

COASTAL CITY CARE

MMP - RFA

"REDACTED"



COASTAL CITY CARE

STATE OF CONNECTICUT

**Medical Marijuana Dispensary Facility License
Request for Application**

SEPTEMBER 18, 2015



COASTAL CITY CARE

Thomas P. Macre
Owner
C-3 Ventures, LLC
284 Racebrook Rd.
Orange, CT 06477
September 18, 2015

Jonathan A. Harris
Commissioner
Department of Consumer Protection
165 Capitol Avenue
Hartford, CT 06106-1630

Dear Mr. Harris:

C-3 Ventures, LLC d/b/a Coastal City Care (formerly C-3, LLC) is pleased to submit an application for the operation of a medical cannabis dispensary facility in the State of Connecticut. A signed original and four paper copies of the RFA are enclosed, along with a check for the \$1,000 application fee.

I testify that all of the information contained within this document is valid and accurate.

Coastal City Care applied for dispensary licensure in 2013 and since then has continued its pursuit of working with medical providers to improve the lives of the chronically ill. We appreciate the opportunity to submit this application to the Department of Consumer Protection, and look forward to serving patients in Connecticut.

Sincerely,

Thomas P. Macre
Member

Enclosure

Freedom of Information Act (FOIA) Exempt Sections

C-3 Ventures, LLC d/b/a Coastal City Care dispensary facility application contains sensitive and proprietary information and data pertaining to the operation of a fully integrated medical marijuana dispensary facility. The information contained in the sections identified below meets the definition of trade secrets and comprises commercial information given in confidence for purposes of FOIA, and thus should remain exempt from any future FOIA requests. See 14 Con. Gen. Stat § 1-210(b)(5)(A)&(B). The sections identified below contain plans, processes, methods, techniques, designs, and financials that are the combined workproduct of highly specialized professionals competing in a space with a limited amount of opportunities to realize a return on their investments of time, knowledge, and skill. Additionally, the sections listed below derive independent economic value from not being generally known to others who could obtain economic value from their disclosure or use. For example, if disclosed, a competing enterprise could repurpose the information to apply for medical marijuana licenses in Connecticut in the future, or in other medical marijuana jurisdictions, without having to incur the cost of generating original sources of information. Such misuse would likewise impair Coastal City Care’s efforts to obtain the same licenses, if it were to pursue those licenses. Additionally, the sections identified below are the subject of reasonable efforts to maintain secrecy including non-disclosure agreements between all relevant parties.

FOIA EXEMPT SECTIONS:

Application Section	Description of Contents	Exemption
Section A	Business Information of Applicant. Commercial information and personal information. Response to request for proposal or bid solicitation. Site Safety Plan.	14 Con. Gen. Stat § 1- 210(b)(24) [response to RFP or bid solicitation, until such time as the contract has been awarded]. 14 Con. Gen. Stat § 1-210(b)(5)(A)&(B) [trade secrets; commercial information].
Section C	Business Plan - Proprietary plans and projections concerning all aspects of Coastal City Care enterprise, including security plan, the disclosure of which could create vulnerabilities and public safety issues.	14 Con. Gen. Stat § 1-210(b)(5)(A)&(B) [trade secrets; commercial information];(b)(19) [security risk].
Section D	Marketing Plan; confidential and proprietary plans for Organizational development.	14 Con. Gen. Stat § 1-210(b)(5)(A)&(B) [trade secrets; commercial information].
Subsections E2, E6, E7 and E8	Job Titles and Descriptions. Tax Returns and financial records.	14 Con. Gen. Stat § 1-210(b)(5)(A)&(B) [trade secrets; commercial information]. 14 Con. Gen. Stat § 1-210(b)(10) [tax returns; records]; (b)(8) [Statements of personal worth or personal financial data required by a licensing agency and filed by an applicant with such licensing agency to establish the applicant’s personal qualification for the license, certificate or permit applied for].

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COASTAL CITY CARE

**SECTION A
BUSINESS INFORMATION OF APPLICANT**



COASTAL CITY CARE

A.1 Dispensary Facility Information Form (Appendix A)



Medical Marijuana Program

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

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



Appendix A Dispensary Facility License Information Form

Section A: Business Information

1. Applicant business type:

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

2. Legal Name of Applicant:

C-3 Ventures, LLC

3. Trade Name of Applicant:

Coastal City Care

4. Applicant's Business Address:

318 New Haven Avenue, Unit B

5. City: Milford

6. State: CT

7. Zip Code: 06460

8. Daytime Telephone Number:

(203) 298-0677

9. E-mail Address:

info@medtechhealthcare.com

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

284 Racebrook Rd., #217

11. City:

Orange

12. State: CT

13. Zip Code: 06477

14. Daytime Telephone Number: (203) 298-0677

15. Fax Number: 203-799-3871

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:

Thomas Macre, Sr.

17. Primary Contact Title:

Member

18. Primary Contact E-mail Address:

info@medtechhealthcare.com

19. Primary Contact Telephone Number:

(203) 641-7276

20. OPTIONAL - Name of Alternate Contact:

Thomas Macre, Jr.

21. Alternate Contact Title:

Managing Member

22. Alternate Contact E-mail Address:

tmacre42@gmail.com

23. Alternate Contact Telephone Number:

203-430-3525

Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation:

09 / 12 / 13

25. Place of Formation/Incorporation:

Connecticut

26. Registered with the Connecticut Secretary of State:

Yes No

27. Sale and Use Tax Permit Number:

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



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Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address: 318 New Haven Avenue, Unit B			29. City: Milford
30. State: CT	31. Zip Code: 06460	32. Telephone Number:	33. Fax Number:
34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		35. Name of Property Owner: Lewis Kaufman, The Pearl Corporation	

Section E: Business Association Information

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

Section F: Proposed Dispensary Department Hours

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

Monday	10:00 AM	to	7:00 PM	Friday	10:00 AM	to	6:00 PM
Tuesday	10:00 AM	to	6:00 PM	Saturday	9:00 AM	to	2:00 PM
Wednesday	10:00 AM	to	6:00 PM	Sunday	Closed	to	
Thursday	10:00 AM	to	7:00 PM				

Section G: Proposed Dispensary Facility Hours

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

Monday	10:00 AM	to	6:00 PM	Friday	10:00 AM	to	6:00 PM
Tuesday	10:00 AM	to	6:00 PM	Saturday	9:00 AM	to	2:00 PM
Wednesday	10:00 AM	to	6:00 PM	Sunday	Closed	to	
Thursday	10:00 AM	to	6:00 PM				



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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: MedTech, LLC	44. Time Period: 08/14/2009-Present

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: 284 Racebrook Rd., #217, Orange, CT 06477 (Leased)	46. Time Period: 10/12/2010-Present

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: [REDACTED]	48. Percentage of ownership [REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]



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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): Thomas Macre, Jr.	50. Title: Managing Member	51. Role: Oversee company operations
Thomas Macre, Sr.	Member	Elect management
Patricia C. Whitlock	Member	Elect management
Kaitlin M. King	Member	Elect management

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: Consulting - Matt Cook	53. Cost: \$ 14,000.00	54. Source of Funds: Member contributions
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

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: ABC Simple Security	
56. Primary Security Company Address (including Apartment or Suite #): 3479 S. Grape St.	57. City: Denver



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58. State: CO	59. Zip Code: 80222	60. Telephone Number: (303) 949-1066	61. Fax Number:
62. E-mail Address: myvdesign@gmail.com			
63. Backup Security Company Name (if applicable): Tyco Integrated Security			
64. Backup Security Company Address (including Apartment or Suite #): 10 Research Parkway			65. City: Wallingford
66. State: CT	67. Zip Code: 06492	68. Telephone Number: (203) 741-4158	69. Fax Number:
70. E-mail Address: wtclark@tyco.com			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.			

Section M: Legal Proceedings

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

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

73. Has the applicant ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action? Yes No

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

74. Is the applicant a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim? Yes No

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

75. Has the applicant ever had any fines or other penalties over \$10,000 assessed by any regulatory agency? Yes No

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

Section N: Criminal Actions

76. Has the applicant ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or are any such charges pending? Yes No

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



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Section O: Criminal Background Check

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

77. Signature:



Thomas Mace

78. Date Signed:

9/2/2015

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:



Thomas Mace

80. Date Signed:

9/2/2015

Appendix A.1.1
Sales and Use Permit



STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

TWENTY-FIVE SIGOURNEY STREET, SUITE 2 HARTFORD, CONNECTICUT 06106-5032

Corr ID: [REDACTED]
Date: 10/21/2013

Dear Taxpayer:

Attached is your sales and use tax or room occupancy tax permit. Please display it conspicuously for your customers to see. Any permit previously issued by the Connecticut Department of Revenue Services (DRS) for the specific location noted on the permit is now void and should be destroyed.




Any change in ownership or form of organization requires a new permit. If your business is sold, transferred, or discontinued, return this permit at once to:

Department of Revenue Services
Registration Section
25 Sigourney St Ste 2
Hartford CT 06106-5032

Enter the last day of business and the name of the successor, if applicable, on the back of the permit. Sign the permit as indicated.

Business and individual taxpayers can use the **Taxpayer Service Center (TSC)** at www.ct.gov/tsc to file a variety of tax returns, update account information, and make payments online.

You may not assign or transfer this permit. Display this permit conspicuously for your customers to see.

Department of Revenue Services State of Connecticut 25 Sigourney St Ste 2 Hartford CT 06106-5032 R603 (Rev. 07/09)		Sales and Use Tax Permit										
The person named below is licensed under the Sales and Use Tax Act. This permit is good only for the named permittee and at the location shown. If there is any change in ownership, the permit is null and void.			Use only at this location:	Lic Nbr: 1 [REDACTED]								
		C-3 DISPENSARY LLC C-3 DISPENSARY										
<table border="1"> <thead> <tr> <th>Date Issued</th> <th>Expiration Date</th> <th>Business Start Date</th> <th>Connecticut Tax Registration Number</th> </tr> </thead> <tbody> <tr> <td>10/18/2013</td> <td>12/31/2018</td> <td>01/02/2014</td> <td>[REDACTED]</td> </tr> </tbody> </table>	Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number	10/18/2013	12/31/2018	01/02/2014	[REDACTED]	<div style="background-color: black; width: 100%; height: 40px;"></div>			
Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number									
10/18/2013	12/31/2018	01/02/2014	[REDACTED]									
 C-3 DISPENSARY LLC C-3 DISPENSARY		 <hr/> Kevin B. Sullivan Commissioner of Revenue Services										
This license may not be transferred or assigned.												



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

TWENTY-FIVE SIGOURNEY STREET, SUITE 2 HARTFORD, CONNECTICUT 06106-5032

Barcode for C-3 DISPENSARY LLC

Corr ID: [Redacted]
Date: 10/21/2013

Dear Taxpayer:

Your registration application has been processed and your business entity has been assigned CT Tax Registration Number [Redacted] CT Tax Registration Number along with the correct Location Number should be used on any communications with the Department of Revenue Services (DRS). You should advise us promptly of any change in your business activities. Visit the DRS Welcome New Business page at www.ct.gov/welcomenewbusiness for information specific to filing and payment options, and to obtain valuable tax information.

Table with 5 columns: Tax Registration Number/Location, Tax Type, Filing Frequency, Start Date, Registration Date. Data rows show quarterly filing frequencies starting from 09/12/2013.

[Redacted] pay the taxes due for all taxable periods and make the proper remittance, including any penalty or interest due.

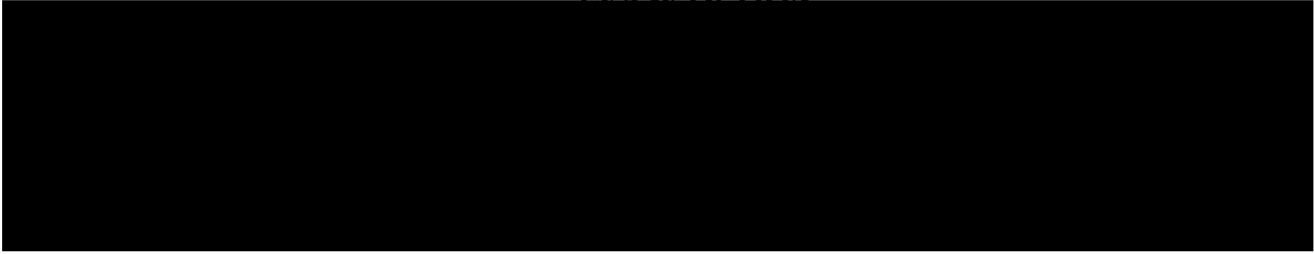
We encourage taxpayers to use the Taxpayer Service Center (TSC) at www.ct.gov/TSC to file a variety of tax returns, update account information, and make payments online. You can choose to get first-time filer information and filing assistance, or can log directly into the TSC to file returns and pay taxes. Electronic filing options are available for most tax types. Also, returns may be downloaded from our website. If you require assistance please call DRS during business hours, Monday through Friday at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere).

As a qualifying business registered for the Business Entity tax, whose liability begins on or after January 1, 2013, DRS requires you to file form OP-424, Business Entity Tax Return, biennially (every other year) following the close of every other taxable year. The first biennial return is due the fifteenth day of the fourth month after the end of your 2014 tax year.

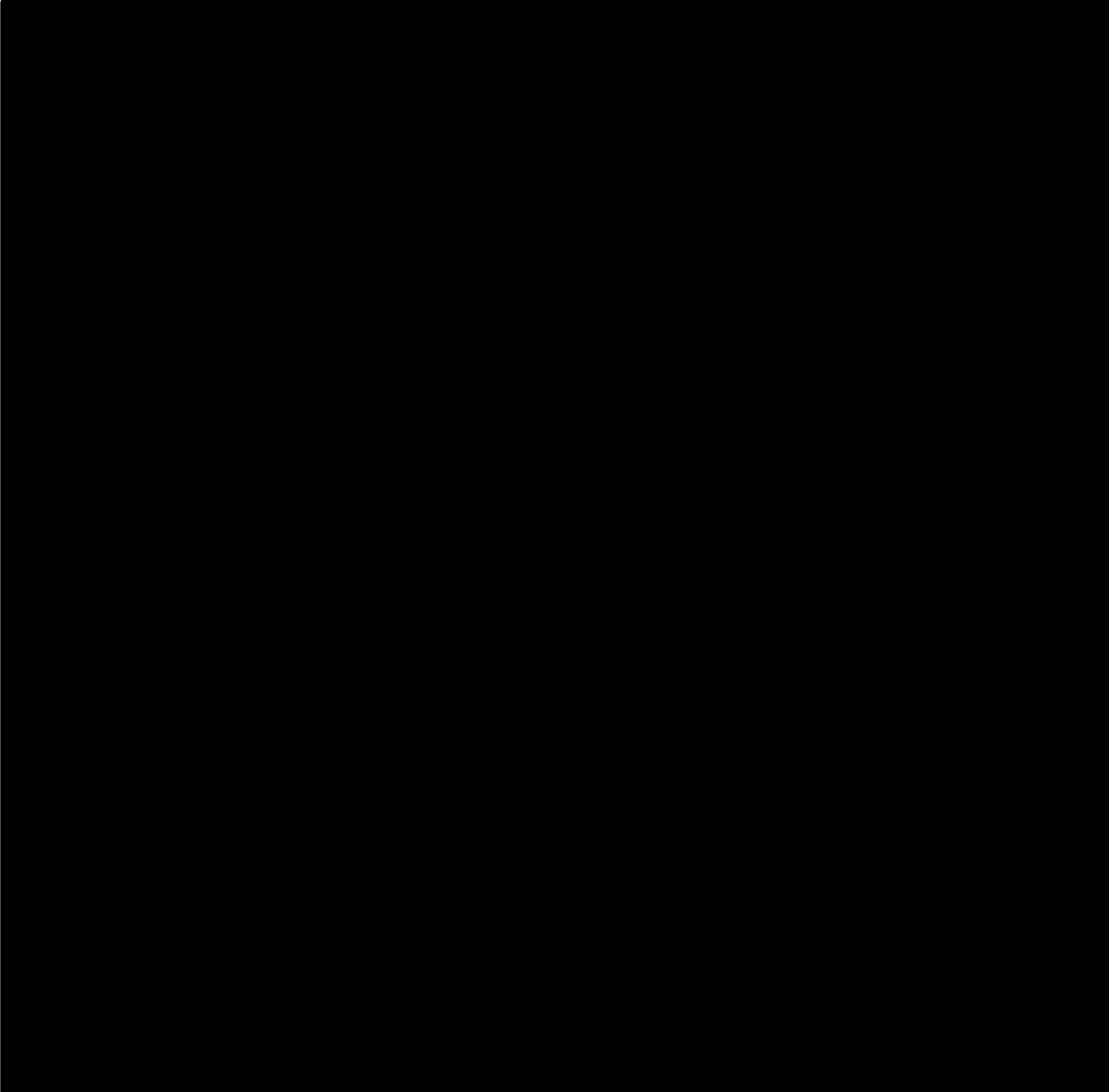
Your application did not include your Federal Employer Identification Number (FEIN). Please enter your FEIN in the space below and return this letter in the enclosed envelope. If you have applied for but have not received an FEIN, please return this letter as soon as you receive the number. FEIN: _____

Appendix A.1.2
Lease Option and Lease

LEASE OPTION

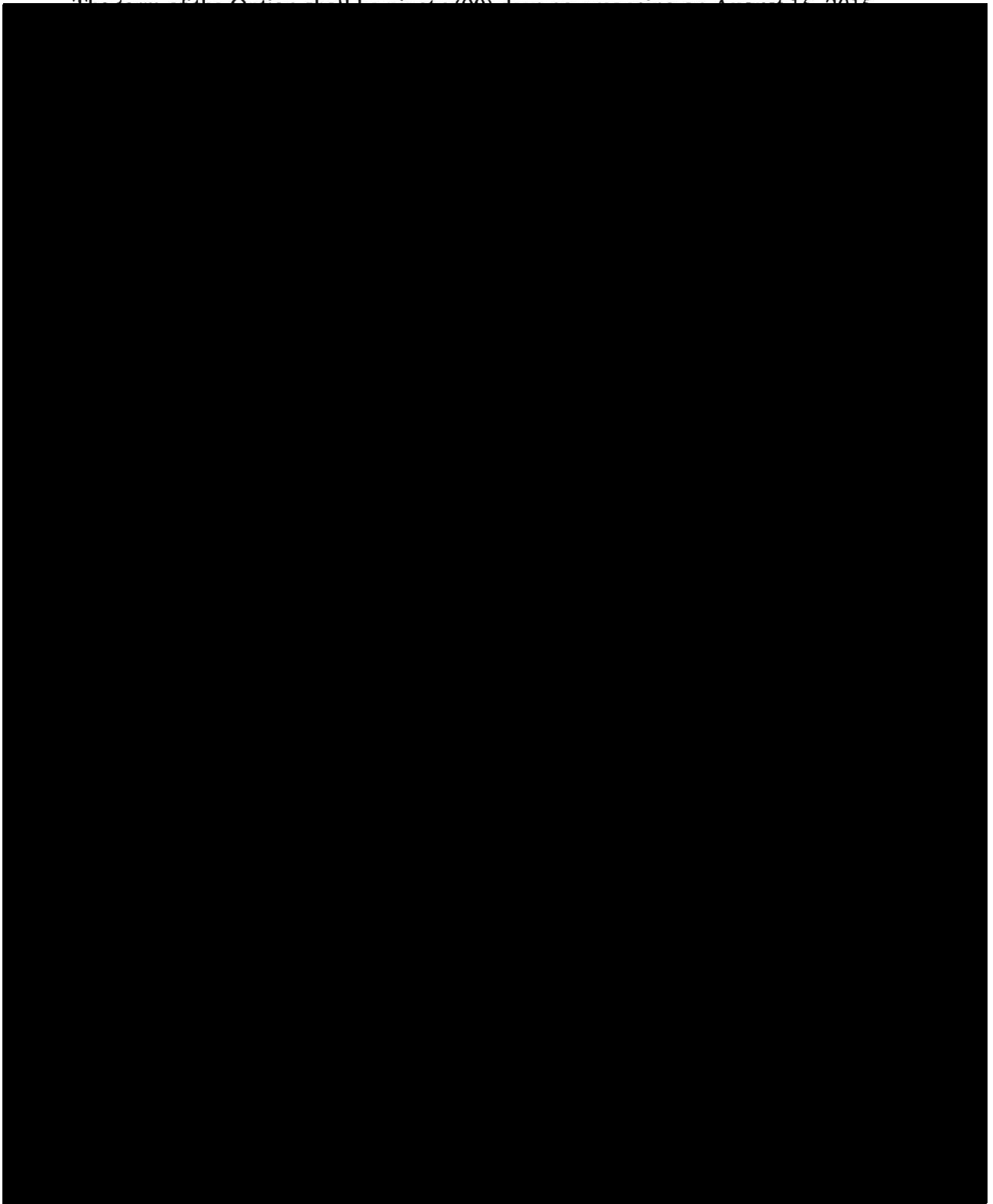


1. Option to Lease.

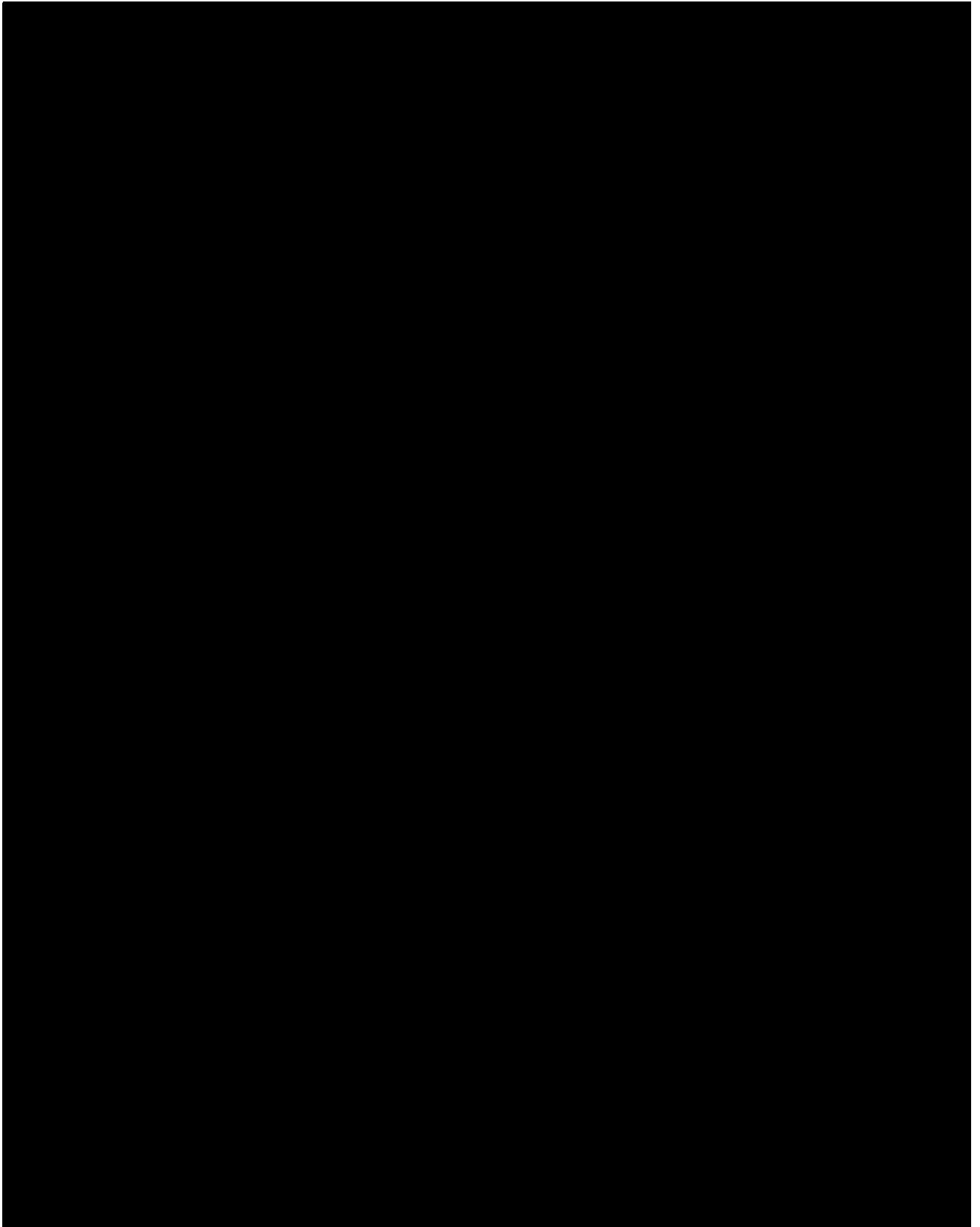


2. Option Period.

File # 64-0111-1 (99) 1 August 15 2015

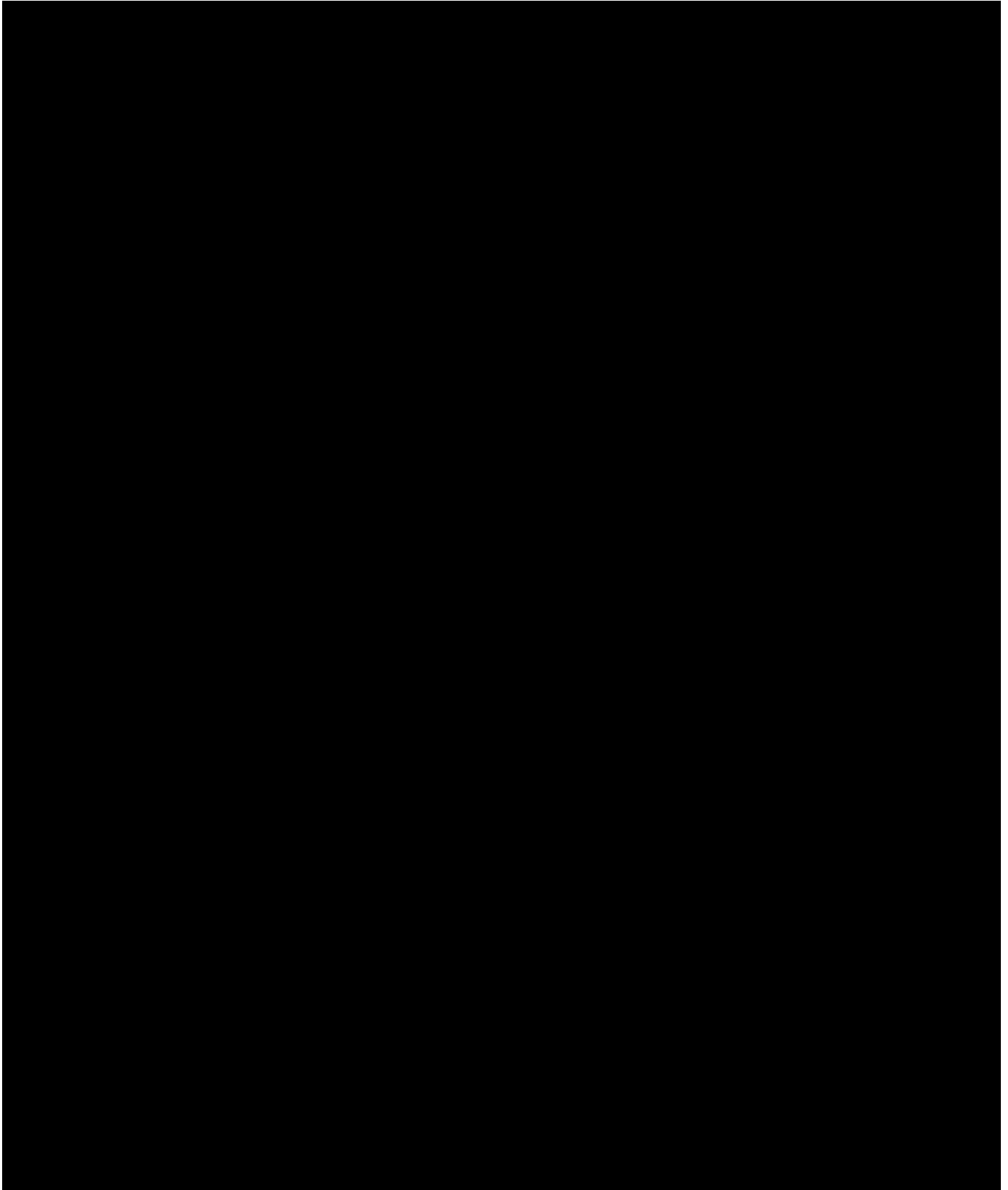


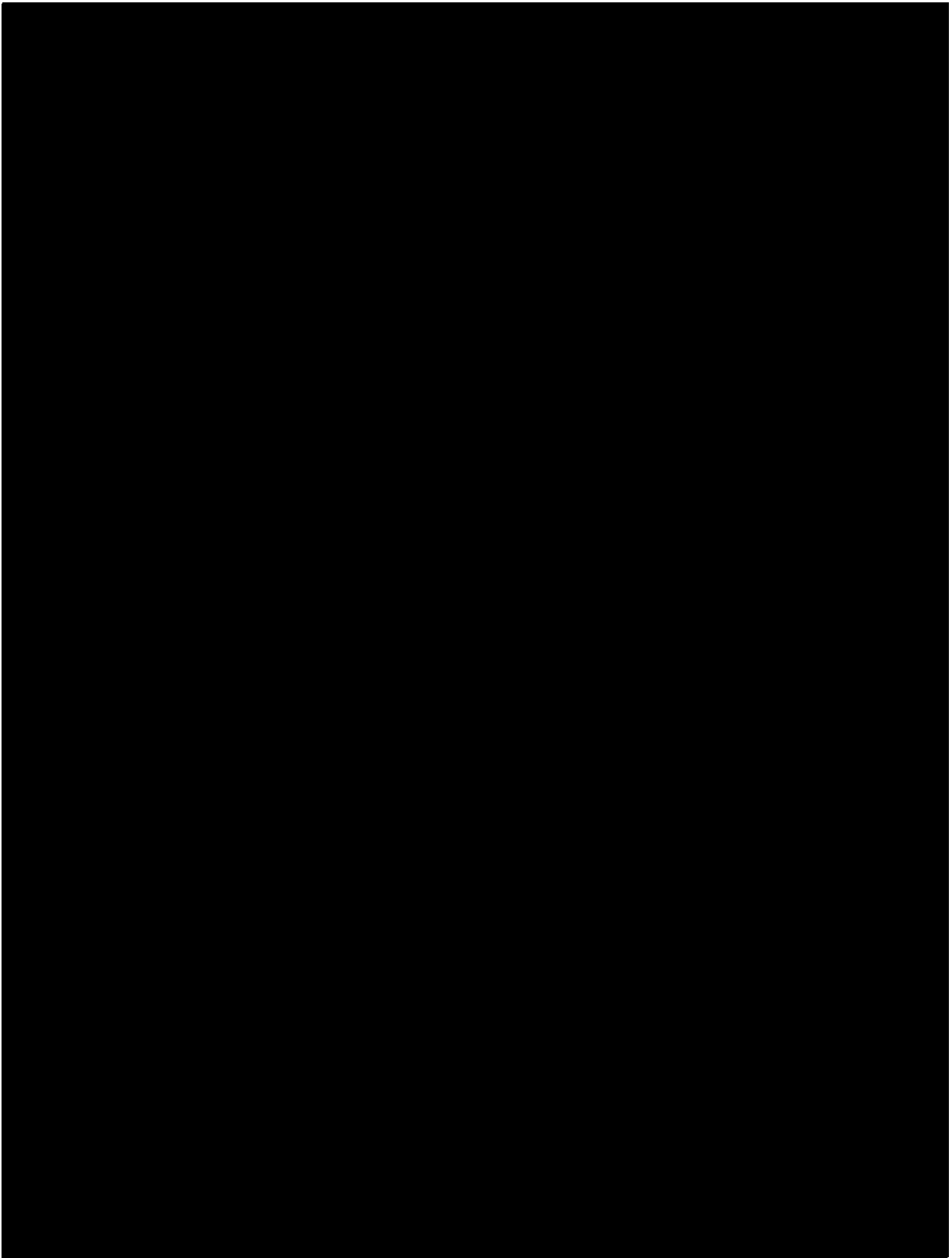
5. Interference.



If to Landlord, to:

With a copy to:





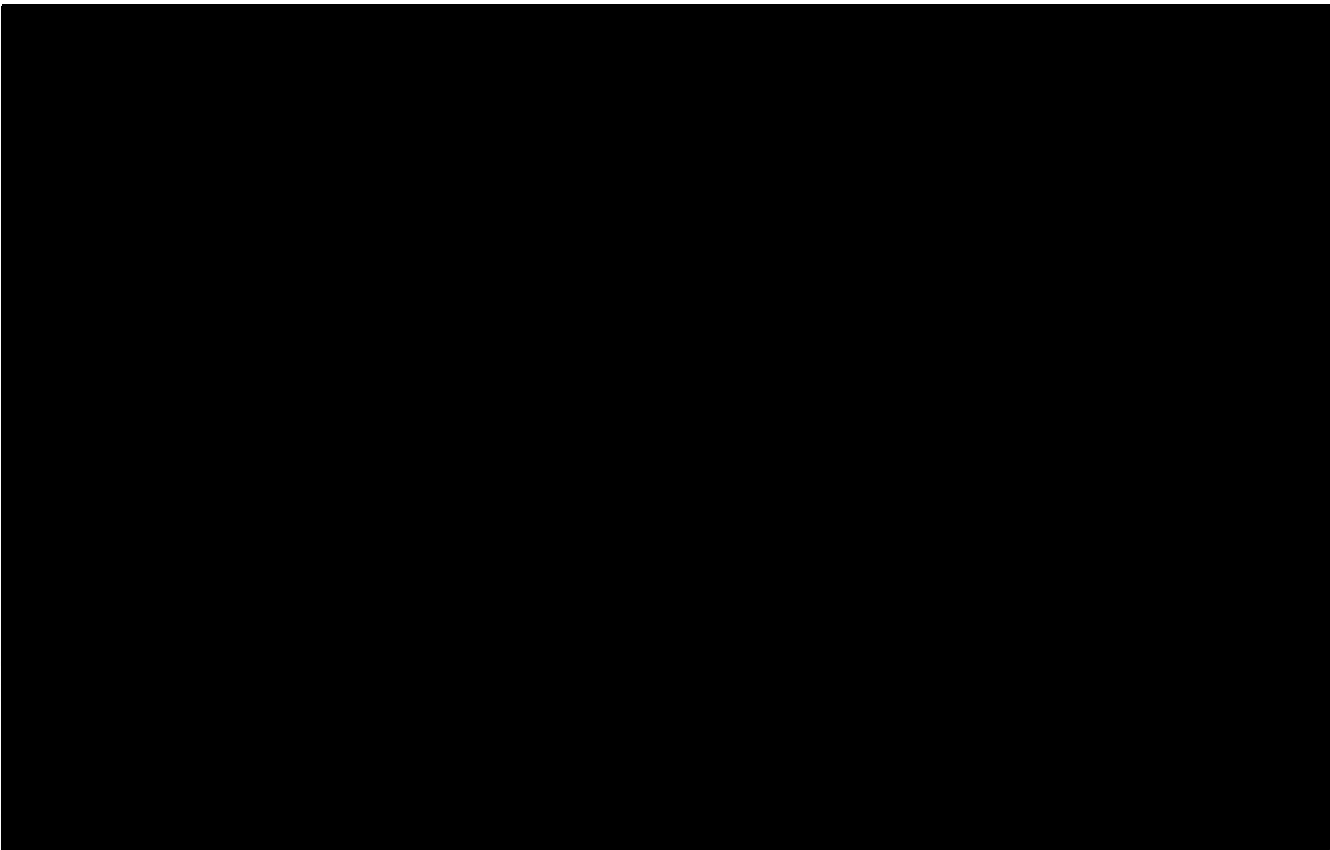
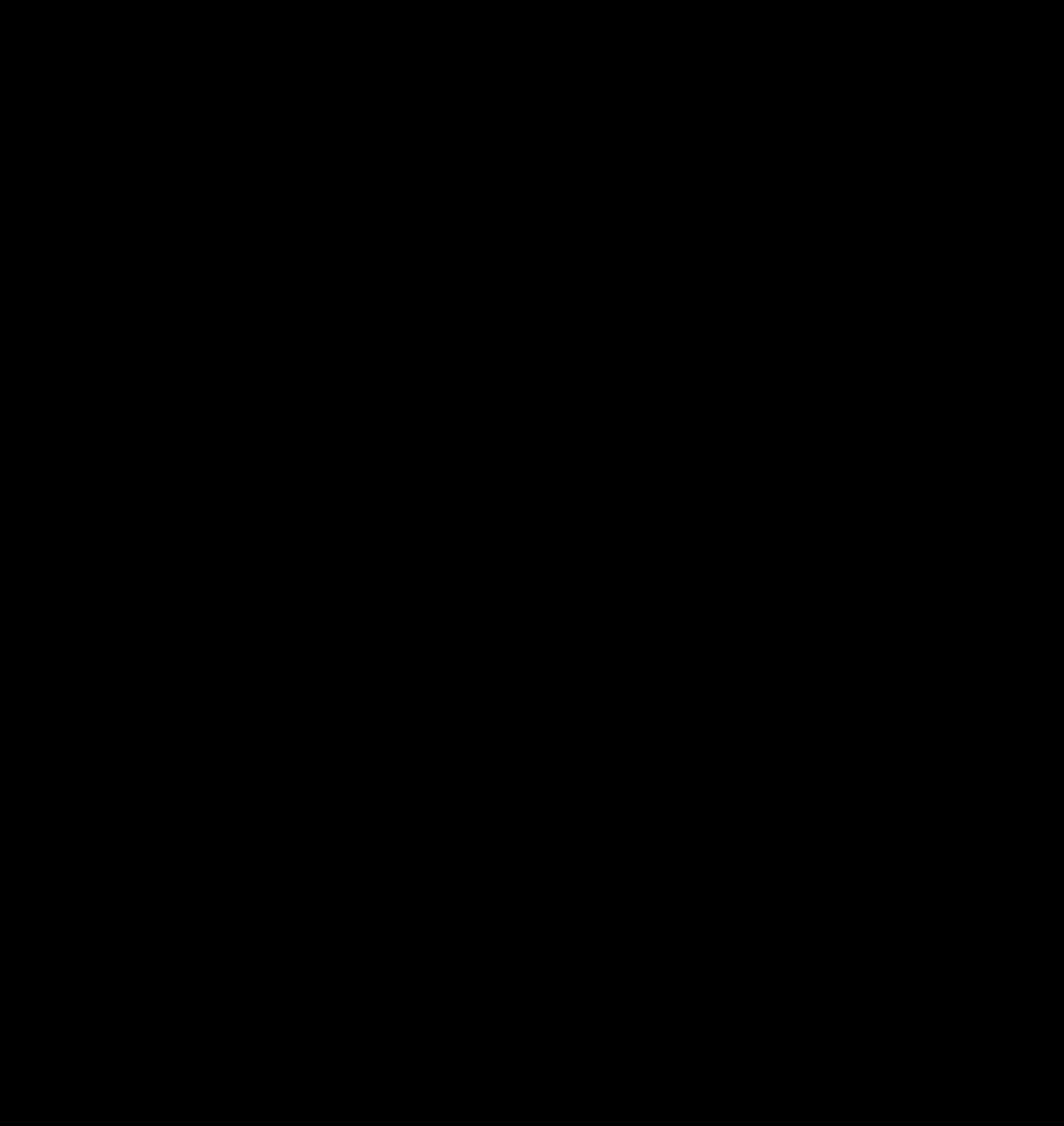


EXHIBIT A

CONFIDENTIAL
EX-100
P. 100

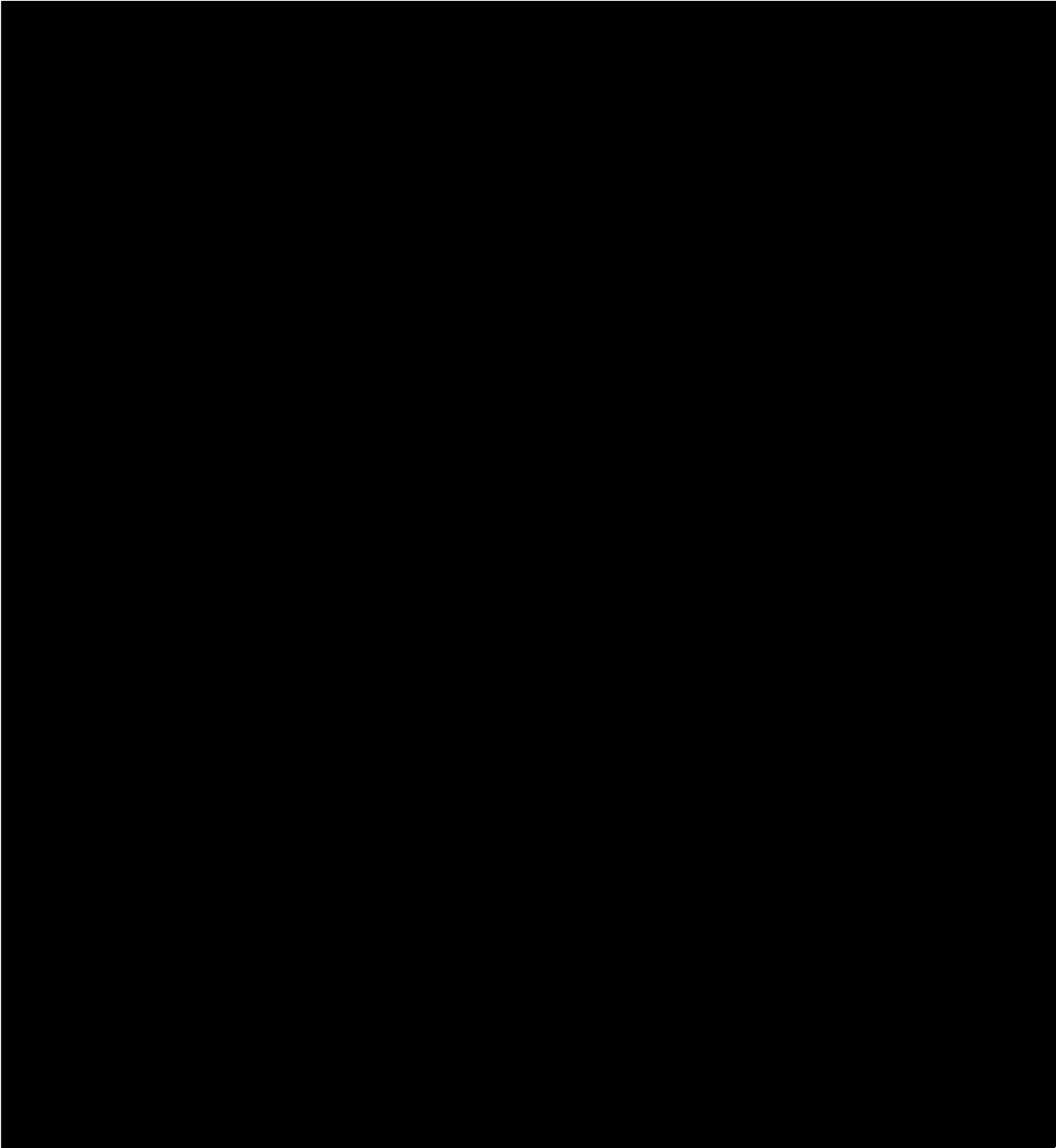
812-1
11-1
P. 100



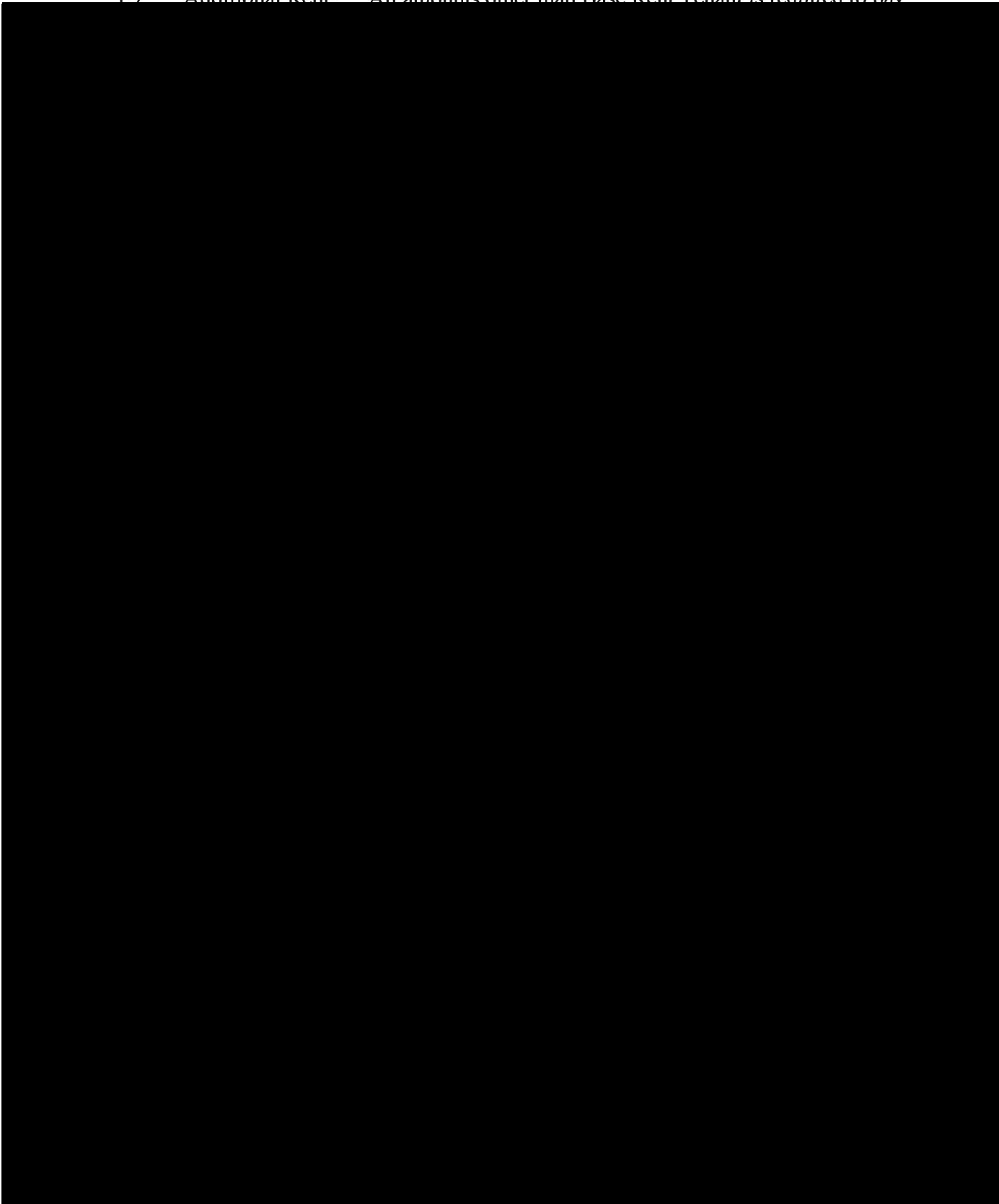
CONFIDENTIAL

EXHIBIT B

LEASE AGREEMENT

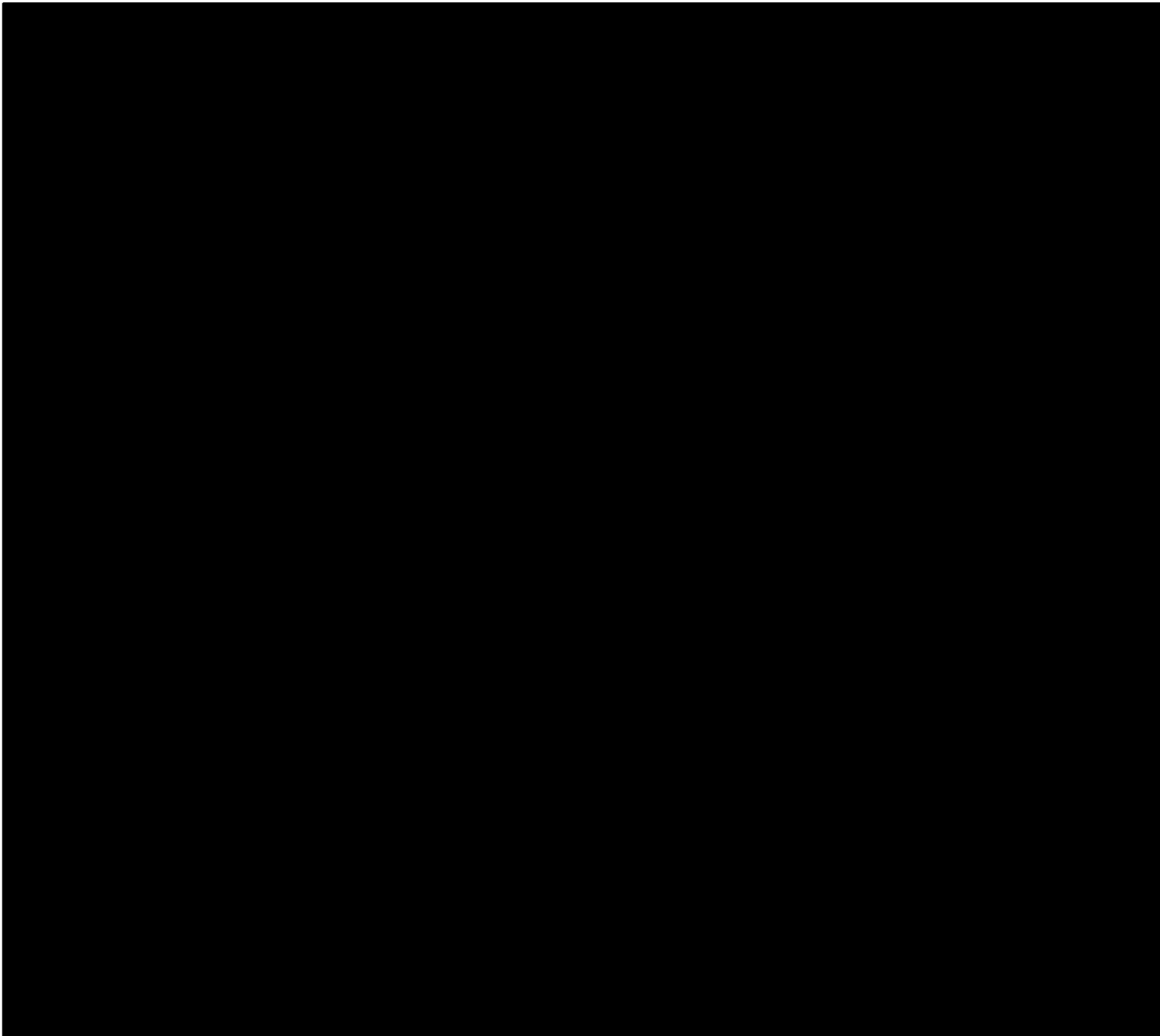


1.7 Additional Rent: All amounts other than Base Rent Tenant is required to pay

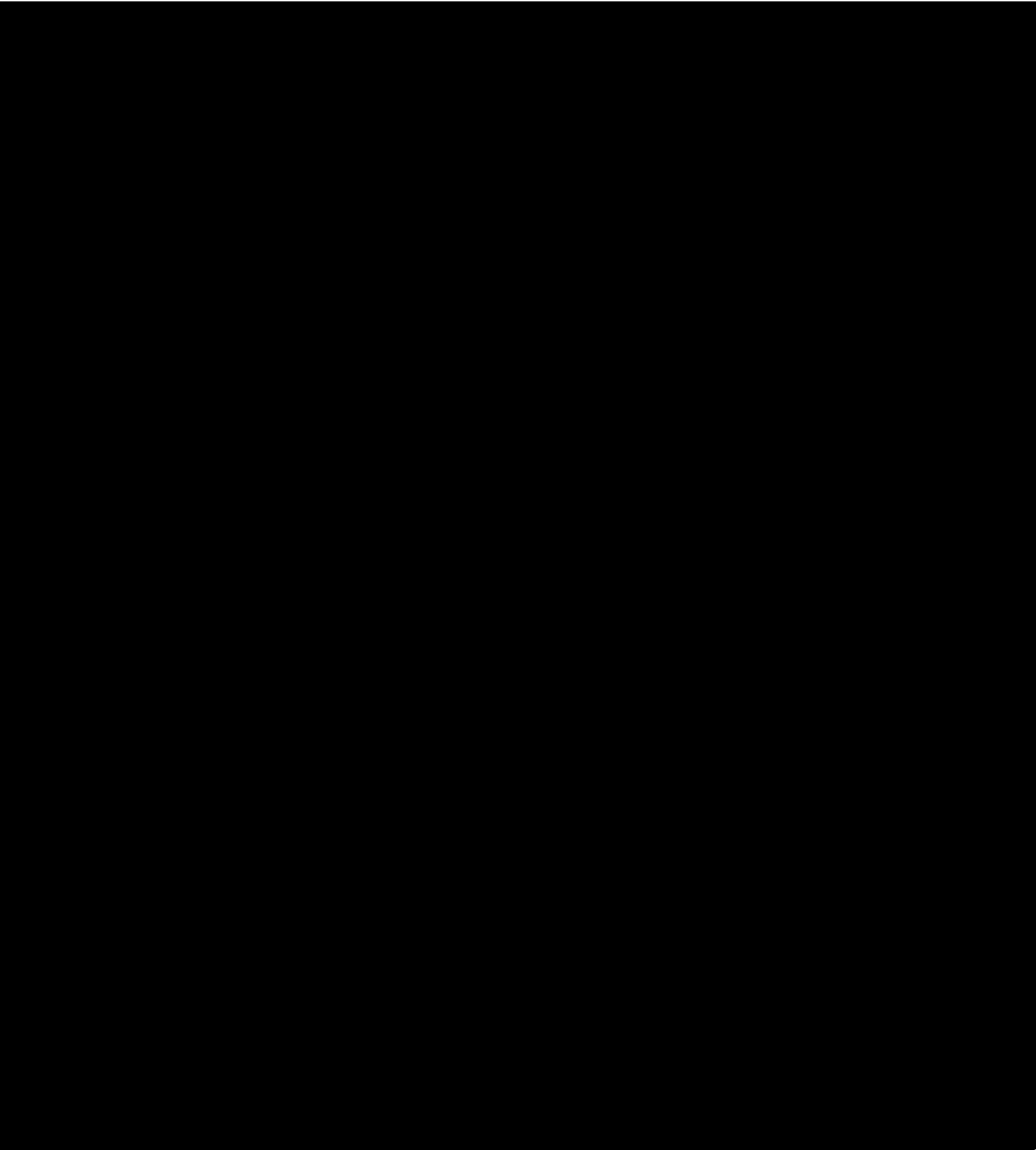


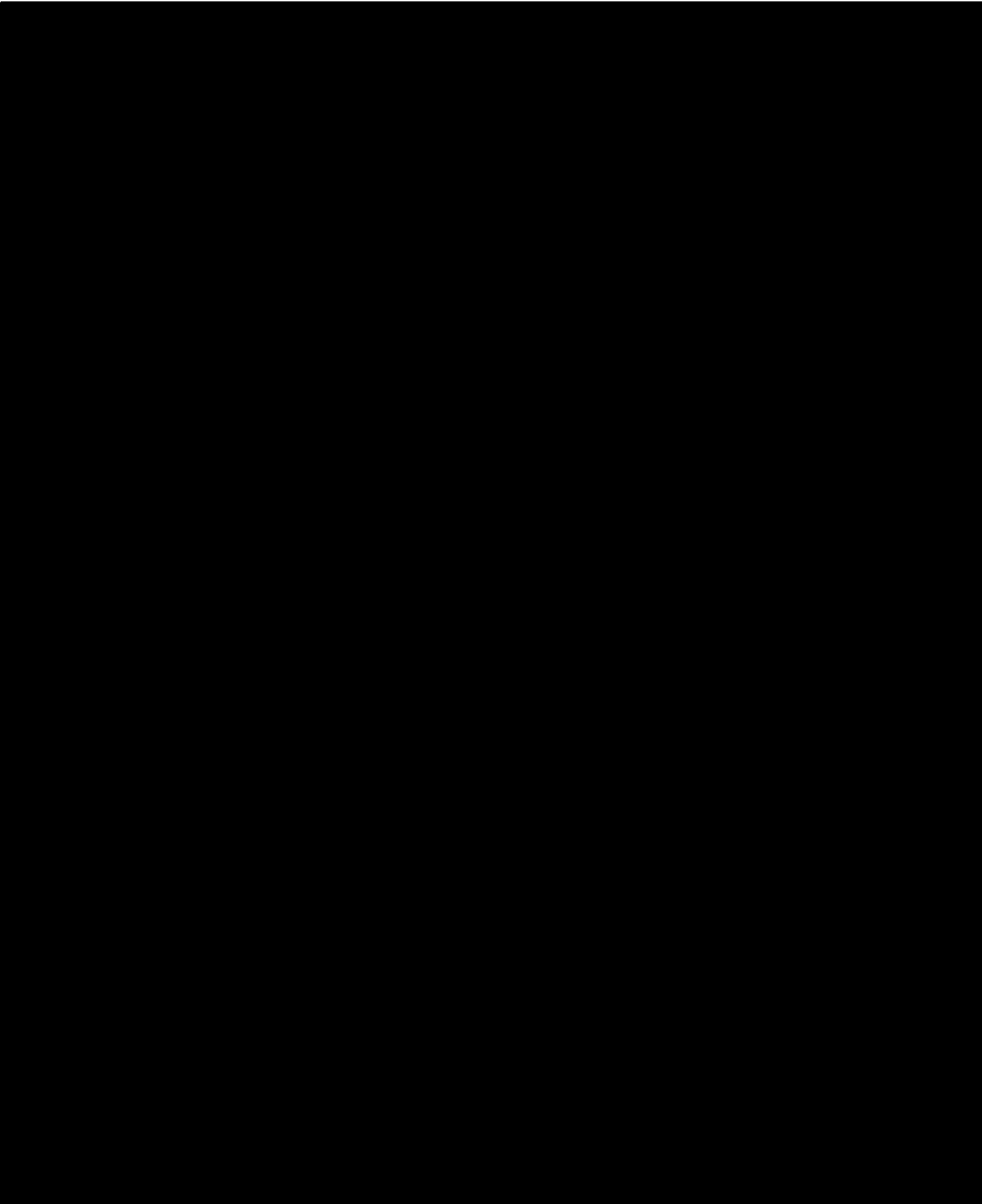
Tenant fails to give such notice, then this Lease shall terminate on the Termination Date or the applicable Renewal Termination Date.

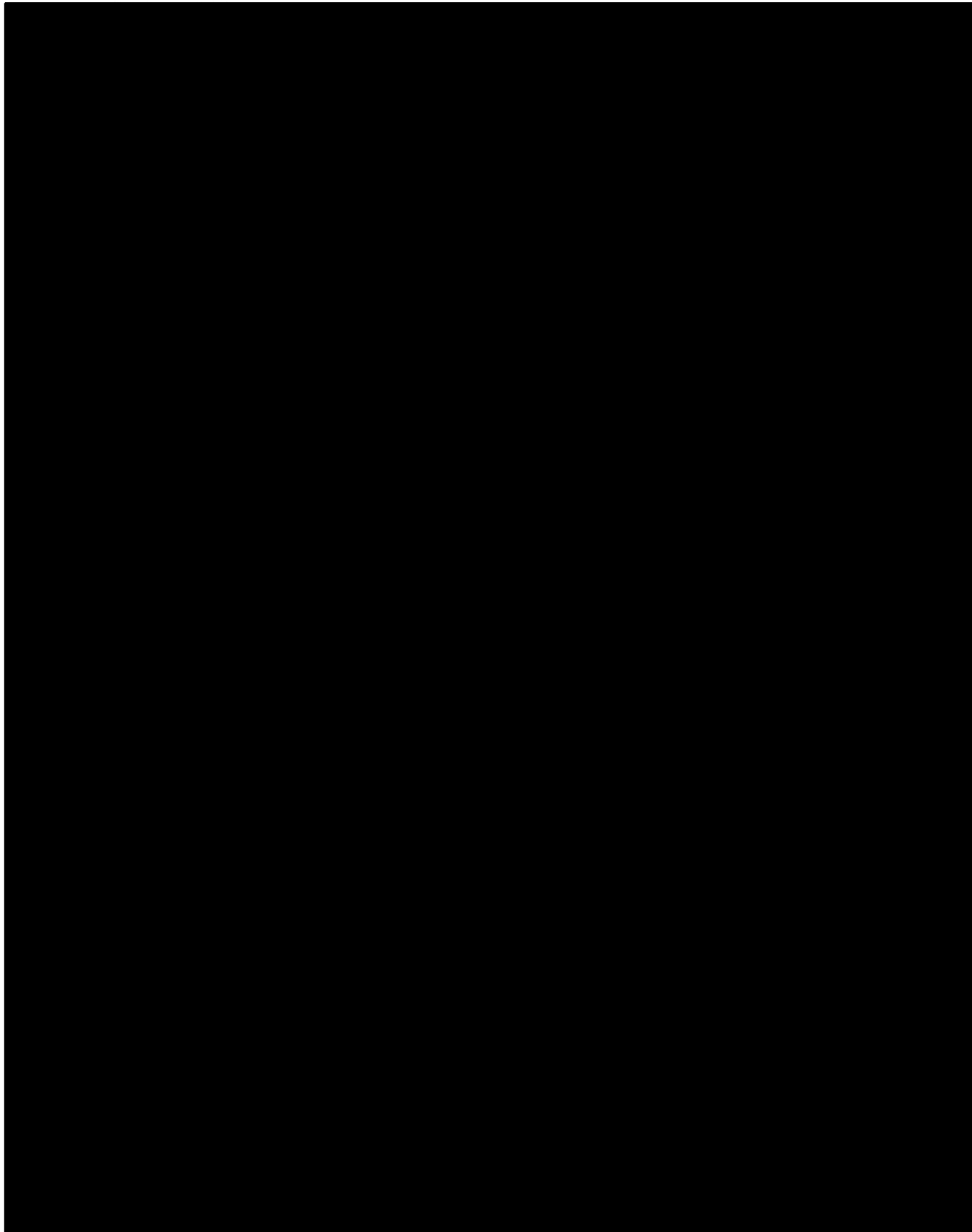
4. RENT

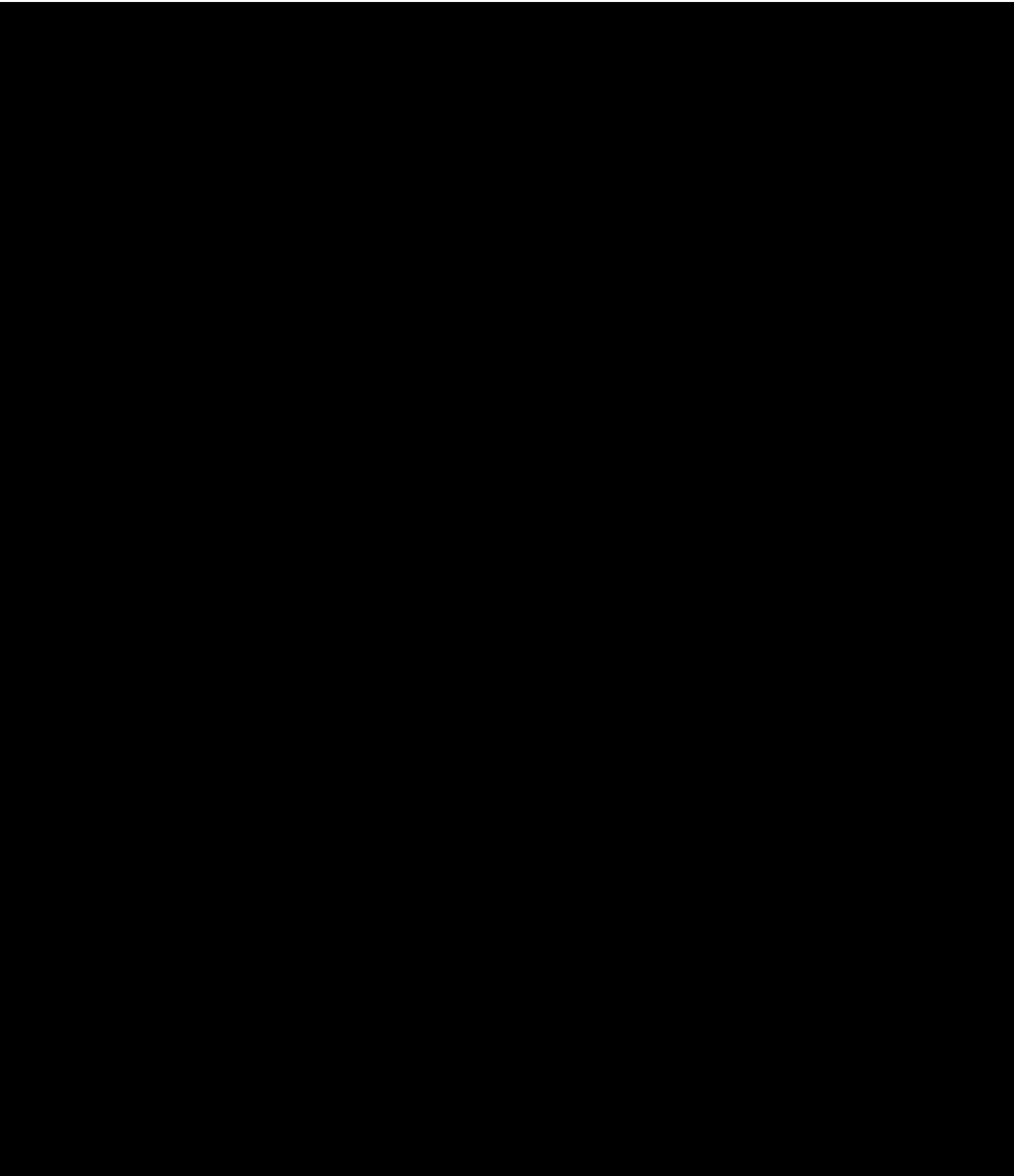


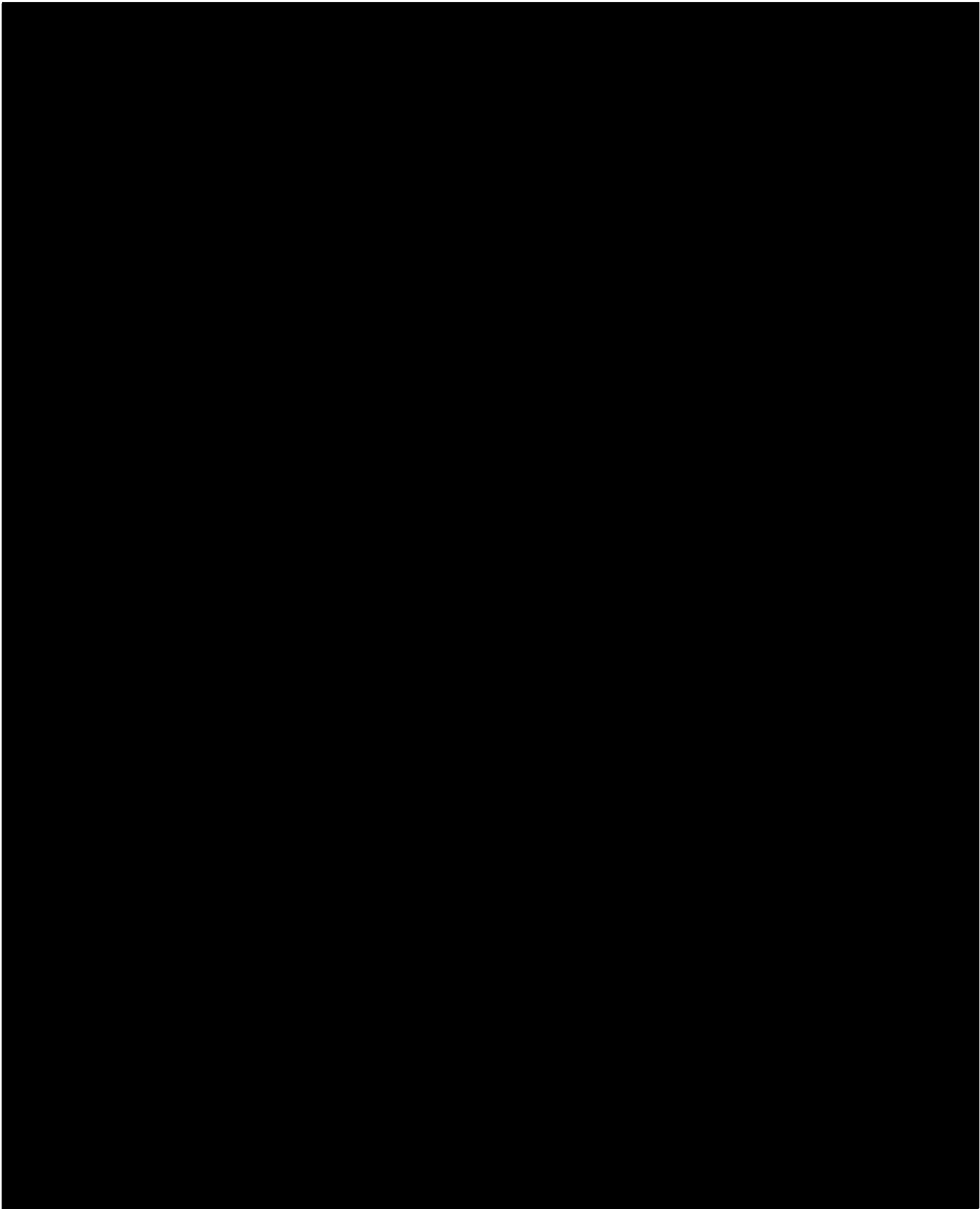
6. TAXES

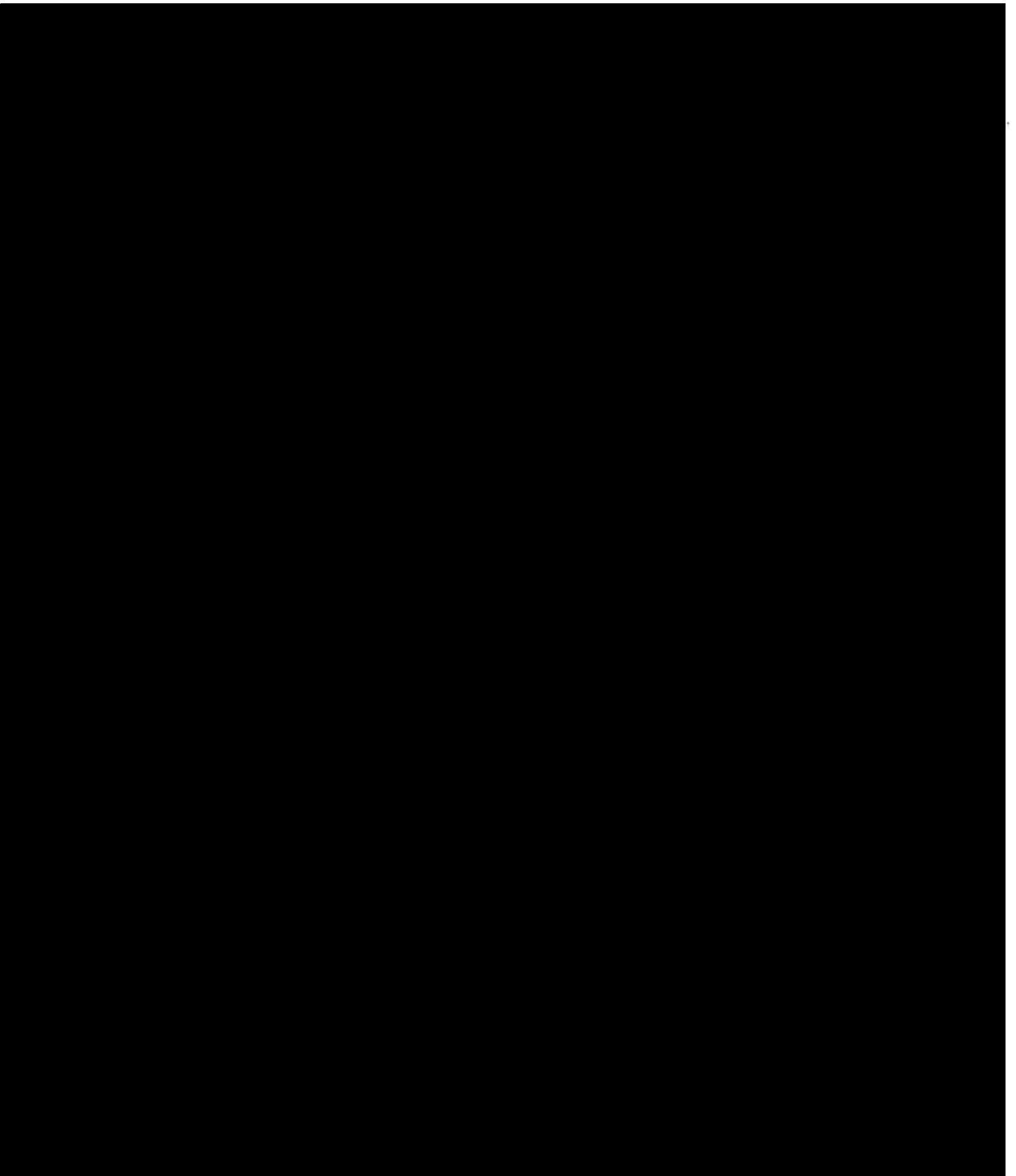


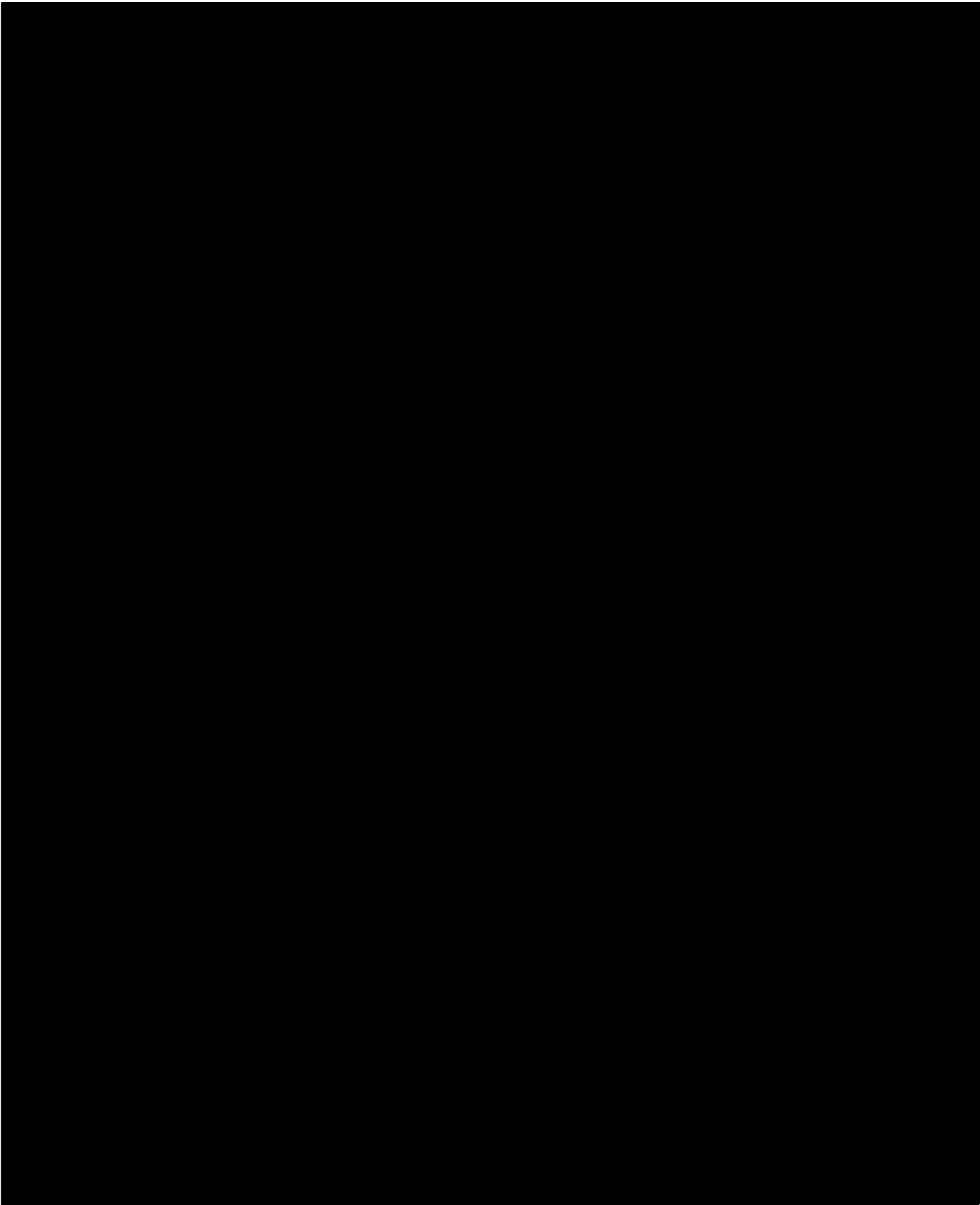


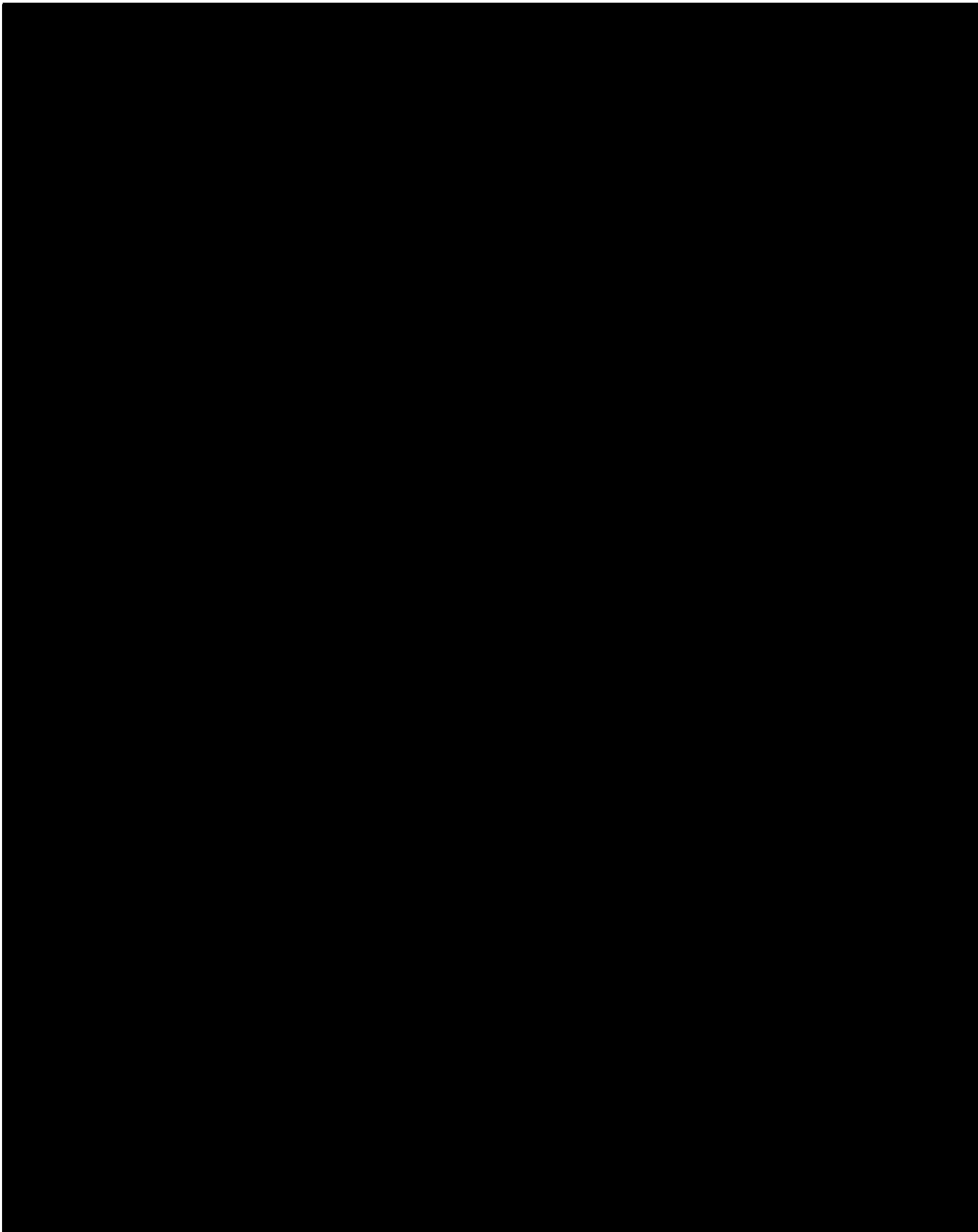


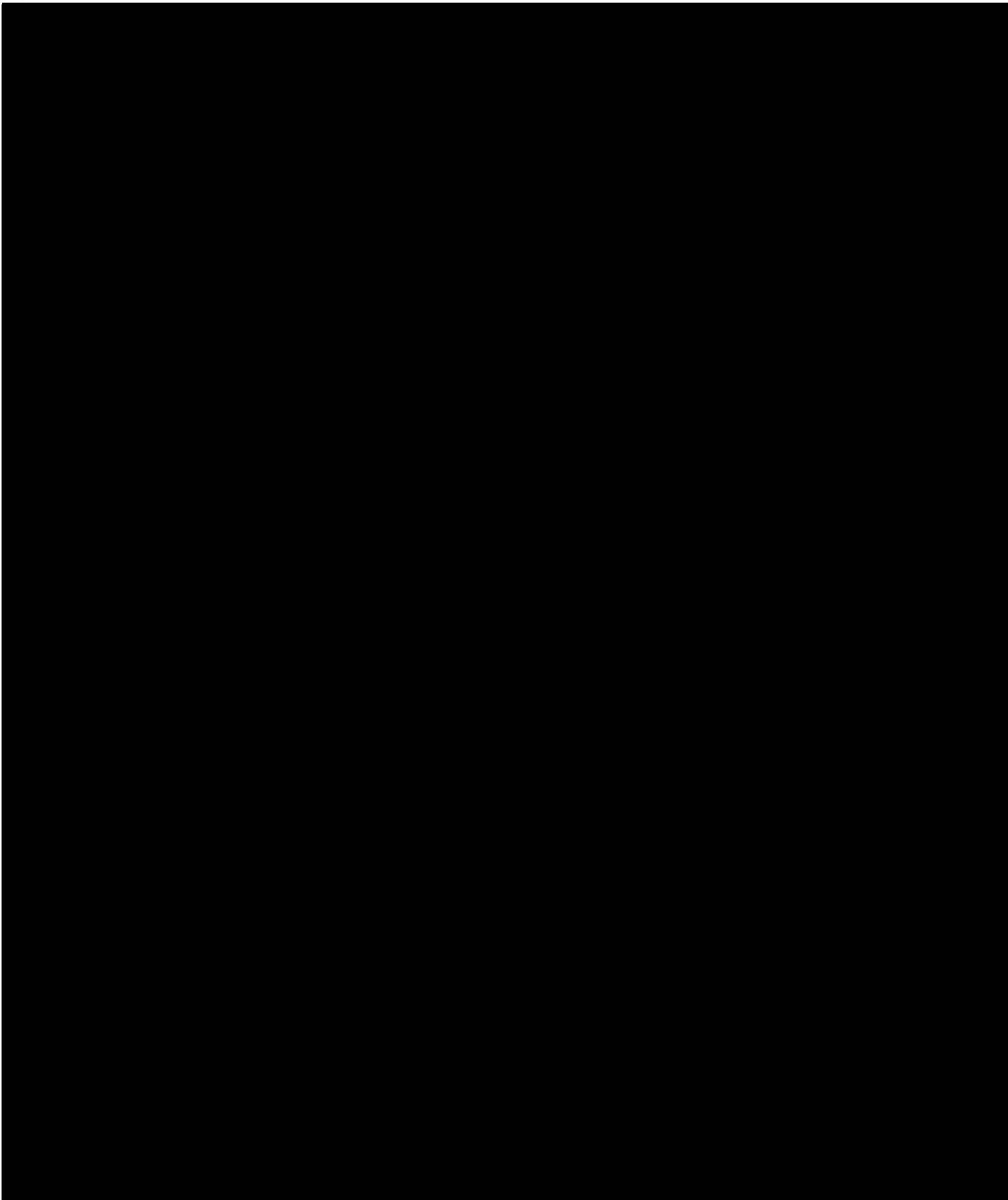


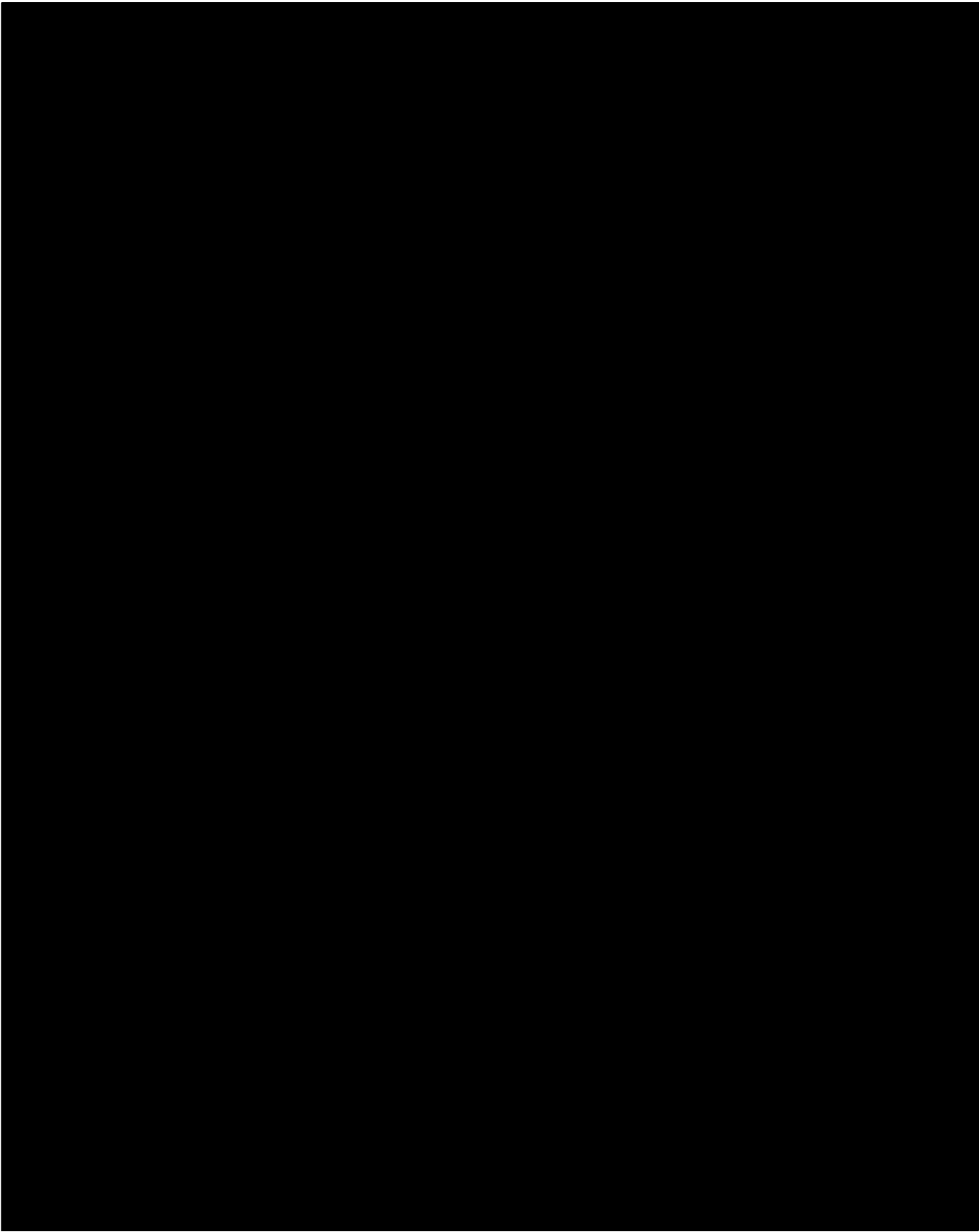


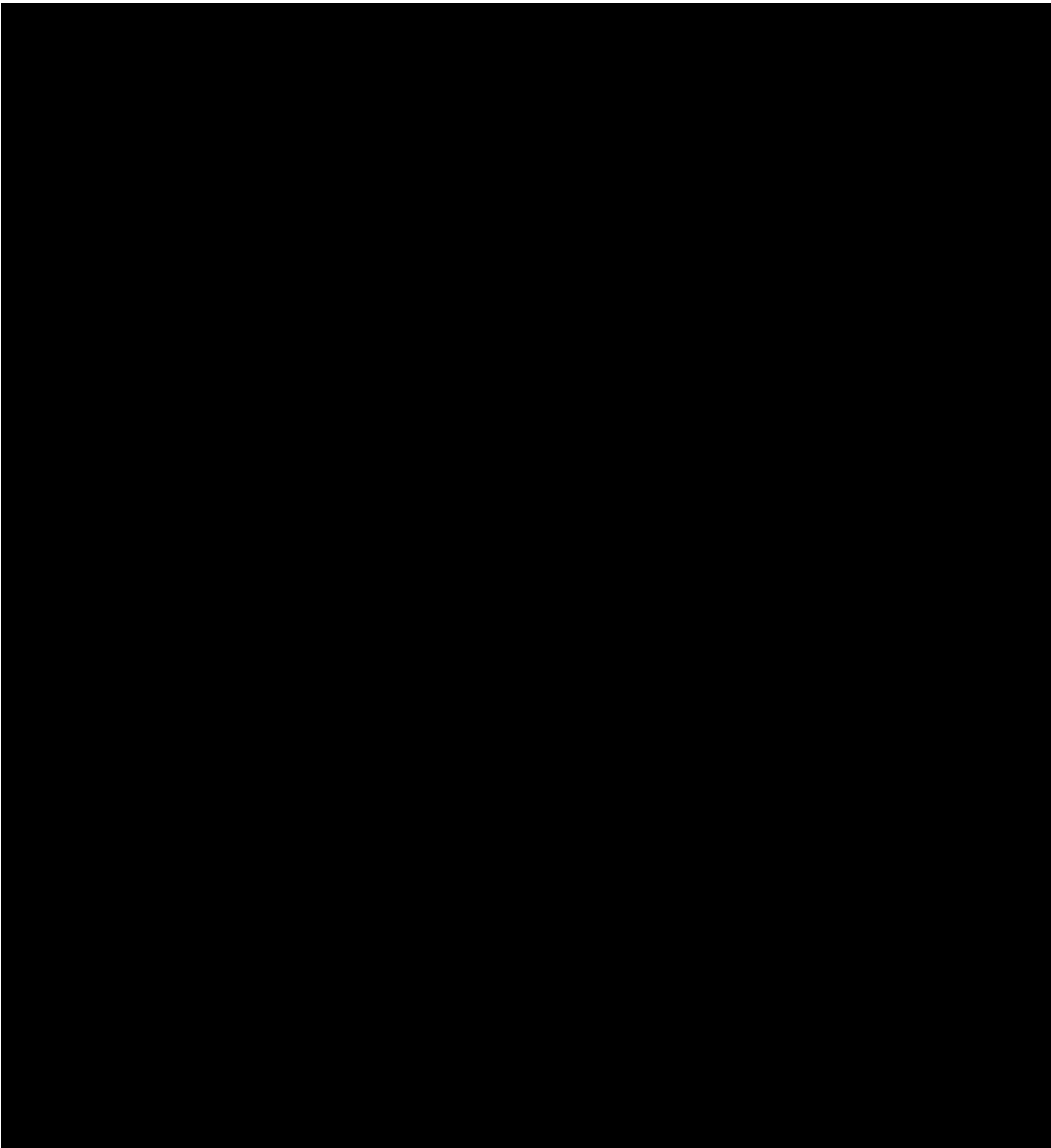


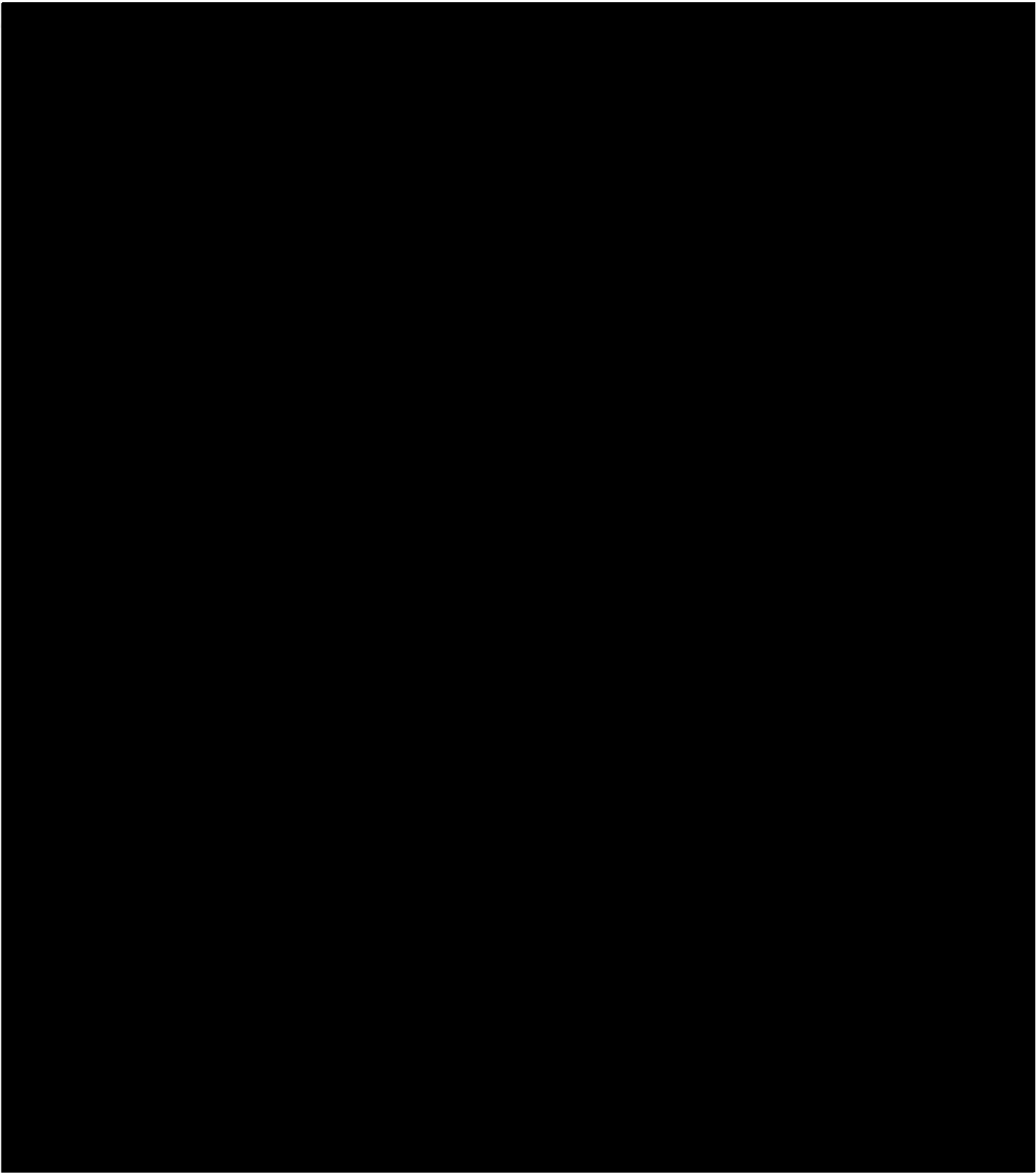












Appendix A.1.3
Dispensary Facility Backer Information Forms
(Appendices B)



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:						
<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Backer: Thomas P. Macre, Sr.						
3. Trade Name of Backer (if applicable):						
4. Street Address (including Apartment or Suite #): 158 Laurel St.						
5. City: West Haven				6. State: CT	7. Zip Code: 06516	
8. Daytime Telephone Number: (203) 298-0677		9. Fax Number: (203) 298-9899			10. E-mail Address: tmacre1@gmail.com	

Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):	12. Percentage of ownership 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): 08 / 12 Expiration Date (month/year): 08 / 15	15. Type: CT Medical Assista [REDACTED]	16. Number: [REDACTED]
17. State CT	18. Issue Date (month/year): 04 / 13 Expiration Date (month/year): 12 / 13	19. Type: Ethics Lobbyist Reg.	20. Number: [REDACTED]

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:



Thomas Mace

27. Date Signed:

08/10/2015

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:



Thomas Mace

29. Date Signed:

08/10/2015



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Kaitlin M. King

3. Trade Name of Backer (if applicable):

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

212 E. Bergen Pl.

5. City:

Red Bank

6. State:

NJ

7. Zip Code:

07701

8. Daytime Telephone Number:

(203) 430-6166

9. Fax Number:

10. E-mail Address:

kaitlinmacre@gmail.com

Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):

12. Percentage of ownership 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 MD	14. Issue Date (month/year): 07 / 2008 Expiration Date (month/year): 06 / 13	15. Type: Maryland Educator	16. Number: [REDACTED]
17. State	18. Issue Date (month/year): / Expiration Date (month/year): /	19. Type:	20. Number:

Section D: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section E: Criminal Actions

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

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



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Section F: Criminal Background Check

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

26. Signature:



Thomas Macre

27. Date Signed:

9/14/15

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.

