable effects in the name and to the credit of the corporation in depositories designated by the Board of Directors and, in general, perform such other duties as may from time to time be assigned to him by the Board of Directors or by the President or as are incident to the office of Treasurer.
7. Assistant Treasurer. The Assistant Treasurer, if any, shall assist the Treasurer in the performance of his duties and shall carry out the duties of the Treasurer whenever the Treasurer is unable to perform such duties. There may be more than one Assistant Treasurer.
8. Term of Office. Each of such officers shall serve for the term of one year and until his successor is duly appointed and qualified, but any officer may be removed by the Board of Directors at any time with or without cause. Vacancies among the officers by reason of death, resignation or other causes shall be filled by the Board of Directors.
9. Compensation. The compensation of all officers shall be fixed by the Board of Directors, and may be changed from time to time by a majority vote of the Board.

#### ARTICLE V

##### Issue and Transfer of Stock

1. Certificates. Certificates of stock shall be in form authorized or adopted by the Board of Directors and shall be consecutively numbered. Each certificate shall set forth upon its face as at the time of issue: the name of the corporation, a statement that the corporation is organized under the laws of the State of Connecticut, the name of the person to whom issued or that the same is issued to bearer, the number, class and designation of series, if any, of shares represented thereby and the par value of each such share; and each certificate shall be signed by the President or a Vice President and by the Secretary or an Assistant Secretary and shall be sealed with the seal of the corporation; provided that the certificate shall also contain such other recitals as may from time to time be required by law.
2. Transfer. The stock of the corporation shall be transferred only upon the books of the corporation either by the shareholder in person or by power of attorney executed by him for that purpose upon the surrender for cancellation of the old stock certificate. Prior to due presentment for registration of transfer of a certificate, and subject to the provisions of Article II, paragraph 12 of these bylaws, the corporation shall treat the registered owner of such certificate as the person exclusively entitled to vote, receive notification and distributions, and otherwise to exercise all the rights and powers of the shares represented by such certificate.



ARTICLE VI

Committees

The Board of Directors may, by resolution adopted by the affirmative vote of directors holding a majority of the directorships, create one or more committees, such as an Executive Committee, comprising in each case of two or more directors, which committee or committees shall have and may exercise, subject to the limitations, if any set forth in the Connecticut Business Corporation Act, as it may hereafter be amended, all such authority of the Board of Directors as may be delegated to it in such resolution or thereafter by similar resolution.

ARTICLE VII

Designated Proxy

The President, or such other person as the Board of Directors may designate, shall be the authorized proxy of this corporation for the purpose of voting shares of the capital stock of any other corporation standing in the name of this corporation.

ARTICLE VIII

Seal

The seal of the corporation shall have inscribed thereon the name of the corporation, the word "Seal" and the word "Connecticut".

ARTICLE IX

Fiscal Year

The fiscal year of the corporation shall begin on the first day of January.



**ARTICLE X**

Amendments

The bylaws of the corporation may be altered, amended or repealed at any validly called and convened meeting of the Board of Directors by the affirmative vote of the majority of such directors or at any validly called and convened meeting of the shareholders by the affirmative vote of the holders of a majority of the voting power of shares entitled to vote thereon, and the notice of such directors' or shareholders' meeting shall state that such alteration, amendment or repeal will be proposed.

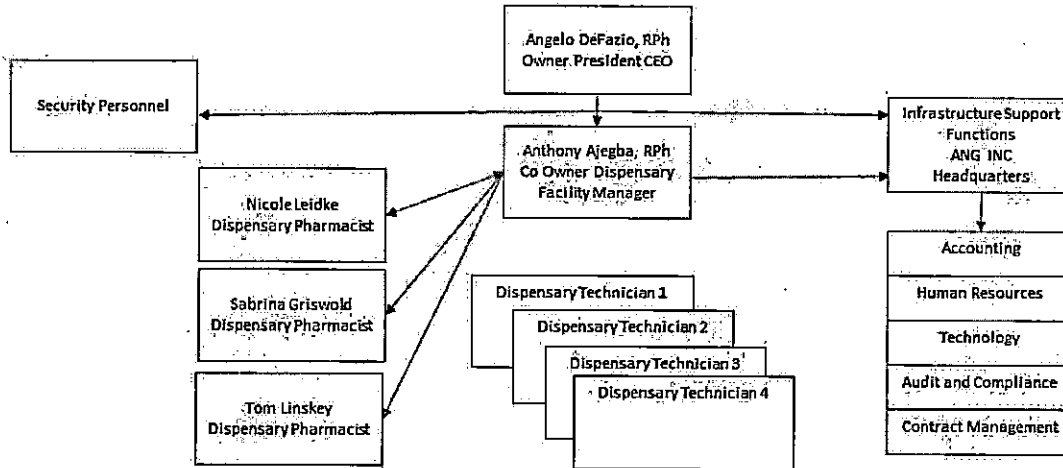
I hereby certify that the foregoing bylaws were adopted by resolution of the incorporator of the corporation on the \_\_\_\_ day of July, 2015.

\_\_\_\_\_  
Robert A. Feiner, Incorporator



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

**2. Organizational Chart**





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

**3. Persons Responsible for Security**

- Angelo DeFazio, RPh  
Arrow Alternative Care President

Resume: Refer to APPENDIX C – Directors, Owners, Officers, Other High---Level Employees  
Background Info Form: Angelo DeFazio

- Anthony Ajegba, RPh Arrow Alternative Care  
Dispensary Facility Manager / Dispensary Pharmacist

Resume: Refer to APPENDIX C – Directors, Owners, Officers, Other High---Level Employees  
Background Info Form: Anthony Ajegba,RPh

Resume follows.



Curriculum Vitae

Angelo DeFazio, RPh  
500 Farmington Ave • Hartford • CT • 06105

(O) 860.570.0543 (C) 860.982.7303  
[ArrowPharmacy@ad.com](mailto:ArrowPharmacy@ad.com)

**PROFESSIONAL EXPERIENCE**

President/CEO	Arrow Prescription Center 500 Farmington Avenue	Hartford, CT	1989-Present
	Arrow Prescription Center Saint Francis Hospital 100 Woodland Street	Hartford, CT	1990-Present
	Arrow Prescription Center Burdorf Health Center 131 Coventry Street	Hartford, CT	1993-Present
	ANG Inc. Pharmacy Consultant Services 500 Farmington Avenue	Hartford, CT	1994-Present
	Arrow Prescription Center Community Health Services 500 Albany Avenue	Hartford, CT	2004-Present
	Arrow Alternative Care 92 Weston Street	Hartford, CT	2014-Present
	Arrow Prescription Center UConn Health Center 263 Farmington Avenue	Farmington, CT Opening date pending	2015
Vice President	Community Specialty Pharmacy Network	Drexel Hill, PA	2012-Present
Pharmacist Manager	Appell Drug	Plainville, CT	1987-1989
Clinical Pharmacist	Danbury Hospital	Danbury, CT	1985-1987

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## Curriculum Vitae

### EDUCATION

UNIVERSITY OF CONNECTICUT                                      Storrs, CT                                      1980-1985  
School of Pharmacy

### ASSOCIATIONS / BOARDS / ACHIEVEMENTS

- September 2015 Nomination University of Connecticut Foundation Board (Eff. 10/2015)
- Academy of Dispensary Pharmacist (CPA)
- National Independent Pharmacist of the Year, NCPA 2012
- Commissioner of Pharmacy State of Connecticut
- State of Connecticut Medical Inefficiency Committee
- Board of Directors PharmNetx
- Community Specialty Pharmacy Network Board of Directors, Philadelphia, PA
- 2008 Bowl of Hygeia Recipient Pharmacy
- Connecticut Pharmacist Association (CPA) Executive Board Member; Rocky Hill, CT
- Director, Malta House of Care, Hartford, CT
- 2002 Connecticut Pharmacist of the Year
- CPA Co-Chair Legislative Committee, Rocky Hill, CT
- Director National Advisory Board Cardinal Health, Dublin, OH
- Chairman Regional Advisory Board New England Cardinal Health, Peabody, MA
- Chairman University of Connecticut School of Pharmacy Advisory Board, Storrs, CT
- University of Connecticut Adjunct Professor, Storrs, CT
- St. Joseph University, Hartford, Connecticut, Adjunct Professor
- Board of Trustees Mercy Community Healthcare, West Hartford, CT
- American Pharmacist Association (APhA)
- APhA PAC Board of Governors
- National Association of Chain Drugs Stores Member (NACDS)
- Board of Directors Connecticut Pharmacy Services Corporation, Rocky Hill, CT
- Corporator St. Francis Hospital and Medical Center, Hartford, CT
- Board of Directors, Secretary, Hartford Federal Credit Union, Hartford, CT
- Connecticut Business Industry Association Member, Hartford, CT
- Connecticut Chain Drug Association, Hartford, CT
- National Community Pharmacy Association, Alexandria, VA
- Legislative Committee Member National Community Pharmacy Association, Alexandria, VA
- American Consultant Pharmacist Association
- American Associated Pharmacies PAC Board
- Malta Knight, Washington, D.C.
- Northeast Pharmacy Services Corporation Member, Framingham, MA

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Curriculum Vitae

**REFERENCES**

**Steve Lawrence**  
Senior Vice President  
Cardinal Health  
Dublin, OH  
614.553.3555

**Steve Rosenberg**  
Chief Operating Officer  
Danbury Hospital  
Danbury, Ct  
203.739.7240

**Peter Kelly, Esq**  
Updike, Kelly & Spellacy  
Hartford, Ct  
860.673.1313

**Margherita Giuliano, RPh Executive Director**  
Connecticut Pharmacy Assoc.  
35 Cold Spring Suite 121,  
Rocky Hill, Ct 06067 860.563.4619

**John Morris**  
Dean School of Pharmacy  
University of Connecticut  
860.486.2129

**Congressman John Larson**  
221 Main Street, 2<sup>nd</sup> Fl  
Hartford, Ct 06106  
860.278.8888

**Senator Chris Murphy**  
114 West Main Street  
Suite 206  
New Britain, Ct 06051  
860.223.8412

AD20150916



**ANTHONY AJEGBA**

860-655-1988 — AJEGBA7@YAHOO.COM

**PHARMACIST**

**QUALIFICATIONS PROFILE**

Highly self-motivated and results-driven pharmacist with more than 21 years providing high-performance sales, customer service and operations support in the retail pharmacy and healthcare industries. Detail-oriented, analytical and methodical with critical thinking to resolve operations and people-centric work issues even under stressful work conditions. Flexible and adaptable with quick learning abilities to reach high productivity levels in fast-paced work environments and new or demanding assignments. Well-organized and resourceful with multitasking skills that optimize limited resources to achieve outstanding results from concurrent tasks with or without supervision. Strong interpersonal communication skills that inspire customer confidence while forging teamwork synergies with colleagues across diverse ethnicities.

**KEY EXPERTISE**

- Pharmacy Business Operations
- Merchandise & Supplies Inventory Management
- Customer Service Management
- Process/Workflow Improvement
- Healthcare Operations Support
- Case Management
- Relationship Management (Customers, Healthcare Professionals, & Suppliers)
- Treatment Administration
- Policies & Regulatory Compliance (i.e. US-FDA, HIPAA, etc.)
- Staff Supervision & Training
- Pharmacy Records Management

**PROFESSIONAL EXPERIENCE**

**Pharmacy Operations**

Execute operating plans to maximize resource utilization. Perform prescription data entry, count medication, process intravenous medications, package medications in unit doses, and prepare medication for deliveries to long term care facilities and hospital floors. Ensure compliance with state and federal regulations as well as licensing requirements for appropriate staff.

**Merchandise Inventory Management**

Monitor pharmacy stocks to ensure continuous availability in serving customer needs. Restock and maintain storage of supplies. Notify patient families of pharmacy availability in obtaining prescribed medication. Assist in negotiating and accrediting pharmaceutical suppliers for pharmacy sales and laboratory operations. Ensure proper maintenance of pharmacy records and inventory database.

**Customer Service/Relationship Management**

Provide patient counselling; discuss patient care and medication compliance with patients and their doctors. Received, transcribed and filled prescriptions from doctors. Administer flu, shingles, and pneumonia vaccines, drug compounding. Communicate to staff company performance standards to ensure high quality customer care and service. Address customer complaints expeditiously with a view to winning back any lost customer confidence in the service provided by the pharmacy.

**Staff Development**

Orient new hires on policies and procedures. Ensure new pharmacy hires provide expected clinical performance in retail sales and healthcare operations.

**WORK HISTORY**

**CVS HEALTH**

*Pharmacist* 2010—Present

**RITE AID PHARMACY • MI • OH • CO**

*Pharmacy technician/Pharmacist* 1997—2010

**NATIONAL INSTITUTE PHARMACY SERVICE, INC (NIPSI) • LIVONIA MI**

*Pharmacy Technician* 1999—2000

**NORTH DETROIT GENERAL HOSPITAL (NDGH) • HAMTRAMCK, MI**

*Pharmacy Technician* 1994—1995

**EDUCATION & CREDENTIALS**

- *B.S. in Pharmacy*, UNIVERSITY OF TOLEDO • Toledo, OH (2002)
  - *B.S. in Biology*, WAYNE STATE UNIVERSITY • Detroit, MI (1996)
- Professional Affiliations*

- Member: Toledo Association Of Pharmacist (TAP)
- Member: Connecticut Pharmacists Association



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

**4. Compensation Agreements: Facility Backers, Directors, Owners, Officers, High Level Employees**

**High Level Employees**

- **Salary / Wages:** Arrow Alternative Care will compensate dispensary facility employees with salaries based on fair market value. AAC prides itself on higher wages, and rewards employees with performance based raises.

Most pharmacist packages begin at 125K per year with vacation pay, sick time, health benefits and 401k matching. The typical starting package for a full time pharmacist is \$150k or greater. Dispensary technicians will range from \$15 - \$25 per hour based on experience.

We are aware of dispensary bonus models in place now in various dispensaries which we believe only leads to upselling profit and bonus gain. This medication is not covered by insurance and upselling for gain is unethical.

- **Commissions / Bonuses:** We do not believe in a bonus system or commission structure based on volume, profit etc... We believe that this type of structure is inappropriate for a pharmacy like business model and can lead to waste, fraud and abuse.
- **Stock Options / Interest:** There will be no such compensation program.

**Dispensary Facility Owner**

Arrow Alternative Care is independently owned. Owners compensation will be based on profitability of business. Refer to Pro forma Financials.



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

**5. Indebtedness in connection with the opening or operating dispensary facility**

Not applicable – Personal and ongoing operation funds to be used.



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

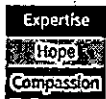
**6. Audited Financial Statements**



7. Provide any pro forma financials used for business planning purposes.

**7. Pro Forma**

Projections are based on actual data over the past year. We have used a lower profit margin and future lower retail prices as competition will dictate. Our model uses 3 full time Dispensary Pharmacist and 4 full time dispensary technicians plateauing at \$1,250 patients. We believe this to be an accurate projection considering our past year totals at Arrow Alternative Care in Hartford.



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**ARROW ALTERNATIVE CARE #2**  
**PROJECTED STATEMENT OF REVENUE AND EXPENSES - INCOME TAX BASIS**  
**(PROJECTED BASED UPON PERCENTAGE OF HARTFORD COUNTY HEADCOUNT)**  
**5 Year**

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

**8. Federal, State Tax Returns Filed By Applicant – Last 3 Years**



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

**9. Federal, State Tax Returns Filed By Applicant – Most Recent**



**F. BONUS POINTS**

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

**1. Employee Working Environment Plan:**

Arrow Alternative Care will create the same safe, healthy and economically beneficial working environment for our employees as we have done at our Hartford Dispensary Facility location our Arrow Pharmacy locations. We take workplace environment very seriously and strive to create a happy healthy workplace environment that ensure employee and patient satisfaction.

Refer to the attached Arrow Pharmacy Employee Handbook for more information. Elements of the Arrow Alternative Care Employee Working Environment plan include:

Benefit	Description
Workplace Safety and Environmental Standards	In addition to following OSHA Guidelines we will: Provide security guard protection both inside the facility as well as outside the facility to include escorts to vehicles in parking lot
Codes of Conduct	The Arrow Pharmacy Employee Handbook will be the basis for the Arrow Alternative Care Employee Handbook. It will be modified as needed to make accommodations as required by the laws governing the Dispensary Facility. The handbook is reviewed with all new employees. An acknowledgement of receipt, review, policies and procedures is obtained in writing. See Appendix for Excerpt from Employee Handbook.
Equal Opportunity	Arrow Alternative will follow in the footsteps of the Arrow Pharmacies in its commitment in Minority Hiring and bilingual employees.
401K Plan	Employees are offered to opt in to our 401K Plan with an employee match. Our current match is 50% up to 3% of salary.



Benefit	Description
Healthcare benefits	<p>Medical/Dental Insurance</p> <p>Eligible full--time employees may enroll in a single, a single plus one dependent, or a family contract on the first of the month after completing their introductory period. Eligibility may be defined by state law and/or by the insurance contract.</p> <p>Our company pays the full cost of a single contract. If you elect dependent coverage, you are responsible for paying the difference through payroll deduction. Participating employees are also covered under our medical insurance plan's life insurance, prescription drug and vision care programs</p>
Education benefits	Continuing education expenses are paid in full
Wage Standards	<p>Employees are paid at or above fair market standards</p> <p>Annual performance reviews are conducted and appropriate merit increases are given.</p>

**Medical/Dental Insurance**

Eligible full--time employees may enroll in a single, a single plus one dependent, or a family contract on the first of the month after completing their introductory period. Eligibility may be defined by state law and/or by the insurance contract.

Our company pays the full cost of a single contract. If you elect dependent coverage, you are responsible for paying the difference through payroll deduction. Participating employees are also covered under our medical insurance plan's life insurance, prescription drug and vision care programs

PLEASE SEE THE EMPLOYEE HANDBOOK.



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

**2. Compassionate Need Plan:**

Since inception, over 25 years ago, the Arrow mission has been to provide access to all patients in the communities that we serve. This RFA is a testament of the commitment by the State of Connecticut to improve access to the CT Medical Marijuana Program qualifying CT patients. The due diligence of the State to include an applicants Compassionate Need Plan in the evaluation process, we believe demonstrates the synergistic values that Arrow Alternative Care and the State hold for providing access (and affordability) to those CT residents in need.

**Arrow Mission Statement**

*To improve health and access to the highest levels of pharmacy care*

*To the people in the communities that we serve, regardless of socio economic status.*

Our mission is at the core of our culture and drives the decisions that we make. Arrow Alternative Care is no exception. *Arrow Alternative Care is proud to be the single CT Dispensary Facility to have our Compassionate Need Plan approved by the State of Connecticut Department of Consumer Protection.*

We see these programs as essential to our mission to improve health and health equity by providing quality patient care and access within our community, regardless of ability to pay. Arrow Pharmacy is committed to continually identifying opportunities to establish indigent programs for eligible patients

**Compassionate Need Program Experience Establishing Indigent Drug Programs**

Arrow Pharmacy has the most experience in this venue in Hartford having established the following indigent programs:

- Arrow Alternative Care Compassionate Care Plan
- St. Francis indigent Charge Accounts – Based on formulary of drugs and social worker approval and a meds2go uninsured generic discount program.
- Community Health Services (CHS) Indigent Program – Created a sliding scale to eligible needy patients.