28. Signature:



Thomas Macre

29. Date Signed:

9/14/15



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

Patricia C Whitlock

3. Trade Name of Backer (if applicable):

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

417 Ridge Road

5. City:
Orange

6. State:
CT

7. Zip Code:
06477

8. Daytime Telephone Number:
(203) 824-4174

9. Fax Number:
(203) 288-3594

10. E-mail Address:
design.spec@snet.net

Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):	12. Percentage of ownership interest



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Section C: Licenses, Permits and Registrations

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

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

Section D: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.

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

Yes No

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

Section E: Criminal Actions

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

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



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Section F: Criminal Background Check

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

26. Signature:

27. Date Signed:

7/30/2015

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:

29. Date Signed:

7/30/2015



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Thomas P. Macre Jr.

3. Trade Name of Backer (if applicable):

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

42 Naugatuck Ave.

5. City:
Milford

6. State:
CT

7. Zip Code:
06460

8. Daytime Telephone Number:
(203) 430-3525

9. Fax Number:
(203) 298-9899

10. E-mail Address:
tmacre42@gmail.com

Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):

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

Section D: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section E: Criminal Actions

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

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



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Section F: Criminal Background Check

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

26. Signature:

K. King

27. Date Signed:

9/2/2015

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:

K. King

29. Date Signed:

9/2/2015

Appendix A.1.4
Directors, Owners, Etc. Background Information Forms
(Appendices C)



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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 P. Macre, Sr.			
2. Street Address (including Apartment or Suite #): 158 Laurel St.			
3. City: West Haven		4. State: CT	5. Zip Code: 06516
6. Title: Member, Owner		7. Telephone Number: (203) 298-0677	8. E-mail Address: tmacre1@gmail.com
9. Date of Birth: [REDACTED]		11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	

Section B: Employment Information			
12. Current or Most Recent Employer: MedTech Healthcare Solutions		13. Date of Employment: Start Date: 02 / 01 / 09 End Date: : / /	
14. Employer Address (including Apartment or Suite #): 294 Racebrook Rd., #217			
15. City: Orange		16. State: CT	17. Zip Code: 06477
18. Telephone Number: (203) 298-0677		19. Fax Number: (203) 298-9899	20. E-mail Address: info@medtechhealthcare.com

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



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Section D: Marijuana Business Experience

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

Yes No

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

Yes No

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

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

Section E: Other Relevant Business Experience

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

Yes No

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

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

Section F: Licenses, Permits and Registrations

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

29. State	30. Issue Date (month/year):	08 / 12	31. Type:	32. Number:
CT	Expiration Date (month/year):	08 / 15	CT Medical Assistan	[REDACTED]
33. State	34. Issue Date (month/year):	04 / 13	35. Type:	36. Number:
CT	Expiration Date (month/year):	12 / 13	Ethics Lobbyist Reg.	[REDACTED]



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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:



Thomas Mace

43. Date Signed:

8/10/2015



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:



Thomas Macie

45. Date Signed:

8/10/2015

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

Section D: Other Relevant Business Experience

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;

- MedTech, LLC.

Products or services offered;

- Durable Medical Equipment (Electrotherapy devices, cervical traction devices and spinal orthotics)
- Surgical Devices (Interstitial Microwave probes for tissue thermoablation)

The business location;

- 284 Racebrook Rd. # 217 Orange, CT 06477

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

Owner/Executive Director, October 2010-Current

Responsibilities:

- High-level decision making on behalf of the company, as it relates to the organization’s business, policies, and strategic direction
- Advisor to the Board of Directors
- Presides over the organization’s day to day operations, including but not limited to:
 - Patient focused provider of non-invasive medical devices and therapies utilized in the Pain management and Physical Rehabilitation markets

- Engaged in direct patient interaction to provide training and education on therapies
- In network partnerships with Medicare, Medicaid, and private insurance payers that focus on safe, efficacious, and cost effective delivery of therapies
- Sponsorship of Physician education programs aimed at:
 - Establishing proper patient selection criteria
 - Setting treatment protocols
 - Supporting intra-therapy dose titration and adjustment
 - Identifying safety, efficacy, and risk profiles
 - Facilitating therapy outcome assessment, and information sharing
- Sponsorship of Patient education programs aimed at:
 - Therapy awareness and training
 - Appropriate use discussion
 - Participating Physician community recognition

The dates of your association with the business;

- October 1, 2010 – Present

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

- Yes

Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and

- No

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

As owner and executive director of MedTech Healthcare Solutions, Thomas Macre has taken on the roles of directing, leading, and managing. As director he engages on a daily basis in high level decision making on behalf of the company, as it relates to the organization’s business, policies, and strategic direction. As leader, Mr. Macre advises the Board of Directors and motivates and educates his employees. Further, as manager, he presides over the day to day operations of the organization. He will carry out similar functions as the owner and executive director of C-3.

Through his past business experience and experience with MedTech, Thomas has developed strong relationships with both patients and health care professionals. His practical knowledge in the field of non-invasive pain management and rehabilitation services have given him tremendous insight into the patients experience with debilitating chronic and acute health conditions. It is this insight that has led Mr. Macre to apply for a dispensary license. He believes in dispensing quality, pharmaceutical grade medical marijuana that can be used by patients like any other pharmaceutical drug. Thomas Macre has invaluable experience with and compassion for patients that qualify for the medical marijuana program.

This experience and compassion has and will be integrated into the structure, philosophy and operation of the C-3.



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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): Kaitlin M. King		
2. Street Address (including Apartment or Suite #): 212 E. Bergen Pl.		
3. City: Red Bank	4. State: NJ	5. Zip Code: 07701
6. Title: Member	7. Telephone Number: (203) 430-6166	8. E-mail Address: [REDACTED]
9. Date of Birth: [REDACTED]	10. Social Security Number: [REDACTED]	11. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Section B: Employment Information

12. Current or Most Recent Employer: C-3 Ventures, LLC		13. Date of Employment: Start Date: 09 / 01 / 13 End Date: : / /	
14. Employer Address (including Apartment or Suite #): 284 Racebrook Rd., #217			
15. City: Orange		16. State: CT	17. Zip Code: 06477
18. Telephone Number: (203) 298-0677	19. Fax Number: (203) 799-3871	20. E-mail Address: info@medtechhealthcare.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.



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



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Section G: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section H: Criminal Actions

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

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

Section I: Criminal Background Check

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

42. Signature:



Thomas Macre

43. Date Signed:

9/14/15



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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:



Thomas Macre

45. Date Signed:

9/14/15

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

Section D: Other Relevant Business Experience

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;

- MedTech, LLC.

Products or services offered;

- Durable Medical Equipment (Electrotherapy devices, cervical traction devices and spinal orthotics)
- Surgical Devices (Interstitial Microwave probes for tissue thermoablation)

The business location;

- 284 Racebrook Rd. # 217 Orange, CT 06477

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

- Therapy Consultant (2010 – Present)

Responsibilities:

1. Present and sell company products and services to current and potential clients.
2. Educating patients on the safe and effective use of their prescribed medical equipment.
3. Developing effective treatment plans to optimize patient outcomes.
4. Provide on-going communication and support to physicians and patients/caregivers to ensure ongoing measurable patient outcomes.
5. Responsible for obtaining all necessary documentation and medical records for insurance verification and claim submission.
6. Prepare in-service presentations, proposals and sales contracts.

7. Develop and maintain sales materials and current product knowledge.
8. Establish and maintain current client and potential client relationships.
9. Communicate new product and service opportunities, special developments, information, or feedback gathered through field activity to appropriate company staff.
10. Coordinate company staff to accomplish the work required to close sales.

• Sales Manager (2012 – Present)

Responsibilities:

1. Responsible for obtaining profitable results through direct sales efforts.
2. Product development and procurement based on market research and client's needs.
3. Management of all sales administration functions, sales targeting and performance reporting, streamlining processes and systems wherever possible, and advising on maximizing business relationships and creating a strategic sales program where customer service can flourish.
4. Responsible for managing the sales team, developing a business plan covering sales, revenue, and expense controls, meeting agreed targets, and promoting the organization's presence throughout Connecticut.
5. Assisting in developing the company's marketing plan, specifically advising on realistic forecasts for each product and territory.
6. Ensure that all sales representative activities are in accordance with applicable state and U.S. healthcare laws.
7. Responsible for the planning, recruitment, and control of sales representatives to accomplish specific objectives.
8. Responsible for monitoring the performance of the sales team by establishing a system of reports and communications and personally observe the performance of medical representatives in the field on a regular basis.
9. Provide high standards of ongoing training for the medical representatives so that they possess sufficient medical and technical knowledge to present information on the company's products in an accurate and balanced manner.
10. Provide assistance in medical claim submission, and streamlining billing processes.
11. Supply chain management of all medical equipment supplies, streamlining product shipping processes, responding to client's needs and managing vendor relations and contracts.

The dates of your association with the business;

- (June 1, 2010 – Present)

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

- Yes

Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and

- No

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

- The applicant and I started MedTech, LLC. in 2010 immediately following my college graduation. We entered into a highly competitive and established medical device market, and due to the applicants experience and expertise, were able to quickly and successfully gain market presence. We offered physicians and their patients specialized electrotherapy equipment and set-up instruction which boosted patient outcomes and allowed for a multi-modal approach to the treatment of chronic pain.

The applicant and I have helped providers develop treatment plans for their patients and worked one-on-one with each patient/client to ensure proper training and education on the safe and effective use of their prescribed medical equipment. As a Therapy Consultant, I had the experience of interacting with patients one-on-one and learning of their struggles in coping with such difficult diagnoses. The applicant and I partnered with providers to look towards a holistic approach to pain management and physical rehabilitation that helped empower the patient through the use of non-pharmacological alternative means.

Following the rapid growth of MedTech, I was led to hire and train additional Therapy Consultants to help serve the medical providers and their patient's needs. I was promoted to Sales Manager and have been responsible for growing the company's market size, product line, and customer base. In addition to leading company sales efforts; I have also organized, managed, and overseen company operations and processes.

I have been extremely fortunate to work alongside the applicant in the very challenging and ever-changing medical market place. I have learned from the applicant the value of patient-focused care and have developed training programs within the company based on these interactions and experiences. Through the applicant's vision and hard-work we have been able to assist in elevating the standards of care throughout Connecticut's healthcare community by providing the necessary tools to administer safe, effective and informed healthcare options.

The applicant's medical industry knowledge combined with his honesty, dedication and professionalism sets him high above the competition in any emerging medical market. I am confident that his invaluable insight into the healthcare industry, along with his ability and experience in organizing outstanding professional teams, will prove his qualifications for Connecticut's Medical Marijuana Program and the Department's evaluation of the RFA response.



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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): Patricia C Whitlock				
2. Street Address (including Apartment or Suite #): 417 Ridge Road				
3. City: Orange			4. State: CT	5. Zip Code: 06477
6. Title: Member		7. Telephone Number: 799-2858		8. E-mail Address: design.spec@snet.net
9. [Redacted]			11. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

Section B: Employment Information		
12. Current or Most Recent Employer: Design Specialties, Inc		13. Date of Employment: Start Date: 09 /01 / 94 End Date: : / /
14. Employer Address (including Apartment or Suite #): 1890 Dixwell Ave Suite 200		
15. City: Hamden		16. State: CT
18. Telephone Number: (203) 288-3587		17. Zip Code: 06514
19. Fax Number: (203) 288-3594		20. E-mail Address: design@duralux4you.com

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



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Section 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:

7/30/2015



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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:

7/30/2015

The business name: Design Specialties, Inc
Products or services offered: Reusable, Plastic Tableware Products for Institutional use
The business location: 1890 Dixwell Ave, Hamden, CT 06514

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

1994 – 2000 Assistant to the President

Assisted the president with all aspects of the business including product design, sales and marketing. The office did not have computers or office management software. I implemented their accounting package, database, word processing and spreadsheet software. In November, 1998, the president died unexpectedly. I continued assisting the acting president but was more involved in decisions.

2001 – Present

In 2001, I purchased 50% and my current partner purchased 50% of shares for Design Specialties, Inc. My partner is primarily responsible for the physical manufacturing of our products. I am responsible for all other aspects of the business. These responsibilities include

- All Management decisions
- Office Management
 - Computers
 - Software
 - Telephone
 - Personnel
- Sales
 - Work directly with customers
 - Manage 5 salespeople plus distributors
 - Pricing
- Customer Service
 - Understand any product problems
 - Work with manufacturer to provide best solution
- Marketing
 - Website
 - Trade Shows
 - Advertising
 - Samples
 - Sales Visits
- Inventory Management
- Product shipping
- Product design
 - Determine need for new product
 - Design and testing new products
 - Find and test new materials
- Financial
 - Establish budget
 - Forecast sales in each territory
 - Work with partner on all financial decisions
- Work with Manufacturer
 - I am not responsible for the physical manufacturing but am actively involved in scheduling decisions, materials, process to make products, etc.

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

I have experience running an entire business. I understand the importance of quality products, and excellent customer service. It is important that Design Specialties does not just provide product but adds

value to their food service operation. I listen to our customers and am always looking for new and better products. I take great pride with our products and customer service.

I value my employees and make sure each employee recognizes their importance on our team. I encourage my employees to continue learning new skills. We meet regularly and always discuss how to improve procedures. My door is always open and I accept constructive criticism. All of my employees have been with the company for at least ten years.

As with any business, Design Specialties has had problems. I have experience dealing with all kinds of problems including defective material, scheduling, pricing, material shortages and collections. I have learned to understand the problem and take one step at a time to figure out a solution.

My experience as the president of a company enables me to appreciate that every person and every aspect of the business is important. I need every one of my employees to work as a team. Manufacturing is as critical as sales. My partner and I make financial decisions for the company. Despite the slow economy, our company is in a good financial situation.

Design Specialties, Inc is a Connecticut corporation in good standing. The company has never violated any laws or regulations.



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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 Pdraig Macre		
2. Street Address (including Apartment or Suite #): 42 Naugatuck Ave.		
3. City: Milford	4. State: CT	5. Zip Code: 06460
6. Title: VP of Dispensary Operations	7. Telephone Number: (203) 430-3525	8. E-mail Address: [REDACTED]
9. Date of Birth: [REDACTED]		11. Gender: <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Section B: Employment Information

12. Current or Most Recent Employer: MedTech, LLC.		13. Date of Employment: Start Date: 05 / 15 / 10 End Date: : / /	
14. Employer Address (including Apartment or Suite #): 284 Racebrook Rd. #217			
15. City: Orange		16. State: CT	17. Zip Code: 06477
18. Telephone Number: (203) 298-0677	19. Fax Number: (203) 799-3871	20. E-mail Address: info@medtechhealthcare.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.



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



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Section G: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section H: Criminal Actions

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

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

Section I: Criminal Background Check

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

42. Signature:

K. King

43. Date Signed:

9/2/2015



Medical Marijuana Program

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

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



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:

K. King

45. Date Signed:

9/2/2015

Appendix A.1.5
Dispensary Facility Manager Information Form (Appendix D)



Medical Marijuana Program

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



Appendix 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): <i>Rickey King</i>			
2. Home Address (including Apartment or Suite #): <i>115 Debbie Dr</i>			3. City: <i>Meriden</i>
4. State: <i>CT</i>	5. Zip Code: <i>06451</i>	6. Date of Birth: [REDACTED]	7. Telephone Number: <i>203 317 7395</i>
8. Social Security Num [REDACTED]			9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
10. E-mail Address: <i>rickking30@gmail.com</i>		11. Connecticut Pharmacist License Number: [REDACTED]	

Section B: Employment Information			
12. Current or Most Recent Employer: <i>Hartford Pharmacy</i>		13. Date of Employment: Start Date: <i>11/01/2014</i> End Date: <i>1/1 still there</i>	
14. Employer Address (including Apartment or Suite #): <i>469 Park St</i>			
15. City: <i>Hartford</i>		16. State: <i>CT</i>	17. Zip Code: <i>06106</i>
18. Daytime Telephone Number: <i>860 422 8888</i>	19. Fax Number: <i>860 422 8800</i>	20. E-mail Address: <i>HartfordRx@gmail.com</i>	

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



Medical Marijuana Program

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

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



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:



Rig King

26. Date Signed:

9/14/15

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:



Rig King

28. Date Signed:

9/14/15

APPENDIX D – DISPENSARY FACILITY MANAGER INFORMATION FORM
Question #23

EMPLOYMENT HISTORY RICKEY KING

Eden Pharmacy 1971-1979

- Started as a cashier/stock boy. Customer Service
- Became a pharmacy intern. Drugs, pharmacology
- When I got my pharmacy license there was no space for a 3rd pharmacist.
- Worked in Eden, NY
- No violations of laws and regulations

Brooks Pharmacy 1979-2008

- Worked in East Aurora, NY (79-83), West Hartford, CT (83), Wallingford, CT (84-92), North Branford, CT (92-94), West Haven, CT (95-97), Milford, CT (97-99), Wallingford, CT (99-08) Meriden and other locations in CT for vacations etc.
- Pharmacy management, insurance, data entry, customer service, training pharmacists, pharmacy interns, pharmacy tech's. Interacted with other health professionals. Pharmacology, compounding, pharmacy QA. Pharmacy mergers and by outs. Hiring, educating, consoling, inventory management and customer consultation.
- Rite Aid bought Brooks in 2008. My location in Wallingford closed and merged with the Rite Aid across the street.
- No violations of laws and regulations

Rite Aid 2008-2012

- Worked in Wallingford, CT (08-11) and Northford, CT (11-12).
- Immunization, customer service, insurance, data entry, QA
- Excess pharmacist at Rite Aid, needed to explore new pharmacy opportunities
- No violations of laws and regulations

Consulting 2012-present

- Pursuing Medical Marijuana Programs in CT, N.Y and FL.
- Networking, broadening my education. Helping others.
- Per-diem Pharmacist at Arrow Prescription Center (2013). Hartford Pharmacy in Hartford, Waterbury and Southbury (2014- present). AHS Pharmstat (Genoa Healthcare) throughout CT (2014-present), I was the Pharmacist of the Year 2014 for AHS Pharmstat. Peoples Pharmacy in North Haven (2015-present). A Per-diem pharmacist manages different locations on a daily basis
- No violations of laws and regulations

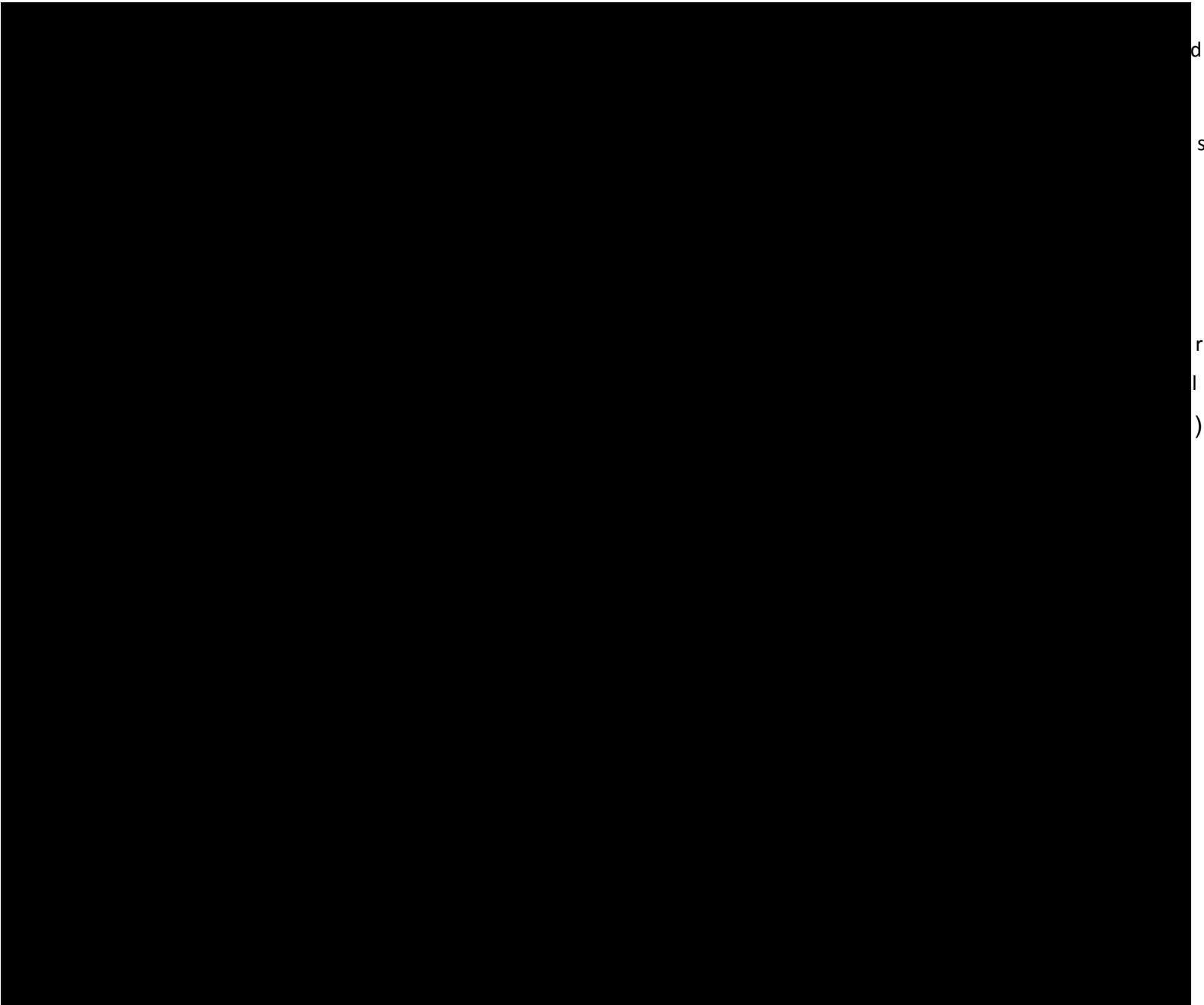
Appendix A.1.6
Security Plan

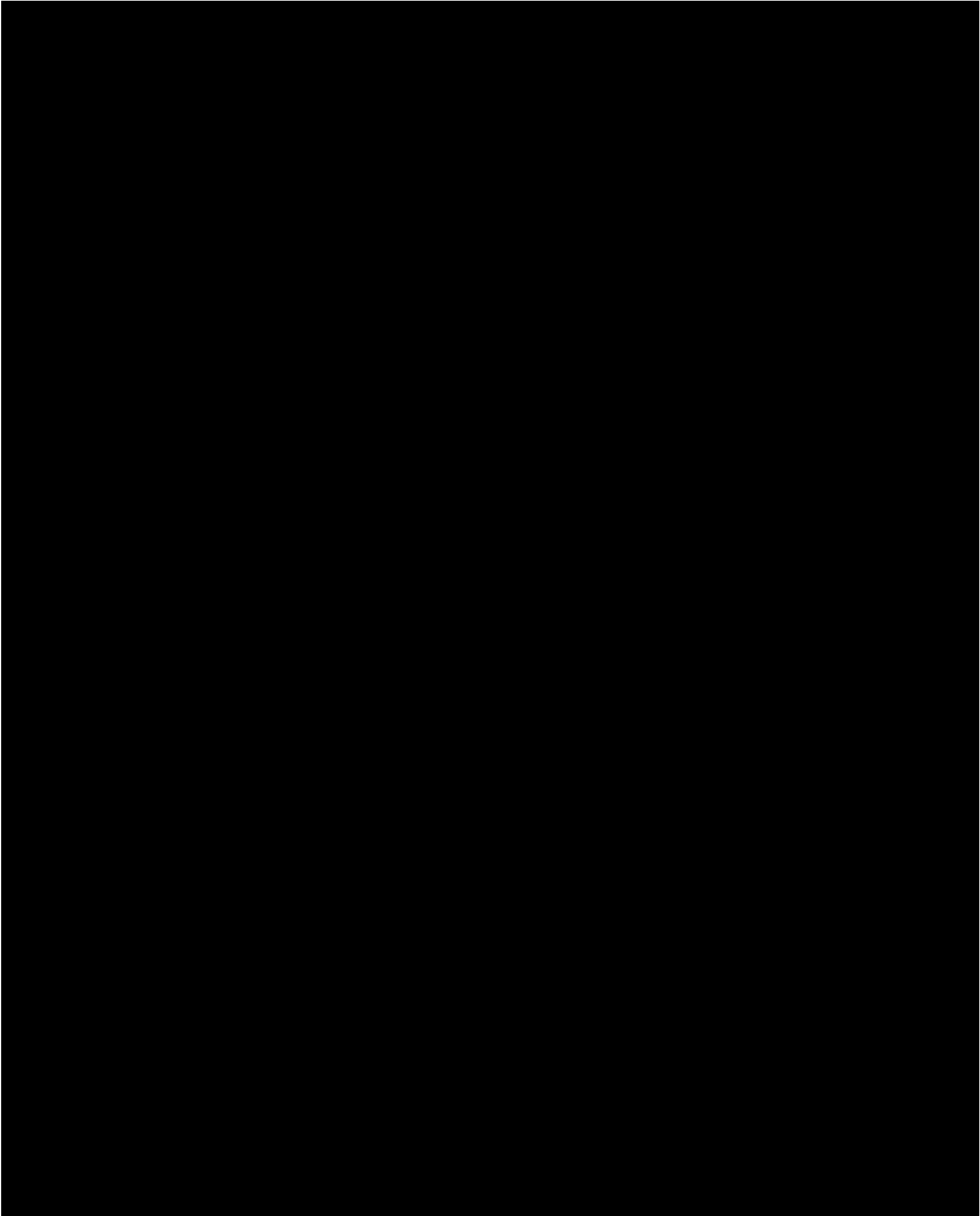
Security Plan C-3 Ventures, LLC

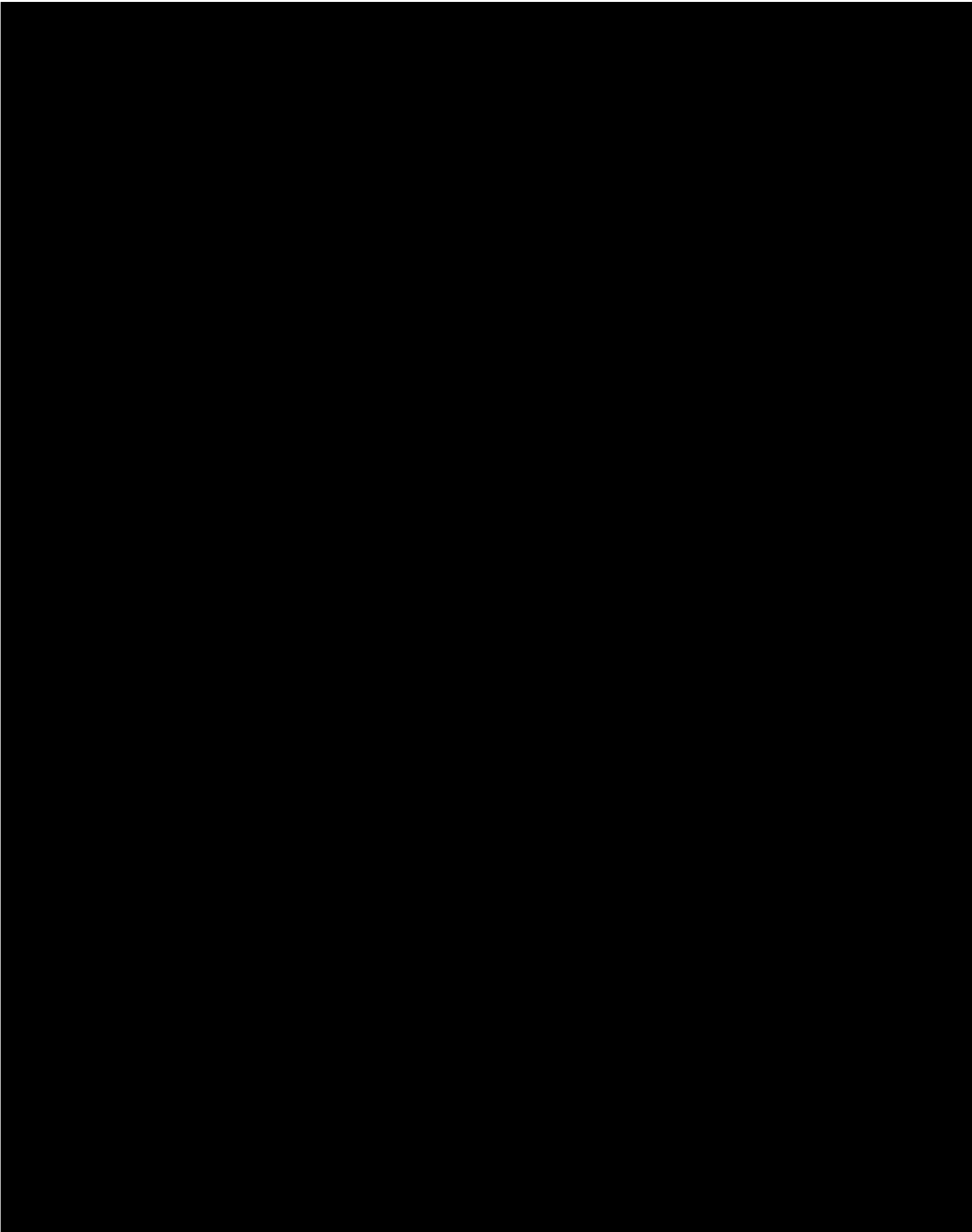
Dispensary Facility: 318 New Haven Avenue, Unit B, Milford, CT 06460

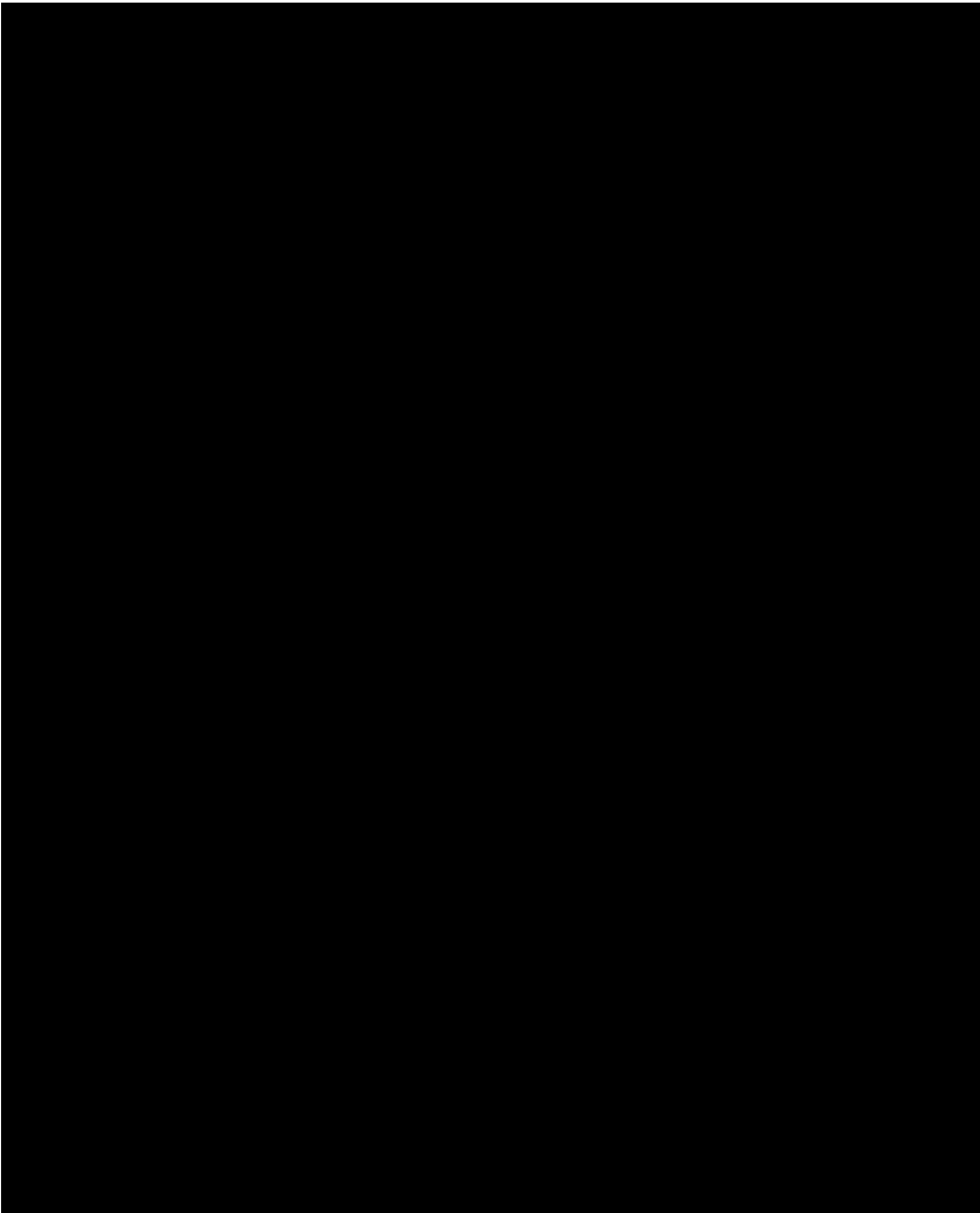
This Plan is divided into three sections; Security Alarm, Access Control System, and Surveillance System. Each section will list discussion on system as it pertains to specific law requirements.

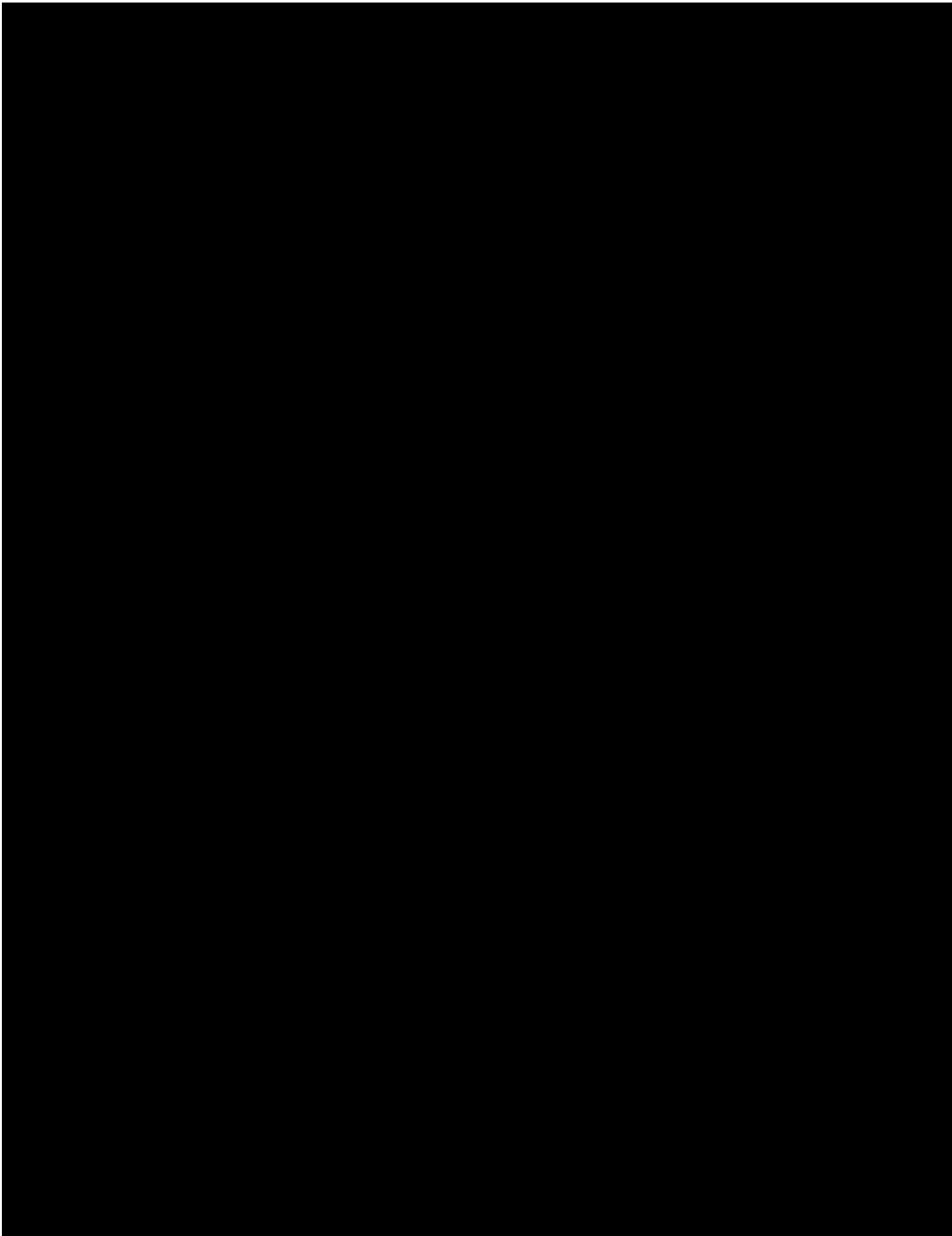
Security Alarm:

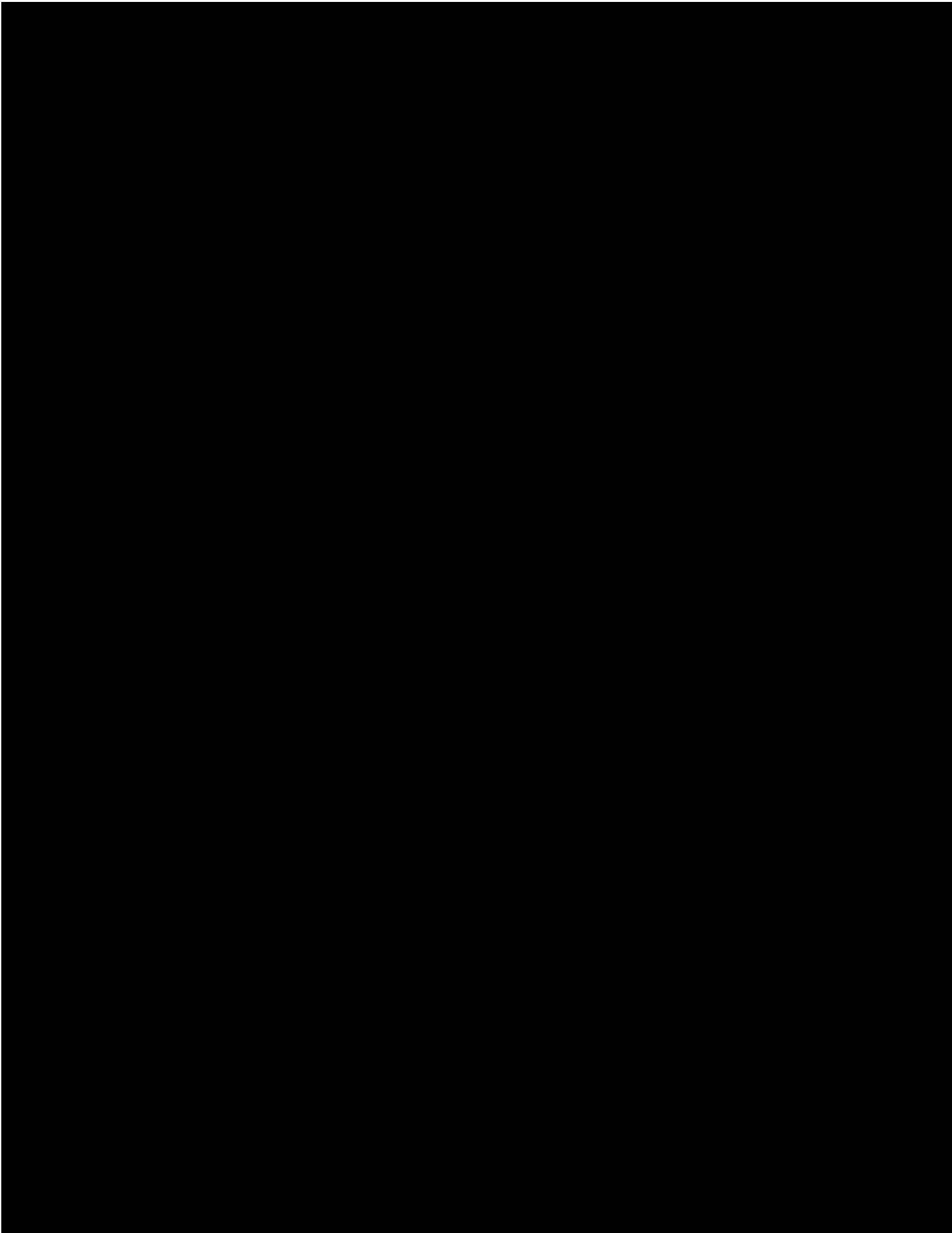


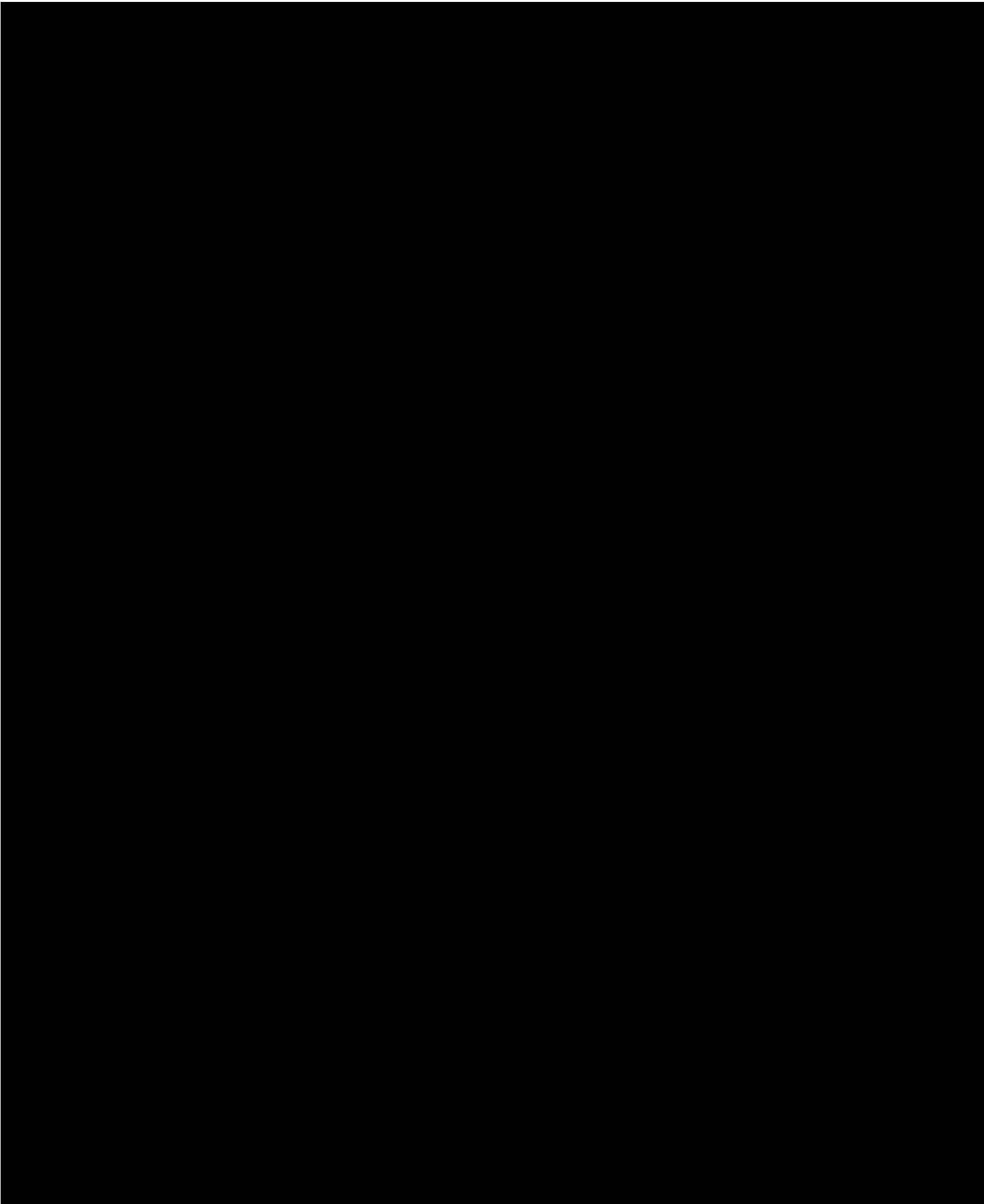






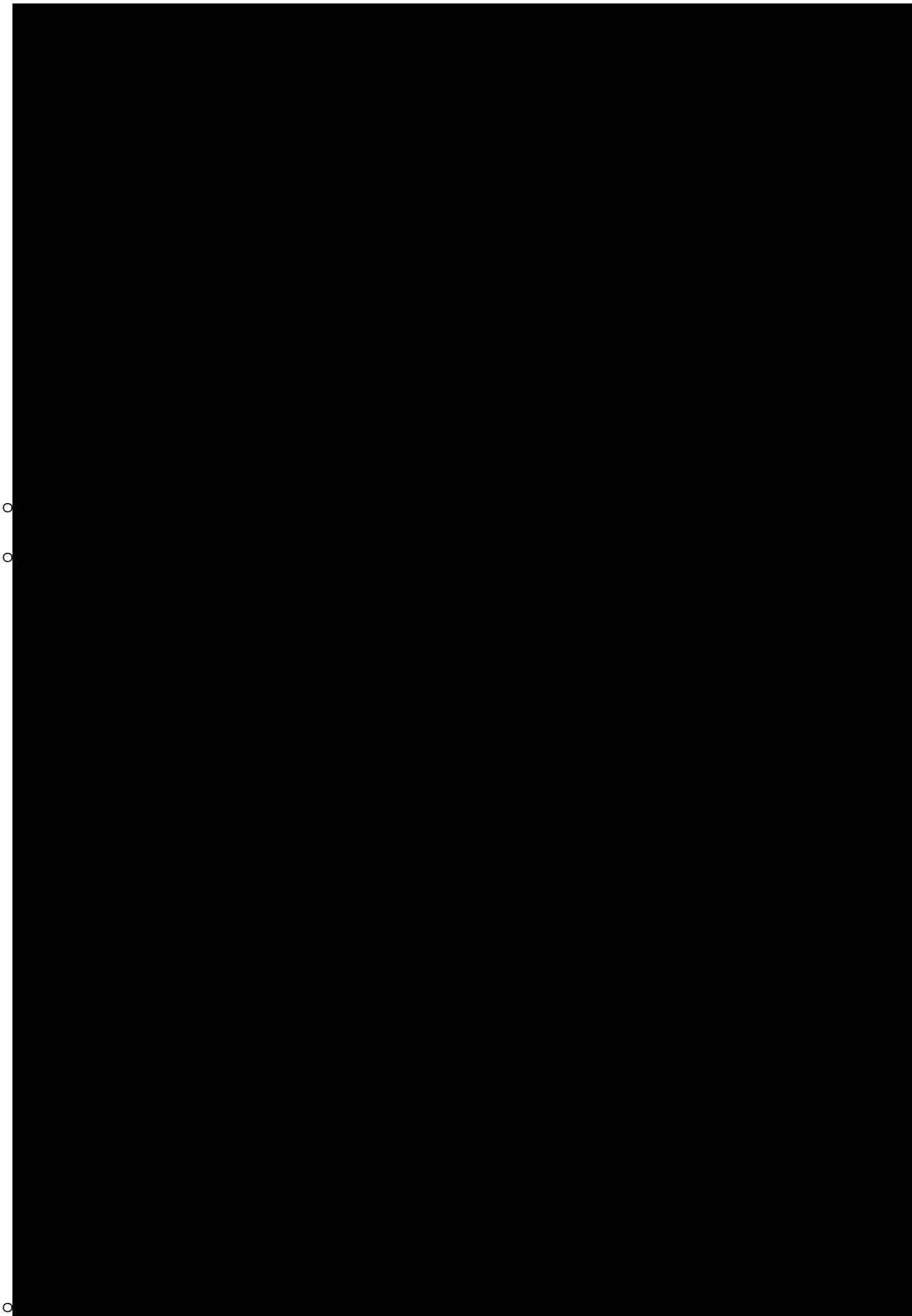


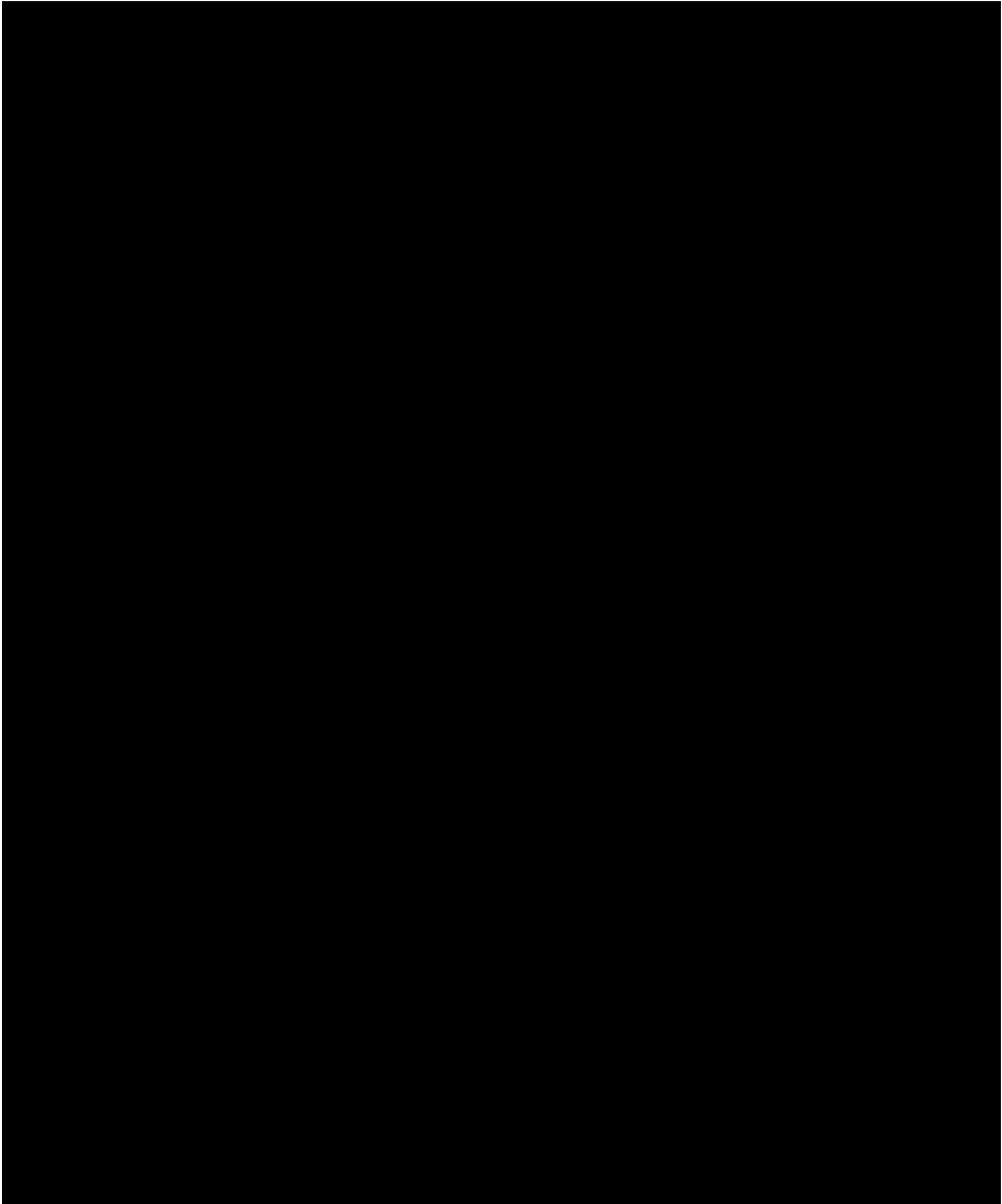


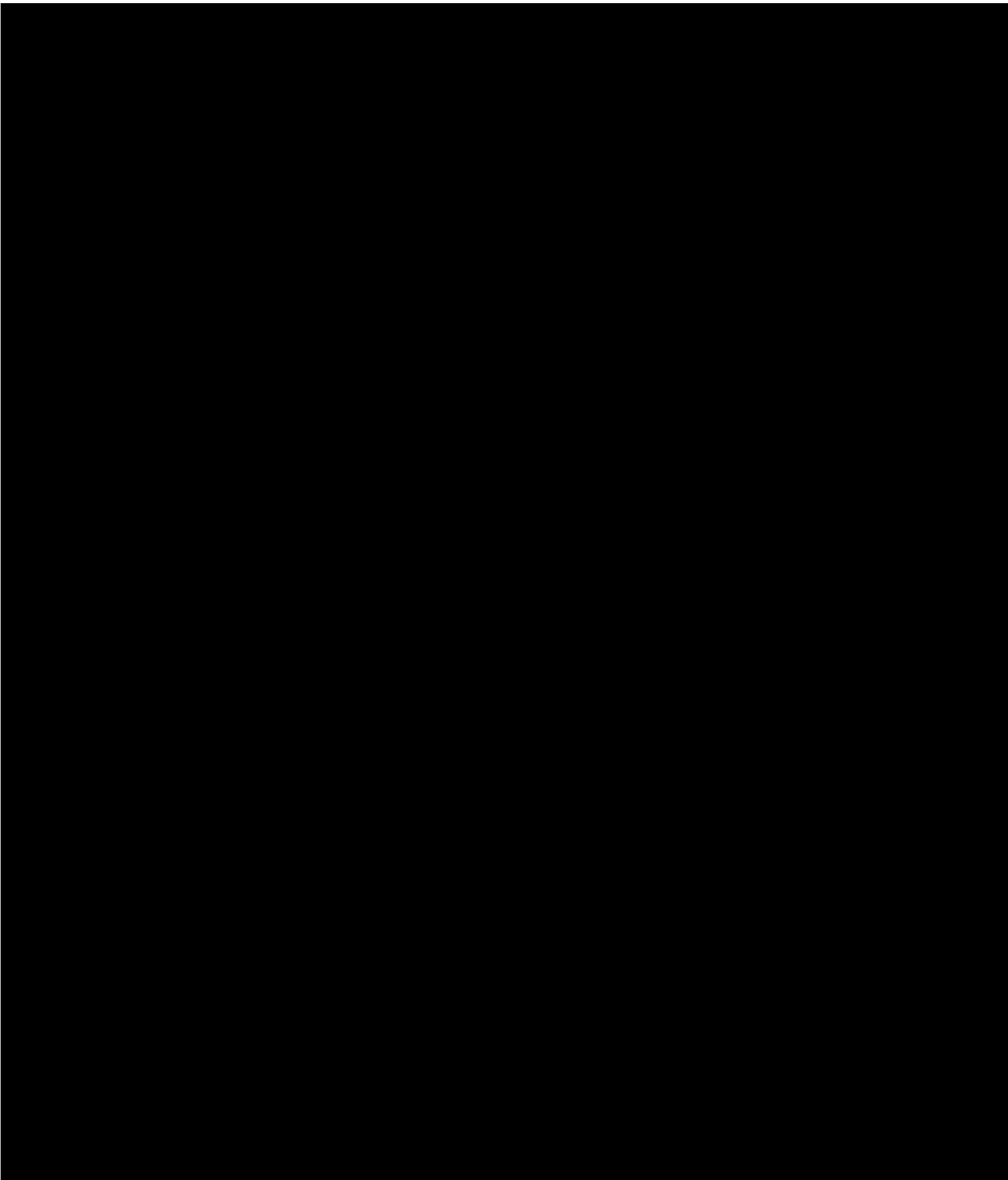


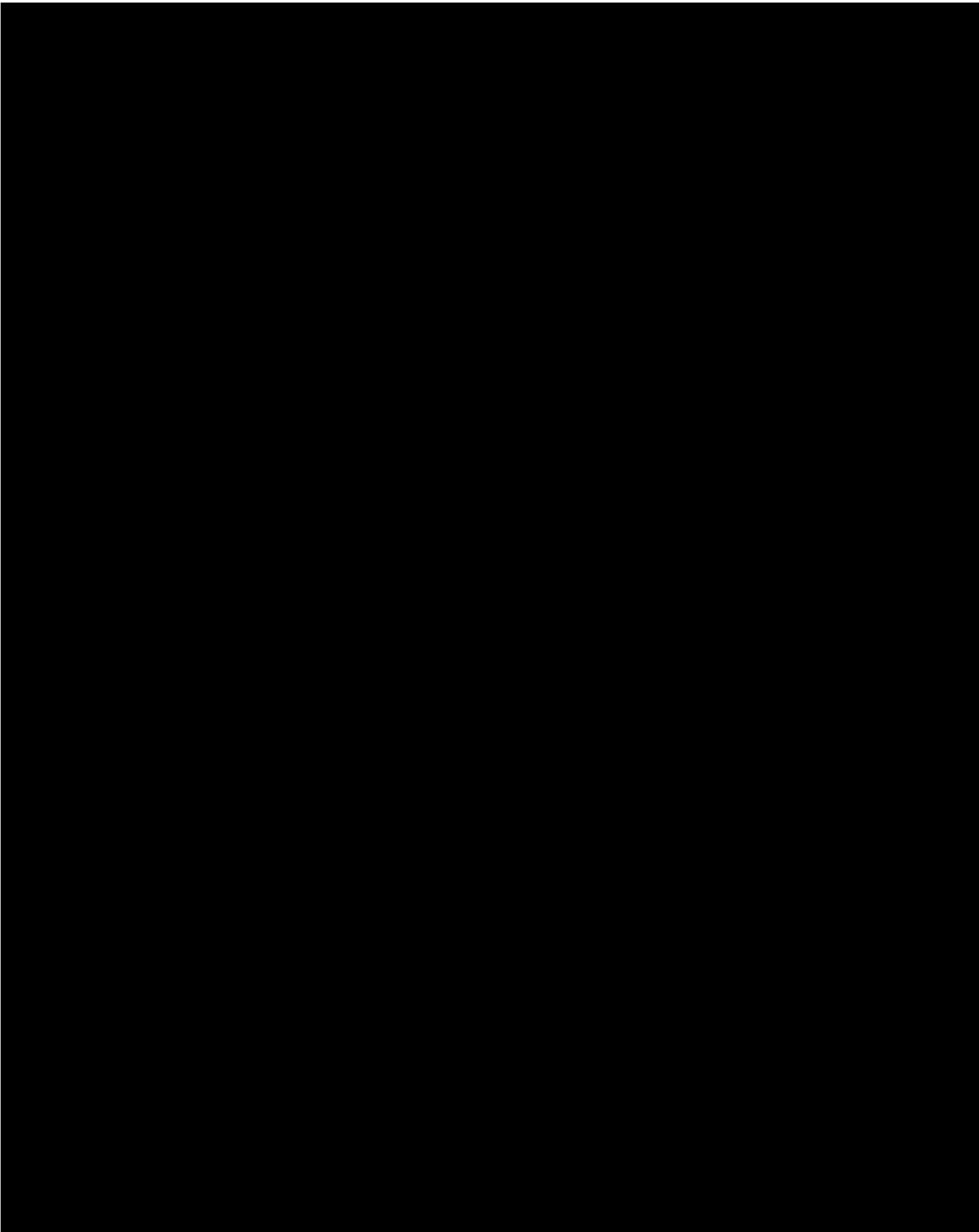
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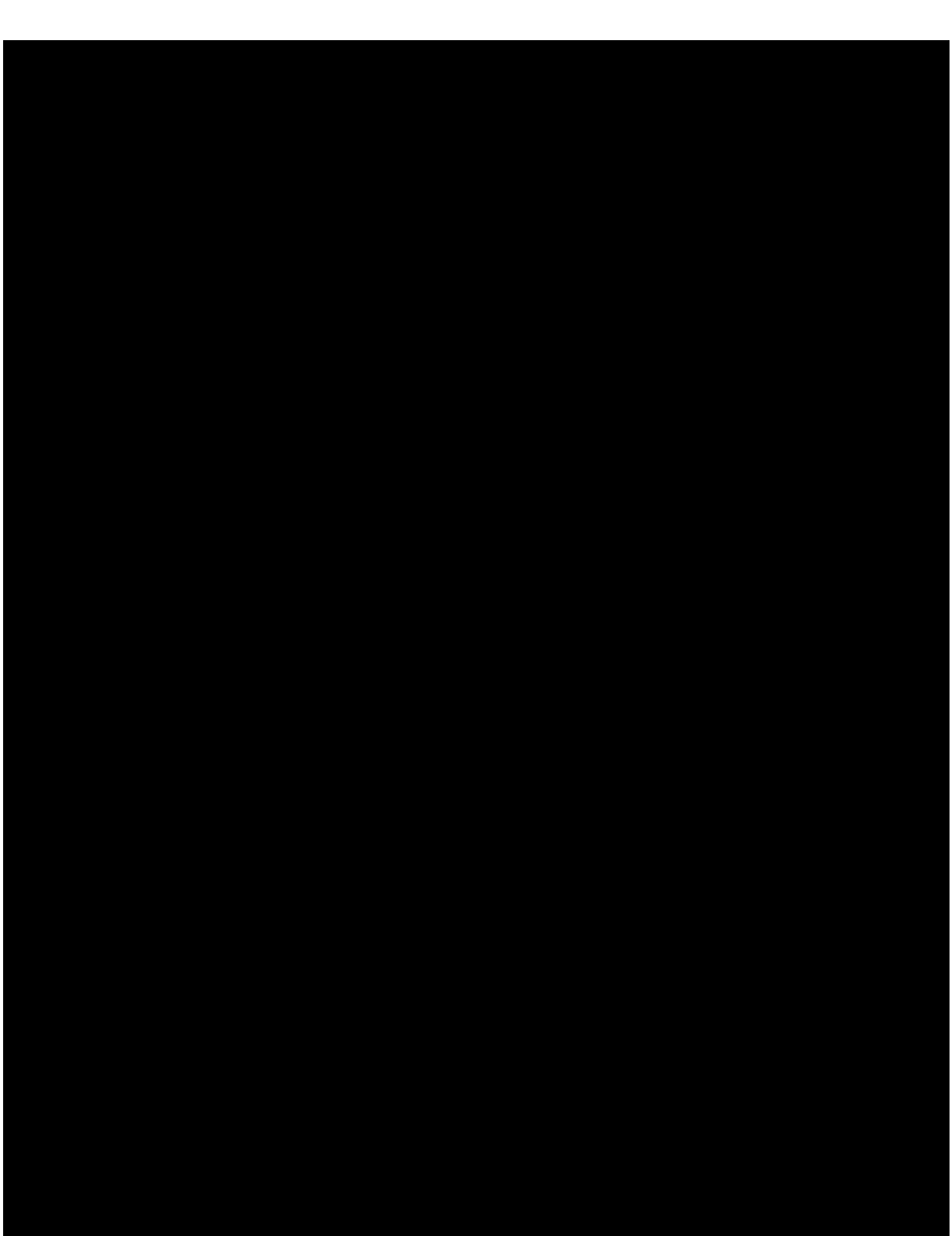
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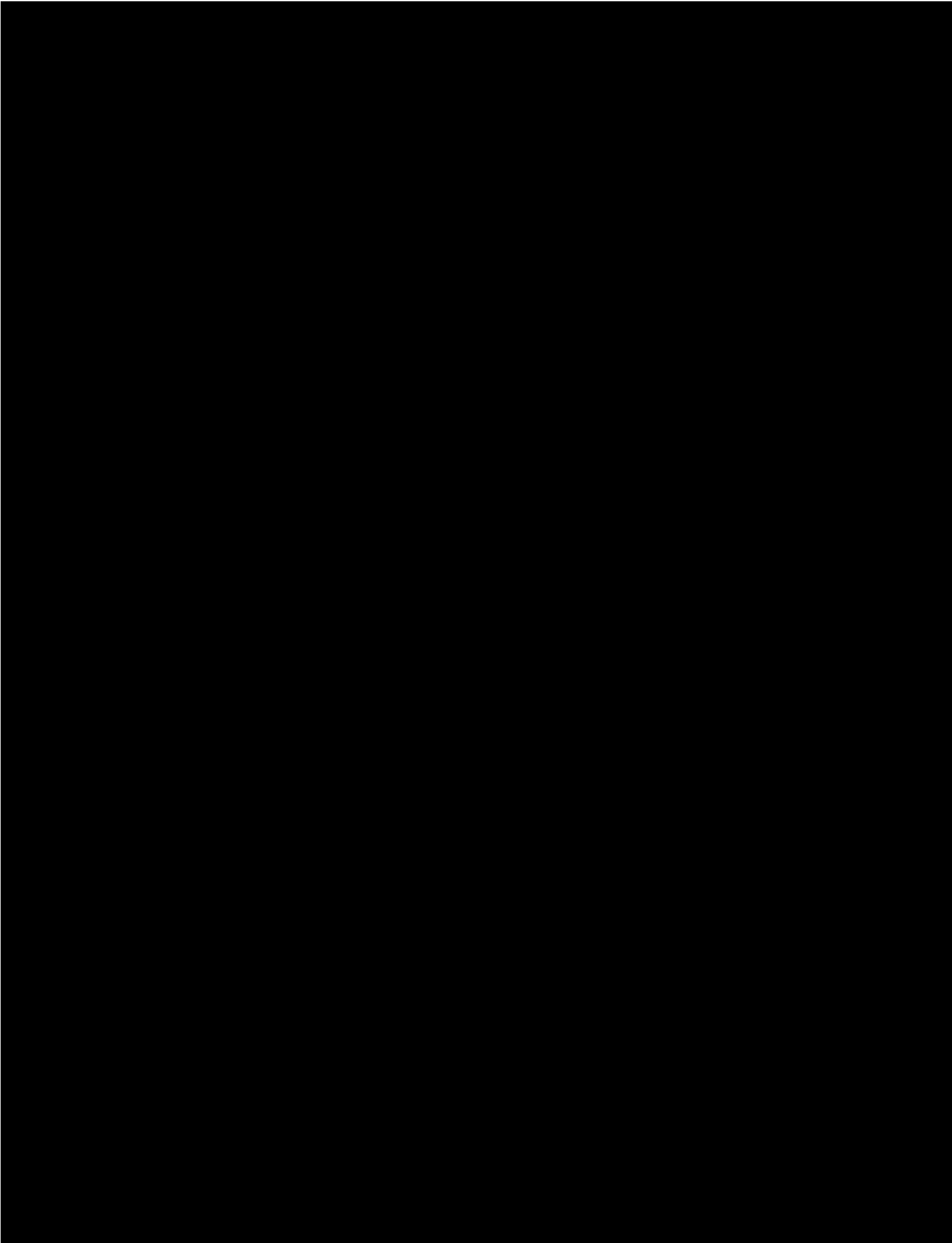


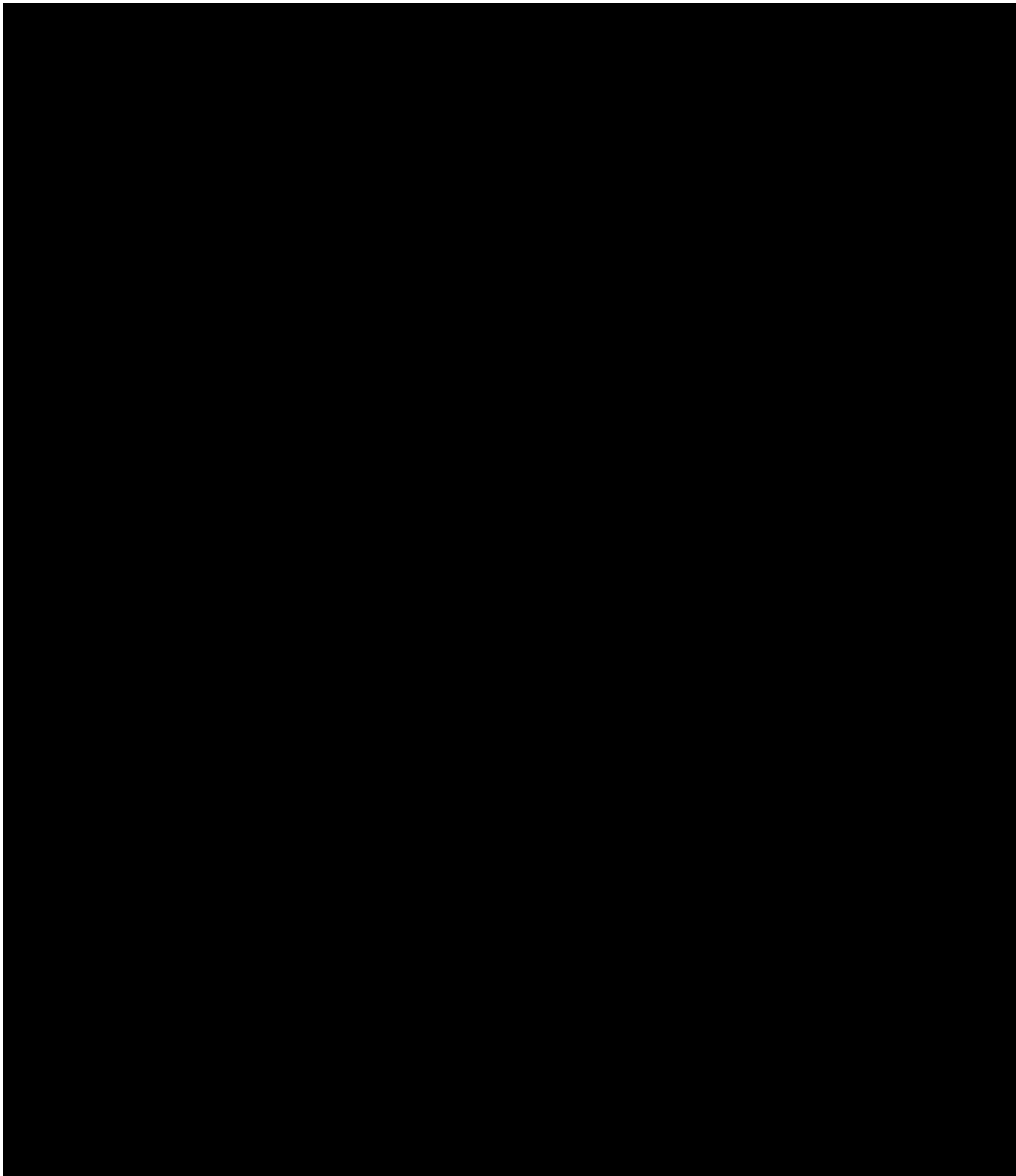




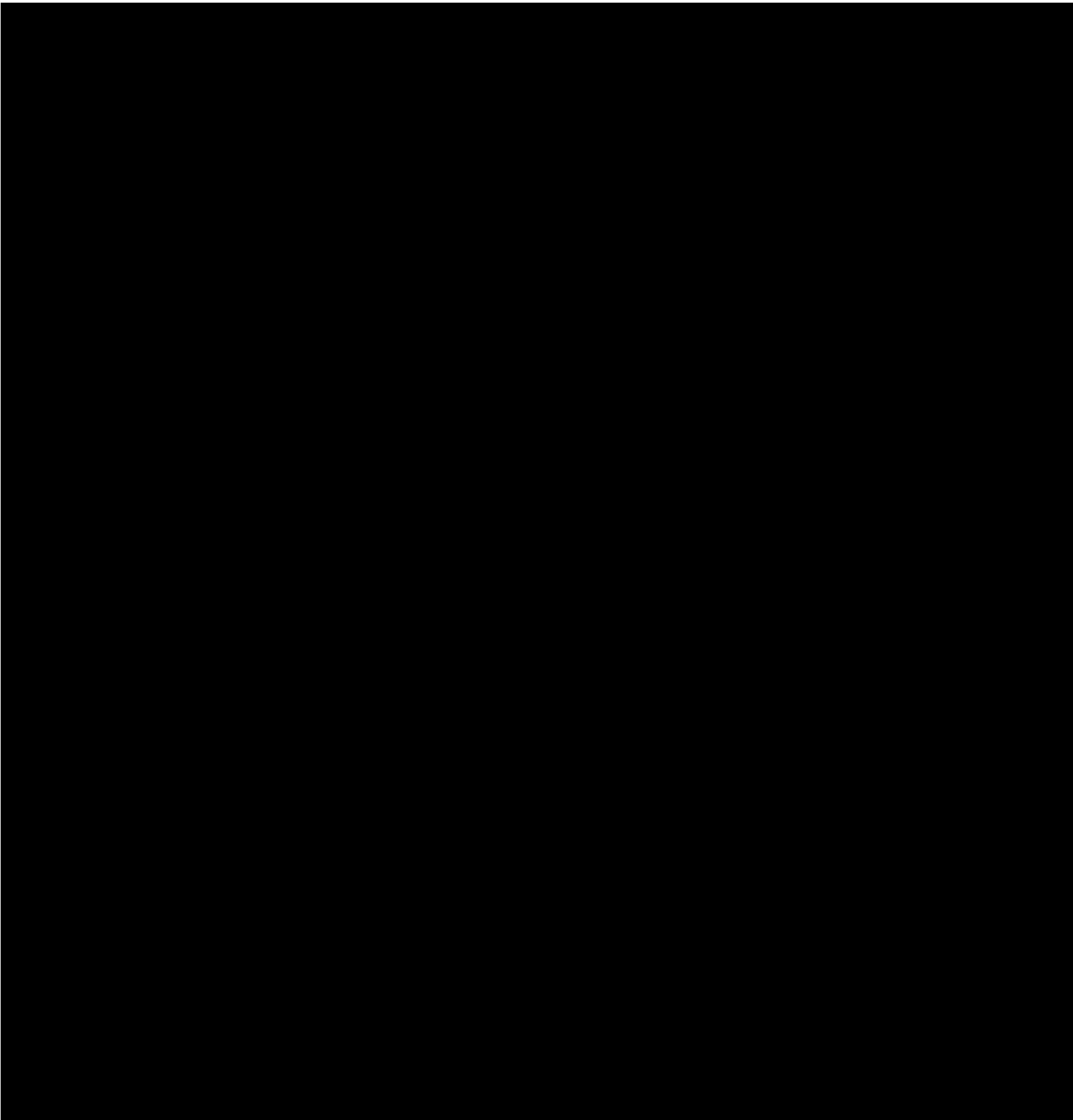


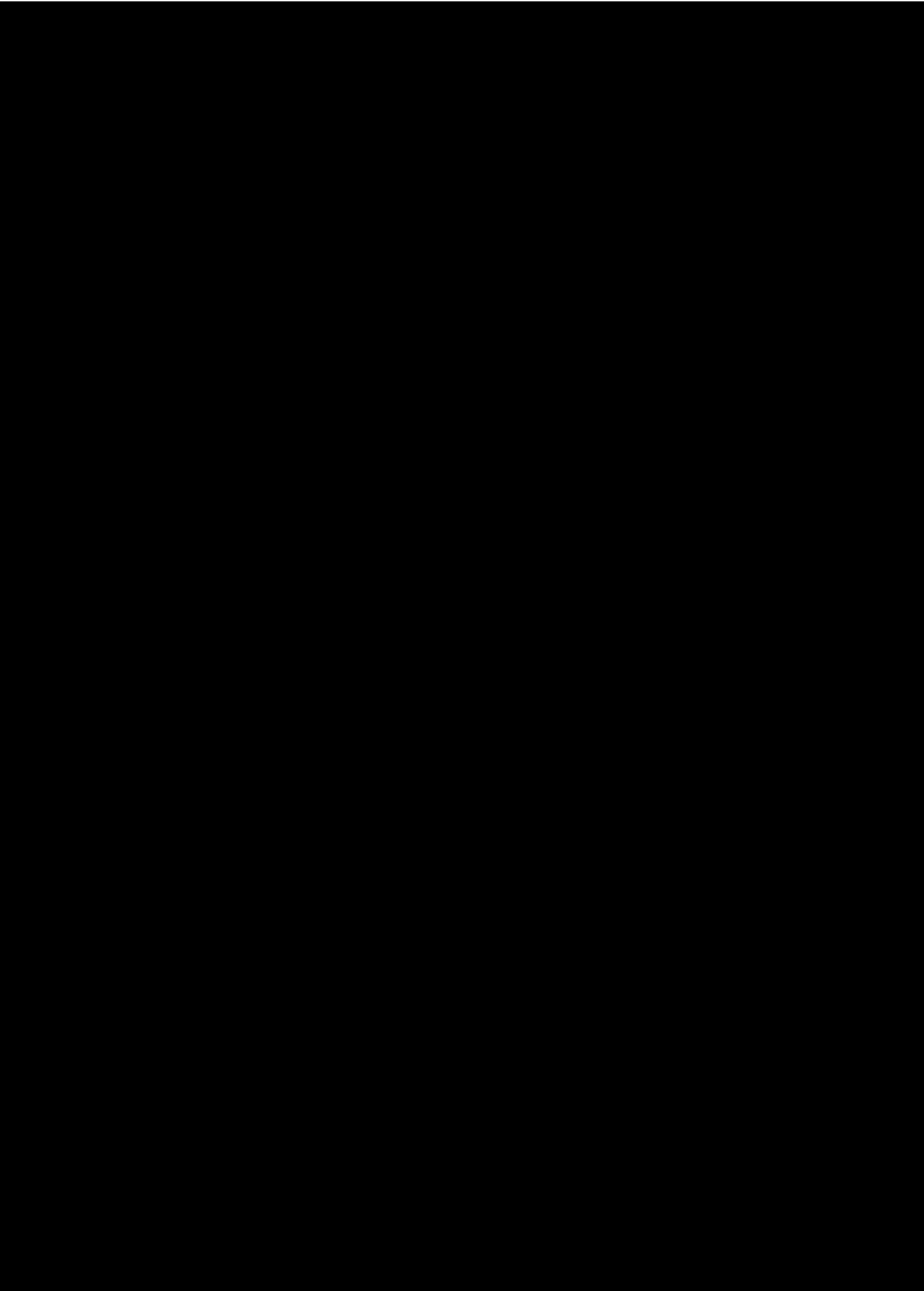


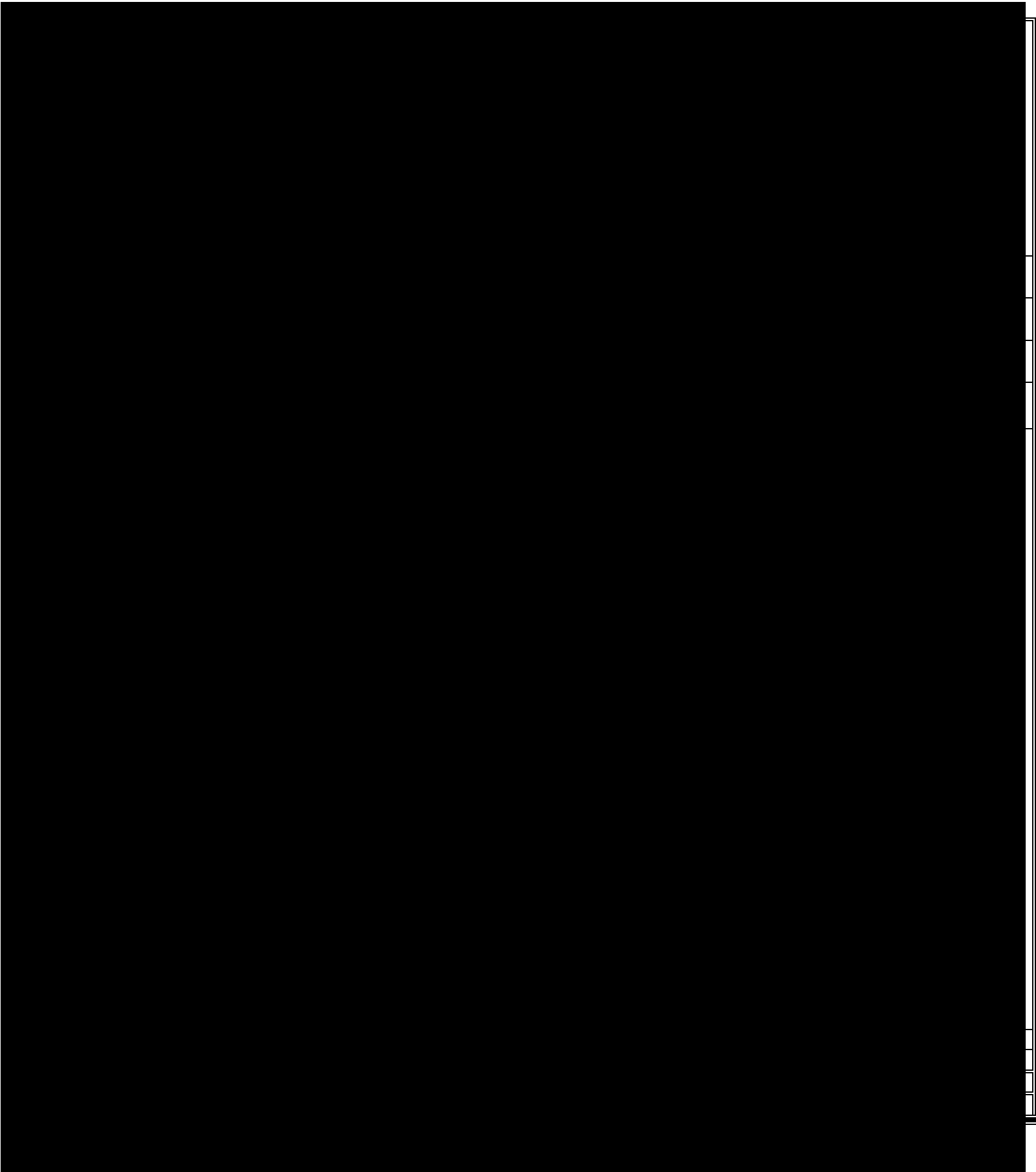




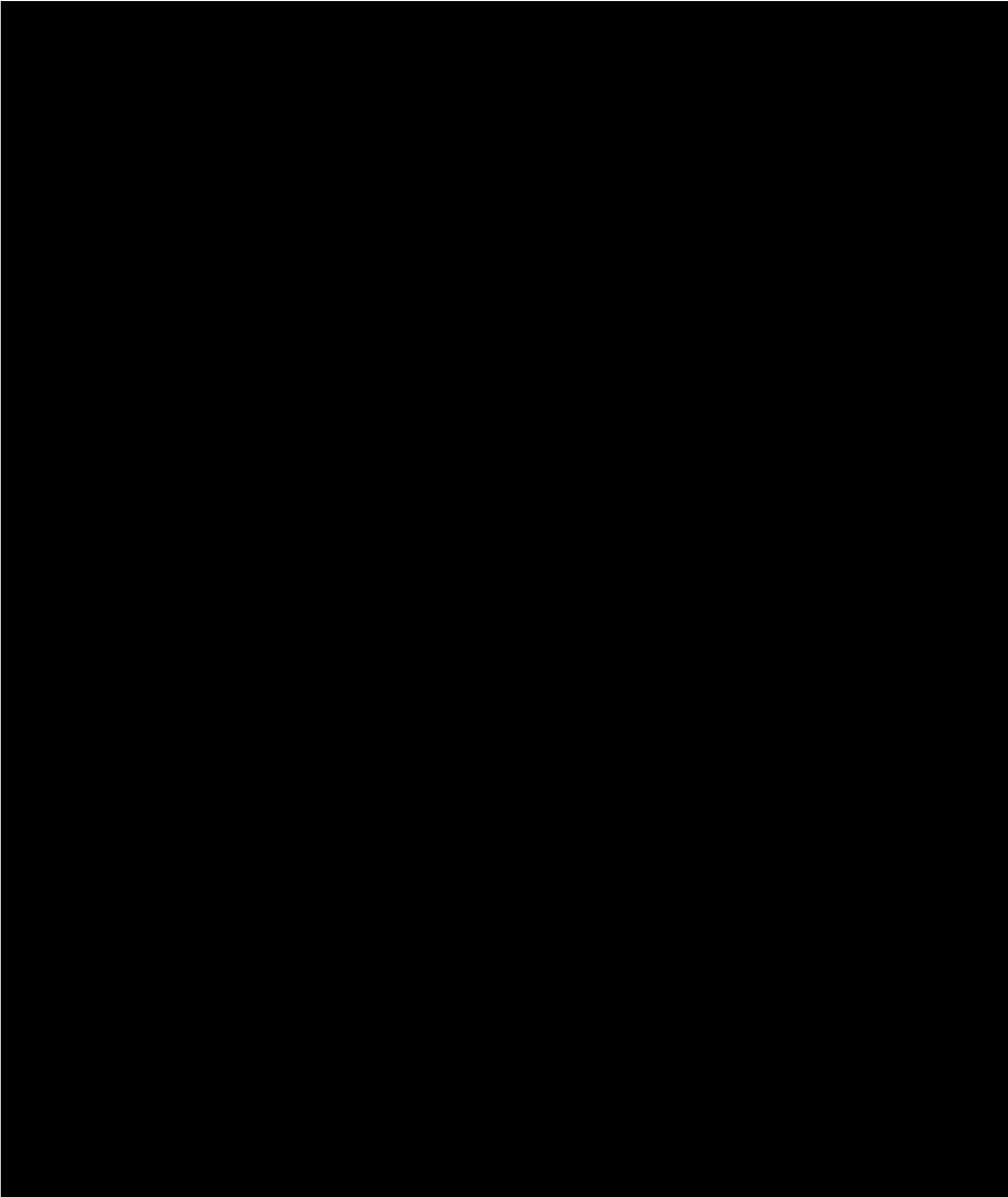
Video Surveillance:



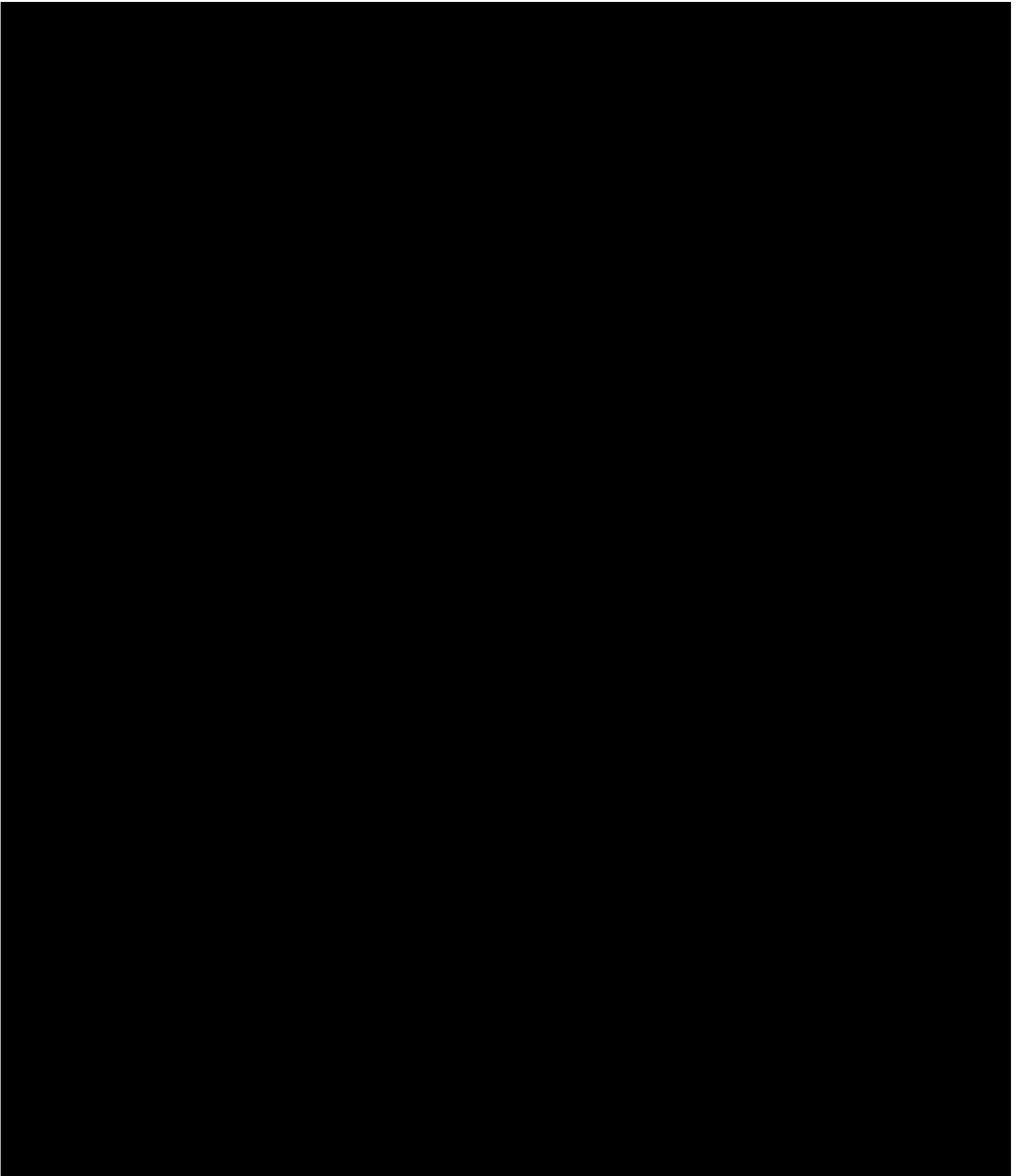




Your signature below indicates that you read and understand the terms and conditions and such signature will create a binding contract subject to those terms and conditions.