- Malta House of Care – Established complete pharmacy program including a \$6 generic drug option for eligible patients
- Charter Oak Healthcare – Implemented various sliding scales for indigent patients varying on ability to pay
- Provide discounted medication as well as participate manufacturer programs and procurement of free drug
- Arrow assists patients with navigation in the needy meds program
- We serve patients of Federally Qualified Health Centers in Hartford, Ryan White Program, CARC, Malta House of Care and Medical Mobile Unit

#### Indigent Drug Program Participation

Arrow Pharmacy participates in hundreds of indigent drug programs:

- Coupons – We have the ability to honor, scan and process over 800 coupons and drugs.
- Pharmacy Sample Program -- Arrow Pharmacy currently administers a sample program specific to a covered entity. Upon request we may look to expand this service to CHS.
- Patient Assisted Programs (PAP) – We participate in all major pharmaceutical brand name PAPs, both manually and electronically. These programs are typically supplied by, or enrolled in, by pharmaceutical sales representatives, of which we have access to all major companies.
- Specialty Pharmacy Provider -- We participate in specialty pharmacy patient assistance programs bringing access to these extremely expensive and limited drugs to the indigent population.
- Pfizer Indigent Program -- We have recently started managing the Pfizer indigent program. This program ships certain Pfizer products at no charge to be dispensed to eligible indigent patients at no charge



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**Arrow Alternative Care Compassionate Need Program.**

**PROGRAM AS RESTATED ON JULY 15, 2015**



**Arrow Alternative Care Medical Marijuana Dispensary and Wellness Center  
Compassionate Care Program**

Arrow Pharmacy and Arrow Alternative Care have always been deeply committed to compassionate care as evidenced by our Arrow Pharmacy Mission statement created 25 years ago and as documented in our original RFP Application:

**Arrow Pharmacy Mission Statement**

*To improve health and access to the highest levels of pharmacy care  
in the communities that we serve, regardless of socio economic status.*

Keeping in this tradition we are proud to submit the following Compassionate Care program proposal.

**Compassionate Care Mission**

The Arrow Alternative Care (AAC) Compassionate Care Program (CCP) will provide access to Medical Cannabis products and dispensary (pharmacist) counseling with medication therapy management to qualified, registered patients that cannot afford traditional access to Medical Cannabis products.

**Program Summary**

The Arrow Alternative Care Compassionate Care Program consists of 3 levels.

- I. Arrow Alternative Care Program – Funded by Arrow Alternative Care – Currently In Place
- II. Formulary Driven – Funded by Growers and Arrow Alternative Care – Effective August 1, 2015
- III. Share The Care Fund – Funded by Arrow Alternative Care, Private and Public Donations - Effective August 1, 2015

**Level I: Arrow Alternative Care: Everyday Compassionate Discounts**

- A. **Program:** Everyday 10% Military and Senior discount
- B. **Funding:** Arrow Alternative Care
- C. **Qualification:** Military / Veterans (regardless of status) with proof of Military Service ID; Seniors 62 years of age or above
- D. **Patient Benefit:** Discount applied to everyday low product prices

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**E. Program Value and Considerations:**

- a. AAC from inception, has committed to our patients that we would provide medical cannabis at the most affordable prices. From inception we have maintained the states lowest affordable prices and continue to monitor prices to ensure we deliver the most affordable prices to our patients. We even match our competitors pricing to ensure our patients access to the lowest prices in the state.
- b. AAC is the only dispensary facility to promote and offer 10% Discounts to Veterans and seniors from the day we opened for business.
- c. 48% of our current patients receive 10% discounts
- d. To date, AAC has provided over \$65,000 dollars in discounts

**Level II: Formulary Driven - Growers**

**A. Program: Formulary From Growers – Finite List of Qualifying Products**

- a. Growers provide formulary products with associated discounts to dispensary.
- b. AAC would extend Grower discounts to qualifying patients.
- c. AAC will charge a flat \$15 counseling / dispensing / tracking fee to acquisition cost of discounted grower prices labeled for compassionate care use.

**B. Funding: Donated by Growers from predetermined discount: AAC flat fee versus traditional profit model percentage.**

**C. Qualification: Based on national criteria / currently published poverty level as documented by the HHS Poverty Guidelines <http://aspe.hhs.gov/poverty/15poverty.cfm>**

- a. AAC will determine eligibility at no charge. This includes all means testing and data collection.

**D. Patient Benefit: Deep discount from traditional prices. The patient has potential to purchase product for as little as \$15 if they purchase product that was donated by grower at no cost.**

**E. Program Value and Considerations:**

- a. Diversion of Schedule II narcotics such as Oxycotin etc... is rampant. AAC knows that a well-managed, controlled monitoring program must be in place to prevent diversion.

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- b. AAC will keep this inventory separately from non-compassionate care inventory. This inventory will be tracked differently to ensure specific auditing needs to help prevent against diversion.
- c. AAC will document days' supply and monitor refill patterns of product to identify early warning signs of potential diversion. If suspected, we will immediately counsel patient and report findings to the DCP Medical Marijuana Program unit.
- d. AAC will in its professional judgement, upon counseling may realize that a CCP formulary product is not available to effectively treat a qualified Level II patient, AAC will also offer 15% off non-formulary products to qualified Level II patients.

**Level III: Arrow Alternative Care Share the Care Fund – Open Giving Program**

- A. Program: An open fund will be established to provide private and public donors the ability to contribute to a fund that will be used by AAC to pass funds to qualifying patients experiencing short-term and/or unexpected financial hardship.
- B. Funding: AAC will donate \$5,000 annually to establish an open giving program that will also include public and private donations made through an internet giving portal on AAC's website or onsite at our Dispensary Facility. Donors will purchase Share the Care increments of \$25, \$50, \$100.
- C. Qualification: Eligible patients will be chosen based on AAC's professional opinion on need (see below).
- D. Patient Benefit: Extends compassionate need to patients who do not qualify for Level I or II programs who may be experiencing financial needs resulting from a short-term and/or unexpected financial hardship.
- E. Program Value and Considerations:
  - a. Provides patients who may not otherwise be eligible for financial aid with access to medical cannabis and dispensary (pharmacist) counseling. Examples of application may include, but not limited to:
    - i. Newly Diagnosed Patients transitioning into a longer term therapy program
    - ii. Hospice Patients

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- iii. End of Life / Continuum of Care
  - iv. Financial hardships resulting from unemployment or unforeseen change of life status
- b. Considerations for the Establishment, Management and Administration of the program will include, but not limited to, the following, which AAC will monitor and explore:
- i. Consideration for grant writer
  - ii. Intake – Access, Gatekeeping
  - iii. Community Internet Giving Program
  - iv. AAC Registered Patient Members Only on AAC Website
  - v. Sponsor a Patient(s) Program
  - vi. Flexible Qualifying based on AAC Professional judgement

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Medical Marijuana Compassionate Need Proposal  
Submitted By Arrow Alternative Care, Angelo DeFazio, RPh

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In summary, AAC is committed to compassionate care. We are fully aware that this is a starting point to an overall comprehensive compassionate care plan. If for any reason we add or subtract from the above referenced we will immediately contact DCP and its Medical Marijuana Unit. Thank you for your consideration. If you have any questions please feel free to contact me on my cell or email.

Respectfully submitted,

Angelo DeFazio, RPh  
President and CEO

**Arrow Pharmacies**  
**Arrow Alternative Care**

92 Weston Street  
Hartford, CT 06120  
Office: 860-570-0543  
Cell: 860-982-7303  
Email: arrowpharmacy@aol.com

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

**3. Research Plan:**

Research in the field of medical marijuana, from all perspectives, has become a strategic initiative at Arrow Alternative Care. It has become increasingly evident to us, based on our first year of experience providing access to medical marijuana to the patients of Connecticut, that the lack of rigorous scientific studies to assess the safety and efficacy of cannabis and cannabis compounds for treating medical conditions presents both a challenge and opportunity for all entities involved in providing this medicine to patients; from health care providers, patients, growers, dispensary facility owners, dispensary pharmacist...

The Arrow Alternative Care business model will enable us to provide key data points to those entities wishing to partner with us in scientific studies. Our pharmacy system has a robust therapeutic component that coupled with our Specialty Pharmacy referral form enables tracking by disease state and ICD9 and ICD10 codes. Medical Marijuana patients can now be followed with usage and Symptoms measured using a universally accepted method. This will include outcome analysis data points for research regarding medical marijuana products based on strain, dosage form and utilization that can be traced to ICD9 codes.

Our goal is to partner with entities seeking to engage in objective, rigorous scientific studies that have the following goals:

1. Assess the safety and efficacy of cannabis and cannabis compounds for treating medical conditions.
2. Enhance understanding of the efficacy and adverse effects of marijuana as a pharmacological agent

**Arrow Alternative Care Research Initiatives:**

**1. Grower Sponsored**

**A. Connecticut Pharmaceutical Solutions**

We are actively involved in the CPS Study Medical Marijuana Pilot Study. Our Dispensary Pharmacist have selected two patients to participate in the study. It is by far the most coordinated,



professionally designed, controlled study that Arrow Alternative Care has participated in. Our dispensary pharmacists play a significant role in the execution, management and reporting of this program. It is providing us with a deeper understanding of not only the efficacy of certain strain, but is also providing our dispensary pharmacists with exposure to the processes and controls needed to conduct research which will benefit all stakeholders in the program as more of these projects are undertaken.

We are actively providing patient counseling and support as they participate in the study.

## 2. Association Sponsored:

### B. Connecticut Pharmacist Association

Arrow Alternative Care has resources to collaborate with the Ct Pharmacist Association in partnership with the Yale University of Medicine to promote evidence based research and education concerning the endocannabinoid system and the therapeutic applications of endocannabinoid and cannabinoid agents.



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DATA SHEETS FOR CPS STUDY



**SUBJECT INFORMED CONSENT  
AND  
AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

I, \_\_\_\_\_, voluntarily agree to participate in this research Study, known as *CPS Medical Marijuana Pilot Study (the "Study")*, and authorize *Connecticut Pharmaceutical Solutions, LLC ("CPS")* as principal investigator and/or such agents as may be selected by CPS to gather the information described in this document in connection with the research project outlined in this document. This consent form may contain words that you do not understand. If you do not understand anything on this form, please ask your medical professional to explain it to you.

**INTRODUCTION**

Before agreeing to participate in this research Study, it is important that you read and understand the following explanation of the proposed procedures. This statement describes the purpose, procedures, benefits, risks, discomforts and precautions of the Study. It also describes the alternative procedures that are available to you and your right to withdraw from the Study at any time. No guarantees or assurances can be made as to the results of the Study.

**1. Purpose:**

The purpose of the Study is to gather information on the use of certain cannabinoid-based medication on certain cancers.

**2. Description of Study and Procedure:**

Each participant in the Study will use cannabinoid-based medication from CPS for a sixty day period, in addition to any additional periods of time during which the patient may use smaller amounts of medication to acclimate to the effects of the medication (for a maximum of the 30 day period preceding the sixty day Study period) and to cease using the medication (for a maximum of the 30 day period following the 60 day Study period).

**3. Study Sponsor:**

CPS (the "Sponsor") is sponsoring the Study. The Sponsor has a contract with your doctor through whom you will be treated to perform the Study. You may ask your doctor how he or she may benefit from your participation in the Study.

**4. Duration of Study:**

You will participate in the Study for 60 days, not including periods of time that you may require to acclimate to the use of the medication and cease using the medication.

Effective Date: 8/24/2015

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**5. Benefits:**

There is no guarantee that you will receive any benefit by taking part in this research Study. However, the information gained from participation may help medical science and other patients in the future.

**6. Risks:**

There is limited knowledge of the risks associated with use of medical marijuana. Please consult with your medical professional.

**7. Alternative Treatment:**

You do not have to participate in this Study to receive treatment for your current disease. You understand that other possible therapeutic programs for patients with your disease exist and you have had an opportunity to discuss these with your physician as they might relate to your decision to participate.

**8. New Information:**

You understand that the Sponsor may discontinue the Study at any time.

**9. Confidentiality and Subject Identification:**

As part of your participation in this Study, identifiable health information or protected health information ("PHI") about you will be used and disclosed. The PHI may include demographic information (such as your name and birth date), your medical records, your medical history (such as diseases and medications), the results of physical examinations, surgical and treatment information, photographs, and laboratory and diagnostic test results (such as EEGs, EKGs or MRIs).

By signing this Subject informed consent and authorization form (the "Subject Authorization"), you are authorizing Connecticut Pharmaceutical Solutions, LLC as the principal investigator, its employees and agents (collectively referred to as the "Principal Investigator") to use your PHI in connection with this research Study and to further disclose your PHI in connection with this Study to (i) the Sponsor of the Study (CPS), its employees, officers, directors, agents, affiliates and contractors; (ii) the Connecticut Department of Consumer Protection ("DCP"), The United States Food and Drug Administration ("FDA"), the Department of Health and Human Services ("DHHS"), the Office of Human Research Protections ("OHRP"), the Office of Civil Rights ("OCR") and other U.S. and foreign governmental and/or regulatory agencies (collectively referred to as the "Third Parties") for use and disclosure by such Third Parties as described in this Subject Authorization. In addition, the Principal Investigator may disclose your PHI, without prior notice to you, in response to a valid court order by a court or other governmental or regulatory body or as otherwise required by law.



Information from this Study may be disclosed in the US government registry databank (located at [www.clinicaltrials.gov](http://www.clinicaltrials.gov)) in order to comply with requirements of the DCP, the U.S. Federal Food, Drug and Cosmetic Act ("FD&C") and Public Health Service ("PHS") Act. No personal identifiable information will be provided as a result of this disclosure.

This research Study is designed to collect data about the response of your disease to treatment with cannabis-based medication and to answer questions about this research Study. In addition the Principal Investigator and Third Parties will use your PHI to ensure that the Study is conducted properly and that your rights and welfare as a Subject participating in this Study are protected. Although the Principal Investigator will collect your PHI for only 60 days, the Principal Investigator and the Third Parties will continue using your PHI as described in this Subject Authorization indefinitely. This Subject Authorization does not have an ending date.

The Principal Investigator and the Third Parties will take reasonable efforts, consistent with industry standards, to protect the confidentiality and security of your PHI during and after this Study. No publication about the research will reveal your identity without your specific written permission. These limitations continue even if you revoke this Subject Authorization. However, once the Principal Investigator has disclosed your PHI to the Third Parties, it is possible that the Third Parties may re-disclose your PHI to other Third Parties. While the Third Parties will make reasonable efforts to maintain the confidentiality of your identity, in certain circumstances, a loss of privacy could occur.

The Principal Investigator is required to include the following statement in the Subject Authorization: *The information authorized for release may include records which may indicate the presence of a communicable or noncommunicable disease required to be reported pursuant to law.*

By signing this consent form, you authorize the use and disclosure of health information about you as described above. You do not have to sign this consent if you do not agree with the uses and disclosures of your health information described above. However, if you do not sign this document, you may not participate in the Study if the Study involves treatment. Your authorization for your records to be used or disclosed for research has no expiration date. However, you have the right to revoke this authorization at any time. To revoke your authorization, you need to write to CPS, 47 Main Street, Portland, CT 06480 and say you are revoking your authorization for your records to be used and disclosed. If you revoke your authorization for use and disclosure of health information for research purposes, you will be discontinued from the research. However, the Principal Investigator, Hospital, Sponsor and its researchers may still use and disclose health information that has already been obtained as permitted in this authorization to maintain the reliability of the research. Your decision to participate or drop out will involve no penalty or loss of benefits to which you are otherwise entitled.



Information from this Study may be disclosed in the US government registry databank (located at [www.clinicaltrials.gov](http://www.clinicaltrials.gov)) in order to comply with requirements of the DCP, the U.S. Federal Food, Drug and Cosmetic Act ("FD&C") and Public Health Service ("PHS") Act. No personal identifiable information will be provided as a result of this disclosure.

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CPS Medical Marijuana Pilot Study

**10. Cost and Payments:**

The Sponsor will provide CPS cannabis based concentrated oil for a sixty day Study period, in addition to smaller amounts of cannabis-based medication (I) for the 30 day period prior to the 60 day Study period, and (II) for the 30 day period following the 60 day Study period.

**11. Compensation for Illness or Injury:**

In the event of physical injury or physical illness related to the Study, no monetary compensation or subsidized medical treatment will be routinely provided to you by any person involved in this Study including the Study Sponsor. Any immediate medical treatment, however, that may be necessary will be provided. You understand that you will not be reimbursed for medical care or receive other compensation as a result of physical illness or injury.

**12. Payment to Subject for Participation:**

You will not be paid for taking part in this Study.

**13. Voluntary Participation:**

Your participation in this Study is voluntary and you are free to withdraw or refuse participation at any time without penalty or adversely affecting your future care at this institution. Withdrawal will not cause a loss of benefits to which you might otherwise be entitled.

**14. Signatures:**

You certify that you have read this consent form or that it has been read to you and you understand its contents. You freely consent to participate in this Study under the conditions described in this document. By signing this consent, you do not automatically waive any of your rights. You have been given a copy of this consent form.

\_\_\_\_\_  
Patient/Subject Signature

\_\_\_\_\_  
Subject's Printed Name

\_\_\_\_\_  
Date



**WHEN SUBJECT IS INCOMPETENT TO GIVE CONSENT:**

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of legally acceptable representative

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (Person Conducting Interview)

\_\_\_\_\_  
Date

Patient Identification Code (PIC): \_\_\_\_\_

The PIC is assigned by CPS in order to identify the patient to CPS while keeping the actual identity of the patient confidential, and to track study medication.

Effective Date: 8/24/2015

Page 5 of 5



**SUBJECT INFORMED CONSENT  
AND  
AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH INFORMATION**

I, \_\_\_\_\_, voluntarily agree to participate in this research Study, known as *CPS Medical Marijuana Pilot Study (the "Study")*, and authorize *Connecticut Pharmaceutical Solutions, LLC ("CPS")* as principal investigator and/or such agents as may be selected by CPS to gather the information described in this document in connection with the research project outlined in this document. This consent form may contain words that you do not understand. If you do not understand anything on this form, please ask your medical professional to explain it to you.

**INTRODUCTION**

Before agreeing to participate in this research Study, it is important that you read and understand the following explanation of the proposed procedures. This statement describes the purpose, procedures, benefits, risks, discomforts and precautions of the Study. It also describes the alternative procedures that are available to you and your right to withdraw from the Study at any time. No guarantees or assurances can be made as to the results of the Study.

**1. Purpose:**

The purpose of the Study is to gather information on the use of certain cannabinoid-based medication on certain cancers.

**2. Description of Study and Procedure:**

Each participant in the Study will use cannabinoid-based medication from CPS for a sixty day period, in addition to any additional periods of time during which the patient may use smaller amounts of medication to acclimate to the effects of the medication (for a maximum of the 30 day period preceding the sixty day Study period) and to cease using the medication (for a maximum of the 30 day period following the 60 day Study period).

**3. Study Sponsor:**

CPS (the "Sponsor") is sponsoring the Study. The Sponsor has a contract with your doctor through whom you will be treated to perform the Study. You may ask your doctor how he or she may benefit from your participation in the Study.

**4. Duration of Study:**

You will participate in the Study for 60 days, not including periods of time that you may require to acclimate to the use of the medication and cease using the medication.



September 11, 2015

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 **Yale University School of Medicine** in order to conduct this proposed research monitoring program with the marijuana growers and dispensaries that receive licenses from the State of Connecticut. In addition, CPA will continue to collaborate with the **Canadian Consortium on (CCIC)**, 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 endocannabinoid system and therapeutic applications of endocannabinoid and cannabinoid agents.

Please note that **Arrow Alternative Care #2, Inc.**, the applicant, 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, the accompanying financial commitment, and the 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 Yale University School of Medicine. The main objective of the research is to ensure the safety and efficacy of the product that patients use. In this study we will track all cannabinoid strengths in regard to patient benefits, effectiveness, and adverse events (AEs) as well as to differentiate benefits across the therapeutic disease states. We will also look to quantify doses and modes of cannabis administration as well as documenting any noted drug interactions. All information will be uploaded into a highly-secure, electronic database - **Research Electronic Data Capture (REDCap)** which has been designed exclusively to support data capture for research studies.

It is our estimation that the results and data gleaned from the estimated 2 year study period 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



## HIPAA Overview

### What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act, a federal law which was passed in 1996. HIPAA imposes several requirements related to health insurance and health records. One aspect of HIPAA, known as the Privacy Rule, provides patients with certain rights with respect to their health information, requires that health care providers protect the privacy of health information, and requires that those working for health care providers be trained in policies and procedures related to maintaining privacy. The HIPAA Privacy Rule applies to health information in any form, including paper, electronic, and oral. The HIPAA Security Rule is specific to electronic copies of health information and requires it to be maintained in a way that protects the availability, integrity and confidentiality of these records. This document provides an overview of HIPAA Privacy Rule requirements to ensure that you are aware of your responsibilities while working at Yale. Individuals who will work with electronic versions of health information must also complete training on the HIPAA Security Rule which is available on-line at [www.hipaa.yale.edu](http://www.hipaa.yale.edu).

### What are the key points of HIPAA Privacy?

#### PHI

HIPAA identifies those records which are affected by the regulation as Protected Health Information (PHI). PHI is defined generally as any information which identifies the individual and which is related to an individual's physical or mental health, health care or health care payment.

Some examples of health information include:

- Medical charts
- Billing information
- X-rays and films
- Lab test results
- Diagnosis and treatment data

Some examples of identifiers include:

- Name and address
- Phone number
- Medical record number
- Social security number
- Photos
- Billing or other account numbers
- Date of birth or date of visit

#### Patient Rights

The HIPAA Privacy Rule affords patients the following rights with respect to their protected health information (PHI):

- Right to be notified of our privacy practices
- Right to access and amend their designated record set

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- Right to an accounting of who has reviewed their health information other than for treatment, payment or healthcare operations or with the patient's authorization.
- Right to request that access to their health information be restricted or to allow for confidential communication of that health information
- Right to file a complaint with the US Department of Health and Human Services
- Right to be notified in the case of a breach of their PHI

**Privacy**

HIPAA requires that we maintain the privacy of health information by:

- Limiting access to health information to those who are involved in
  - treatment of the patient,
  - payment for that treatment
  - our own health care operations
- Restricting access for purposes other than those listed above to those instances which were authorized by the patient or which fall into specific categories defined by the federal regulations.
- Providing or viewing only the minimal amount of health information necessary to perform these functions.

**How does HIPAA impact how I perform my job while I am here?**

For all individuals working at the clinical departments of Yale School of Medicine, Yale School of Nursing, Yale Health, Department of Psychology Clinics or the Yale Benefits Office, care must be taken to:

- Ensure the confidentiality of any PHI which you have access to by:
  - ✓ Not sharing the information with others who have no need to know, including co-workers, family members or friends
  - ✓ Minimizing opportunities for patient information to be overheard by others.
  - ✓ Securing paperwork which contains PHI from viewing by others by storing such paperwork in a drawer or folder when not in use
  - ✓ Closing computer programs containing patient information when not in use
  - ✓ Limiting use of e-mail of PHI to only those circumstances when the information can not be sent another way
  - ✓ Using a cover sheet when faxing PHI
  - ✓ Never sharing passwords or logging in under someone else's password
  - ✓ Disposing of information containing PHI properly such as shredding paper files
- Limit access to PHI by:
  - ✓ Only viewing those health records which are necessary for your job
  - ✓ Checking that individuals asking for PHI have a legitimate reason and if you are unsure, check with your supervisor
  - ✓ Checking with your supervisor regarding requests for access other than by a treating clinician or individual involved in processing payment.

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When access is provided to those whose access is legitimate but who are not part of the University and who are not involved in treatment, payment or health care operations, that access must be noted in the accounting for disclosures log.

When your position involves interacting with patients, please be aware that patients may wish to act on their HIPAA patient's rights. Such requests should be directed to your supervisor as Yale has specific procedures and forms which must be followed in handling the request:

#### **What happens when I leave Yale?**

Your obligation to maintain the privacy of health information continues even after you leave Yale. Patients rely on us, as members of the Yale community, to never share their health information inappropriately.

#### **Reporting Potential Breach Incidents**

Federal law requires that information security breaches involving protected health information be reported to the affected patients, the federal government, and, in some cases, the media.

**Notify Yale IMMEDIATELY of all events that might be potential breaches!**

Call 203-627-4665 if you believe ePHI/PHI might have been lost, stolen, compromised, misdirected, etc. Yale HIPAA professionals will work with you to determine the next steps, and whether the event requires notification.

Anyone else wishing to report a HIPAA concern should call 203-432-5919.

#### **Who should I speak to if I have questions?**

Should you have question about your responsibilities under HIPAA please ask your supervisor, check the web site at <http://www.hipaa.yale.edu/> or contact the privacy office at [hipaa@yale.edu](mailto:hipaa@yale.edu) or 432-5919.

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Yale Requirements related to HIPAA Privacy Training

I understand that patient records including demographic, biographic, insurance, financial, and clinical information are confidential. In the course of employment or association with the Yale University, this information may be required and consequently accessed from file folders, computer display screens, and computer printers. I understand that I should only access that information which I need to perform my work related duties and that my access to the system may be monitored electronically.

Release of this confidential information, either written or verbal, except as required in the performance of work, is a critical violation of employee conduct. As such, it may be considered reason for immediate termination of employment and could result in civil and criminal penalties under the Health Insurance Portability and Accountability Act of 1996.

Yale Requirements related to HIPAA Security Training

The HIPAA Security Rule also requires that all individuals in the covered entities who handle protected health information in an electronic form complete training on the requirements of the Security Rule. Yale University policy also requires that all within the covered entity departments who use computing or communications systems during the course of work, complete the online HIPAA Privacy and Security training.

HIPAA Privacy and Security Training Certification

By signing below I certify that:

I have read and understand the HIPAA Privacy Overview Training and agree to the above HIPAA Privacy Training statements.

AND

I do NOT create, receive, maintain or transmit Protected Health Information in an electronic form or provide IT support to someone who does in the performance of my University appointment.

AND

I do NOT use computing or communications systems during the course of my work at the School of Medicine, School of Nursing or the University Health Plan. This includes Systems use on-campus as well as from remote locations, such as home, hotels and other off-campus locations and the use of a Yale e-mail account.

Signature

*Angelo Defazio*

Please Print or Type Name

*Angelo Defazio*

Department Name

*Dispensary*

Job Title

Date

*8/18/15*

Yale NetID

Supervisor's Name

Lead Administrator's Signature

Forward to: HIPAA Privacy Office, P.O. Box 208252, New Haven, CT 06520-8252;  
Fax: 203-432-4033; hipaa@yale.edu

Revised 01/15



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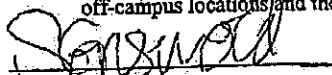
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Signature

8/19/15  
Date

SABINA GRISWOLD  
Please Print or Type Name

\_\_\_\_\_  
Yale NetID

ARROW ALTERNATIVE CARE  
Department Name

\_\_\_\_\_  
Supervisor's Name

DISPENSARY PHARMACIST  
Job Title

\_\_\_\_\_  
Lead Administrator's Signature

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Leisa PCleveland  
Signature

8/18/15  
Date

Leisa PCleveland  
Please Print or Type Name

\_\_\_\_\_  
Yale NetID

Arrow Alternative Care  
Department Name

\_\_\_\_\_  
Supervisor's Name

Pharmacist/Dispensary  
Job Title

\_\_\_\_\_  
Lead Administrator's Signature

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*Mary Graikoski*  
Signature

8-18-15  
Date

Mary Graikoski  
Please Print or Type Name

\_\_\_\_\_  
Yale NetID

Arrow Alternative Care  
Department Name

\_\_\_\_\_  
Supervisor's Name

RPh - Dispensary Manager  
Job Title

\_\_\_\_\_  
Lead Administrator's Signature

Forward to: HIPAA Privacy Office, P.O. Box 208252, New Haven, CT 06520-8252;  
Fax: 203-432-4033; [hipaa@yale.edu](mailto:hipaa@yale.edu)

Revised 01/15



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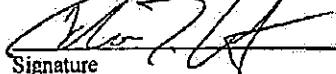
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Signature

8-18-15  
Date

Thomas Livinsky  
Please Print or Type Name

\_\_\_\_\_  
Yale NetID

ARROW ALT. CARE  
Department Name

\_\_\_\_\_  
Supervisor's Name

Pharmacist Dispensary  
Job Title

\_\_\_\_\_  
Lead Administrator's Signature

Forward to: HIPAA Privacy Office, P.O. Box 208252, New Haven, CT 06520-8252;  
Fax: 203-432-4033; hipaa@yale.edu

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

**Community Benefits Plan**

Arrow Alternative Care will continually be open to supporting our local and state communities in the same fashion as Arrow Pharmacy. Arrow Pharmacy and Arrow Alternative Care have always been open to supporting our local and state communities as opportunities are presented. Arrow Pharmacy Arrow Alternative Care have been extremely philanthropic to our communities as a major donor to hospitals and educational institutions such as UCONN. Mr. DeFazio, Arrow Pharmacy President and CEO has established an endowed scholarship to assist minority pharmacy students in financial need at the University Of Connecticut School Of Pharmacy. Some of the ways in which we will give back include:

- Student involvement with rotations at both UCONN and St. Joseph Schools of Pharmacy  
We have spoken to both Dean Halpert of UCONN and Dr. Osofo at St. Josephs College to implement a rotation involving students interested in medical marijuana. This is being investigated at both schools with regard to university policy and creating a credit program.
- Community Educational programs at no charge  
We believe that information and education empowers us to gain control of our lives for a brighter healthier future. Our CannaEd<sup>®</sup> programs are free of charge for all medical marijuana patients and caregivers regardless of choice of dispensary facility.
- Participation in forums and Symposiums for Physician and Community education
- Fund scholarships at the University of Connecticut and St. Joseph Schools of Pharmacy for students interested in dispensary positions.

In 2014 with the addition of Arrow Alternative Care to the Arrow family we doubled our endowed scholarship from \$30,000 to \$60,000. This is a minority need based scholarship through the University of Connecticut Foundation.

- Giving Back To Milford  
Awarded a dispensary facility license, we would also like to include two new worthwhile charities to our Community Benefits family:

Disabled American Veterans 45 New Haven Avenue Milford , CT	Milford Hospital Foundation 300 Seaside Avenue Milford, CT
--	---

These are two worthwhile local entities providing valuable services to the patients of greater Milford. PTSD is an approved disease state for the medical marijuana program which affects so many of our veterans. Milford Hospital services the greater Milford area and provides healthcare support service to MS, Breast Cancer, Epilepsy and Alzheimer's patients.



**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.

**4. Substance Abuse Plan:**

A dispensary pharmacists we have developed a keen eye and awareness for potential diversion, addiction, or inappropriate handling of narcotics; and can help organizations providing support to patients and combatting substance abuse. Although we have yet to partner with a an existing substance abuse program to combat addition, we have certainly dealt with this concern. When we suspect potential abuse or addiction we contact the certifying physician to determine a plan of action.

The Arrow Alternative Care Wellness Consultations coupled with Medication Therapy Management (MTM), are designed to provide our Dispensary Pharmacists information needed to identify potential Substance Abuse. The information gathered from these processes along with the patient intake provides key indicator flags that will assist the Dispensary Pharmacists in identifying potential substance abuse.

**Dispensary Pharmacists assess the following for each patient at every visit:**

Check the CT Prescription Monitoring Program For Each Patient prior to filling orders

Monitor Denied Request Due to 30 Day Limit being reached

- Look for warning signs of excessive use:
- Driving Under Influence Citation
- Psychosis
- Sedation
- Anxiety
- Tolerance
- Dependence
- Cognitive Functions

**Precautions and Contraindications**

- Validate that desire for and use for is "medical"
- Ask about history of legal issues and criminal charges
- Screening for other addictive drug use
- Prior recreational cannabis use
- Monitor dose.

The following forms are provided to every patient at check-out.

We are actively researching potential partners to collaborate with to combat addition.



**SIGNS OF SUBSTANCE ABUSE**

Marijuana has been approved for your use by your physician to provide relief, well-being and improve your quality of life.

**Addiction**

As with the use of many drugs, prolonged use can lead to addiction in some people. Unfortunately, there's no way to predict who is at risk. If addicted, people cannot control their urges to seek out and use marijuana, even though it negatively affects their family relationships, school performance, and recreational activities. At Arrow Alternative Care, our dispensaries are right by your side, working with you to find the right product strain and dosage form that you need. We are also here, right by your side, to help you understand and recognize the symptoms and signs of substance abuse and if needed, help you find a dependency program.

**Did you know?**

- Regular marijuana use of Medical Marijuana can create a physical tolerance, which means more of the drug is needed to feel the same effects.
- If a person is dependent and suddenly stops using it, they can experience withdrawal symptoms. Marijuana (cannabis) withdrawal symptoms may include:
  - irritability, anxiety and nervousness
  - anger and aggression
  - loss of appetite
  - excessive sweating (particularly at night)
  - disturbed and restless sleep with strange nightmares.

If you, or someone you know who uses Medical Marijuana, is experiencing any of these symptoms, come to us and we will help to identify and refer services offering treatment for drug abuse.

Contact us for more information:

Arrow Alternative Care  
860.231.7050  
[www.arrowalternativecare.com](http://www.arrowalternativecare.com)

**Substance Abuse and Addiction Services**

**Addiction Treatment Helpline**  
**1-877-340-0184**

CT Department of Mental Health and Services  
[www.ct.gov/dmhas](http://www.ct.gov/dmhas)

National Substance Abuse Index  
[www.nationalsubstanceabuseindex.org](http://www.nationalsubstanceabuseindex.org)



**POSSESSION AND USE OF MARIJUANA**

**Benefits of having a registration certificate**

Patients complying with the statute are immune from arrest and prosecution under state law. However, registration does not provide any protections from federal prosecution.

While you may be held responsible for possessing marijuana by the federal government, you are more likely to be prosecuted if you carry or consume marijuana on federal property, such as immigration check-points, federal parks, airports, or any other federal land.

**What Is Not Permitted Under the Palliative Use of Marijuana Act?**

Your registration certificate does not permit the use of marijuana:

- in a motor bus or a school bus or in any other moving vehicle;
- in the workplace;
- on any school grounds or any public or private school, dormitory, college or university property;
- in any public place;
- in the presence of a person under the age of eighteen (18); or
- in any other way that endangers the health or well-being of a person other than the qualifying patient or the primary caregiver.

**How Much Marijuana Can Patients Possess?**

Currently, the maximum allowable monthly amount is 2.5 ounces unless your physician indicates a lesser amount is appropriate. Any changes to the allowable amount will be based on advice from the Board of Physicians.

For more information on the use of Medical Marijuana in the State of Connecticut please contact:

**Connecticut Department of Consumer Protection Medical Marijuana Program**  
165 Capitol Avenue, Room 145  
Hartford, CT 06106  
860.713.6066

[www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp)



**METHODS OF CONSUMPTION**

There are multiple methods to use medical marijuana. The effects often vary with each method, sometimes affecting the length of time it takes for the medicine to take effect, or the length of time that it remains effective. Patients may find that one method is more effective than another. Our dispensary will help you find the right method for you.

**Smoking** Smoking the raw product or leaves of the marijuana plant is the most traditional form of ingestion. The effects of smoking marijuana are felt almost immediately, but soon begin to diminish. Regularly smoking any plant material can have a negative impact so we recommend patients use vaporizers or edible forms of medicine whenever possible.

**Vaporizing** A vaporizer is a device that is able to extract the therapeutic ingredients in a marijuana plant at a much lower temperature than required for burning. This allows patients to inhale the active ingredients as a vapor instead of smoke. Patients who are used to smoking may not feel like they are "getting anything" at first because it does not "burn" the throat. It is advised to use caution and wait a few minutes to feel the full effects as half as much medicine can provide twice the effect when vaporized.

**Edibles** Edibles are cooked food products that are made with butter or oil that has been infused with marijuana. Edibles usually take longer to take effect than smoking or vaporizing, often 20 minutes to an hour or more. The therapeutic effects from eating cannabis last much longer than other consumption methods, often up to four hours or more, and then slowly begin to wear off.

**Topicals** Topical marijuana medicines are applied directly to the skin. They include lotions, salves, balms, sprays, oils, and creams. Patients report they are tremendously effective for skin conditions like psoriasis, joint diseases like rheumatoid arthritis, migraines, restless leg syndrome, some spasms, and everyday muscle stress and soreness.

**Tinctures** A tincture is a concentrated form of marijuana in an alcohol solution. Tinctures are highly concentrated and require careful dosage levels, starting out small and waiting to feel the effects before adding more. They can be taken under the tongue or mixed into water or other beverages.

92 Weston Street Hartford, CT 860.246.HOPE(4673) [www.ArrowAlternativeCare.com](http://www.ArrowAlternativeCare.com)

PH0100 Prescription and Use Book

revised 2/21/2015



**PLEASE READ: IMPORTANT INFORMATION**

**Thank you for choosing Arrow Alternative Care.**  
We know that you have a choice of dispensary facilities.

We respect that with your choice comes an expected level of understanding, compassion and medical expertise from all of us at Arrow Alternative Care.

**Commitment**

Our commitment to you is to provide you with the respect, medical care and privacy that you deserve as you seek healing and relief from medical marijuana.

We will provide you with the highest quality medical marijuana available at the best price.

Please know that you can reach out to us at anytime, we will be here for you.

**Communication**

We are committed to keeping you up-to-date on products and advances in research in the Medical Marijuana field. We send weekly updates to all of our patients.

Please know that you can reach out to us at anytime, we will be here for you.

Dispensary Facility 860-246-HOPE (4673)  
Website: [www.arrowalternativecare.com](http://www.arrowalternativecare.com)  
Email: [hope@arrowalternativecare.com](mailto:hope@arrowalternativecare.com)  
Follow us on Facebook  
Leafly.com  
AllBud.com

**Thank you from all of us at Arrow Alternative Care.**



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# ARROW<sup>®</sup> ALTERNATIVE CARE.

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
APPLICANT: ARROW ALTERNATIVE CARE #2  
APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**APPENDIX A – Dispensary Facility License Information Form**



# Medical Marijuana Program

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



## Appendix A Dispensary Facility License Information Form

Section A: Business Information						
1. Applicant business type:						
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liability Partnership	Unincorporated Association	Other:
2. Legal Name of Applicant: Angelo DeFazio, RPh						
3. Trade Name of Applicant: ARROW/ALTERNATIVE CARE #2, INC						
4. Applicant's Business Address: 500 Farmington Avenue						
5. City: Hartford				6. State: CT	7. Zip Code: 06105	
8. Daytime Telephone Number: (860) 570-0543			9. E-mail Address: arrowpharmacy@aol.com			
10. Applicant's Mailing Address (if different than business address): same					11. City: same	
12. State: same	13. Zip Code: same		14. Daytime Telephone Number:		15. Fax Number: (860)570-0529	
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: Angelo DeFazio, RPh				17. Primary Contact Title: Owner		
18. Primary Contact E-mail Address: arrowpharmacy@aol.com				19. Primary Contact Telephone Number: (860) 570-0543		
20. OPTIONAL - Name of Alternate Contact: None				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: 07 / 15 / 2011			25. Place of Formation/Incorporation: Hartford, 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: Provide a copy of your Sale and Use Tax permit with your application.			