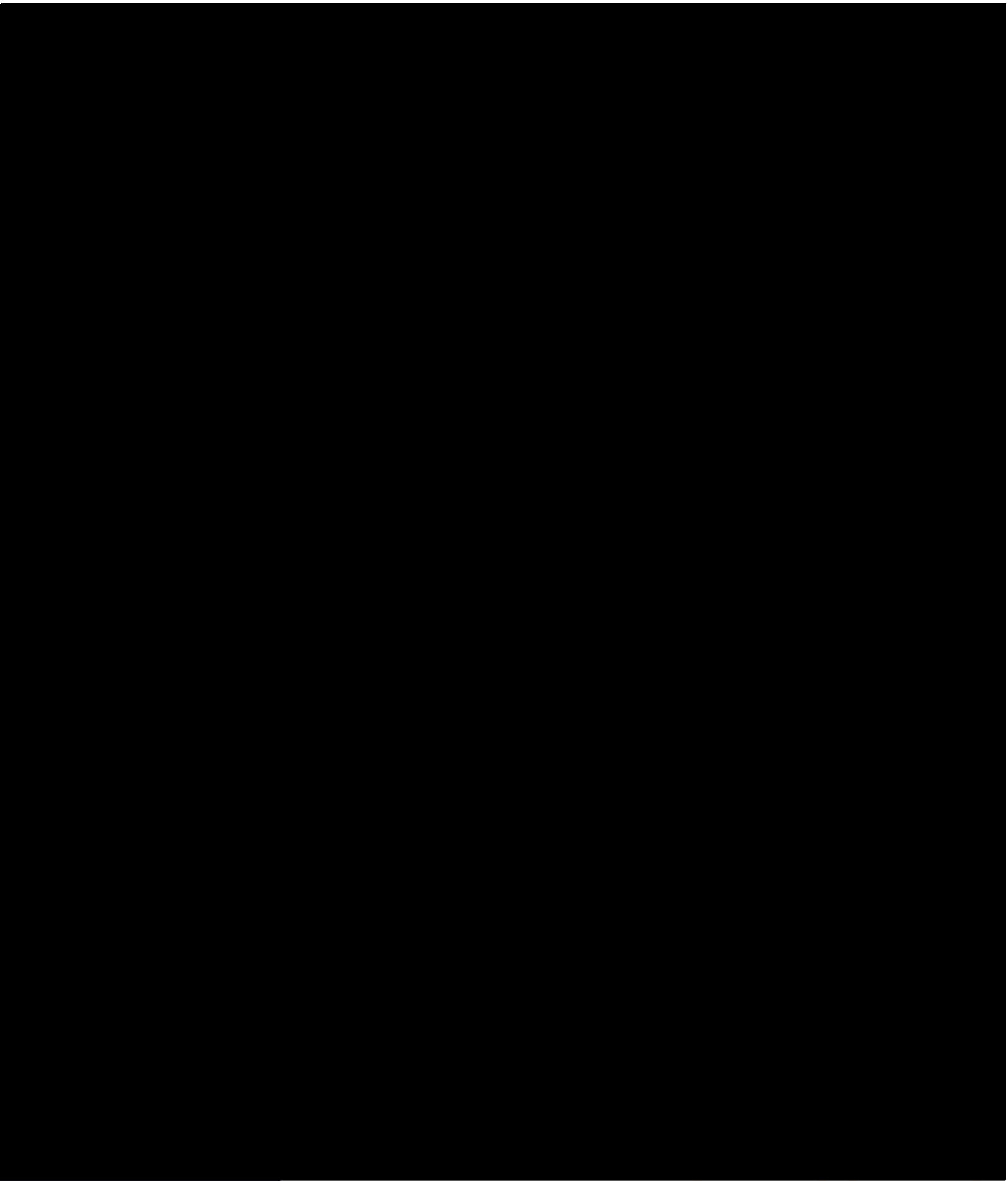


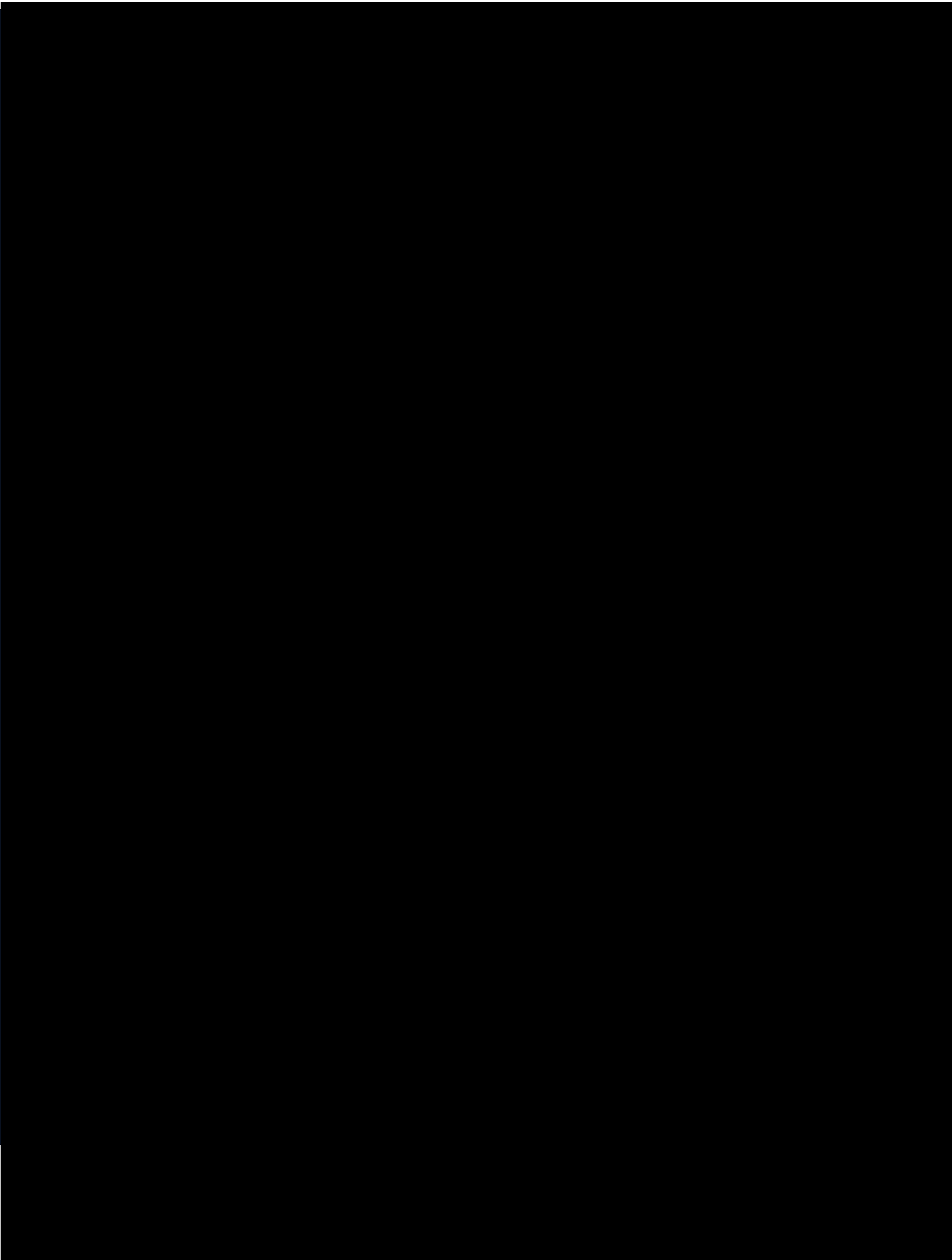


[REDACTED]

[REDACTED]

[REDACTED] _____ [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]





Key Features:

- Compliant with IEEE802.3z Gigabit Ethernet Standard
- Compliant with Fiber Channel 100-SM-LC-L standard
- Small form pluggable (SFP) package
- Duplex LC connector
- Differential LVPECL inputs and outputs
- Single power supply 3.3V
- TTL signal detect indicator
- Hot Pluggable
- Class 1 laser product complies with EN 60825-1

GBIC-MMF

1000Base-SX GBIC Module (MMF), 550m (1804 feet) - designed to work with multimode fiber (orange).

GBIC-SMF

1000Base-LX GBIC Module (SMF), 20km (12.5 miles) - designed to work with single mode fiber (yellow).

The Pakedge GBIC-MMF and GBIC-SMF connectors are used to convert copper to Fiber connections on Pakedge switches that contain SFP ports. Use GBIC-MMF for multi-mode fiber connections and GBIC-SMF for single-mode fiber connections.

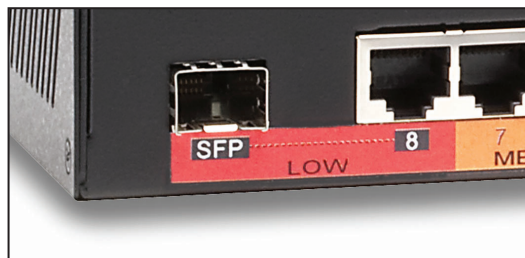
A variety of applications require maximum flexibility, you can have it with these connectors. Rich with features and robust design make these the ideal option for those using optical fiber connections through the SFP port.

Applications:

- Applications where Copper Cat6/5e Gigabit Cannot Support
- Cable runs greater than 300 feet
- High Electromagnetic Interference
- Highest Speed Switch to Switch Interface
- High Speed I/O for Media Server Applications



Convert copper to fiber on Pakedge switches that contain SFP ports



Specifications

Model Number	Bit Rate (Mbps)	Wavelength (nm)	Media	Distance	TX Power (dBm)	RX Sensitivity (dBm)	Temp. (°C)
GBIC-MMF	1250	850 (VCSEL)	MMF	550m	-4 ~ -9.5	<-18	0 ~ 70
GBIC-SMF	1250	1310 (FP LD)	SMF	20km	-3 ~ -9.5	<-20	0 ~ 70

Note 1: MMF: Multimode Fiber, SMF: Single-mode Fiber.

Note 2: Transmission distance varies with each system design. Therefore, it is not official and should be considered for reference only

HTTP://
WWW.
PAKEDGE
.COM

1011 Edwards Road
Burlingame, CA 94010
Main: 877.274.6100
Fax: 650.685.5520
sales@pakedge.com

pakedgedevice&software inc.

P8 and P8E

Modem/Router Boot Sequence Power Distribution Unit With Remote App Control and CLI Interface

The Pakedge P8 and European model P8E modem/router power distribution units give you unprecedented convenience and control, including full remote control of on/off sequencing to power-up and shut down sensitive equipment in the proper sequence, and avoid power flooding at startup. Out of the box, the P8 and P8E are pre-labeled for easy installation. Just plug in the modem, router and switches into the pre-labeled outlets, and you are ready to go.



The Pakedge P8 and P8E are equipped with an Auto Ping Server. It pings each device every 1.5 seconds and if the PDU does not receive a reply back it will power cycle the device. It then sends an email to both the end user and dealer informing them of the event and that the issue is resolved. This innovative feature will save you time and money!

Use the secure, browser-based built-in GUI to remotely configure, monitor, and operate the individual PDUs in your network. The P8 and P8E can be fully controlled by CLI so that you can control outlets by your home automation system such as Crestron, Savant, Control4, etc. In addition, you can power cycle ports remotely using your iPhone, iPad or iPod Touch by downloading the Pakedge BakPak App.



The P8 and the P8E are extremely easy to install. They are rack and wall mountable and have flexible form factors! The P8 and P8E are the perfect products to power and monitor all of your devices. Save time, money and effort in an instant! These devices are also equipped with optional heat and humidity sensors that are sold separately.



pakedgedevice&software inc.

Key Features:

- Auto-Ping and equipment reboot. Connect a device to a specific outlet and provide the P8 or P8E with the IP address of the device. The PDU will ping the device every 15 seconds and if it does not get a response, the device will be rebooted.
- iPhone, iPad and iPod Touch Remote Control. The Pakedge app BakPak will allow you to choose your switch, and power cycle each individual port remotely.
- Remote Control by using email: Using emails, the P8 or P8E can be used to manage the systems' outlets and devices when access to the LAN is not applicable. The user can send commands to the P8 or P8E via emails such as rebooting or powering off specific outlets. Also with configurable alerts you can define visual, audible, and email alarms, including alerts of impending overloads, with full logging.
- Configurable Power-up and Shutdown. Configure PDUs to power on/off in the proper startup/shutdown sequence required by dependent hardware, and protect sensitive equipment against power flooding.
- Secure Network Control. Configure the following features for each PDU through the secure, Web-based interface, CLI or by SNMP: switch on/off, recycle, lock power (to prevent unauthorized power-ons), reboot unresponsive network hardware. The PDU-RM8 is fully IP-addressable using the built-in secure Web interface.

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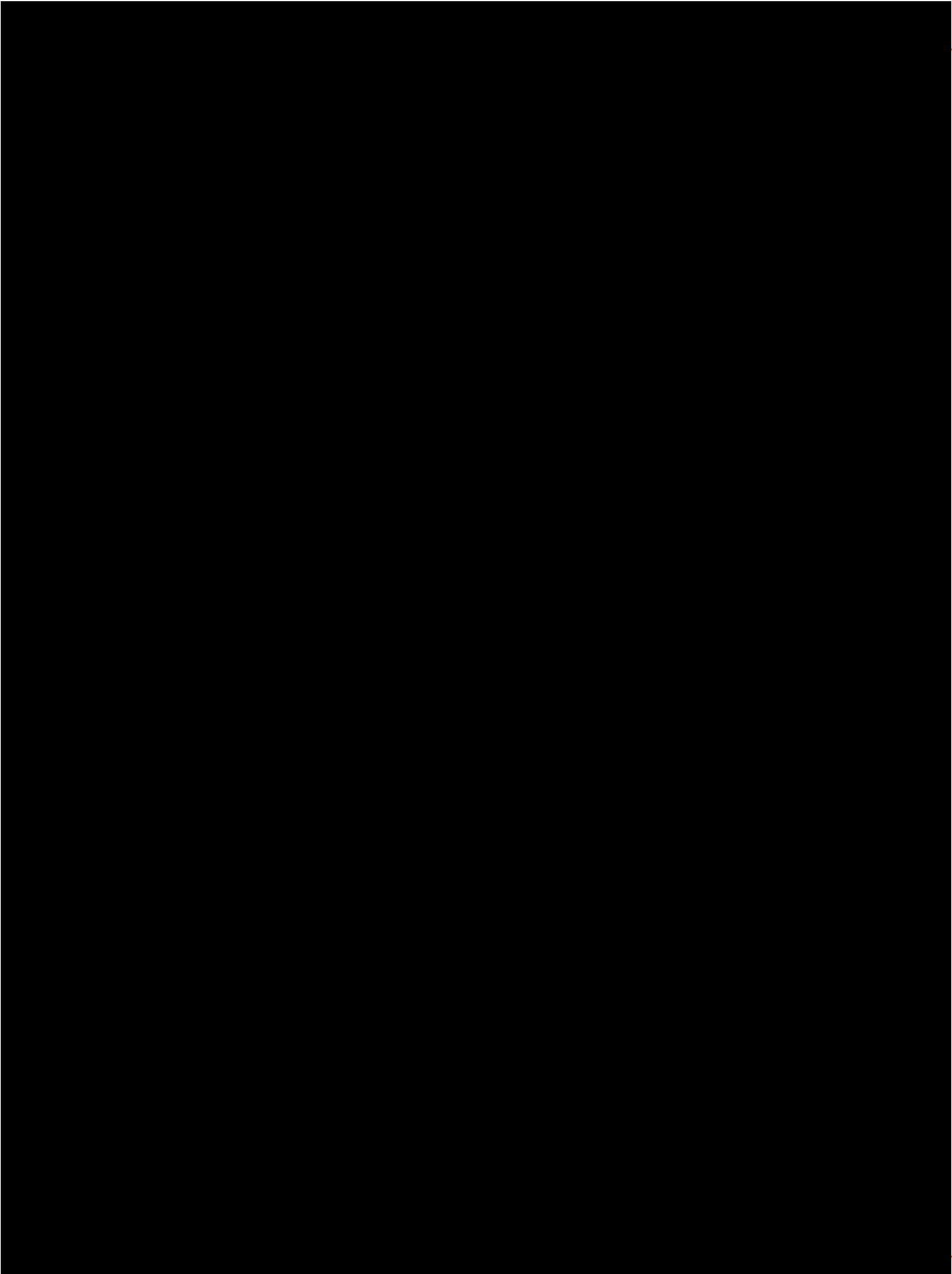
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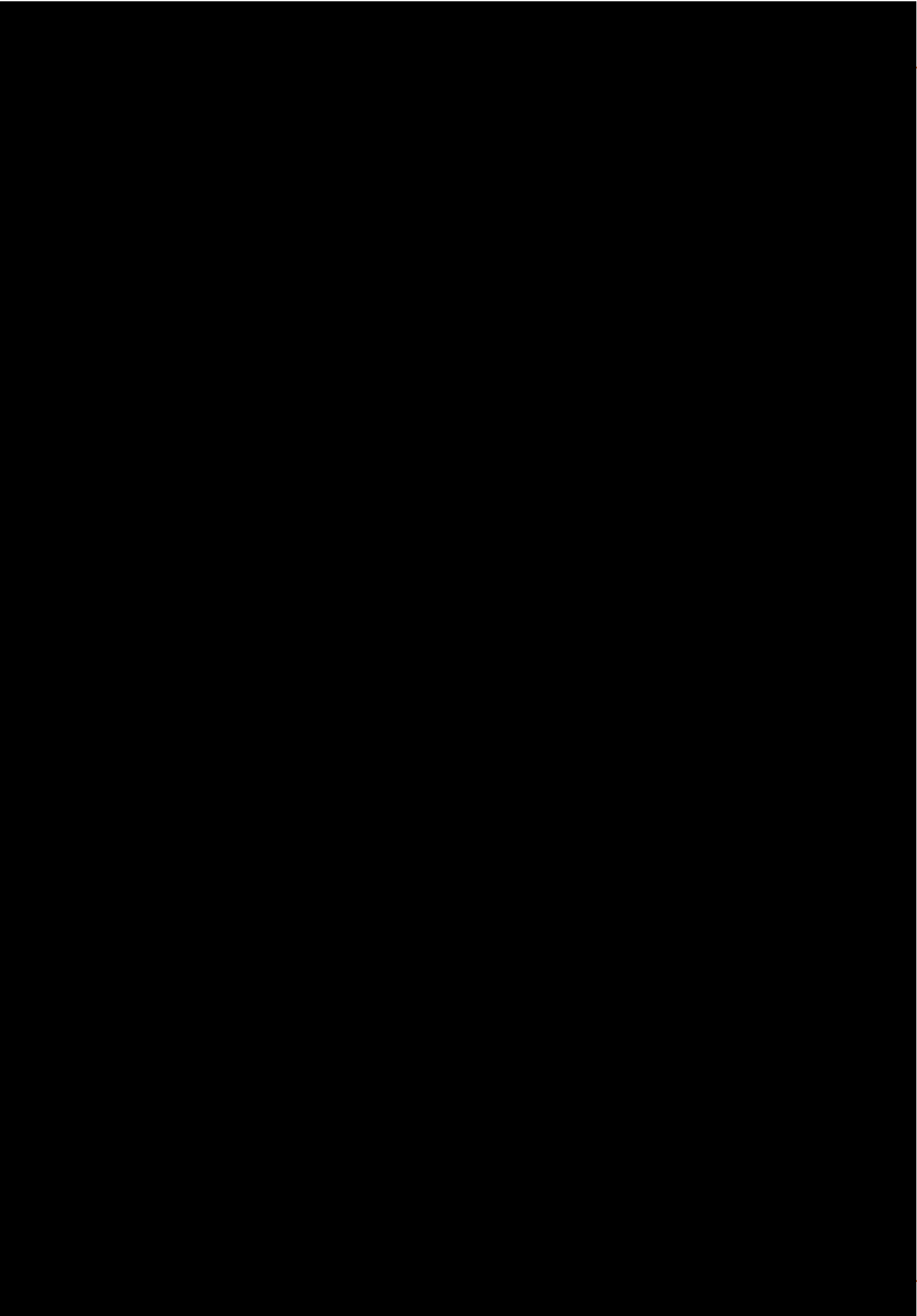
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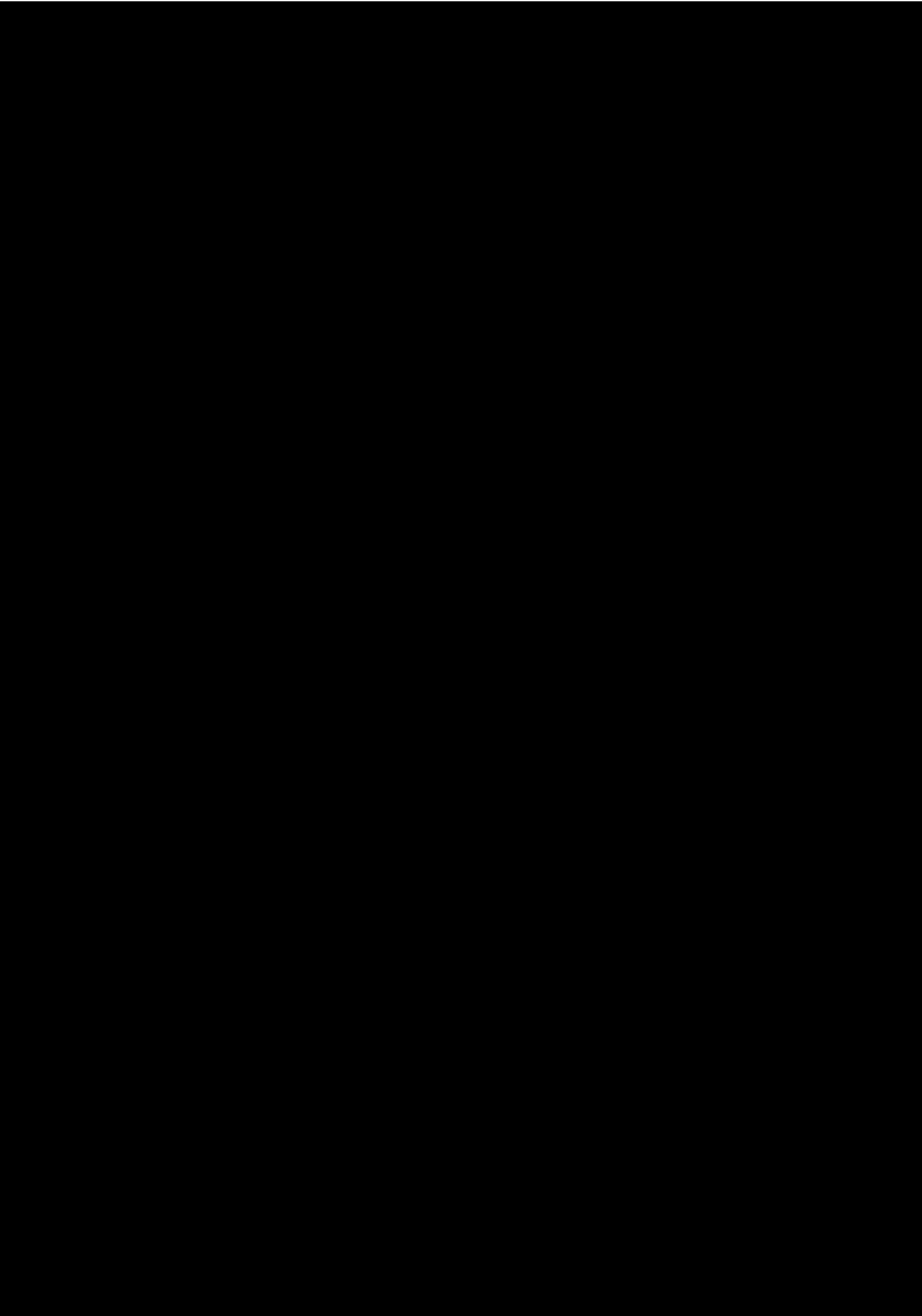
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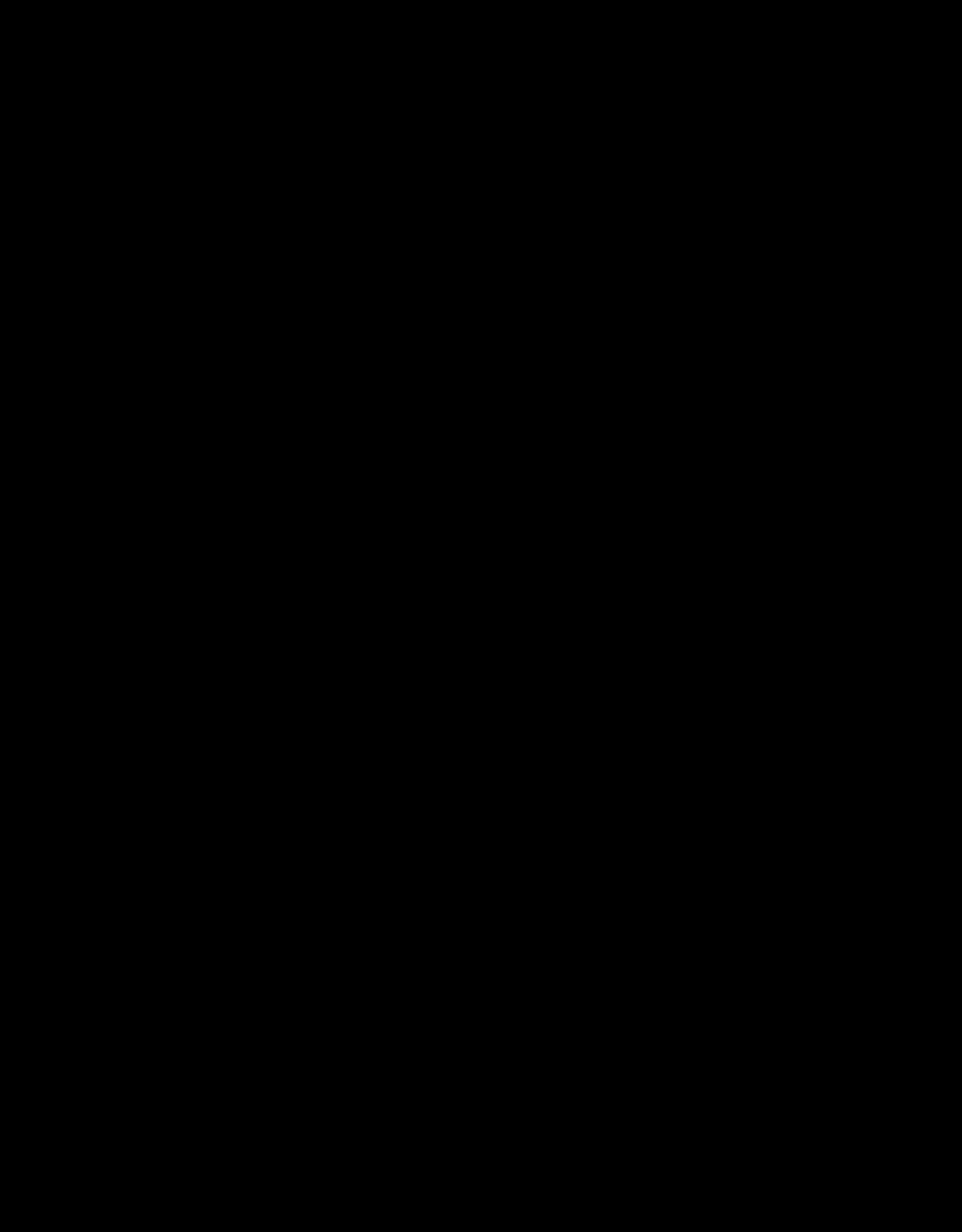
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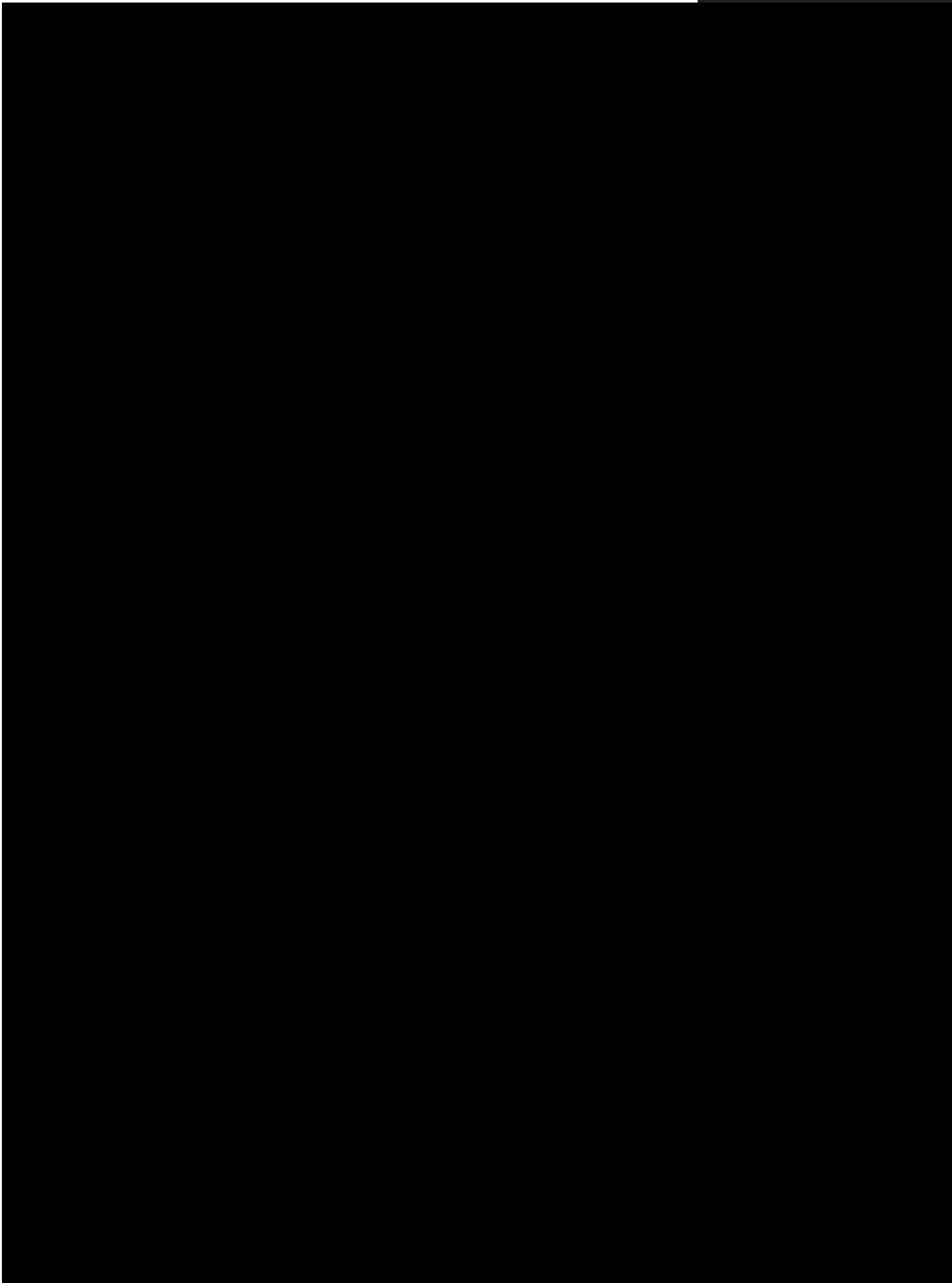
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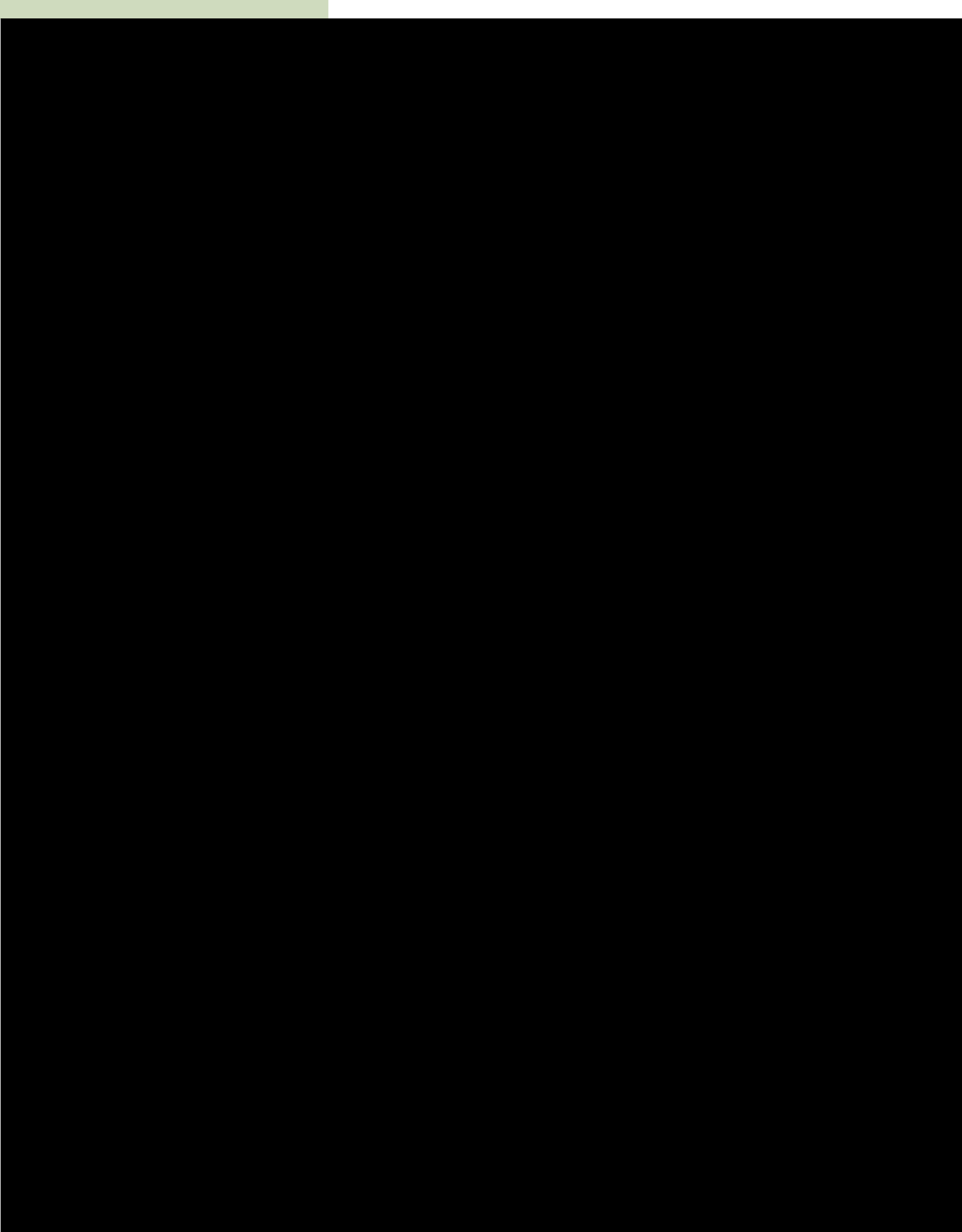
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Port 3	Port 4
Port 5	Port 6
Port 7	Port 8

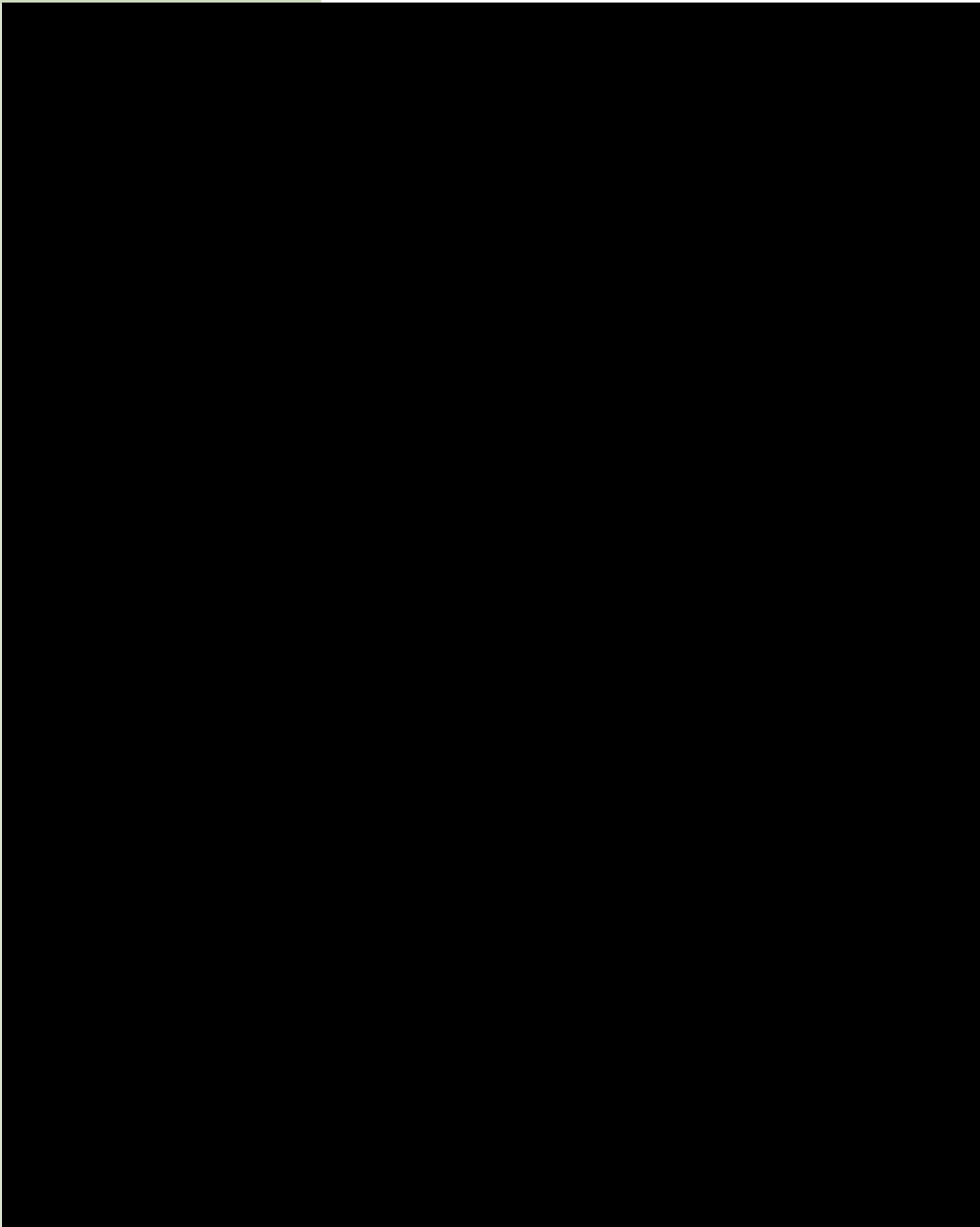


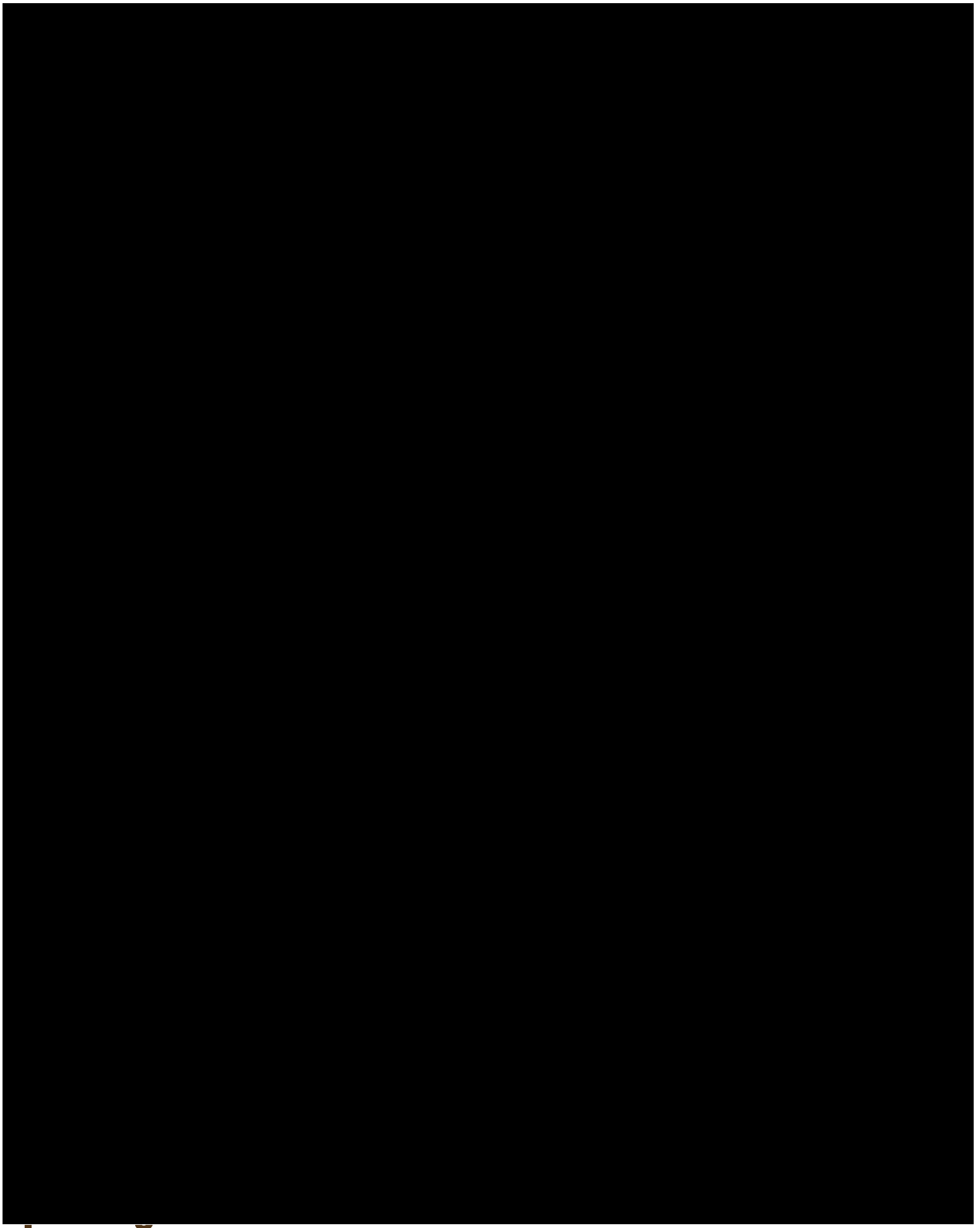
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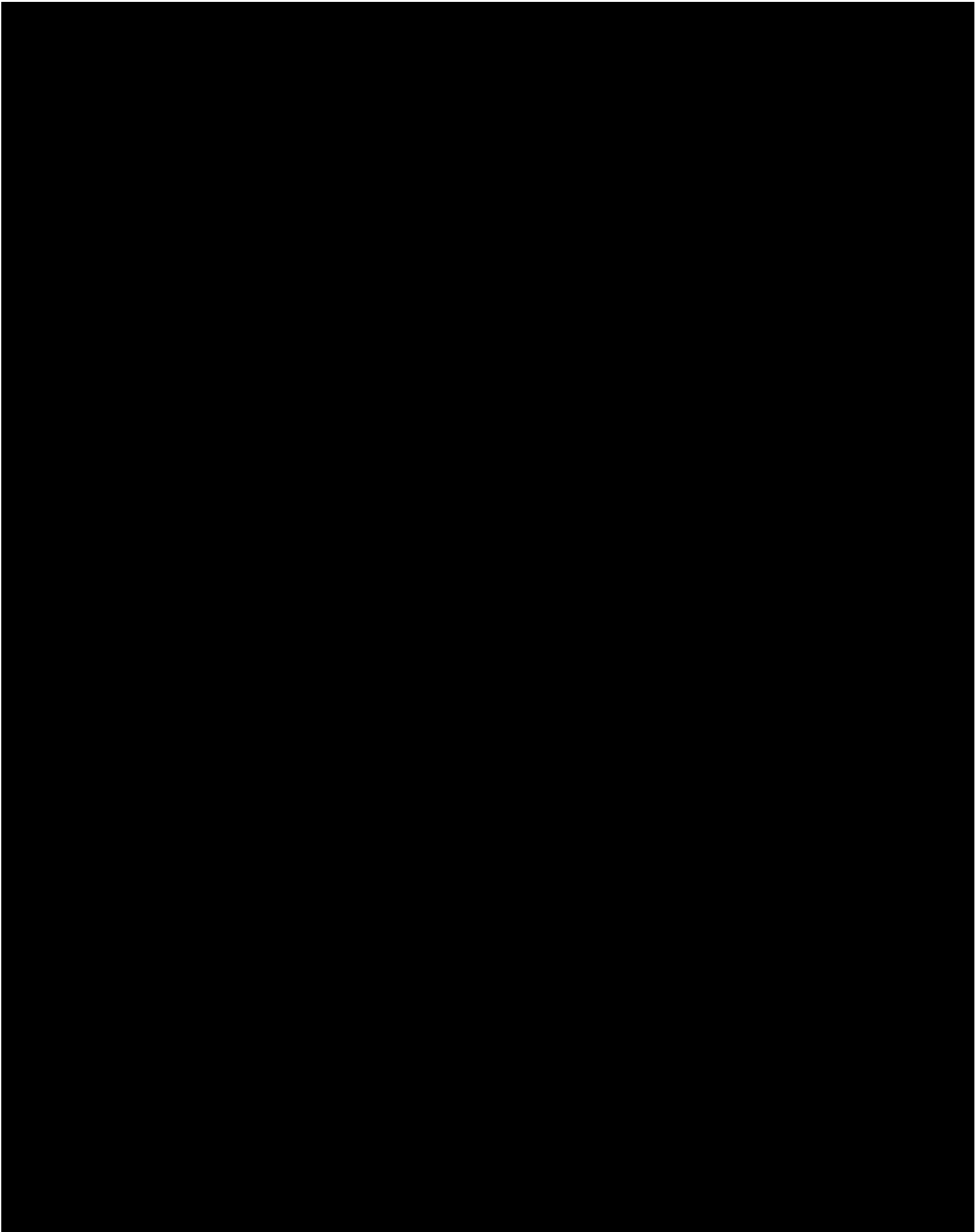


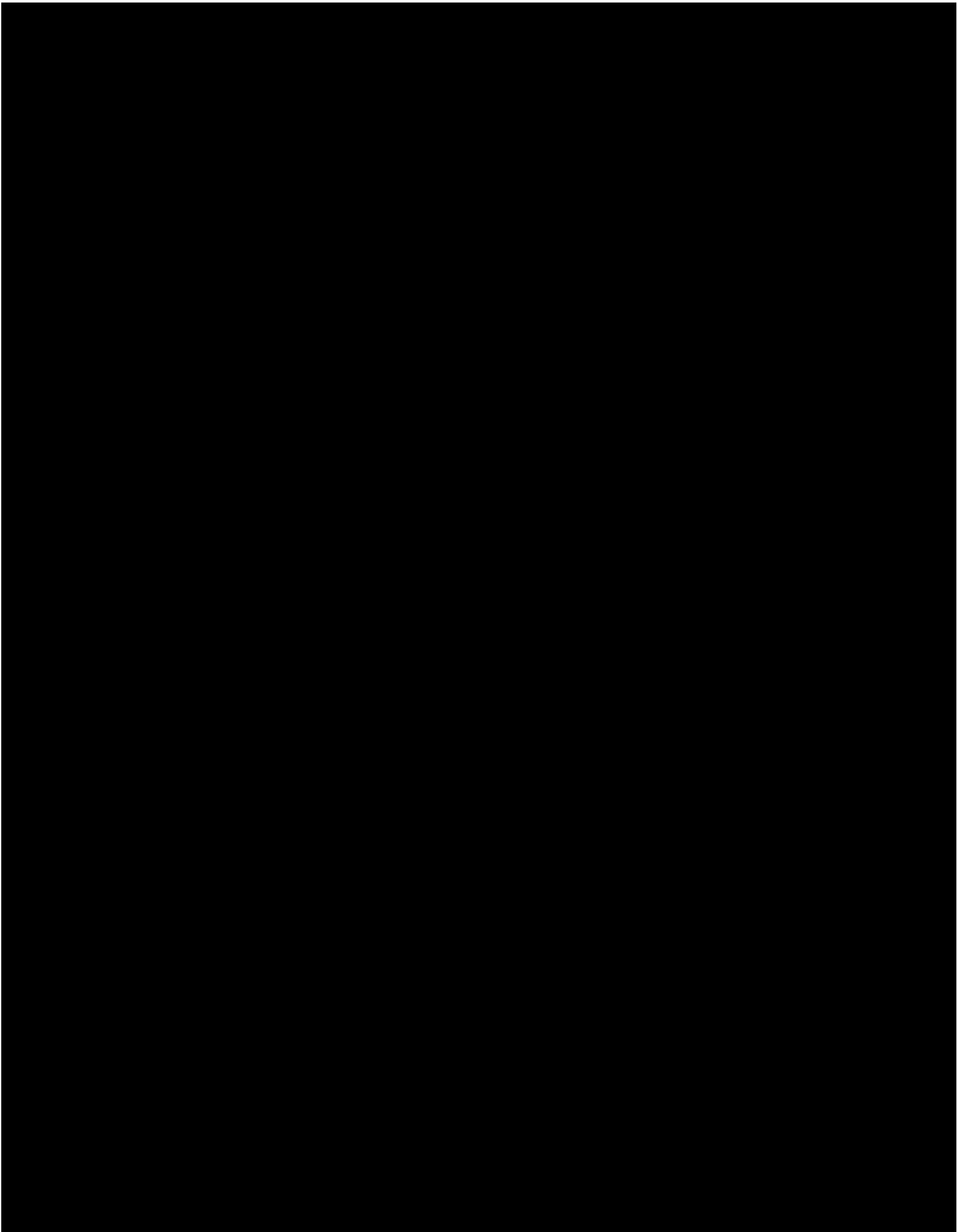


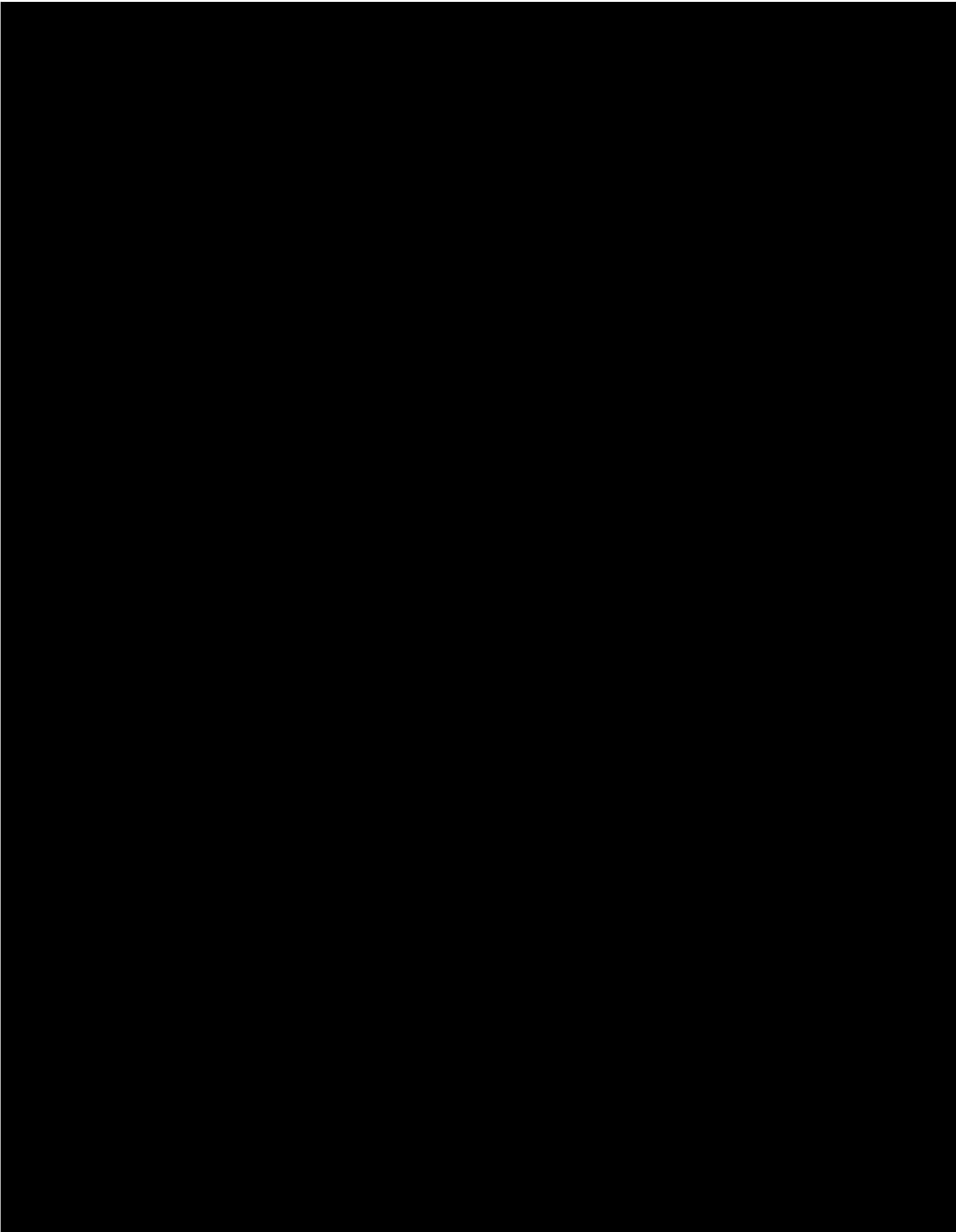


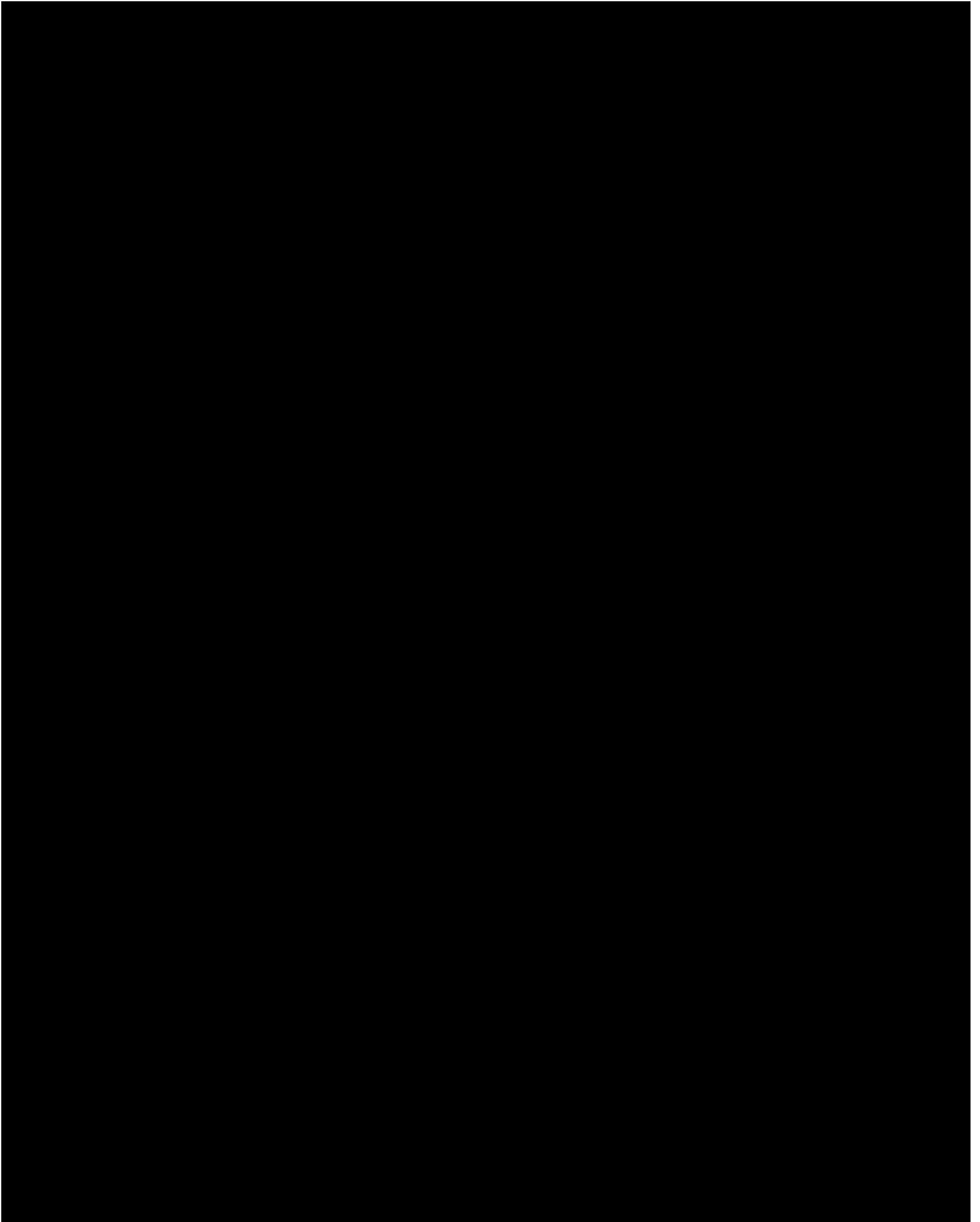


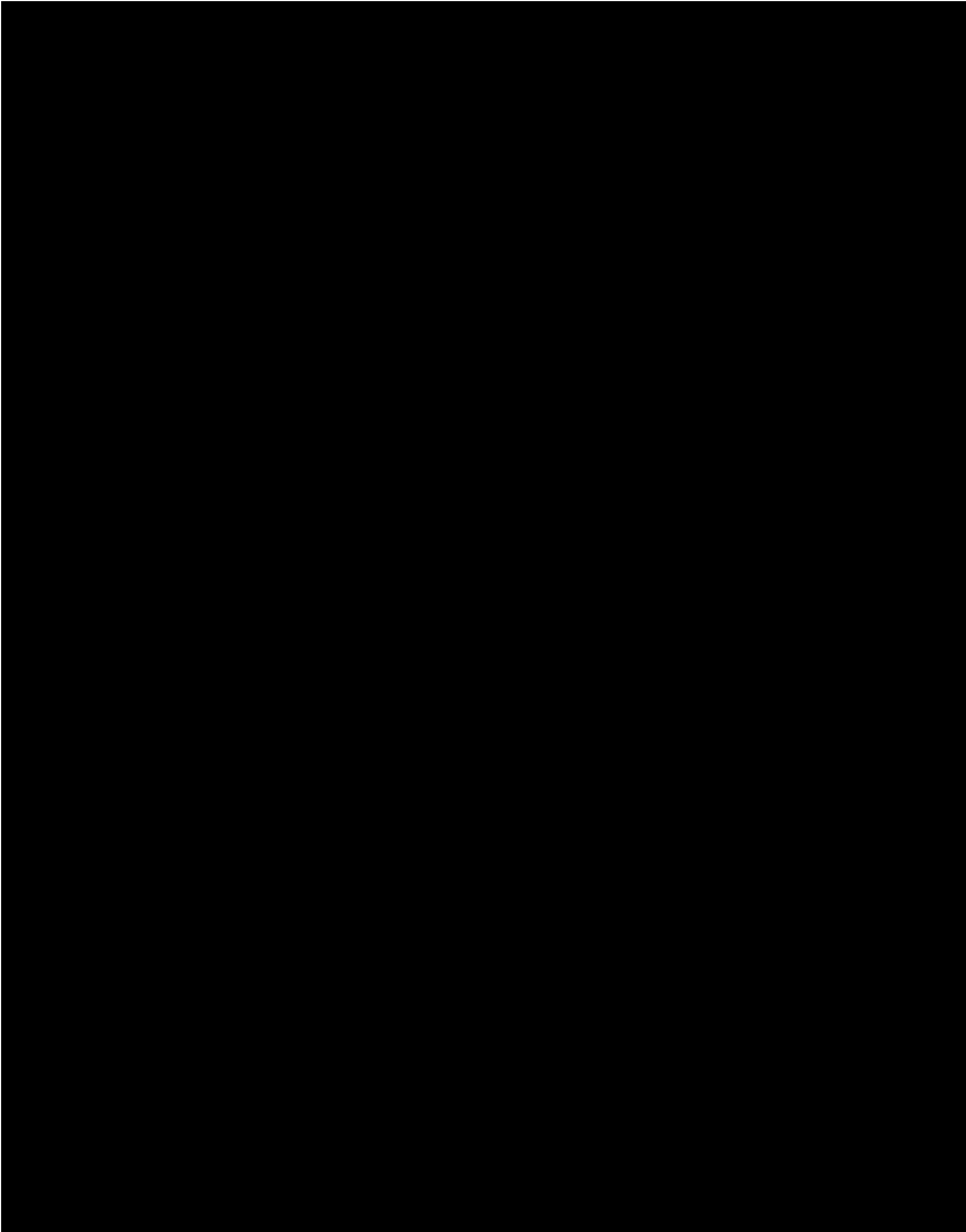
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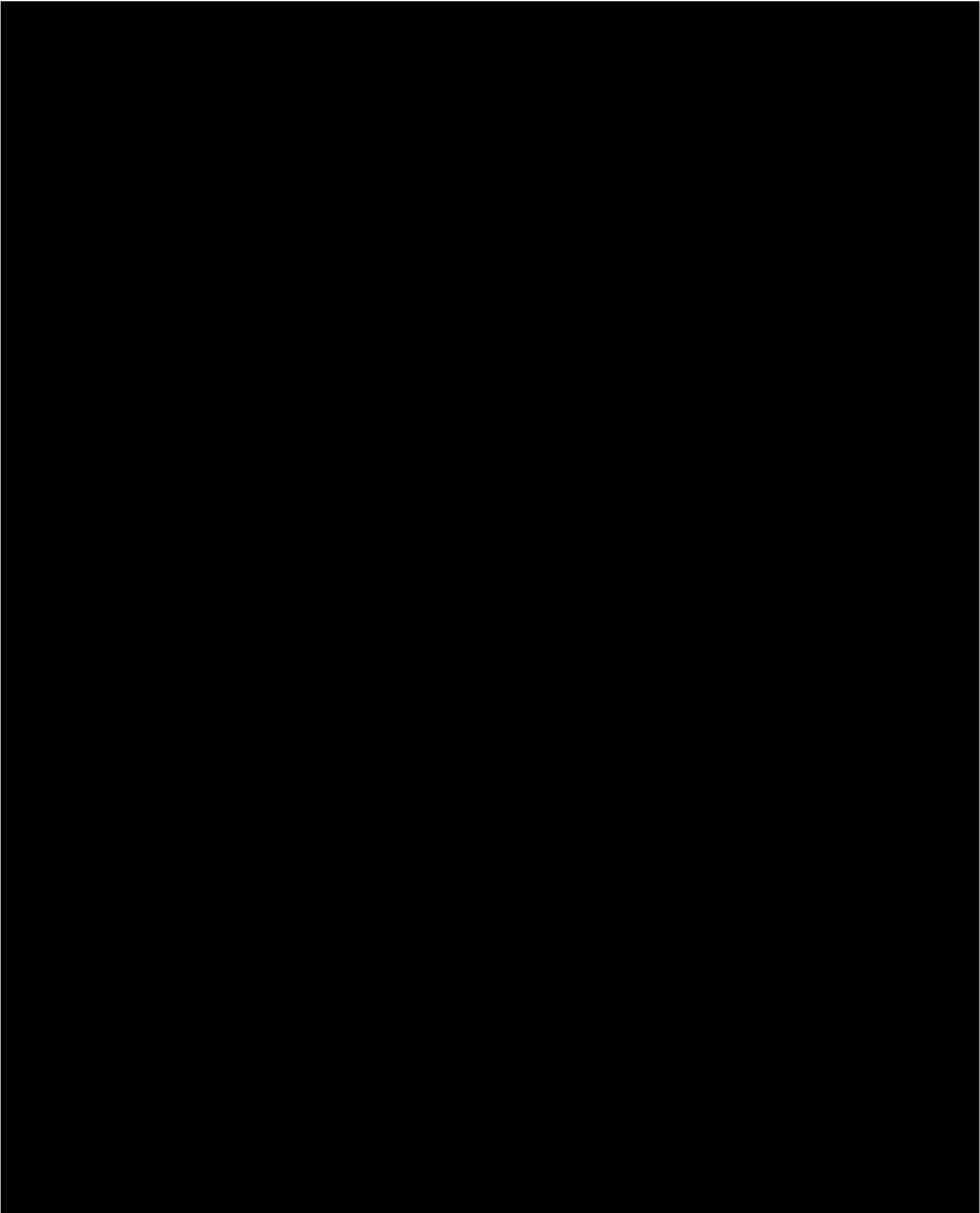