# Medical Marijuana Program

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Section D: Proposed Dispensary Facility Information			
28. Proposed Dispensary Facility Address: 255 West River Street		29. City: Milford	
30. State: CT	31. Zip Code: 06461	32. Telephone Number:	33. Fax Number:
34. Own or Lease Property: <input checked="" type="checkbox"/> Own <input type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		35. Name of Property Owner: 255 West River Street LLC	

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

Section F: Proposed Dispensary Department Hours			
41. State the proposed dispensary department hours of operation for each day. The dispensary department is where marijuana will be sold.			
Monday	9am	to	7pm
Tuesday	9am	to	7pm
Wednesday	9am	to	7pm
Thursday	9am	to	7pm
Friday	9am	to	7pm
Saturday	9am	to	5pm
Sunday	closed	to	closed

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	7pm
Tuesday	9am	to	7pm
Wednesday	9am	to	7pm
Thursday	9am	to	7pm
Friday	9am	to	7pm
Saturday	9am	to	5pm
Sunday	closed	to	closed



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### Section H: Other Business Names & Addresses

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

43. Name:	44. Time Period:
SEE ATTACHED FOR A COMPLETE LISTING	
LOCATED IN APPENDIX A	

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

45. Address:	46. Time Period:
SEE ATTACHED FOR A COMPLETE LISTING	
LOCATED IN APPENDIX A	

### Section I: Dispensary Facility Backers

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

Create additional copies of this page if necessary.

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

47. Name:	48. Percentage of ownership
Angelo DeFazio, RPh	50%
Anthony Ajegba, RPH	50%



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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:
Anthony Ajegba	Owner	Dispensary Facility Manager
Angelo DeFazio	President / CEO / Owner	Dispensary Pharmacist
Sabrina Griswold	Dispensary Pharmacist	Dispensary Pharmacist
Tom Linsky	Dispensary Pharmacist	Dispensary Pharmacist
Nicole Liedke	Dispensary Pharmacist	Dispensary Pharmacist

## 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:
Down payment on Building 255 West River Street	\$ 31,000.00	Self Funded Cash
Attorney Accounting fees	\$ 10,000.00	Self Funded Cash
Closing on Purchase of Property at 255 West River St.	\$ (-589,000.00)	Self Funded Cash
Date Scheduled 11/17/2005	\$	
	\$	
	\$	
	\$	

## 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: Command Corporation	
56. Primary Security Company Address (including Apartment or Suite #): 59 Rainbow Road	57. City: East Granby



# Medical Marijuana Program

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58. State: CT	59. Zip Code: 06026	60. Telephone Number: (860) 653-1717	61. Fax Number: (860) 653-1702
62. E-mail Address: <a href="mailto:john@commandco.com">john@commandco.com</a>			
63. Backup Security Company Name (if applicable): None			
64. Backup Security Company Address (including Apartment or Suite #):			65. City:
66. State:	67. Zip Code:	68. Telephone Number:	69. Fax Number:
70. E-mail Address:			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.			

### Section M: Legal Proceedings

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

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

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

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

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

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

75. Has the applicant ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?  Yes  No

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

### Section N: Criminal Actions

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

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



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Medical Marijuana Dispensary Facility License Application

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### Section O: Criminal Background Check

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

77. Signature:

78. Date Signed:

9/1/2015

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

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

79. Signature:

80. Date Signed:

9/1/2015



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Medical Marijuana Dispensary Facility License Application  
APPLICANT: ARROW ALTERNATIVE CARE #2  
APPLICATION LOCATION: 255 West River Street, Milford, CT  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**APPENDIX A – Section C: Formation/Incorporation Information**

**Question 27. Sales and Use Tax Permit**

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

STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE SERVICES



**Temporary Permit for  
Sales and Use Tax**

Do NOT mail to the Department of Revenue Services

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

Confirmation Number\*: 15W9900679007

Organization Name: Arrow Alternative Care 2 Inc

Business Address: 500 Farmington Avenue  
Hartford, CT 06105

**This temporary permit will expire on 09/25/2015.**

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

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

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





**APPENDIX A – Section D: Proposed Dispensary Facility Information**

**Question 34. Right To Occupy Evidence**

Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a

**PURCHASE AND SALE AGREEMENT COMMERCIAL REAL PROPERTY**

THIS AGREEMENT (the "Agreement") is made as of the \_\_\_\_\_ day of August, 2015 between the following parties:

Purchaser:

Angelo DeFazio, or a limited liability company to be formed during the executory period of the contract, to which the Purchaser's rights hereunder can be freely assigned.

300 Farmington Avenue, Hartford, CT 06105

Seller:

255 West River Properties, LLC  
195 Binney Street, Unit 4403  
Cambridge, MA 02142

**RECITAL OF FACTS**

- A. Seller agrees to sell and convey to Purchaser, and Purchaser agrees to purchase from Seller that parcel of real property situated in the City of Milford, County of New Haven and State of Connecticut known as 255 West River Street being more particularly described in Schedule A attached hereto (the "Land") and together with the following (collectively, the "Property"):
  - (a) All buildings, structures and other improvements located thereon (collectively, the "Improvements");
  - (b) All easements, rights, interests, claims and appurtenances, if any, in any way belonging or appertaining to the Land or the Improvements;
  - (c) All right, title and interest of Seller, if any, in and to all adjoining streets, alleys and other public ways (before or after vacation thereof);
  - (d) All certificates of occupancy or use and all other permits, licenses, consents and authorizations required or held in connection with the ownership, use, occupancy or operation of the Land and the Improvements, all warranties, guaranties and agreements relating or pertaining to the Land and the Improvements which will not have expired prior to the Closing Date and all drawings, plans, site plans, studies, specifications and renderings with respect to the Land and the Improvements, to the extent any of the foregoing is assignable to Purchaser (collectively, the "Property Documents");
  - (e) All other rights, privileges and benefits owned by Seller and in any way related or appertaining to any of the above described property.

{00808803.DOCX Ver. 2}

**CONFIDENTIAL**

license.



**ARROW**<sup>®</sup>  
ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



NOW THEREFORE, in consideration of the agreements contained herein, and other good and valuable consideration, the receipt and adequacy of which are acknowledged, the parties agree as follows:

**1. Purchase Price.** The purchase price ("Purchase Price") for the Property is [REDACTED]

Said purchase price shall be payable as follows:

(a) Initial Deposit	\$ [REDACTED]
(b) Deposit due upon signing of the Contract	\$ [REDACTED]
(c) Third party financing	\$ [REDACTED]
(d) Balance in certified funds	\$ [REDACTED]
<b>TOTAL:</b>	<b>\$ [REDACTED]</b>

The final Purchase Price, subject to the credits for the provisions set forth in Paragraph 4 hereit below, shall be payable in certified or bank check, or wire transfer in U.S. Federal funds at Closing. The Seller's attorney shall hold the deposited funds in escrow until closing. In the event of any actual or claimed dispute, the SELLER'S attorney may commence an action of interpleader or similar proceeding and may deposit the down payment with a court of competent jurisdiction, whereupon said attorney shall have no further liability or obligation with regard to said funds.

**2. Closing.** The closing or settlement ("Closing") of the transaction contemplated hereby shall be held at the Law Offices of Friedrich M. Melisch, 9 Mott Avenue, Suite 106, Norwalk, Connecticut, or at such place designated by Purchaser's lender, during regular business hours on or before November 17, 2015, or such earlier date as shall be agreed upon by the parties hereto.

**3. Conditions Precedent.** The Purchaser's obligations hereunder are contingent upon:

a. Seller agrees to grant Purchaser a sixty (60) day due diligence inspection and investigation period from the date of tender of a fully executed copy of this Contract to the Purchaser (the "Effective Date"). Tender of an electronic copy to the Purchaser's attorney shall satisfy this requirement.

The inspection and investigation shall include a review by Purchaser of Seller's plans of expansion and development of the subject property as submitted to the City of Milford Planning Department and Seller shall reasonably cooperate with said plan review. Further, Purchaser may conduct a physical and environmental inspection, a municipal search, an examination of title, and such other studies, inspections, assessments, tests, investigations and searches of the Property as Purchaser shall deem appropriate.

If Purchaser in his sole and absolute discretion is not satisfied with the condition of the Property or the results of any such examination, study, inspection, assessment, test, investigation or search, and so notifies Seller or Seller's Attorney in writing by the end of the due diligence period, this agreement shall be null and void and any deposit monies paid hereunder, with interest thereon, shall be returned immediately to the Purchaser and neither party shall have any claims against the other under the terms of this agreement. If Purchaser fails to notify Seller or Seller's Attorney as provided herein, this contingency shall be deemed satisfied and this agreement shall continue in full force and effect.

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b. This Contract is further contingent upon Purchaser obtaining a commercial mortgage loan for no more than [REDACTED] at the prevailing interest rate. Purchaser shall be granted sixty (60) days from the Effective Date to obtain a commitment from the lender. If Purchaser is granted a commitment reasonably acceptable to Purchaser, then the contingency is satisfied and this agreement shall continue in full force and effect. If, prior to the end of said 60 day period, Purchaser has not obtained a commitment reasonably acceptable to Purchaser, then Purchaser may elect to ask Seller for an extension of the mortgage contingency, or to notify Seller or Seller's Attorney in writing of such failure to obtain a reasonably acceptable commitment, whereupon this agreement shall be null and void and any deposit monies paid hereunder, with interest thereon, shall be returned immediately to the Purchaser and neither party shall have any claims against the other under the terms of this agreement.

4. **Costs and Expenses.** All costs and expenses related to this Agreement and the Closing of the sale and purchase of the Property shall be borne by the parties, as follows:

**By Seller:**

- (i) Seller's attorneys' fees;
- (ii) Conveyance taxes (state, county and municipal, if any);
- (iii) Recording fees for discharge or release of lien;
- (iv) Special assessments or other taxes or fees due to classification of land; and

**By Purchaser:**

- (i) Purchaser's attorneys' fees;
- (ii) Title Insurance premiums;
- (iii) Recording fees for the Deed and Mortgage;
- (iv) Cost of any inspections done by the Purchaser.

5. **Prorations.**

a. General real estate taxes for the year in which the Closing occurs shall be prorated at Closing as of the Closing date in accordance with the customs of the County Bar Association in which the Property is located.

b. All installments under any special assessment existing as of the date of this Agreement whether due then or in the future shall be paid in full by Seller upon Closing. All assessments made after the Effective Date and/or relating to any application of Purchaser for the development shall be the responsibility of Purchaser. Seller shall immediately forward to Purchaser any notice regarding any such assessment or any proposed assessment and Purchaser shall be entitled to oppose, defend and/or appeal any such assessment or proposed assessment. Seller shall execute any documents reasonably required to authorize or empower Purchaser to pursue any such opposition, defense or appeal.

All items not specifically mentioned herein shall be prorated at the Closing in accordance with the customs of the County Bar Association in which the Property is located.

6. **Title.** At Closing Seller shall convey good, indefeasible, marketable and insurable title to the Property to Purchaser by warranty deed which title shall be free and clear of all encumbrances except for those allowed by the Standards of Title of the Connecticut Bar Association in force on the date of Closing provided no such allowed encumbrance (i) may, in Purchaser's reasonable discretion, interfere with Purchaser's proposed use of the Property, (ii) result in an increase in title insurance premiums or establishment of a title escrow, or (iii) shall have arisen after the date of Purchaser's title search.

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**7. Survey, Engineering Data.** Purchaser may, but is not required to, cause a survey to be prepared, at Purchaser's sole cost and expense at any time during the term of this agreement (the "survey"). The metes and bounds description of the Property as reflected in the survey shall be the legal description contained in the deed to be delivered by Seller to Purchaser at Closing. Immediately after the date of this agreement, Seller shall make available to Purchaser any and all surveys, subdivision plans, site engineering plans and studies (showing water supply, sanitary drainage and storm water management, collection and disposal systems) environmental reports or assessments, laboratory reports and all other plans, surveys and other documentation regarding the topographical, geological and environmental condition of the property and the availability of all utilities to the Property, if any, for Purchaser's review. These items shall become the Property of the Purchaser at Closing.

**8. Agreements of Seller.** Seller agrees, until the earlier to occur of termination of this agreement, expiration of this Agreement or Closing:

a. except as set forth herein below, to maintain the Property in the same condition as it is in as of the date hereof, and in accordance with all requirements of any governmental authority, reasonable wear and tear excepted;

b. to maintain liability and property insurance on the Property in amounts no less than the coverage Seller currently has with respect to the Property;

c. from the Effective Date to the date of Closing, Seller will not voluntarily encumber the Property with any easements, agreements, licenses or leases or with any mortgage or other monetary lien or encumbrance without the prior written consent of Purchaser;

d. Seller shall not lease the Property.

**9. Representations and Warranties of Seller.** Seller represents and warrants to Purchaser as follows, which representations and warranties shall be deemed made by Seller to Purchaser as of the date hereof, shall be continuing representations throughout the term of this Agreement, shall be made upon Closing and shall survive Closing (in as much as they pertain to matters before the closing), with the understanding that but for such representations and warranties, Purchaser would not execute this Agreement. All representations are made to the best of Seller's knowledge only:

a. this Agreement and all agreements, instruments and documents herein provided to be executed or to be caused to be executed by Seller shall, upon consummation of the transaction contemplated under this Agreement, be duly executed and delivered by, and upon delivery thereof, shall be binding upon and enforceable against Seller in accordance with their respective terms;

b. Seller has the legal right, power and authority to enter into this Agreement and to perform all of its obligations hereunder, and the execution and delivery of this Agreement and the performance by Seller of its obligations hereunder shall not conflict with or result in a breach of any law or regulation, or order, judgment, writ, injunction or decree of any court or governmental instrumentality or any agreement or instrument to which Seller is a party or by which Seller is bound or to which Seller or any portion of the Property is subject;

c. Seller has not granted an option, right of first refusal, or other right to purchase or otherwise acquire any portion of the Property or any interest therein to any party except Purchaser pursuant to this Agreement;

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d. that there exists no actual, contemplated or threatened condemnation of the Property;

e. that there exist no actual, contemplated or threatened special assessments with respect to the Property;

f. that Seller holds, in the name of Seller, absolute fee simple title to the Property with the exception of any lien or encumbrance that will be released on or before closing hereof;

g. that Seller is not a foreign person and is not in any manner controlled by a foreign person within the meaning of Section 1445 of the Internal Revenue Code;

h. that the Property, nor any portion thereof, is designated as open space, farm land or forest land for general real estate tax purposes;

i. that there are no actions, suits or other legal proceedings before any federal, state or municipal court, agency or instrumentality presently pending or threatened against the Property, or the Seller which would affect the Property or the Seller's ability to perform its obligations under this agreement;

j. that there are no leases or other contracts or agreements affecting the use or occupancy of the Property or to which the Property, or any part thereof, is otherwise subject; and

k. that the Property is not an "establishment as defined in C.G.S. §22a-134(3);

l. that there are no hazardous or toxic substances on, in or under the Property, and Seller has no notice of any violation of any federal, state or local law, ordinance, rule or regulation for the protection of human health or of the environment regarding, or otherwise affecting, the Property; and

m. Seller is not a person with whom a U.S. citizen is prohibited from transacting business of the type contemplated by this agreement under any federal executive order or list maintained by, or regulation promulgated by, the U.S. Department of the Treasury, Office of Foreign Asset Control.

**10. Representations and Warranties of Purchaser.** Purchaser represents and warrants to Seller as follows, which representations and warranties shall be deemed made by Purchaser to Seller as of the date hereof, shall be continuing representations and warranties throughout the term of this Agreement, shall be deemed made upon Closing, and shall survive Closing (in as much as they pertain to matters before the Closing), with the understanding that but for such representations and warranties, Seller would not execute this Agreement. All representations are made to the best of Purchaser's knowledge:

a. Purchaser has the legal right, power and authority to enter into this Agreement and perform all of its obligations hereunder, and the performance by Purchaser of its obligations hereunder shall not conflict with or result in a breach of any law, regulation or order, judgment, writ, injunction or decree of any court or governmental instrumentality or any agreement or instrument to which Purchaser is a party or by which it is bound.

b. Purchaser is not a person with whom a U.S. citizen is prohibited from transacting business of the type contemplated by this agreement under any federal executive order or list maintained by, or regulation promulgated by, the U.S. Department of the Treasury, Office of Foreign Asset Control.

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11. **Condemnation/Casualty.** In case of any loss to the Property or any condemnation or threatened condemnation of the Property or any part thereof prior to Closing, Seller shall immediately so notify Purchaser. Purchaser shall elect to either terminate this Agreement, or retain its rights under this Agreement and go forward to Closing. If Purchaser elects to retain its rights, Purchaser shall purchase the Property or the remaining portion thereof without abatement of the Purchase Price in whole or in part, except for the credits and pro-rations described above and provided that, in the case of condemnation, Purchaser shall be entitled to any condemnation award which has already been received by Seller and, if the award is not yet settled, Purchaser shall be entitled to solely defend and settle said condemnation suit and receive an assignment of all rights of Seller thereunder, and in the case of casualty, Purchaser shall be entitled to any insurance proceeds which have already been received by Seller and, if the insurance proceeds have not yet been received by Seller, Purchaser shall be entitled solely to receive such proceeds and shall receive an assignment of all rights of Seller thereto.

12. **Transfer Act.**

In the event the Property herein is determined to be an establishment under the Connecticut Transfer Act, Purchaser shall have the option, exercisable in his sole and absolute discretion, to terminate this agreement, by written notice thereof to Seller or Seller's attorney, whereupon this agreement shall be null and void and any deposit monies paid hereunder, with interest thereon, shall be returned immediately to the Purchaser and neither party shall have any claims against the other under the terms of this agreement. If Purchaser elects not to terminate this agreement, Seller agrees to cooperate and participate with the Purchaser with respect to the completing and filing of any forms or documents required by the Connecticut Department of Energy and Environmental Protection in connection with the transfer of the Property and cooperate with the Purchaser and/or their agents in conducting any environmental tests which may be required.

13. **Notices.** Any notice, request, demand, instruction or other document required or permitted to be given hereunder ("Notice") shall be in writing and shall be delivered personally (including messenger or courier service with evidence of receipt) or sent by depositing it with the United States Postal Service certified or registered mail, return receipt requested, with adequate postage prepaid, addressed to the parties at their respective addresses set forth below and marked to a particular individual's attention. Each Notice shall be effective upon being so deposited, but the time period in which a response to any such Notice must be given or any action taken with respect thereto shall commence to run from the date of receipt of the Notice by the addressee thereof, if delivered personally, or two (2) business days after deposit in the mails, if mailed. Rejection or other refusal by the addressee to accept or the inability of the United States Postal Service to deliver because of a changed address of which no Notice was given shall be deemed to be the receipt of the Notice sent. Either party shall have the right from time to time to change the address to which Notices to it shall be sent by giving Notice to the other party of the changed address at least ten (10) days prior to such change.

To Purchaser:

Stephen W. Studer, Esq.  
Beichem, Moses & Devlin, P.C.  
75 Broad Street  
Milford, CT 06460  
P: 203-783-1200  
F: 203-878-4912

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To Seller:

Law Office of Friedrich M. Helisch  
9 Mott Avenue, Suite 106  
Norwalk, CT 06850  
P: 203-846-4888  
F: 203-939-1609

**14. Default.**

a. In the event Seller shall default under any of the terms, conditions and provisions hereof, Purchaser shall be entitled to all remedies at law and in equity, including, but not limited to, specific performance.

b. If Purchaser shall fail to consummate the purchase of the Property, Seller shall be entitled to retain the consideration theretofore paid by Purchaser as liquidated damages for Purchaser's failure to close due to the difficulty and uncertainty of measuring actual damages, and not as a penalty, in full satisfaction of all Seller's claims against Purchaser for Purchaser's failure to close and Seller hereby waives all other rights and remedies available to it at law or in equity with respect to Purchaser's failure to close.

c. If either party must institute a lawsuit to enforce any provision of this agreement, the unsuccessful party shall pay to the successful party the cost of any action along with reasonable attorney's fees.

**15. Closing Documents.** At Closing, Seller shall deliver to Purchaser:

a. a standard Connecticut warranty deed conveying title to the Property as to the real property and a Bill of Sale, without exception, for the personal property, if any;

b. an affidavit of title with respect to the Property in form satisfactory to Purchaser's title insurer to issue title insurance without exception for judgments, bankruptcies, mechanic's or materialmen's or other statutory liens or for the rights of parties in possession;

c. such other documents as are reasonably requested by counsel for Purchaser, reasonably necessary or required by Purchaser's lender and as necessary to consummate the transaction contemplated by this Agreement.

d. a resolution authorizing Seller to enter into this agreement and the transactions contemplated herein.

e. a certificate of existence from the Connecticut Secretary of State.

f. an affidavit of Seller confirming the continued truth and accuracy as of the closing date of Seller's representations and warranties set forth in paragraph 9. above.

**16. Broker and Broker's Commission.** Seller and Purchaser represent that the sole real estate broker is as follows and that Seller is solely responsible for all fees and commissions due to said broker:

Arnold Pecks Commercial World, USA, Inc.





18. **1031 Tax Exchange.** Seller shall cooperate with Purchaser to qualify this purchase as a 1031 tax exchange and allow assignment of this agreement and any and all deeds, bill of sales and the like to accomplish the intent of this paragraph, if applicable.

19. **Entire Agreement.** This Agreement constitutes the entire agreement of the parties and may not be amended except by written instrument executed by Purchaser and Seller.

20. **Headings.** The paragraph headings are inserted for convenience only and are in no way intended to interpret, define or limit the scope or content of this Agreement or any provision hereof.

21. **Possession.** Seller shall deliver actual and exclusive possession of the Property to Purchaser at Closing.

22. **Surviving Clauses.** The provisions of this Agreement shall survive any Closing pursuant to this Agreement or any termination of this Agreement.

23. **Applicable Law.** This Agreement shall be construed and interpreted in accordance with the laws of the State of Connecticut.

24. **Successors and Assigns.** This Agreement shall be binding upon and inure to the benefit of Seller, Purchaser, and their respective heirs, personal representatives, successors and assigns and, so long as the Agreement is executory, shall run with the land to which it pertains.

24. **Severability.** If any provision of this Agreement or the application of such provision to any person or circumstance shall be held invalid, the remainder of this Agreement or the application of such provision to persons or circumstances other than those to which it is held invalid shall not be affected thereby and the parties shall thereupon amend this Agreement to legally and most closely embody the spirit and intent of the invalid provisions.

25. **Amendment.** This Agreement may not be altered, amended, changed, waived or modified in any respect or particular unless the same shall be in writing and signed by the parties. A waiver by any party of a breach hereunder shall not be deemed a waiver of any other or subsequent breach.

26. **Effective Date.** The Effective Date of this Agreement shall be the date on which the last person to sign this Agreement so executes it, as evidenced by the dates set forth below each signature.

27. **Waiver of Jury Trial.** SELLER AND PURCHASER HEREBY KNOWINGLY, VOLUNTARILY AND INTENTIONALLY WAIVE (TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW) ANY RIGHT EACH MAY HAVE TO A TRIAL BY JURY IN RESPECT TO ANY ACTION, COUNTERCLAIM, PROCEEDING OR LITIGATION ARISING OUT OF, UNDER OR IN CONNECTION WITH THIS AGREEMENT AND THE TRANSACTIONS CONTEMPLATED HEREBY, THE ABOVE WAIVER SHALL SURVIVE THE CLOSING OF THE TRANSACTIONS CONTEMPLATED HEREBY OR THE TERMINATION OF THIS AGREEMENT.

28. **Recording of Agreement.** Purchaser may not record this agreement or any memorandum of this agreement without the prior written consent of Seller, which consent may be withheld by the Seller in its sole and absolute discretion. The recording of this Agreement by the Purchaser in violation of this prohibition shall be an event of default and shall entitle the Seller to its remedies in accordance with paragraph 14 hereof.

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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

IN WITNESS WHEREOF, Seller and Purchaser have set their hands and seals hereto as of the date indicated under their signatures.

Date: 8/14/2015

PURCHASER:  
  
Angelo Defazio

SELLER: 255 West River Street Properties, LLC

Date: 8/19/2015

By   
Duly Authorized Member

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**APPENDIX A – Section H: Other Business Names and Addresses**

**Question 43. And Question 44.**

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.

	<b>43. Name</b>	<b>City</b>	<b>44. Time Period</b>
1	ANG INC 500 Farmington Avenue	Hartford, CT	1995 – Present
2	Arrow Prescription Center #12 INC 500 Farmington Avenue	Hartford, CT	1989 – Present
3	Burgdorf Pharmacy INC dba Arrow Prescription Center #13 INC 131 Coventry Street Burgdorf Health Center / Mt. Sinai Campus	Hartford, CT	1993 - Present
4	Arrow Prescription Center #14 INC 100 Woodland Street St. Francis Hospital and Medical Center	Hartford, CT	1989 – Present
5	Avon Medical Pharmacy INC dba Arrow Prescription Center #11 500 Albany Ave Community Health Services	Hartford, CT	2004 – Present
6	Arrow Alternative Care Medical Marijuana Dispensary 92 Weston Street	Hartford, CT	2014 - Present

**Question 45. And Question 46.**

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.

Same response as listed for questions 43 and 44.



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**APPENDIX A – Section L: Security System**

**Question 71. Security Plan – Detailed Description**

The following documents outline the Arrow Alternative Care Security plan for 255 West Road, Milford, CT.

The plan conforms to Security Specifications as outlined in the state regulations.

Command Corporation is the same security firm responsible for the design, implementation and ongoing management of the system installed at Arrow Alternative Care in Harford.



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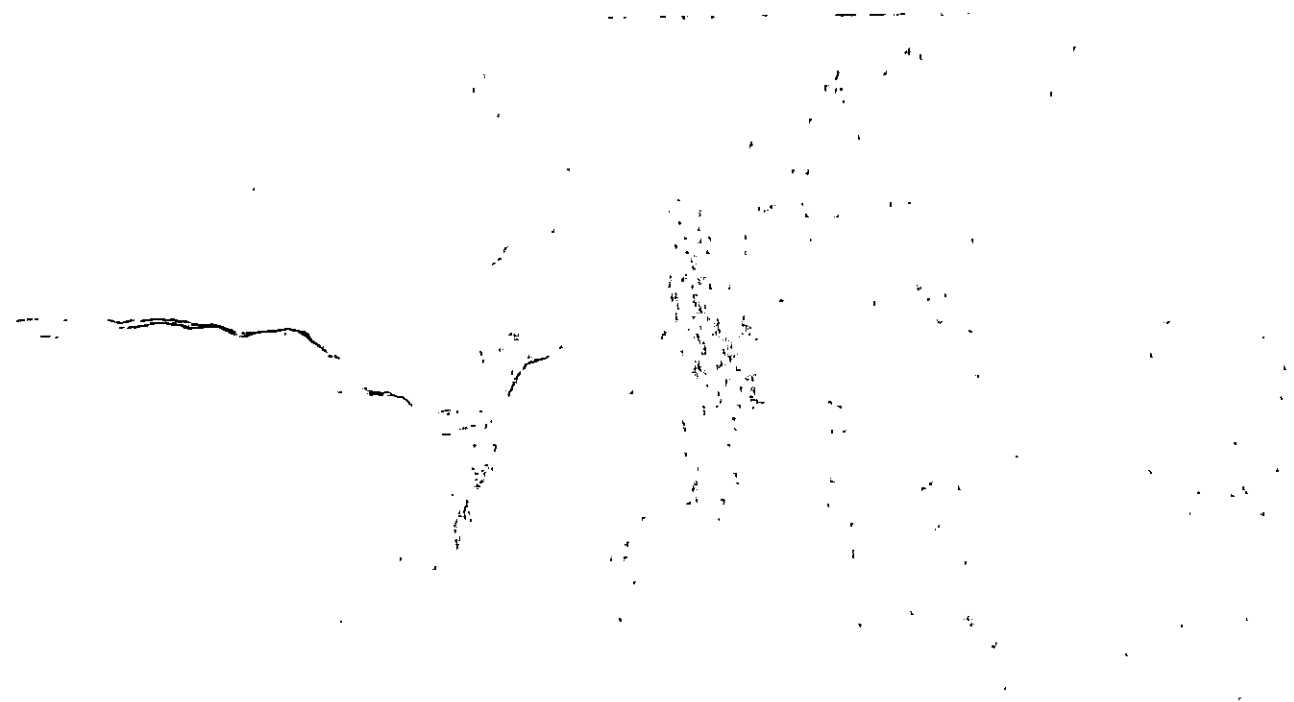
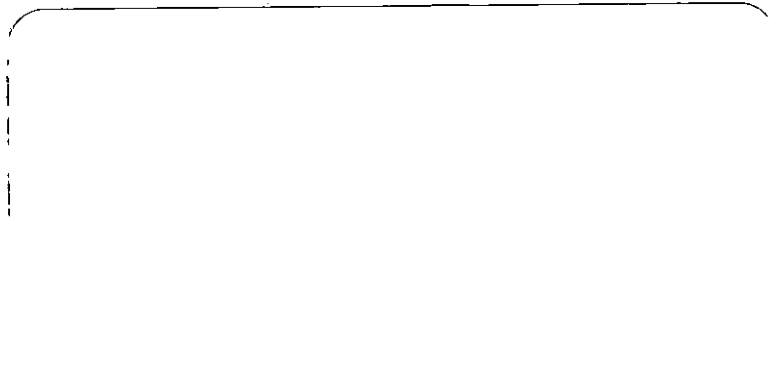
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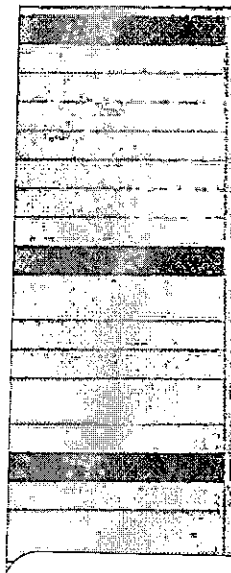
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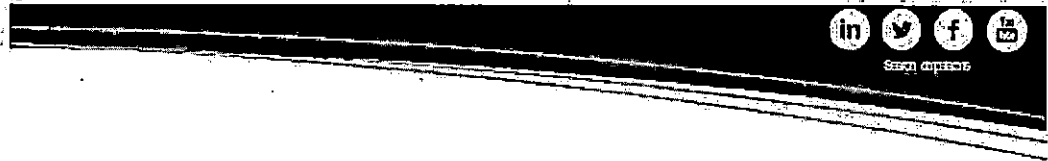
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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

REDACTED

REDACTED

REDACTED

Confidential

REDACTED

REDACTED

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REDACTED

REDACTED

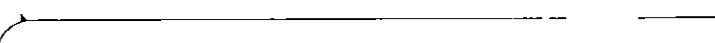
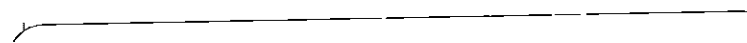
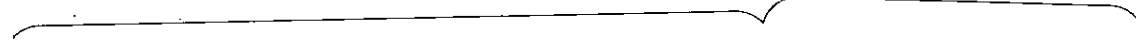
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## APPENDIX B – Dispensary Backer Information: Angelo DeFazio





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## Appendix B

### Dispensary Facility Backer Information Form

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

Section A: Backer Information						
1. Backer business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input checked="" type="checkbox"/> Other: Individual
2. Legal Name of Backer: Angelo DeFazio						
3. Trade Name of Backer (if applicable): Individual						
4. Street Address (including Apartment or Suite #):						
5. City:				6. State:	7. Zip Code:	
8. Daytime Telephone Number:		9. Fax Number: (860) 570-0529		10. E-mail Address: arrowpharmacy@aol.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: <ul style="list-style-type: none"> <li>• Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or</li> <li>• Appendix E in all other instances.</li> </ul>	
11. Name (First, Middle, Last):	12. Percentage of ownership interest



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### Section C: Licenses, Permits and Registrations

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

13. State attached	14. Issue Date (month/year): 7 / Expiration Date (month/year): See Appendix B.1	15. Type:	16. Number:
17. State attached	18. Issue Date (month/year): 7 / Expiration Date (month/year): See Appendix B.1	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:



*Angela St. J.*

27. Date Signed:

9/1/2015

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

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

28. Signature:



*Angela St. J.*

29. Date Signed:

9/1/2015



**Appendix B Section C: Licenses, Permits and Registrations: Angelo DeFazio, RPh**

Questions 13 – 20

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
1	CT	Issue: 04/10/2015 Expiration: 04/09/2016	MEDICAL MARIJUANA DISPENSARY FACILITY (Arrow Alternative Care)	MMDF.0000001
2	CT	Issue: 01/01/2015 Expiration: 12/31/2015	NON LEGEND DRUG PERMIT (Arrow Alternative Care)	PME.0009388
3	CT	Issue: 09/05/2015 Expiration: 09/04/2016	Medical Marijuana Dispensary Facility Backer	MMDB.0000003
4	CT	Issue: 09/05/2015 Expiration: 09/04/2016	MEDICAL MARIJUANA DISPENSARY LICENSE	MMDR.0000014
5	CT	Issue: 02/01/2014 Expiration: 01/31/2016	PHARMACIST	PCT.0006533
6	CT	Issue: 07/01/2011 Expiration: 06/30/2012	Wholesalers of Drugs, Cosmetic & Medical Devices (Arrow Prescription 12)	#CSW.0000600
7	CT	Issue: 07/01/2013 Expiration: 06/30/2014	Food – Class 1 (Arrow Prescription 12 INC)	10266
8	CT	Issue: 07/01/2013 Expiration: 06/30/2014	Food – Class 1 (Arrow Prescription 13 INC)	11051
9	CT	Issue: 09/01/2013 Expiration: 08/31/2014	Pharmacy (Arrow Prescription 12 INC)	PCY.0000347
10	CT	Issue: 09/01/2013 Expiration: 08/31/2014	Pharmacy (Arrow Prescription 13 INC)	PCY.0001571
11	CT	Issue: 09/01/2013 Expiration: 08/31/2014	Pharmacy (Arrow Prescription 14 INC)	PCY.0001117
12	CT	Issue: 09/01/2013 Expiration: 08/31/2014	Pharmacy (Arrow Prescription 11)	PCY.0001698
13	CT	Issue: 05/02/2013 Expiration: 06/30/2016	Controlled Substance Registration Retail Pharmacy (Arrow Prescription Center 12)	DEA BA2082864
14	CT	Issue: 05/06/2013 Expiration: 06/30/2016	Controlled Substance Registration Retail Pharmacy (Arrow Prescription Center 11)	DEA BA8744054
15	CT	Issue: 06/13/2013 Expiration: 07/31/2016	Controlled Substance Registration Retail Pharmacy (Burgdorf Pharmacy)	DEA BB4737524
16	CT	Issue: 05/01/2013 Expiration: 06/30/2016	Controlled Substance Registration Retail Pharmacy (Arrow Prescription Center 14 INC)	DEA BA2082876
17	CT	Issue: 11/25/2008 Expiration: 12/31/2013	Sales and Use Tax Permit (Arrow Prescription Center 12 INC)	License Number 754480



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Medical Marijuana Dispensary Facility License Application  
APPLICANT: ARROW ALTERNATIVE CARE #2  
APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

	13. State	14. Issue Date (month/year) Expiration Date (month/year)	15. Type	16. Number
				CT Tax Registration Number 5983945-000
18	CT	Issue: 04/29/2010 Expiration: 05/31/2015	Sales and Use Tax Permit (Arrow Prescription Center 11 INC)	License Number 882093 CT Tax Registration Number 9636838-001
19	CT	Issue: 11/25/2008 Expiration: 12/31/2013	Sales and Use Tax Permit (Arrow Prescription Center 14 INC)	License Number 754479 CT Tax Registration Number 5983937-000



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**APPENDIX B – Dispensary Backer Information: Anthony Ajegba**

# ANTHONY AJEGBA

860-655-1988 — AJEGBA7@YAHOO.COM

## PHARMACIST

### QUALIFICATIONS PROFILE

Highly self-motivated and results-driven pharmacist with more than 21 years providing high-performance sales, customer service and operations support in the retail pharmacy and healthcare industries. Detail-oriented, analytical and methodical with critical thinking to resolve operations and people-centric work issues even under stressful work conditions. Flexible and adaptable with quick learning abilities to reach high productivity levels in fast-paced work environments and new or demanding assignments. Well-organized and resourceful with multitasking skills that optimize limited resources to achieve outstanding results from concurrent tasks with or without supervision. Strong interpersonal communication skills that inspire customer confidence while forging teamwork synergies with colleagues across diverse ethnicities.

### KEY EXPERTISE

- Pharmacy Business Operations
- Merchandise & Supplies Inventory Management
- Customer Service Management
- Process/Workflow Improvement
- Healthcare Operations Support
- Case Management
- Relationship Management (Customers, Healthcare Professionals, & Suppliers)
- Treatment Administration
- Policies & Regulatory Compliance (i.e. US-FDA, HIPAA, etc.)
- Staff Supervision & Training
- Pharmacy Records Management

### PROFESSIONAL EXPERIENCE

#### Pharmacy Operations

Execute operating plans to maximize resource utilization. Perform prescription data entry, count medication, process intravenous medications, package medications in unit doses, and prepare medication for deliveries to long term care facilities and hospital floors. Ensure compliance with state and federal regulations as well as licensing requirements for appropriate staff.

#### Merchandise Inventory Management

Monitor pharmacy stocks to ensure continuous availability in serving customer needs. Restock and maintain storage of supplies. Notify patient families of pharmacy availability in obtaining prescribed medication. Assist in negotiating and accrediting pharmaceutical suppliers for pharmacy sales and laboratory operations. Ensure proper maintenance of pharmacy records and inventory database.

#### Customer Service/Relationship Management

Provide patient counselling; discuss patient care and medication compliance with patients and their doctors. Received, transcribed and filled prescriptions from doctors. Administer flu, shingles, and pneumonia vaccines, drug compounding. Communicate to staff company performance standards to ensure high quality customer care and service. Address customer complaints expeditiously with a view to winning back any lost customer confidence in the service provided by the pharmacy.

#### Staff Development

Orient new hires on policies and procedures. Ensure new pharmacy hires provide expected clinical performance in retail sales and healthcare operations.