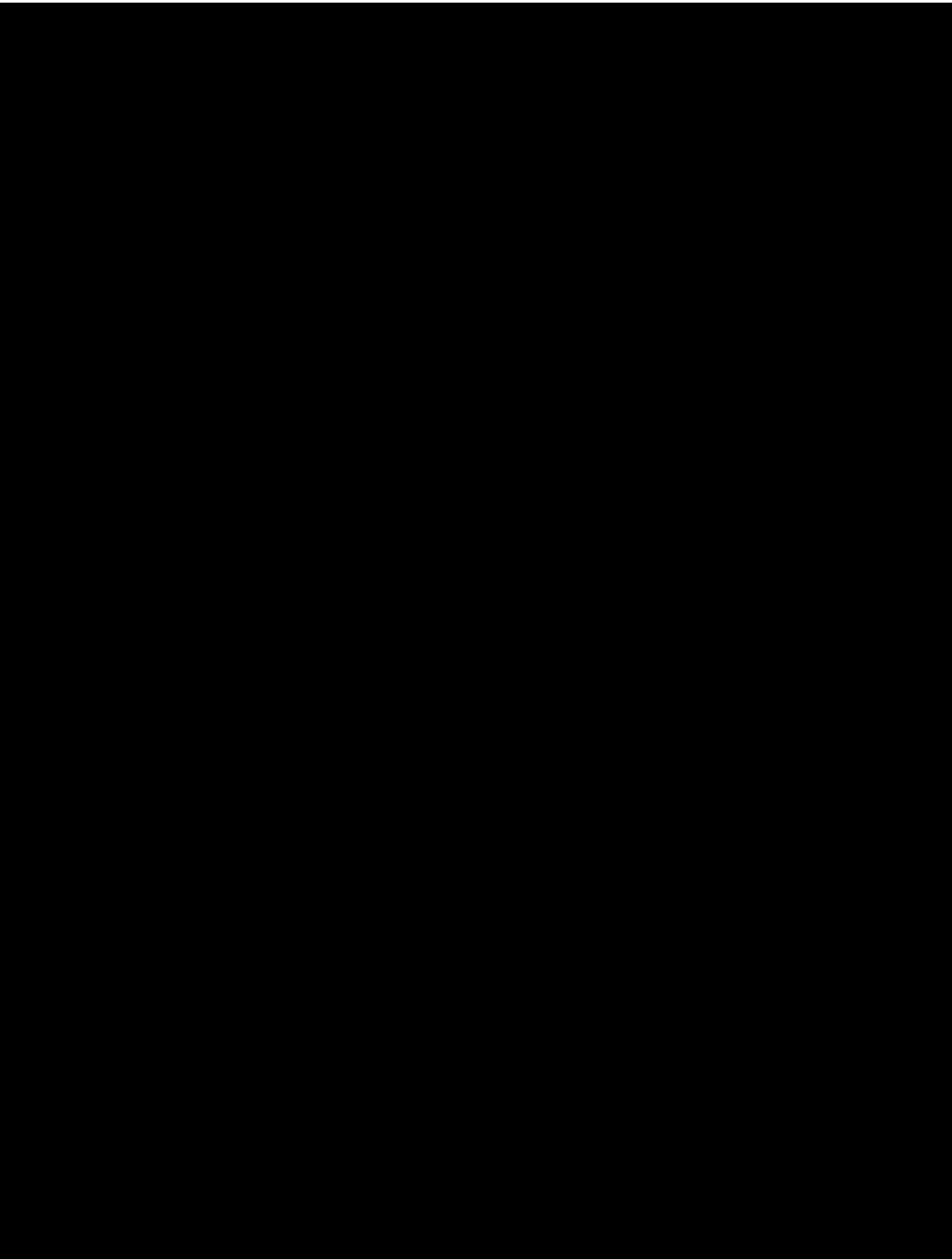


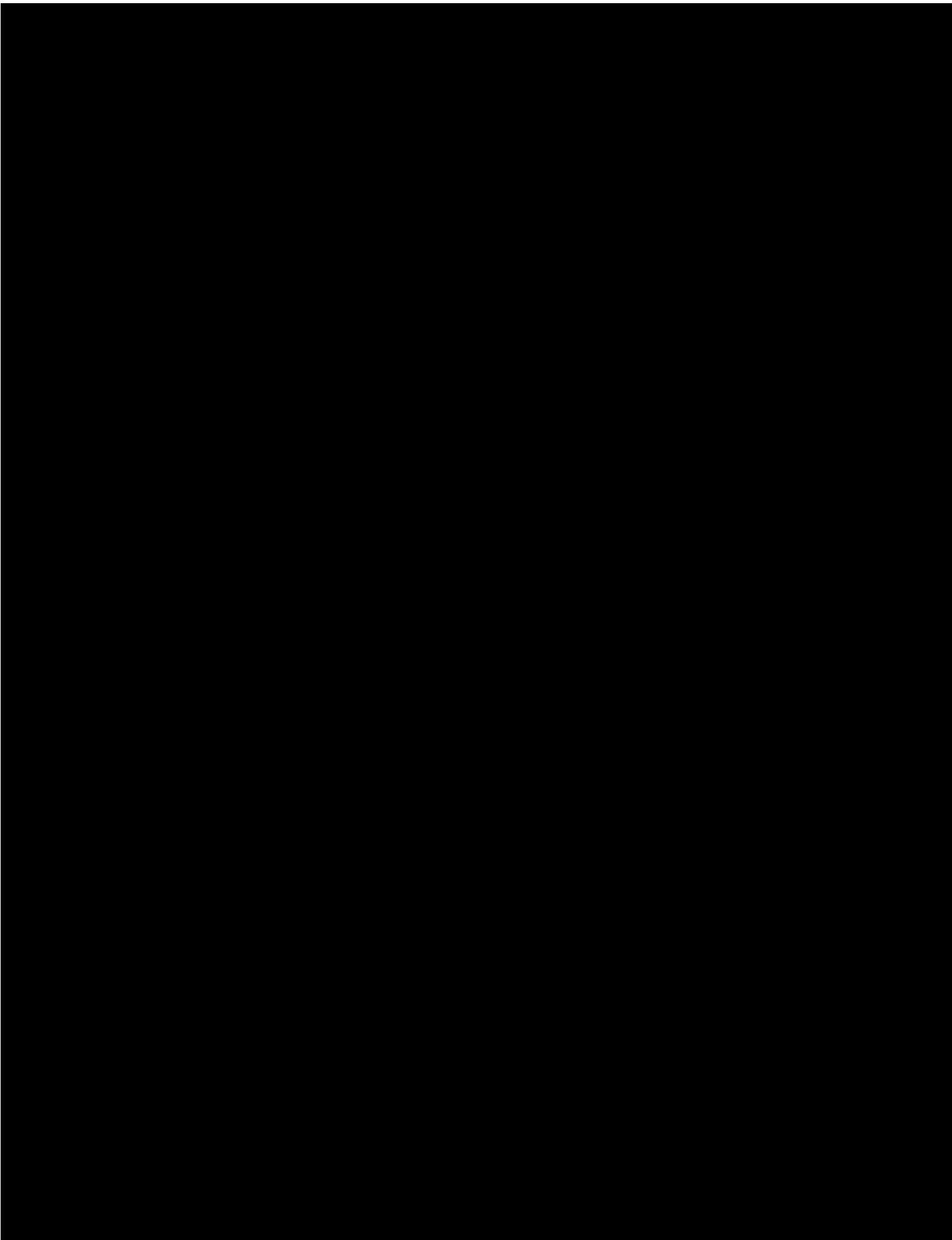


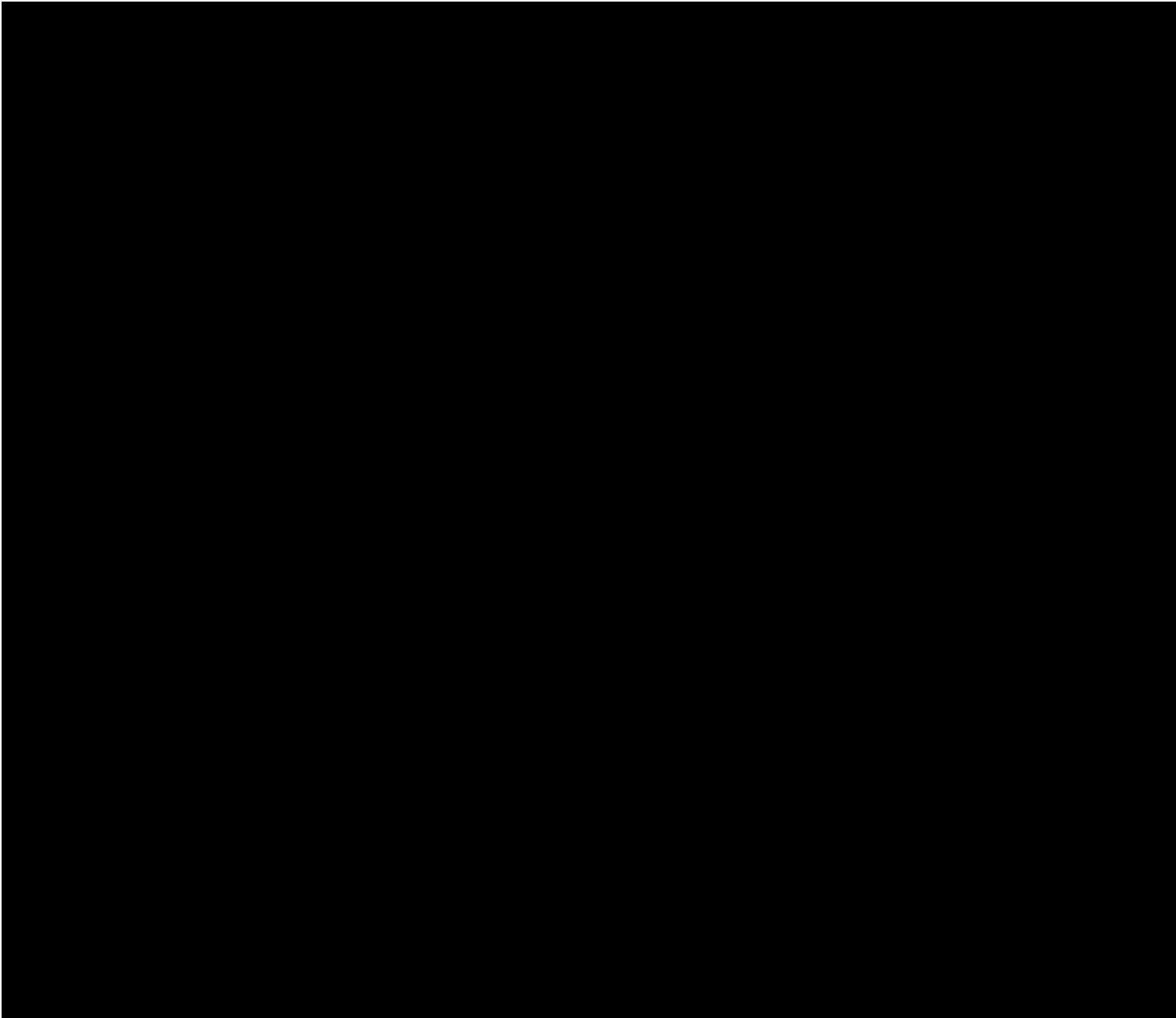


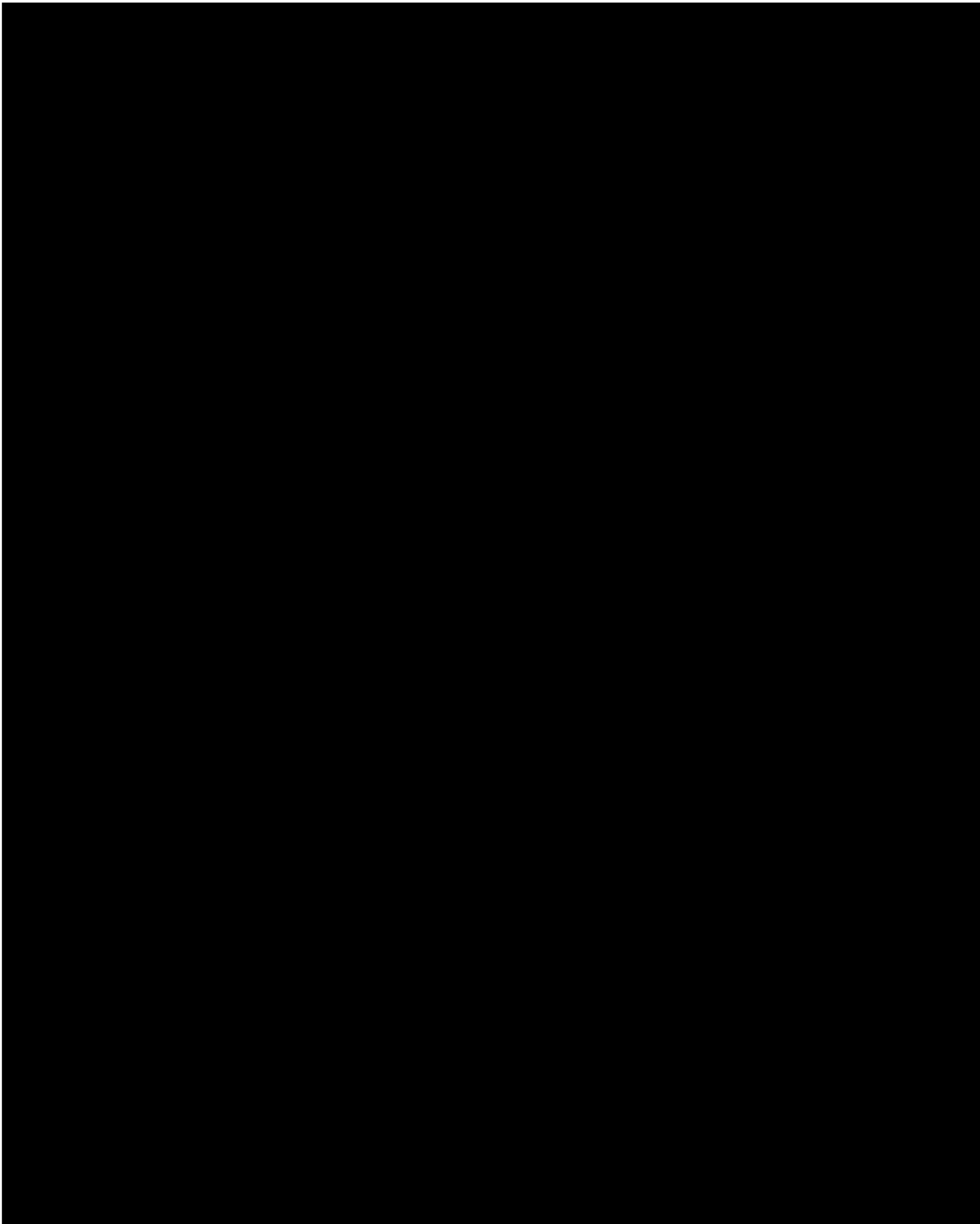


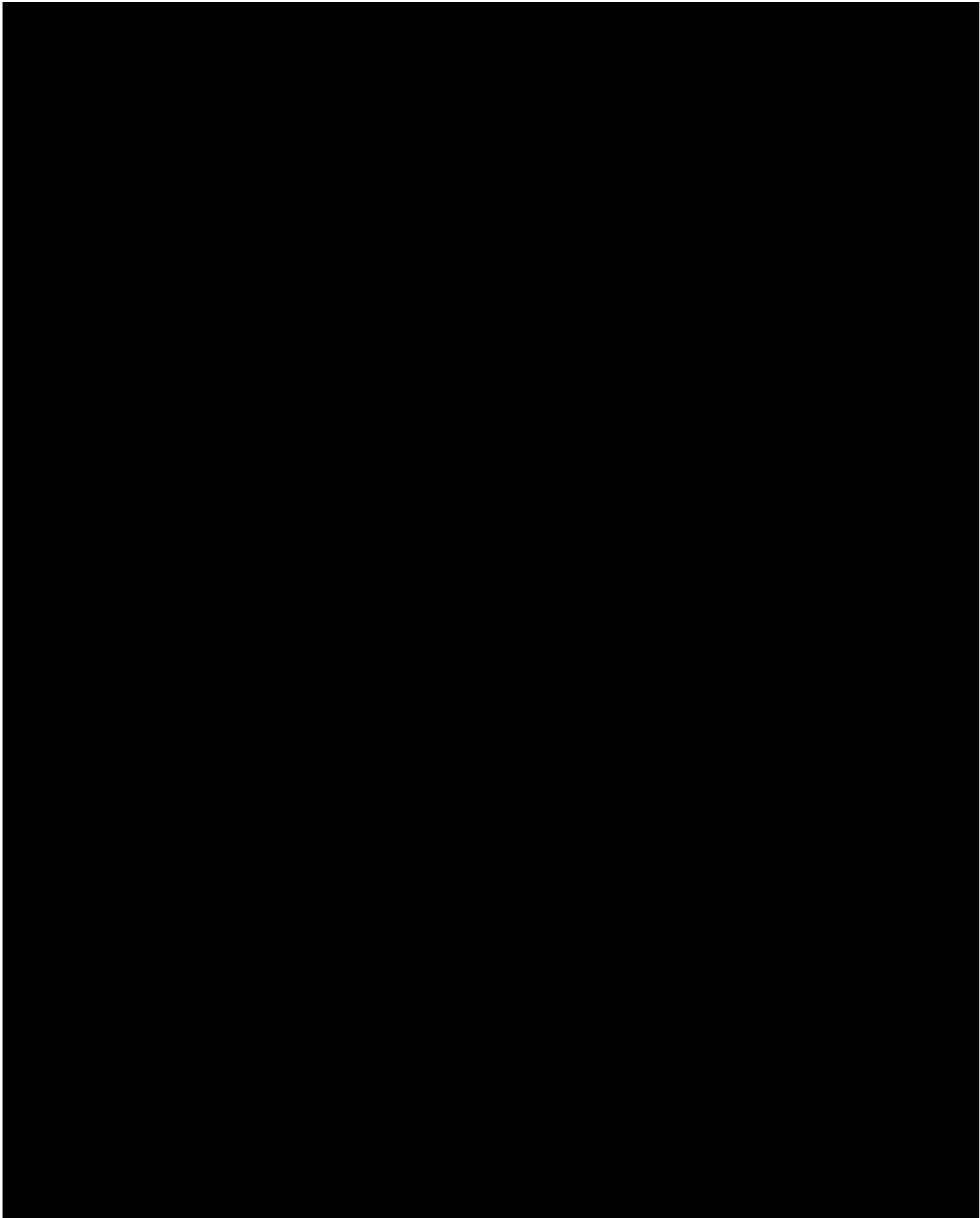


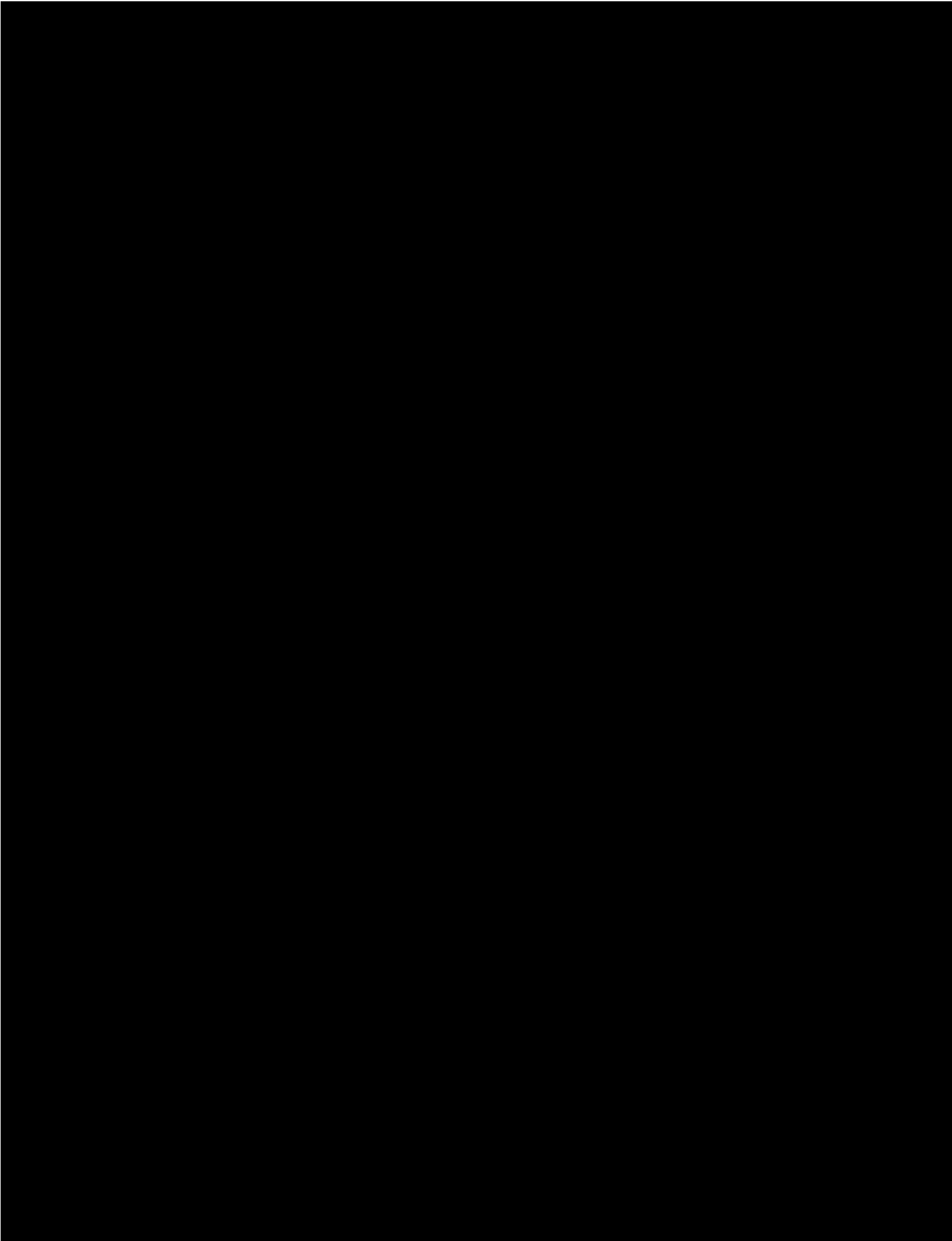




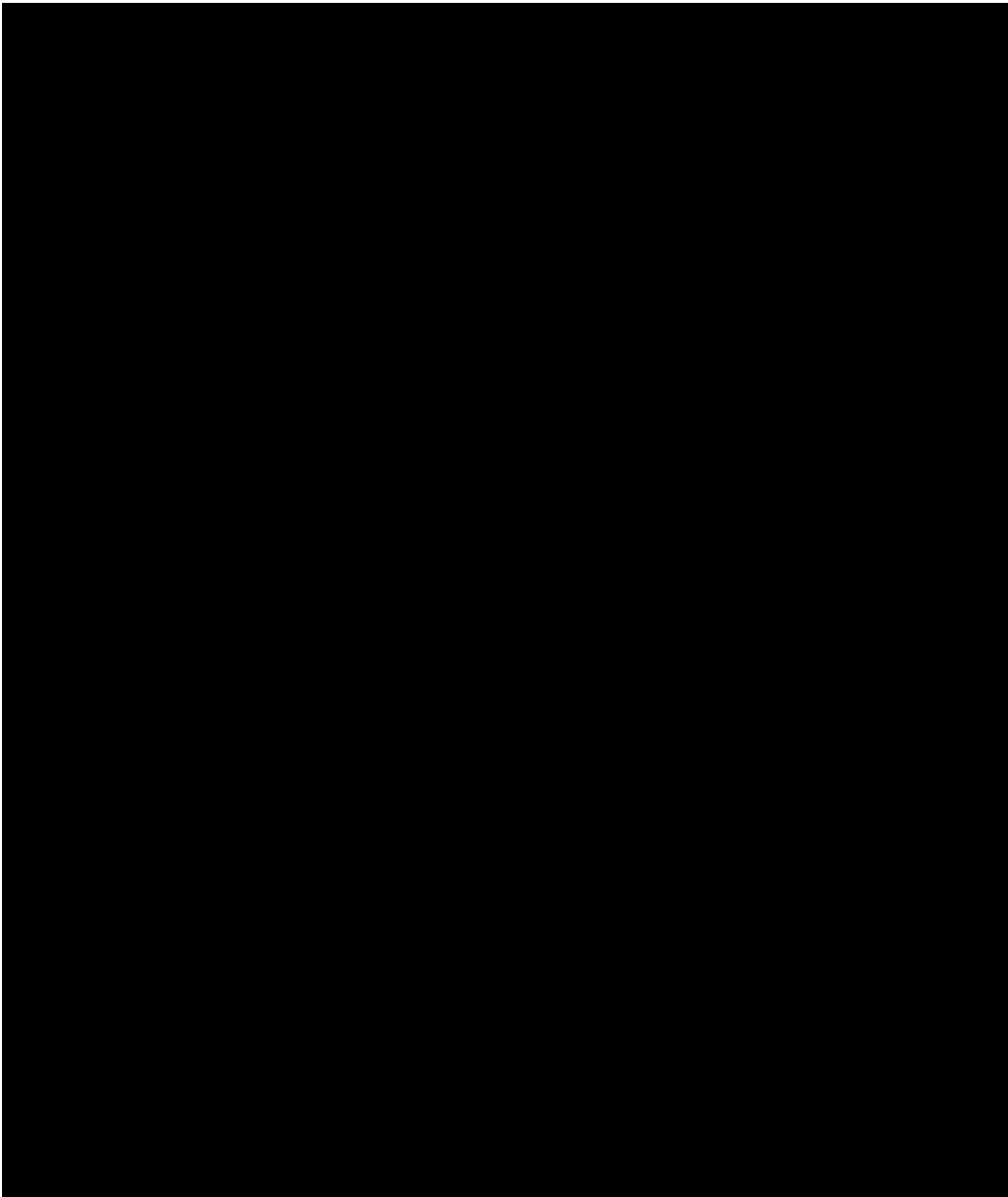


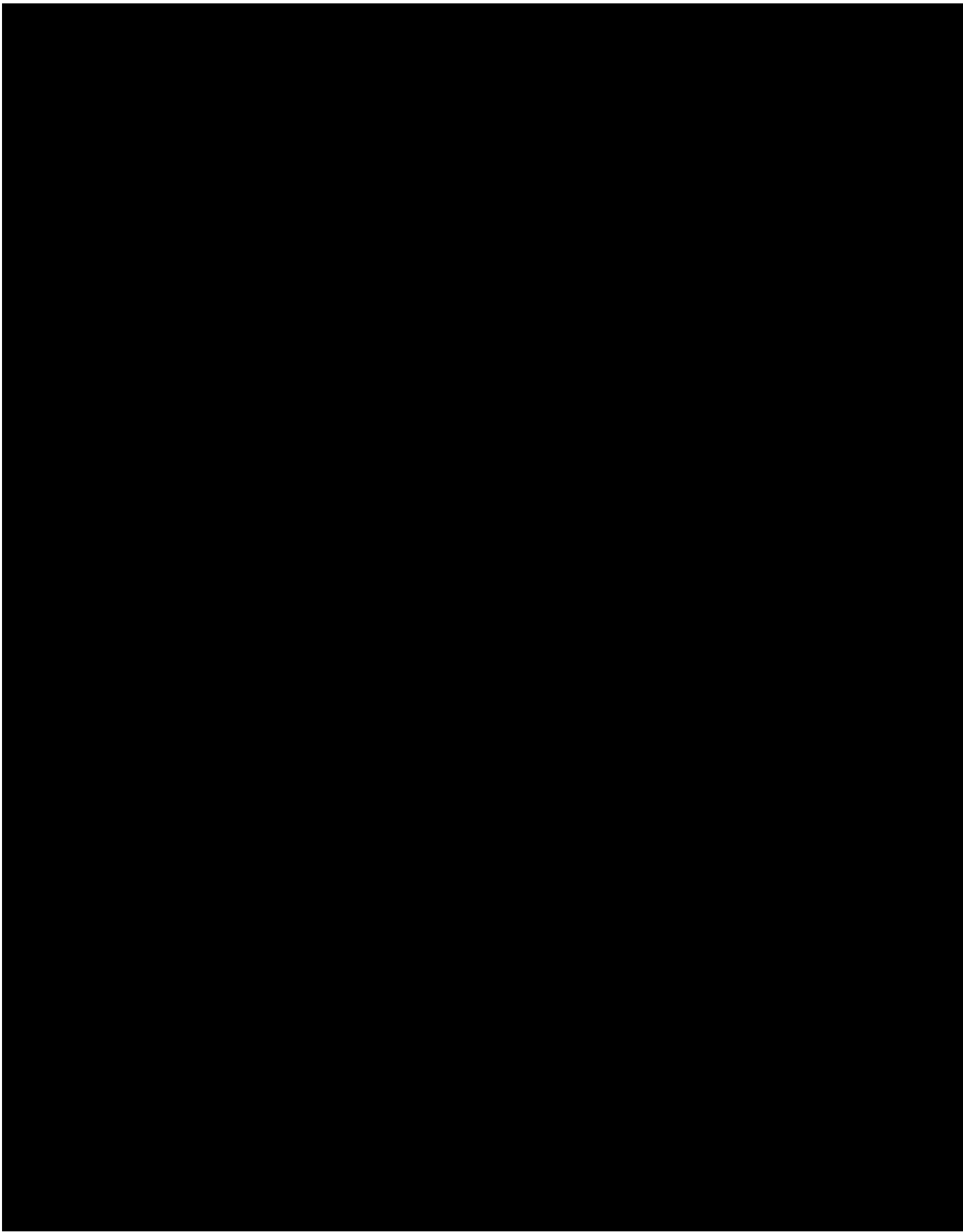


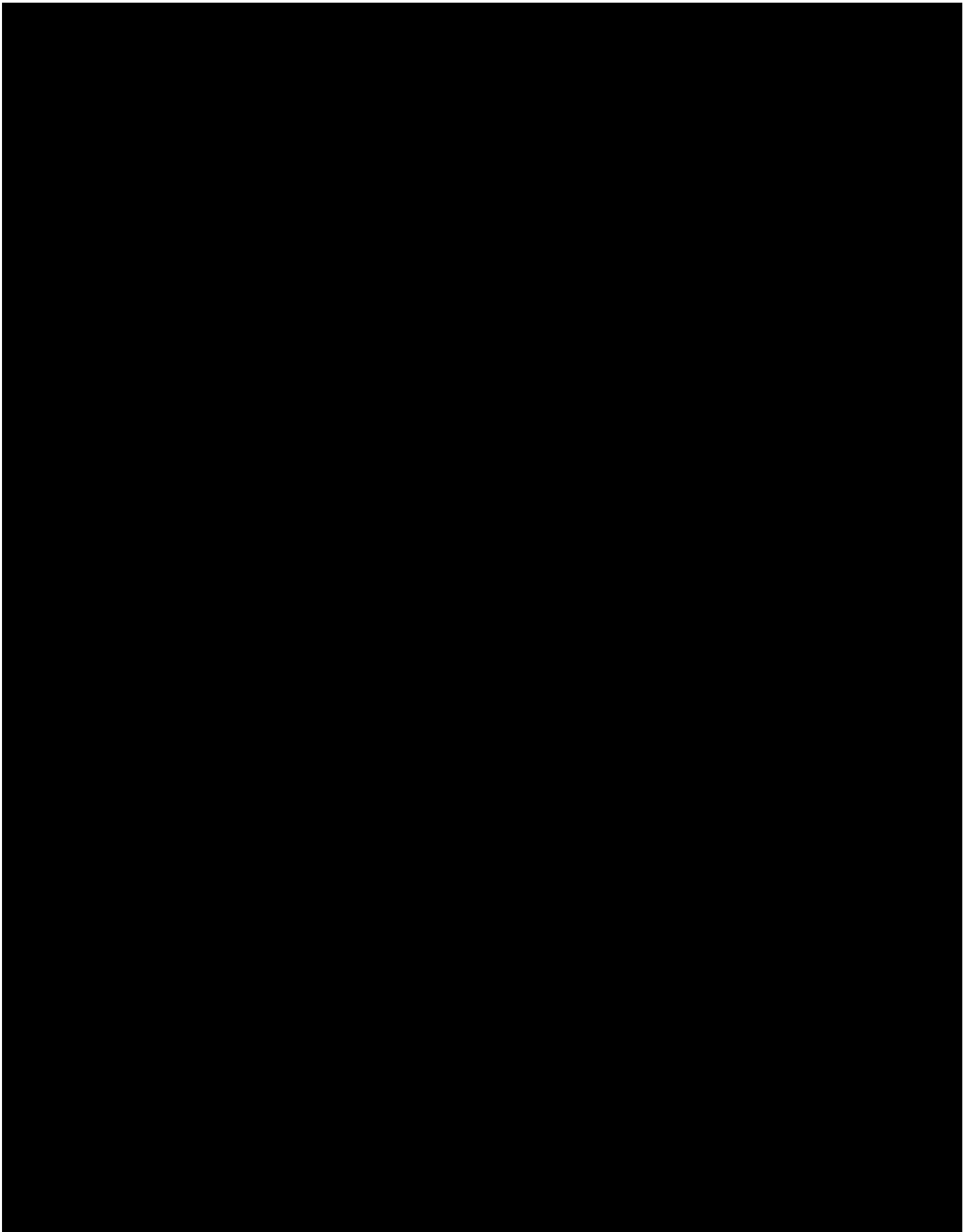


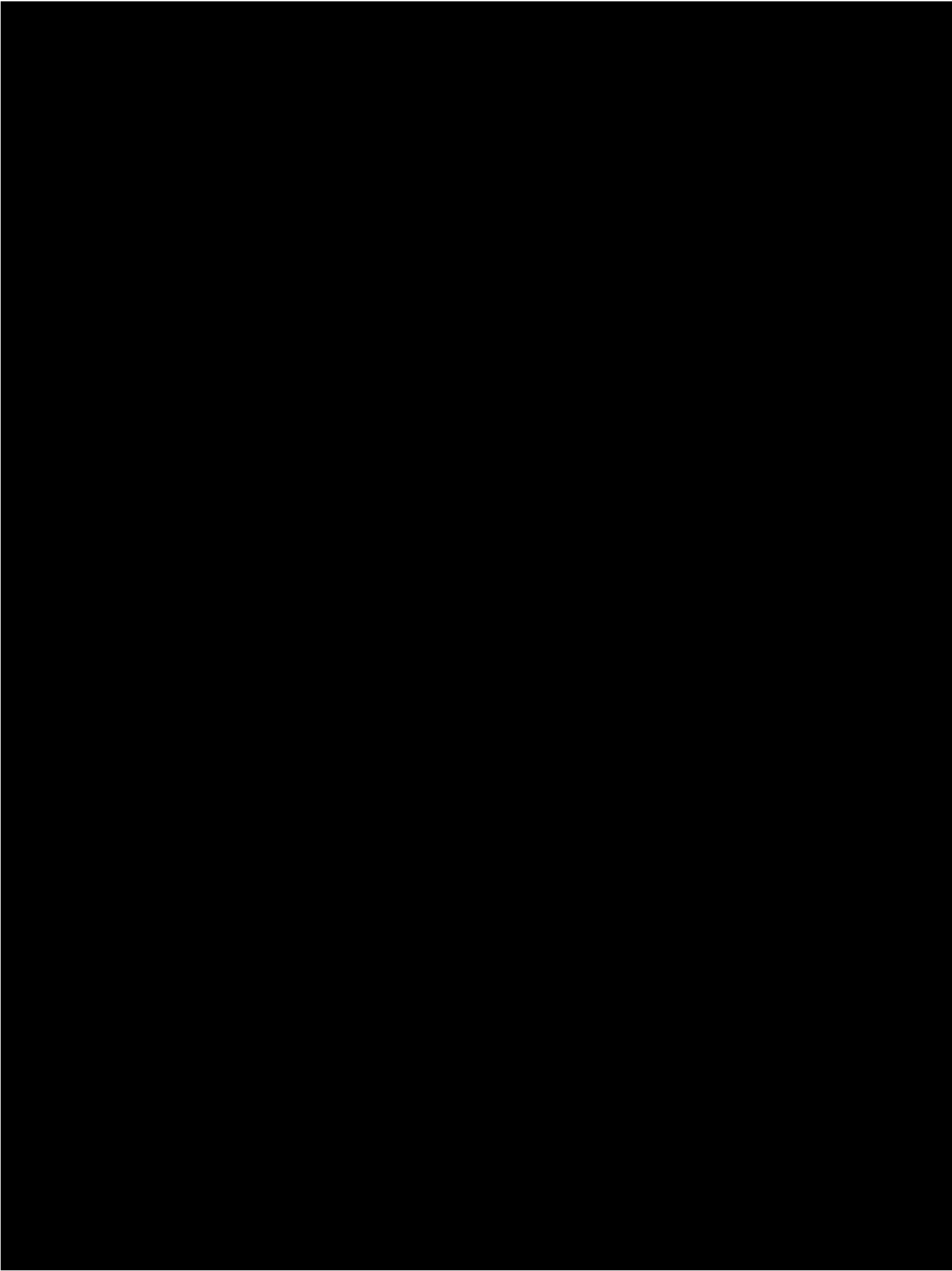


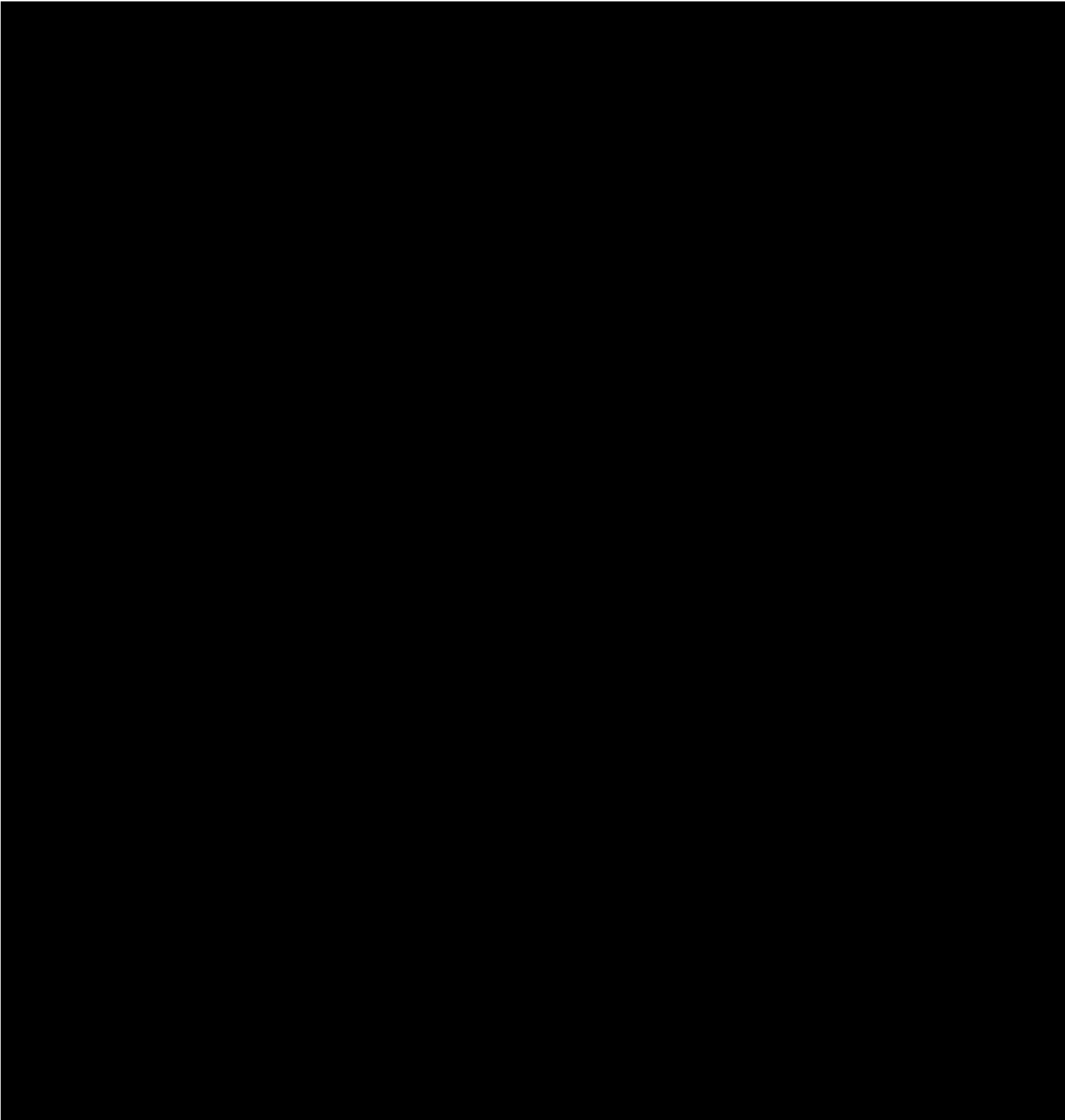
Appendix A.1.7
Backup Security Plan

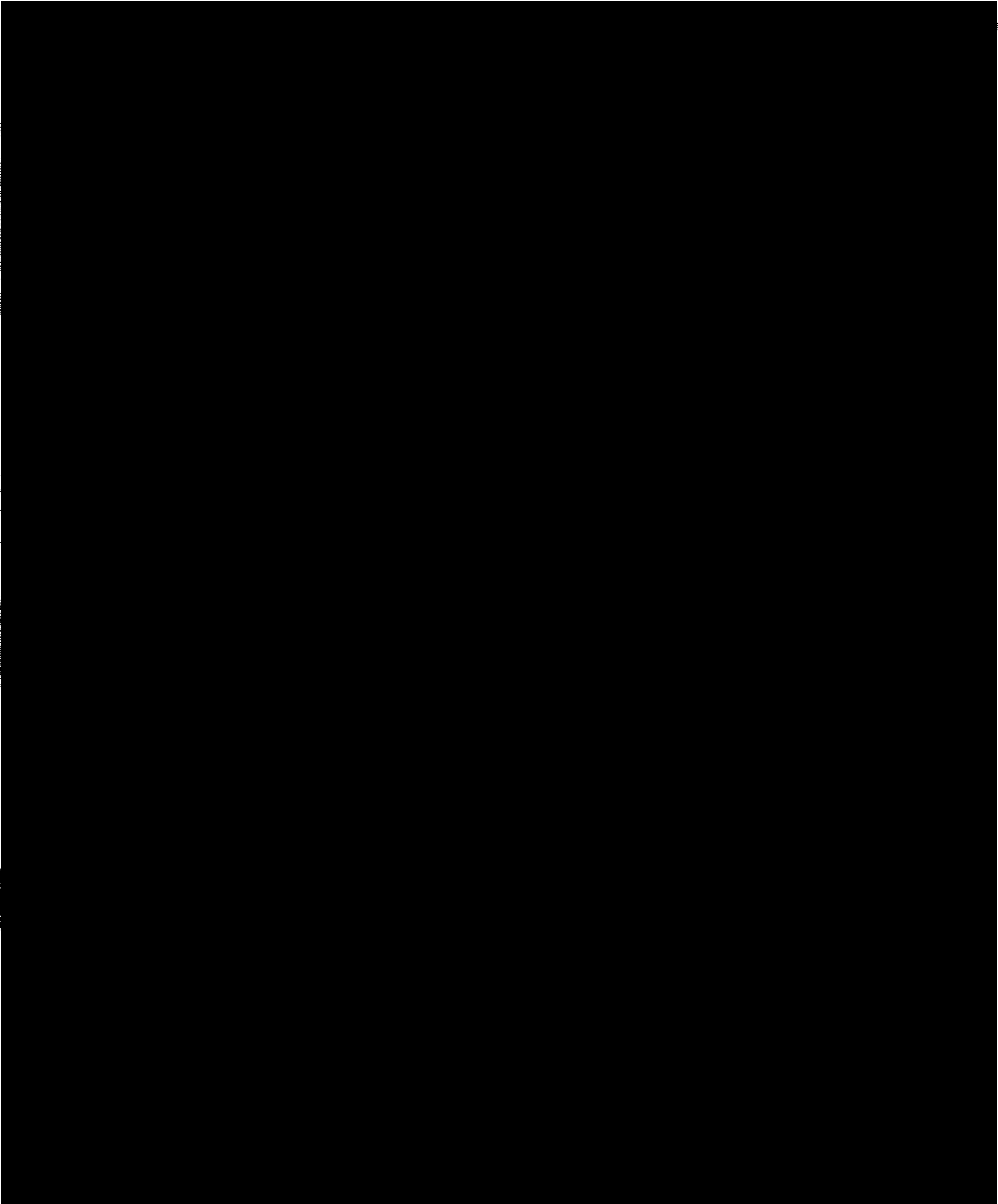


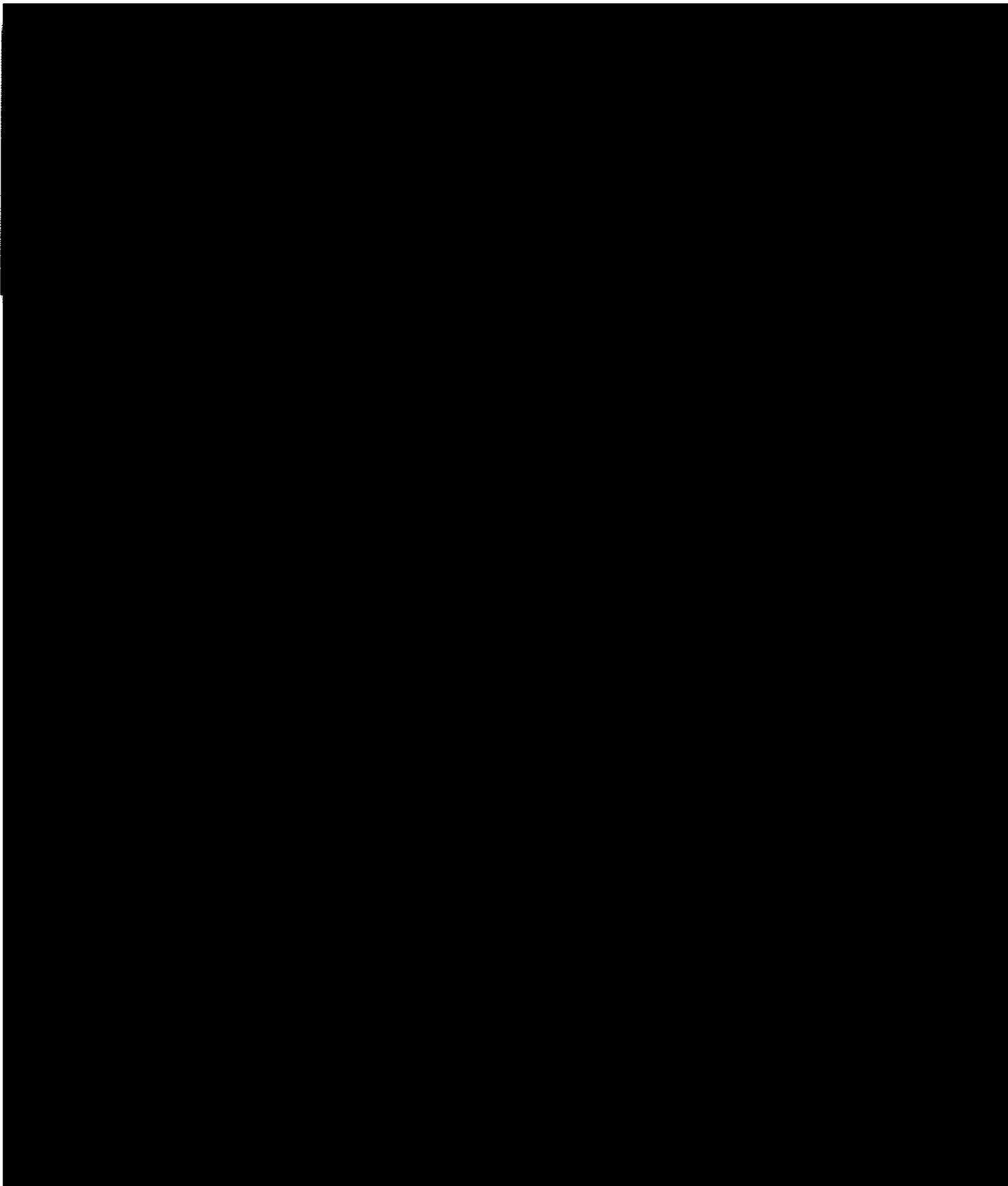












Redundant monitoring facilities are a minimum of 500 miles apart to reduce the risk of weather-related complications.

Section A.2
Summary of Applicant's Qualifications

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.

C-3 Ventures, LLC, d/b/a Coastal City Care seeks to serve the registered medical cannabis patients of Connecticut with the compassionate care they desire and deserve—in a clean, secure facility by professional staff dispensing the highest quality, laboratory-certified medicine, educational materials and complimentary products and services. Our success in fulfilling our vision is measured by patient satisfaction, team member excellence and happiness, return on capital investment, and community support.

Coastal City Care's corporate leadership emanates from Executive Director Thomas Macre, Sr. His work and dedication to medical cannabis is a natural extension of 20 years of work in pain management, and a testament to his executive leadership. Mr. Macre received extensive business, sales and management training with Xerox Corporation, in Hartford, CT. Developing sound business processes and management skills is the key to success in the corporate culture. Since then, Mr. Macre has continued to study emerging and proven business strategies and has been fortunate to learn from some of the biggest and best companies in the country.

Mr. Macre's two-decade history within the health care community is rooted in Neuromodulation and Electrotherapy through Medtronic Neurological. In 2010, Tom started his own medical device company MedTech Healthcare Solutions. His practical knowledge in the field of non-invasive pain management and rehabilitation services has given him tremendous insight into the patients experience of debilitating chronic and acute health conditions.

Medtech's products and services are highly recommended by physicians and other medical specialists. His experience and ability to integrate the latest in technological advancements, has deeply engrained him into the Connecticut medical community. More importantly, because of this, Mr. Macre has developed a multitude of relationships with patients and health care professionals.

Through Mr. Macre's relationships in the medical community, he has come to understand the immense benefits of medical cannabis and its low toxicity profile. He envisions a medical model of distribution in Connecticut focused on non-intoxicating cannabis products that alleviate suffering. His practical knowledge in the field of non-invasive pain management and rehabilitation services provides him with significant insight into a patient's experience with debilitating, chronic, and acute health conditions. This insight and experience is at the core of Coastal City Care's structure, philosophy, and operations.

Mr. Macre has built an experienced, compassionate, and dedicated team with vast industry experience. Highlights include:

- **Rickey King**, a respected pharmacist for over 35 years, will take the role as Dispensary Facility Manager. Mr. King, who was recently recognized in his field as the 2014 AHS Pharmstat Pharmacist of the Year, has extensive experience in pharmacy management, including, but not limited to, hiring and training of pharmacists, pharmacy interns, and tech's. His strengths include patient counseling and customer service which will assist Coastal City Care dispensary in providing comprehensive education for its registered

patients. Mr. King has studied and followed the growth of the Medical Marijuana Program in the State of Connecticut since its inception and is eager to transition Coastal City Care seamlessly into the program as a state-of-the-art dispensary.

- **Thomas Macre, Jr.**, will lead the office management team. As sales representative and manager for MedTech Healthcare Solutions, Mr. Macre, Jr. has helped providers develop treatment plans for their patients and has worked one-on-one with patients to ensure proper training and education on the safe and effective use of his company's equipment. Mr. Macre has partnered with providers to look towards a holistic approach to pain management and physical rehabilitation that can empower the patient through the use of non-pharmacological alternative means. As sales manager, Thomas has taken sole responsibility of many of the business' day to day operations including hiring and training of Therapy Consultants. He has been responsible for growing the company's market size, product line, and customer base. Working with pain management physicians, he learned the value that medical marijuana could have for patients suffering from chronic intractable pain. Mr. Macre, Jr. has traveled the country to attend conferences and educational seminars to stay up-to-date on the latest relevant industry knowledge.
- Manager **Patricia Whitlock** has over 20 years of direct senior level business management experience. Since 2001, Mrs. Whitlock has been the president of the respected plastic tableware product business, Design Specialties, Inc., located in Hamden, CT. She is responsible for all aspects of the business including management decisions,

office management, sales, customer service, marketing, inventory management, product shipping, scheduling product design and financials.

- A Board of Advisors that includes two local, qualified doctors. **Dr. Douglas W. Vaughn, M.D.** is the Medical Director for Yale-New Haven Hospital. **Dr. Lucien Parrillo, M.D.** is the Medical Director for Pain Care Associates, specializing in pain management.
- Safety, security, and strict compliance are critical to successful production. To that end, Coastal City Care has partnered with **Matt D. Cook**, author of the Colorado Marijuana Regulatory Scheme and former Senior Director of Enforcement, Colorado Department of Revenue. Mr. Cook has essentially defined medical marijuana regulation and compliance for Colorado and for other parts of the nation, and has been instrumental in the planning and development of the Coastal City Care organization and its security and compliance measures.

Appendix A.2.1

References



Mr. Rick King
115 Debbie Dr.
Meriden, CT 06451

September 6, 2013

Dear Mr. King,

We want to thank you for giving us a wonderful presentation on the Connecticut Medical Marijuana program. Thank you for accepting our invitation despite your busy schedule. We truly appreciate your time. It was nice to be able to learn about your experiences in the medical marijuana program.

I am proud to say we got great feedback from the attendees, who said they enjoyed the presentation and were very interested in getting involved in the future. Some students who were never interested or had some misconception about the program said this information session definitely sparked their interest in this field. We hope this new program will give a lot of opportunities to USJ pharmacy students who want to be involved in the future.

We also want to take this opportunity to thank all members of your team who helped put this together. Our sincere gratitude also goes to Mr. Steven Gdula who played a tremendous role with the poster and flyers.

On behalf of the APhA Executive Board at the University of Saint Joseph School of Pharmacy, thank you again and we hope to be in contact with you in the future.

Sincerely,

Chioma Ezenduka
PharmD Candidate, Class of 2015
President, APhA-ASP USJ-SOP Chapter (2013-2014)
University of Saint Joseph School of Pharmacy
229 Trumbull Street Hartford, CT 06103



MEDICAL MARIJUANA: A PHARMACIST'S PERSPECTIVE

Date: August 27, 2013

Time: 11am-12pm in the Student Lounge

Come learn about medical marijuana from the perspective of Rickey King, a pharmacist working to establish a medical marijuana dispensary in Connecticut. Rickey King is the Professional Services Manager at Integrated Natural Care Inc., a healthcare start-up in Danbury, CT. Join us for this special speaker event as Rickey King discusses the issues surrounding medical marijuana legislation and the logistics of starting a dispensary.

Event hosted by APhA. All students and faculty are welcome to attend!

19

14 September 2015

The Honorable Jonathan A. Harris

Commissioner, Connecticut Department of Consumer Protection

Re: Medical Marijuana Dispensary Application by C3-Ventures LLC

Dear Mr. Harris:

There is a need for science to guide the prescription and treatment of medical marijuana. C-3 Ventures LLC has partnered with Genomas Inc. to advance the science and personalized treatment of cannabinoids. At present, we cannot predict which patients will derive the greatest benefit from medical marijuana. We hypothesize that patients with gene variants associated with high analgesia sensitivity and genetic alterations in pharmacodynamic and -kinetic genes will report better response to medical marijuana.

The personalized approach to managing acute medical marijuana response analgesia acknowledges patients' individuality and diversity by applying and testing our expertise in human genetics and physiogenomics to clinical practice. Our long term research goal is to advance personalized medical marijuana treatment by identifying variables that affect analgesia management outcomes and test interventions to optimize cannabinoid relief while reducing the occurrence of adverse effects.

The proposed project will apply for the first time the gene tools of personalized medicine to medical marijuana, with Genomas Inc. (www.genomas.com) led by me as Principal Investigator. Genomas mission is to investigate the ways in which information derived from the patient's DNA will improve the practice of clinical medicine. Genomas research has spanned genome wide association studies to understand response to neuro-psychiatric and cardio-metabolic drugs, bariatric and diet/exercise, and clinical case reports demonstrating genotype test results utility in the treatment of an individual patient.

Genomas has come to know well the principal of C-3, Mr. Thomas Macre, and established a distribution business with his MedTech Healthcare Solutions LLC. It is clear to me that Mr. Macre understands the dynamics of medical innovation after his years of experience with medical devices (Medtronic), and how to engage physicians into the application of novel treatments. This expertise sets the C-3 Ventures LLC application apart from other entities with only financial resources.

Our R&D Program could become a resource for the entire industry of medical marijuana in Connecticut, establishing our state as a leading center for the science of medical cannabis. C-3 Ventures and Mr. Macre have my full endorsement and confidence they will establish a research-based Dispensary, and lead the science for medical marijuana in partnership with Genomas to the benefit of this nascent Connecticut industry.

Sincerely,



Gualberto Ruano, M.D., Ph.D.

President and Chief Executive Officer

g.ruano@genomas.net

*Catherine M Lenehan BA, RN
Elder Care Management
3392 Melvin Pl.
Seaford, N.Y. 11783*

*Commissioner William M Rubenstein
Department of Consumer Protection
165 Capital Ave
Hartford, CT 06106*

Dear Sir,

Please be advised that I have known Thomas P Macre personally and professionally for almost thirty years. In all those years, I have never known him to be anything less than hard working and diligent in his pursuit to serve not only the medical community, but his social community as well.

His record of outstanding commitment in the field of medicine is well noted by many in Healthcare circles. He makes himself available to educate and service clients/patients of all ages. He is a deeply caring individual; a rare find in today's market.

I sincerely hope the Board at hand will consider his petition honorable and note- worthy.

Respectfully Yours,



Catherine M Lenehan



Relief:

- Chronic pain
- Back & neck pain
- Neuropathic (disease-specific) pain
- Headaches
- Arm & leg pain
- Sciatica
- Postsurgical pain
- Shingles
- Arthritis & joint pain
- Fibromyalgia
- Cancer pain
- Phantom limb pain
- RSD/CRPS
- Osteoporotic vertebral compression fractures
- Pain from quadriplegia & paraplegia

Convenience:

- Convenient locations
- Handicapped-accessible
- Visa, MasterCard & Discover accepted
- Flexible appts. M-F 9 am to 5 pm
- Medicare
- Most insurance accepted & filed

October 31, 2013

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

RE: Thomas P. Macre, Applicant
Medical Marijuana Cultivation Center and Dispensary

Dear Commissioner Rubenstein:

We would like to recommend Thomas Macre as an owner and operator of a medical marijuana cultivation center and dispensary in Connecticut.

We have known and worked with Mr. Macre from 2003 to present. As a therapy consultant for Medtronic Neuromodulation division for nine years, and now in his present role as President of MedTech Healthcare Solutions, a distributor of non-invasive medical products for pain management and physical rehabilitation, Mr. Macre has acquired extensive knowledge of chronic pain conditions and the various treatment options available.

We have had the opportunity to observe Mr. Macre during numerous patient encounters and can attest that he is professional, patient, and diligent and that our patient feedback was always very positive.

It is without hesitation that we submit the name of Thomas P. Macre for your consideration.

Very truly yours,

David B. Glassman, MD

Erin M. Migliaro, APRN

One Bradley Road, Suite 501/502 • Woodbridge, CT 06525 • 203.389.2278 • Fax: 203.389.2643 • ctspineandpaincare.com

Matthew Leyden
Senior Business Development Manger
Northeast and Canada
ThermaSolutions, Inc.
mleyden@thermasolutions.com
401-524-8395

To Whom It May Concern,

I have had the privilege of working with and managing Tom Macre for over 10 years. I first came to know Tom when he was hired to replace me as a Field Representative at Medtronic Neurological. As the Boston District Manager I relied upon Tom to help lead the others within my District. Tom is first and foremost a people person. He works well as an individual but his strength is in building and supporting Teams.

As a new manager I wanted to get the feel of my team and who was performing at their best. It was during this time that I queried the members of my new team to see who was performing at a high level and who was considered the Team Leader. Without question they all mentioned Tom Macre as the unofficial team leader. Tom has always had an easy way about him no matter if he was working with a patient or with a physician in a difficult situation. There is always a calm about him and you have confidence in knowing that he will get the job done. At Medtronic we had direct patient care responsibilities and Tom was a master of putting people at ease and focusing on the issue at hand. There was one particular elderly woman who would only work with Tom because of his patience and ability to make her his only focus.

While Tom was the unofficial team leader he was also the Top Performer on my District Sales Team. Tom has won both District and National Awards and was always at or near the top when it came to national recognition. At one point I combined sales territories setting up PODS where two or more territories would work together as one. This takes communication and a lot of Team Work. My Connecticut Territory with Tom at the head was always a top performer.

As a representative of Medtronic Tom had the capacity to reach out to all levels of the hospital. From the OR nurses to the physicians he worked with right up to and including the Executive Suite, Tom was confident in his abilities. Many of those physician customers from the past are now friends and colleagues of his, having built strong and lasting relationships.

Tom was an asset to my team and we would not have been as successful if he were not such a strong leader and valuable member of my sales team. Without question, I would recommend Tom for a leadership role in helping to work with physicians and patients. He has a proven track record and has been able to constantly deliver on what goals he set out to achieve.

Sincerely
Matthew W. Leyden



Congregation of the Holy Cross

Sisters of St. Dominic 555 Albany Ave. Amityville, New York 11701

October 10, 2013

Commissioner William M Rubenstein
Dept. of Consumer Protection
165 Capital Ave
Hartford, CT 06106

Dear Commissioner Rubenstein,

It is with pleasure that I write this letter of recommendation for Thomas P. Macre. I have known the petitioner for twenty five years, personally and professionally. Without much more adieu, the vignette I share with you now, will best attest to his standing in the medical arena.

I was living with my frail elderly father in the year 2000, assisting him with activities of daily living. He suffered with a chronic age related medical ailment, which could cause spontaneous bleeding. One such event occurred on July 4, 2002. Since this was a Holiday weekend, medical accessibility was very limited.

I personally called upon Tom Macre, who at the time, was working for Medtronic Corp. He assuaged my immediate concerns, reassuring me he would do his best to find a doctor to address my father's needs, even though he lived in Connecticut and I lived in New York. Within fifteen minutes, a prominent urologist called the house to say; I was asked to call you even though I do not know Tom Macre personally, but his outstanding reputation working with my colleague as a consultant for Medtronic deserved merit.

Doctor Ashley opened his office for my father on the July fourth weekend, and successfully treated him from that day forward until his death. I will be forever indebted to Tom Macre for his compassionate and caring manner. He is without a doubt an outstanding member of the Medical Community and deserves recognition as such.

Sincerely,
Miriam C. Lenehan
Miriam C Lenehan OP Ed.D
Professor Emeritus
Molloy College
RVC, NY

October 14, 2013

We write this letter of Reference on behalf of Thomas Macre, I Sanjeev Rao MD and Aniano Hernandez RN Coordinator both work at SouthWest Community Health Center (SWCHC) in Bridgeport, Connecticut, a primary care clinic that serves the patients in the greater Fairfield and Bridgeport areas. Most of the patients of SWCHC are covered by State Medicaid insurance, and some have no healthcare coverage at all.

We know Thomas Macre from MedTech because he, and his team of Therapy consultants, provide pain management therapies and devices to the patients of SWCHC in need. He and MedTech have partnered with us here at SWCHC to provide the chronic pain patients an alternative or adjunct to their current medical management. As a team, we have been attempting to reduce opioid use in the patient population.

Because of Thomas' experience in this market, and his knowledge of pain patients, Thomas and his staff have been able to bring a therapy to the patients that has been working well for them. They educate the patients and support them through the entire process, sometimes even making home visits. They are a true healthcare partner to us.


Due to the practice demographics of SWCHC, some of the patients are either under-insured or uninsured. As the owner of MedTech, Thomas has committed to providing his companies therapy to the patients regardless of insurance coverage, or reimbursement. Those who need the device, get it. No balance billing, or financial burden, falls on the patients. Although this does not sound like a good business decision by Thomas, it is a testament to his commitment to the patient's wellbeing, and a sure sign of his personal empathy for this patient population. Most of the patients would not receive this therapy without Thomas' help.

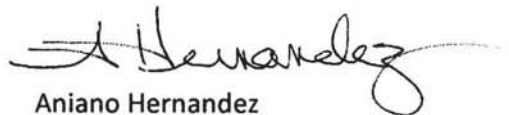
Seeing Thomas with the patients, we know he will serve the Medical Marijuana patient population very well. As he does now, he will work with the providers to ensure the proper patients receive the therapy, and that clinical outcomes are maximized through ongoing communication and information sharing.

Thomas Macre is a professional with high moral standard, and has an intellect that will serve you well. We recommend him to you in your efforts to build a true "medical" marijuana program here in the State of Connecticut.

Feel free to contact us either by phone (203) 332-3526 or email srao@swchc.org, anianohernandez@swchc.org.

Regards,


Sanjeev Rao


Aniano Hernandez

With New Medical Marijuana Law, a Medical Model is Essential

Dr. Sanjeev Rao, M.D.

Connecticut's medical landscape changed substantially in 2013, and likely for the better, when the State Legislature adopted a new law allowing for the medicinal use of cannabis in the treatment of certain conditions and ailments. This is indeed progress, and this well-crafted legislation makes Connecticut the 20th state with a so-called "medical marijuana" law on the books.

As someone who has advocated for the medicinal use of marijuana, understands its benefits and has extensively studied Connecticut's new law, I see this as an excellent opportunity for Connecticut to become a national leader in treating numerous debilitating conditions and diseases. But this will only happen if it is implemented correctly, and licenses are awarded to those who are employing a "medical model" that is based around patients, not profits.

It is up to the state now to decide which companies will be awarded the relatively few available licenses to dispense and/or grow medical marijuana, a process expected to be completed in early 2014. As expected, numerous applications have flooded in.

If there is an unintended consequence of Connecticut's new law, it's this – many applicants see this as a golden opportunity to capitalize on the financial benefits of what they consider a great new startup business opportunity. Some have already stated openly they see this as an exciting new business opportunity, first and foremost.

This is not what Connecticut needs with its medical marijuana law. And more important, it is not what patients in Connecticut need either, those who will truly benefit from the treatment allowed under the new law.

This is why the medical model is so essential.

Companies with a true medical model are the ones which, first and foremost, make the needs of their patients the top priority. Next, these are companies committed to treating their product as a pharmaceutical, where purity and security are paramount. Lastly, these are companies committed to working with physicians to educate and support the patient community. Those companies willing to make this level of commitment are the ones that should be given the strongest consideration.

Once patient care begins, a highly focused approach is required. There are numerous different types of medicinal marijuana available, and a "scattershot" approach to treatment will simply not work. For example, a patient with spinal stenosis is likely to have a different need than a patient with multiple sclerosis. Companies that recognize this and are willing to do the research and study the proper course of treatment are the

companies that will best serve our state's patients. Detailed and intricate assessment of the individual medical need is critical before anything is dispensed.

The security and efficacy of the product is also imperative. Patients and their prescribing physicians need to know the product is organic and uncompromised, its medicinal value of the highest standard, from the moment the plant goes in the ground to the moment it is administered. The product must be monitored and tracked, and the facility in which it is grown must be equipped with state-of-the-art security. The industry standard is called "seed to sale," meaning transparency and accountability are required at every step. This is what Connecticut companies growing and dispensing medical marijuana have to guarantee.

I am pleased that the state has passed this new law, as I understand first-hand the benefits it will bring to those patients who truly need it. As the law is now implemented, it is imperative that the state choose those companies with a true medical model and experience in working with patients in this field.

The business model will eventually work itself out – those companies that are able to meet the patient's specific medical needs will succeed in time. The ones that will rise to the top are the ones with the experience of working with people suffering from the conditions and diseases specified under the state's new law. Those who simply see this as a quick opportunity to make profits should not merit a second glance.

This is a tremendous opportunity for Connecticut to place itself at the fore of medical care. That is why it is imperative that the right applicants are chosen, those committed to the medical model and to whom patients come before profits.

Dr. Sanjeev Rao, M.D., is a physician from Fairfield. He specializes in internal and pediatric medicine.

Dr. Robert T. Kroepel Jr., D.M.D.
243 Broad Street
Milford, CT 06460
203-877-1233

October 14, 2013

To The Board:

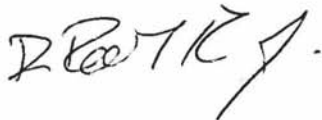
Thomas Macre Sr. and I became friends when my family and I moved to Orange, CT in 1997. At the time, I knew his occupation included high-tech, specialized medical sales, and I became very impressed with his medical intellect. Since then, his focus became chronic pain management, and it was not surprising to me when he formed his own medical supply company, MEDTECH, in 2009, of which I became the medical director.

While raising his family in Orange, Tom was also dedicated to community service, acting as president of both the Orange Little League, and the Paugusett Pool and Tennis Club. Major, long term decisions affecting our town were made during both tenures, all resulting in positive outcomes. He also spent time on the sidelines as a coach in multiple sports for multiple seasons.

Thomas Macre cares about people, and he is passionate about his business plan because it is patient focused. I cannot imagine that there is anyone in Connecticut more knowledgeable about the medical marijuana industry, in regards to not only the patients, but also the prescribing doctors as well. Tom has, in fact, built his career around these relationships.

Please do not hesitate to contact me with any questions.

Sincerely,



Dr. Robert T. Kroepel Jr., D.M.D.
RTK/kwd

New Haven's Finest

2013

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Dr. Vander Vennet is Board Certified in OB/GYN and is a Fellow of the American College of OB/GYN. He performs minimally invasive laparoscopic procedures, laser surgery, colposcopy, cancer detection, the management of menstrual disorders and has a special interest in evaluation and treatment of infertility. When it comes to the unique needs of women, Dr. Vander Vennet and Cathie Miller have the training and understanding to provide the quality of care you want. Like them on Facebook (Dr. Vander Vennet).

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MedTech Healthcare Solutions strives to assist in elevating the standards of care throughout the healthcare community by providing the necessary tools to administer safe, effective & informed options to healthcare. They will work together with your healthcare providers to determine the most cost-efficient & effective treatments available to you. Their Transcutaneous

Electrical Nerve Stimulators (TENS) & Neuromuscular Electrical Stimulators (NMES) are covered by most insurance providers. TENS & NMES are non-invasive, low-risk nerve stimulations intended to reduce acute & chronic pain. You can set these devices for different wavelength frequencies depending on the frequency, duration & amount of pain. Visit: www.MedTechHealthcare.com

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Businesses with new goals look for assistance finding the right direction and voice. Silvia Berg at **silviagraphics, LLC** - fluent in English, Spanish, and German - represents dynamic communications in action with deep roots in design and interactive marketing. With a multi-faceted range of services, including logo and web design, marketing and branding, business cards and brochures, publications, book design, illustrations, advertisements, and postcards and labels, silviagraphics creates a cohesive image for the companies she represents. silviagraphics strives to develop fresh approaches for both business-to-business and consumer clients, offering "one-stop" service from concept to delivery.

silviagraphics has built a comprehensive development methodology that is fast, efficient, and cost-effective. Silvia will work with your ideas to custom-generate solutions that are innovative, unique to your products and services, and synergistic to your company's goals and strategies. When it comes to delivering exceptional solutions for clients, as well as partnering with agencies and other marketing companies in integrated campaigns, silviagraphics covers the universe of communications needs. silviagraphics is dedicated to professionally representing your business to the millions of consumers who access the media on a daily basis.

Visit: www.silviagraphics.com

HOME DÉCOR & FLOORING SPECIALISTS

Annamarie Amore at **AMORE INTERIORS, LLC** encourages her customers to think outside of the box and to not be afraid to use colors & elements in their design. She has been creating floors, kitchens, bedrooms & more for 26 years. She designed her new location on the Boston Post Road herself and has products one can't find in Connecticut.



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MINIMA

Dr. David Lima at **GRE** specially trained in da Vinci using the da Vinci robot. Dr. Lima states that th

ectomies, fibroid remov 3-D surgical view allow patients who can benef conditions such as high sues or severe endomet



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COMPREHE

Family Medicine Practiti **NESS CENTER, LLC** and includes: pediatrics (one) gynecology, minor

mentary health care pr features a neurosurgeon Dr. Clark's interests lie as general family med (den and is a Clinical Fa Quinipiac APRN Progr weight management cli of nutraceuticals/vitamin supplements in offi Contact: www.AspireFamilyMed.com • As



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& Ansonia
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MINIMALI

If you have been told yo matory bowel disease (I with Dr. John M. Aversa PC to see if you would

da Vinci Surgery da Vinci Surgery uses operation than convent known as colon resecti cal outcomes in many c shorter hospital stay and shorter recovery ti & Rectal Surgery and is specially trained in d operate with unmatched precision, dexterity copic surgery da Vinci has revolutionized ce



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XIX concerns) John's h Possessing more tha Funeral Home continu rest assured that the fi handicapped accessible location is convenie parking and their facilities are modern inv counselor until the memorial service is comp of sorrow, understanding in a time of need. Co



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With all of the hotels & fasts? It is quite simply **TIDEWATER INN** offe setting. In the heart of t the center of the villag

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BES'

Today, more than ever consciousness. In this a **LOUNGE** to be one of many years of industry

Developmental Assessment
Storz Ophthalmics
Surgical Products Representative
Thomas P. Macre

Management Strengths:

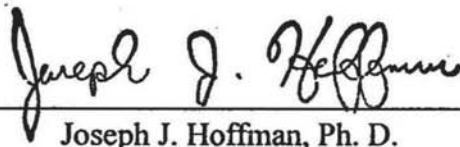
1. Tom has a Bachelor of Science Degree in Biology with a concentration in Mathematics from Villanova University. He was with Xerox Corporation from 1986 to 1993 where he was a Marketing Representative (1987 to 1988) Account Representative, (1989 to 1990) Account Manager, (1991 to 1993) Product Manager; Systems Reprographics. He has been with Storz Ophthalmics since that time as a Technical Sales Specialist (1993) and a Surgical Products Representative (1994 to present).
2. He is very bright, currently functioning in a Superior range of intelligence which places him at the 75th percentile compared to college graduates and the 95th percentile compared to the general population. He is a very strong problem solver and analytical thinker.
3. He has clear strengths in the area of leadership skills. He is a dominant person who enjoys assuming major responsibility. He seeks positions where he can be "in charge" and "in control". He is an outgoing person, who is comfortable meeting new people and relating to others of high status. He is a confident person, who enjoys high visibility roles and the "lime light". He has strong influence skills.
4. He has many strengths in the area of sales skills. He is able to quickly establish rapport with customers and potential customers. He will make effective sales presentations. He will be relentless in his pursuit of "closing".
5. He has strengths in the area of people skills. He has solid verbal communication skills. He is engaging and has a good sense of humor. He is a positive and upbeat person with good morale. He is a perceptive person, who "reads" others well.
6. Work skills are an outstanding strength. He is a highly responsible, conscientious, and dependable person, who pays careful attention to detail and follow through. He is highly planful and organized. He has very high achievement needs and he strives to produce top quality, timely results. He has an independent work style with strong

Summary and Recommendations:

Tom is a well experienced and very bright person, who has proven himself as a top notch sales person. He has clear strengths in the area of leadership traits, work skills, and motivation. He appears capable of developing into a sales management role, but he appears to have important developmental needs if he is to pursue this career path.

It is recommended:

1. Tom would benefit from examining his true motivations for a management/leadership track. In particular, he should consider the issue of focusing on developing others and helping others achieve as oppose to focusing on his own individual achievement.
2. He would benefit from teaming with others when faced with important decision utilizing "soft data". He would also benefit from double checking with others to make sure that he has incorporated all the data he needs to make decisions.
3. He would benefit from building his managerial teaming skills. Good resources would be the American Management Association courses "Interpersonal Skills Lab" and "Executive Effectiveness".
4. Beginning sales management courses such as those offered by the American Management Association or the Michigan Business School are recommended.



Joseph J. Hoffman, Ph. D.

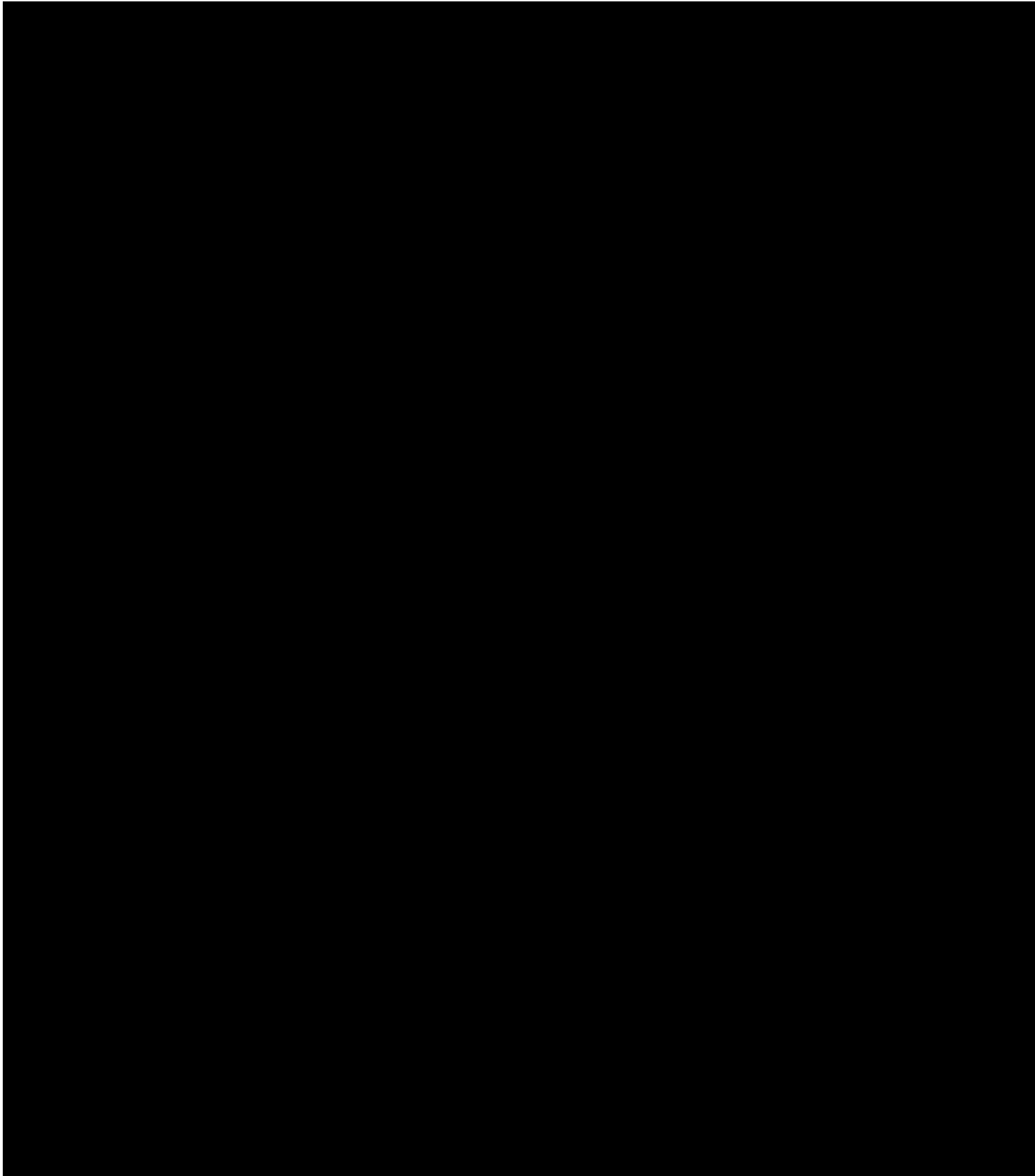
JJH/kmh

Section A.3
Financial Statement of Business Transactions



Appendix A.3.1
Application Financial Statement

C-3 VENTURES, LLC
SCHEDULE OF TRANSACTIONS
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015





COASTAL CITY CARE

**SECTION B
LOCATION AND SITE PLAN**

Section B.1
Location of Proposed Dispensary Facility

1. The location of the proposed dispensary facility;

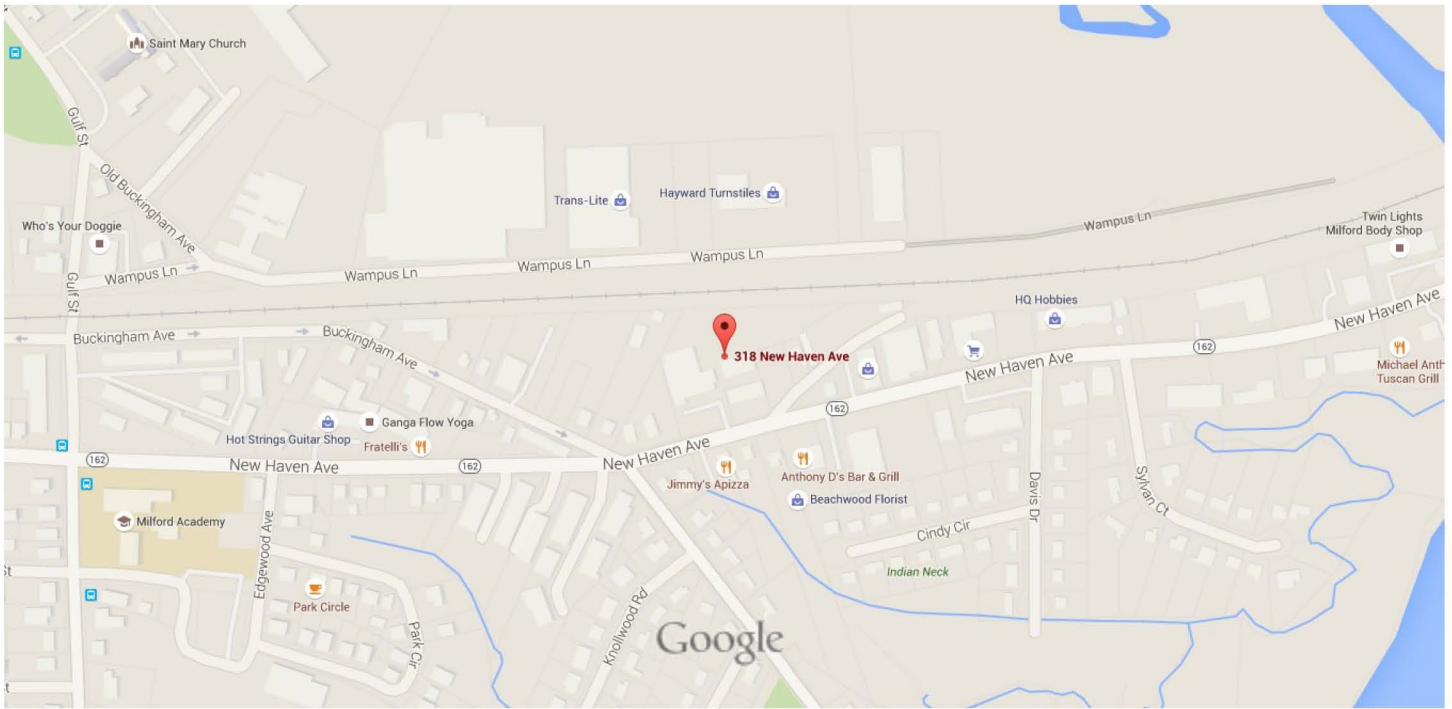
The proposed location of Coastal City Care is 318 New Haven Avenue, Unit B, Milford, CT 06460. A location map and Milford Assessors information pages are attached as **Appendix B.1.1**.

We have carefully chosen our location for a medical marijuana dispensary. The building has a history of medical use and has easy access to downtown Milford, Interstate 95, the Merritt Parkway and the Milford Metro North train station. Coastal City Care is confident we have secured an ideal location to serve the qualified patients of the State of Connecticut.

Appendix B.1.1
Location Map and Documents

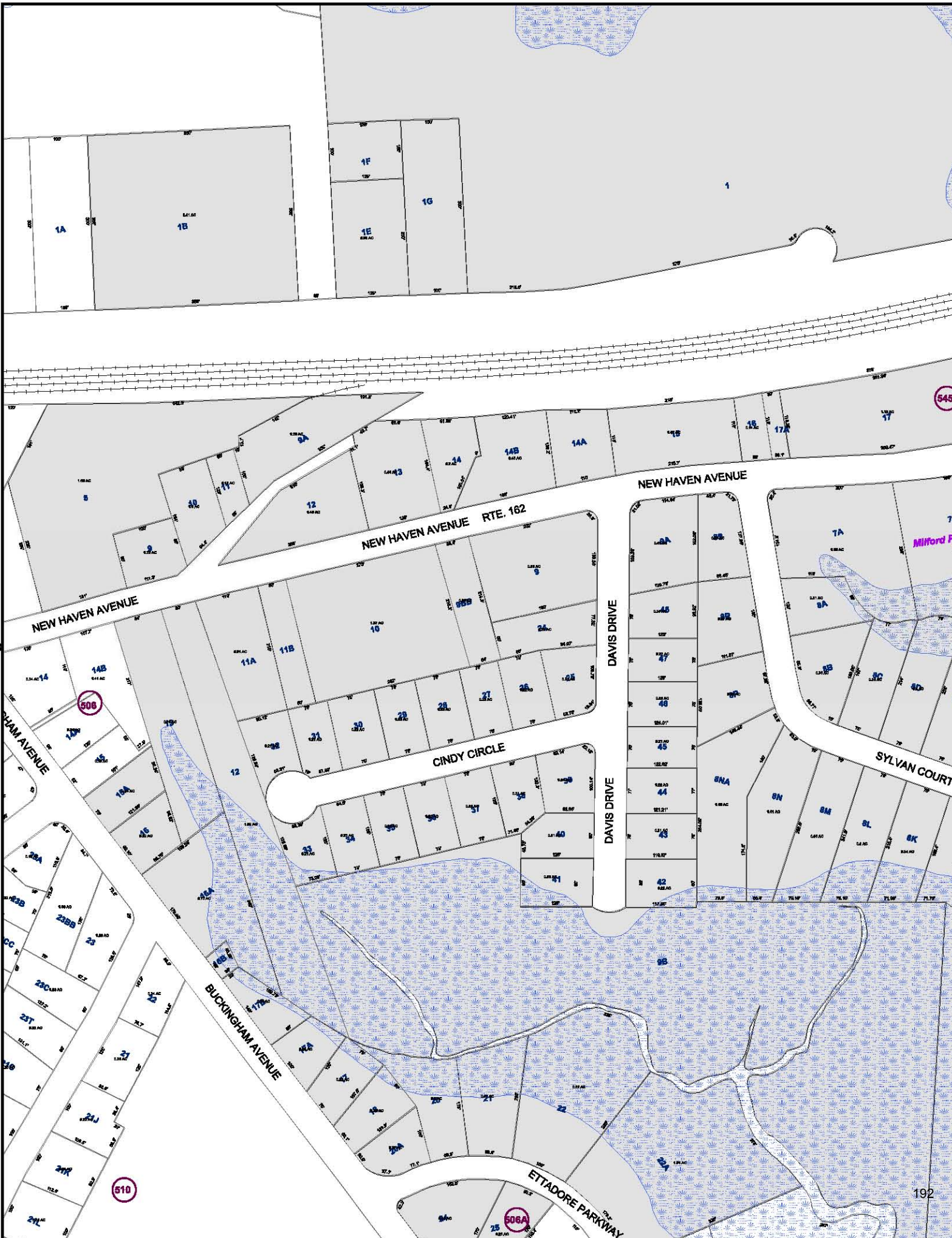


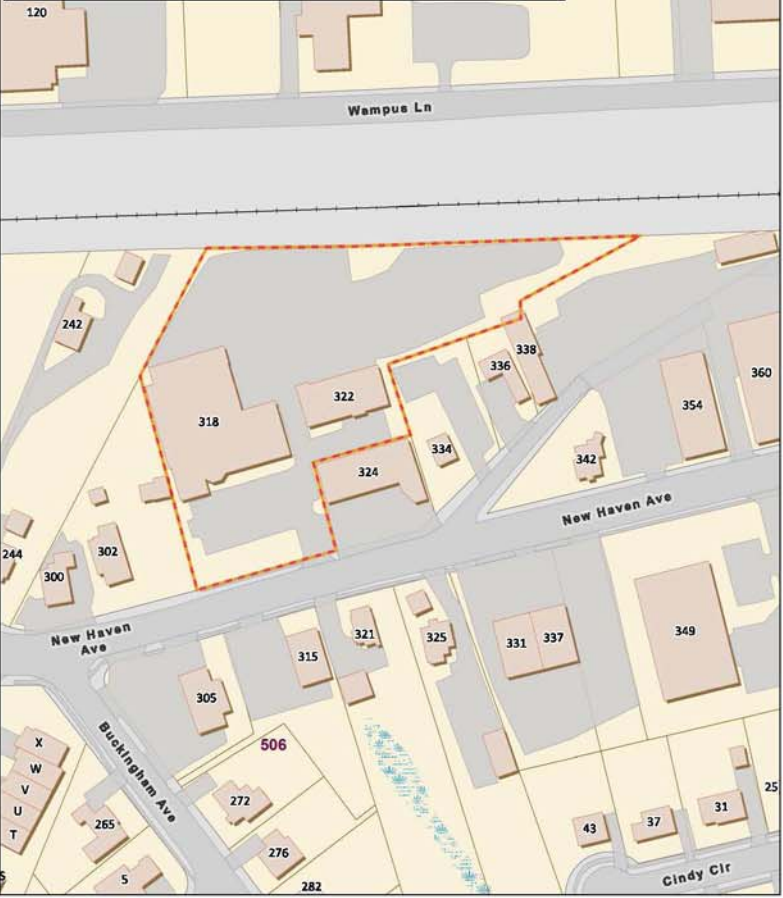
Google 318 New Haven Ave



Map data ©2015 Google 200 ft

318 New Haven Ave
Milford, CT 06460





1 inch = 100 feet



Disclaimer: This map is for informational purposes only. All information is subject to verification by any user. The City of Milford and its mapping contractors assume no legal responsibility for the information contained herein.

Map Produced: March 2015

318 NEW HAVEN AVE

Location 318 NEW HAVEN AVE **Assessment** \$840,000
Mblu 56/ 545/ 8/ / **Appraisal** \$1,200,000
Acct# 016041 **PID** 13752
Owner PEARL CORPORATION THE **Building Count** 2

Current Value

Appraisal			
Valuation Year	Improvements	Land	Total
2014	\$744,800	\$455,200	\$1,200,000

Assessment			
Valuation Year	Improvements	Land	Total
2014	\$521,360	\$318,640	\$840,000

Owner of Record

Owner PEARL CORPORATION THE **Sale Price** \$540,000
Co-Owner **Certificate**
Address 318 NEW HAVEN AV **Book & Page** 01957/0422
 MILFORD, CT 06460 **Sale Date** 04/02/1993
Instrument 14

Ownership History

Ownership History					
Owner	Sale Price	Certificate	Book & Page	Instrument	Sale Date
PEARL CORPORATION THE	\$540,000		01957/0422	14	04/02/1993
NEW ENGLAND SAVINGS BANK	\$0		01793/4760		09/21/1990

Building Information

Building 1 : Section 1

Year Built: 1986
Living Area: 10367
Replacement Cost: \$858,840
Building Percent Good: 80
Replacement Cost Less Depreciation: \$687,070

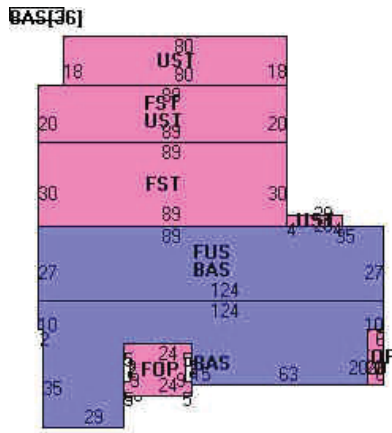
Building Attributes	
Field	Description
STYLE	Office Bldg
MODEL	Commercial
Grade	AVERAGE
Stories:	2
Occupancy	1
Exterior Wall 1	Pre-Fab Wood
Exterior Wall 2	
Roof Structure	Gable/Hip
Roof Cover	Metal/Tin
Interior Wall 1	Drywall/Sheet
Interior Wall 2	Minim/Masonry
Interior Floor 1	Carpet
Interior Floor 2	Concr-Finished
Heating Fuel	Gas
Heating Type	Forced Air-Duc
AC Type	None
Bldg Use	OFFICE BLD MDL-94
Total Rooms	
Total Bedrms	00
Total Baths	2
Bath Desc.	2-Full
1st Floor Use:	3400
Heat/AC	HEAT/AC SPLIT
Frame Type	WOOD FRAME
Baths/Plumbing	AVERAGE
Ceiling/Wall	CEIL & WALLS
Rooms/Prtns	AVERAGE
Wall Height	10
% Comn Wall	0

Building Photo



(http://images.vgsi.com/photos/MilfordCTPhotos//\00\04\06\09.JPG)

Building Layout



Building Sub-Areas		Legend	
Code	Description	Gross Area	Living Area
BAS	First Floor	7019	7019
FUS	Upper Story, Finished	3348	3348
FOP	Porch, Open, Finished	540	0
FST	Utility, Finished	4450	0
UST	Utility, Storage, Unfinished	3300	0
		18657	10367

Building 2 : Section 1

Year Built: 1928
Living Area: 3056
Replacement Cost: \$194,131
Building Percent 75
Good:
Replacement Cost
Less Depreciation: \$145,600

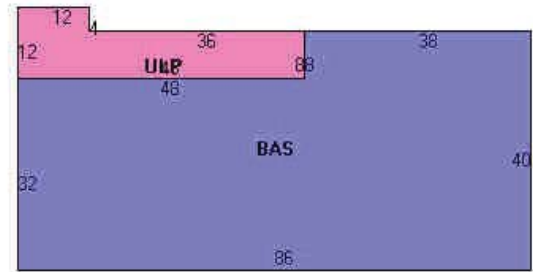
Building Attributes : Bldg 2 of 2	
Field	Description
STYLE	Garage/Office
MODEL	Commercial
Grade	AVERAGE
Stories:	1
Occupancy	2
Exterior Wall 1	Pre-Fab Wood
Exterior Wall 2	
Roof Structure	Gable/Hip
Roof Cover	Metal/Tin
Interior Wall 1	Drywall/Sheet
Interior Wall 2	Minim/Masonry
Interior Floor 1	Concr-Finished
Interior Floor 2	Vinyl/Asphalt
Heating Fuel	Gas
Heating Type	Forced Air-Duc
AC Type	None
Bldg Use	STORE/SHOP MDL-96
Total Rooms	
Total Bedrms	00
Total Baths	2
Bath Desc.	2-Full
1st Floor Use:	322I
Heat/AC	HEAT/AC SPLIT
Frame Type	WOOD FRAME
Baths/Plumbing	AVERAGE
Ceiling/Wall	SUS-CEIL/MN WL
Rooms/Prtns	AVERAGE
Wall Height	14
% Comn Wall	0

Building Photo



(http://images.vgsi.com/photos/MilfordCTPhotos/\\00\02\16\97.jpg)

Building Layout



Building Sub-Areas		Legend	
Code	Description	Gross Area	Living Area
BAS	First Floor	3056	3056
CAN	Canopy	432	0
ULP	Loading Platform, Unfinished	432	0
		3920	3056

Extra Features

Extra Features					<u>Legend</u>
Code	Description	Size	Value	Bldg #	
A/C	AIR CONDITION	9650 UNITS	\$15,440	1	

Land

Land Use

Use Code 3400
Description OFFICE BLD MDL-94
Zone CDD4
Neighborhood I
Alt Land Appr Category No

Land Line Valuation

Size (Acres) 1.89
Frontage 0
Depth 0
Assessed Value \$318,640
Appraised Value \$455,200

Outbuildings

Outbuildings							<u>Legend</u>
Code	Description	Sub Code	Sub Description	Size	Value	Bldg #	
PAV1	PAVING-ASPHALT			18000 S.F.	\$26,640	1	

Valuation History

Appraisal			
Valuation Year	Improvements	Land	Total
2013	\$744,800	\$455,200	\$1,200,000
2012	\$744,800	\$455,200	\$1,200,000
2011	\$928,360	\$455,200	\$1,383,560

Assessment			
Valuation Year	Improvements	Land	Total
2013	\$521,360	\$318,640	\$840,000
2012	\$521,360	\$318,640	\$840,000
2011	\$649,860	\$318,640	\$968,500

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Section B.2
Authorization to Conduct Business Documents

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;

Stephen Harris, Zoning Enforcement Officer for the City of Milford has opined that a medical marijuana dispensary facility fits the use for zoning purposes. Mr. Harris's letter is attached as **Appendix B.2.1**.

In addition, Coastal City Care's team and architect have conferred with the Milford Fire Department to ensure that our building meets all fire codes and regulations. The Department has notified us of the changes that will need to be made once building plans are finalized. In anticipation of being rewarded a license and to expedite any building permit processes, Coastal City Care has begun to move forward with building plans.

Coastal City Care will continue to work with the municipal planning and zoning board and fire department in the proposed dispensary facility community to ensure compliance with all state and local regulations, codes and ordinances.

Appendix B.2.1 Letters



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

Email: shharris@ci.milford.ct.us

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

September 14, 2015

C-3 Ventures, LLC
284 Racebrook Road, #217
Orange, CT 06477

RE: 318 New Haven Avenue

Dear Mr. Macre,

318 New Haven Avenue 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.

A handwritten signature in black ink, appearing to read 'Stephen Harris'.

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

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 light, from a public or parochial school.

Effective Date: October 1, 2014



Milford Fire Department - Fire Marshal Office

72 New Haven Ave
Milford, Ct 06460



Plan Review Report

Date: Tuesday September 15, 2015

Applicant:

Thomas Macre - MedTech Healthcare Solutions
284 Racebrook Rd
Orange, CT 06477

Occupancy:

VACANT
318 New Haven Ave
Milford, CT 06460

Project:

Plan Review - Interior
MedTech Healthcare Solutions

This office has reviewed the plans received on September 14, 2015.

The above-referenced plan was reviewed for compliance with the 2005 Edition of the Connecticut State Fire Safety Code (CSFSC) and all applicable codes and standards. All plan reviews conducted by this office are performed in accordance with Section 29-292 of the Connecticut General Statutes.

The following items were noted and shall be addressed:

Provide Building Department with full submittal package for permitting.

A full submittal package (shop drawings, specifications, cut-sheets, calculations, etc.) is required for any fire alarm system work. The submittal package is required for review and approval prior to the issuance of any associated permits.

A full submittal package (shop drawings, specifications, cut-sheets, calculations, etc.) is required for any sprinkler system work. The submittal package is required for review and approval prior to the issuance of any associated permits.

The following inspections are required by this Office:

Above-ceiling prior to the closing of ceilings.

Fire-rated construction

Final Inspection

The following items require correction.