### WORK HISTORY

#### CVS HEALTH

*Pharmacist*

2010—Present

RITE AID PHARMACY • MI • OH • CO

*Pharmacy technician/Pharmacist*

1997—2010

NATIONAL INSTITUTE PHARMACY SERVICE, INC (NIPSI) • LIVONIA MI

*Pharmacy Technician*

1999—2000

NORTH DETROIT GENERAL HOSPITAL (NDGH) • HAMTRAMCK, MI

*Pharmacy Technician*

1994 - 1995

### EDUCATION & CREDENTIALS

- *B.S. in Pharmacy*, UNIVERSITY OF TOLEDO • Toledo, OH (2002)
- *B.S. in Biology*, WAYNE STATE UNIVERSITY • Detroit, MI (1996)

#### Professional Affiliations

- Member: Toledo Association Of Pharmacist (TAP)
- Member: Connecticut Pharmacists Association



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APPENDIX B: Anthony Ajegba



## Appendix B

### Dispensary Facility Backer Information Form

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

Section A: Backer Information						
1. Backer business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input checked="" type="checkbox"/> Other: Individual
2. Legal Name of Backer: Anthony Ajegba						
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: (860) 655-1988		9. Fax Number:			10. E-mail Address: ajegba@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: <ul style="list-style-type: none"> <li>• Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or</li> <li>• Appendix E in all other instances.</li> </ul>	
11. Name (First, Middle, Last):	12. Percentage of ownership interest





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### Section C: Licenses, Permits and Registrations

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

13. State: CT	14. Issue Date (month/year): 02 / 14	15. Type: PHARMACIST	16. Number: PCT.0010521
17. State: OH	18. Issue Date (month/year): 08 / 15	19. Type: PHARMACIST	20. Number: 03-2-25313
	Expiration Date (month/year): 01 / 16		
	Expiration Date (month/year): 08 / 16		

### 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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APPENDIX B: Anthony Ajegba



### 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:



*Anthony Ajegba*

27. Date Signed:

09/16/2015

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

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

28. Signature:



*Anthony Ajegba*

29. Date Signed:

09/16/2015



**Appendix B Section C: Licenses, Permits and Registrations**

Questions 13 – 20

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
1	CT	Issue: 02/01/2014 Expiration: 01/31/2016	PHARMACIST	PCT.0010521



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**APPENDIX C – Directors, Owners, Officers High-Level Employees Background Information**  
**Angelo DeFazio, RPh**



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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): Angelo DeFazio			
2. Street Address (including Apartment or Suite #):			
3. City:		5. Zip Code:	
6. Title: President and CEO		7. Telephone Number: (860) 982-7303	8. E-mail Address: arrowpharmacy@aol.com
9. Date of Birth:	10. Social Security Number:		11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Section B: Employment Information		
12. Current or Most Recent Employer: Arrow Prescription Center		13. Date of Employment: Start Date: / / 89 End Date: / / PR. PRESENT
14. Employer Address (including Apartment or Suite #): 500 Farmington Avenue		
15. City: Hartford		16. State: CT
17. Zip Code: 06105		18. Telephone Number: (860) 570-0543
19. Fax Number: (860) 570-0529	20. E-mail Address: arrowpharmacy@aol.com	

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



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### Section D: Marijuana Business Experience

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

Yes  No

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

Yes  No

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

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

### Section E: Other Relevant Business Experience

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

Yes  No

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

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

### Section F: Licenses, Permits and Registrations

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

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



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## Section G: Legal Proceedings

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

## Section H: Criminal Actions

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

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

## Section I: Criminal Background Check

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

42. Signature:



*Angela St. J.*

43. Date Signed:

9/1/2015





**Appendix C - Section C: Pharmacy Business Experience: Angelo DeFazio**

Question 23. Response

Applicant, Angelo DeFazio currently owns, operates and/or manages the following Medical Marijuana Dispensary Facility and Pharmacy locations and/or consulting organizations:

	Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations	
	Arrow Alternative Care 92 Weston Street Hartford, CT Business: Medical Marijuana Dispensary Facility	Medical Marijuana	Owner, President, CEO, Dispensary Pharmacist	2014-Current	Yes	None	Medical Marijuana Dispensary business and operation model in accordance with State Regulation.
1	Arrow Pharmacy 500 Farmington Avenue Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1989-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
2	Arrow Pharmacy St. Francis Hospital Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1989-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
3	Arrow Pharmacy Burgdorf Health Center Mount Sinai Campus Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1993-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
4	Arrow Pharmacy Community Health Services Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	2004-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
5	Arrow Pharmacy Charter Oak Health Services Hartford, CT Business: Pharmacy	Pharmacy	Management Consulting Contract (ANG Inc)	2010-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
6	Arrow Pharmacy UCONN Health Center Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist	2014—Present	Yes	None	Dispensary business and operation model synergistic with



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

			Manager, Pharmacist	Opening 11/2015			pharmacy business and operations model.
7	Ang Inc Pharmacy Management Consulting Company Hartford CT Business: Pharmacy Management Consulting	Pharmacy Managem ent Consulting	Owner, President, CEO	1995- Current	Yes	None	Extensive experience in the merger, acquisition and new business development of pharmacies and related businesses.



**Appendix C - Section D: Marijuana Business Experience: Angelo DeFazio**

Question 26. Response

Applicant, Angelo DeFazio currently owns, operates and/or manages the following Medical Marijuana Dispensary Facility and Pharmacy locations and/or consulting organizations:

	Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations	
	Arrow Alternative Care 92 Weston Street Hartford, CT Business: Medical Marijuana Dispensary Facility	Medical Marijuana	Owner, President, CEO, Dispensary Pharmacist	2014-Current	Yes	None	Medical Marijuana Dispensary business and operation model in accordance with State Regulation.
1	Arrow Pharmacy 500 Farmington Avenue Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1989-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
2	Arrow Pharmacy St. Francis Hospital Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1989-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
3	Arrow Pharmacy Burgdorf Health Center Mount Sinai Campus Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1993-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
4	Arrow Pharmacy Community Health Services Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	2004-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
5	Arrow Pharmacy Charter Oak Health Services Hartford, CT Business: Pharmacy	Pharmacy	Management Consulting Contract (ANG Inc)	2010-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
6	Arrow Pharmacy UCONN Health Center	Pharmacy	Owner, President, CEO,	2014—Present	Yes	None	Dispensary business and operation model



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

	Hartford, CT Business: Pharmacy		Pharmacist Manager, Pharmacist	Opening 11/2015			synergistic with pharmacy business and operations model.
7	Ang Inc Pharmacy Management Consulting Company Hartford CT Business: Pharmacy Management Consulting	Pharmacy Managem ent Consulting	Owner, President, CEO	1995- Current	Yes	None	Extensive experience in the merger, acquisition and new business development of pharmacies and related businesses.



**Appendix C - Section E: Other Relevant Business Experience: Angelo DeFazio**

Question 28. Response

Applicant, Angelo DeFazio currently owns, operates and/or manages the following Medical Marijuana Dispensary Facility and Pharmacy locations and/or consulting organizations:

	Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations	
	Arrow Alternative Care 92 Weston Street Hartford, CT Business: Medical Marijuana Dispensary Facility	Medical Marijuana	Founder, Owner, President, CEO, Dispensary Pharmacist	2014-Current	Yes	None	Medical Marijuana Dispensary business and operation model in accordance with State Regulation.
1	Arrow Pharmacy 500 Farmington Avenue Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1989-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
2	Arrow Pharmacy St. Francis Hospital Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1989-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
3	Arrow Pharmacy Burgdorf Health Center Mount Sinai Campus. Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	1993-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
4	Arrow Pharmacy Community Health Services Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist Manager, Pharmacist	2004-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
5	Arrow Pharmacy Charter Oak Health Services Hartford, CT Business: Pharmacy	Pharmacy	Management Consulting Contract (ANG Inc)	2010-Current	Yes	None	Dispensary business and operation model synergistic with pharmacy business and operations model.
6	Arrow Pharmacy UCONN Health Center Hartford, CT Business: Pharmacy	Pharmacy	Owner, President, CEO, Pharmacist	2014—Present	Yes	None	Dispensary business and operation model synergistic with



Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

			Manager, Pharmacist	Opening 11/2015			pharmacy business and operations model.
7	Ang Inc Pharmacy Management Consulting Company Hartford CT Business: Pharmacy Management Consulting	Pharmacy Managem ent Consulting	Owner, President, CEO	1995- Current	Yes	None	Extensive experience in the merger, acquisition and new business development of pharmacies and related businesses.

**Refer to Resume for Qualifications Profile and Professional Experience**



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



Curriculum Vitae

Angelo DeFazio, RPh

(O) 860.570.0543 (C) 860.982.7303

[ArrowPharmacy@aol.com](mailto:ArrowPharmacy@aol.com)

**PROFESSIONAL EXPERIENCE**

President/CEO	Arrow Prescription Center 500 Farmington Avenue	Hartford, CT	1989-Present
	Arrow Prescription Center Saint Francis Hospital 100 Woodland Street	Hartford, CT	1990-Present
	Arrow Prescription Center Bürgdorf Health Center 131 Coventry Street	Hartford, CT	1993-Present
	ANG Inc. Pharmacy Consultant Services 500 Farmington Avenue	Hartford, CT	1994-Present
	Arrow Prescription Center Community Health Services 500 Albany Avenue	Hartford, CT	2004-Present
	Arrow Alternative Care 92 Weston Street	Hartford, CT	2014-Present
	Arrow Prescription Center UCONN Health Center 263 Farmington Avenue	Farmington, CT Opening date pending	2015
Vice President	Community Specialty Pharmacy Network	Drexel Hill, PA	2012- Present
Pharmacist Manager	Appell Drug	Plainville, CT	1987-1989
Clinical Pharmacist	Danbury Hospital	Danbury, CT	1985-1987

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APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



Curriculum Vitae

EDUCATION

<b>UNIVERSITY OF CONNECTICUT</b>	Storrs, CT	1980-1985
School of Pharmacy		

ASSOCIATIONS / BOARDS / ACHIEVEMENTS

- September 2015 Nomination University of Connecticut Foundation Board (Eff. 10/2015)
- Academy of Dispensary Pharmacist (CPA)
- National Independent Pharmacist of the Year, NCPA 2012
- Commissioner of Pharmacy State of Connecticut
- State of Connecticut Medical Inefficiency Committee
- Board of Directors PharmNetx
- Community Specialty Pharmacy Network Board of Directors, Philadelphia, PA
- 2008 Bowl of Hygieia Recipient Pharmacy
- Connecticut Pharmacist Association (CPA) Executive Board Member, Rocky Hill, CT
- Director Malta House of Care; Hartford, CT
- 2002 Connecticut Pharmacist of the Year
- CPA Co-Chair Legislative Committee, Rocky Hill, CT
- Director National Advisory Board Cardinal Health, Dublin, OH
- Chairman Regional Advisory Board New England Cardinal Health, Peabody, MA
- Chairman University of Connecticut School of Pharmacy Advisory Board, Storrs, CT
- University of Connecticut Adjunct Professor, Storrs, CT
- St. Joseph University, Hartford, Connecticut, Adjunct Professor
- Board of Trustees Mercy Community Healthcare, West Hartford, CT
- American Pharmacist Association (APhA)
- APhA PAC Board of Governors
- National Association of Chain Drugs Stores Member (NACDs)
- Board of Directors Connecticut Pharmacy Services Corporation, Rocky Hill, CT
- Corporator St. Francis Hospital and Medical Center, Hartford, CT
- Board of Directors, Secretary, Hartford Federal Credit Union, Hartford, CT
- Connecticut Business Industry Association Member, Hartford, CT
- Connecticut Chain Drug Association, Hartford, CT
- National Community Pharmacy Association, Alexandria, VA
- Legislative Committee Member National Community Pharmacy Association, Alexandria, VA
- American Consultant Pharmacist Association
- American Associated Pharmacies PAC Board
- Malta Knight, Washington, D.C.
- Northeast Pharmacy Services Corporation Member, Framingham, MA

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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



**Curriculum Vitae:**

- 2002 Connecticut Pharmacist of the Year
- 2008 Bowl of Hygieia Recipient Pharmacy
- Community Specialty Pharmacy Network Board of Directors, Philadelphia, PA
- Board of Directors PharmNetx

**REFERENCES**

---

Steve Lawrence Senior Vice President Cardinal Health Dublin, OH 614.553.3555	Steve Rosenberg Chief Operating Officer Danbury Hospital Danbury, Ct 203.739.7240	Peter Kelly, Esq. Updike, Kelly & Spellacy Hartford, Ct 860.673.1313
Margherita Giuliano, RPh Executive Director Connecticut Pharmacy Assoc. 35 Cold Spring Suite 121 Rocky Hill, Ct 06067 860.563.4619	John Morris Dean School of Pharmacy University of Connecticut 860.486.2129	Congressman John Larson 221 Main Street, 2 <sup>nd</sup> Fl Hartford, Ct 06106 860.278.8888
		Senator Chris Murphy 114 West Main Street Suite 206 New Britain, Ct 06051 860.223.8412

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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**Appendix C - Section F: Licenses, Permits and Registrations: Angelo DeFazio**



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

STATE OF CONNECTICUT + DEPARTMENT OF CONSUMER PROTECTION

Be it known that

**ARROW PRESCRIPTION CENTER #11**  
**500 ALBANY AVENUE**  
**HARTFORD, CT 06120-2599**

has been certified by the Department of Consumer Protection as a licensed

**PHARMACY**  
**License # PCY.0001698**

Community Yes      Infusion      Long-Term No      Nuclear No      Specialty No

Pharmacy Manager: **CHRISTINE MANZI**

Effective: 09/01/2015  
 Expiration: 08/31/2016

*Jonathan A. Harris*  
 Jonathan A. Harris, Commissioner

Submitted 9/18/2015

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Medical Marijuana Dispensary Facility License Application  
APPLICANT: ARROW ALTERNATIVE CARE #2  
APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

STATE OF CONNECTICUT \* DEPARTMENT OF CONSUMER PROTECTION

Be it known that

**ARROW PRESCRIPTION CENTER #12**  
500 FARMINGTON AVE  
HARTFORD, CT 06105-3106

has been certified by the Department of Consumer Protection as a licensed

**PHARMACY**

License # **PCY.0000347**

Community Yes      Infusion      Long-Term Yes      Nuclear No      Specialty Yes

Pharmacy Manager: **WENDY LORIS DEAN**

Effective: 09/01/2015  
Expiration: 08/31/2016

*Jonathan A. Harris*  
Jonathan A. Harris, Commissioner



**ARROW**<sup>®</sup>  
ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
APPLICANT: ARROW ALTERNATIVE CARE #2  
APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

STATE OF CONNECTICUT + DEPARTMENT OF CONSUMER PROTECTION

Be it known that

**ARROW PRESCRIPTION CENTER #13**  
131 COVENTRY ST STE 2  
HARTFORD, CT 06112-1540

has been certified by the Department of Consumer Protection as a licensed  
**PHARMACY**  
License # **PCY 0001571**

Community Yes    Infusion    Long Term Yes    Nuclear No    Specialty Yes

Pharmacy Manager: **LAWRENCE B JACKSON**

Effective: 09/01/2015  
Expiration: 08/31/2016

*Jonathan A. Harris*  
Jonathan A. Harris, Commissioner



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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
APPLICANT: ARROW ALTERNATIVE CARE #2  
APPLICATION LOCATION: 255 West River Street, Milford, CT  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

CPL-03 Rev 0613

479:

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
165 Capitol Avenue + Hartford Connecticut 06106

Attached is your license. Such license shall be posted in a conspicuous place at the licensed location. Questions should be directed to the Department of Consumer Protection, Drug Control Division at (860) 713-6065 or email at [dep.drugcontrol@ct.gov](mailto:dep.drugcontrol@ct.gov).

Visit our web site at [www.ct.gov/dep](http://www.ct.gov/dep) to verify licensure and obtain applications.

ARROW PRESCRIPTION CENTER #14  
100 WOODLAND ST  
HARTFORD, CT 06105-1223

STATE OF CONNECTICUT + DEPARTMENT OF CONSUMER PROTECTION  
Be it known that

**ARROW PRESCRIPTION CENTER #14**  
100 WOODLAND ST  
HARTFORD, CT 06105-1223

has been certified by the Department of Consumer Protection as a licensed  
**PHARMACY**  
License # **PCY.0001117**

Community Yes      Infusion      Long-Term Yes      Nuclear No      Specialty Yes

Pharmacy Manager: **COLLEEN KELLY RUSSELL**

Effective: 09/01/2015  
Expiration: 08/31/2016

*Jonathan A. Harris*  
Jonathan A. Harris, Commissioner

Submitted 9/18/2015

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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**APPENDIX C – Directors, Owners, Officers High-Level Employees Background Information**  
Form: Anthony Ajegba, RPh



# Medical Marijuana Program

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## Appendix C

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

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

Section A: Personal Information			
1. Name (First, Middle, Last): Anthony Ajegba			
2. Street Address (including Apartment or Suite #):			
3. City:		4. State:	5. Zip Code:
6. Title: Pharmacist		7. Telephone Number: (860) 655-1988	8. E-mail Address: ajegba@yahoo.com
9. Date of Birth:	10. Social Security Number:		11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Section B: Employment Information			
12. Current or Most Recent Employer: CVS/Health		13. Date of Employment: Start Date: 05 / 21 / 10 End Date: / /	
14. Employer Address (including Apartment or Suite #): 1055 Farmington Ave			
15. City: Berlin		16. State: CT	17. Zip Code: 06037
18. Telephone Number: (860) 828-6584	19. Fax Number: (860) 828-4166	20. E-mail Address:	

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





# Medical Marijuana Program

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**Section D: Marijuana Business Experience**

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?  
 Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?  
 Yes  No

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

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

**Section E: Other Relevant Business Experience**

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?  
 Yes  No

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

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

**Section F: Licenses, Permits and Registrations**

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

29. State CT	30. Issue Date (month/year): 02 / 14 Expiration Date (month/year): 01 / 16	31. Type: PHARMACIST	32. Number: PCT:0010521
33. State OH	34. Issue Date (month/year): 08 / 15 Expiration Date (month/year): 08 / 16	35. Type: PHARMACIST	36. Number: 03-2-25313



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Medical Marijuana Dispensary Facility License Application  
APPLICANT: ARROW ALTERNATIVE CARE #2  
APPLICATION LOCATION: 255 West River Street, Milford, CT  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



## Medical Marijuana Program

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### Section G: Legal Proceedings

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

### Section II: Criminal Actions

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

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

### Section I: Criminal Background Check

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

42. Signature:

43. Date Signed:

9/16/15



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ALTERNATIVE CARE.