#1	III-1006.1	<p>The means of egress, including the exit discharge, shall be illuminated at all times the building space served by the means of egress is occupied.</p> <p>Exceptions: 1. Occupancies in Group U. 2. Aisle accessways in Group A. 3. Within dwelling units and sleeping units in Groups R-1, R-2 and R-3. 4. Within sleeping units of Group I occupancies. 5. Continuous illumination of the means of egress in Group R-1 bed and breakfast establishments shall not be required when illumination of the means of egress is initiated upon initiation of a fire alarm.</p> <p>MEANS OF EGRESS ILLUMINATION MUST BE SHOWN ON PLAN.</p>
#2	III-1011.1	<p>Where required. Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. Access to exits shall be marked by readily visible exit signs in cases where the exit or the path of egress</p>



Milford Fire Department - Fire Marshal Office

72 New Haven Ave
Milford, Ct 06460



Plan Review Report

Date: Tuesday September 15, 2015

Applicant:

Thomas Macre - MedTech Healthcare Solutions
284 Racebrook Rd
Orange, CT 06477

Occupancy:

VACANT
318 New Haven Ave
Milford, CT 06460

Project: Plan Review - Interior
MedTech Healthcare Solutions

		<p>travel is not immediately visible to the occupants. Exit sign placement shall be such that no point in an exit access corridor is more than 100 feet or the listed viewing distance for the sign, whichever is less, from the nearest visible exit sign.</p> <p>EXIT SIGNS MUST BE SHOWN ON PLAN.</p>
#3	III-1019.1	<p>Interior exit stairways and interior exit ramps shall be enclosed with fire barriers. Exit enclosures shall have a fire-resistance rating of not less than 2 hours where connecting a total of four stories or more and not less than 1 hour where connecting less than four stories. The number of stories connected by the shaft enclosure shall include any basements but not any mezzanines. An exit enclosure shall not be used for any purpose other than means of egress. Enclosures shall be constructed as fire barriers in accordance with Section 706 of the State Building Code. Exceptions: 1. In buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1 with other than Group H and I occupancies, a stairway serving an occupant load of less than 10 not more than one story above the level of exit discharge is not required to be enclosed. 2. Exits in buildings of Group A-5 where all portions of the means of egress are essentially open to the outside need not be enclosed. 3. Stairways serving not more than three stories and contained within a single residential dwelling unit or sleeping unit in occupancies in Group R-2 or R-3 and sleeping units in occupancies in Group R-1 are not required to be enclosed. 4. Stairways that are not a required means of egress element are not required to be enclosed where such stairways comply with Section 707.2 of the State Building Code. 5. Stairways in open parking structures that serve only the parking structure are not required to be enclosed. 6. Stairways in occupancies in Group I-3 as provided for in Section 408.3.6 of the State Building Code are not required to be enclosed. 7. Means of egress stairways as required by Section 410.5.4 of the State Building Code are not required to be enclosed. 8. Stairways connecting the first and second floors of Group R-1 bed and breakfast establishments shall not be required to be enclosed. Stairways connecting the second and third floors in such occupancies shall be enclosed with fire separation assemblies having a fire resistance rating of not less than 1 hour. Stairways connecting the basement and the first floor in such occupancies shall be enclosed with fire partitions having a fire resistance rating of not less than ½ hour with 20-minute fire-resistance-rated door assemblies. Fire-resistance-rated assemblies at stairways in Group R-1 bed and breakfast establishments shall not be required to be supported by fire-resistance-rated construction.</p>



Milford Fire Department - Fire Marshal Office

72 New Haven Ave
Milford, Ct 06460



Plan Review Report

Date: Tuesday September 15, 2015

Applicant:

Thomas Macre - MedTech Healthcare Solutions
284 Racebrook Rd
Orange, CT 06477

Occupancy:

VACANT
318 New Haven Ave
Milford, CT 06460

Project:

Plan Review - Interior
MedTech Healthcare Solutions

		AT LEAST ONE EXIT FROM THE MEZZANINE MUST BE A 1 HOUR FIRE RATED STARWAY.
--	--	---

This plan has been : **REJECTED as Submitted**

PLANS ARE NOT IN ACCORDANCE WITH THE CFSC 2005 EDITION. BUILDING PERMIT IS NOT RECOMMENDED.

This plan review does not relieve the architect, engineer, contractor and/or builder of meeting all the requirements of the Connecticut State Fire Safety Code and all other referenced Codes and Standards. A Final inspection is required for a final Certificate of Occupancy and/or completion.

The Fire Marshal's Office requires 72 Hours notice to schedule an appointment for inspections.

Reviewed By: Gary Baker

Office: 203-874-6321

Email:

Fax: 203-783-3744

Section B.3
Landlord Written Statement

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;

The property is currently owned by The Pearl Corporation. We have executed a Lease Option agreement with the owner, who is fully aware and in support of our proposed dispensary facility. As the agreement states, we have the exclusive right and option to lease the property should we be awarded a license for our dispensary facility. The written statement from The Pearl Corporation is attached as **Appendix B.3.1**.

Appendix B.3.1
The Pearl Corporation Letter

The Pearl Corporation
318 New Haven Avenue
Milford, CT 06460
203-882-7070

September 8, 2015

Thomas Macre
C-3 Ventures, LLC
284 Racebrook Rd, Unit 217
Orange, CT 06477

Re: Confirmation of Understanding to Lease Property

Dear Mr. Macre:

This letter confirms the understanding of The Pearl Corporation concerning your leasing of the property at 318 New Haven Avenue, Milford, CT, a 2,500 square foot building and associated parking spaces and driveways (the "property").

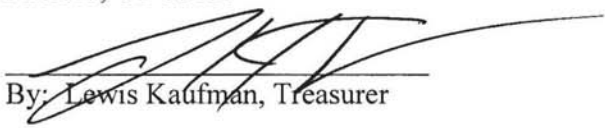
The Pearl Corporation confirms that if you or C-3 Ventures, LLC is granted a license by the State of Connecticut to act as a medical marijuana dispensary and to operate a medical marijuana dispensary facility and department (the "License"), The Pearl Corporation will lease the Property to C-3 Ventures,

The lease shall be signed and take effect promptly after the License is granted. Closing of the lease shall not be subject to any conditions precedent other than granting of the License.

The Pearl Corporation consents to the use of the Property as a medical marijuana dispensary facility and department and to the Property's reasonable modification for such purposes. The Pearl Corporation fully supports you in this venture and is completely aware of the risks involved.

Very Truly Yours,

The Pearl Corporation
318 New Haven Avenue
Milford, CT 06460


By: Lewis Kaufman, Treasurer

Section B.4
Exterior Text and Graphics

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

Signage on the exterior of the Coastal City Care dispensary facility building will consist of a single sign not larger than 16" tall by 18" wide displaying only the simple Coastal City Care logo and the address of the building. The simple Coastal City Care logo does not utilize any words, fonts, or graphics related to the marijuana plant, iconography (explicit or implicit), or paraphernalia. The proposed sign is attached as **Appendix B.4.1**.

A sign posting hours for the general dispensary facility hours and for the dispensary department will be posted at all entrances to the facility in block letters more than one-half inch in height.

Displays of marijuana and paraphernalia will only be visible within the dispensary department to patients and caregivers who have designated Coastal City Care as their dispensary facility. Such displays will not be visible from outside the building.

The objective for providing signage on the exterior of the dispensary building is for patients and caregivers seeking the building to be able to identify it by its address and company name, without in any way advertising marijuana, marijuana products, paraphernalia, or additional value-added offerings.

Appendix B.4.1
Proposed Dispensary Facility Signage



COASTAL CITY CARE

Section B.5
Neighborhood Photographs

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;

Coastal City Care's proposed dispensary facility is located on New Haven Avenue in the southeastern section of the City of Milford, just outside of Milford Center and close proximity to Route I-95 and the Boston Post Road. The neighborhood is primarily composed of commercial uses. The neighborhood includes a variety of retail locations, small strip malls, offices, and residential properties. Units at 318 New Haven Avenue are currently occupied by Cohen, Kaufman and Associates, an accounting firm and Milford Body Therapy, a massage therapy business.

The property is located in the Corridor Design Development District 4 (CDD-4). According to Section 3.19 of City of Milford, Connecticut Zoning Regulations - the purpose of the CDD-4 Design District is to "facilitate good urban design and sensible land use patterns which will provide an aesthetically and functionally smooth transition from the high density uses of Milford Center to the lower density residential neighborhoods in the southeastern section of the City, while supporting New Haven Avenue's role as a vibrant commercial area that provides goods and services to residents and supports the City's tax base. As is the case with all Corridor Design Development Districts, a high level of design is established for the review of development proposals within the Site Plan review procedure."

Since inception of state law, Coastal City Care has continued to engage and collaborate with local city officials and zoning boards to provide education to them on the nature of our business and the regulatory framework of the state program. Coastal City Care seeks to showcase the positive impact the company can have on their community in a collaborate effort. Our facility is designed to blend in with neighboring businesses to ensure community comfort. Photographs of the property and neighborhood are attached as **Appendix B.5.1**.

Appendix B.5.1 Photographs



FIGURE 1 – 318 New Haven Avenue. Facing Subject.



FIGURE 2 – 318 New Haven Avenue. Rear of building.



FIGURE 3 – 318 New Haven Avenue. Rear of building. Receiving/delivery door marked.



FIGURE 4 – 318 New Haven Avenue. Door to Unit B.



FIGURE 5 – 322 New Haven Avenue. The Pearl Corporation Offices (Landlord).



FIGURE 6 – New Haven Avenue. Looking west of the property.



FIGURE 7 – New Haven Avenue. Looking east of property.



FIGURE 8 – New Haven Avenue. Restaurant directly across street from property.



FIGURE 9 – Adjacent to 318 New Haven Avenue. Auto body shop.



FIGURE 10 – Adjacent to 318 New Haven Avenue. Office/residential.



FIGURE 11 - Across the street from property. Flower shop.



FIGURE 12 – Intersection of New Haven Avenue and Buckingham Avenue. Gas Station.

Section B.6
Site Plan

MAP

- 1. Map
- 2. Map
- 3. Map
- 4. Map
- 5. Map
- 6. Map
- 7. Map
- 8. Map
- 9. Map
- 10. Map

GENERAL

- 1. This
- 2. This
- 3. This
- 4. This
- 5. This
- 6. This
- 7. This
- 8. This
- 9. This
- 10. This

To the

map is

This Map is NOT VALID without a LIVE SIGNATURE and EMBOSSED SEAL.



ARB

5

2/2/20

DATE	DESCRIPTION
	REVISIONS



CIVIL ENGINEERING & LAND SURVEYING
 415 HOME AVENUE
 SHELTON, CONNECTICUT 06484
 PHONE: (203) 385-1100 FAX: (203) 385-1101

Section B.7
1,000 Ft. Location Map

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

Throughout our survey of potential locations, Coastal City Care made community safety and finding appropriate, discreet, non-residential locations our top priority.

Located approximately 970 feet from Coastal City Care's proposed dispensary location is St. Mary's Church and school, located at 68-76 Gulf St. In addition, 0 Buckingham Avenue is owned by St .Mary's church however, it is an open lot and does not contain any improvements or buildings. Coastal City Care is aware of the proximity of these locations and will do the utmost to ensure that our dispensary operations will not impact the church or school.

None of the facilities or property lines within the 1000 foot diameter area belong to hospital or veterans' home or any camp of military establishment.

Appendix B.7.1, attached, includes a 1,000 foot radius map that identifies St. Mary's property in relation to 318 New Haven Avenue. In addition, we have attached a City of Milford abutter list which lists all property owners within 1,000 feet of the proposed dispensary facility.

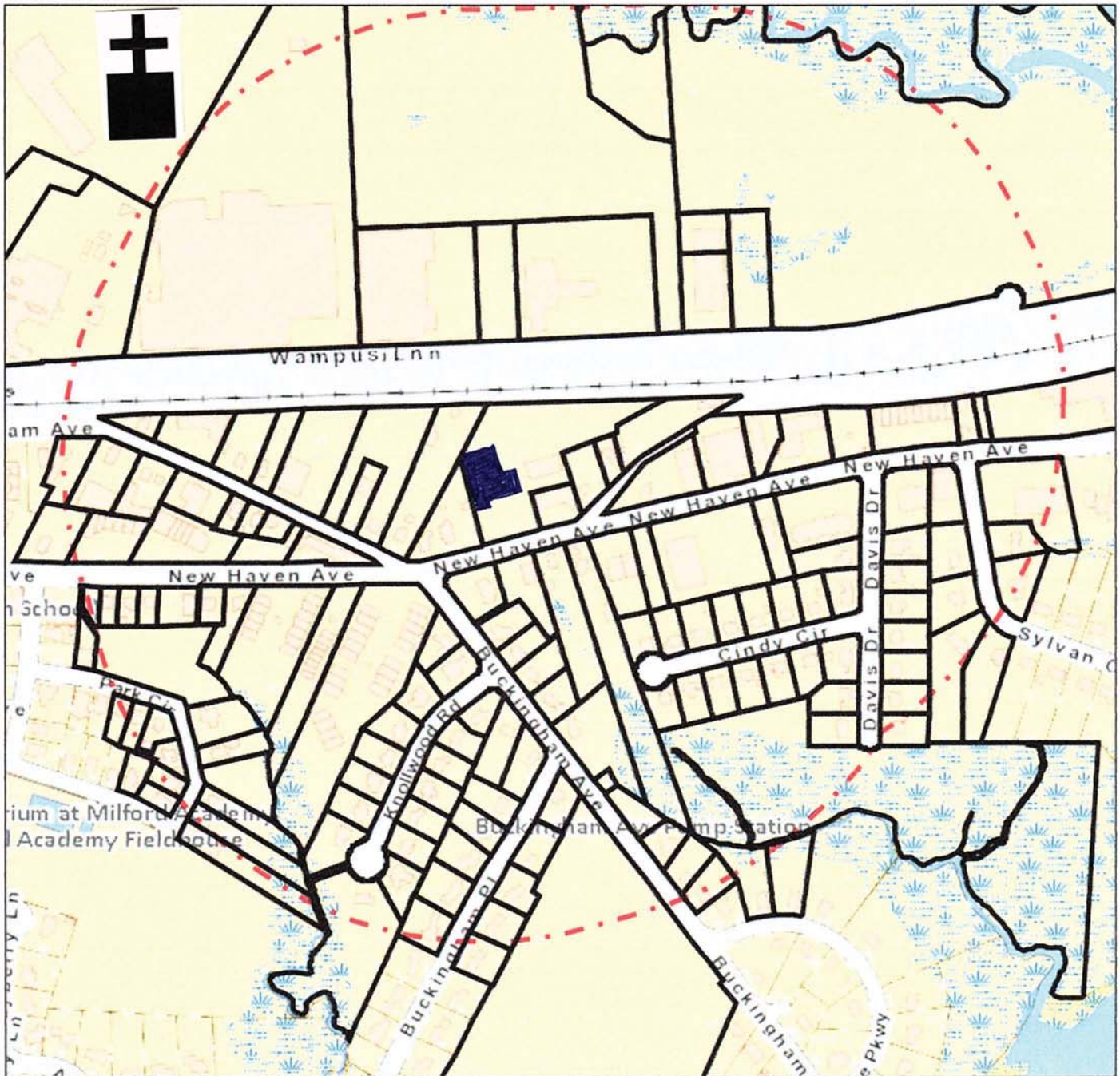
Appendix B.7.1
Map and Abutters List

City of Milford

Geographic Information System (GIS)



Date Printed: 9/14/2015



MAP DISCLAIMER - NOTICE OF LIABILITY

This map is for assessment purposes only. It is not for legal description or conveyances. All information is subject to verification by any user. The City of Milford and its mapping contractors assume no legal responsibility for the information contained herein.



CITY OF MILFORD, CONNECTICUT

Parcel ID	Site Address	Owner Name	Mailing Address	Mailing City	Mailing State	Mailing Zip
046-510-20	0 BUCKINGHAM AVE	ST MARYS CHURCH CORPORATION	70 GULF ST	MILFORD	CT	06460-0000
055-506-14	305 NEW HAVEN AVE	K BROTHERS LLC	2138 SILAS DEANE HWY	ROCKY HILL	CT	06067-0000
055-505-7	41 PARK CIR	CARTER JEFFREY H & JULIA & SURV	41 PARK CIR	MILFORD	CT	06460-0000
055-510-35	0 PARK CIR	CITY OF MILFORD	110 RIVER ST	MILFORD	CT	06460-0000
055-510-33	231 NEW HAVEN AVE	LAWLESS JOHN & MARIE LIFE USE THEN TO	231 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-510-23-B	14 KNOLLWOOD RD	GILBERT WILLIAM H & LERNER	14 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-545-7	300 NEW HAVEN AVE	MAIRA ANGELO J TR &	302 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-505-8	33 PARK CIR	OLSON ELLENOR SETTLOR &	80 MELBA ST	MILFORD	CT	06460-0000
055-510-25-B	279 NEW HAVEN AVE #B	SGRO JOSEPH E & JACQUELINE B	279 NEW HAVEN AV	MILFORD	CT	06460-0000
056-506-8-P	27 SYLVAN CT	JUDSON ERNEST ARTHUR JR AKA	27 SYLVAN CT	MILFORD	CT	06460-0000
055-510-23-O	13 KNOLLWOOD RD	SKERRETT LORI A	13 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-510-25-G	279 NEW HAVEN AVE #G	MCCAULEY ERIN L	279 NEW HAVEN AVE UNIT G	MILFORD	CT	06460-0000
055-545-4	210 BUCKINGHAM AVE	RMBK LLC	210 BUCKINGHAM AVE	MILFORD	CT	06460-0000
055-506-15	276 BUCKINGHAM AVE	GRESKO MICHAEL J & KIMBERLY A	276 BUCKINGHAM AV	MILFORD	CT	06460-0000
055-510-21-K	36 BUCKINGHAM PL	GUZAS DAVID A &	36 BUCKINGHAM PL	MILFORD	CT	06460-0000
055-510-238-B	287 BUCKINGHAM AVE	CATANUTO MICHAEL N & PATRICIA	287 BUCKINGHAM AV	MILFORD	CT	06460-0000
055-510-32	243 NEW HAVEN AVE	FIGUEROA BODINE JAZMIN &	243 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-590-2	220 NEW HAVEN AVE	MCCOY MATTHEW M	220 NEW HAVEN AV	MILFORD	CT	06460-0000
055-813-1-A	0 WAMPUS LN	CUTTING EDGE TECHNOLOGIES LLC	160 WAMPUS LA	MILFORD	CT	06460-0000
055-590-15	215 BUCKINGHAM AVE	RODRIGUES TIFFANY L	30 DALTON RD	MILFORD	CT	06460-0000
056-506-15-A	282 BUCKINGHAM AVE	CASTELLUCCIO DEBRA	282 BUCKINGHAM AV	MILFORD	CT	06460-0000
056-506-46	28 DAVIS DR	BAILARDO SAMUEL M	28 DAVIS DR	MILFORD	CT	06460-0000
055-545-5-B	216 BUCKINGHAM AVE	RMBK LLC	216 BUCKINGHAM AV	MILFORD	CT	06460-0000
055-510-23-I	0 KNOLLWOOD RD	CITY OF MILFORD	RIVER ST	MILFORD	CT	06460-0000
055-510-21-J	28 BUCKINGHAM PL	MCHALE CHRISTINE E	28 BUCKINGHAM PLACE	MILFORD	CT	06460-0000
055-510-40	26 PARK CIR	DUNNIGAN BRIAN J &	26 PARK CIR	MILFORD	CT	06460-0000
055-590-13	272 NEW HAVEN AVE	272 NEW HAVEN AVENUE LLC	272 NEW HAVEN AVE	MILFORD	CT	06460-0000
056-506-13	321 NEW HAVEN AVE	OLENSKI JOSEPH W	321 NEW HAVEN AVE	MILFORD	CT	06460-0000
056-506-28	19 CINDY CIR	BRELSFORD TIMOTHY A &	19 CINDY CIR	MILFORD	CT	06460-0000
056-506-29	25 CINDY CIR	KEATING TINA J	25 CINDY CIR	MILFORD	CT	06460-0000
055-510-21	18 BUCKINGHAM PL	BOYNTON WILLIAM CLIFFORD 50% &	18 BUCKINGHAM PL	MILFORD	CT	06460-0000
055-510-32-A	237 NEW HAVEN AVE	DEUTSCHE BANK NATIONAL TRUST*	50 WESTON ST	HARTFORD	CT	06120-0000
056-506-8-B	28 SYLVAN CT	DANIELS MARGARET A	28 SYLVAN CT	MILFORD	CT	06460-0000
055-510-25-D	279 NEW HAVEN AVE #D	ZINGMAN JENNIFER M	279 NEW HAVEN AVE UNIT D	MILFORD	CT	06460-0000
056-506-47	22 DAVIS DR	TOMAO DOREEN F	22 DAVIS DR	MILFORD	CT	06460-0000
055-510-23-C	15 BUCKINGHAM PL	GREGORY CHRISTIAN P &	15 BUCKINGHAM PL	MILFORD	CT	06460-0000
056-506-8N-A	31 SYLVAN CT	SCHAAF MARGARET S	31 SYLVAN CT	MILFORD	CT	06460-0000

056-506-9-B	0 DAVIS DR	MILFORD LAND CONSERVATION TRUS	P O BOX 265	MILFORD	CT	06460-0000
055-510-23-H	50 KNOLLWOOD RD	CRAWFORD LISA A	50 KNOLLWOOD RD	MILFORD	CT	06460-0000
056-545-12	354 NEW HAVEN AVE	SAW WHET ENTERPRISES LLC	322 NEW HAVEN AV	MILFORD	CT	06460-0000
056-506-35	30 CINDY CIR	HOWE CATHERINE M &	30 CINDY CIR	MILFORD	CT	06460-0000
055-590-23	179 BUCKINGHAM AVE	ROSS REAL ESTATE LLC	243 ZION HILL RD	MILFORD	CT	06461-0000
056-506-17-A	316 BUCKINGHAM AVE	JEAN LOUIS NADINE	316 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-506-34	36 CINDY CIR	ADAMS JENNIFER	36 CINDY CIR	MILFORD	CT	06460-0000
055-510-25-A	279 NEW HAVEN AVE #A	SWOPE PATRICIA T &	279 NEW HAVEN AV	MILFORD	CT	06460-0000
056-545-8	318 NEW HAVEN AVE	PEARL CORPORATION THE	318 NEW HAVEN AV	MILFORD	CT	06460-0000
056-545-16	408 NEW HAVEN AVE	AIRGEAD MANAGEMENTLLC	362 NEW HAVEN AVE	MILFORD	CT	06460-0000
056-506-41	51 DAVIS DR	GIORGIO LAURA & ARMAND & SURV	51 DAVIS DR	MILFORD	CT	06460-0000
056-506-9-A	395 NEW HAVEN AVE	CMNNCN LLC	395 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-510-31	249 NEW HAVEN AVE	JASER KAREEM	249 NEW HAVEN AV	MILFORD	CT	06460-0000
056-506-17-B	312 BUCKINGHAM AVE	CITY OF MILFORD	RIVER ST	MILFORD	CT	06460-0000
056-506-39	35 DAVIS DR	IACONO SAMUEL & LINDA V & SURV	35 DAVIS DR	MILFORD	CT	06460-0000
055-510-21-H	39 BUCKINGHAM PL	ROGOWSKI ANTOINETTE B	30 WHITE OAK RD	TRUMBULL	CT	06611-0000
055-510-23-M	25 KNOLLWOOD RD	MORRIS CATHLEEN E &	25 KNOLLWOOD RD	MILFORD	CT	06460-0000
056-506-10	359 NEW HAVEN AVE	OLD NEWS LLC	322 NEW HAVEN AVE	MILFORD	CT	06460-0000
056-506-40	45 DAVIS DR	ARMSTRONG THOMAS H & FRANCES D	45 DAVIS DR	MILFORD	CT	06460-0000
055-510-29	259 NEW HAVEN AVE	CARTER JEFFREY H & JULIA L &	259 NEW HAVEN AV	MILFORD	CT	06460-0000
056-813-1-E	180 WAMPUS LN	NEW CASTLE ASSOCIATES LLC	180 WAMPUS LN	MILFORD	CT	06460-0000
055-510-23-E	34 KNOLLWOOD RD	COLLEN MATTHEW D &	34 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-510-25-H	279 NEW HAVEN AVE #H	FAGELLA JAMES &	279 NEW HAVEN AVE UNIT H	MILFORD	CT	06460-0000
056-506-16	290 BUCKINGHAM AVE	GRASSMANN KATHLEEN M	290 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-545-14	362 NEW HAVEN AVE	AICAD HOLDINGS LLC	362 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-506-14-A	272 BUCKINGHAM AVE	MEDUNJANIN ADIS	272 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-506-27	13 CINDY CIR	MEENEGHAN KIM A & HONORE C & S	13 CINDY CIR	MILFORD	CT	06460-0000
056-506-45	34 DAVIS DR	CITIMORTGAGE INC	1000 TECHNOLOGY DR	OFALLON	MO	63368-0000
056-545-9	324 NEW HAVEN AVE	ROGERS ALAN	324 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-505-11	9 PARK CIR	WHEELER DEBRA A	9 PARK CIR	MILFORD	CT	06460-0000
055-510-23-T	19 BUCKINGHAM PL	HOGGATT VERNON L III & MARY AL	19 BUCKINGHAM PL	MILFORD	CT	06460-0000
055-545-6	242 BUCKINGHAM AVE	HAYES CHRISTINE	89 YALE AV	MILFORD	CT	06460-0000
055-510-39	2 PARK CIR	SIMONDS MICHAEL J AKA MICHAEL	2 PARK CIR	MILFORD	CT	06460-0000
056-506-11-B	0 NEW HAVEN AVE	OPIN NEW HAVEN AVENUE LLC	266 BROAD ST	MILFORD	CT	06460-0000
055-510-23-Q	265 BUCKINGHAM AVE	GRANT JOHN F JR & KAREN R	265 BUCKINGHAM AV	MILFORD	CT	06460-0000
055-510-23-A	6 KNOLLWOOD RD	CARROLL SHAWN T	6 KNOLLWOOD RD	MILFORD	CT	06460-0000
056-506-17	334 BUCKINGHAM AVE	MOORE THOMAS R & MAUREEN A & S	334 BUCKINGHAM AV	MILFORD	CT	06460-0000
055-545-5-A	0 BUCKINGHAM AVE	DUTKO DONNA L	236 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-506-20	10 ETTADORE PKWY	KEMP DANIEL R & LUANNE W & SUR	10 ETTADORE PKWY	MILFORD	CT	06460-0000
055-590-9	201 BUCKINGHAM AVE	Z & Z LLC	940 BOSTON POST RD	MILFORD	CT	06460-0000

055-813-1-D	80 WAMPUS LN	JMG MILFORD REALTY LLC	444 OLD POST RD STE A	BEDFORD	NY	10506-0000
056-545-10	334 NEW HAVEN AVE	ROGERS ALAN	324 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-510-23-F	38 KNOLLWOOD RD	LESCINSKY STELLA	38 KNOLLWOOD RD	MILFORD	CT	06460-0000
056-506-26	7 CINDY CIR	ROMANO STEVEN	7 CINDY CIR	MILFORD	CT	06460-0000
055-505-6	47 PARK CIR	SEVILLANO CARLOS J &	47 PARK CIR	MILFORD	CT	06460-0000
055-510-44	50 PARK CIR	TROY ERIN G & JOHN J & SURV	50 PARK CIR	MILFORD	CT	06460-0000
055-545-3	206 BUCKINGHAM AVE	CARO MARIE	206 BUCKINGHAM AV	MILFORD	CT	06460-0000
056-506-8-N	33 SYLVAN CT	TYRRELL ROBERT & HELEEN & SURV	33 SYLVAN CT	MILFORD	CT	06460-0000
056-813-1-B	160 WAMPUS LN	CUTTING EDGE TECHNOLOGIES LLC	160 WAMPUS LA	MILFORD	CT	06460-0000
055-510-43-A	46 PARK CIR	ROBERTSON CHARLES F &	46 PARK CIR	MILFORD	CT	06460-0000
056-545-15	394 NEW HAVEN AVE	394 NEW HAVEN AVENUE LLC	183 QUARRY RD	MILFORD	CT	06460-0000
056-506-12	325 NEW HAVEN AVE	BEACH BUM HOLDING LLC	65 HOUSATONIC DR	MILFORD	CT	06460-0000
055-510-23-L	33 KNOLLWOOD RD	ZURHELLEN CECELIA	33 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-590-10	246 NEW HAVEN AVE	GULF PLAZA LLC	400 BUTTERNUT COURT	ORANGE	CT	06477-0000
056-506-44	40 DAVIS DR	OCONNOR DENNIS D & AMANDA M &	40 DAVIS DR	MILFORD	CT	06460-0000
055-590-22-A	185 BUCKINGHAM AVE	MARTINETTO PROPERTIES LLC	185 BUCKINGHAM AV	MILFORD	CT	06460-0000
056-506-33	42 CINDY CIR	WARRINGTON WILLIAM H & GRACE E	42 CINDY CIR	MILFORD	CT	06460-0000
056-545-11	336 NEW HAVEN AVE	WOODS'S PLACE LLC	322 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-590-17	207 BUCKINGHAM AVE	LIN ZHANG	207 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-506-31	37 CINDY CIR	GRIFFITH SUSAN AKA LAVOIE GRIFFITH*	7732 NORHILL RD	COLUMBUS	OH	43235-0000
056-506-16-B	0 BUCKINGHAM AVE	STOVIK DOROTHY E	CITY HALL	MILFORD	CT	06460-0000
056-545-14-B	374 NEW HAVEN AVE	CHMIEL HENRY	240 GOLDBACH DR	STRATFORD	CT	06614-0000
055-506-14-B	315 NEW HAVEN AVE	BACCASH HOWARD B DBA	315 NEW HAVEN AV	MILFORD	CT	06460-0000
055-813-1-C	120 WAMPUS LN	120 WAMPUS LLC	120 WAMPUS LN	MILFORD	CT	06460-0000
056-506-7-A	419 NEW HAVEN AVE	CMNNCN LLC	395 NEW HAVEN AVE	MILFORD	CT	06460-0000
056-506-48	16 DAVIS DR	KOMOSINSKI JOHN S	16 DAVIS DR	MILFORD	CT	06460-0000
056-506-37	18 CINDY CIR	CHAISSON SUSAN G	10 CARRIAGE DR	WEST HAVEN	CT	06516-0000
055-505-5	57 PARK CIR	YOUNG ROBERT J &	57 PARK CIR	MILFORD	CT	06460-0000
055-510-25-E	279 NEW HAVEN AVE #E	HENSLEY SARAH KATHRYN	279 NEW HAVEN AVE UNIT E	MILFORD	CT	06460-0000
055-545-2	190 BUCKINGHAM AVE	AMBERGRIS LLC	135 NEW HAVEN AVE	MILFORD	CT	06460-0000
056-506-21	16 ETTADORE PKWY	THERIAULT ALICIA J &	16 ETTADORE PKWY	MILFORD	CT	06460-0000
056-506-9	373 NEW HAVEN AVE	VITTI REALTY INC	30 HAMPTON CLOSE	ORANGE	CT	06477-0000
056-506-16-A	298 BUCKINGHAM AVE	BARBER BEVERLY A	298 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-545-14-A	0 NEW HAVEN AVE	UNITED ILLUMINATING COMPANY	P O BOX 1402	NEW HAVEN	CT	06505-0902-0000
055-505-10	13 PARK CIR	FRANCIS SCOTT & KAREN & SURV	13 PARK CIR	MILFORD	CT	06460-0000
056-506-9B-B	363 NEW HAVEN AVE	BOWMAN SIGNS LLC	363 NEW HAVEN AV	MILFORD	CT	06460-0000
056-813-1	0 WAMPUS LN	CITY OF MILFORD	110 RIVER ST	MILFORD	CT	06460-0000
056-506-8-A	18 SYLVAN CT	BABCOCK JASON ANDREW &	18 SYLVAN CT	MILFORD	CT	06460-0000
055-510-22	301 BUCKINGHAM AVE	DUDDING RANDALL C & DUDDING STEPHANIE	301 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-506-38	12 CINDY CIR	FEDERICI JAMES A & ELIZABETH	12 CINDY CIR	MILFORD	CT	06460-0000

055-510-21-D	31 BUCKINGHAM PL	KEMBER MICHAEL &	31 BUCKINGHAM PL	MILFORD	CT	06460-0000
055-510-23-K	37 KNOLLWOOD RD	COLLINS CYNTHIA B	37 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-510-43	42 PARK CIR	CUNNINGHAM TIMOTHY S &	14516 27TH DR SE	MILL CREEK	WA	98012-0000
055-505-9	15 PARK CIR	OLSON ELLENOR SETTLOR &	80 MELBA ST	MILFORD	CT	06460-0000
055-510-42	34 PARK CIR	BROWER JOHN A & PATRICIA R & S	34 PARK CIR	MILFORD	CT	06460-0000
055-510-23C-C	20 KNOLLWOOD RD	DANIELLS TODD M	20 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-590-16	213 BUCKINGHAM AVE	MALLOZZI RAYMOND & ERNEST & SURV	213 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-506-8-5	403 NEW HAVEN AVE	ATLANTIC CREATIVE SERVICES LLC	403 NEW HAVEN AV	MILFORD	CT	06460-0000
056-506-24	15 DAVIS DR	YOUNG BERNARD S	15 DAVIS DR	MILFORD	CT	06460-0000
056-545-17	440 NEW HAVEN AVE	GENVEST LLC	183 PLAINS RD	MILFORD	CT	06461-0000
056-813-1-F	180 WAMPUS LN	NEW CASTLE ASSOCIATES LLC	180 WAMPUS LN	MILFORD	CT	06460-0000
055-510-21-L	42 BUCKINGHAM PL	ROY JOHN L JR &	42 BUCKINGHAM PL	MILFORD	CT	06460-0000
055-510-23-P	5 KNOLLWOOD RD	KELLY DAVID &	5 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-510-21-C	25 BUCKINGHAM PL	PORRELLO PAIGE REID &	25 BUCKINGHAM PL	MILFORD	CT	06460-0000
056-506-42	54 DAVIS DR	STAUROVSKY JOHN M TRUSTEE OF	54 DAVIS DR	MILFORD	CT	06460-0000
055-510-25-C	279 NEW HAVEN AVE #C	ASKINTOWICZ RICHARD T JR	279 NEW HAVEN AVE UN C	MILFORD	CT	06460-0000
056-506-36	24 CINDY CIR	GIONET MARIE G	24 CINDY CIR	MILFORD	CT	06460-0000
056-545-9-A	338 NEW HAVEN AVE	DIAMOND REALTY ASSOCIATES	855 MAIN ST 9TH FLOOR	BRIDGEPORT	CT	06604-0000
056-506-30	31 CINDY CIR	ZAWISZA DOROTA &	31 CINDY CIR	MILFORD	CT	06460-0000
056-813-1-G	0 WAMPUS LN	NEW CASTLE ASSOCIATES LLC	180 WAMPUS LN	MILFORD	CT	06460-0000
055-510-23-D	26 KNOLLWOOD RD	BREDA MIRIAM & GUIMARAES SILAS & SURV	26 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-510-23-J	47 KNOLLWOOD RD	KUPSON OLGA LIFE USE THEN TO	47 KNOLLWOOD RD	MILFORD	CT	06460-0000
066-813-6	68-76 GULF ST	ST MARYS CHURCH CORPORATION	70 GULF ST	MILFORD	CT	06460-0000
067-813-18	0 CORONA DR	CITY OF MILFORD	110 RIVER ST	MILFORD	CT	06460-0000
055-590-4-A	224 NEW HAVEN AVE	AGRO PROPERTIES	P O BOX 5219	MILFORD	CT	06460-0000
055-510-23-G	44 KNOLLWOOD RD	DIMARCO LEONARD M & LAURY M &	44 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-545-5	236 BUCKINGHAM AVE	DUTKO DONNA L	236 BUCKINGHAM AVE	MILFORD	CT	06460-0000
056-506-8-R	17 SYLVAN CT	GILL THOMAS A & LINDA M & SURV	17 SYLVAN CT	MILFORD	CT	06460-0000
056-506-11-A	331 NEW HAVEN AVE	OPIN NEW HAVEN AVENUE LLC	266 BROAD ST	MILFORD	CT	06460-0000
055-510-36	227 NEW HAVEN AVE	COLLUCCI FAMILY 221 NEW HAVEN	305 WEST MAIN ST	MILFORD	CT	06460-0000
056-506-18	340 BUCKINGHAM AVE	OCONNOR GERALDINE	340 BUCKINGHAM AV	MILFORD	CT	06460-0000
055-510-23-N	19 KNOLLWOOD RD	HIRTLE CHRISTOPHER J	19 KNOLLWOOD RD	MILFORD	CT	06460-0000
055-510-30	251 NEW HAVEN AVE	HOPWOOD JON C & JOYCE B & SURV	251 NEW HAVEN AV	MILFORD	CT	06460-0000
056-545-13	360 NEW HAVEN AVE	DIAMOND REALTY ASSOCIATES	855 MAIN ST 9TH FLOOR	MILFORD	CT	06604-0000
055-510-23	293 BUCKINGHAM AVE	SAUNDERS STEVEN L &	293 BUCKINGHAM AVE	MILFORD	CT	06460-0000
055-545-1	184 BUCKINGHAM AVE	HSBC BANK USA NATIONAL ASSOCIATION*	60 LONG RIDGE RD STE 404	STAMFORD	CT	06902-0000
056-506-43	46 DAVIS DR	FOSS JONATHAN	46 DAVIS DR	MILFORD	CT	06460-0000
055-510-25-F	279 NEW HAVEN AVE #F	PETZOLD CHARLES W JR &	279 NEW HAVEN AV UNIT 25F	MILFORD	CT	06460-0000
055-813-2	0 WAMPUS LN	EDWARDS JAMES C	135 CAPTAINS WALK	MILFORD	CT	06460-0000
056-506-32	43 CINDY CIR	LOHRENZ CELESTE M	43 CINDY CIR	MILFORD	CT	06460-0000

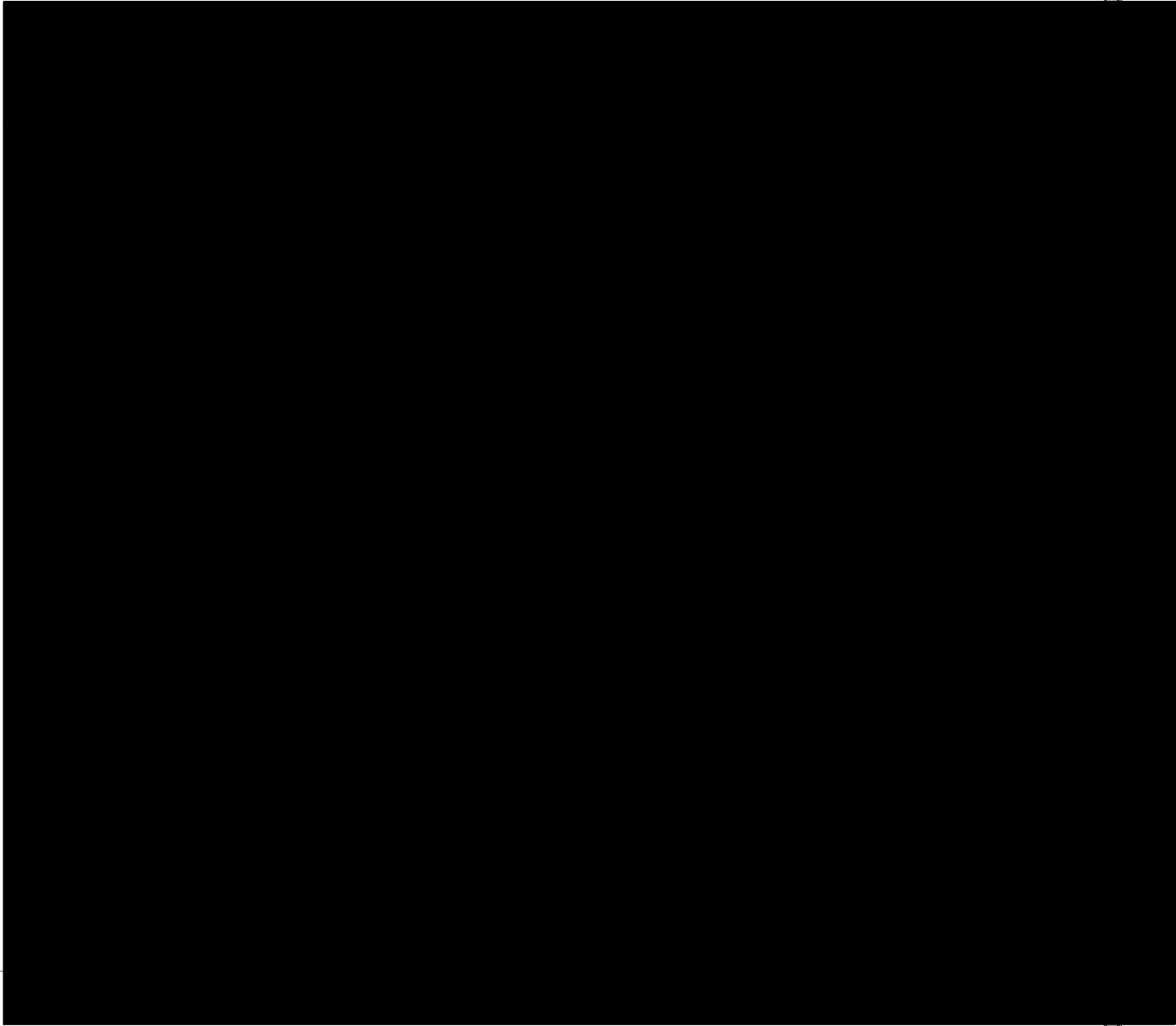
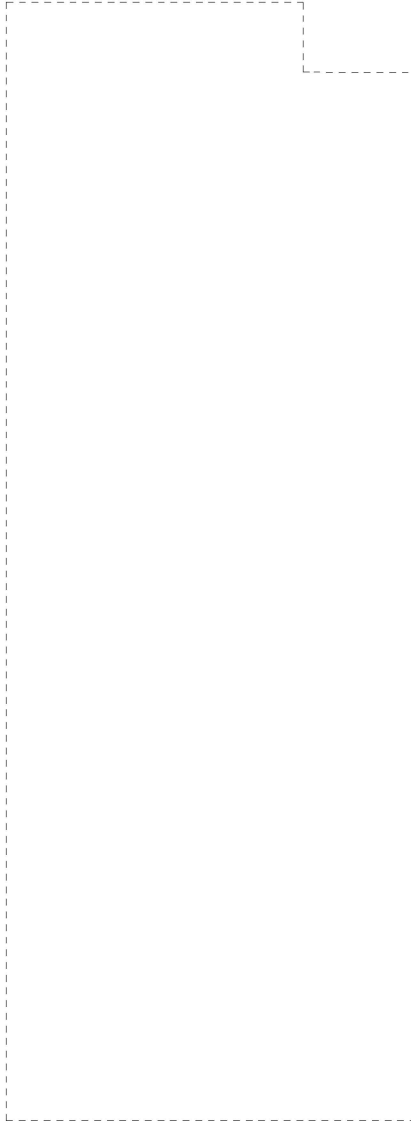
056-506-25	25 DAVIS DR	RICHARD MARGARET JEANNE	25 DAVIS DR	MILFORD	CT	06460-0000
055-510-24-G	289 NEW HAVEN AVE #G	PLENKERS HELEN T TRUSTEE OF THE	289 NEW HAVEN AVE UN G	MILFORD	CT	06460-0000
055-510-24-C	289 NEW HAVEN AVE #C	MARCINOV DIANNE T	289 NEW HAVEN AV C	MILFORD	CT	06460-0000
055-510-24-J	289 NEW HAVEN AVE #J	TONDORA FRANCIS JR	289 NEW HAVEN AVE UN J	MILFORD	CT	06460-0000
055-510-24-E	289 NEW HAVEN AVE #E	FERRAILO ANTHONY III	289 NEW HAVEN AV E	MILFORD	CT	06460-0000
055-510-24-P	289 NEW HAVEN AVE #P	JANES SUSANN V	289P NEW HAVEN AV	MILFORD	CT	06460-0000
055-510-24-R	289 NEW HAVEN AVE #R	GARRE GILLES	P O BOX 629	SANDY HOOK	CT	06482-0000
055-510-24-Q	289 NEW HAVEN AVE #Q	BROWN DANIEL S & MARIE O & SUR	289 NEW HAVEN AV Q	MILFORD	CT	06460-0000
055-510-24-D	289 NEW HAVEN AVE #D	BAKER KAREN L	289D NEW HAVEN AV	MILFORD	CT	06460-0000
055-590-24-A	175 BUCKINGHAM AVE	T DELL LLC	175 BUCKINGHAM AVE	MILFORD	CT	06460-0000
055-510-24-A	289 NEW HAVEN AVE #A	TWEEDIE MARION B	289 NEW HAVEN AVE UN A	MILFORD	CT	06460-0000
055-510-24-W	289 NEW HAVEN AVE #W	KINGS COLONY PROPERTY LLC	1827 DOUGLAS DR	TAWAS CITY	MI	48763-0000
055-510-24-K	289 NEW HAVEN AVE #K	MEUSER JOHN	289 NEW HAVEN AVE K	MILFORD	CT	06460-0000
055-510-24-M	289 NEW HAVEN AVE #M	DAGOSTINO JOSEPH P & MARTHA	289 NEW HAVEN AVE UN M	MILFORD	CT	06460-0000
055-510-24-U	289 NEW HAVEN AVE #U	JASER DAVID J &	289 NEW HAVEN AV U	MILFORD	CT	06460-0000
055-510-24-H	289 NEW HAVEN AVE #H	EVARTS BURTON & RITA CO TRS OF	289 NEW HAVEN AV H	MILFORD	CT	06460-0000
055-510-24-X	289 NEW HAVEN AVE #X	SHINGRE HEMANT &	289 NEW HAVEN AV X	MILFORD	CT	06460-0000
055-510-24-F	289 NEW HAVEN AVE #F	BAGGISH HELEN	289 NEW HAVEN AV F	MILFORD	CT	06460-0000
055-510-28-10	273 NEW HAVEN AVE #10	VANDO PETER & THUYVAN & SURV	273 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-510-28-12	273 NEW HAVEN AVE #12	BROWN JUDITH A AKA JUDY A	273 NEW HAVEN AVE UN 12	MILFORD	CT	06460-0000
055-590-13-A	264 NEW HAVEN AVE	D J KING AND SONS LLC	1094 WEST RIVER ST	MILFORD	CT	06461-1921-0000
055-510-24-N	289 NEW HAVEN AVE #N	KNIGHT MATTHEW M	289 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-510-24-T	289 NEW HAVEN AVE #T	LABANCA MAUREEN	289 NEW HAVEN AVE UNIT T	MILFORD	CT	06460-0000
055-510-28-06	273 NEW HAVEN AVE #6	CULLEN LUANN & BROWN KATHLEEN ANN &*	103 CRESCENT LAKE RD	NEWPORT	NH	03773-0000
055-510-28-08	273 NEW HAVEN AVE #8	GEIB NORMAN A &	21 BEACON HILL LA	MILFORD	CT	06460-0000
055-510-28-04	265 NEW HAVEN AVE #4	KAPLUN LEONID & TATIANA & SURV	265 NEW HAVEN AVE UNIT 4	MILFORD	CT	06460-0000
055-510-28-05	265 NEW HAVEN AVE #5	PERRY MARIE A	265 NEW HAVEN AV UNIT 5	MILFORD	CT	06460-0000
056-545-17-A	0 NEW HAVEN AVE	AIRGEAD MANAGEMENT LLC	362 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-510-28-07	273 NEW HAVEN AVE #7	SELMER FAITH	273 NEW HAVEN AV UNIT 7	MILFORD	CT	06460-0000
055-510-28-09	273 NEW HAVEN AVE #9	LESSARD ANNETTE	273 NEW HAVEN AV UNIT 9	MILFORD	CT	06460-0000
	279-279 NEW HAVEN AVE					0
	265-265 NEW HAVEN AVE					0
055-510-28-03	265 NEW HAVEN AVE #3	HORNER MARY ROSE LIFE USE THEN TO	265 NEW HAVEN AVE UNIT 3	MILFORD	CT	06460-0000
055-510-43-AA	38 PARK CIR	BLANCK WILLIAM	822 ROBERT TREAT DR EXT	ORANGE	CT	06477-0000
055-510-28-02	265 NEW HAVEN AVE #2	CUCUZZA PATRICIA	265 NEW HAVEN AV UNIT 2	MILFORD	CT	06460-0000
055-813-1-D1	WAMPUS LN	WAMPUS MILFORD ASSOCIATES LLC	120 WAMPUS LN	MILFORD	CT	06460-0000
055-510-24-B	289 NEW HAVEN AVE #B	FOTTI PAUL G	289 NEW HAVEN AVE UNIT B	MILFORD	CT	06460-0000
055-510-24-S	289 NEW HAVEN AVE #S	HALL BEVERLY S	289S NEW HAVEN AVE	MILFORD	CT	06460-0000
055-510-24-V	289 NEW HAVEN AVE #V	MOOTY RITA M	208 FISHING TRAIL	STAMFORD	CT	06903-0000
055-510-24-L	289 NEW HAVEN AVE #L	HINE WILLIAM R SR & PATRICIA M	289 NEW HAVEN AV L	MILFORD	CT	06460-0000

055-510-28-01	265 NEW HAVEN AVE #1	COHEN ELISSA JILL & SCHEIBENPFLUG	265 NEW HAVEN AVE	MILFORD	CT	06460-0000
055-510-28-11	273 NEW HAVEN AVE #11	MORAN JAMES F JR LIFE USE THEN	273 NEW HAVEN AV UNIT 11	MILFORD	CT	06460-0000
055-813-1-DOS	WAMPUS LN #REAR	CITY OF MILFORD	70 WEST RIVER ST	MILFORD	CT	06460-0000

Section B.8
Dispensary Facility Blueprint

CRETE
S

ORAGE
REA = 14 SF



DISPENSARY SEC. FLOOR AREA: 586 SF

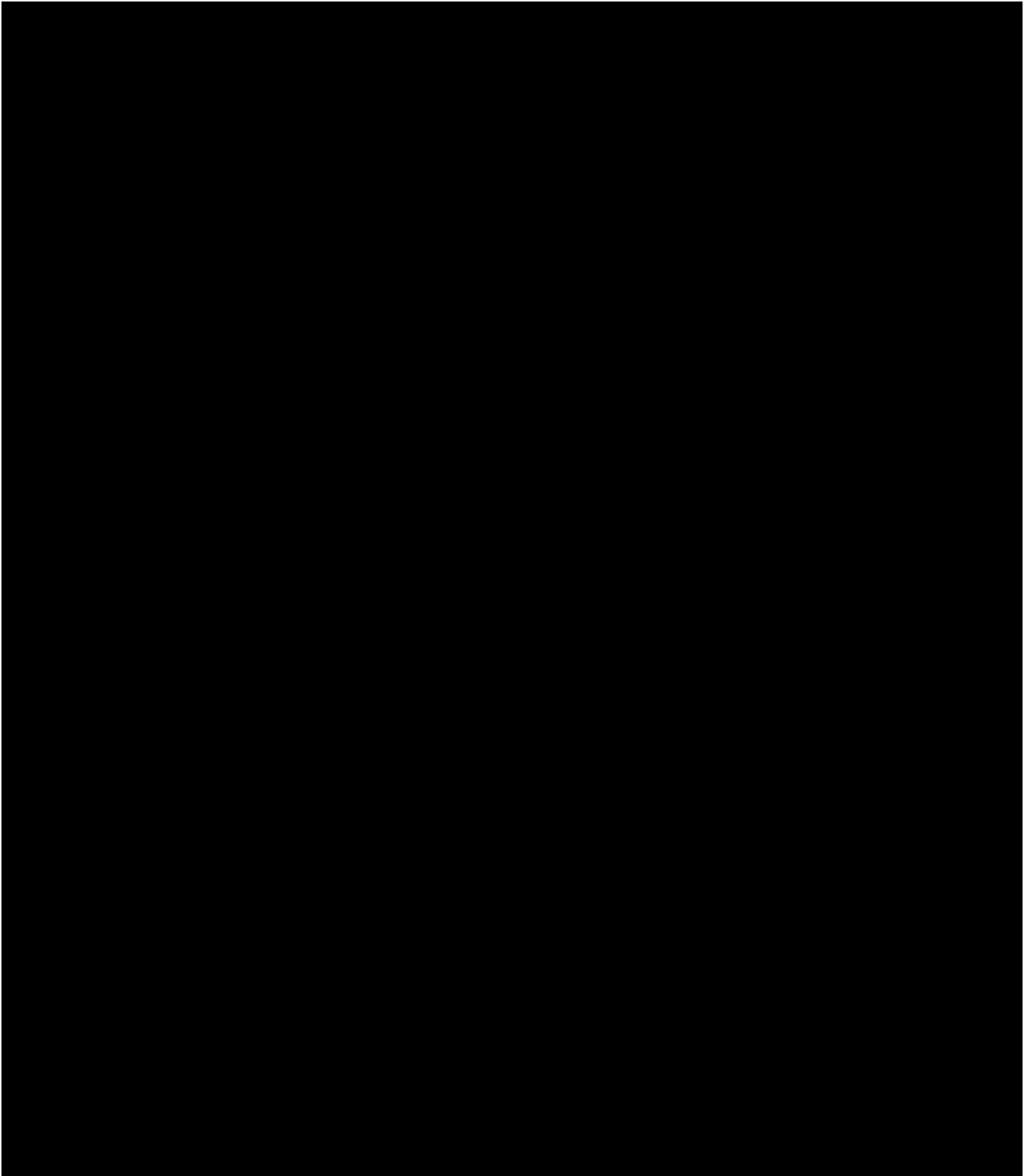


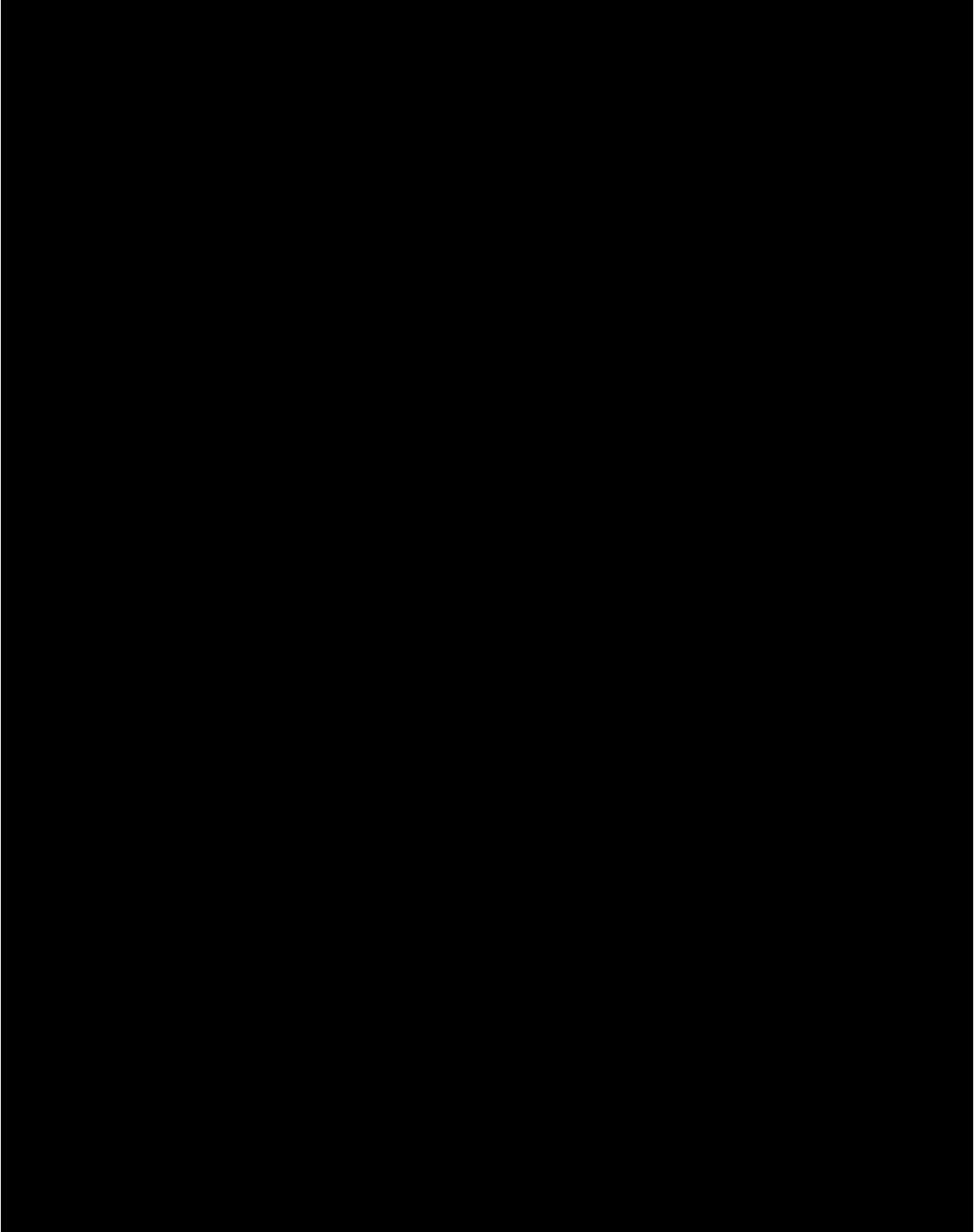
COASTAL CITY CARE

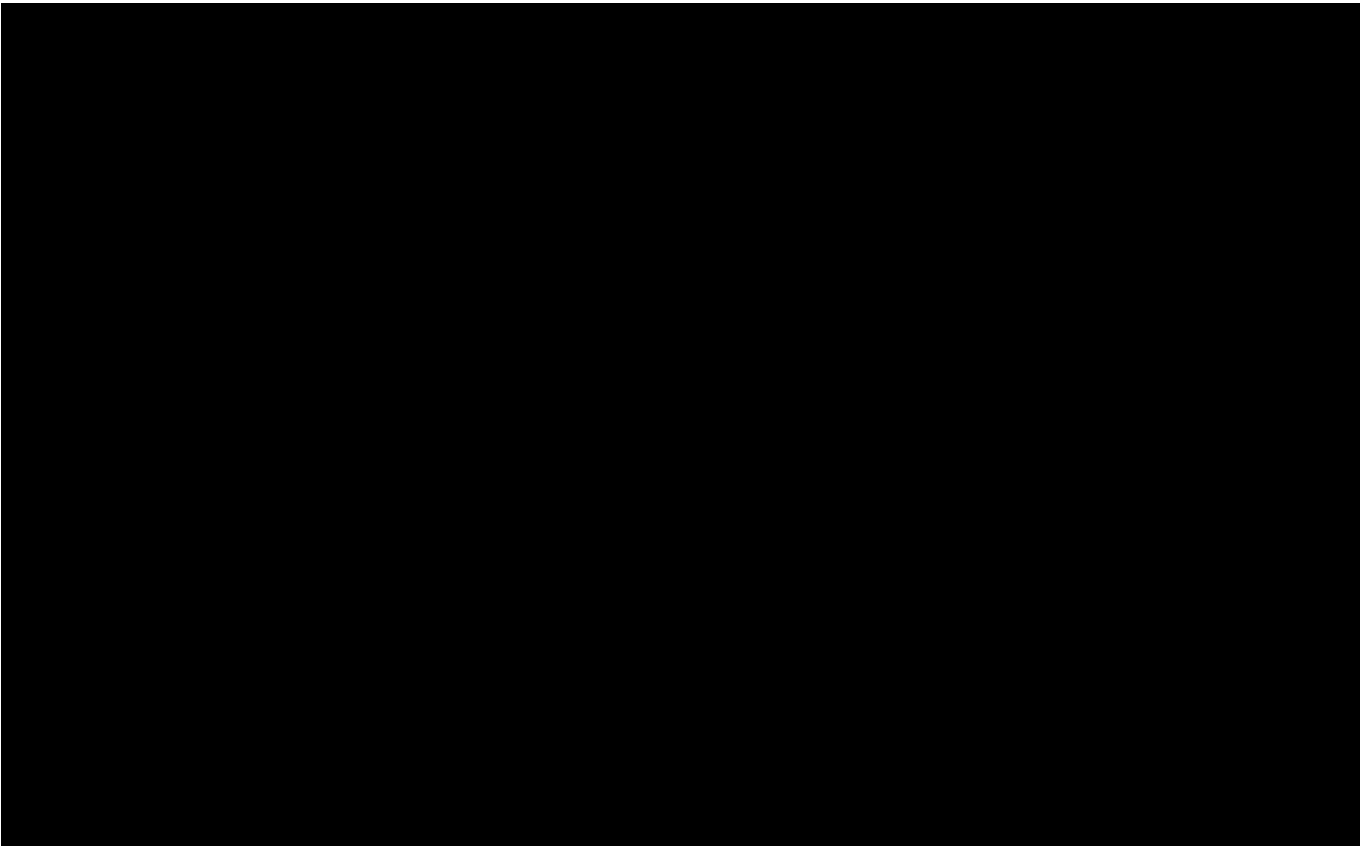
SECTION C PROPOSED BUSINESS PLAN

Section C.1
Description of Products

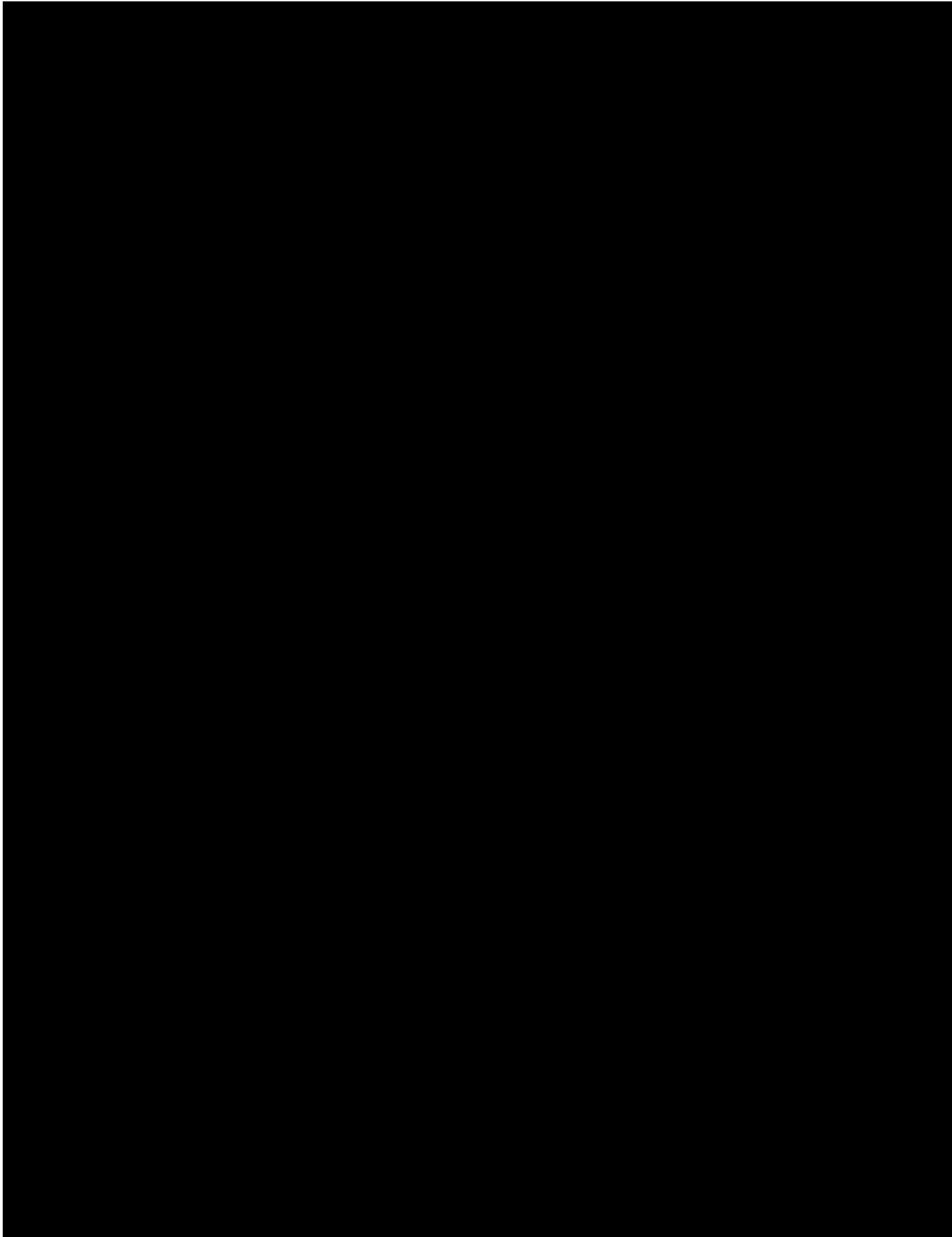
C.1 A detailed description of all products, aside from marijuana and marijuana products, intended to be offered by the dispensary facility during the first year of operation.

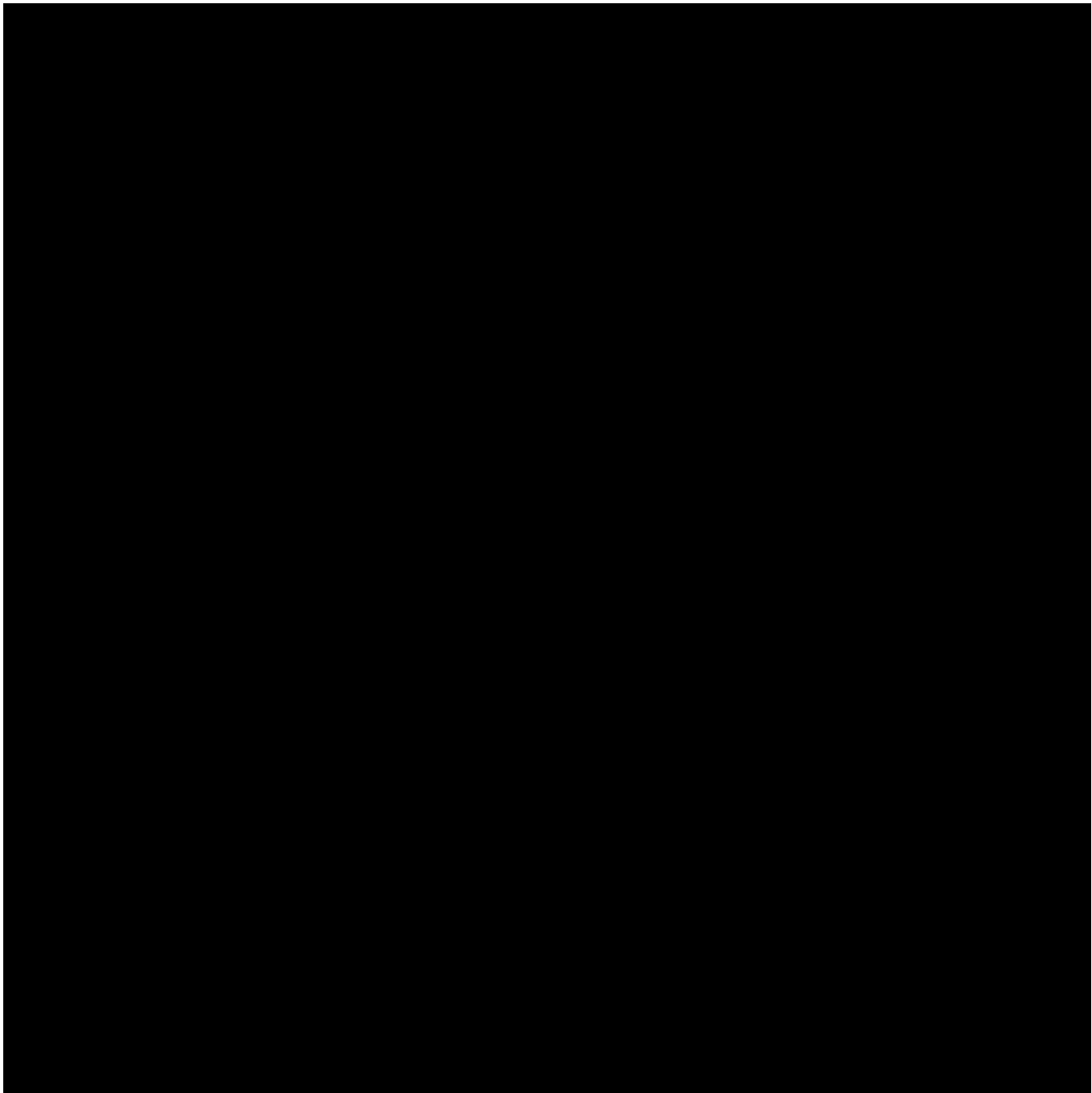


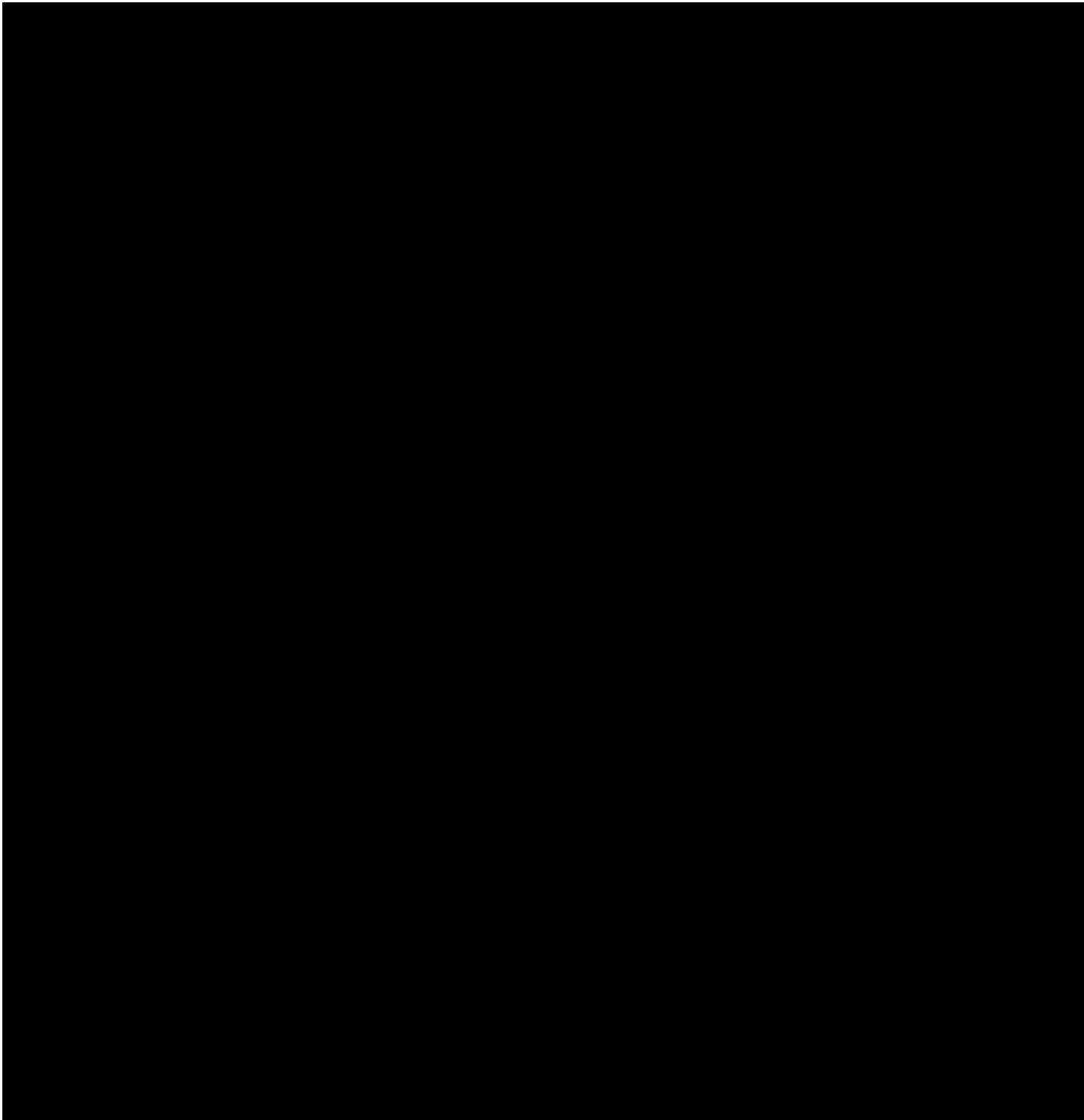




Section C.2
Description of Services

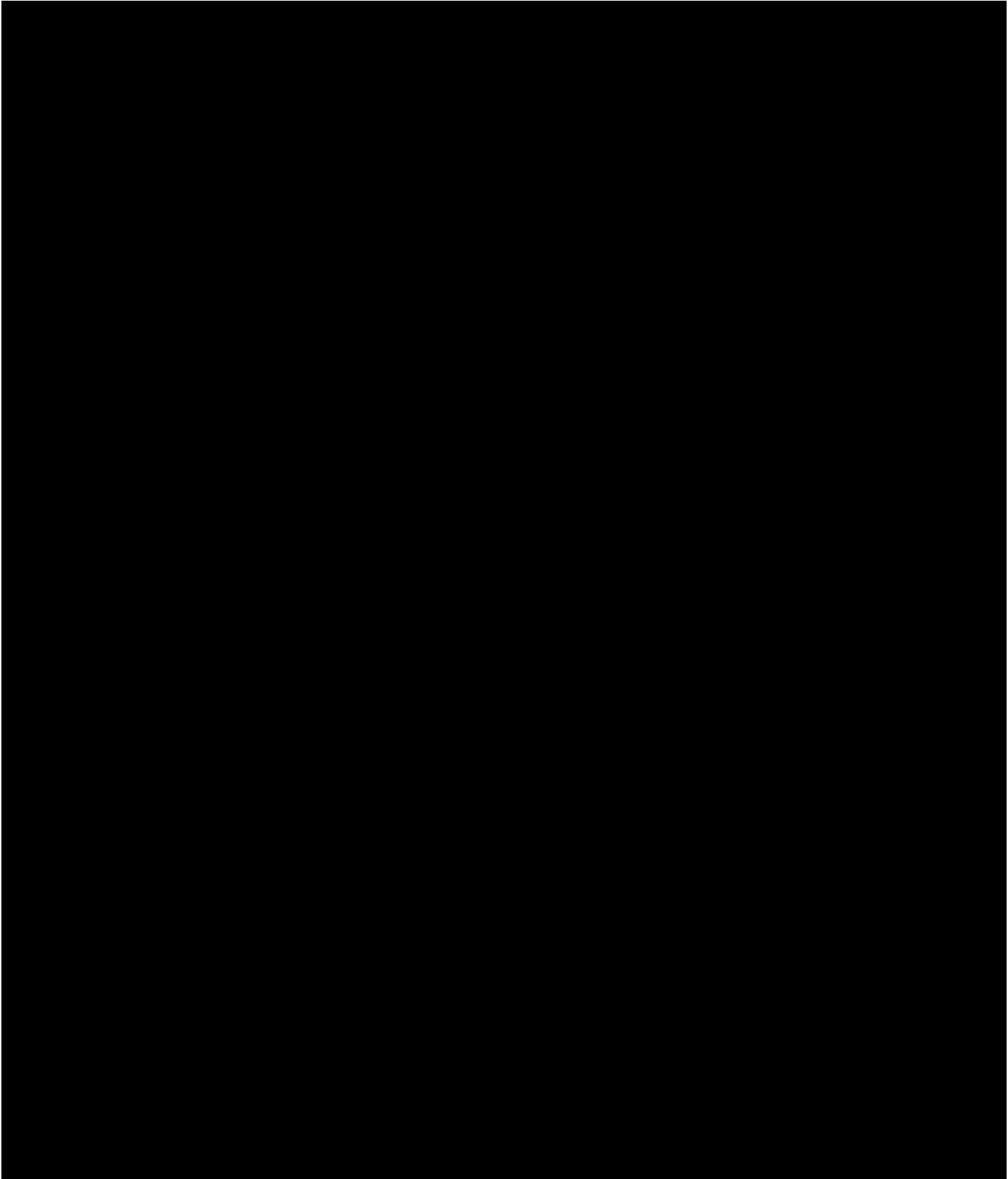


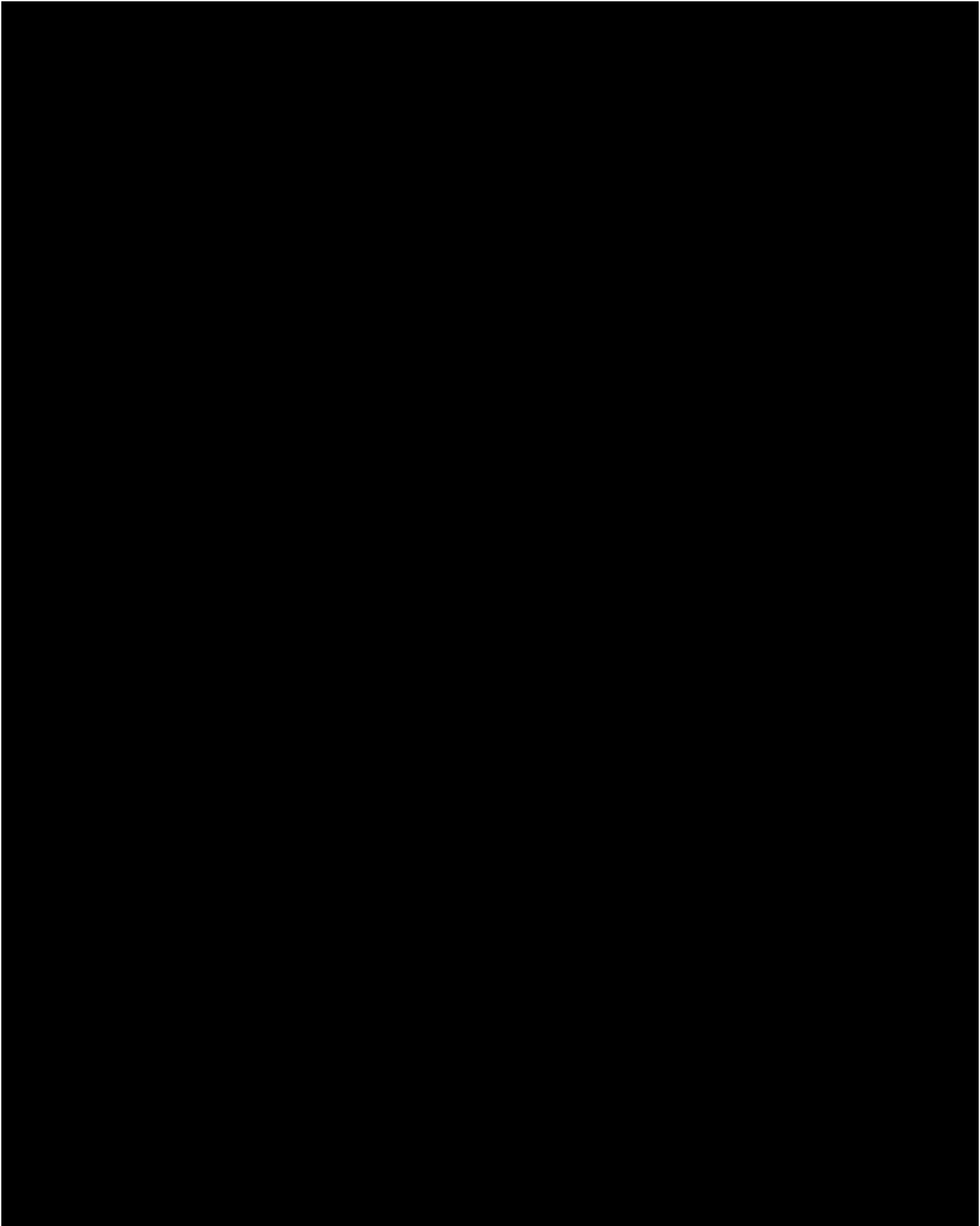


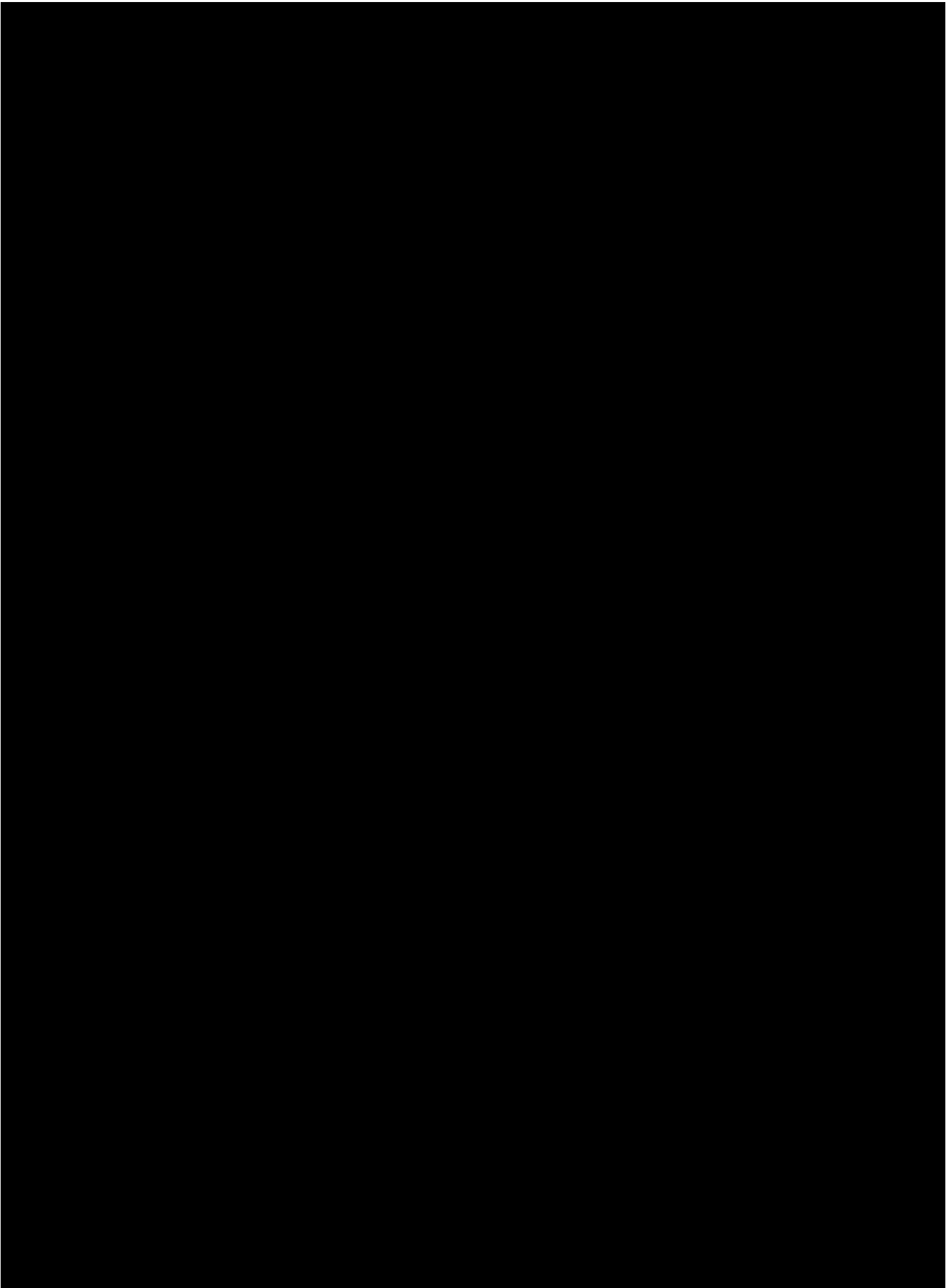


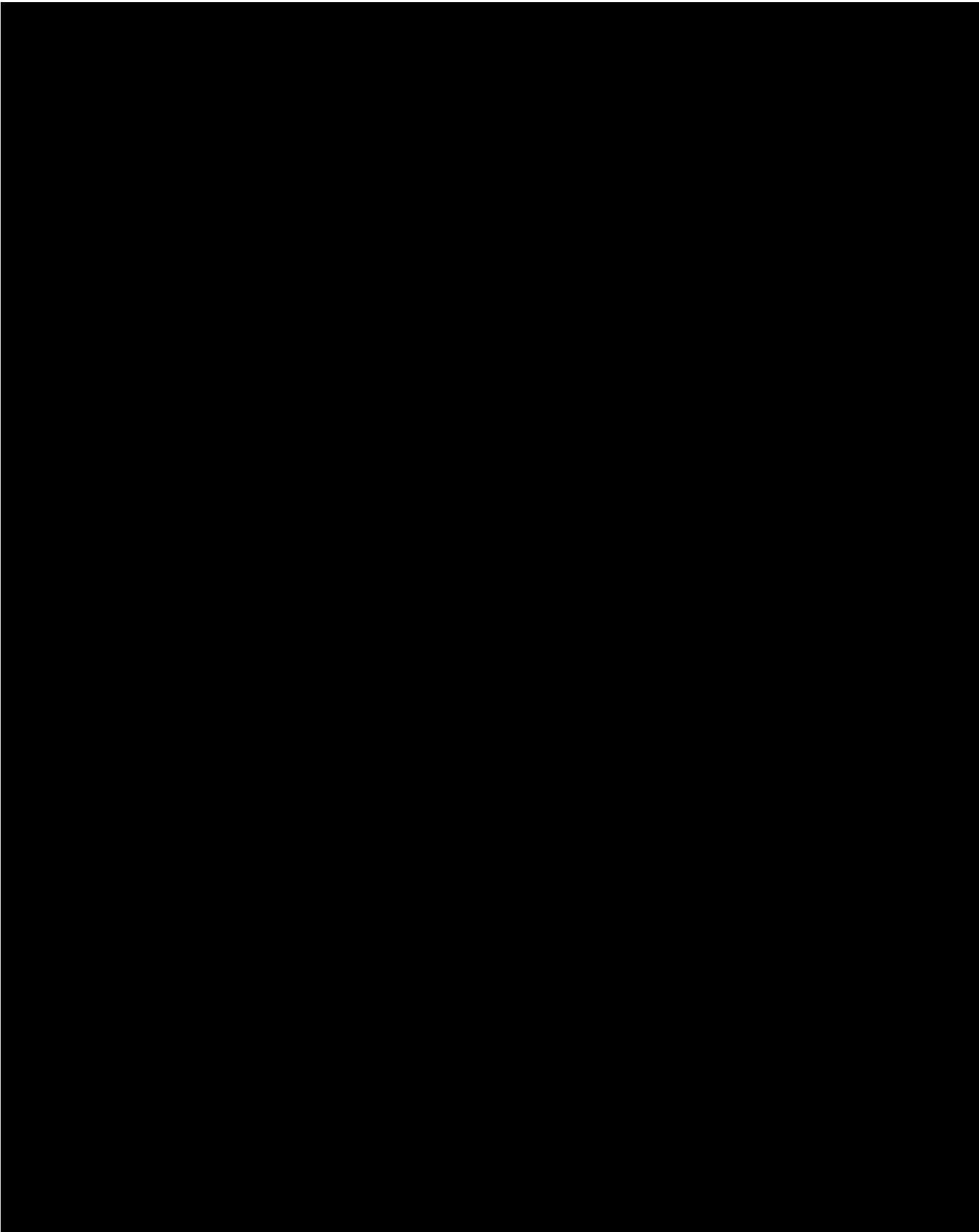
Section C.3
Limited Access Description

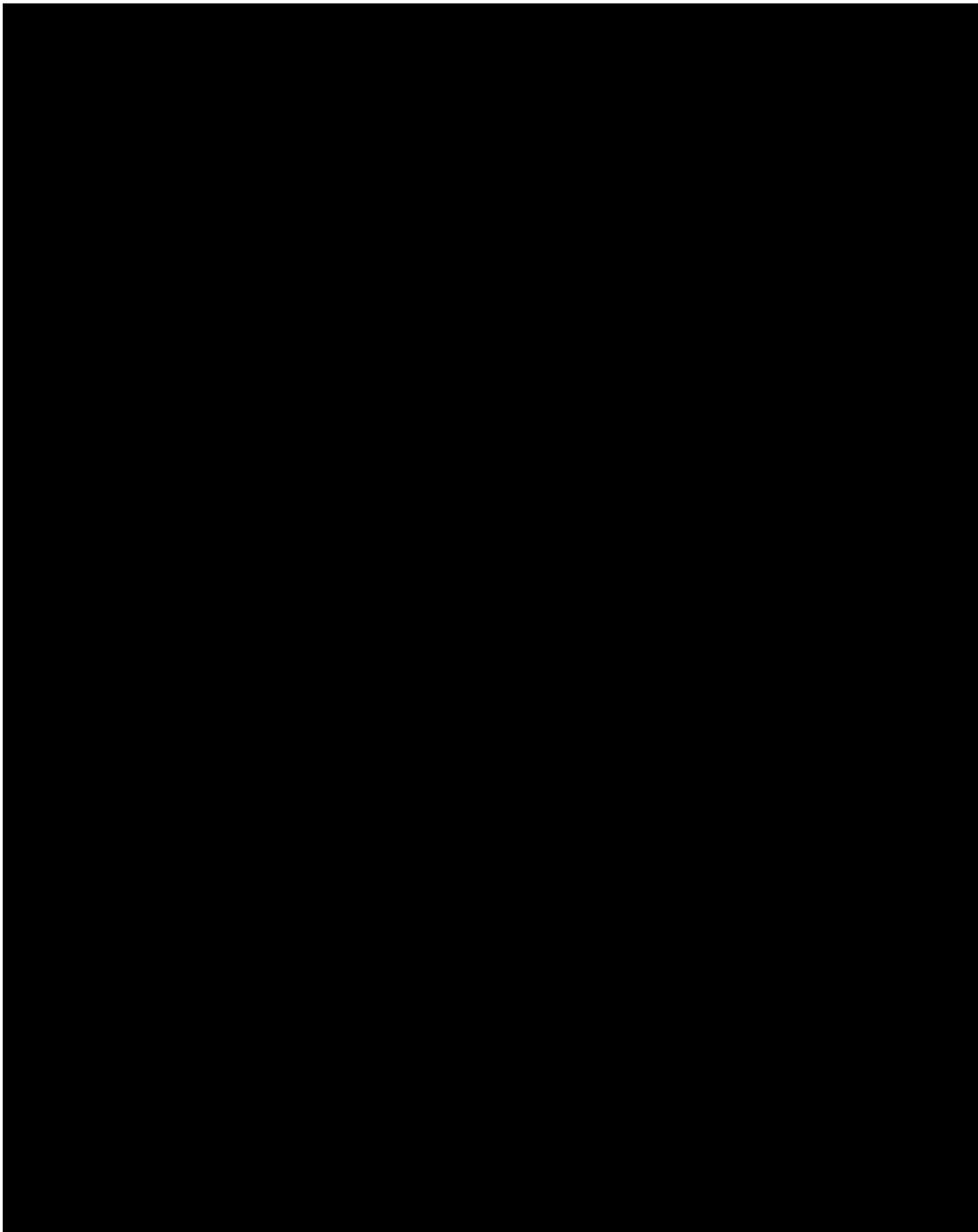
3. A detailed description of the process that a dispensary facility will take to ensure that access to the dispensary facility premises will be limited only to