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



## Medical Marijuana Program

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



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:



*Anthony Ajegba*

45. Date Signed:

*9/16/15*



**Appendix C - Section C: Pharmacy Business Experience: Anthony Ajegba, RPh**

Question 23. Response

Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations
CVS Health	Pharmacy	Pharmacist	2010-Present	Yes	None
Rite Aid Michigan Ohio Colorado	Pharmacy	Pharmacist	1997 – 2010	No	None
National Institute Pharmacy Services, Inc (NIPSI)	Pharmacy	Pharmacy Technician	1999 - 2000	No	None
North Detroit General Hospital (NDGH)	Pharmacy	Pharmacy Technician	1994-1995	No	None

Refer to Resume for Qualifications Profile and Professional Experience

**Appendix C - Section D: Marijuana Business Experience: Anthony Ajegba, RPh**

Question 26. Response

**NOT APPLICABLE** Appendix C - Section E: Other Relevant Business Experience: Anthony Ajegba, RPh

Question 28. Response

Anthony Ajegba, RPh

Refer to Resume for Qualifications Profile and Professional Experience

Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations
CVS Health	Pharmacy	Pharmacist	2010-Present	Yes	None
Rite Aid Michigan Ohio Colorado	Pharmacy	Pharmacist	1997 – 2010	No	None
National Institute Pharmacy Services, Inc (NIPSI)	Pharmacy	Pharmacy Technician	1999 - 2000	No	None
North Detroit General Hospital (NDGH)	Pharmacy	Pharmacy Technician	1994-1995	No	None



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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**Appendix C - Section F: Licenses, Permits and Registrations: Anthony Ajegba, RPh**



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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**APPENDIX C – Directors, Owners, Officers High-Level Employees Background Information**  
Form: Tom Linskey, RPh



# Medical Marijuana Program

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

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

### Section A: Personal Information

1. Name (First, Middle, Last): Thomas J Linskey			
2. Street Address (including Apartment or Suite #):			
3. City:	4. State:	5. Zip Code:	
6. Title:	7. Telephone Number: (215) 668-7922	8. E-mail Address: tomlinskey@yahoo.com	
9. Date of Birth:	10. Social Security Number:	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

### Section B: Employment Information

12. Current or Most Recent Employer: Arrow Alternative Care		13. Date of Employment: Start Date: 08 / 11 / 15 End Date: / /	
14. Employer Address (including Apartment or Suite #): 92 Weston Street			
15. City: Hartford		16. State: CT	17. Zip Code: 06120
18. Telephone Number: (860) 246-4673	19. Fax Number: (860) 519-1852	20. E-mail Address: info@arrowalternativecare.com	

### Section C: Pharmacy Business Experience

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

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

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

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



# Medical Marijuana Program

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### Section D: Marijuana Business Experience

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

Yes  No

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

Yes  No

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

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

### Section E: Other Relevant Business Experience

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

Yes  No

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

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

### Section F: Licenses, Permits and Registrations

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

29. State CT	30. Issue Date (month/year): 02 / 14 Expiration Date (month/year)	31. Type: PHARMACIST	32. Number: 0010046
33. State CT	34. Issue Date (month/year): 08 / 15 Expiration Date (month/year): 08 / 16	35. Type: Dispensary Pharmacist	36. Number: 00000031





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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application  
APPLICANT: ARROW ALTERNATIVE CARE #2  
APPLICATION LOCATION: 255 West River Street, Milford, CT  
Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



# Medical Marijuana Program

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



## Section G: Legal Proceedings

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

## Section H: Criminal Actions

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

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

## Section I: Criminal Background Check

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

42. Signature:

43. Date Signed:

09/10/2015



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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



## Medical Marijuana Program

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

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

44. Signature:

45. Date Signed:

09/10/2015



**Appendix C - Section C: Pharmacy Business Experience: Tom Linskey, RPh**  
Question 23. Response

**Refer to Resume for Qualifications and Professional Experience**

Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations
Arrow Alternative Care Hartford, CT	Medical Marijuana Dispensary Facility	Dispensary Pharmacist	August 2015 - Present	Yes	None
Walgreens Pharmacy, Newington, CT	Pharmacy	Pharmacy Manager	August 2007-August 2015	No	None
Walgreens Pharmacy Hartford, CT New Britain, CT Waterbury, CT	Pharmacy	Pharmacy Manager	May 2004 August 2007	No	None
Walgreens Pharmacy Philadelphia, PA	Pharmacy	Pharmacy Technician	1999 - 2000	No	None

**Appendix C - Section D: Marijuana Business Experience: Tom Linskey, RPh**  
Question 26. Response

**Refer to Resume for Qualifications and Professional Experience**

Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations
Arrow Alternative Care Hartford, CT	Medical Marijuana Dispensary Facility	Dispensary Pharmacist	August 2015 - Present	Yes	None

**Appendix C - Section E: Other Relevant Business Experience: Tom Linskey, RPh**  
Question 28. Response

**Refer to Resume for Qualifications and Professional Experience**



## Thomas J Linskey

---

### WORK EXPERIENCE

**Arrow Alternative Care - Hartford, CT**

August 2015 – Present

Pharmacist Dispensary

- Work with patients to suggest cannabis-based medicine to achieve optimal disease state management
- Provide daily interaction with patients and doctors to optimize medication therapy, counsel and advise patients in specific disease state.

**Walgreens Pharmacy – Newington, CT**

August 2007 - August 2015

Pharmacy Manager

- Responsible for overall operations of pharmacy department
- Manage staff of 8 pharmacists, interns, and technicians
- Train pharmacists and technicians on how to properly and effectively utilize Company computer systems
- Perform yearly review of staff pharmacists and technicians
- Daily interactions with patients, physicians, and insurance companies to optimize drug therapy
- Collaborate with Store Manager to analyze operating statements and appropriately streamline pharmacy inventory to increase gross profit
- Regularly review MTM claims through networks such as Outcomes and Mirixa
- Administered thousands of influenza, pneumonia, and shingles vaccines
- Conducted presentations on various healthcare topics targeting senior centers
- Perform patient medication, immunization, and health testing assessments

**Walgreens Pharmacy – Hartford/New Britain/Waterbury, CT**

May 2004-August 2007

Pharmacy Manager

- Managed staff of up to 14 pharmacists, interns, and technicians
- Trained staff and assisted in transition during acquisition of a FamilyMeds pharmacy
- Trained pharmacists and technicians on how to properly and effectively utilize Company computer systems
- Performed yearly review of staff pharmacists and technicians
- Daily interactions with patients, physicians, and insurance companies to optimize drug therapy

**Walgreens Pharmacy – Philadelphia, PA**

August 2003-April 2004

Pharmacy Manager

- Managed staff of 7 pharmacists, interns, and technicians
- Trained pharmacists and technicians on how to properly and effectively utilize Company computer systems
- Daily interactions with patients, physicians, and insurance companies to optimize drug therapy



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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

## EDUCATION

Doctor of Pharmacy - Philadelphia College of Pharmacy

BS in Pharmaceutical Sciences - Philadelphia College of Pharmacy

## CREDENTIALS

- APHA Certified Immunizer      CT Pharmacist License # 10046      NPI # 1821374729
- University of Connecticut Adjunct Assistant Professor of Pharmacy Practice
- University of Connecticut and University of Saint Joseph Pharmacy Student Preceptor



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

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**Appendix C - Section F: Licenses, Permits and Registrations: Tom Linskey, RPh**



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

CPL-03 Rev 06 13

**STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION**

165 Capitol Avenue ♦ Hartford Connecticut 06106

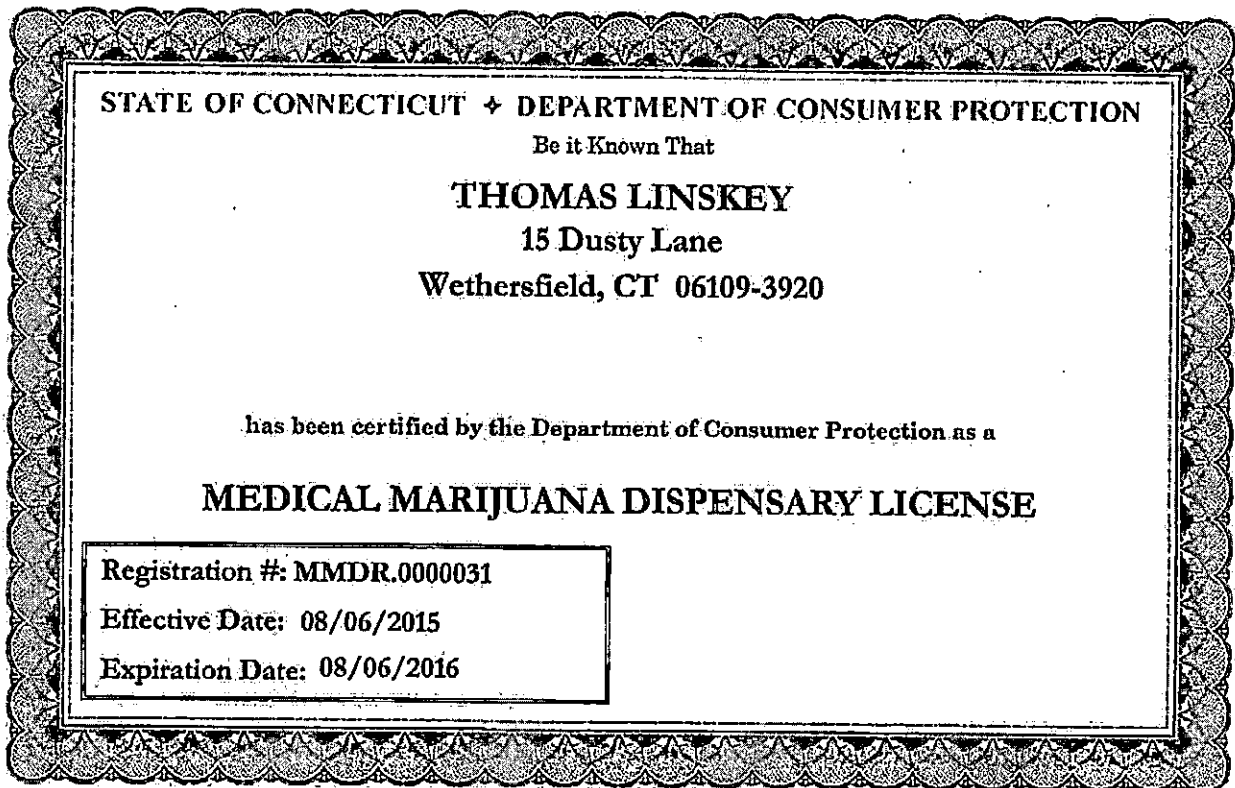
Attached is your registration. Such registration shall be shown to any properly interested person on request. No such registration shall be transferred to or used by any other person than to whom the registration was issued. Questions can be emailed to the Drug Control Division at [DCP.MMP@ct.gov](mailto:DCP.MMP@ct.gov).

Visit our web site to verify licensure at [www.ct.gov/dcp](http://www.ct.gov/dcp).

The Medical Marijuana Program Website is [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp).

**THOMAS LINSKEY  
ARROW ALTERNATIVE CARE, INC  
92 WESTON ST  
HARTFORD, CT 06120-1510**

An agent shall display its license in a location visible to the public and subject to approval by the department.



Submitted 9/18/2015

255 West River Street, Milford CT

Page 87 of 113

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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**APPENDIX C – Directors, Owners, Officers High-Level Employees Background Information**  
Form: Sabrina Griswold, RPh





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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



# Medical Marijuana Program

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## Appendix C

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

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

Section A: Personal Information		
1. Name (First, Middle, Last): Sabrina Griswold		
2. Street Address (including Apartment or Suite #):		
3. City:	4. State:	5. Zip Code:
6. Title: Pharmacist	7. Telephone Number: (860) 681-2876	8. E-mail Address: griswold.sabrina@gmail.com
9. Date of Birth:	10. Social Security Number:	11. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Section B: Employment Information		
12. Current or Most Recent Employer: Arrow Alternative Care, Arrow Pharmacy		13. Date of Employment: Start Date: 03 / 06 / 15 End Date: / /
14. Employer Address (including Apartment or Suite #): 92 Weston Street		
15. City: Hartford	16. State: CT	17. Zip Code: 06105
18. Telephone Number: (860) 246-4673	19. Fax Number: (860) 231-7007	20. E-mail Address: info@arrowalternativecare.com

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



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



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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): 07 / 14	31. Type: PHARMACIST	32. Number: 0013012
	Expiration Date (month/year): 01 / 16		
33. State: CT	34. Issue Date (month/year): 02 / 15	35. Type: Medical Marijuana Dispensary	36. Number: 0000023
	Expiration Date (month/year): 02 / 16		



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### Section G: Legal Proceedings

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

### Section H: Criminal Actions

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

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

### Section I: Criminal Background Check

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

42. Signature:



*Signature*

43. Date Signed:

09/10/2015



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ALTERNATIVE CARE.

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT



## Medical Marijuana Program

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

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

44. Signature:

*S. Griswold*

45. Date Signed:

09/10/2015



**Appendix C - Section C: Pharmacy Business Experience: Sabrina Griswold, RPh**

Question 23. Response

**Refer to Resume for Qualifications and Professional Experience**

Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations
Arrow Alternative Care Hartford, CT	Medical Marijuana Dispensary Facility	Dispensary Pharmacist	March 2015 - Present	Yes	None
Arrow Pharmacy and Nutrition Center Hartford, CT	Pharmacy	Pharmacist	March 2015 - Present	Yes	None
CVS Health Kensington, CT	Pharmacy	Pharmacist	May 2014- March 2015	No	None
Beacon Prescriptions New Britain, CT	Pharmacy	Pharmacy Intern	May 2010-April 2014	No	None

**Appendix C - Section D: Marijuana Business Experience: Sabrina Griswold, RPh**

Question 26. Response

**Refer to Resume for Qualifications and Professional Experience**

Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations
Arrow Alternative Care Hartford, CT	Medical Marijuana Dispensary Facility	Dispensary Pharmacist	March 2015 - Present	Yes	None

**Appendix C - Section E: Other Relevant Business Experience: Sabrina Griswold, RPh**

Question 28. Response

**Refer to Resume for Qualifications and Professional Experience**



# Sabrina Griswold

## CONTACT

Email  
Phone

## EDUCATION

**Doctor of Pharmacy**  
University of Saint Joseph, School of Pharmacy  
West Hartford, Connecticut August 2011-May 2014

**Bachelor of Science in Health Sciences**  
Minors in Health Studies and Biology  
Cum laude August 2007-May 2010  
University of Hartford  
West Hartford, Connecticut

## WORK EXPERIENCE

**Arrow Pharmacy & Nutrition Center**  
Hartford, CT March 2015-Present  
Staff Pharmacist  
Pharmacy Manager: Wendy Dean, RPh

- Provide exceptional, personal service and advice to patients specific to their health care needs
- Monitor drug therapy for contraindications, therapy duplications, allergies, dosing errors, etc.
- Quality assurance through prescription verification
- Coordinate with physicians and medical personnel to ensure uninterrupted and appropriate medication therapy
- Provide immunization services to eligible patients

**Arrow Alternative Care**  
Hartford, CT March 2015-Present  
Dispensary  
Dispensary Manager: Mary Graikoski, RPh

- Working with patients to suggest cannabis-based medicine to achieve optimal disease-state management and symptom relief
- Providing cannabis-based medication counseling and information
- Quality assurance through prescription verification
- Monitoring drug therapy for contraindications, allergies, adverse effects, etc.

**CVS Health**  
Kensington, CT May 2014-March 2015  
Staff Pharmacist  
Pharmacy Manager: Jessica Courtois, PharmD

- Responsible for all aspects of pharmacy operations and patient care
- Management of staff and workflow
- Coaching and counseling pharmacy technicians
- Pharmacy scheduling based on corporate demand
- Maintain inventory levels through accurate ordering from warehouse and outside vendors

**Beacon Prescriptions**  
New Britain, CT May 2010-April 2014  
Pharmacy Intern  
Owner/Preceptor: Jack Loveland, RPh

- Worked under direct supervision of a pharmacist
- Received medication orders from physicians
- Transcribed and billed prescription claims
- RxSync Program implementation
  - Developed a protocol to increase adherence by coordination patients' medications to be filled on the same day every month
  - Worked in close collaboration with nurses, physicians, and patients
- Prepared patient specific medication delivery via med boxes, Parata packs, blister packs, Meds On Time packs



**WORK  
EXPERIENCE**

<p><b>Beacon Prescriptions and Compounding Pharmacy</b> Southington, CT Pharmacy Intern Owner/Preceptor: Annik Chamberlin, PharmD</p> <ul style="list-style-type: none"> <li>• Generated patient specific formulas for compounding</li> <li>• Compounded and prepared medication orders</li> <li>• Provided exceptional and quality service to patients</li> <li>• Worked under direct supervision of a pharmacist</li> </ul>	<p>October 2006-May 2014</p>
---	------------------------------

**ADVANCED  
PHARMACY  
PRACTICE  
EXPERIENCE**

<p><b>Yale-New Haven Hospital, St. Raphael Campus</b> New Haven, Connecticut Pharmacy Intern, Acute Care-Geriatrics Preceptor: Stephanie Hattoy, PharmD, BCPS, CGP</p>	<p>February-March 2014</p>
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<p><b>Middlesex Hospital</b> Middletown, Connecticut Institutional Pharmacy Intern Preceptor: John Moyher, PharmD</p>	<p>December 2013-January 2014</p>
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<p><b>St. Francis Hospital-Mt. Sinai Campus</b> Hartford, Connecticut Pharmacy Intern, Acute Care-Inpatient Psychiatry Preceptor: Jennifer Tan, PharmD, BCPP</p>	<p>October-November 2013</p>
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<p><b>Veteran's Administration Hospital</b> West Haven, Connecticut Pharmacy Intern, Ambulatory Care-Outpatient Psychiatry Preceptor: Douglas Boggs, PharmD, BCPP</p>	<p>September-October 2013</p>
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<p><b>Saint Vincent's Outpatient Pharmacy</b> Bridgeport, Connecticut Pharmacy Intern, Outpatient Pharmacy Preceptor: Amy Kurzatkowski, RPh</p>	<p>August-September 2013</p>
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<p><b>National Community Pharmacists Association</b> Alexandria, Virginia Association Management Pharmacy Intern Preceptor: Whitney Cowart, PharmD</p>	<p>June-July 2013</p>
--	-----------------------

**PROFESSIONAL  
MEMBERSHIPS  
AND MEETINGS**

<p><b>USJ-SOP, Experiential Education Committee</b></p> <ul style="list-style-type: none"> <li>• Elected Student Representative</li> </ul>	<p>September 2012-August 2013</p>
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<p><b>USJ-SOP, Big Brother/Big Sister Mentor Program</b></p>	<p>August 2012-May 2014</p>
--	-----------------------------

<p><b>American Society of Health-System Pharmacists</b></p>	<p>August 2012-December 2014</p>
---	----------------------------------

<p><b>Connecticut Society of Health System Pharmacy</b></p> <ul style="list-style-type: none"> <li>• Catch the Wave Event</li> </ul>	<p>August 2012-December 2014 November 2013</p>
--	--

<p><b>National Community Pharmacists Association</b></p> <ul style="list-style-type: none"> <li>• Student Chapter President</li> <li>• Annual Convention</li> </ul>	<p>June 2012-Present June 2012-May 2013 2012, 2013</p>
---	--

<p><b>American Pharmacists Association</b></p>	<p>February 2012-Present</p>
--	------------------------------

<p><b>Connecticut Pharmacists Association</b></p> <ul style="list-style-type: none"> <li>• New England Pharmacists Convention</li> </ul>	<p>February 2012-Present September 2013</p>
--	---

<p><b>USJ-SOP Admissions Ambassador</b></p>	<p>September 2011-May 2014</p>
---	--------------------------------



**HONORS AND SCHOLARSHIPS**

- Milton S. Camilleri Memorial Scholarship Recipient 2013
  - Connecticut Pharmacists Association
- Partners in Pharmacy Scholarship Recipient 2013
  - National Community Pharmacists Association
- Outstanding Student Chapter Member of the Year 2013
  - National Community Pharmacists Association
- Presidential Scholarship Recipient 2007-2010
  - University of Hartford

**COMMUNITY SERVICE**

- Foxwoods Employee Health and Wellness Event 2013  
Ledyard, CT
- BAPS Charities Children's Health & Safety Day 2013  
Newington, CT
- NBC Health and Wellness Event 2011, 2013  
Hartford, CT
  - Medication Disposal Poster 2013
- Medication Return Program 2010-2013  
Southington, CT
- Blood Pressure Screening Event 2012  
Price Chopper, Southington, CT
- Blood Pressure Screening and Smoking Cessation Event 2012  
Groton, CT
- Prescription Drug Take-Back Event 2011-2012  
Bloomfield, CT

**PRESENTATIONS**

- "The Management of Warfarin Therapy for Nurses and Patients" March 2014  
Nursing Staff  
Grimes Center, Yale New Haven Hospital--St. Raphael Campus  
New Haven, CT
- "The Use of Kcentra® in the Urgent Reversal of Vitamin K Antagonist-Induced Bleeding" January 2014  
Pharmacy and Therapeutics Committee  
Middlesex Hospital  
Middletown, CT
- "The Relevance of Antidepressant-Induced Mania in the Treatment of Bipolar Disorder" December 2013  
Pharmacy Staff  
St. Francis Hospital-Mt. Sinai Campus  
Hartford, CT
- "Medical Use of Marijuana" October 2013  
Nursing Staff  
Veteran's Administration Hospital  
West Haven, CT
- "Management of Weight Gain Associated with Antipsychotic Therapy" October 2013  
Nursing Staff  
Veteran's Administration Hospital  
West Haven, CT
- "Medication Counseling and Poison Prevention in the Pediatric Population" July 2013  
National Community Pharmacists Association  
Staff Pharmacists  
Alexandria, VA

**REFERENCES**

Available upon request





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ALTERNATIVE CARE

Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

APPLICATION LOCATION: 255 West River Street, Milford, CT

Submitted By Arrow Alternative Care and Arrow Pharmacy Company, Hartford, CT

**Appendix C - Section F: Licenses, Permits and Registrations: Sabrina Griswold, RPh**



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CPL-03 Rev 08/13

**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
165 Capitol Avenue ♦ Hartford Connecticut 06106

Attached is your license. Such license shall be shown to any properly interested person on request. No such license shall be transferred to or used by any other person than to whom the license was issued.