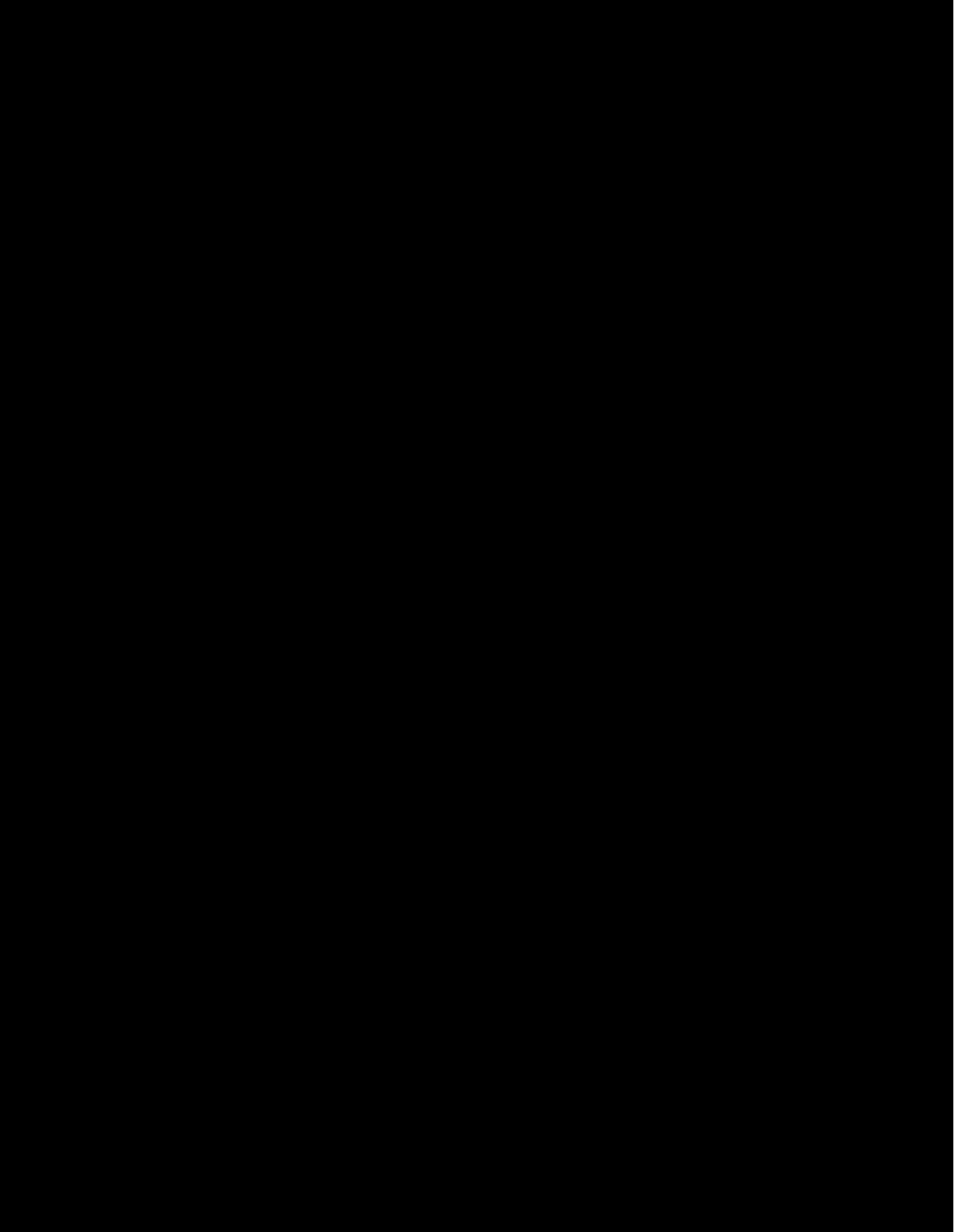








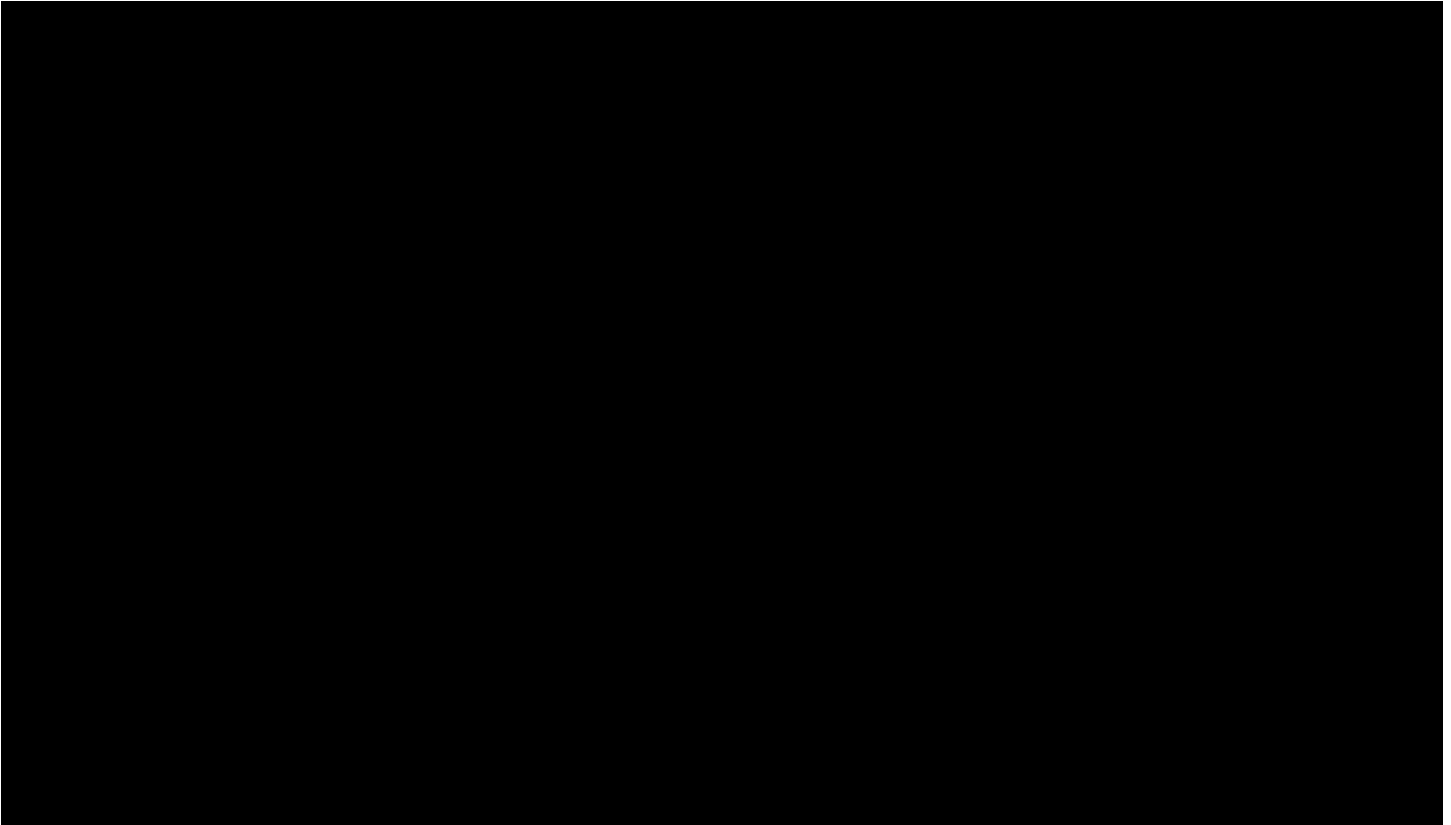






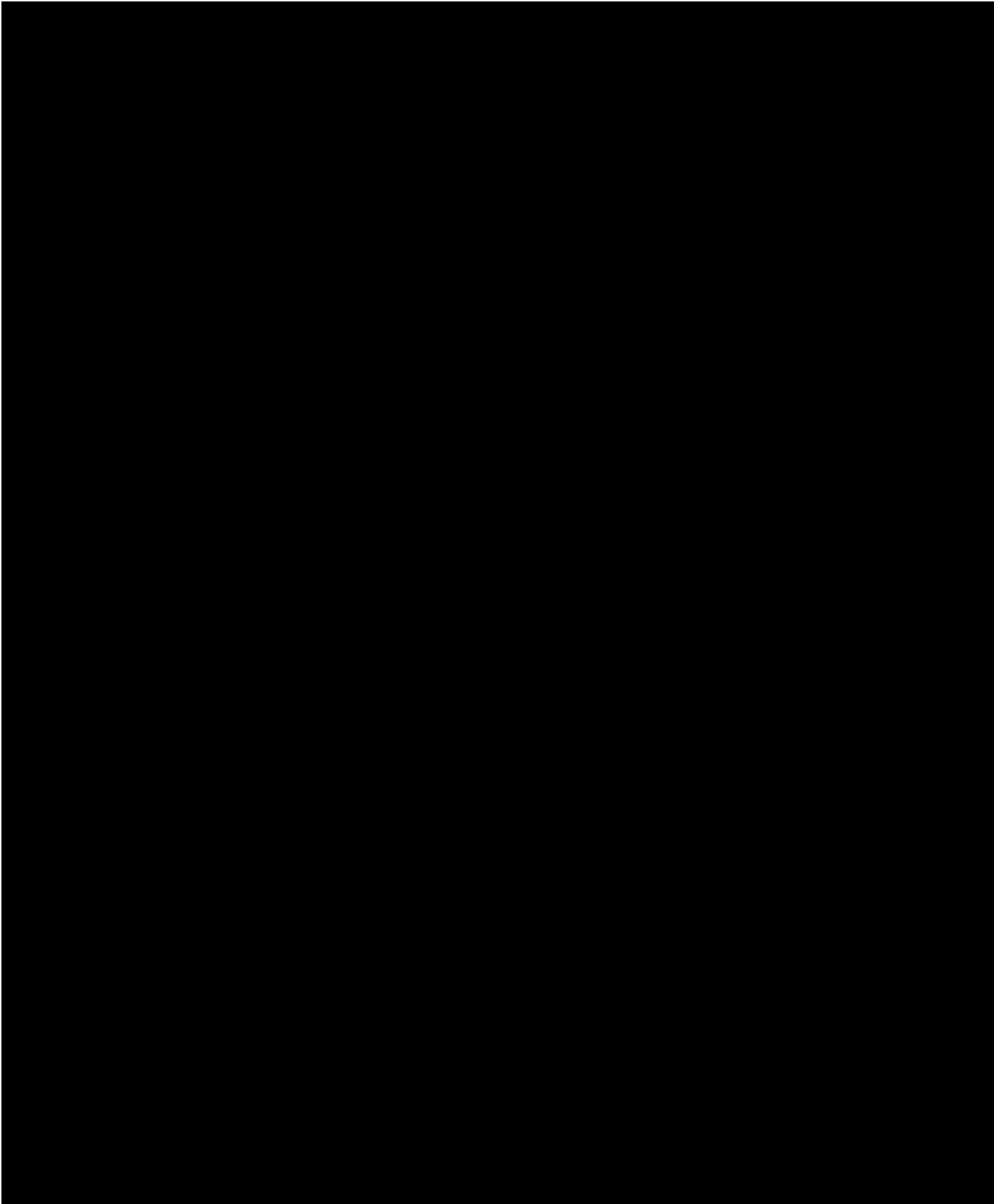
Section C.4
Additional Handicap Accessible Features

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;



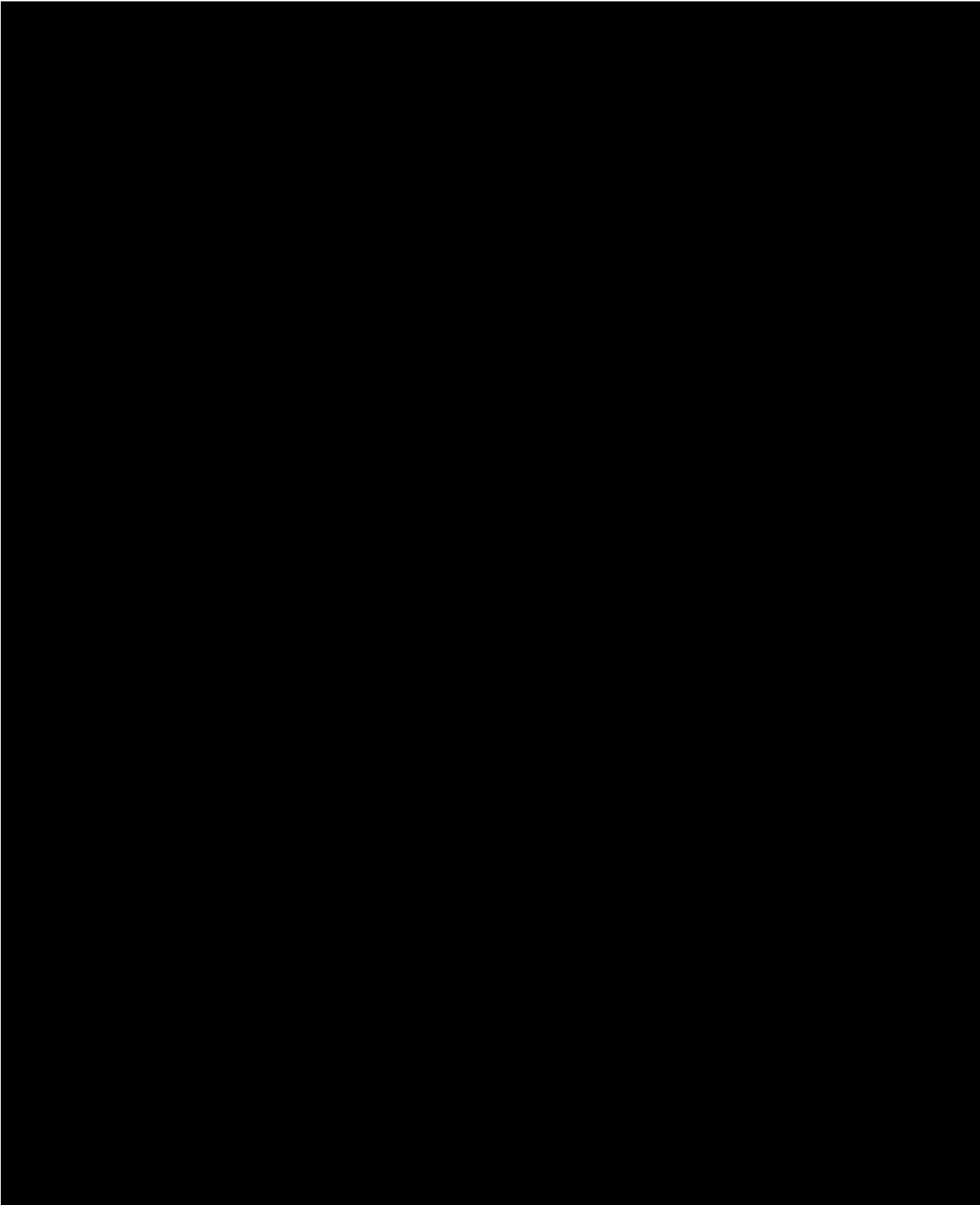
Section C.5
Odor Control

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



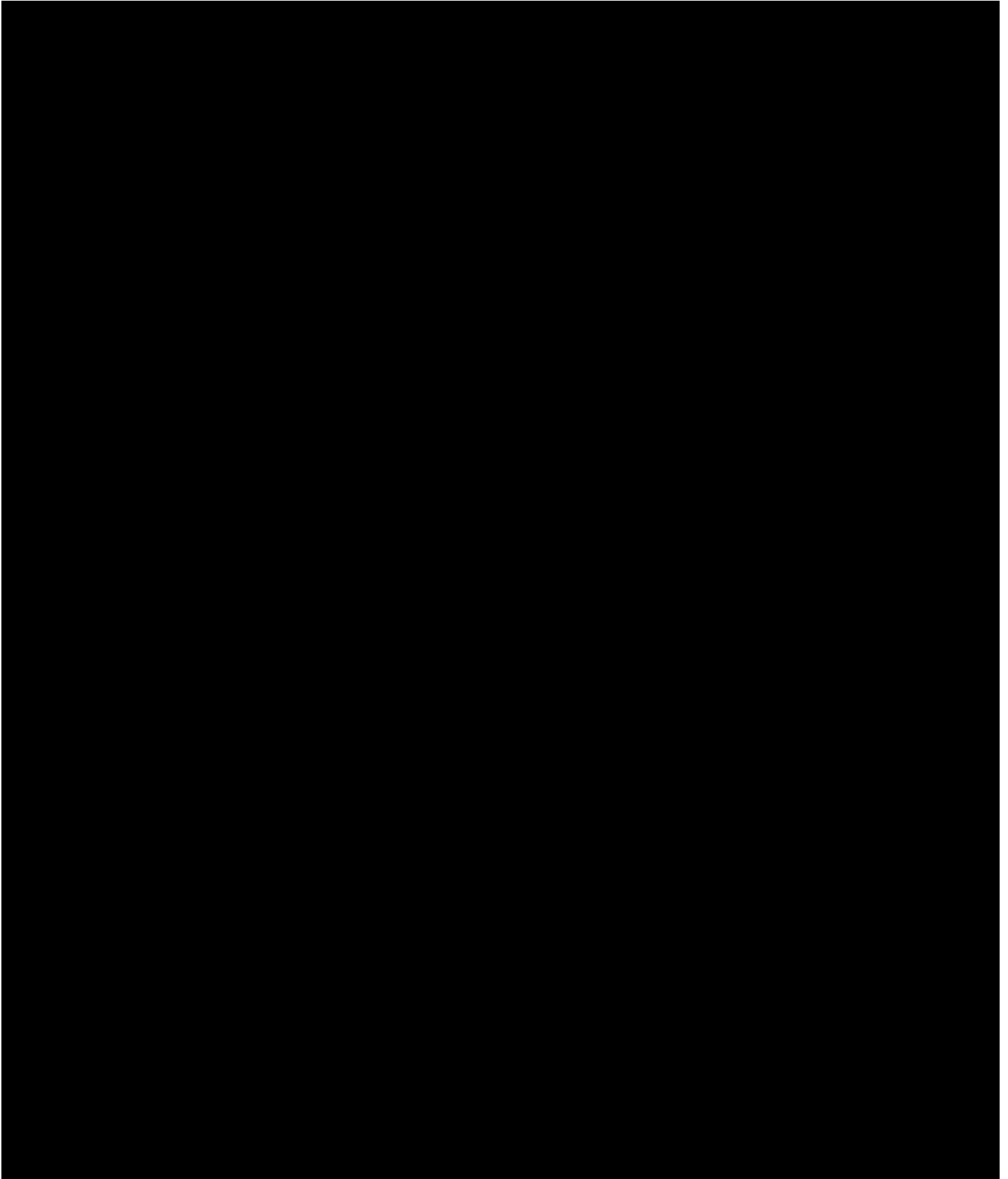
Section C.6

Delivery and Receiving Protocols

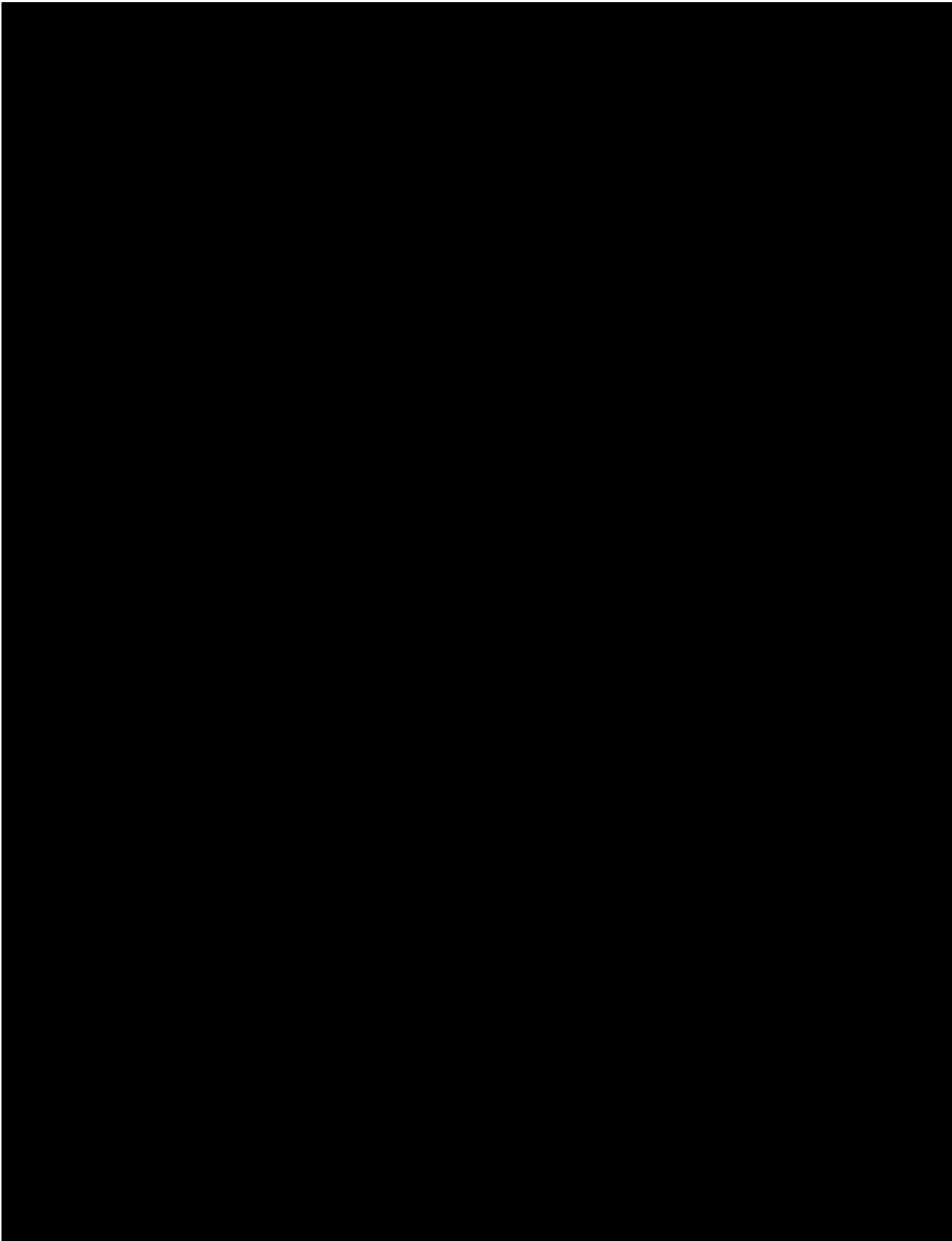


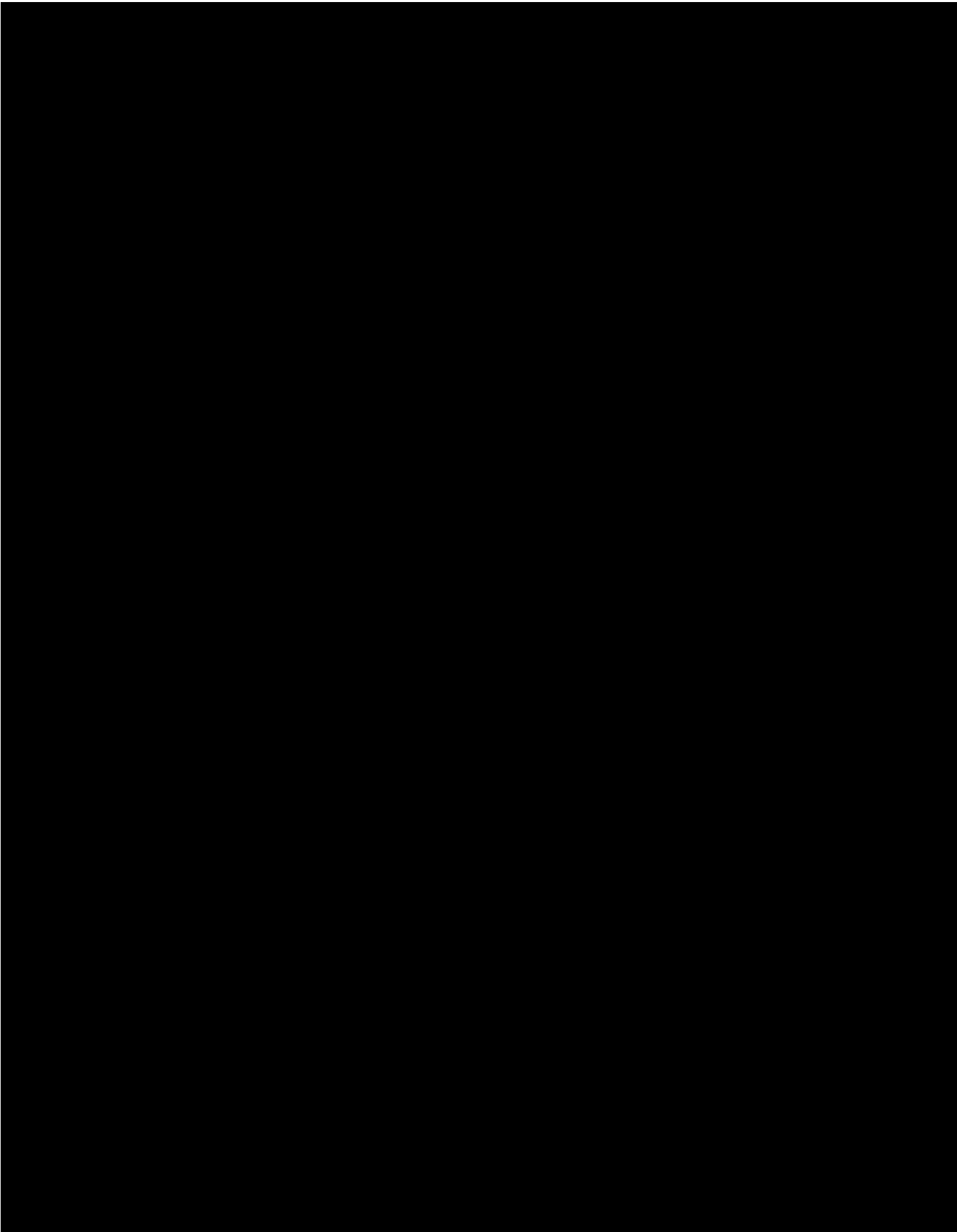
Section C.7
Employee Training and Continuing Education

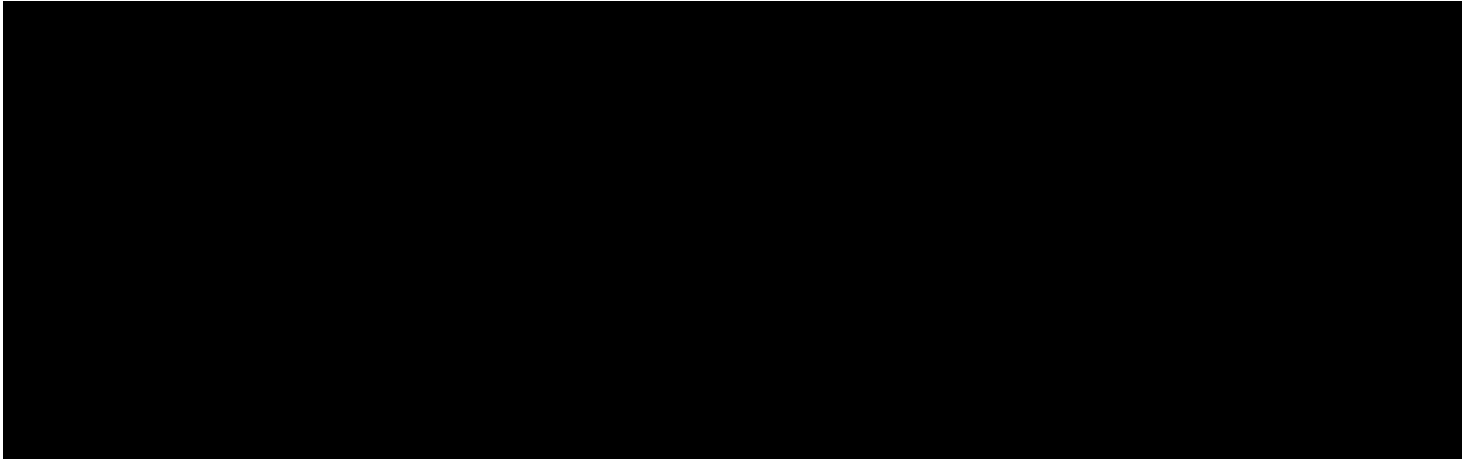
7. A detailed description of the training and continuing education opportunities that will be provided to dispensary facility employees;



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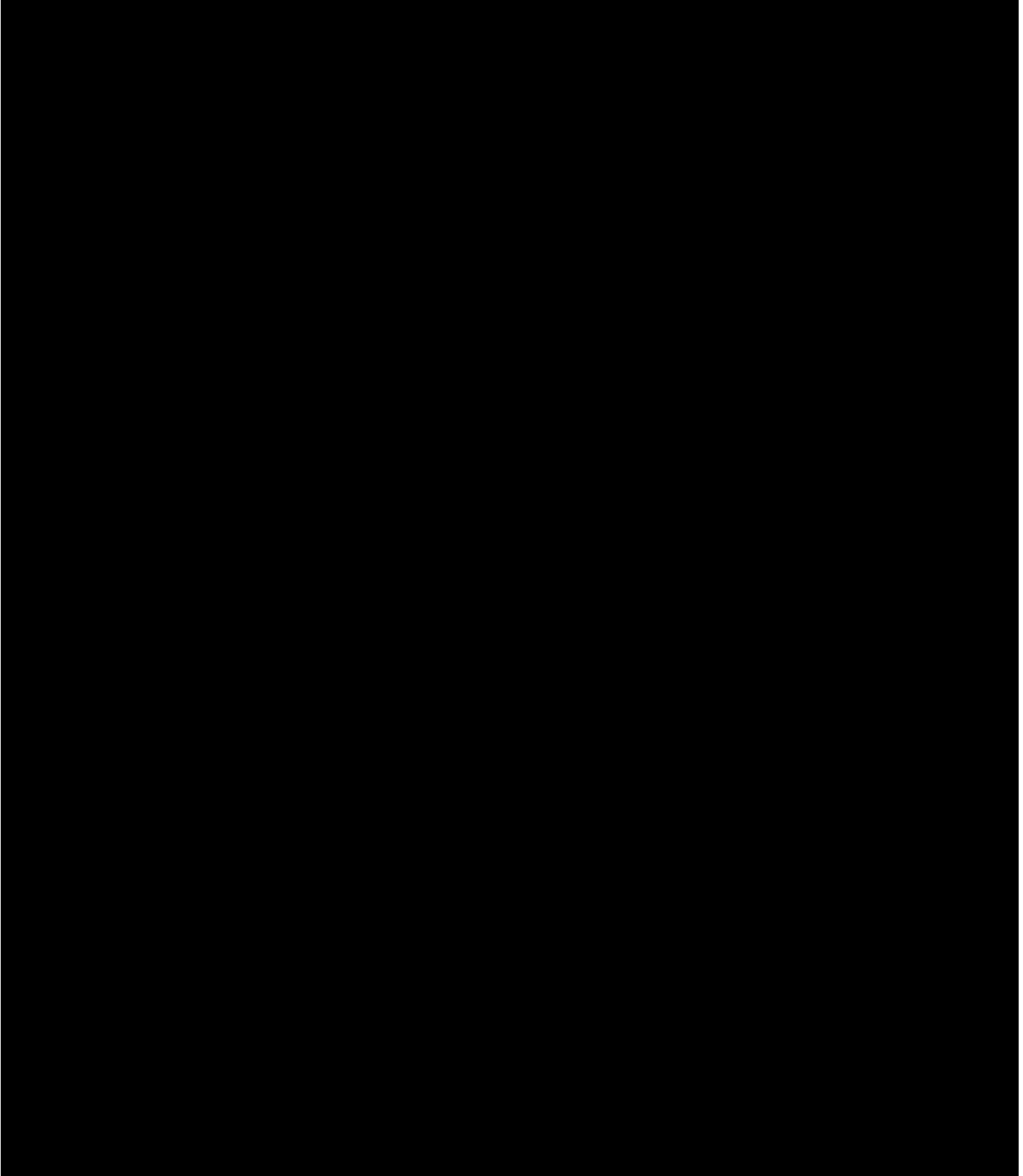


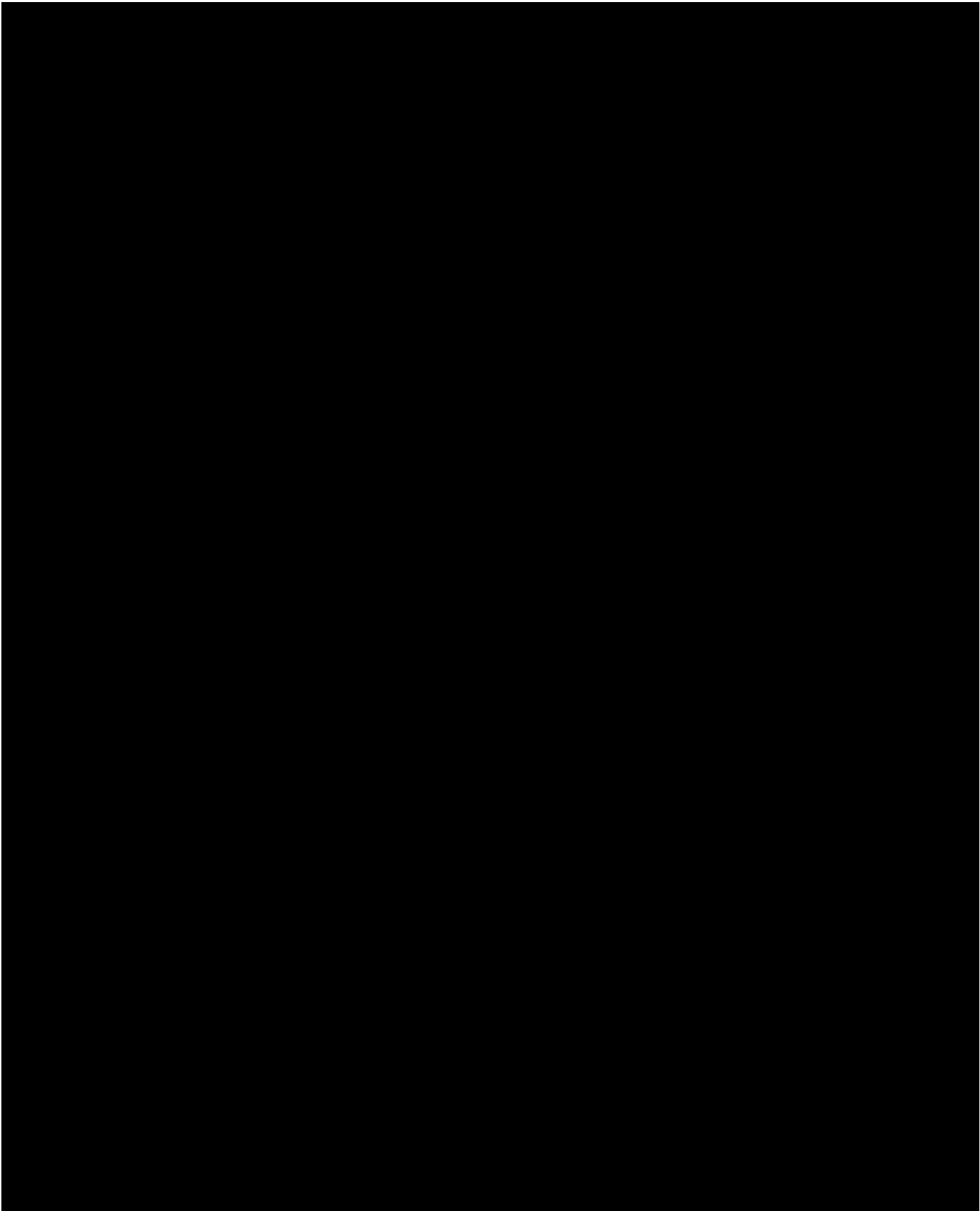


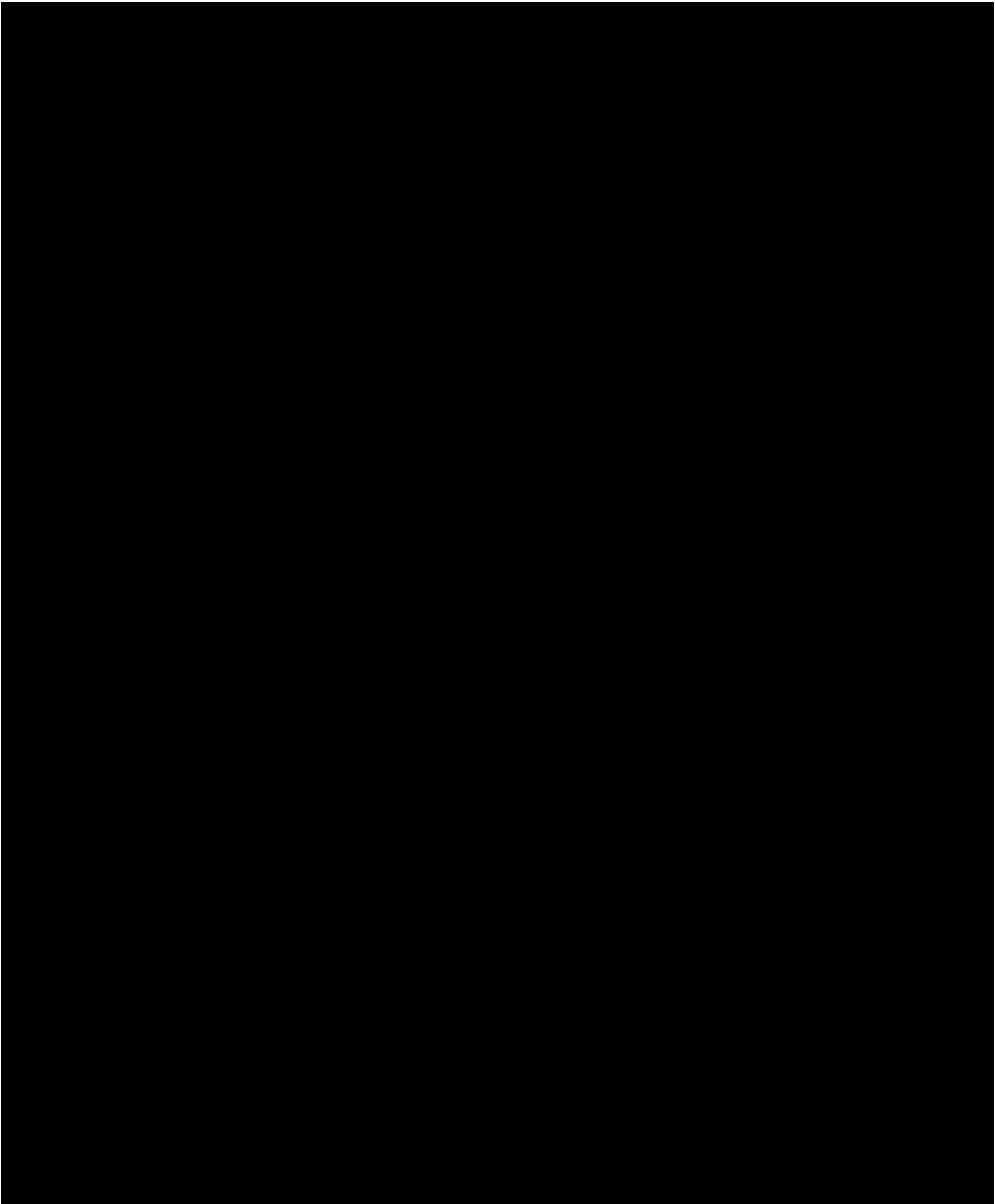


Section C.8 Security

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









[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

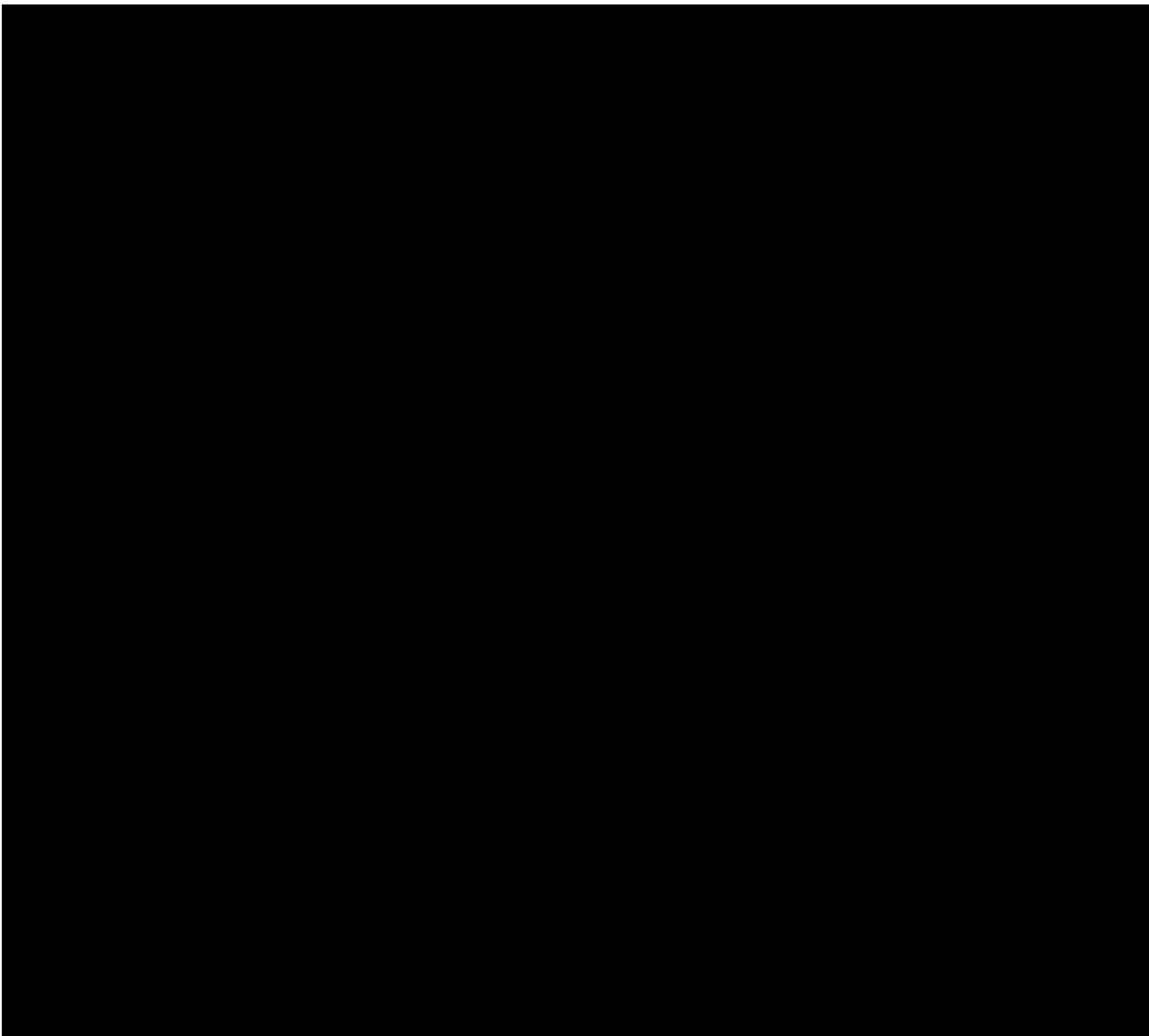
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

destruction.



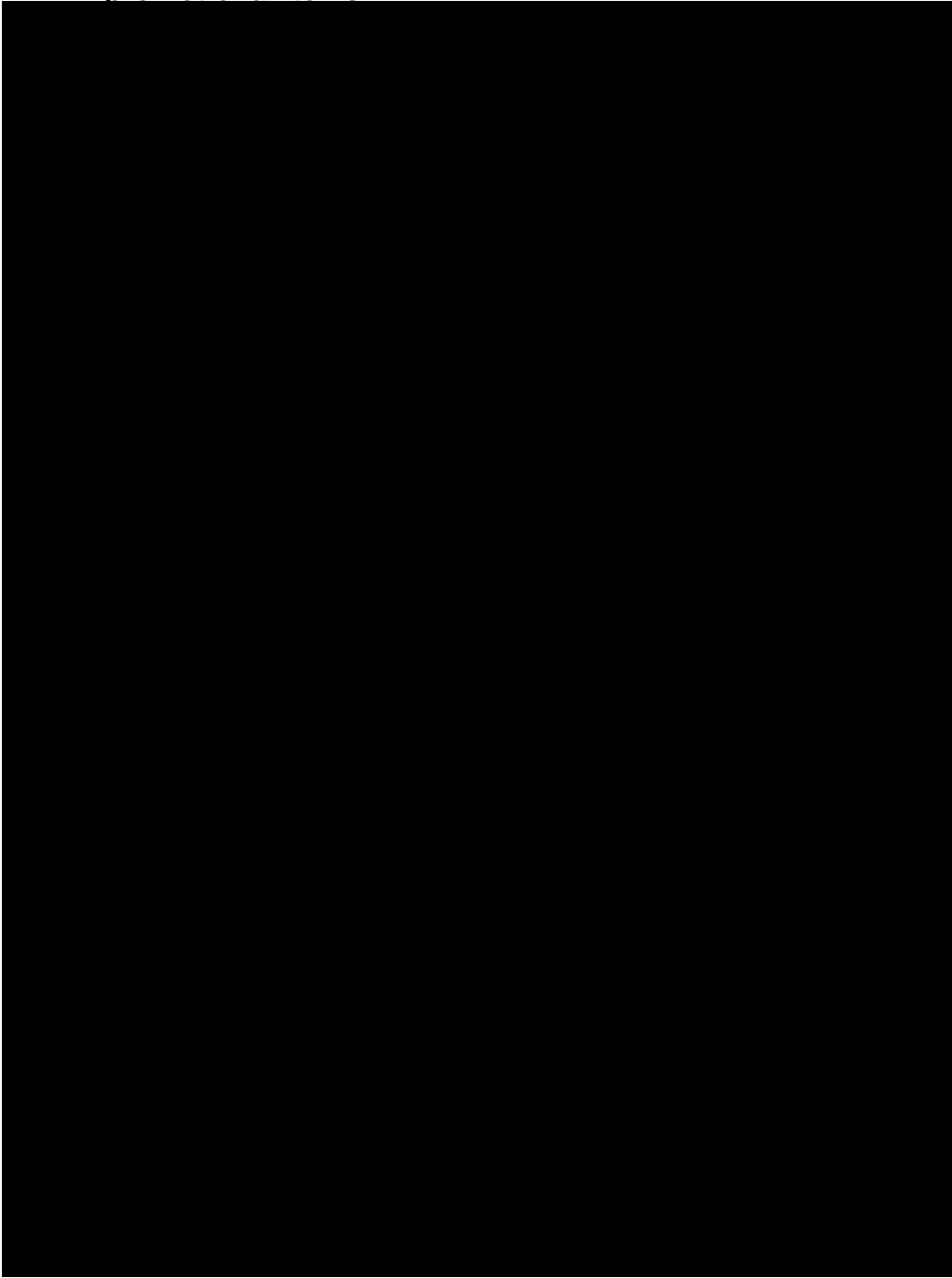
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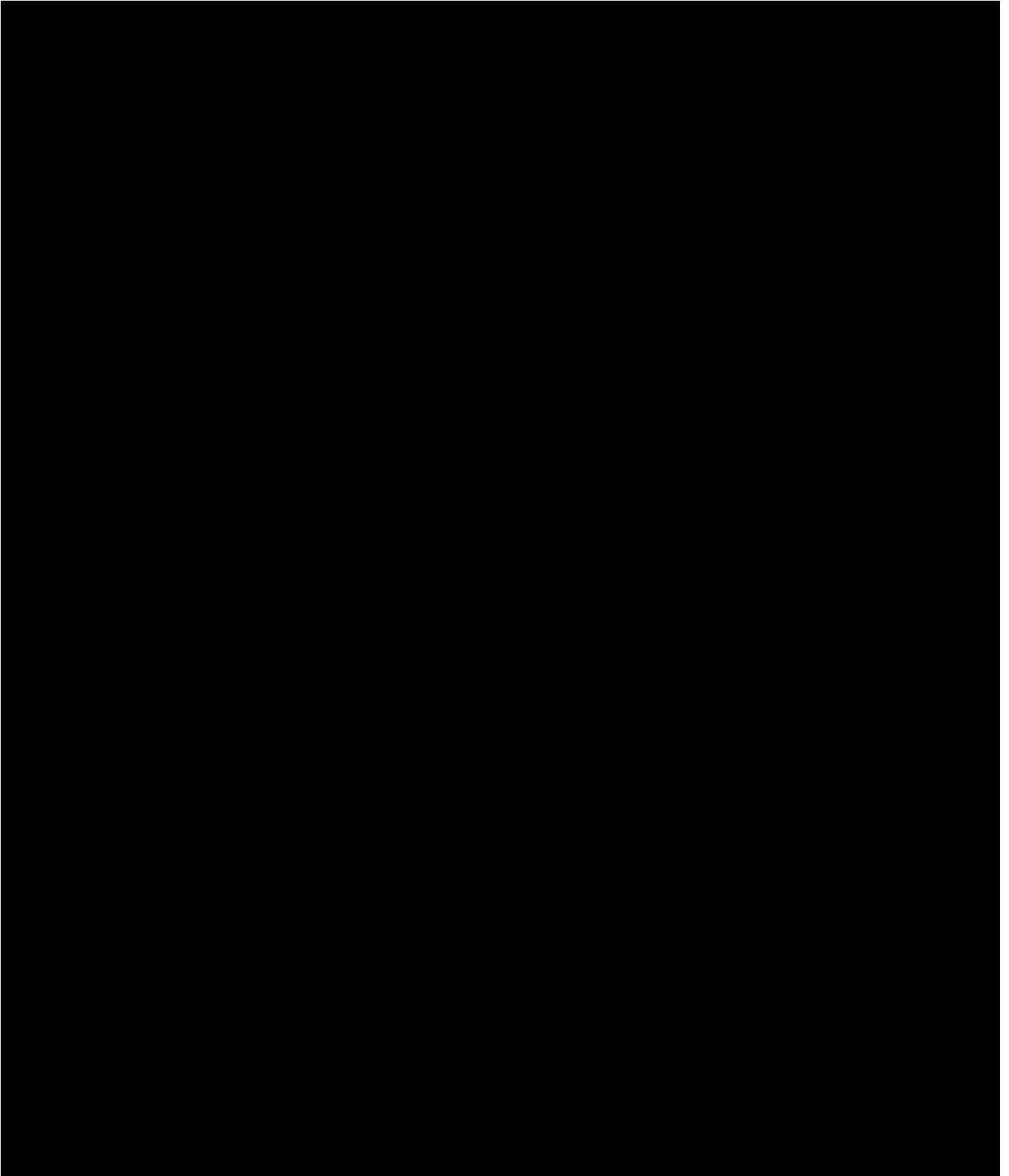
COASTAL CITY CARE

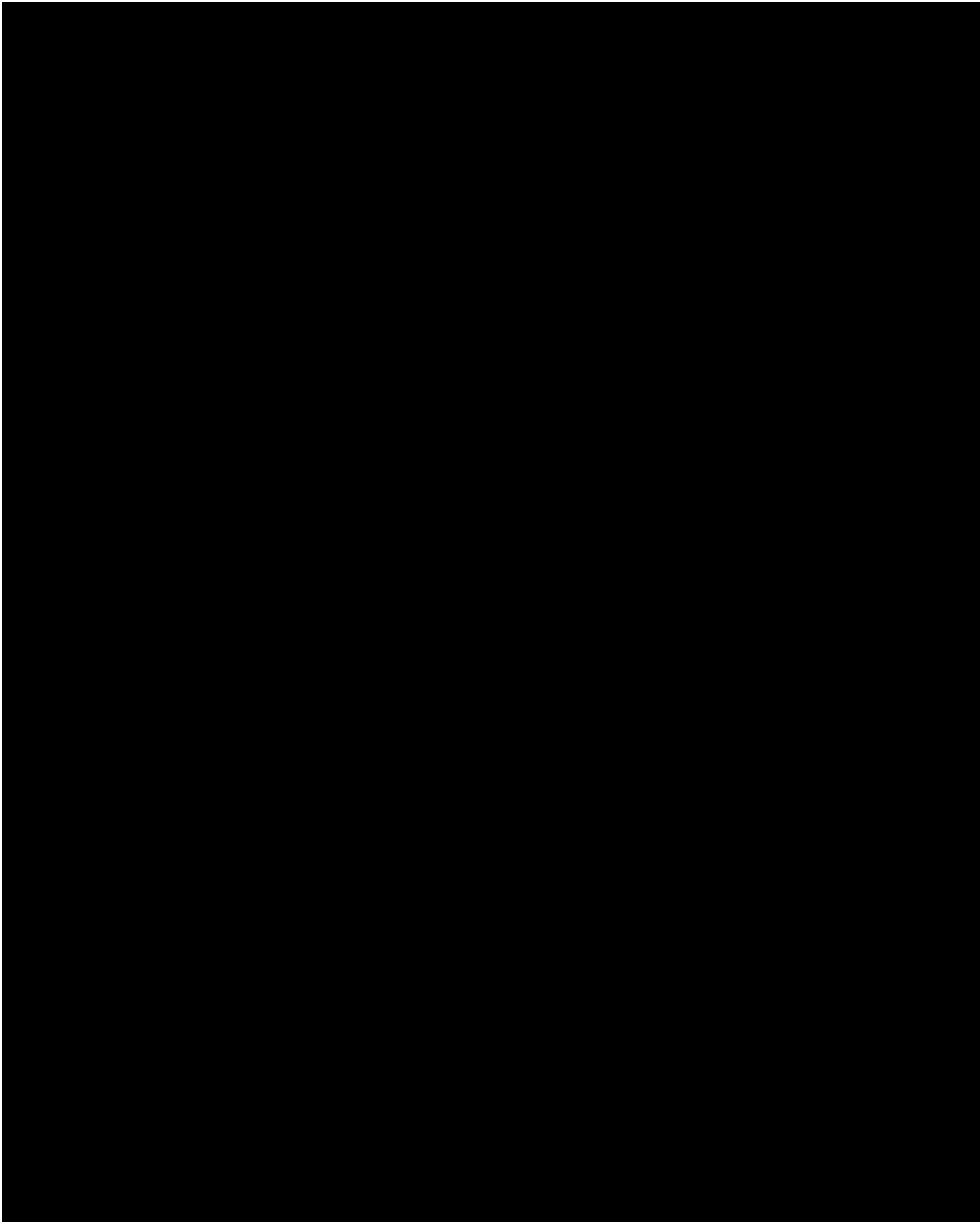
**SECTION D
PROPOSED MARKETING PLAN**

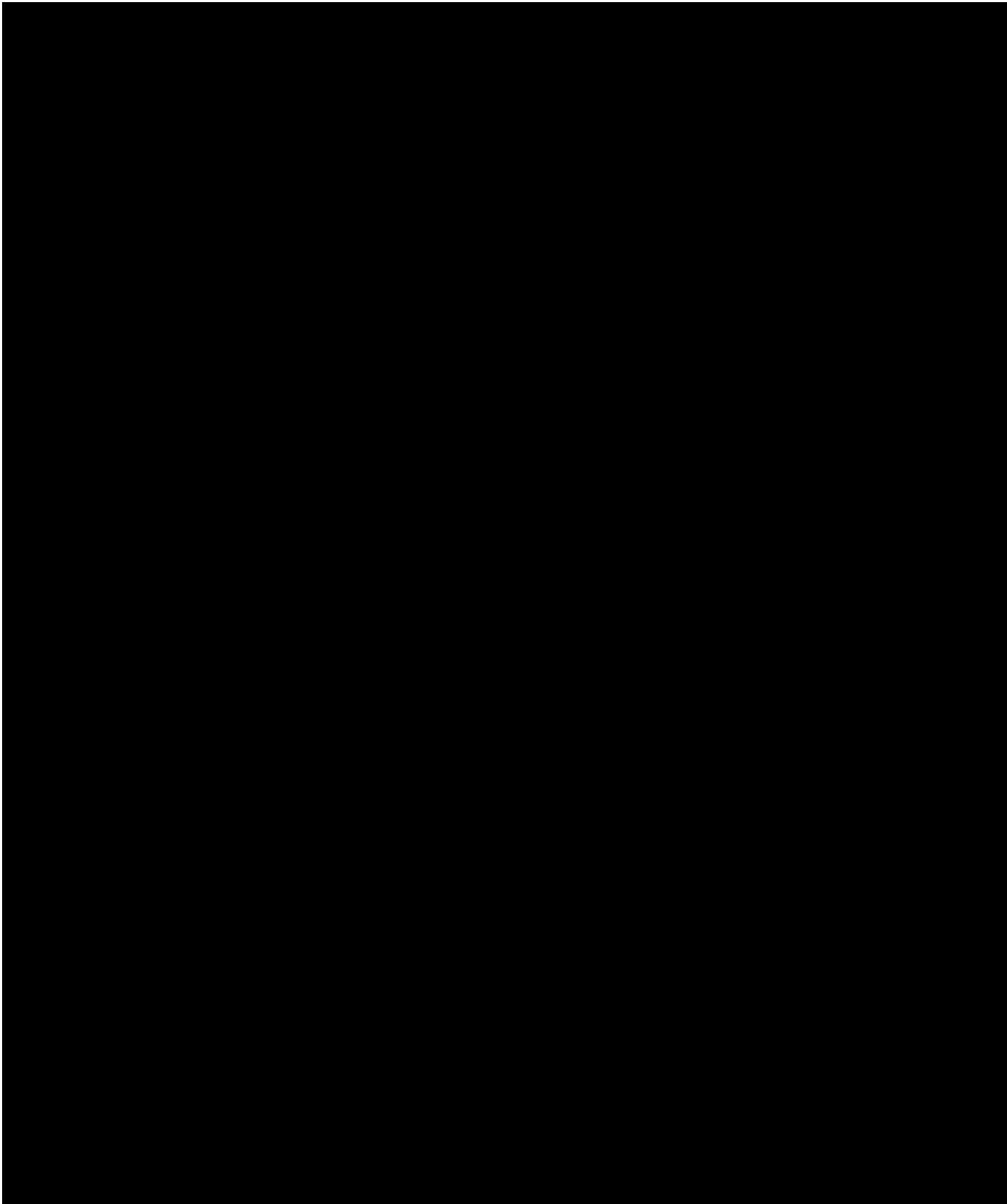
1. Provide a copy of the applicant's proposed marketing plan and include any web templates and educational materials such as brochures, posters, or promotional items.

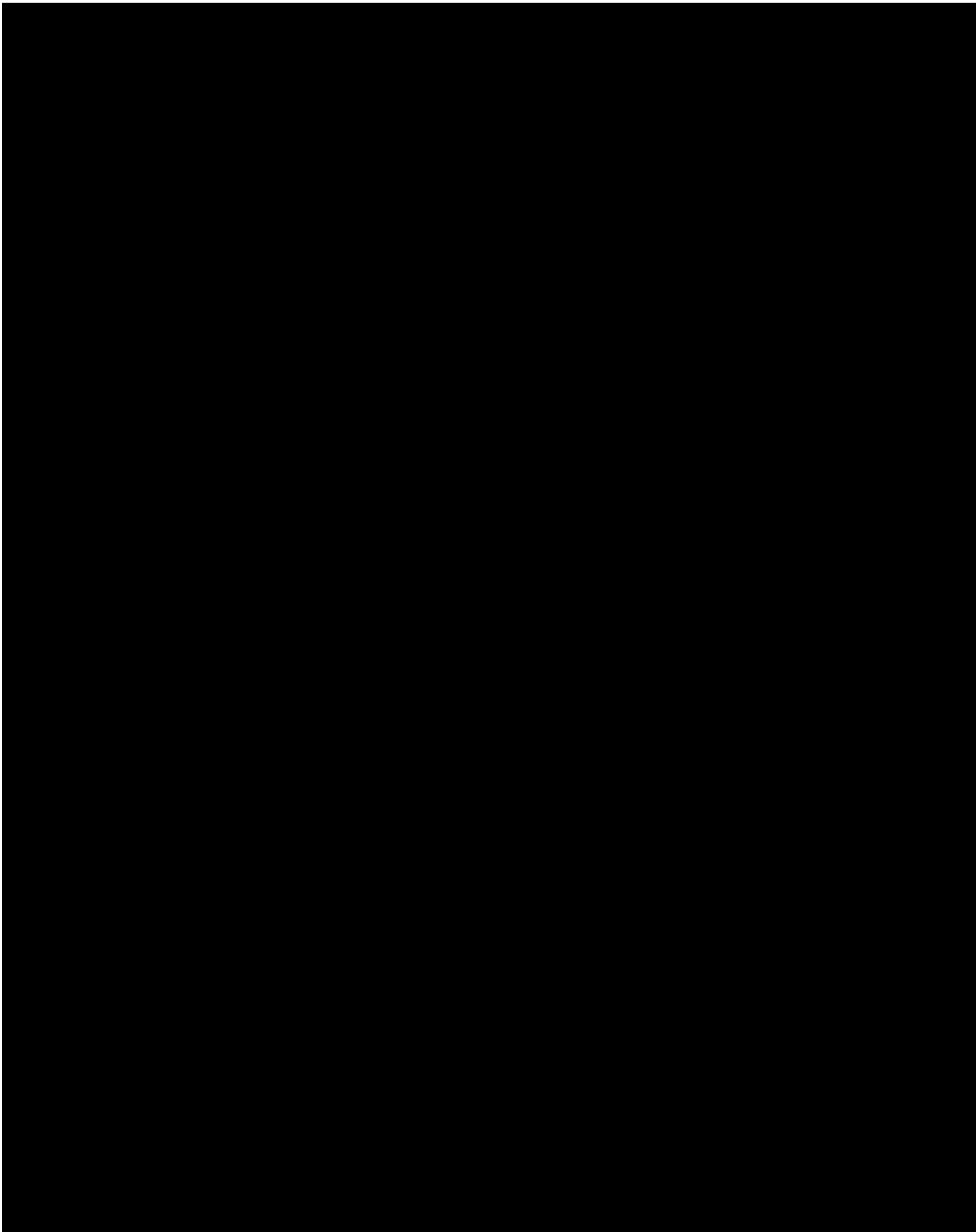


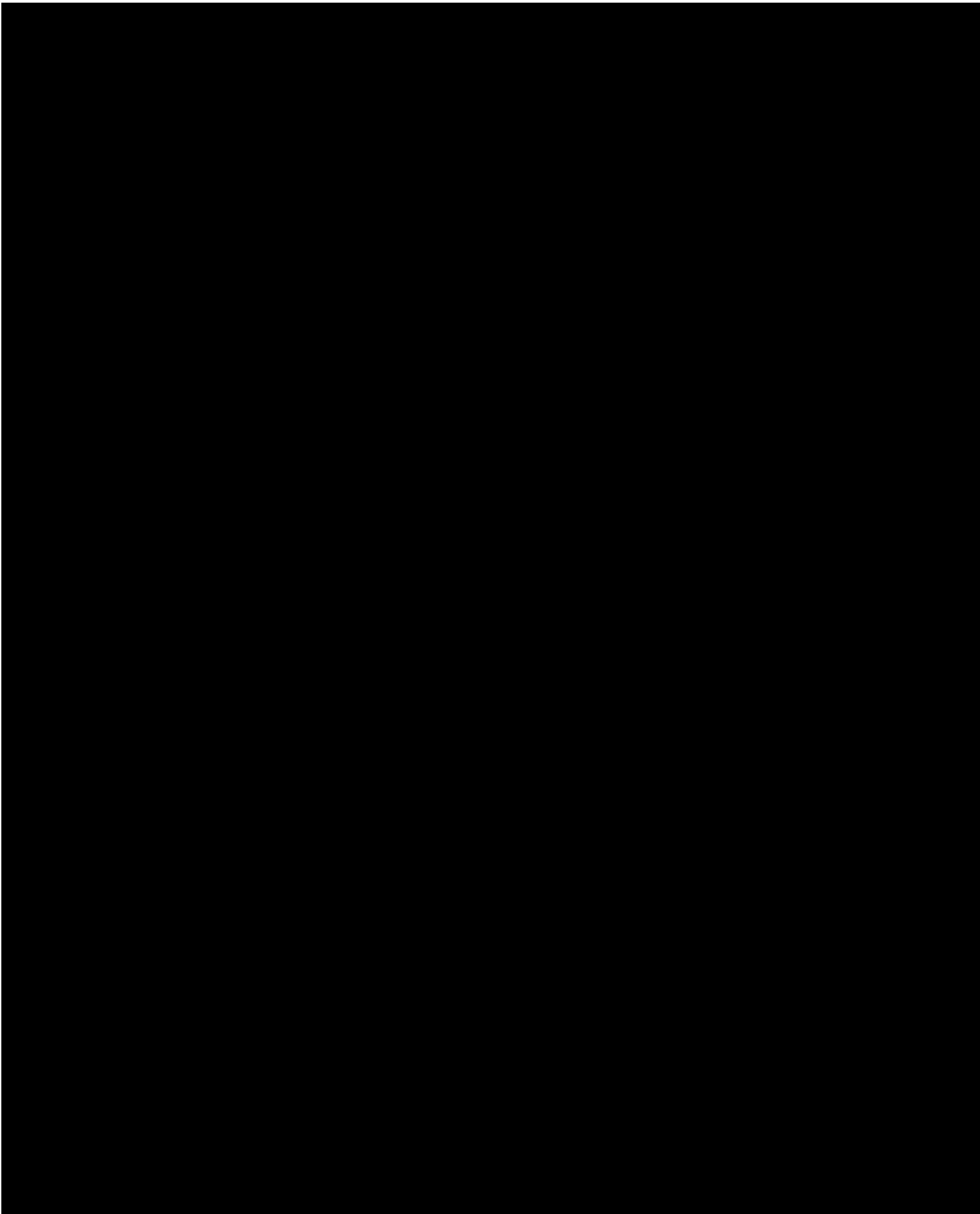
1. Promotional Strategy: Focus on Education

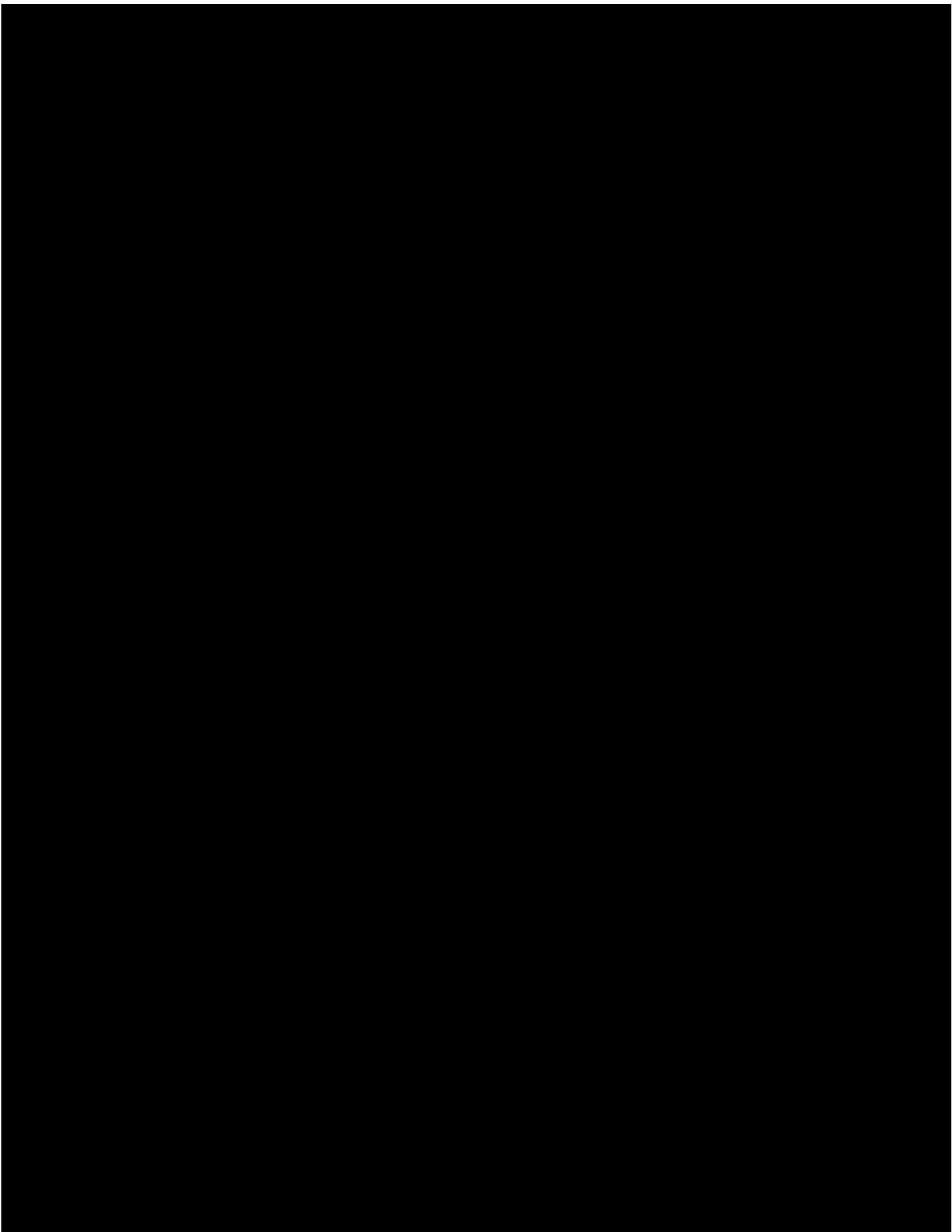


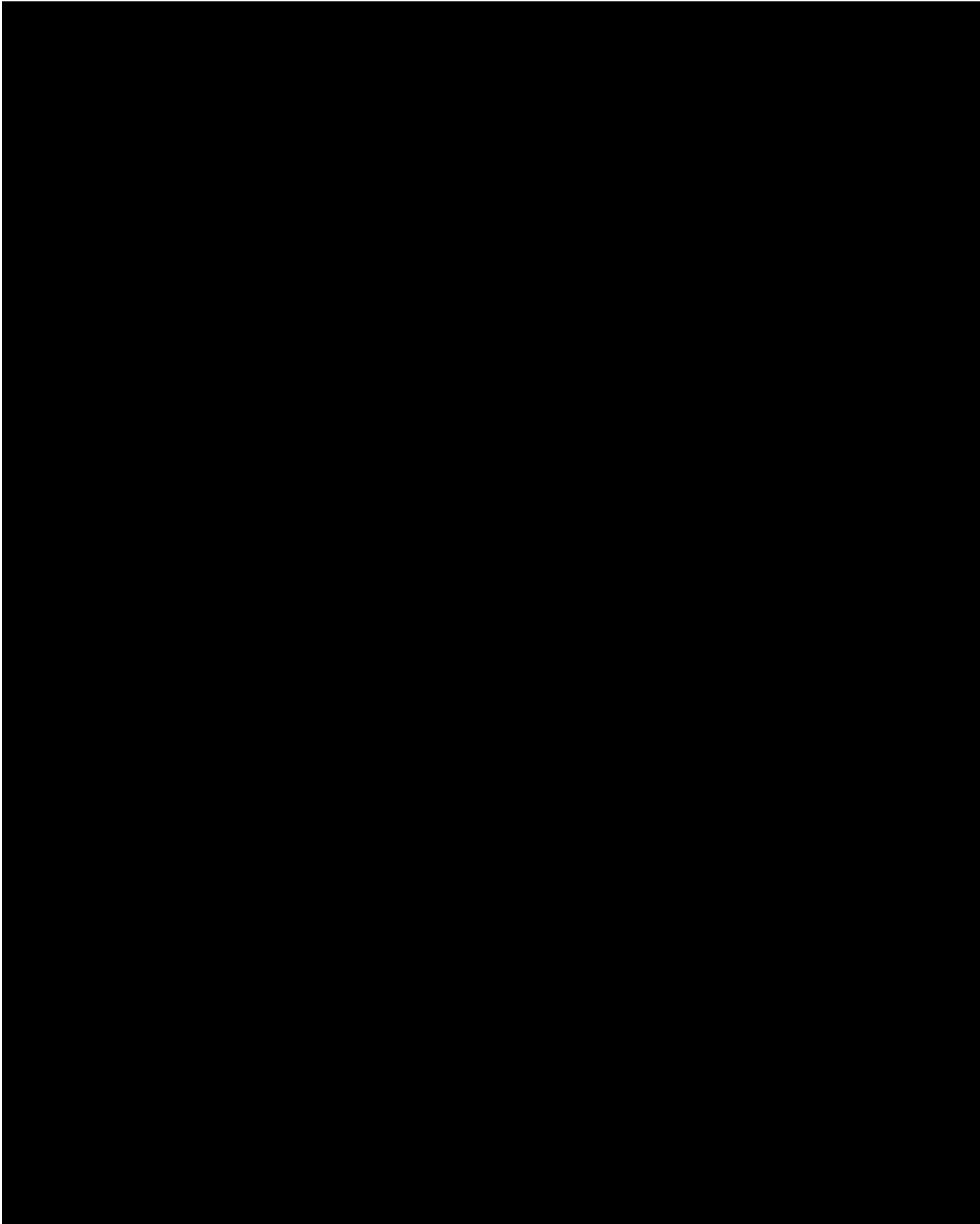


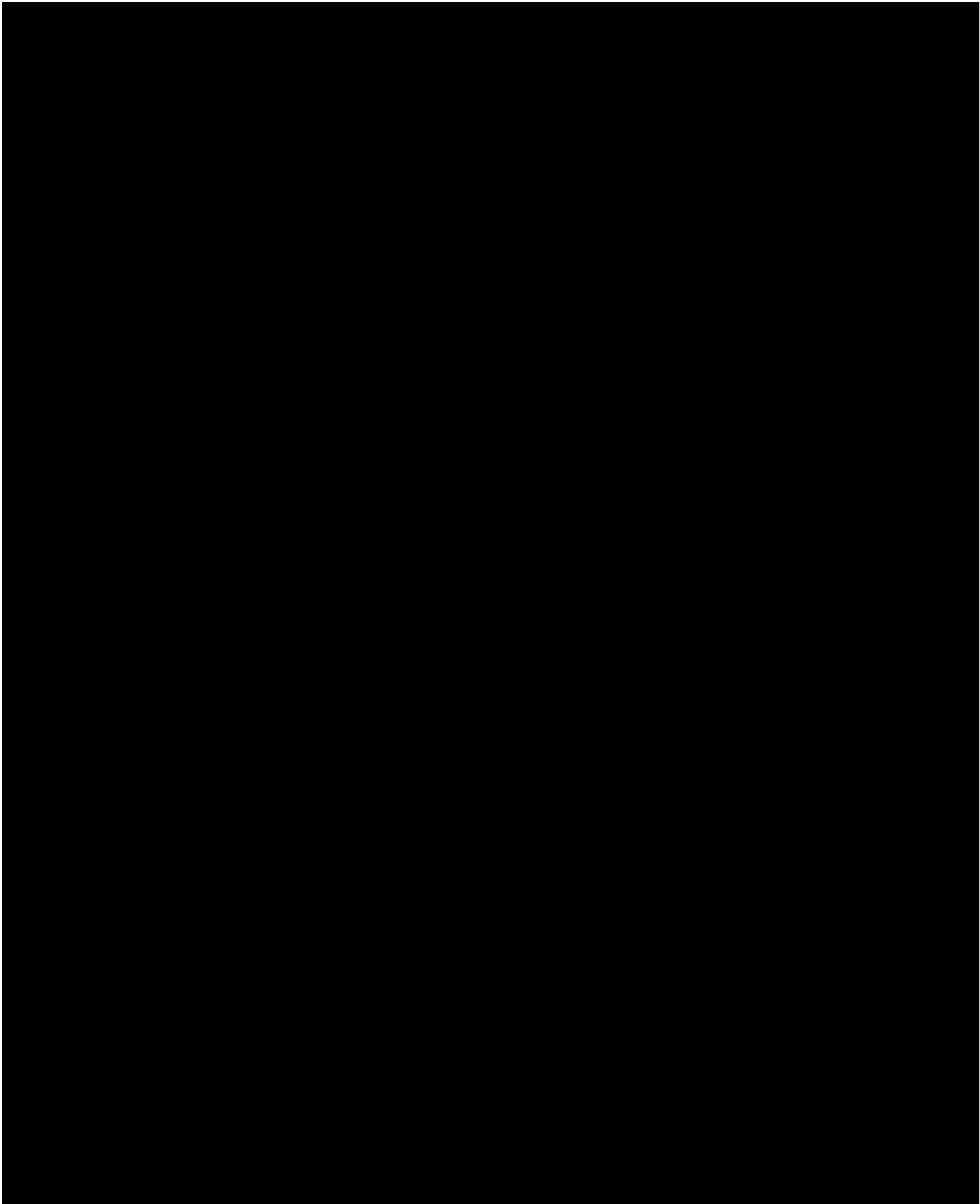


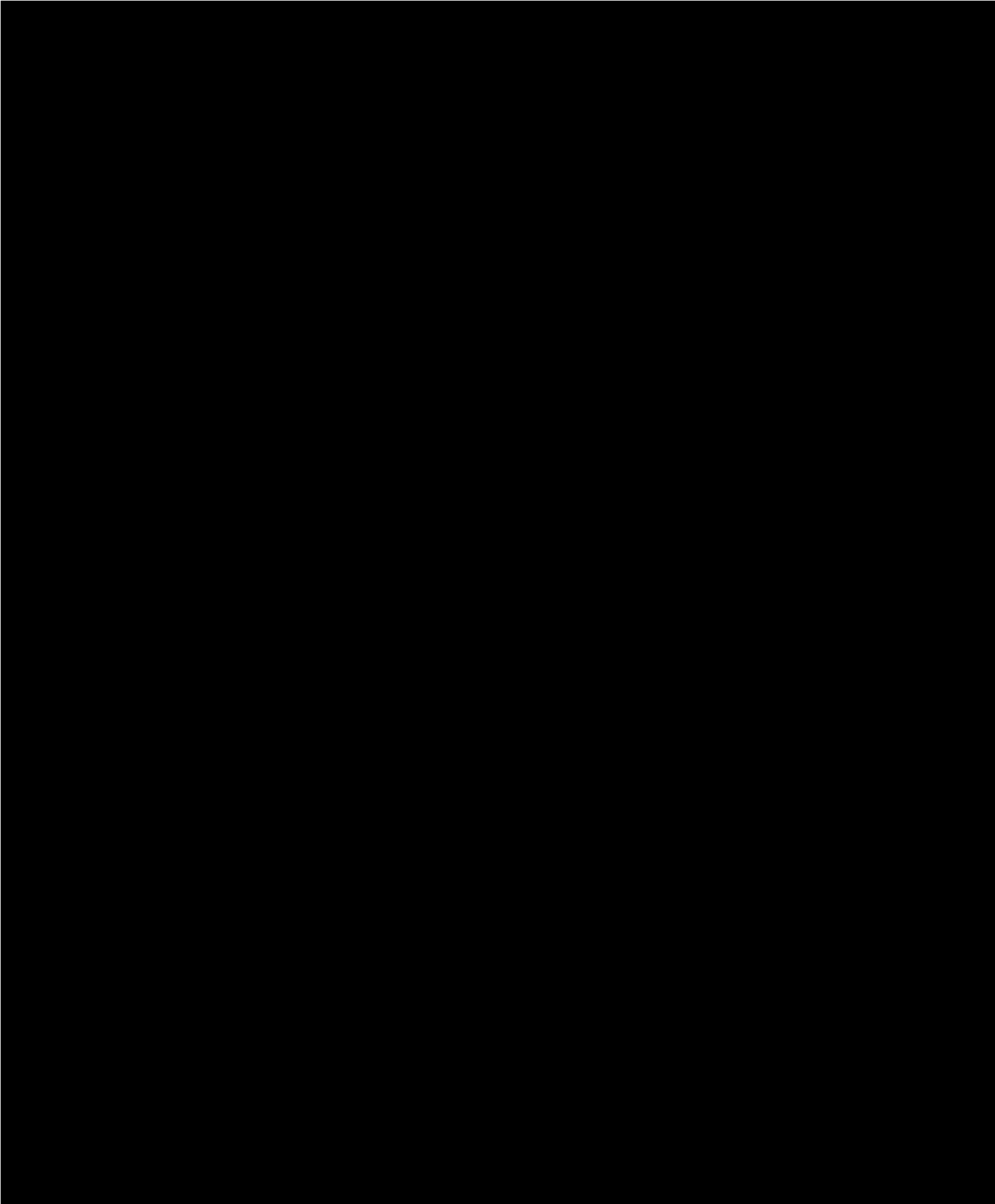


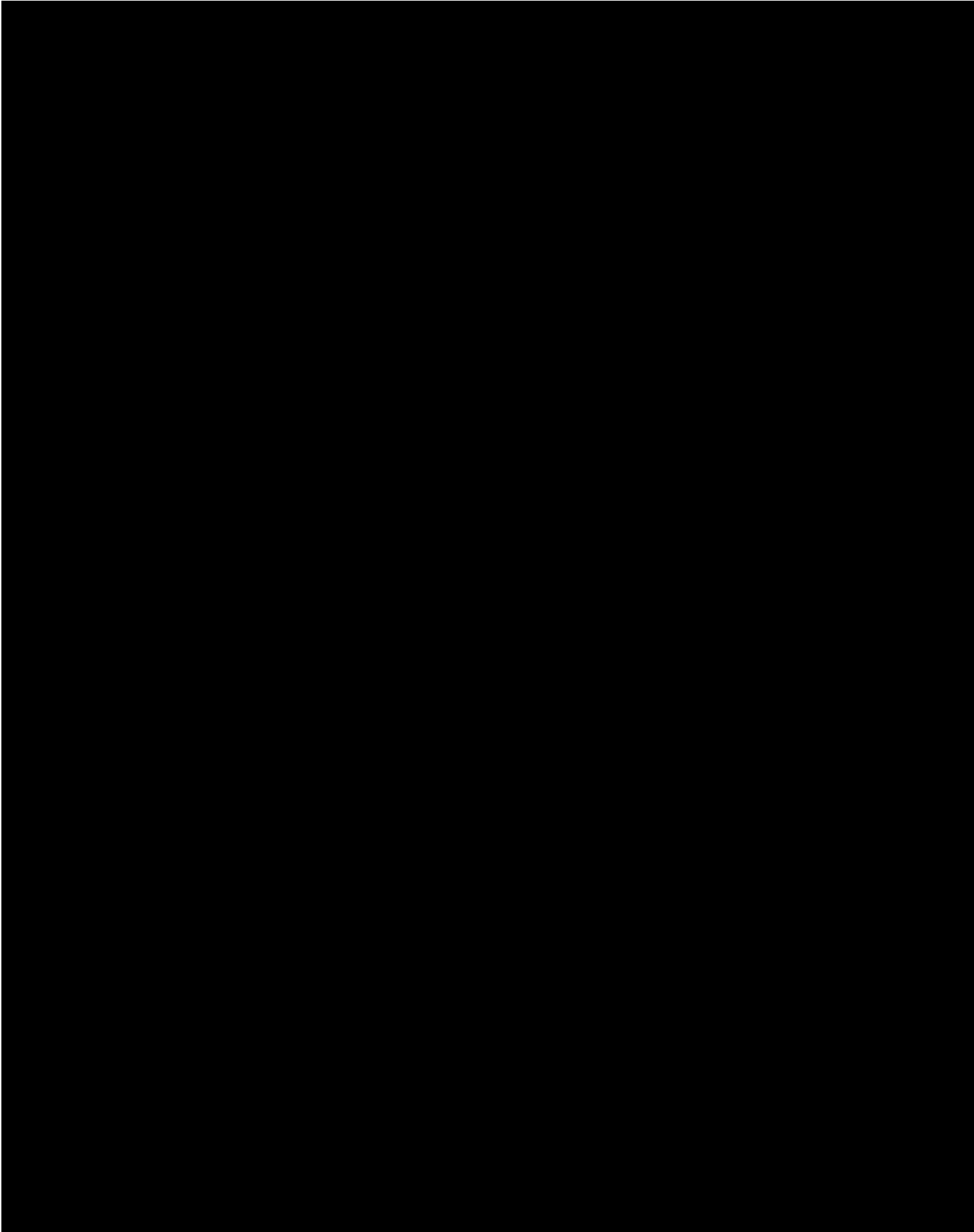


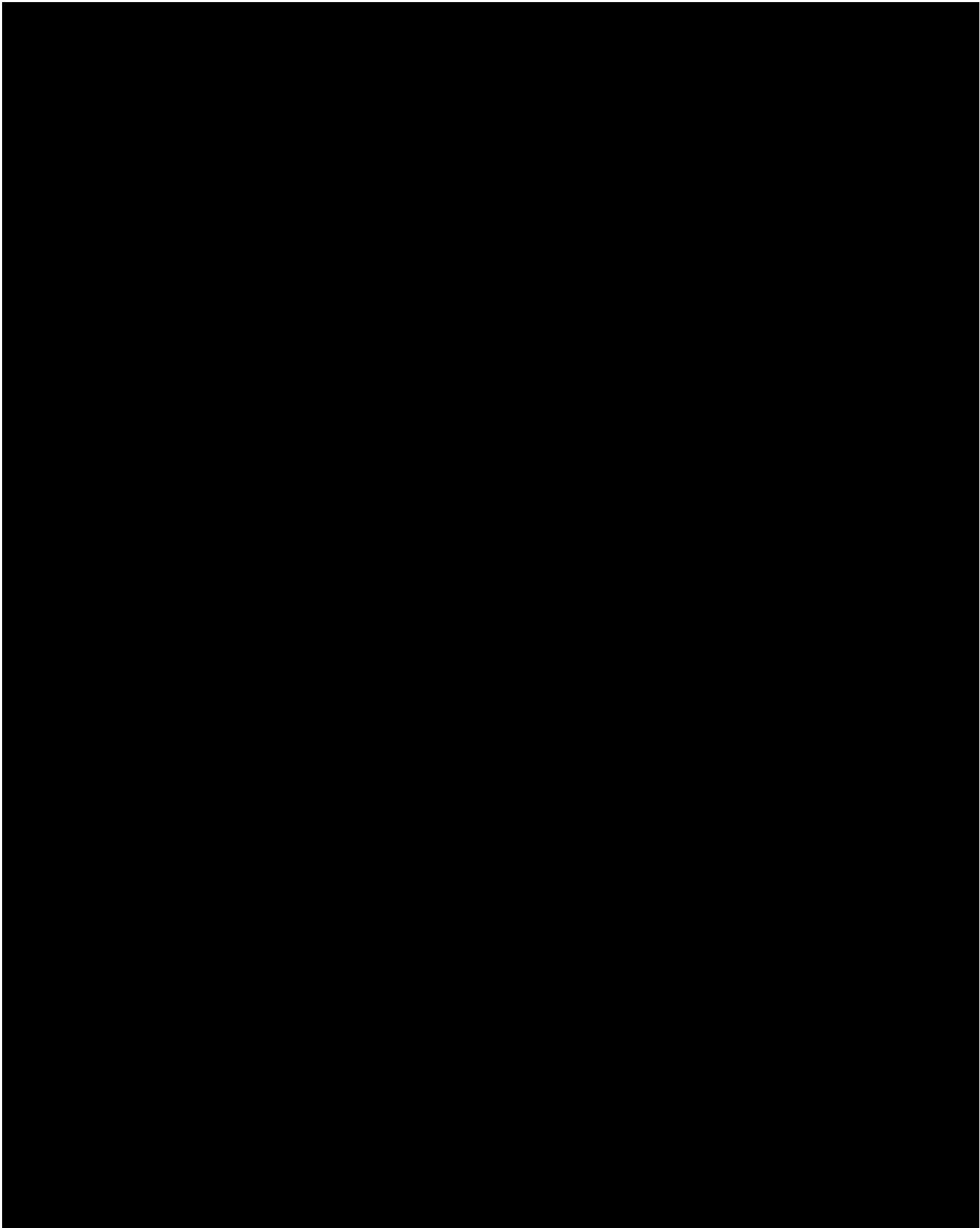


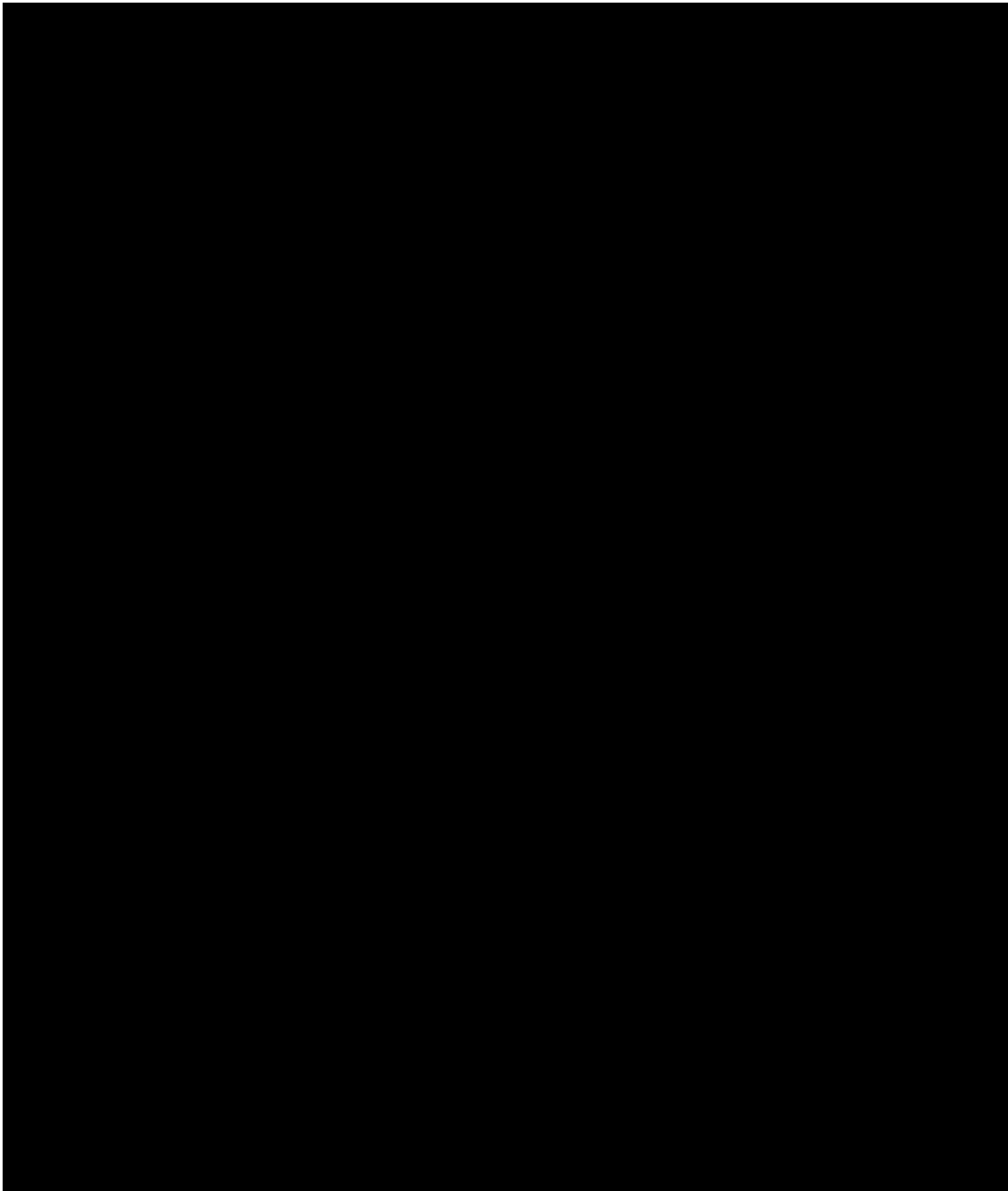


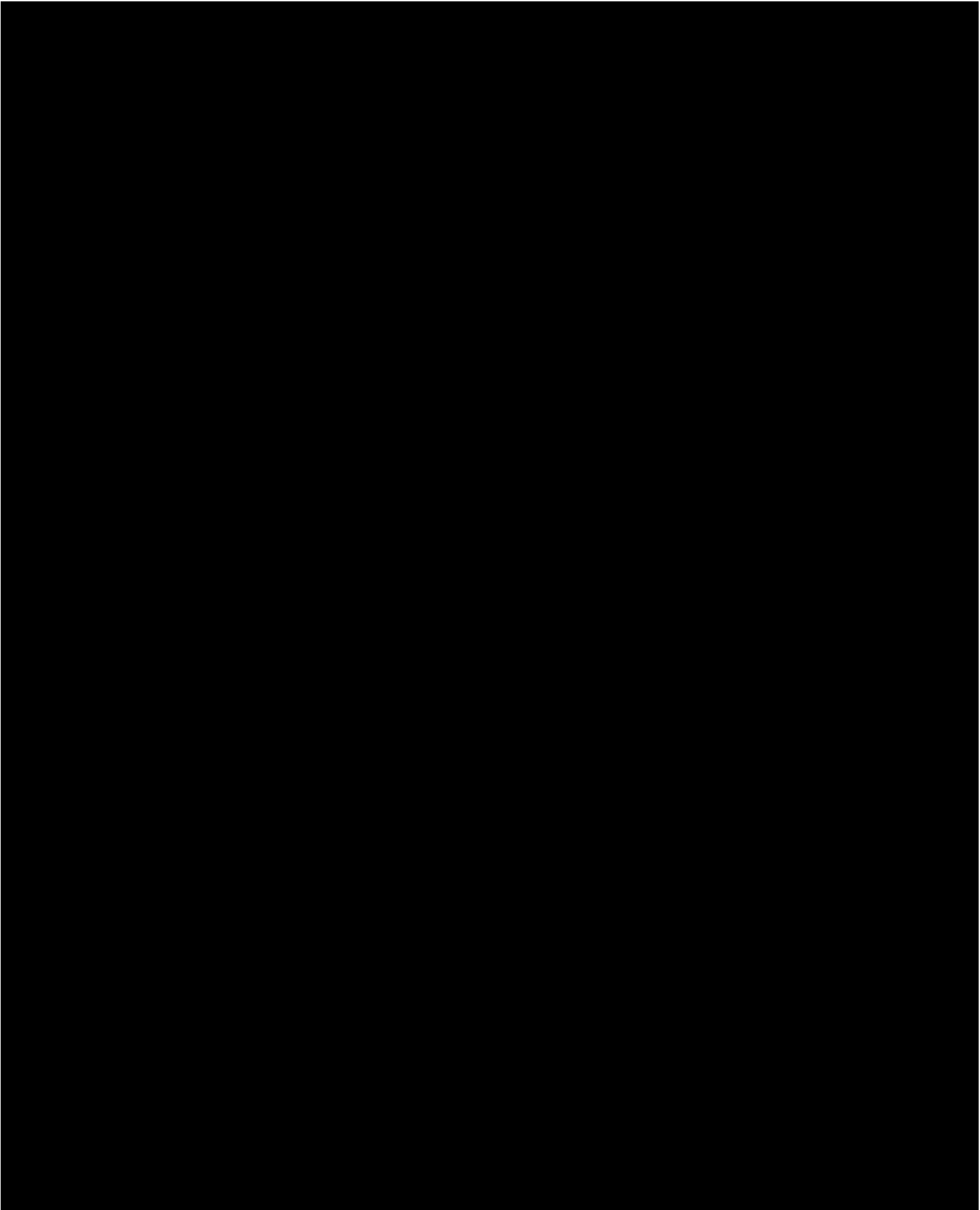


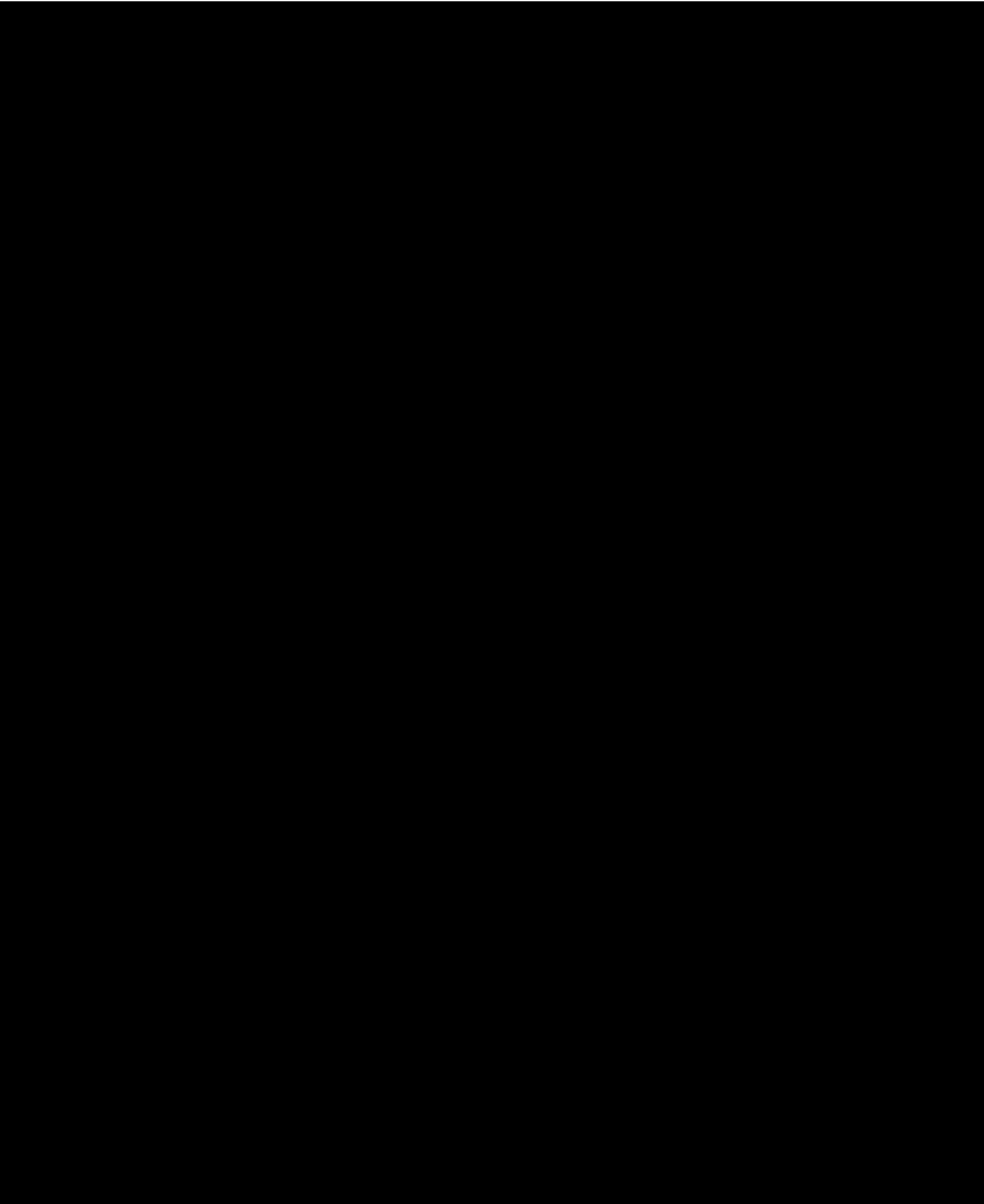


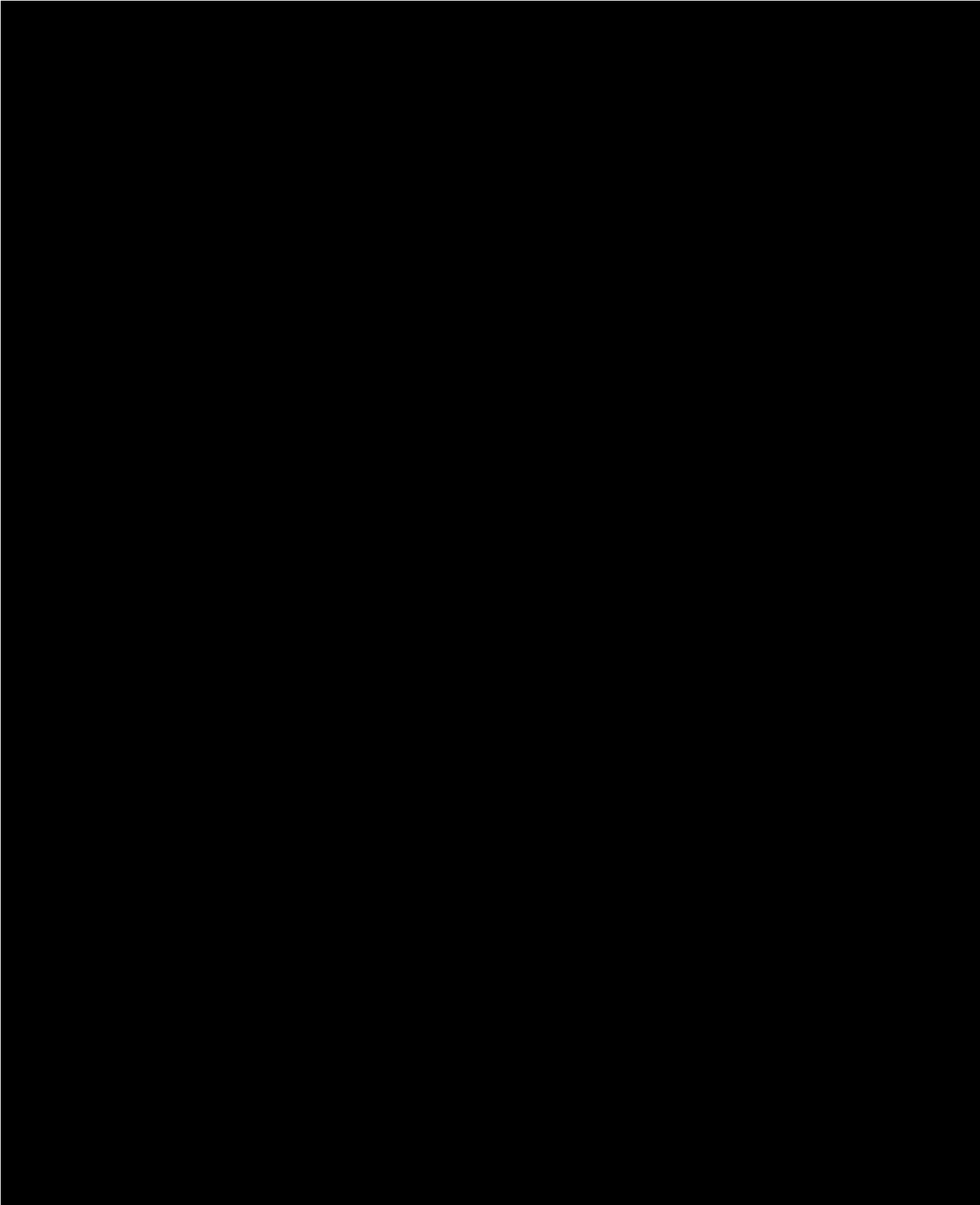


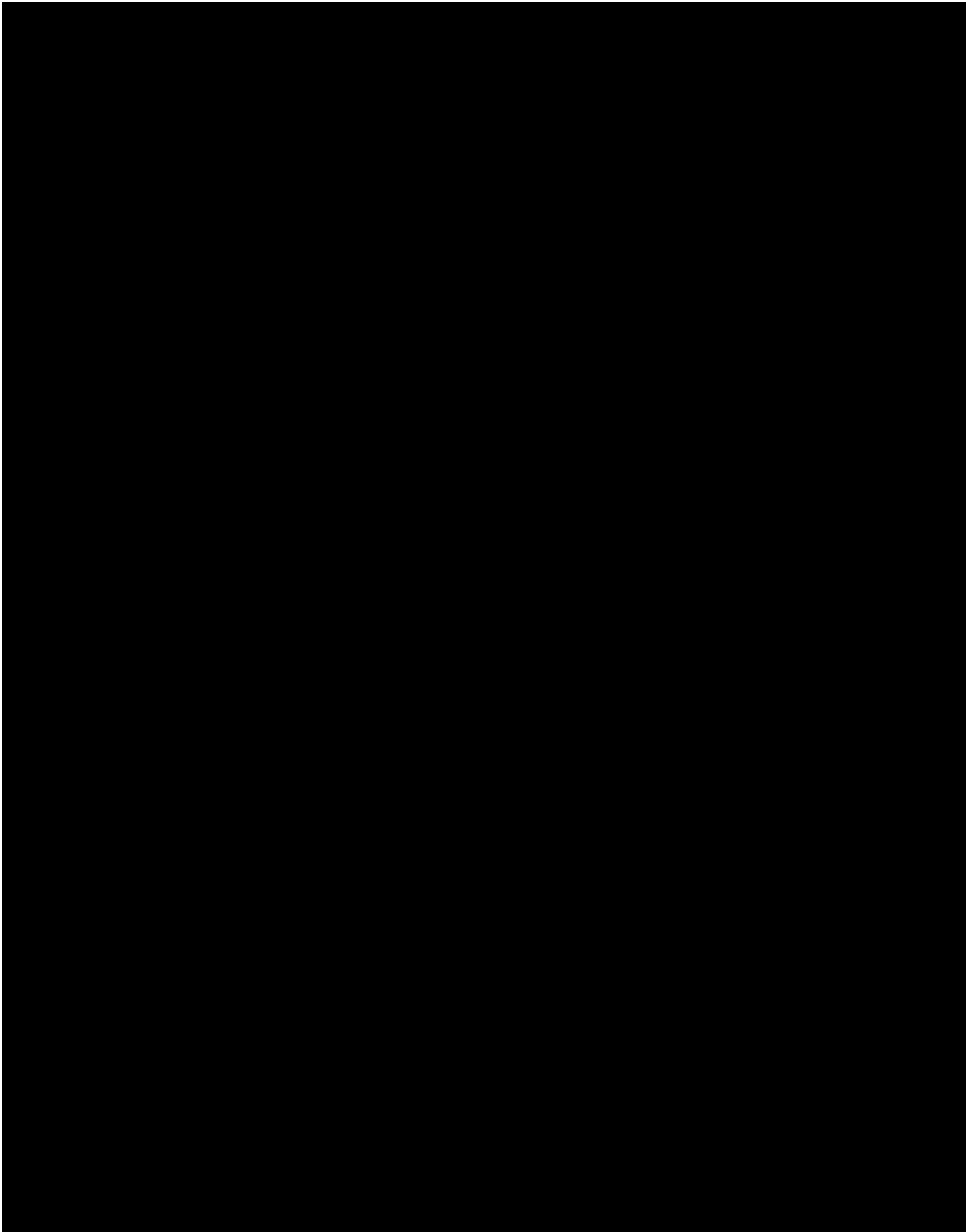


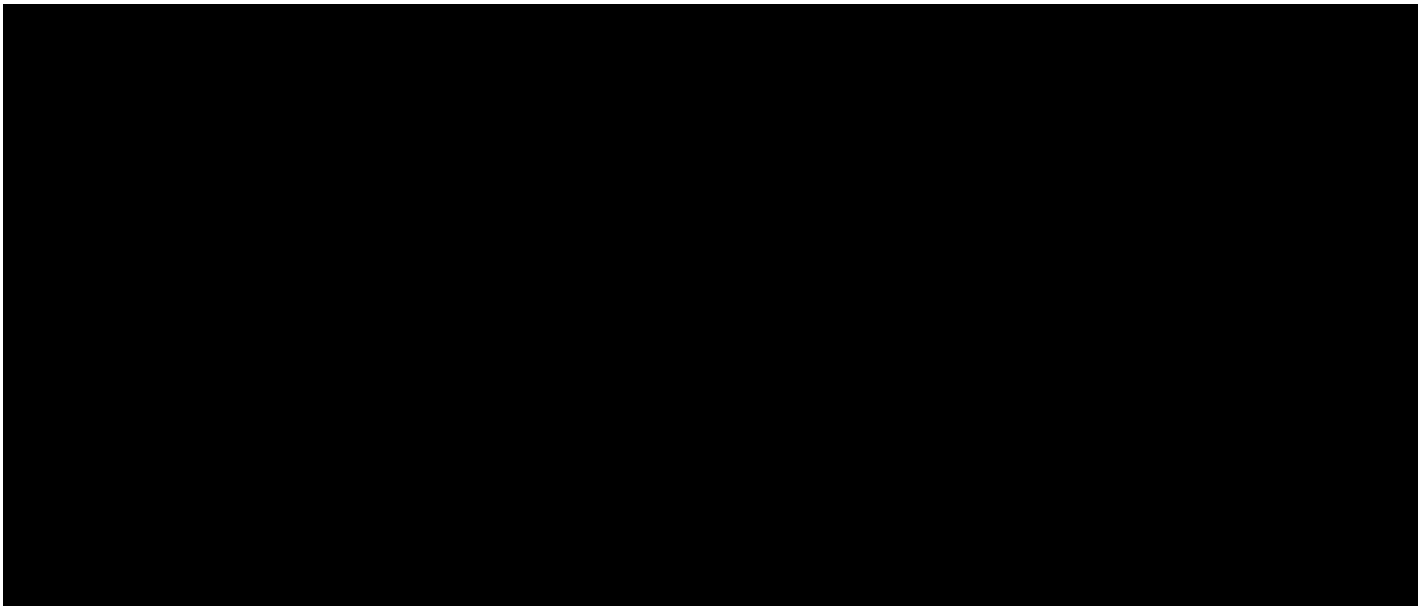














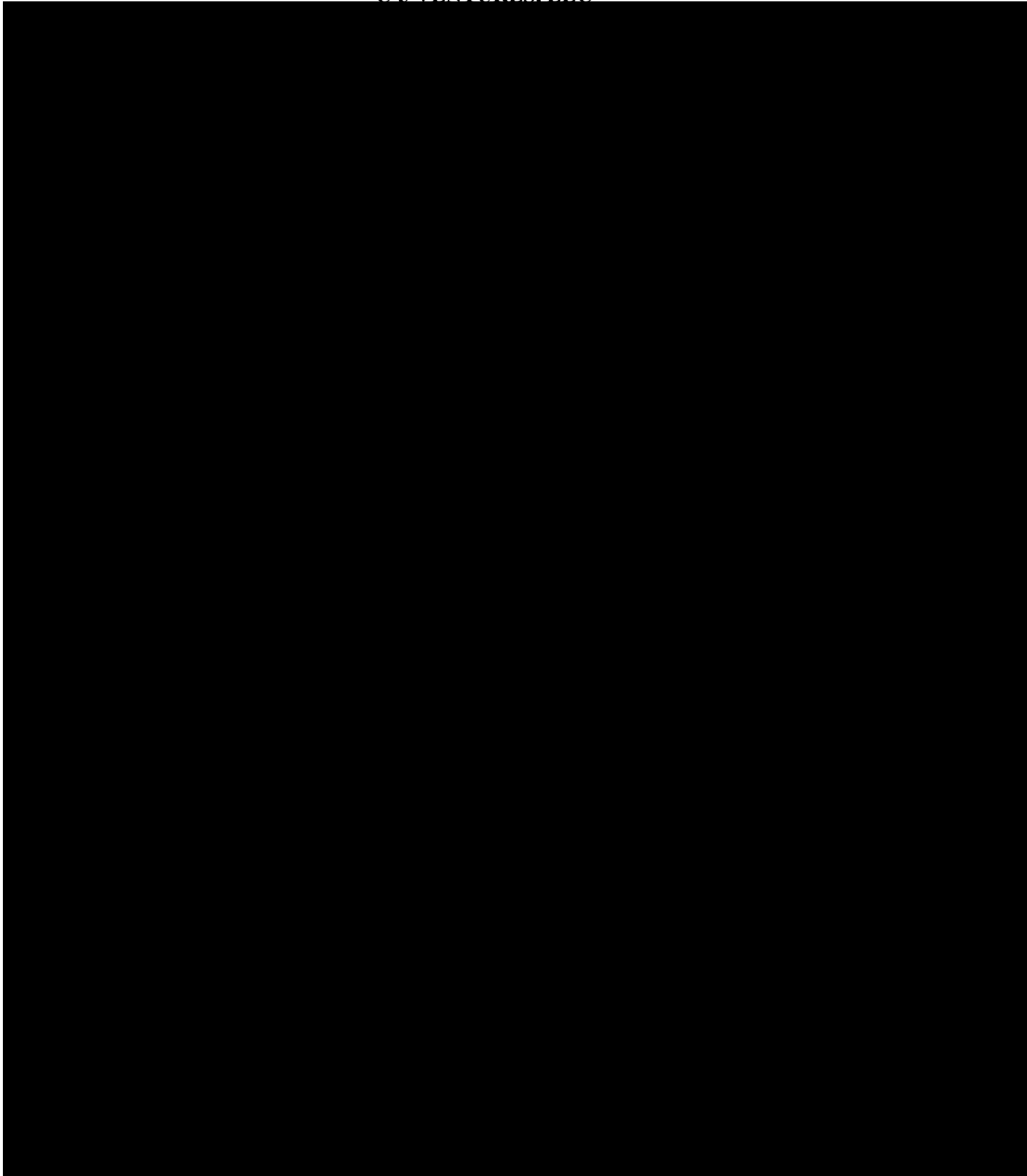
COASTAL CITY CARE

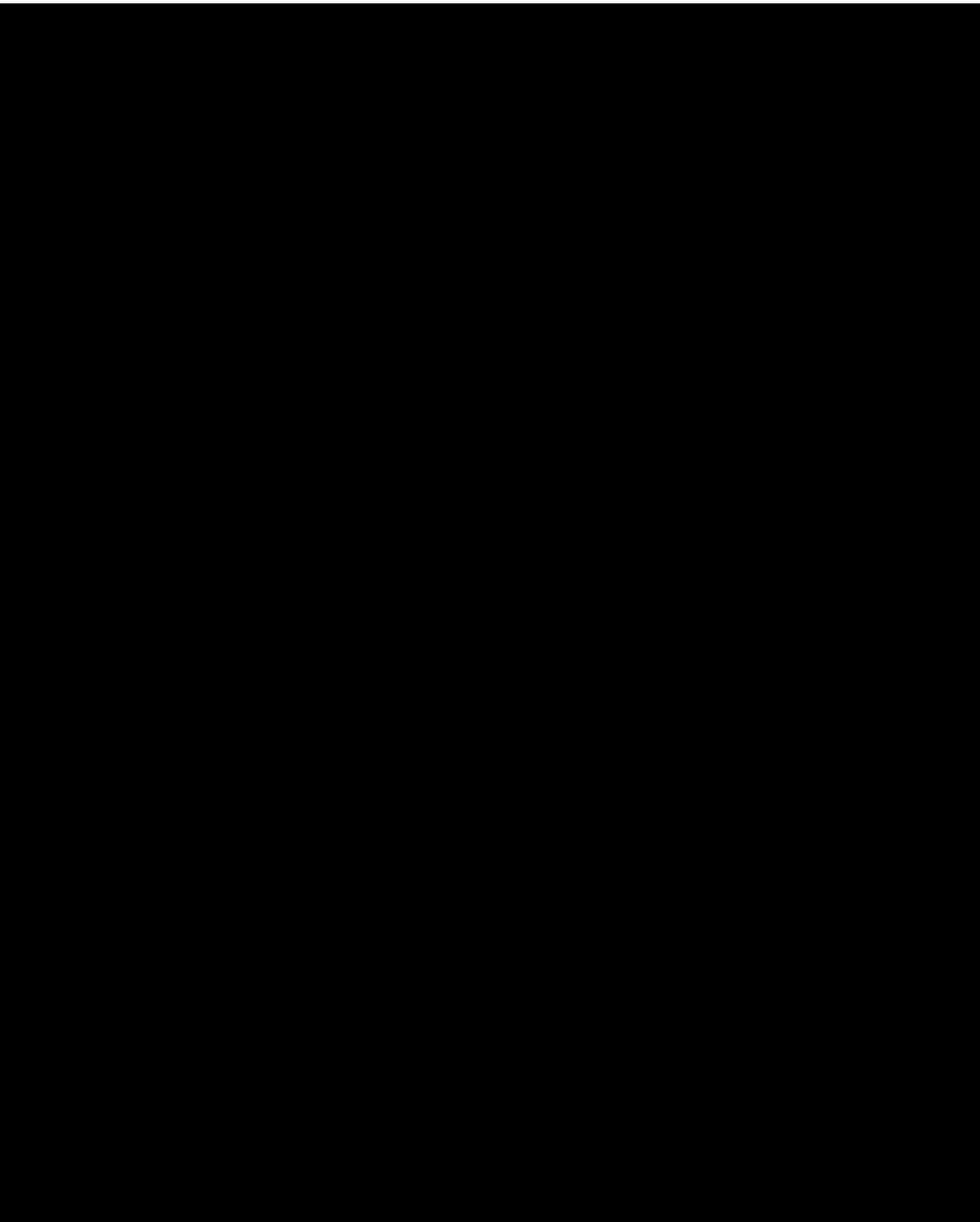
SECTION E FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

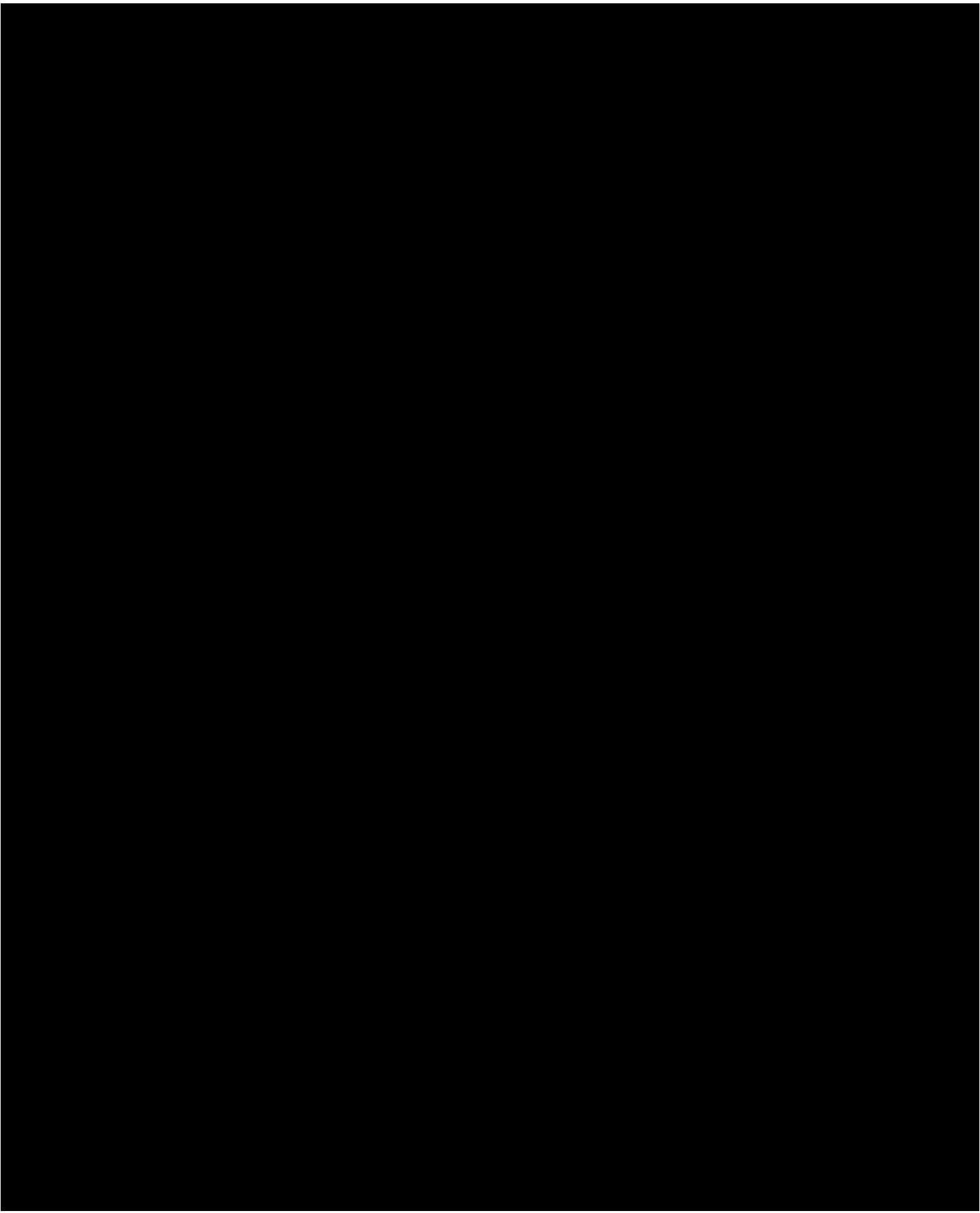
Section E.1
Legal and Organization Documents

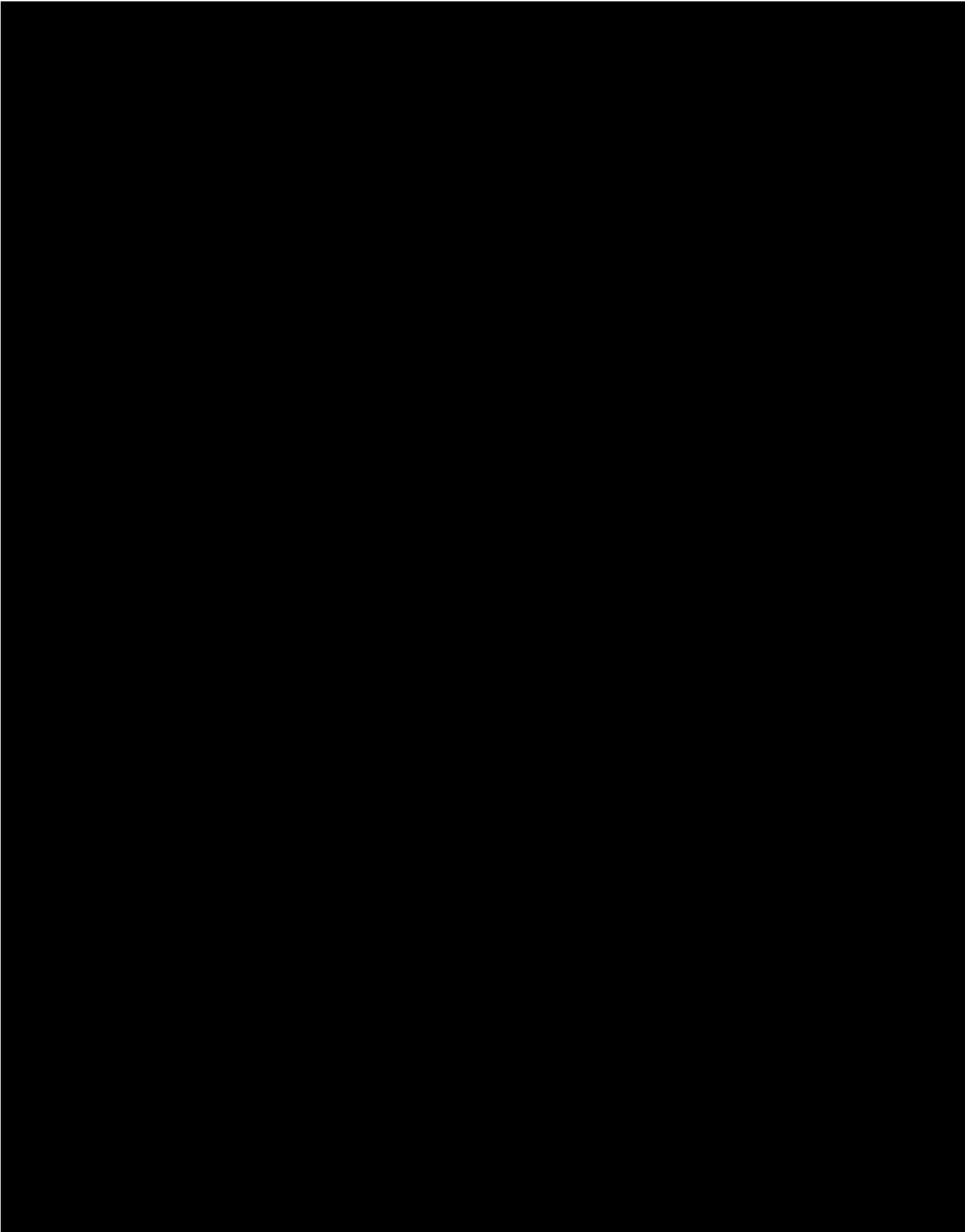
Appendix E.1.1
Operating Agreement

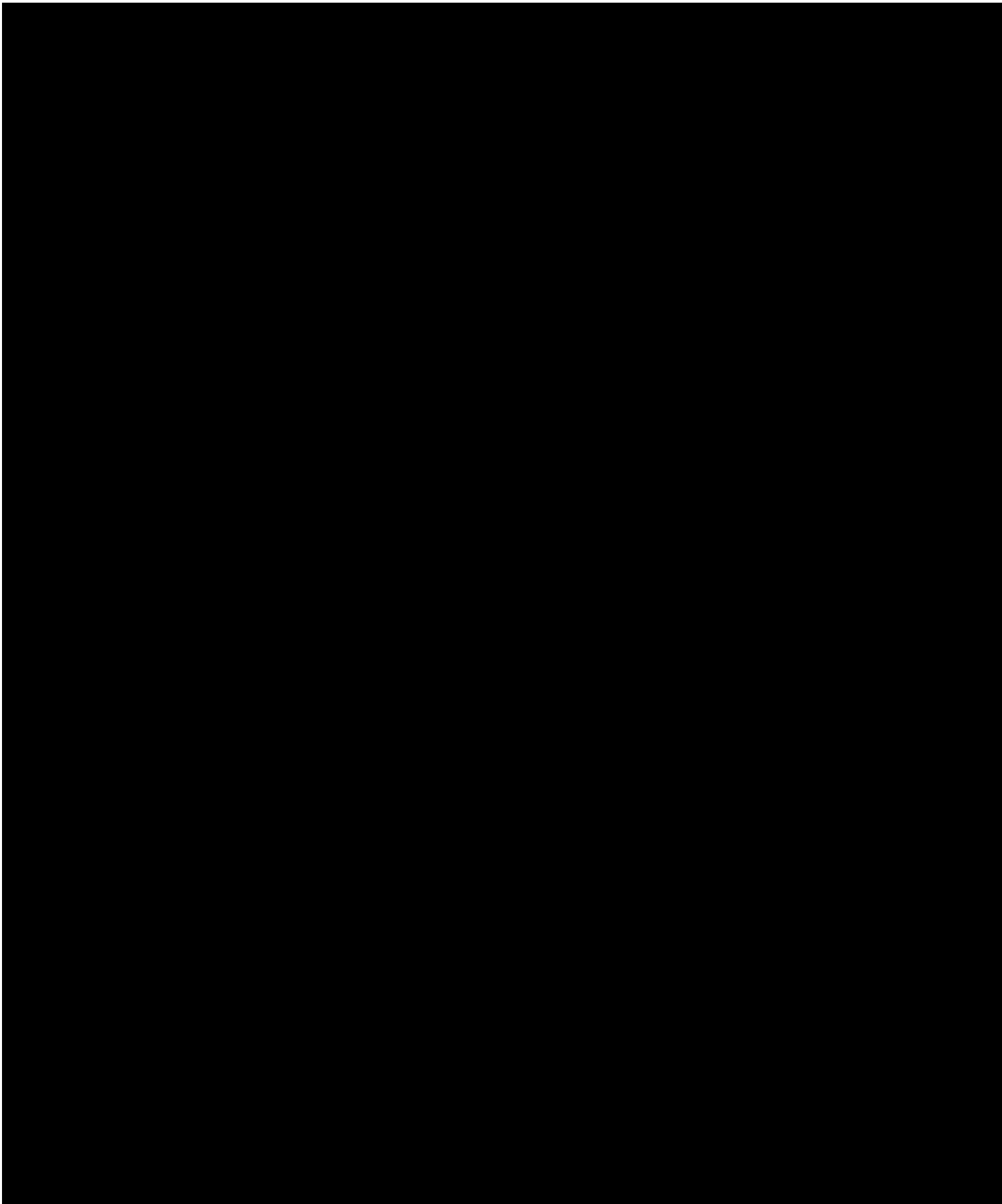
**AMENDED AND RESTATED
LIMITED LIABILITY COMPANY OPERATING AGREEMENT
C-3 VENTURES, LLC**