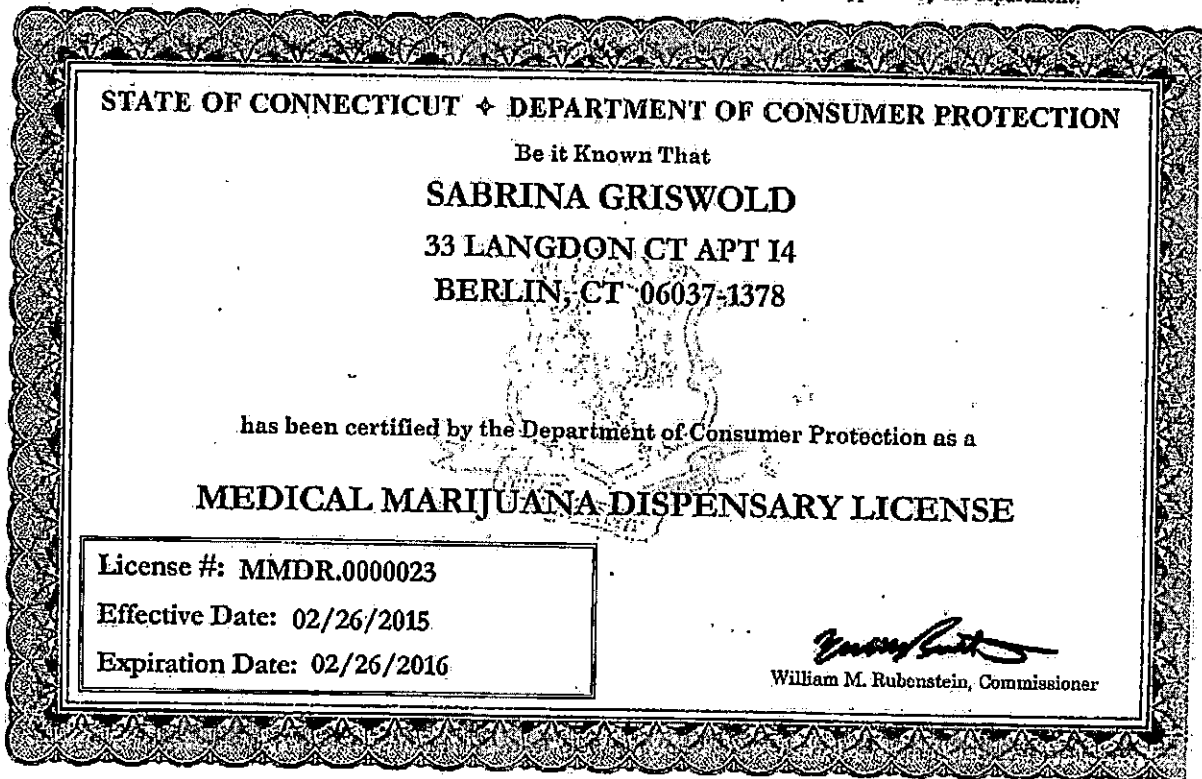
Questions can be emailed to the Drug Control Division at [DCP.MMP@ct.gov](mailto:DCP.MMP@ct.gov).

Visit our web site to verify licensure at [www.ct.gov/dcp](http://www.ct.gov/dcp).

The Medical Marijuana Program Website is [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp).

SABRINA GRISWOLD  
33 LANGDON CT APT I4  
BERLIN, CT 06037-1378

An agent shall display its license in a location visible to the public and subject to approval by the department.



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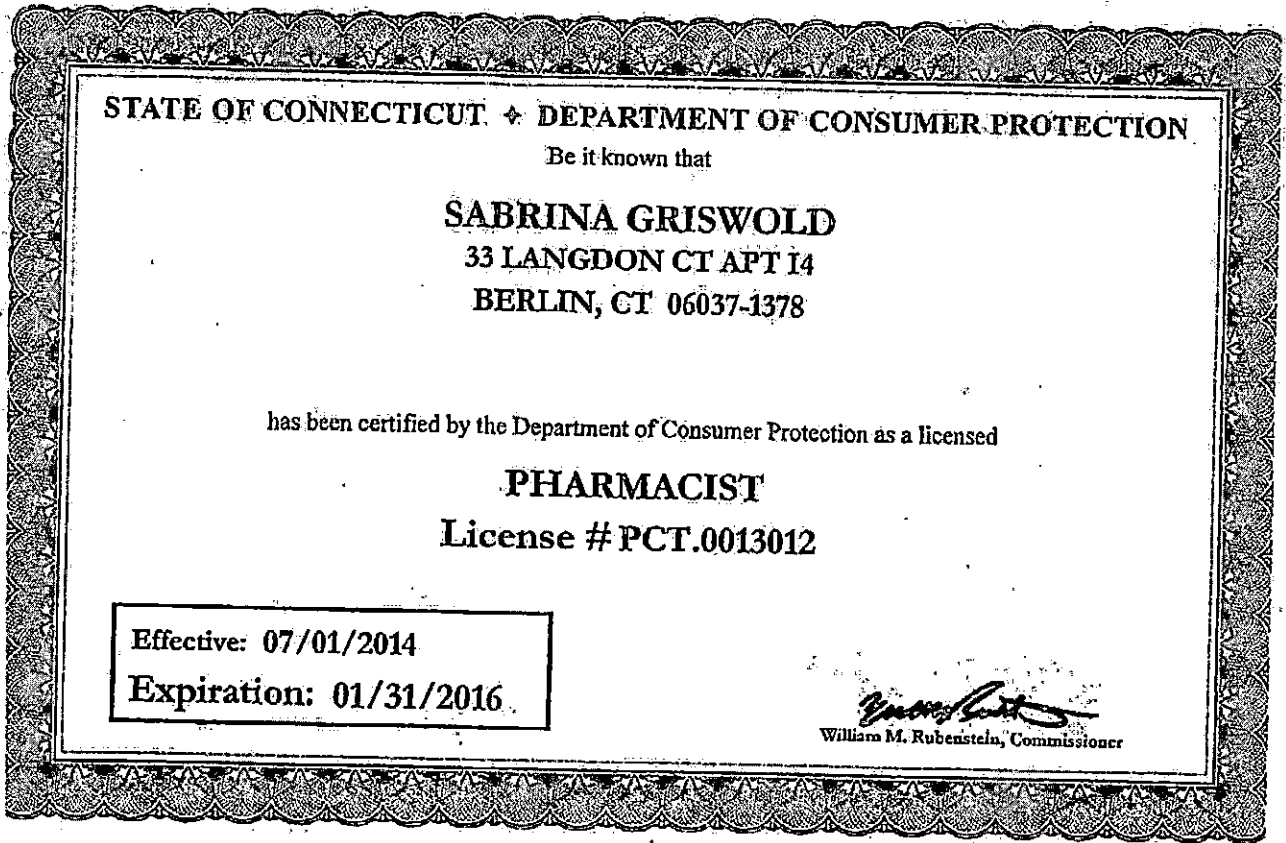
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**APPENDIX C – Directors, Owners, Officers High-Level Employees Background Information**

Form: Nicole Liedke, RPh



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Medical Marijuana Dispensary Facility License Application

APPLICANT: ARROW ALTERNATIVE CARE #2

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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): Nicole Liedke			
2. Street Address (including Apartment or Suite #):			
3. City:		4. State:	5. Zip Code:
6. Title: Dispensary Pharmacist	7. Telephone Number: (203) 314-8817	8. E-mail Address: nriedke@aol.com	
9. Date of Birth:	10. Social Security Number:	11. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

Section B: Employment Information			
12. Current or Most Recent Employer: Arrow Alternative Care		13. Date of Employment: Start Date: 05 / 26 / 15 End Date: / /	
14. Employer Address (including Apartment or Suite #): 92 Weston Street			
15. City: Hartford		16. State: CT	17. Zip Code: 06120
18. Telephone Number: (860) 246-4673	19. Fax Number: (860) 519-1852	20. E-mail Address: info@arrowalternativecare.com	

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



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**Section D: Marijuana Business Experience**

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?  
 Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?  
 Yes  No

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

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

**Section E: Other Relevant Business Experience**

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?  
 Yes  No

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

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

**Section F: Licenses, Permits and Registrations**

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

29. State:	30. Issue Date (month/year):	02 / 14	31. Type:	32. Number:
CT	Expiration Date (month/year):	01 / 16	Pharmacist	0008168
33. State:	34. Issue Date (month/year):	05 / 15	35. Type:	36. Number:
CT	Expiration Date (month/year):	05 / 16	Medical Marijuana Dispensary	0000027



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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 identity of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

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

Yes  No

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

## Section H: Criminal Actions

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

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

## Section I: Criminal Background Check

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

42. Signature:

*Nicole P. Licita*

43. Date Signed:

09/10/2015



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<b>I hereby certify that the above information is correct and complete.</b>	
I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.	
44. Signature: 	45. Date Signed: 09/10/2015





**Appendix C - Section C: Pharmacy Business Experience: Nicole Liedke, RPh**

Question 23. Response

**Refer to Resume for Qualifications and Professional Experience**

Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations
Arrow Alternative Care Hartford, CT	Medical Marijuana Dispensary Facility	Dispensary Pharmacist	May 2015 - Present	Yes	None
D&B Wellness, LLC, Bethel, CT	Medical Marijuana Dispensary Facility	Dispensary Facility Manager	August 2014 – March 2015	No	None
CVS Health Seymour, CT Hamden, CT Orange, CT Fairfield, CT, CT	Pharmacy	Pharmacist	February 1994 – August 2014	No	None
CVS Health Milford, CT	Pharmacy	Pharmacy Manager	September 2002 – December 2004	No	None
York Enterprises New Haven, CT	Medical Center Pharmacy	Pharmacist	October 2002 – January 2005	No	None

**Appendix C - Section D: Marijuana Business Experience: Nicole Liedke, RPh**

Question 26. Response

**Refer to Resume for Qualifications and Professional Experience**

Name/Location/Business	Products or Services	Titles / Responsibilities	Date Associated	Current Role	Violations
Arrow Alternative Care Hartford, CT	Medical Marijuana Dispensary Facility	Dispensary Pharmacist	May 2015 - Present	Yes	None
D&B Wellness, LLC Bethel, CT	Medical Marijuana Dispensary Facility	Dispensary Facility Manager	August 2014 – March 2015	No	None



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**Appendix C - Section E: Other Relevant Business Experience: Nicole Liedke, RPh**

Question 28. Response

**Refer to Resume for Qualifications and Professional Experiences**



**NICOLE R. LIEDKE, Rph**

NKLIEDKE@ARROW.COM

**OBJECTIVE**

Challenging pharmacist position with a leading healthcare provider utilizing technical and interpersonal skills developed through educational and profession experience

**SUMMARY OF QUALIFICATIONS**

- \* Health care professional with nineteen years pharmaceutical experience.
- \* In depth knowledge and experience in prescription preparation, drug interactions, patient counseling, doctor relationships, inventory management and staff supervision.
- \* Skills set include technical expertise, organizational skills, software administration, leadership capabilities and strong communication skills.
- \* Registered pharmacist in CT.

**PROFESSIONAL EXPERIENCE**

- May 2015-Present **Arrow Alternative Care Dispensary**
- Consult with all new patients registered with our dispensary regarding their disease state, the need for the use of medical marijuana and their hopes for symptom relief.
  - Supervise technicians in the process of filling orders for medical marijuana on a daily basis.
  - Perform duties required by the state in the reporting of all orders filled for medical marijuana, including daily reporting of orders filled as well as perpetual inventories.
  - Making sure all products are secured and alarmed according to state regulations.
- August 2014 - March 2015 **D&B Wellness, LLC Dispensary Manager, Compassionate Care Center of CT, Bethel, CT**
- \* Consult with all new patients registered with our dispensary regarding their disease state and their need for the use of medical marijuana.
  - \* Meet patients for refills in dispensary to discuss new strains and products available, how the products they had worked for them, what we can change to benefit their medical treatment.
  - \* Keep up with necessary record keeping per state regulations: recording weekly inventories, invoices from orders coming in, phone calls to check on new patients.
  - \* Perform cash receipts tie out to end of day sales activity.
- February 1994 - August 2014 **CVS Incorporated, Various Locations Staff Pharmacist, Seymour, Hamden, Orange and Fairfield, CT (February 1994 – August 2014)**
- \* Prepare all patient prescriptions during shift.
  - \* Ensured highest level of quality assurance in pharmacy.
  - \* Provided patient counseling.
  - \* Maintained positive working relationships with local doctors.
  - \* Prepared accounting and inventory reports for district and corporate offices.
  - \* Developed and participated in community service programs
- Pharmacy Manager, Milford, CT (September 2002 – December 2004)**
- \* Manage daily pharmaceutical operations of store within leading retail pharmacy chain.
  - \* Prepare all patient prescriptions during shift.
  - \* Ensure highest level of quality assurance in pharmacy.
  - \* Provide patient counseling.
  - \* Maintain positive working relationships with local doctors.
  - \* Manage and motivate a team of pharmacists, pharmacy technicians and service associates.
  - \* Prepare accounting and inventory reports for district and corporate offices.
  - \* Collaborate with retail store manager to develop and review plans to achieve overall store performance goals.
  - \* Develop and participate in community service programs.
- October 2002 - January 2005 **York Enterprises Consulting Pharmacist, Medical Center Pharmacy, New Haven, CT**
- \* Provided overview of medication orders between pharmacy and long term care facility.



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- \* Ensured accuracy and consistency between physicians' orders, the medication administration records and pharmacy reports.
- \* Reported review results to managing pharmacist and nursing staff.

**EDUCATION**

1988 - 1994

The University of Connecticut, Storrs, CT  
B.S. degree: Pharmacy

**COMPUTER SKILLS**

Rx2000, Microsoft Word

**LICENSURE**

Registered Pharmacist License from State of Connecticut

**REFERENCES**

Available upon request



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**Appendix C - Section F: Licenses, Permits and Registrations: Nicole Liedke, RPh**



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DEPARTMENT OF CONSUMER PROTECTION  
165 Capitol Avenue ♦ Hartford Connecticut 06106

Attached is your license. Such license shall be shown to any properly interested person on request. No such license shall be transferred to or used by any other person than to whom the license was issued.

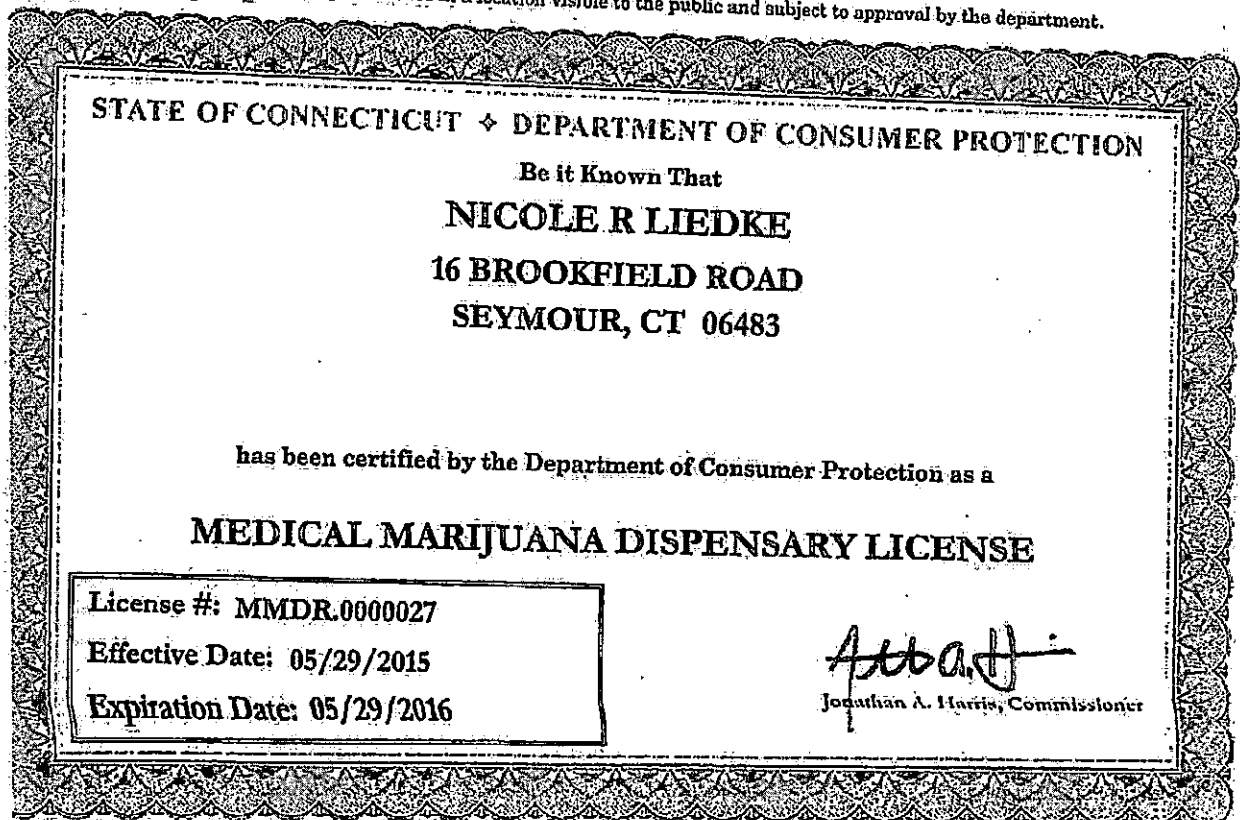
Questions can be emailed to the Drug Control Division at [DCP.MMP@ct.gov](mailto:DCP.MMP@ct.gov).

Visit our web site to verify licensure at [www.ct.gov/dcp](http://www.ct.gov/dcp).

The Medical Marijuana Program Website is [www.ct.gov/dcp/mmp](http://www.ct.gov/dcp/mmp).

NICOLE R LIEDKE  
16 BROOKFIELD ROAD  
SEYMOUR, CT 06483

An agent shall display its license in a location visible to the public and subject to approval by the department.



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## Appendix D – Dispensary Facility Manager Information Form – Anthony Ajegba, RPh



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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): Anthony Ajegba			
2. Home Address (including Apartment or Suite #):			3. City:
4. State:	5. Zip Code:	6. Date of Birth:	7. Telephone Number: (860) 655-1988
8. Social Security Number:			9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
10. E-mail Address: ajegba7@yahoo.com		11. Connecticut Pharmacist License Number: PCT.0010521	

Section B: Employment Information			
12. Current or Most Recent Employer: CVS Health		13. Date of Employment: Start Date: 2010/ End Date: PRESENT	
14. Employer Address (including Apartment or Suite #): 1055 Farmington Avenue			
15. City: Berlin		16. State: CT	17. Zip Code: 06037
18. Daytime Telephone Number: (860) 828-6584	19. Fax Number: (860) 828-4166	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> <li>The pharmacy name; SEE ATTACHED RESUME</li> <li>The pharmacy's location;</li> <li>All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>The dates of your association with the pharmacy;</li> <li>Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, the nature and resolution of those allegations.</li> </ul>





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### Section D: Criminal Actions

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

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

### Section E: Criminal Background Check

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

25. Signature:

26. Date Signed:

9/16/15

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

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

27. Signature:

28. Date Signed:

9/16/15