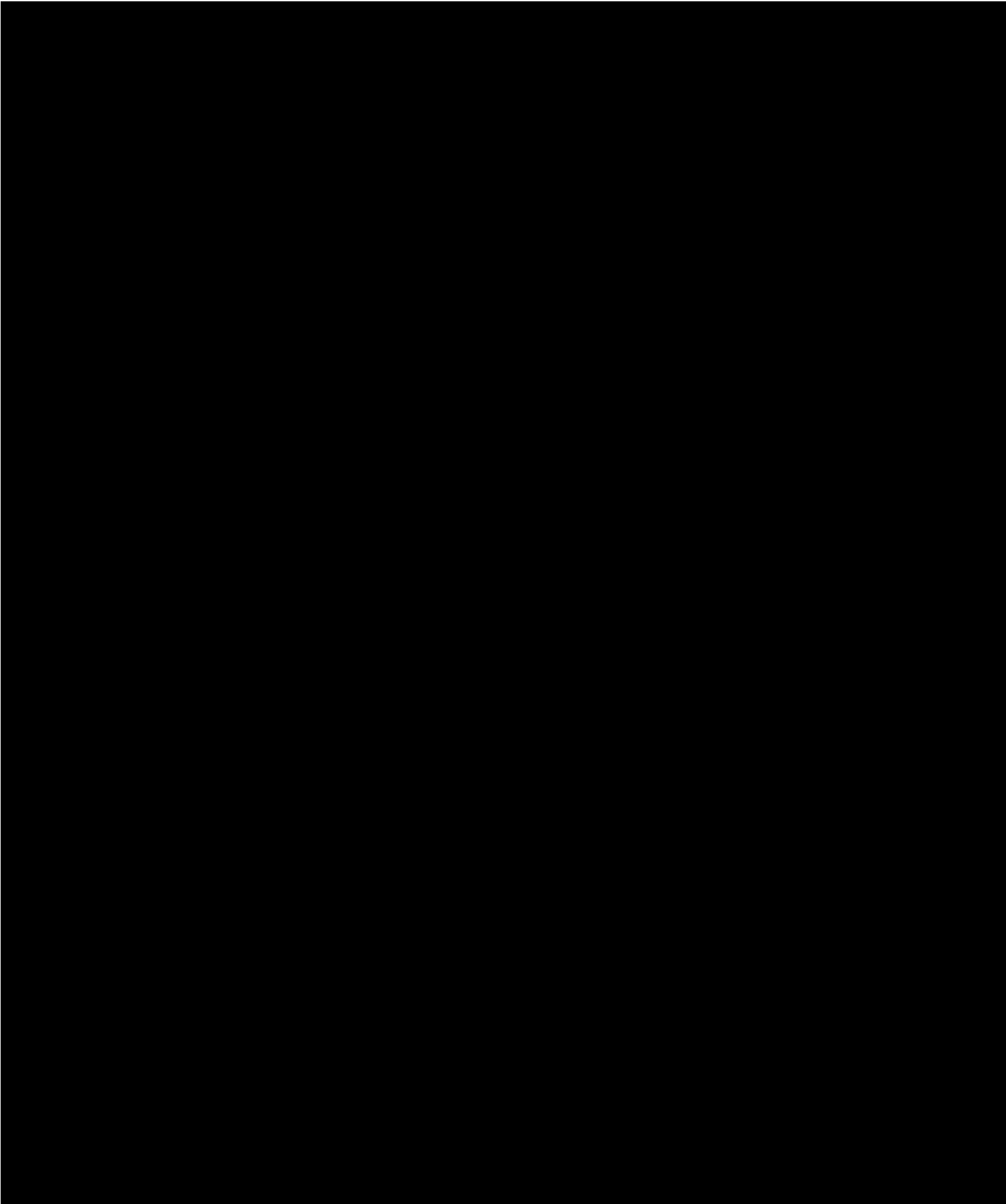


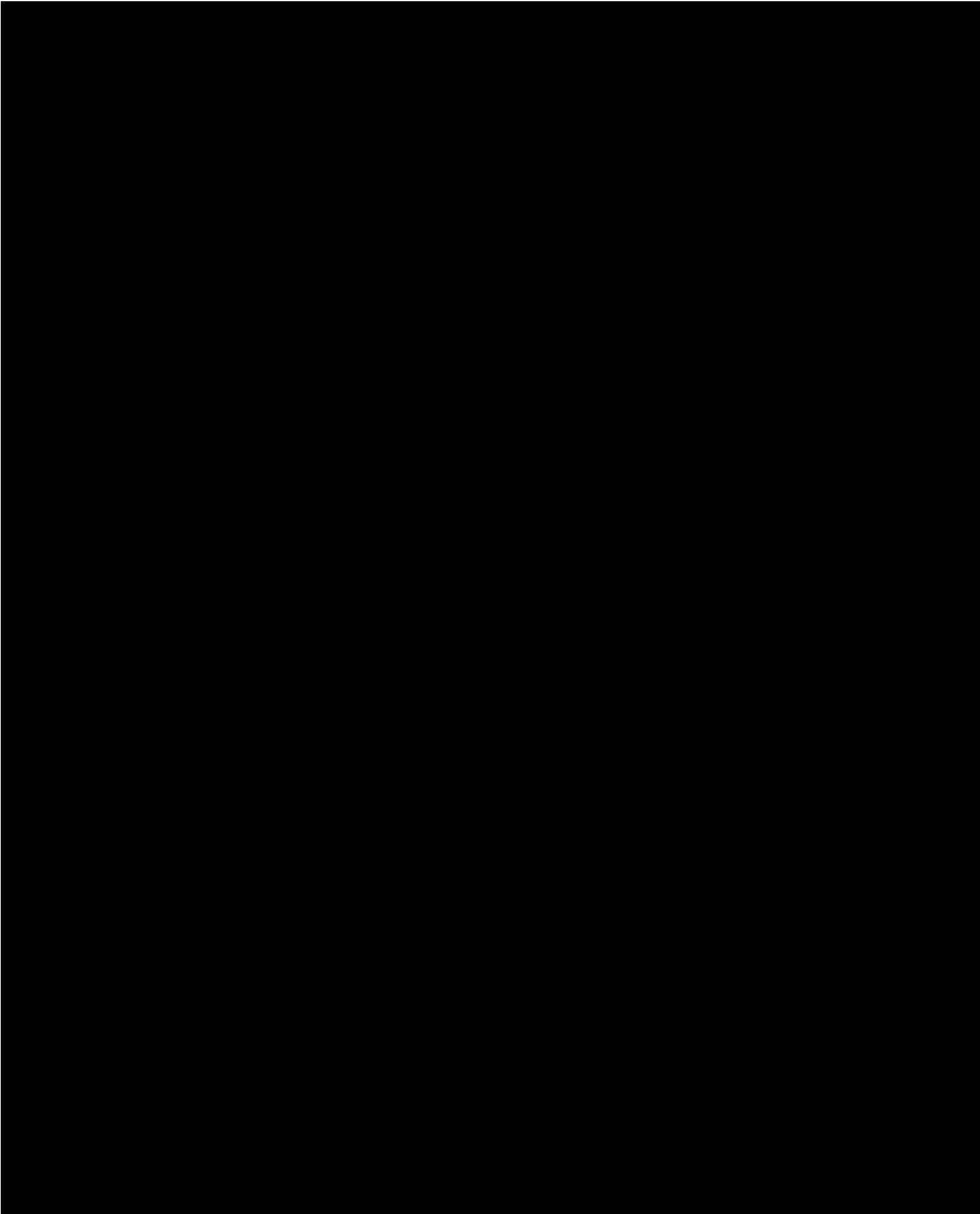


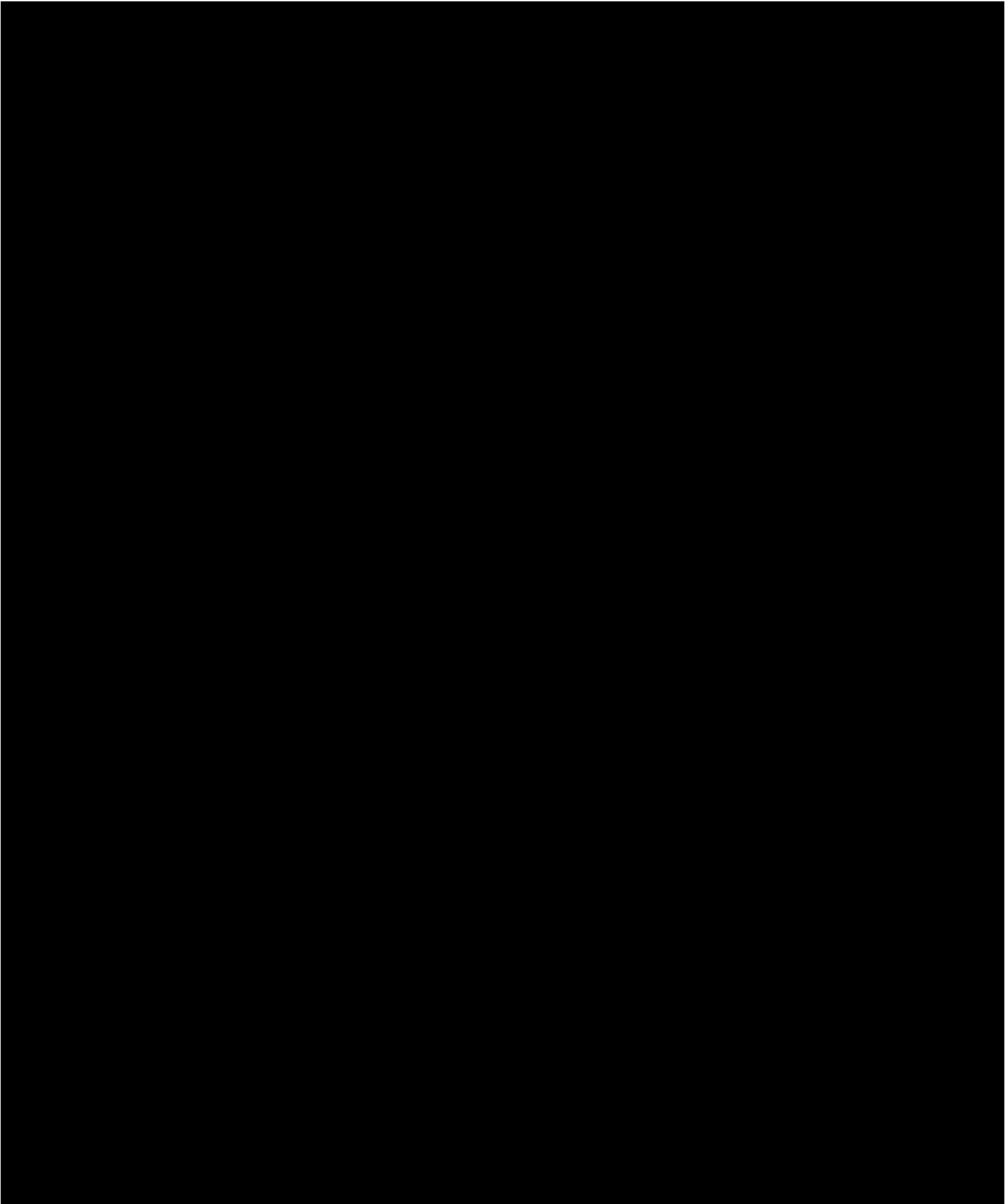


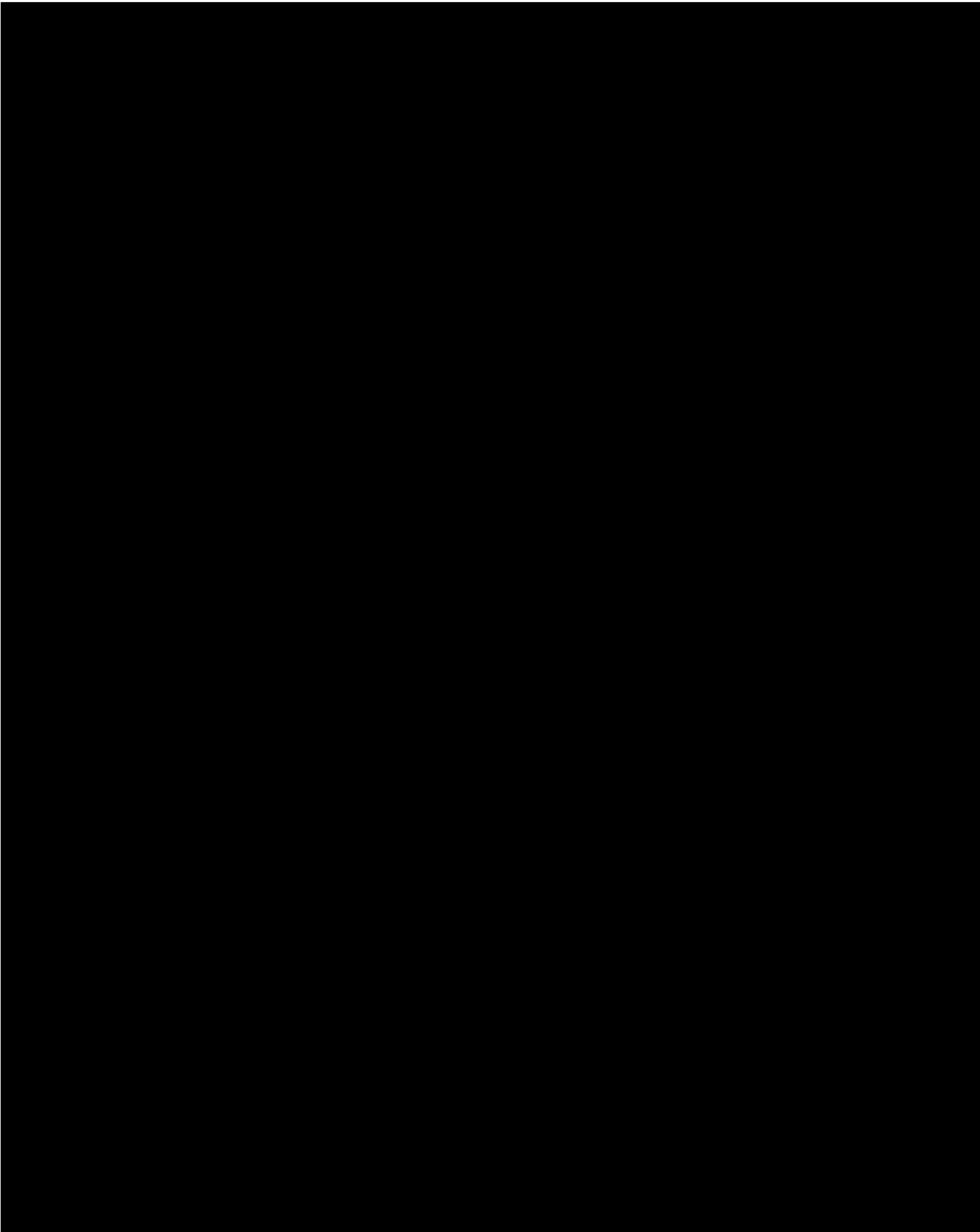


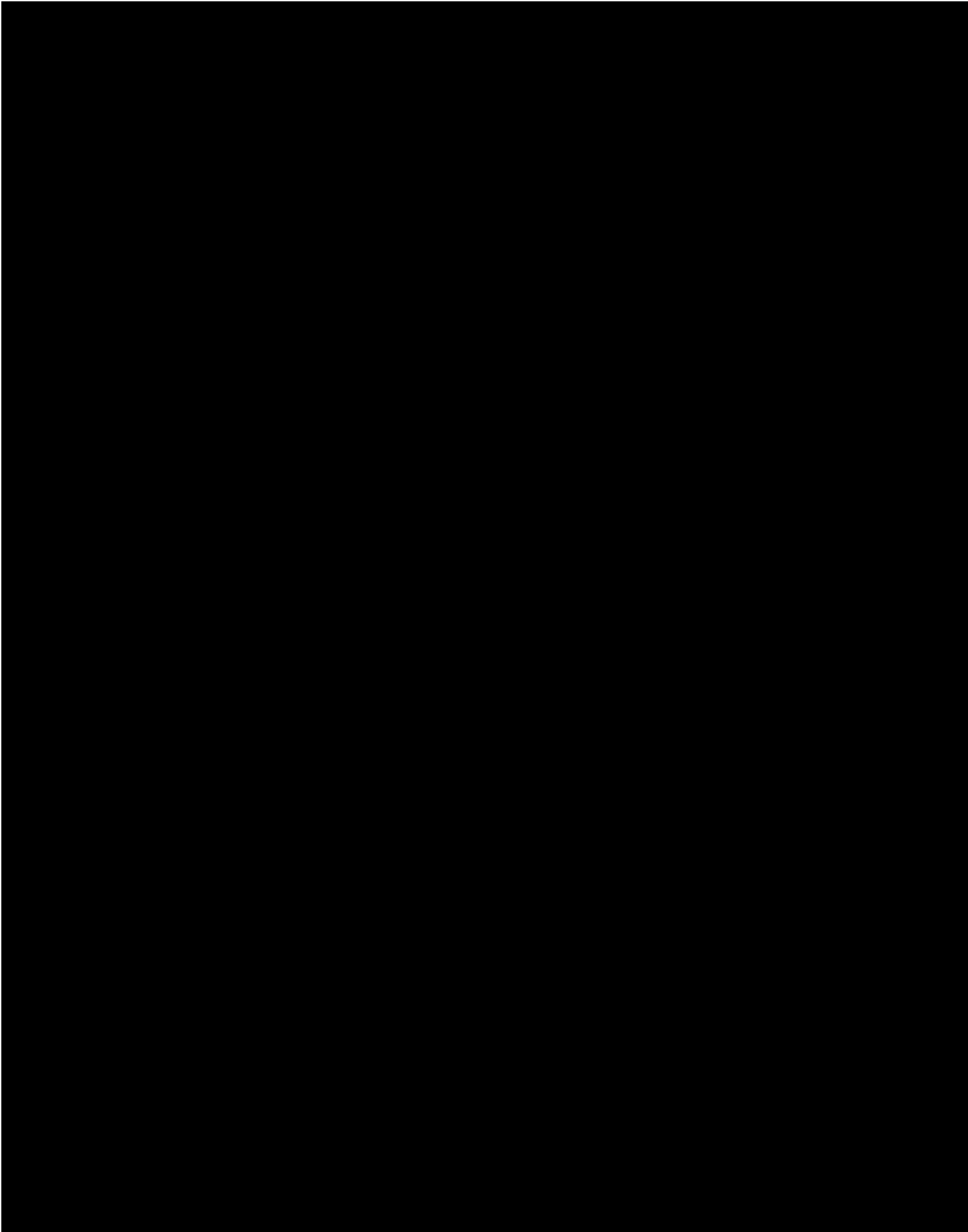


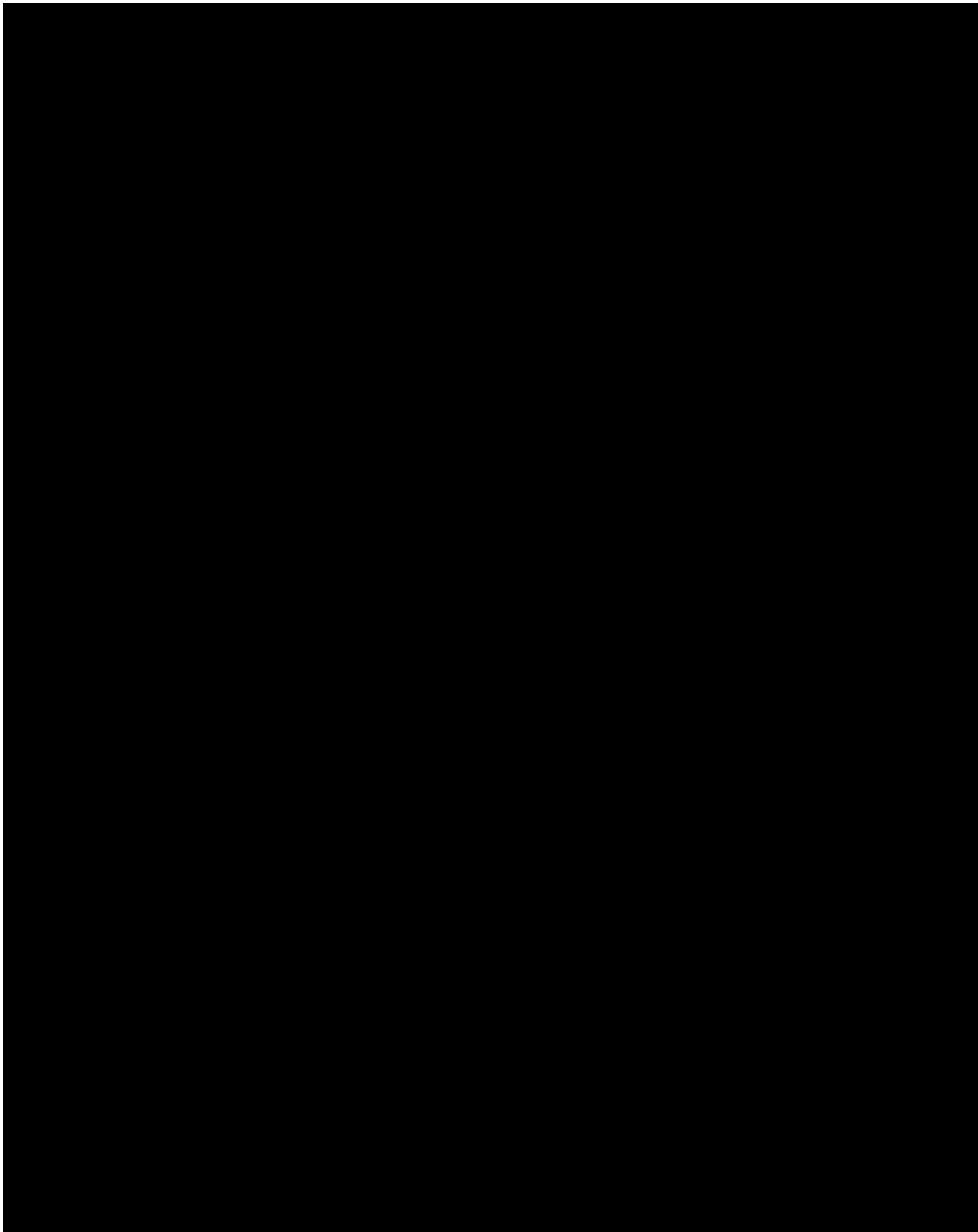


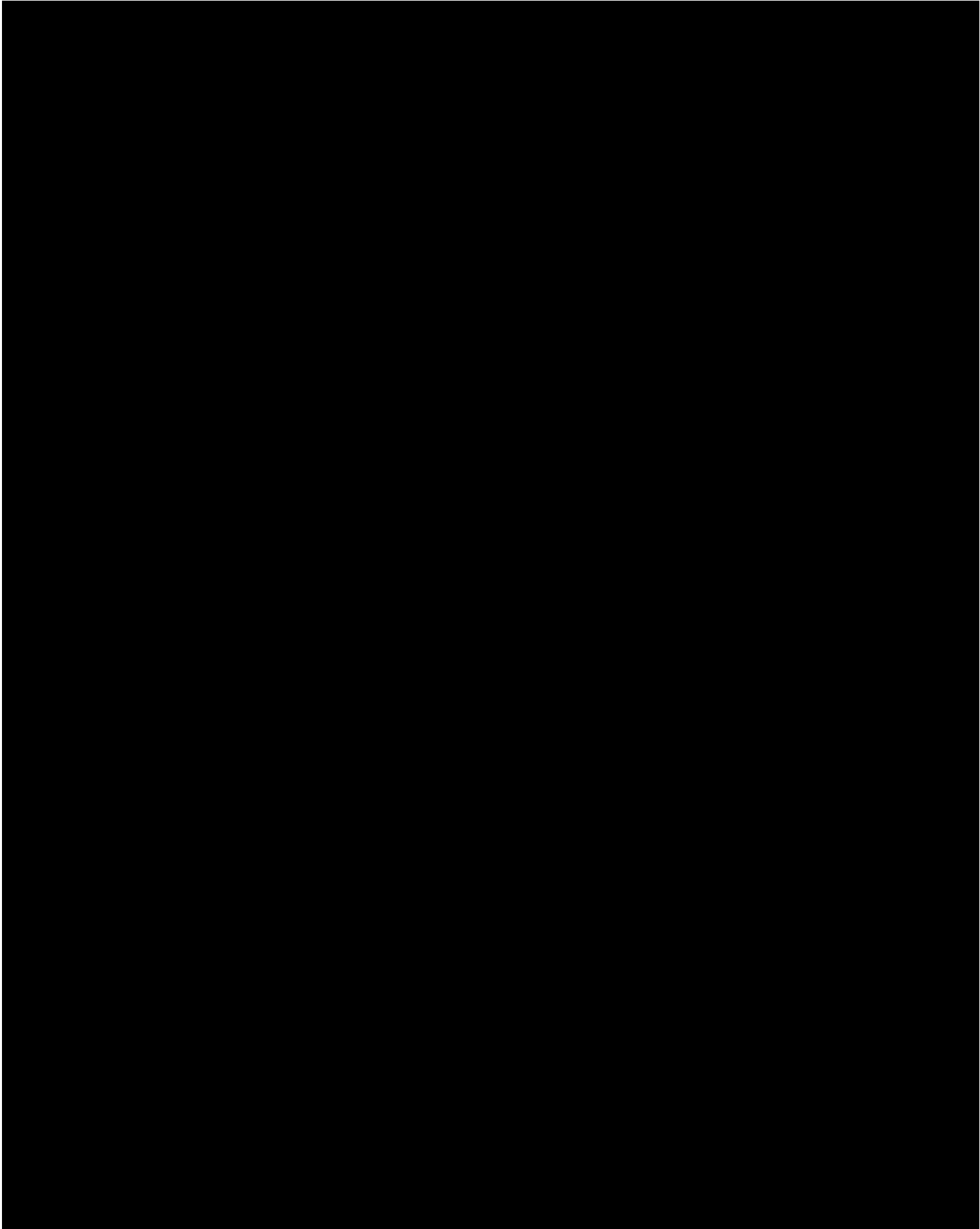


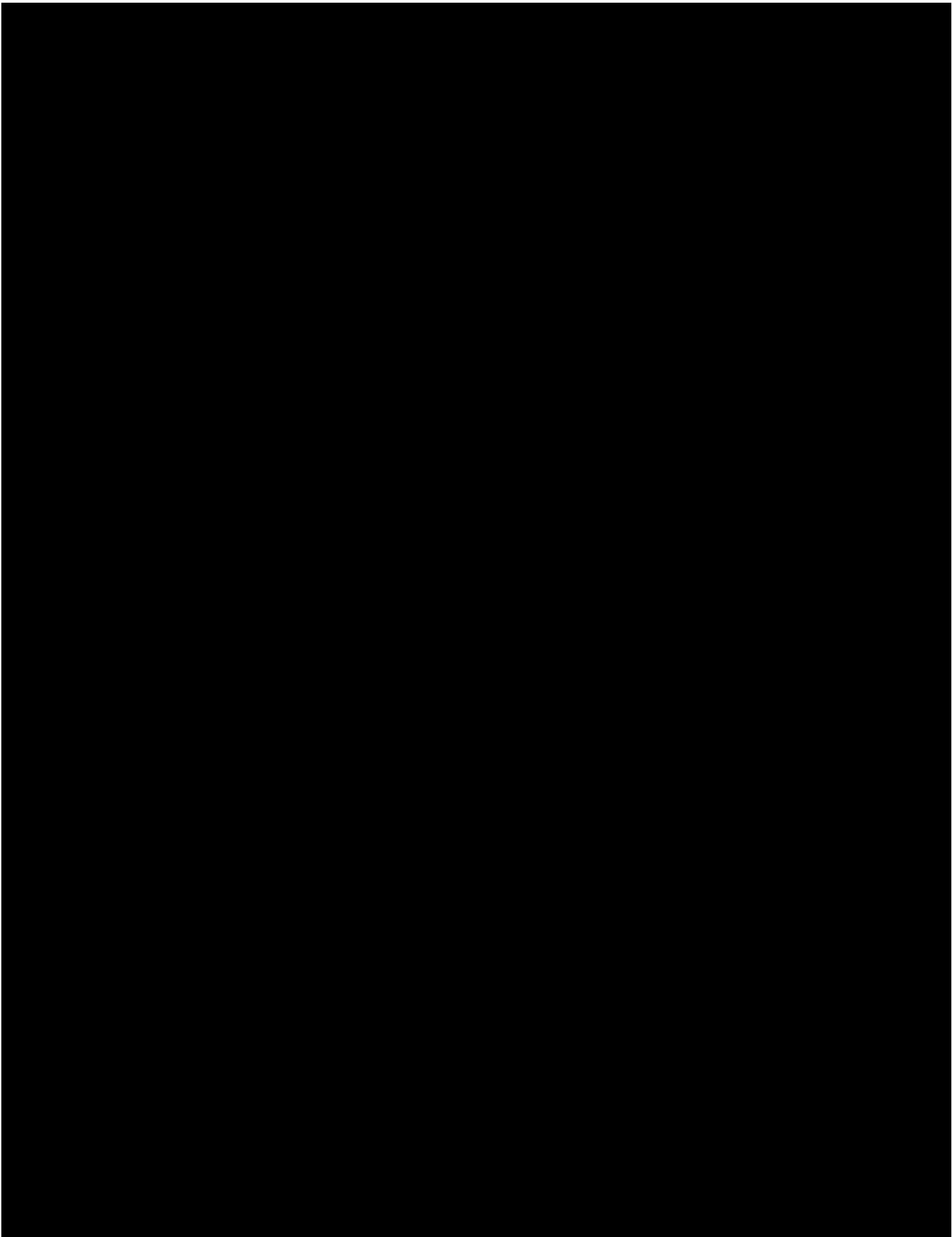


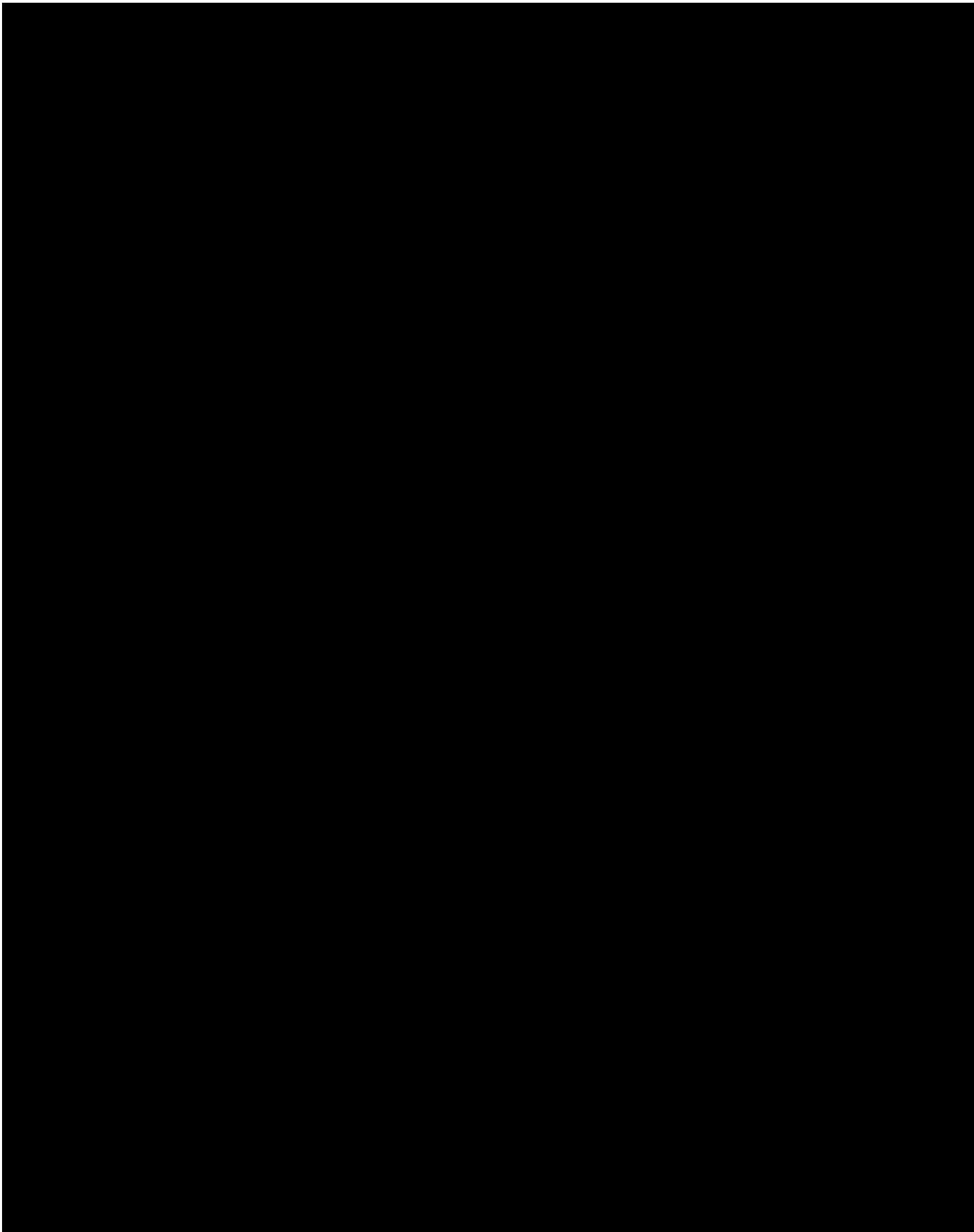


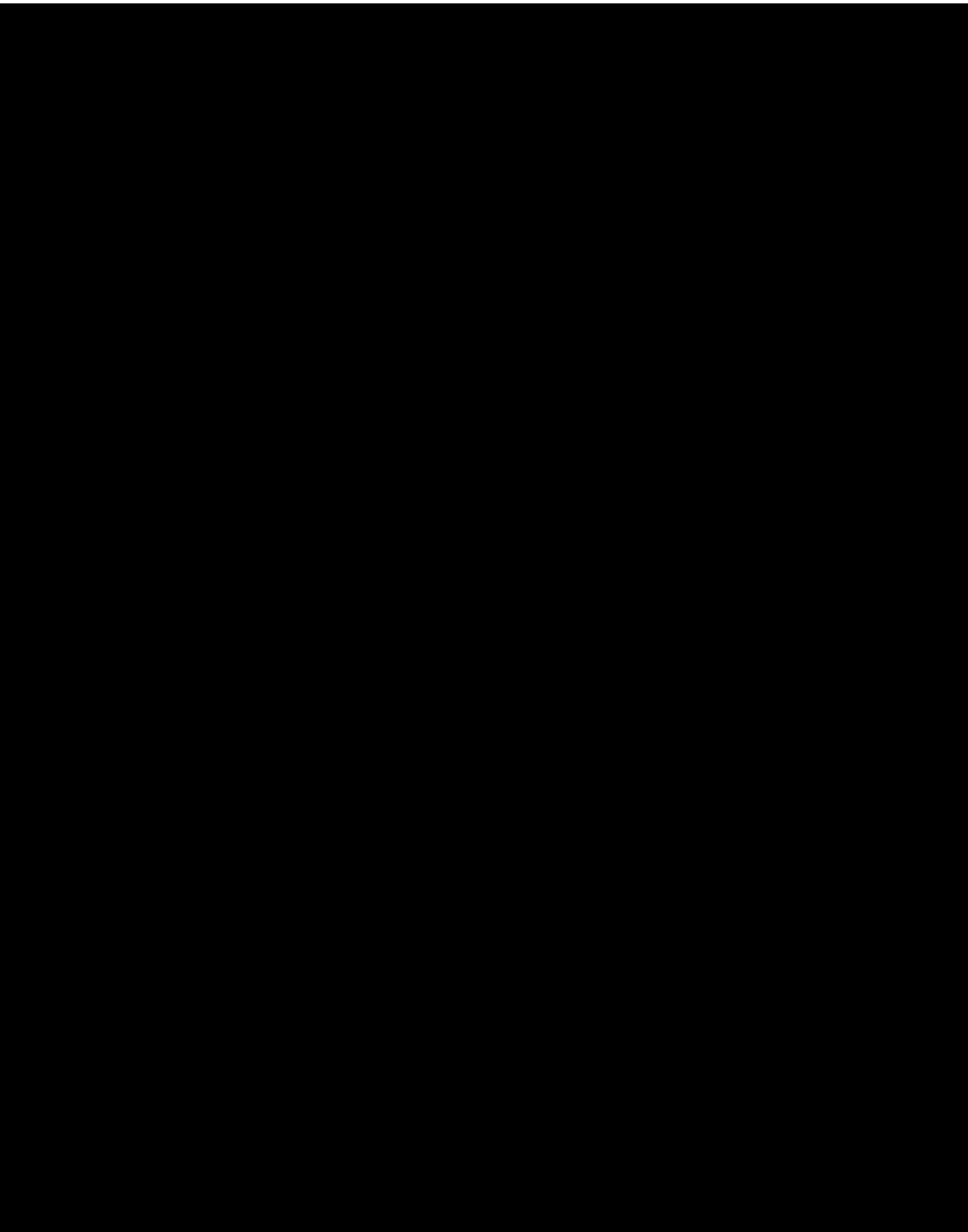


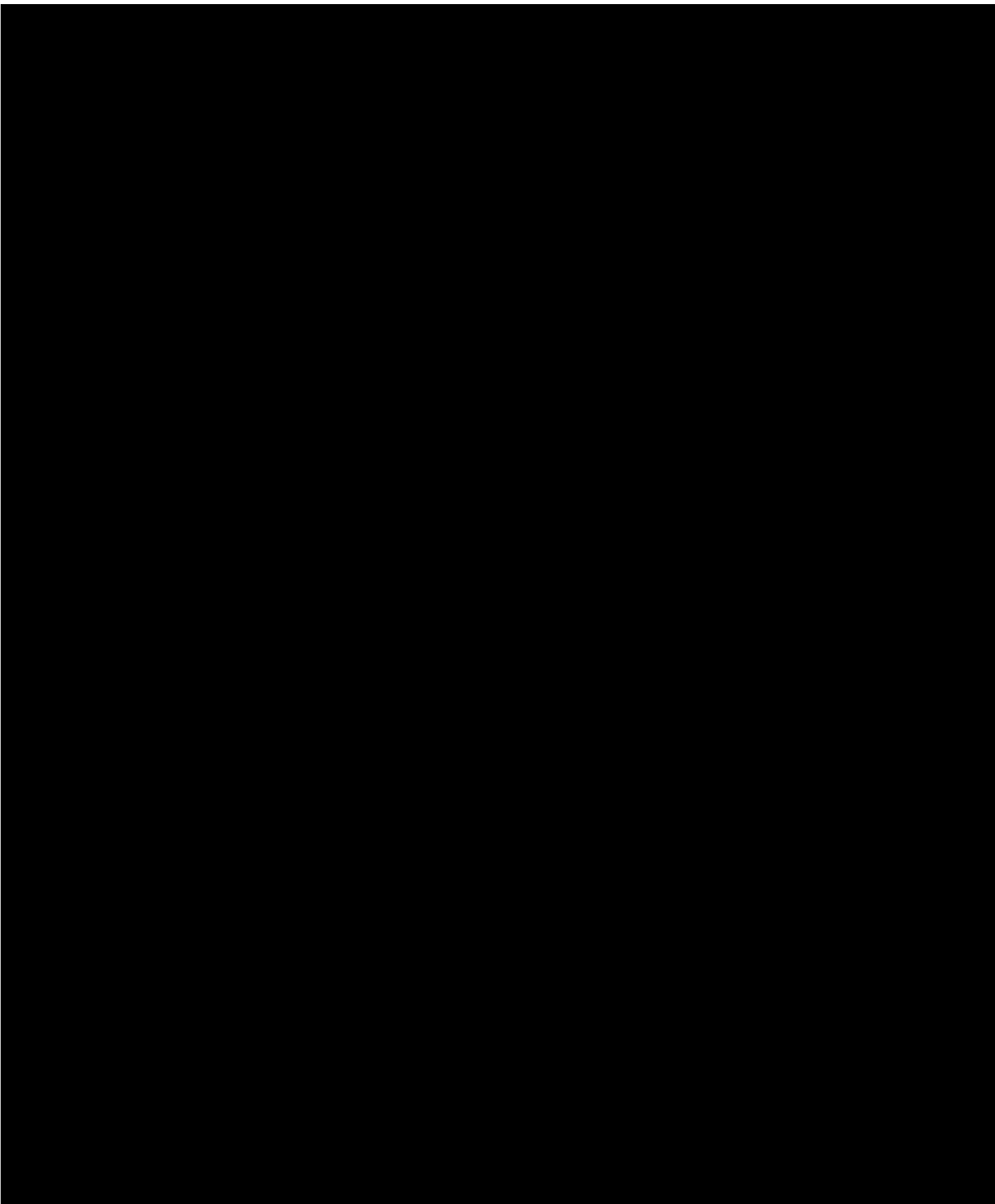


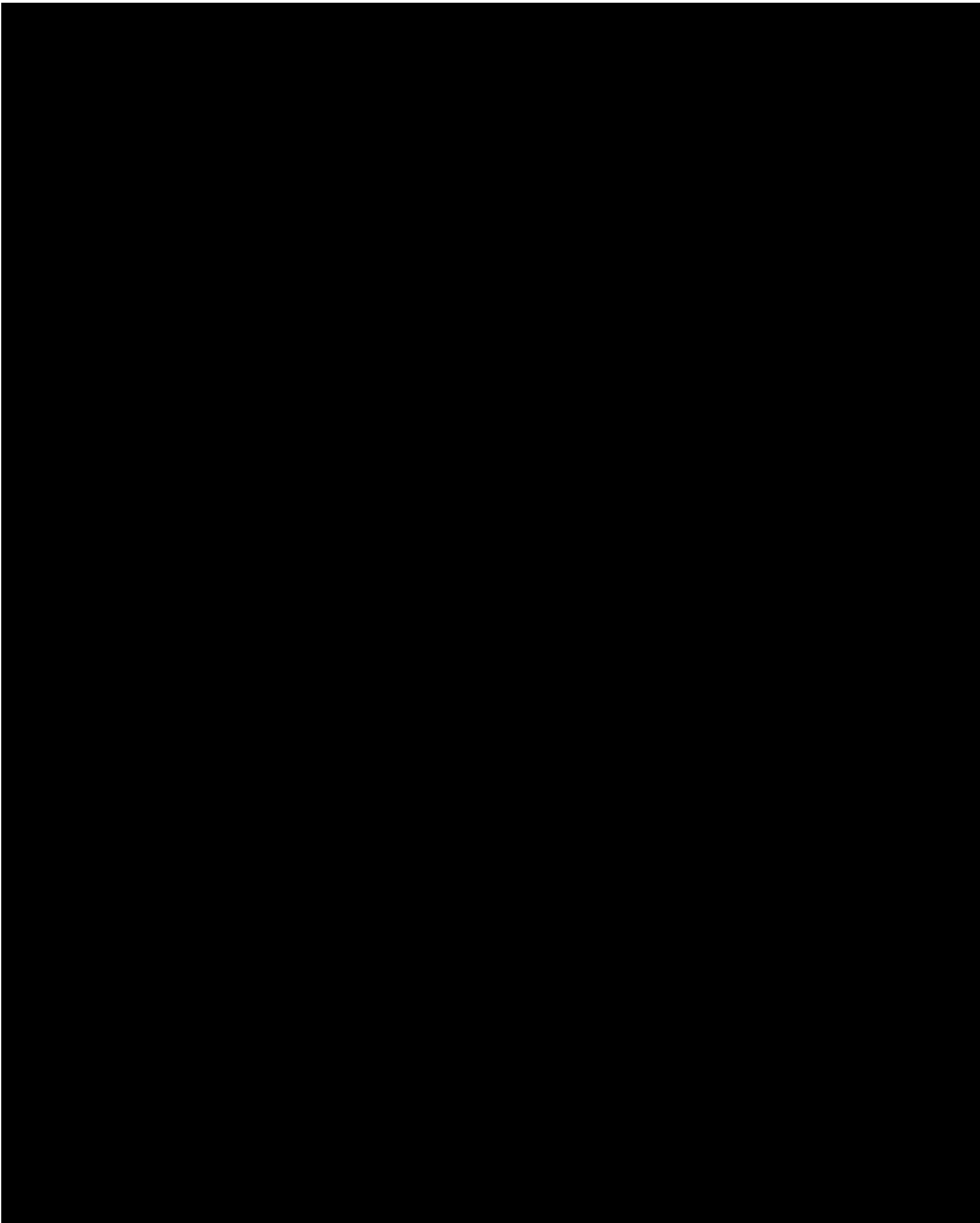


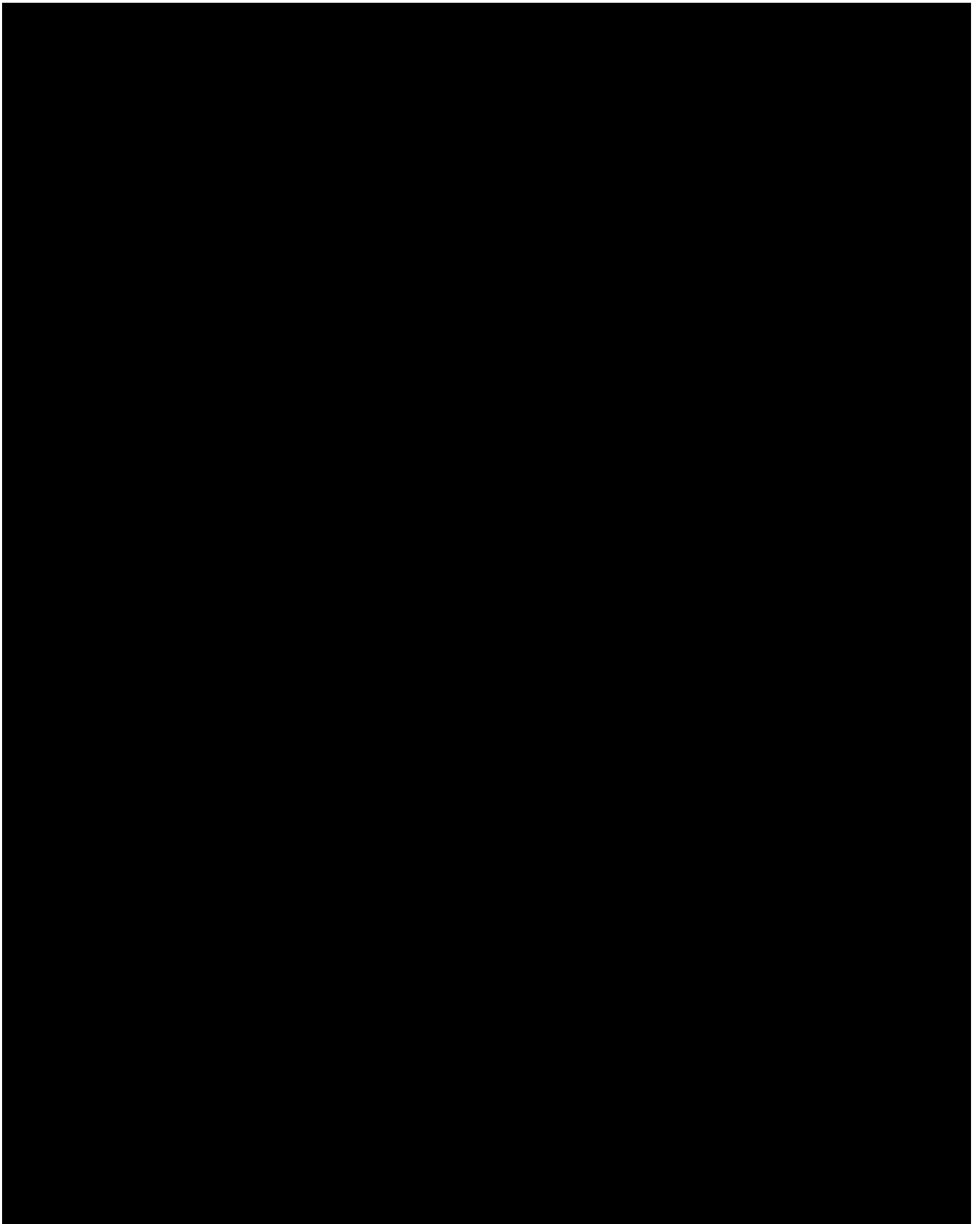


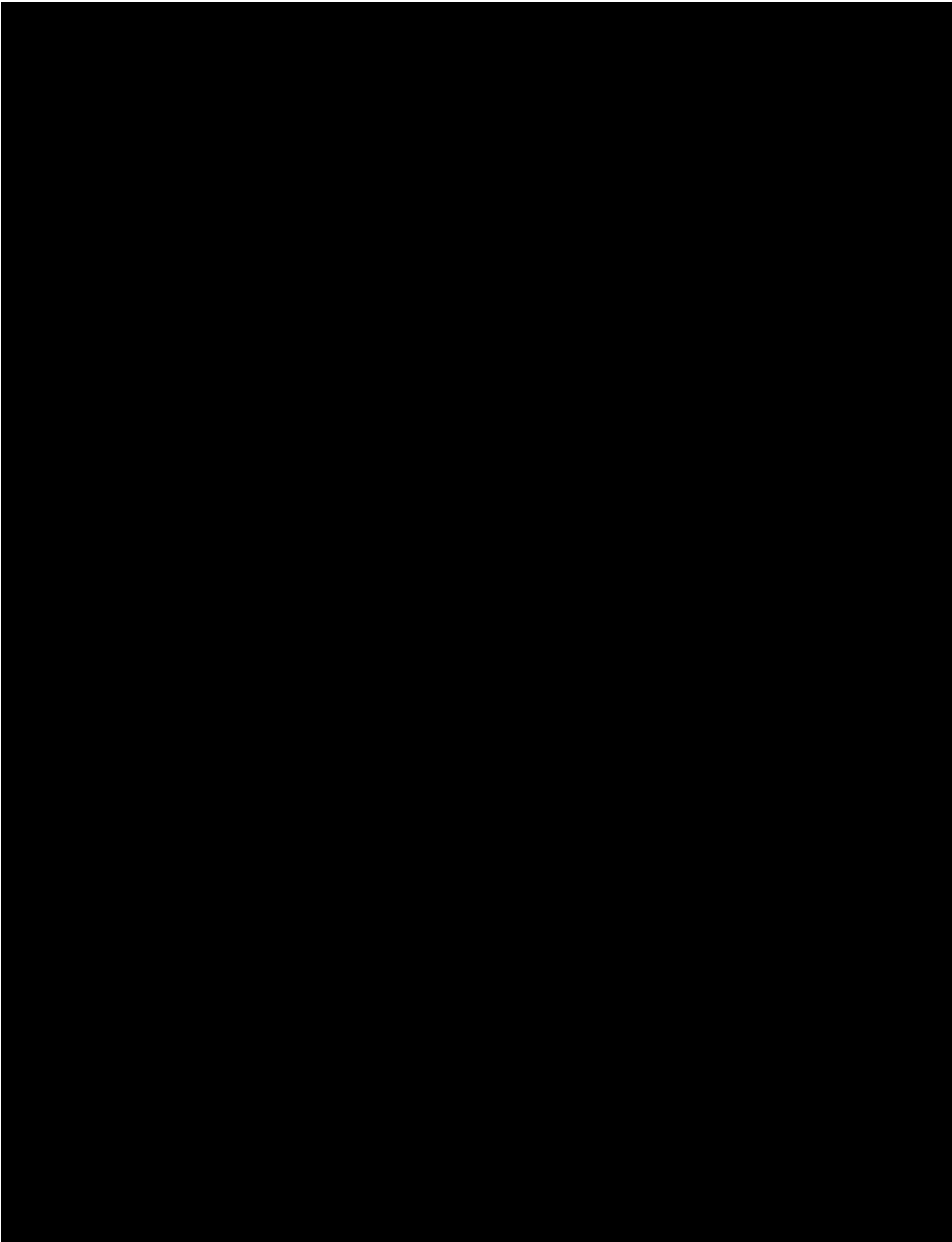


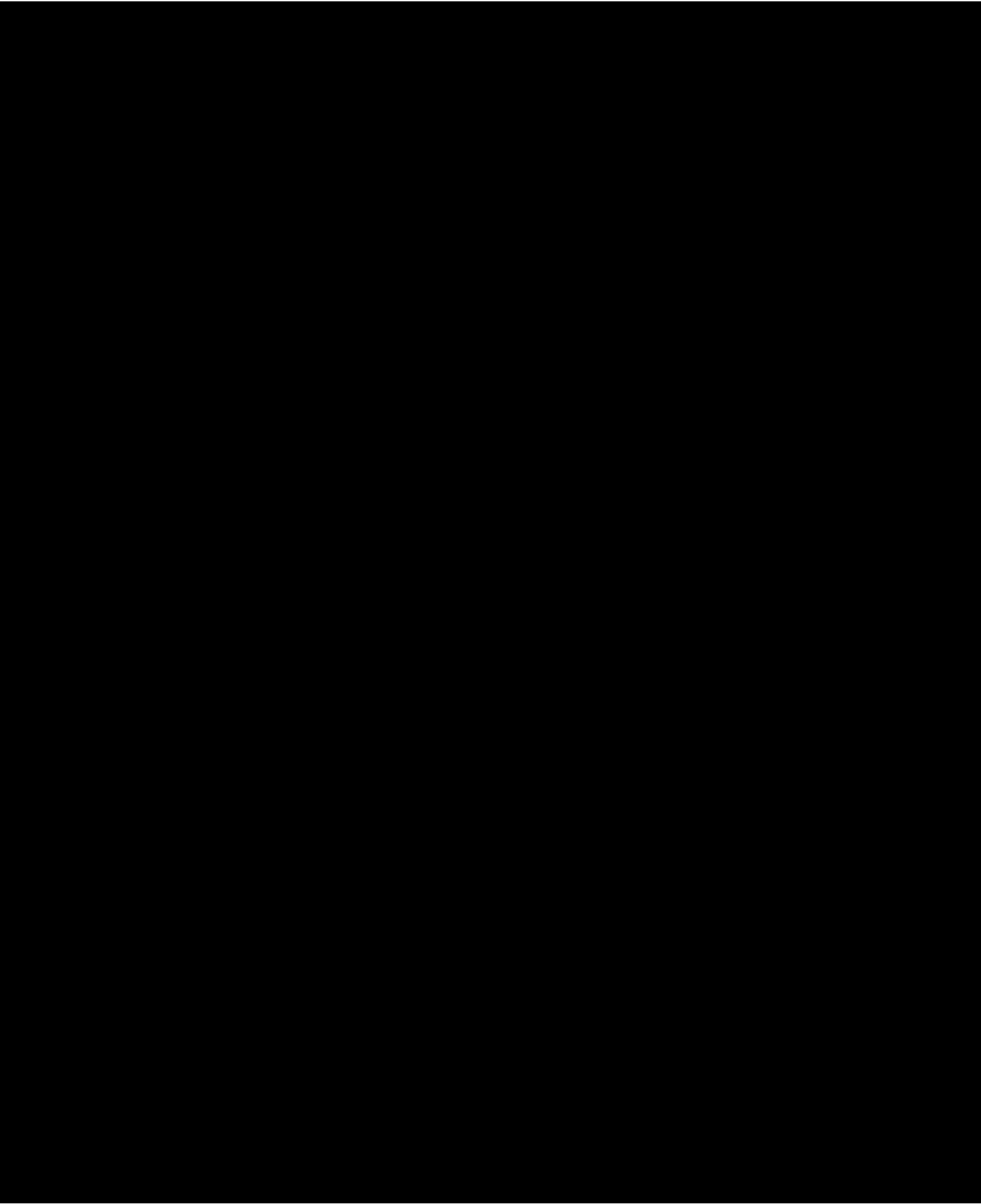


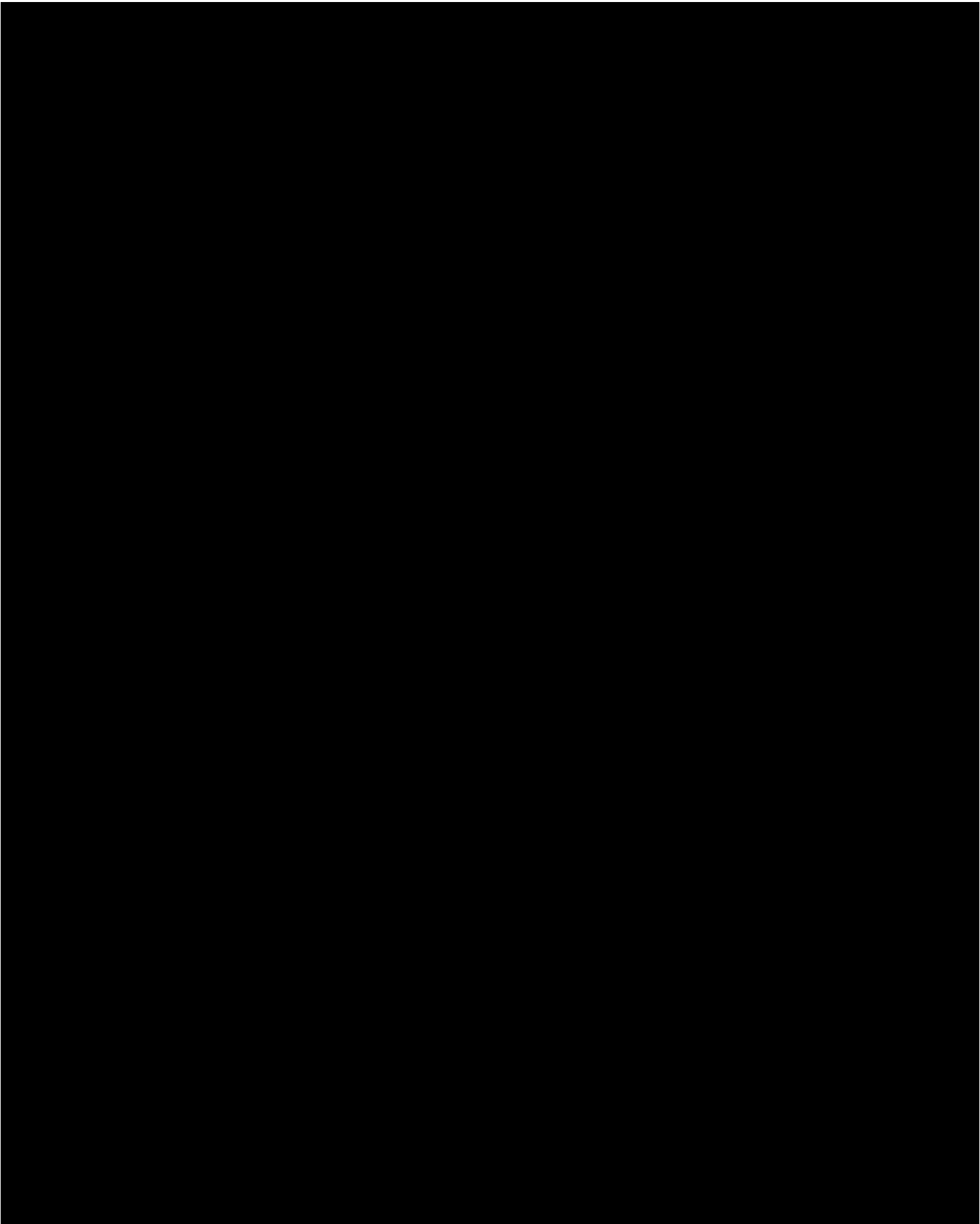


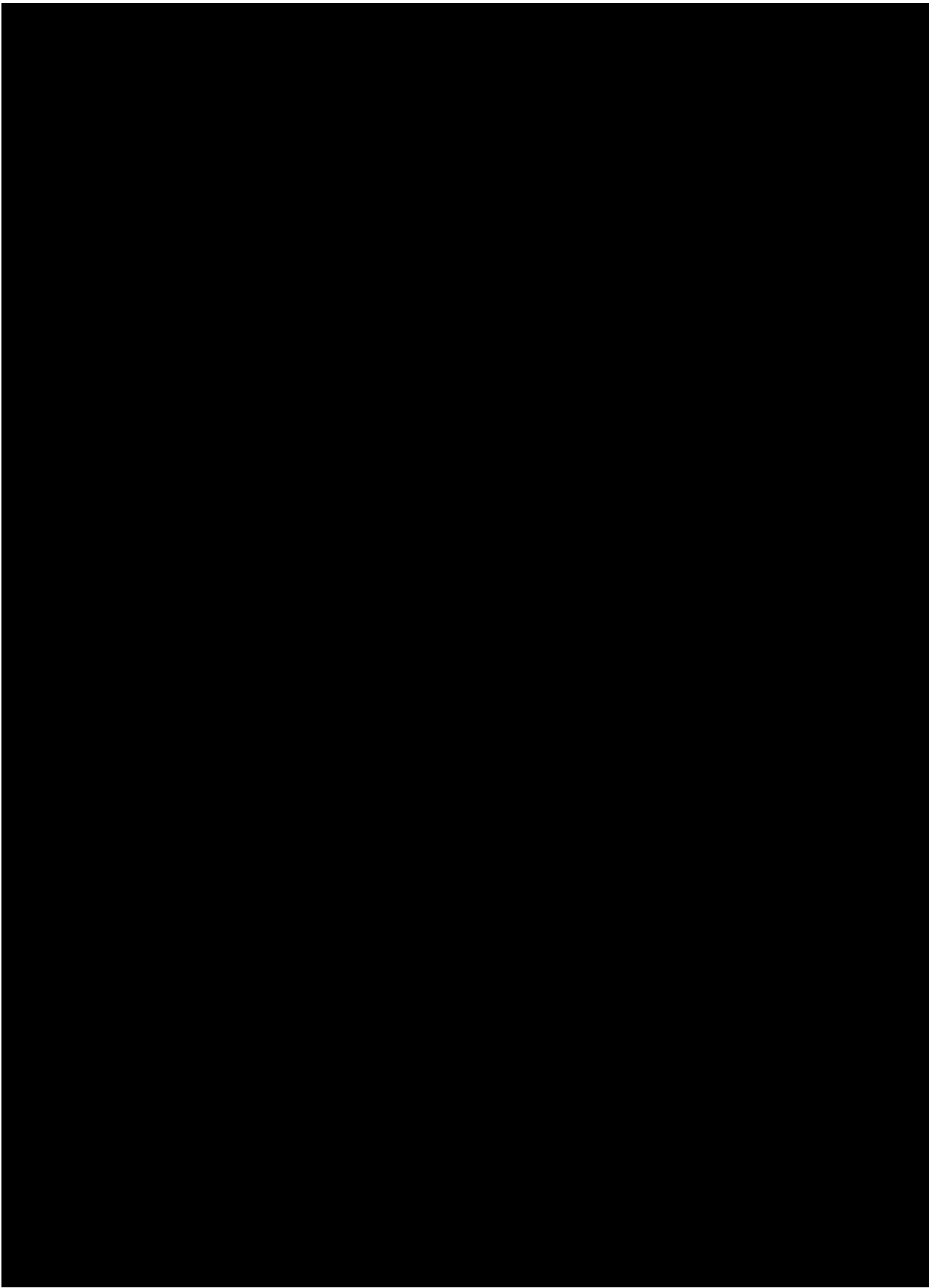


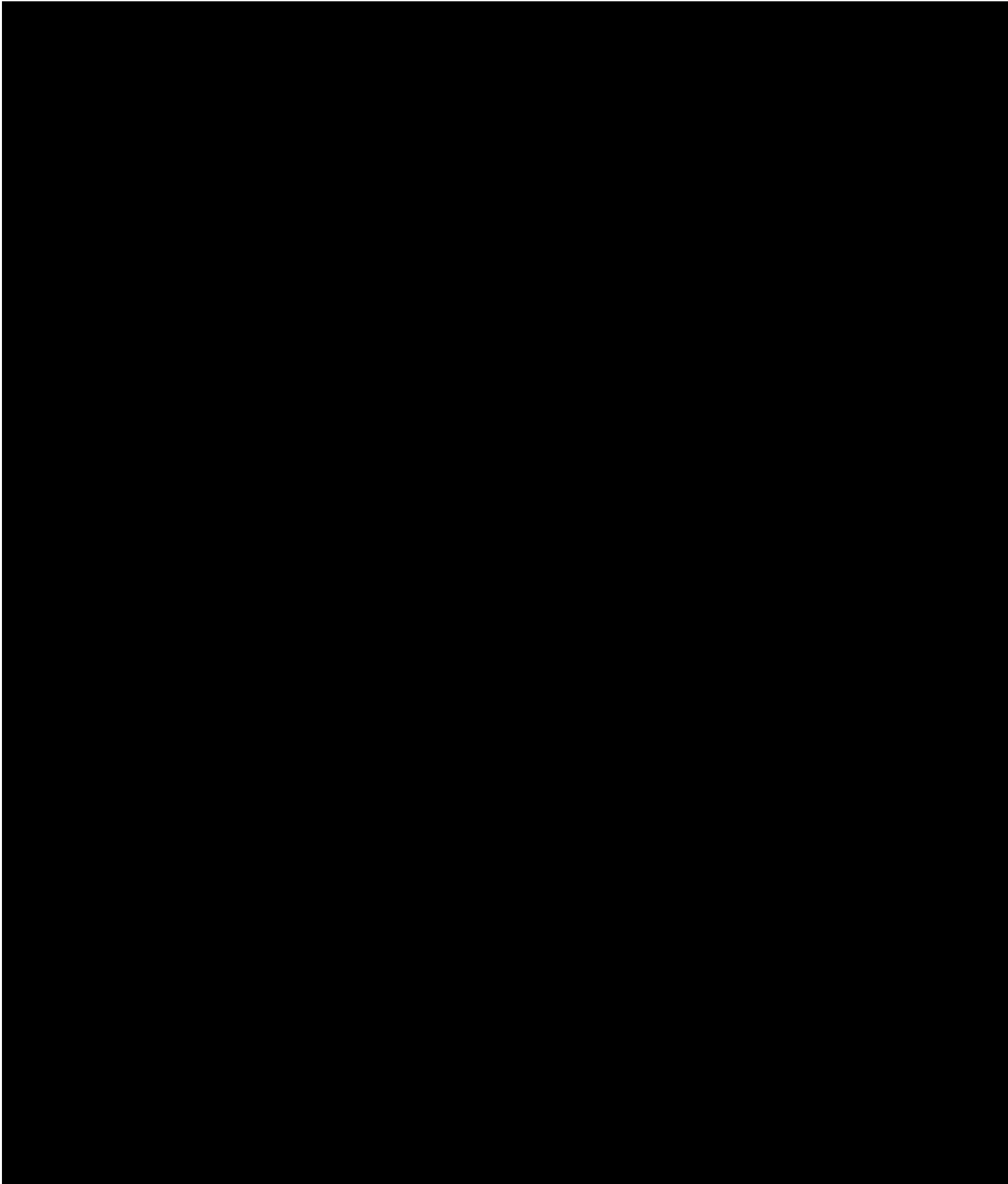


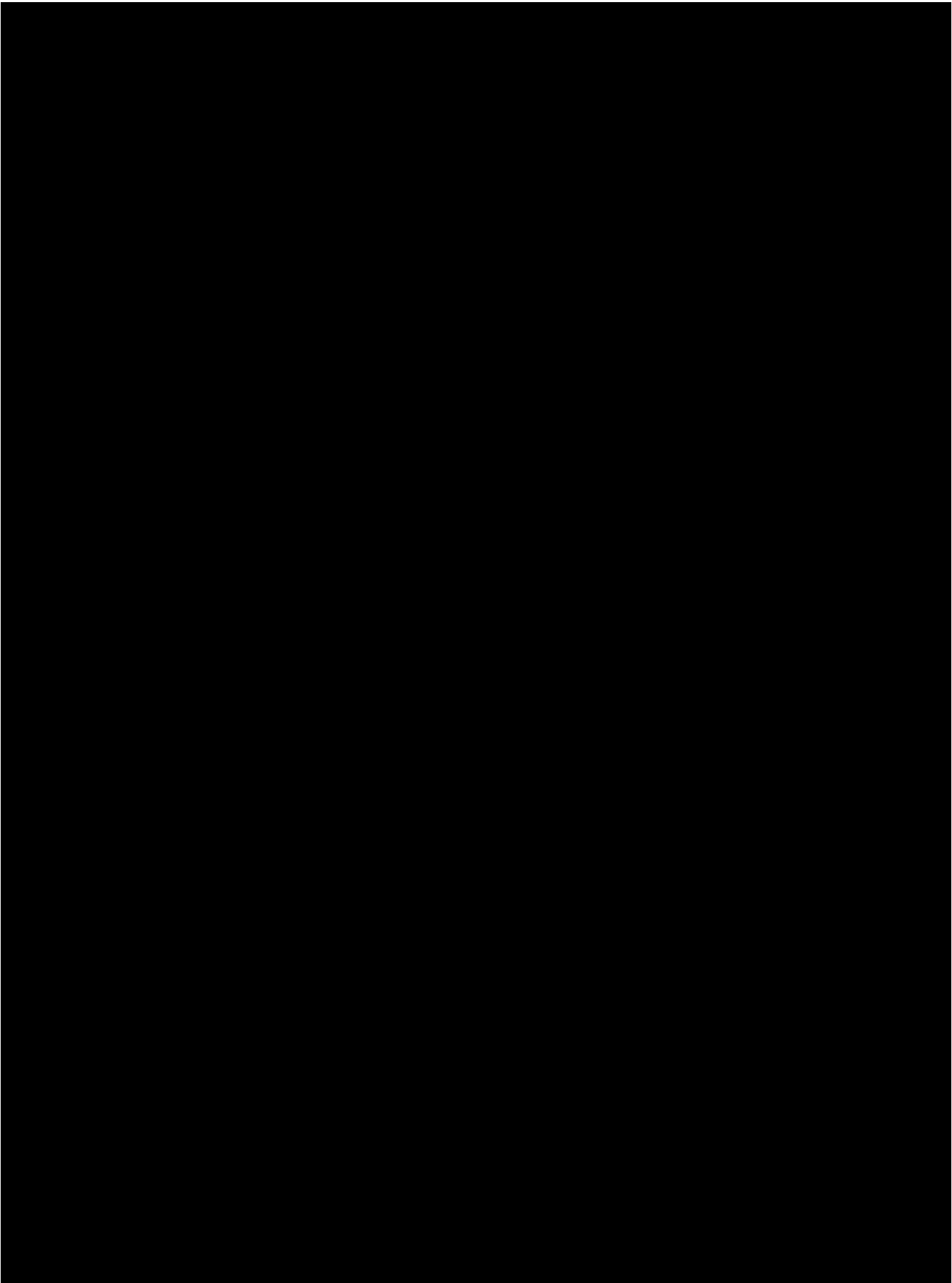


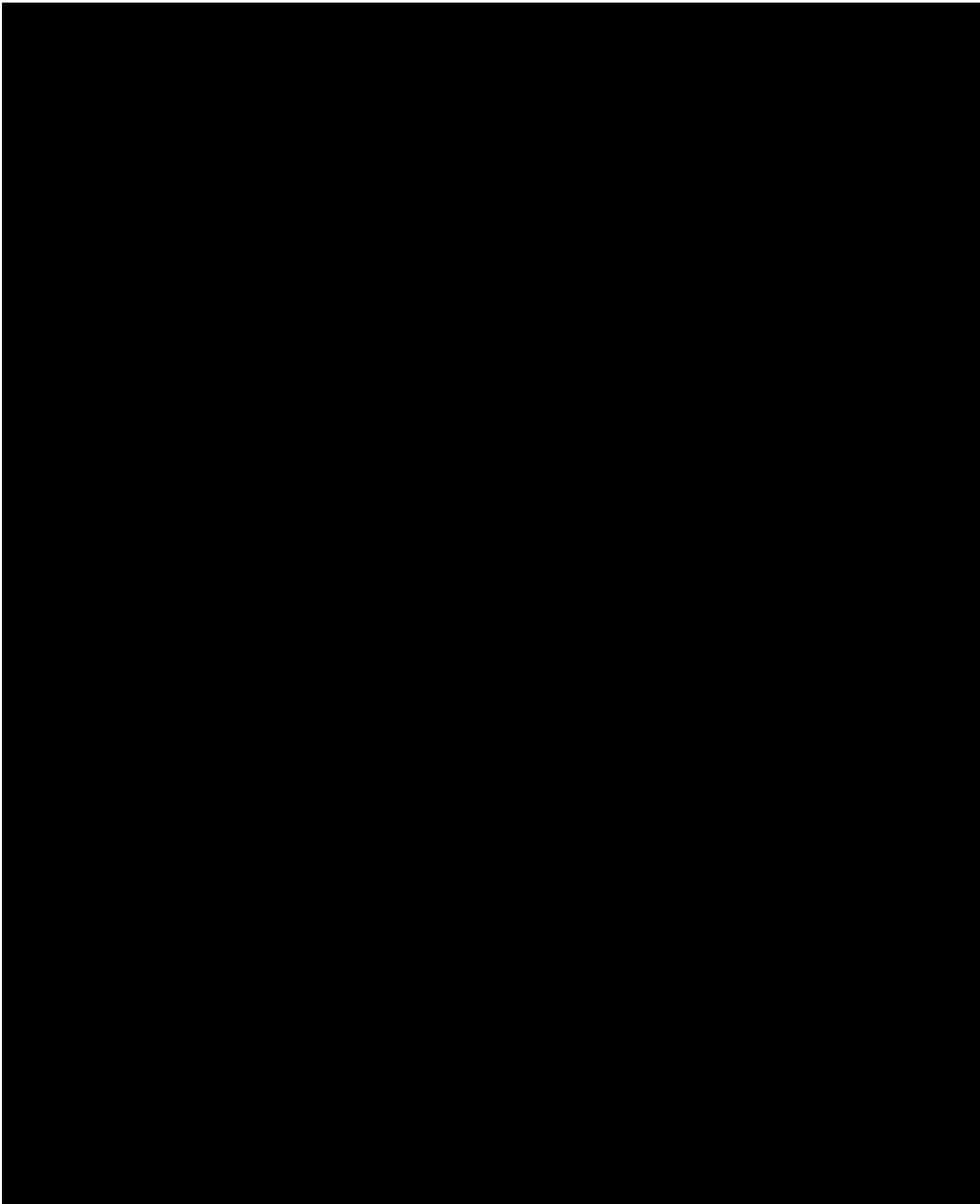












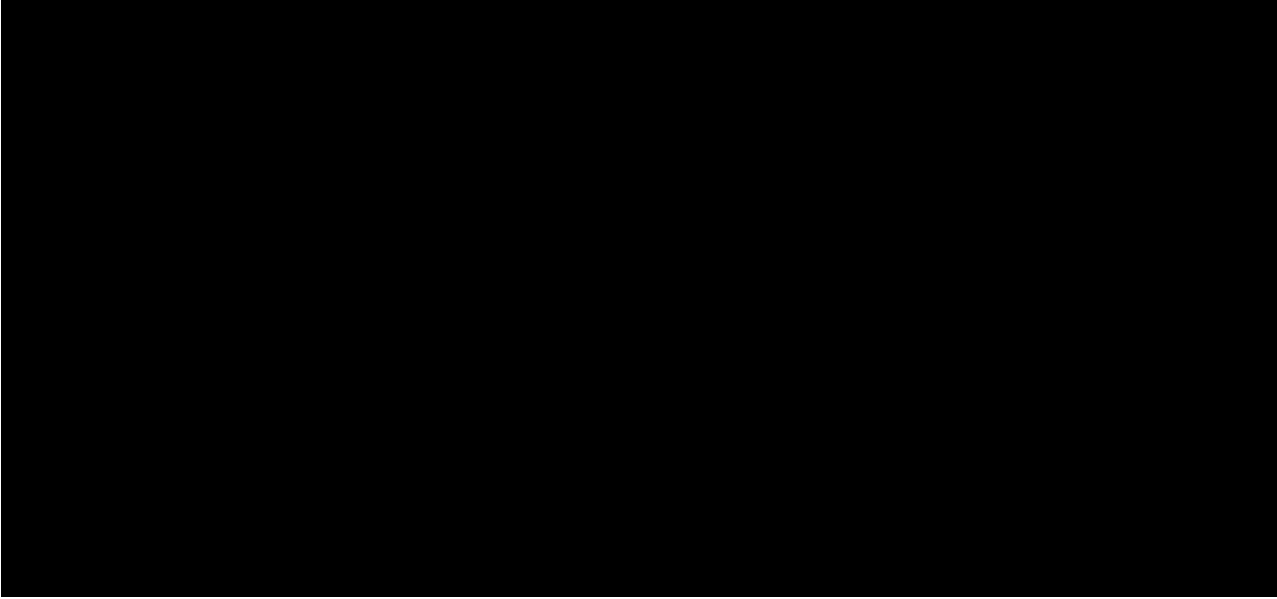
IN WITNESS WHEREOF, the parties hereto have executed and certified this Agreement as of the day and year first above written.

SCHEDULE A

Member

Initial Capital Contribution

Interest



Appendix E.1.2
Articles of Incorporation



SECRETARY OF THE STATE OF CONNECTICUT

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

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

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

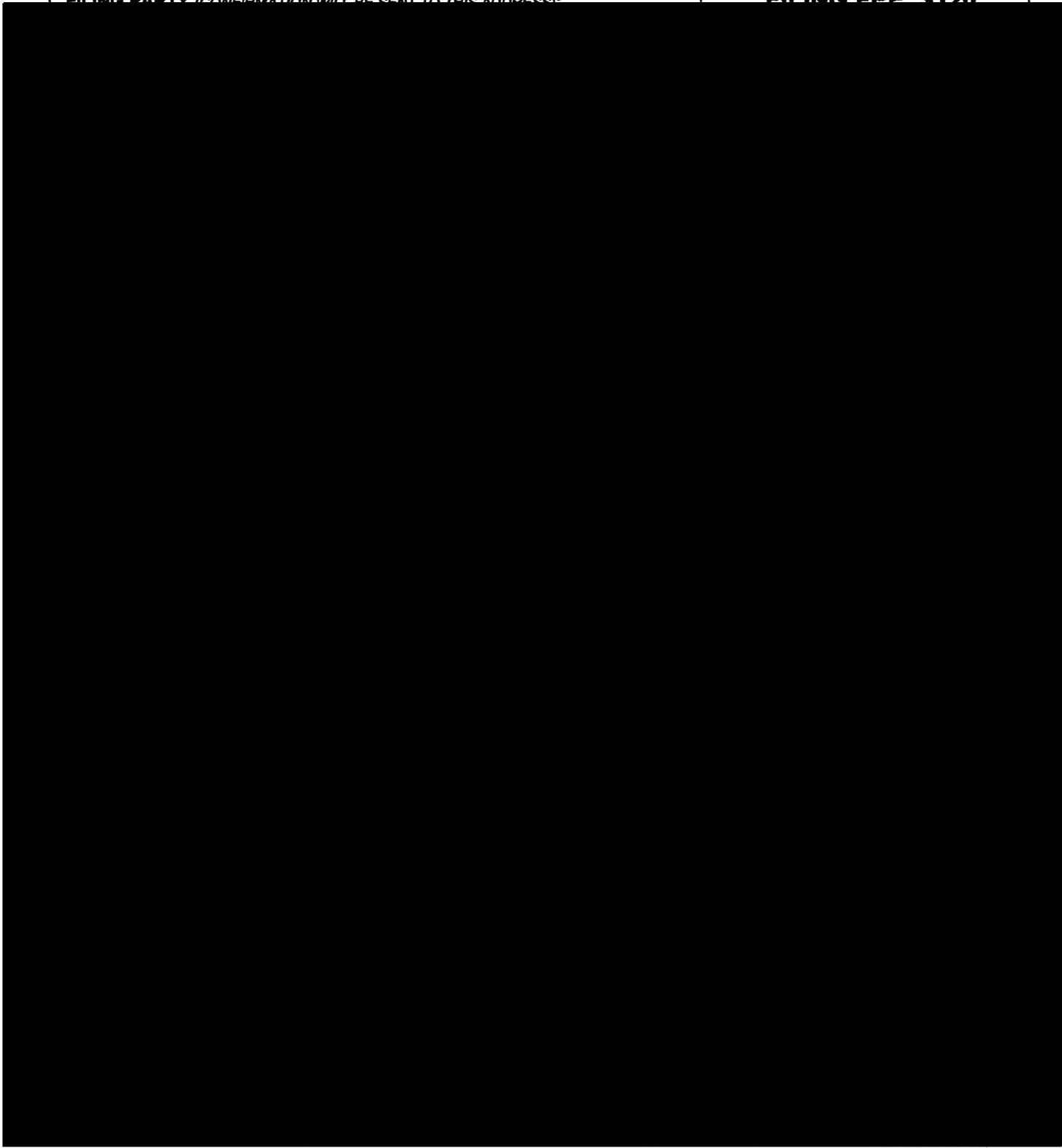
ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

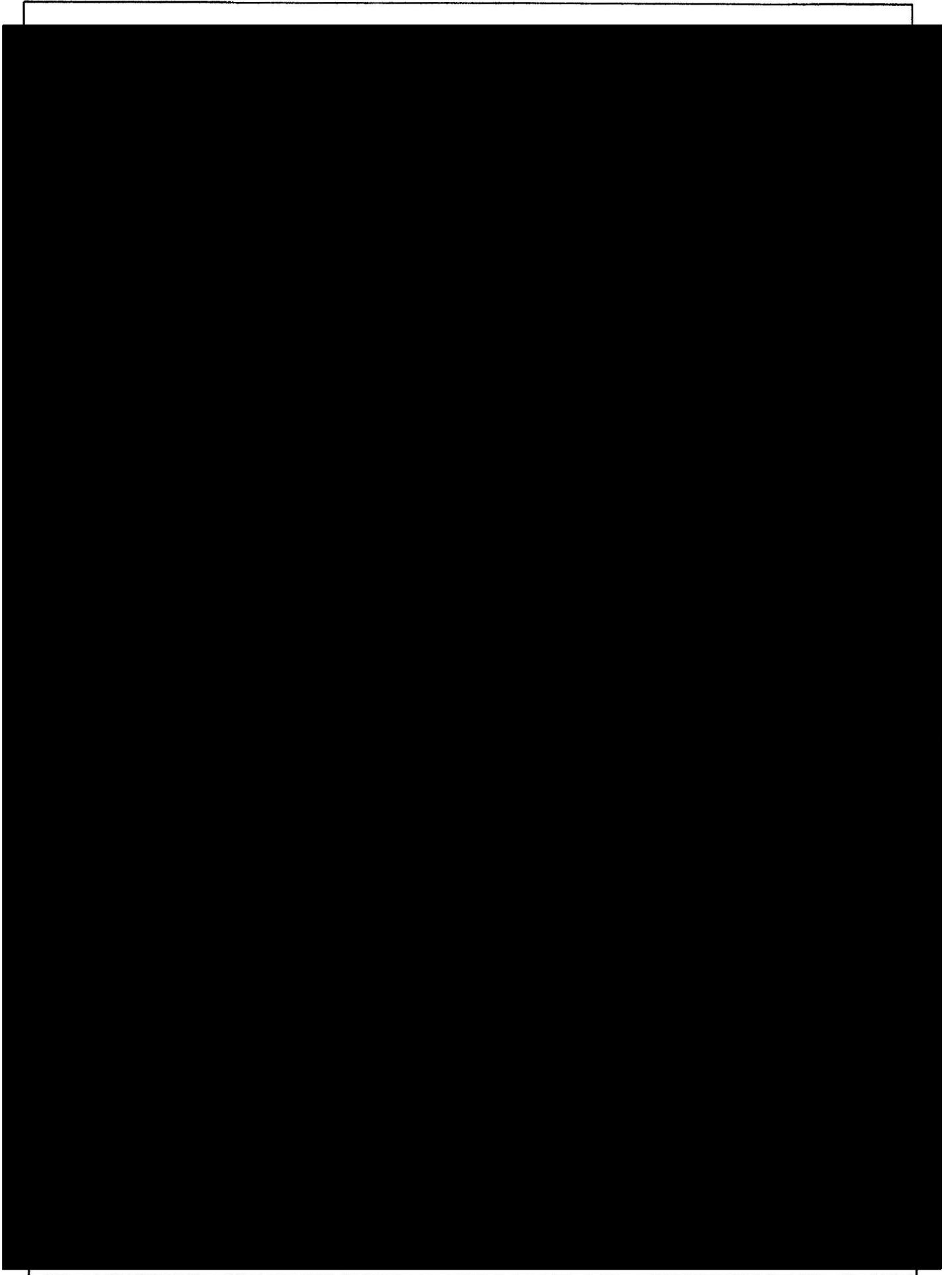
C.G.S. §§34-120; 34-121

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

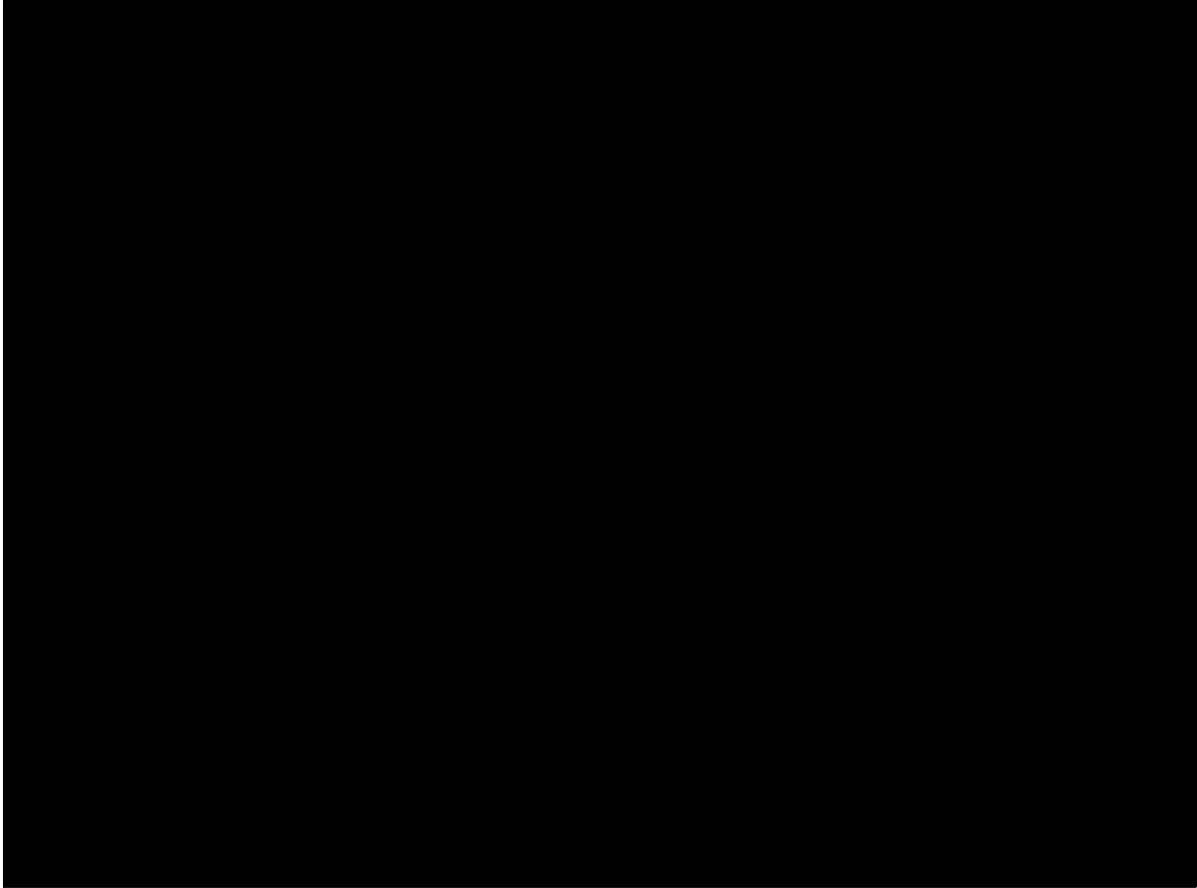
FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS)

FILING FEE: \$120





SCHEDULE A
ATTACHMENT
TO
ARTICLES OF ORGANIZATION

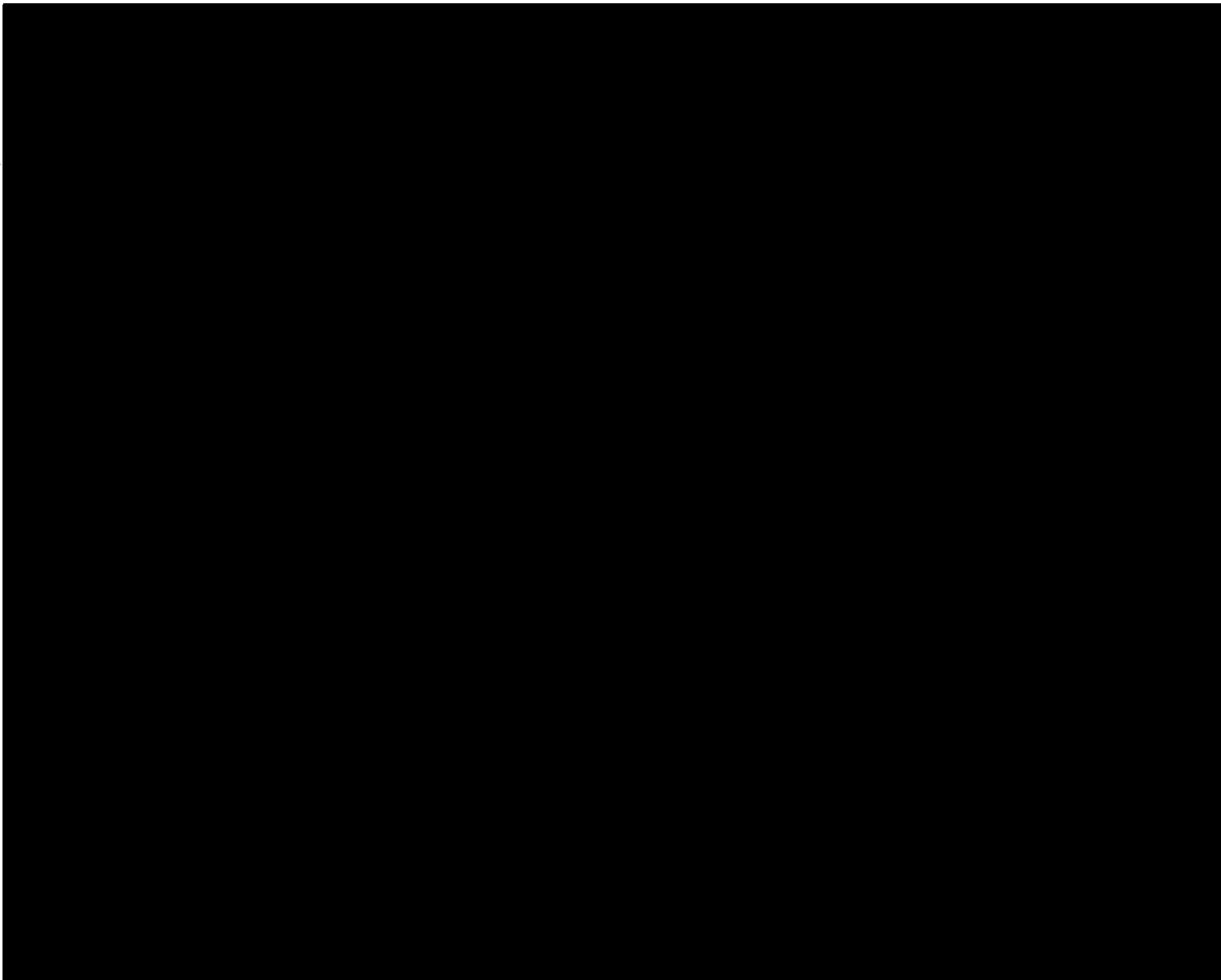


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Business Inquiry

 HOME

 HELP



<http://www.concord-sots.ct.gov/CONCORD/PublicInquiry?eid=9744&businessID=1117546> 9/16/2013



SECRETARY OF THE STATE OF CONNECTICUT

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

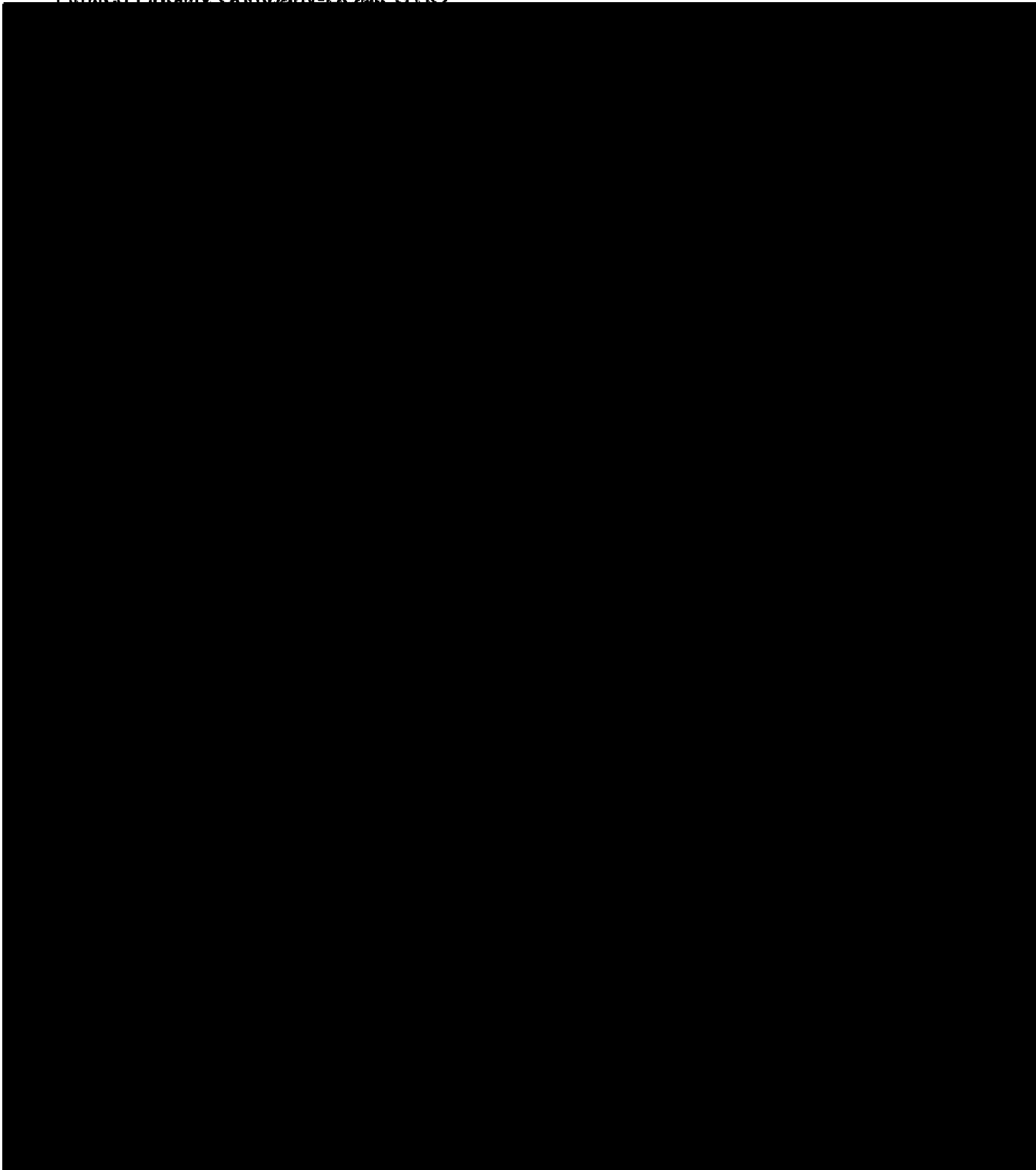
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06108

PHONE: 860-509-6003

WEBSITE: www.comrecdsots.ct.gov

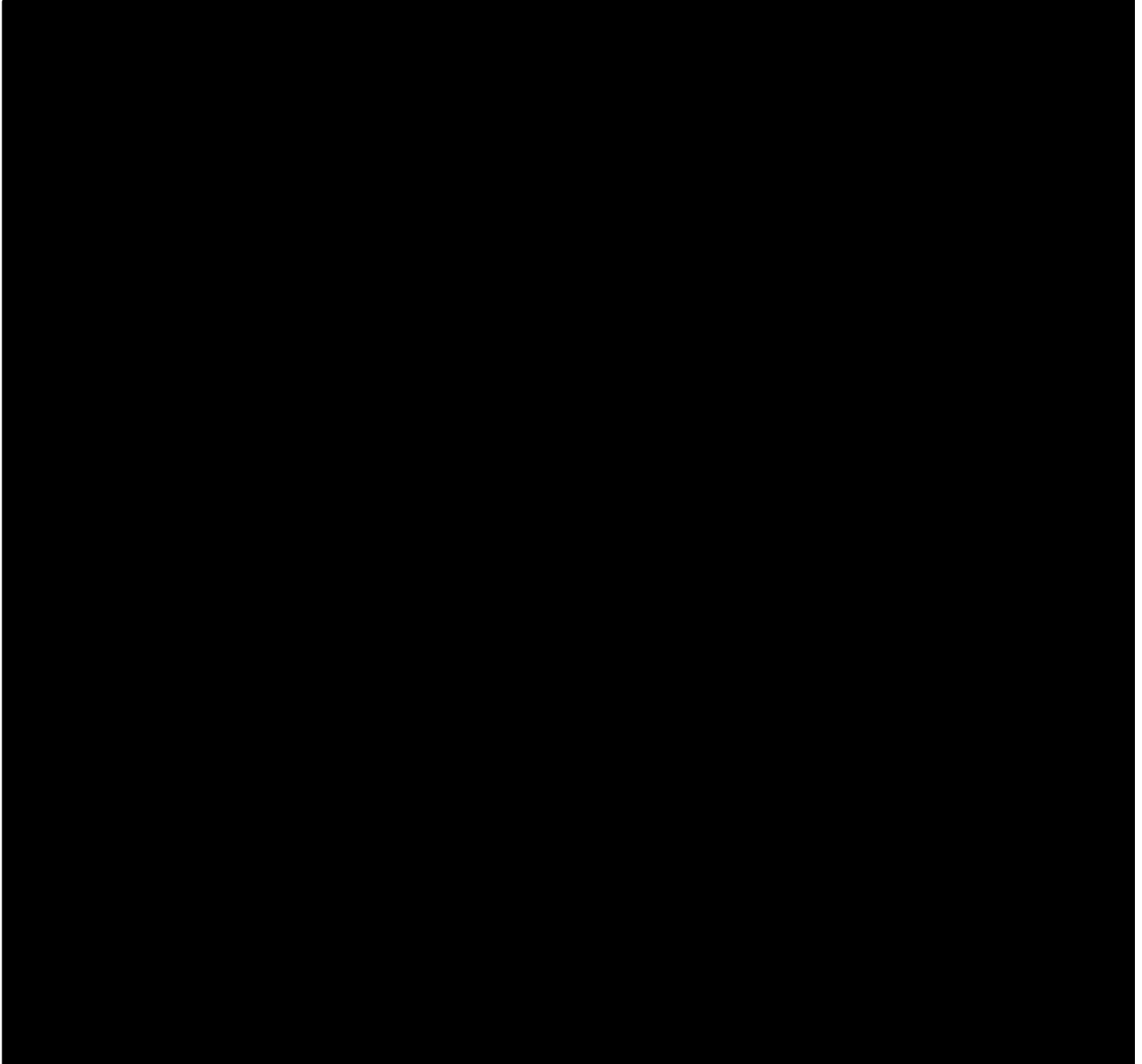
ARTICLES OF AMENDMENT

Limited Liability Company-DOMESTIC



SECRETARY OF THE STATE OF
CONNECTICUT
30 TRINITY STREET
P.O. BOX 150470
HARTFORD, CT 06115-0470

09/02/2015



Appendix E.1.3
CT Secretary of State Registration

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

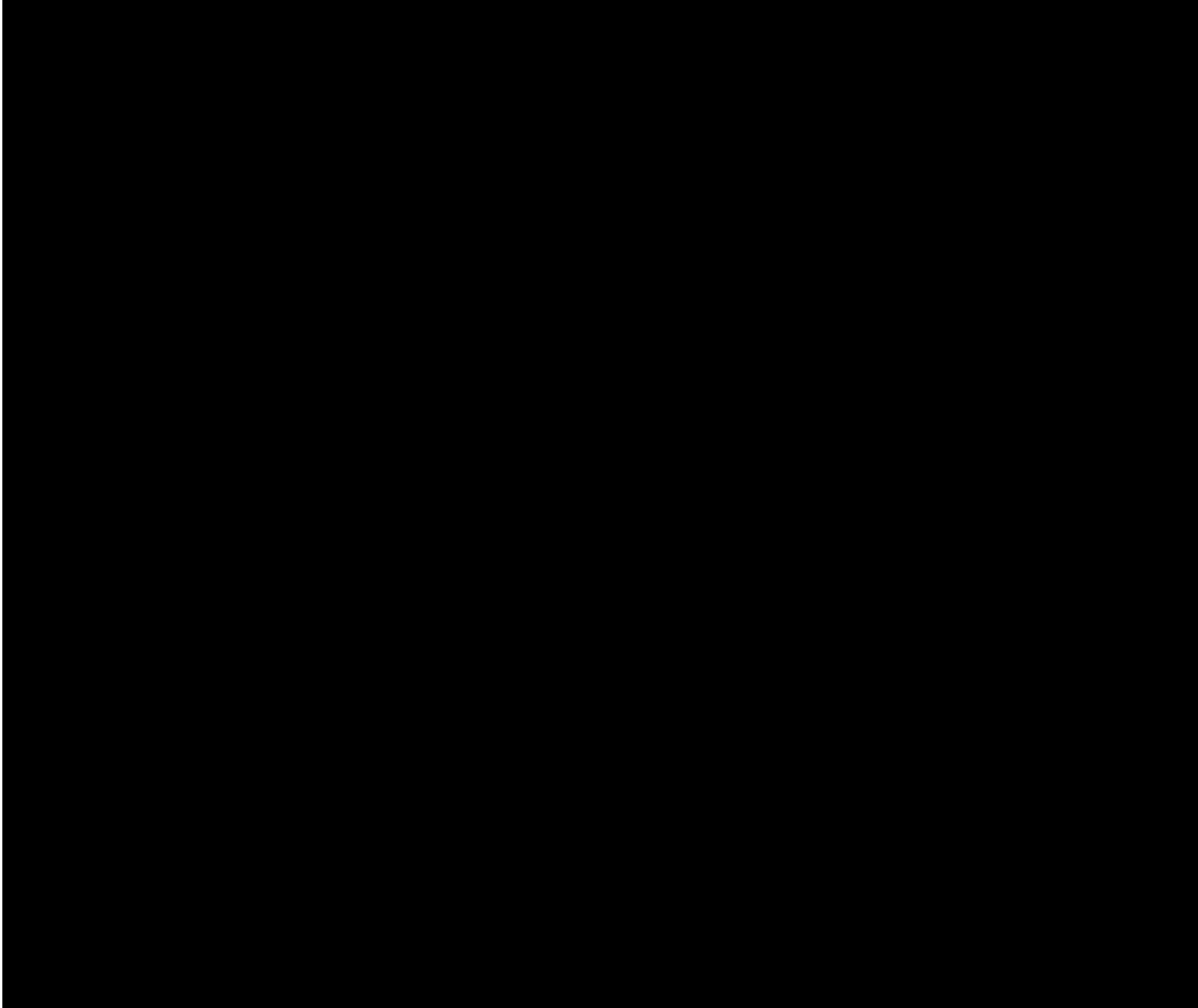
[REDACTED]

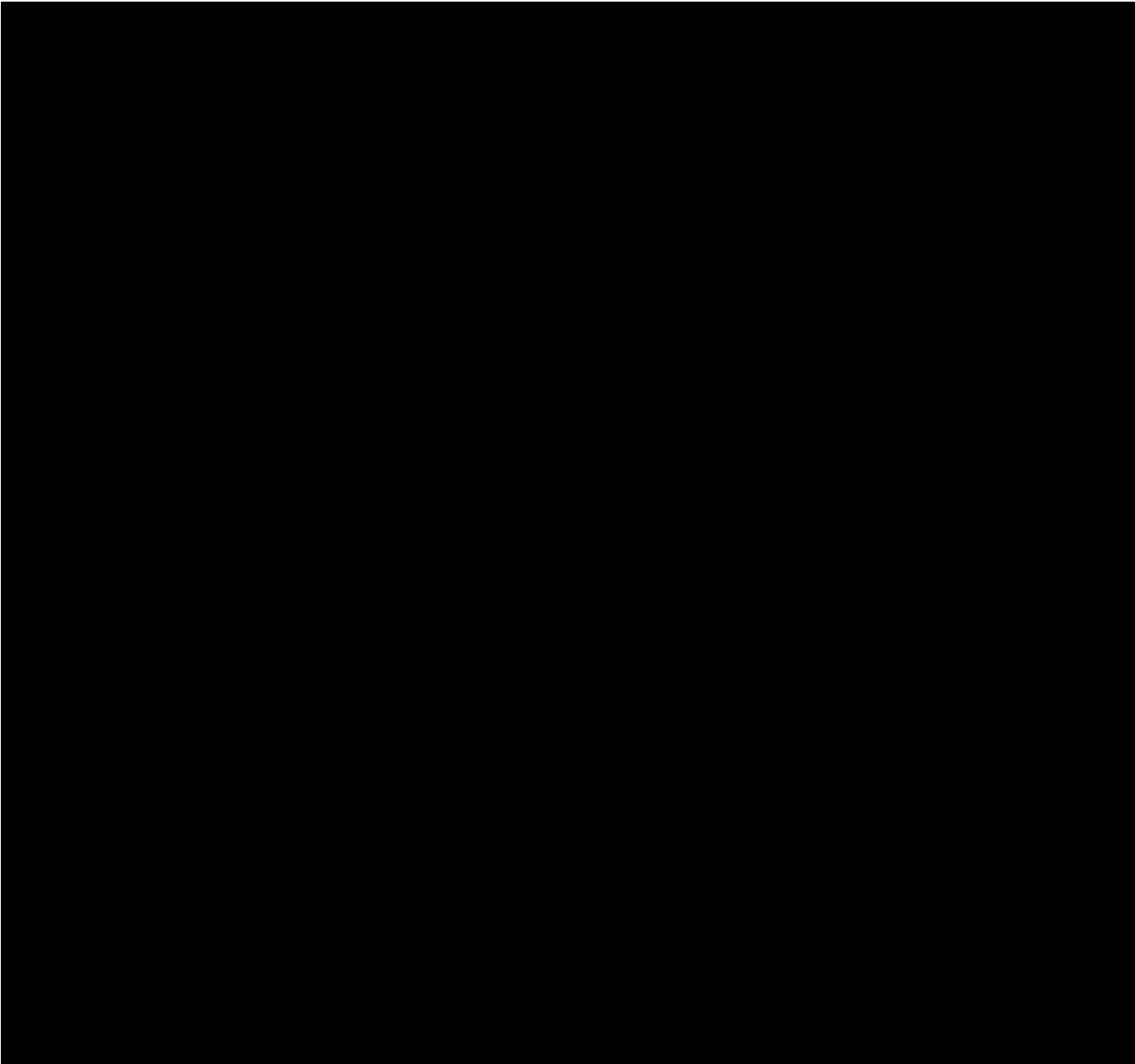
[REDACTED]

Section E.2

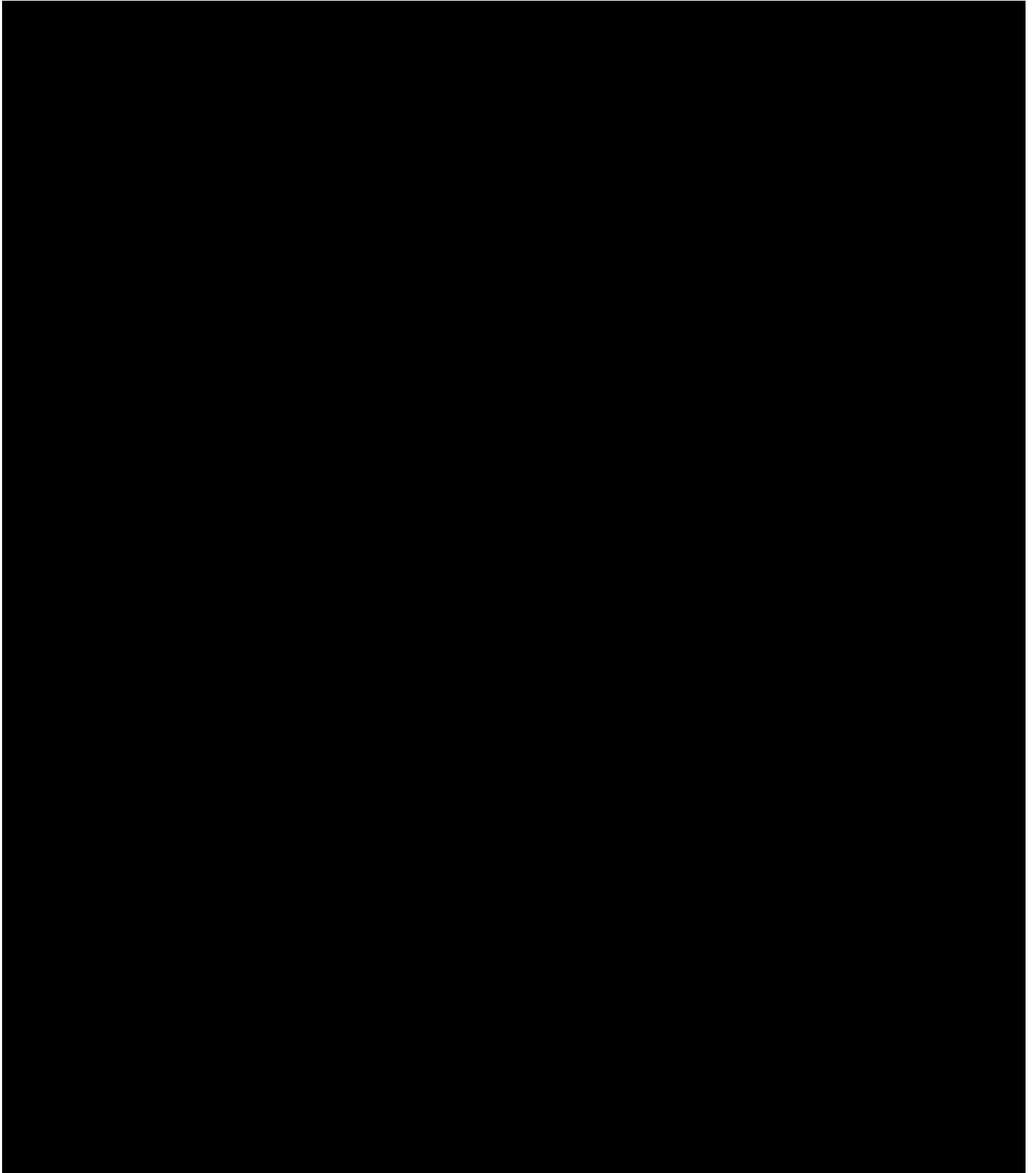
Organizational Chart

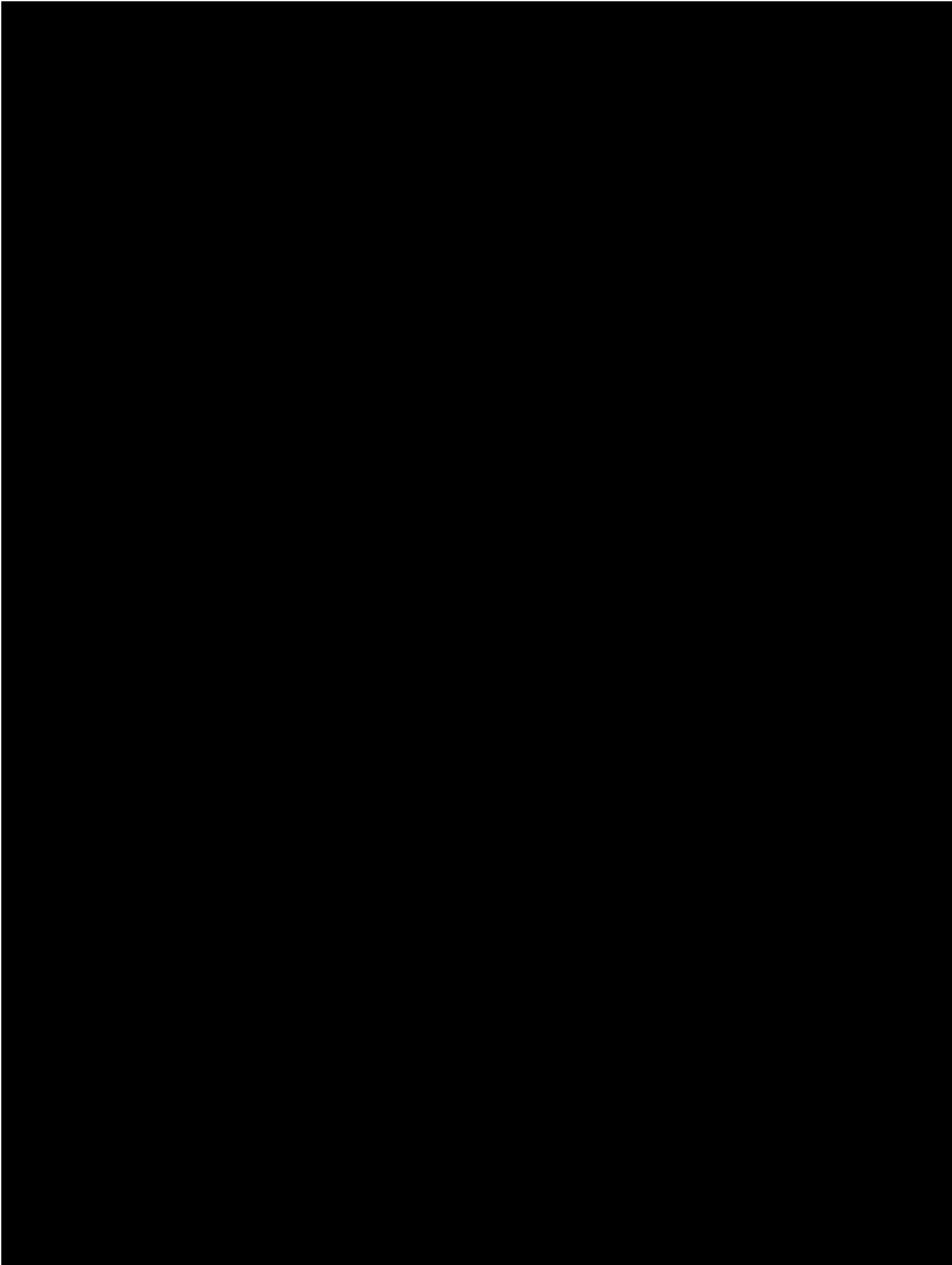
2. A current organizational chart that includes position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. To the extent such information is not revealed by their resume, include additional pages with each resume setting out the employee's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

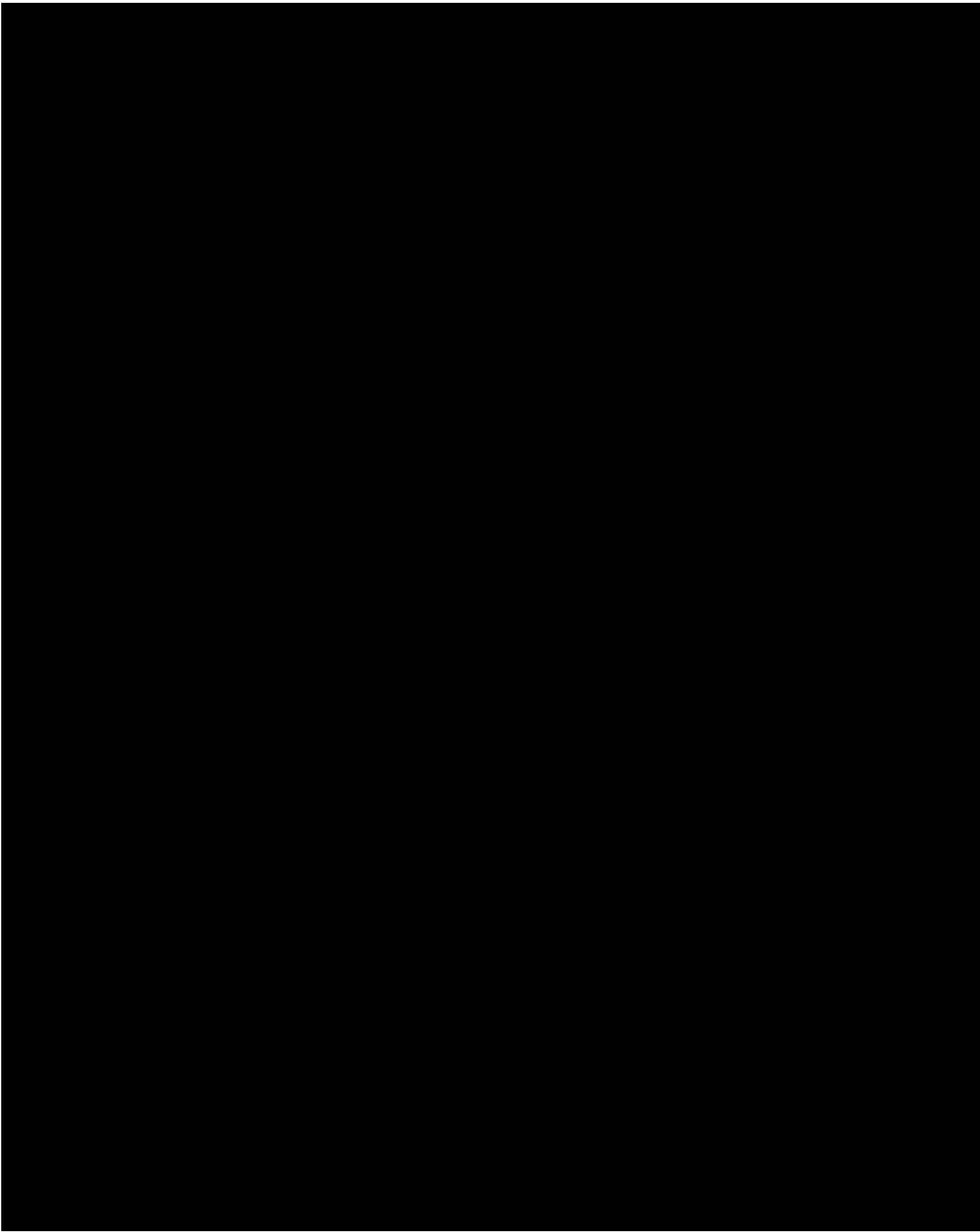


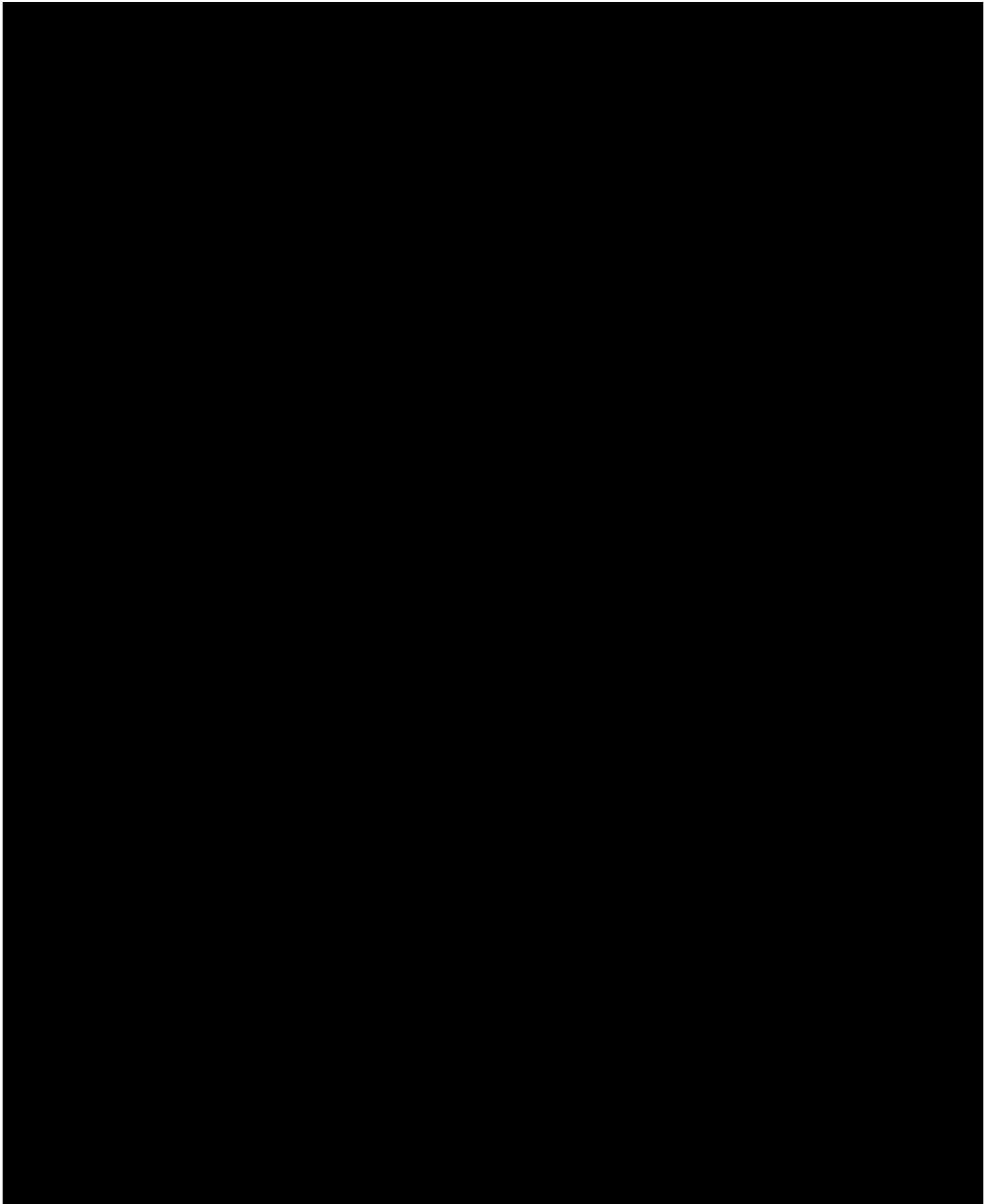


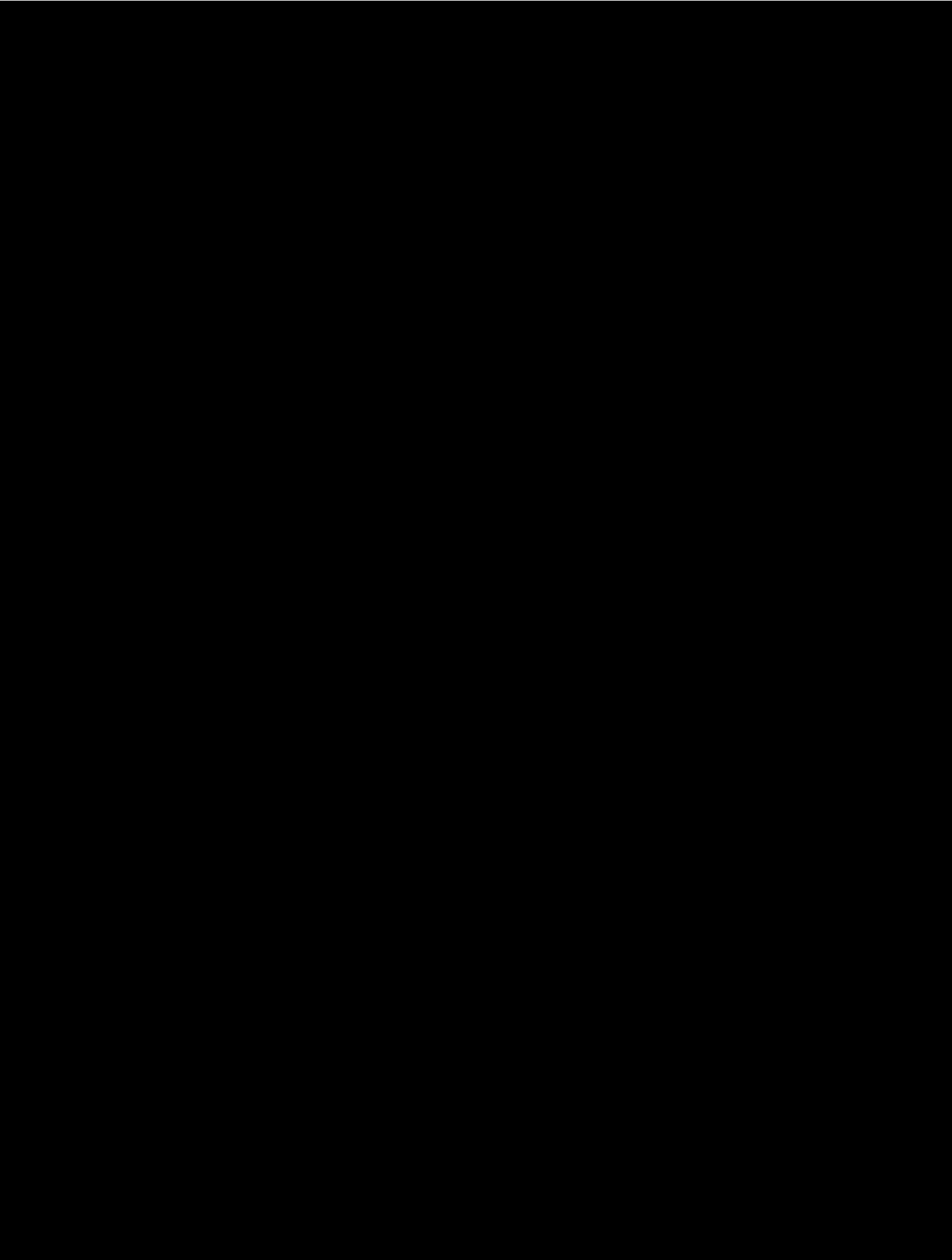
Job Descriptions and Responsibilities

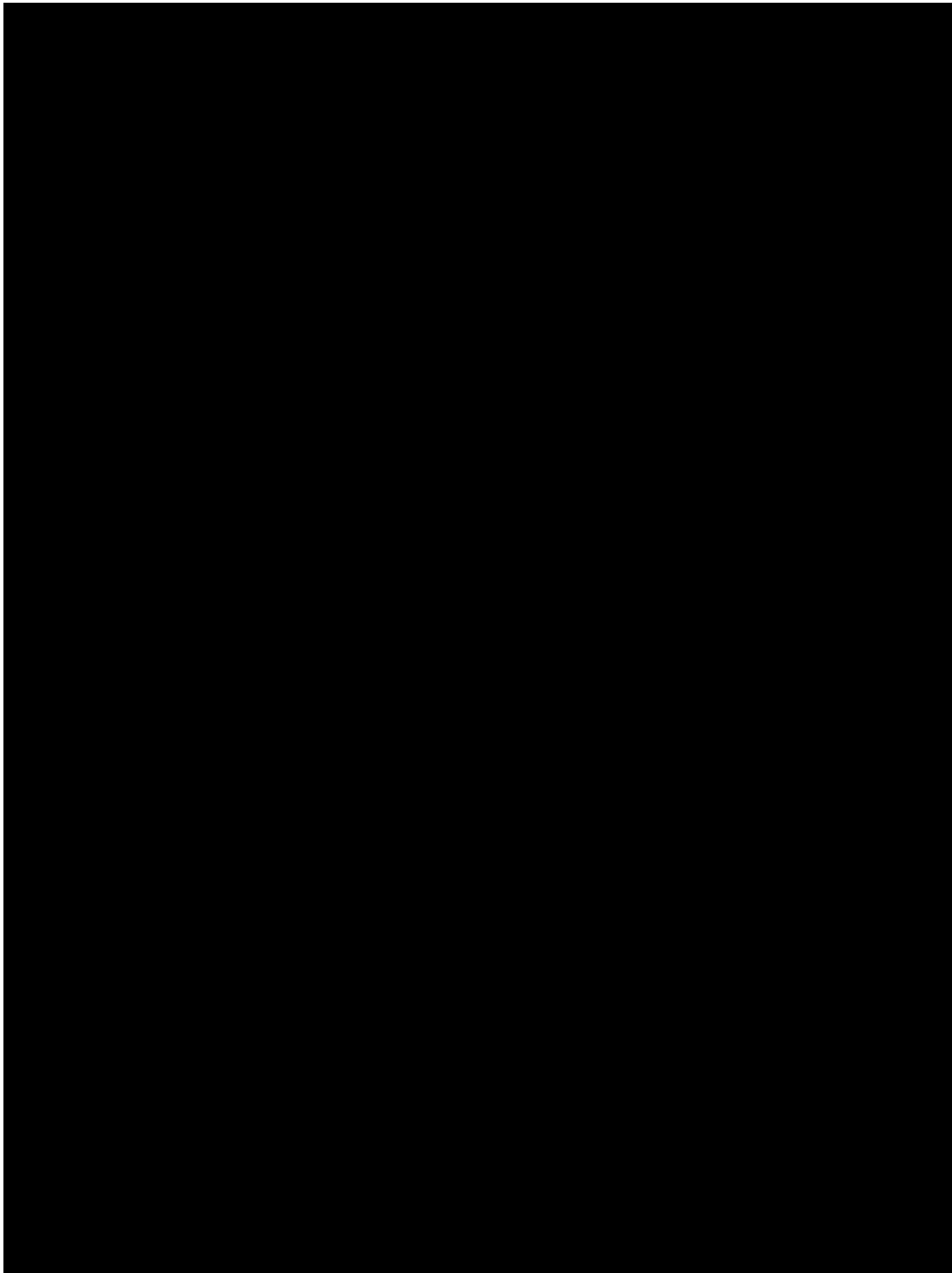


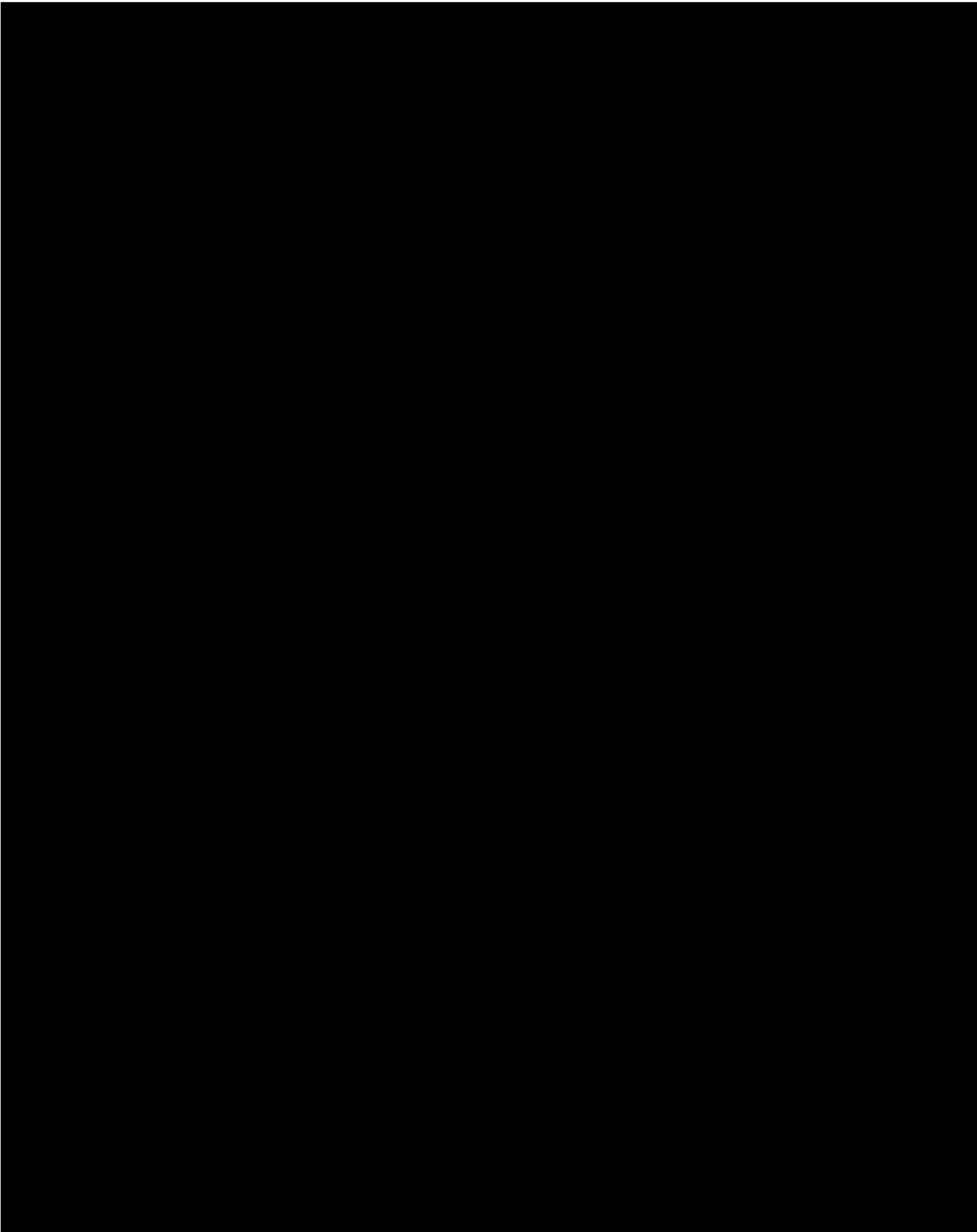


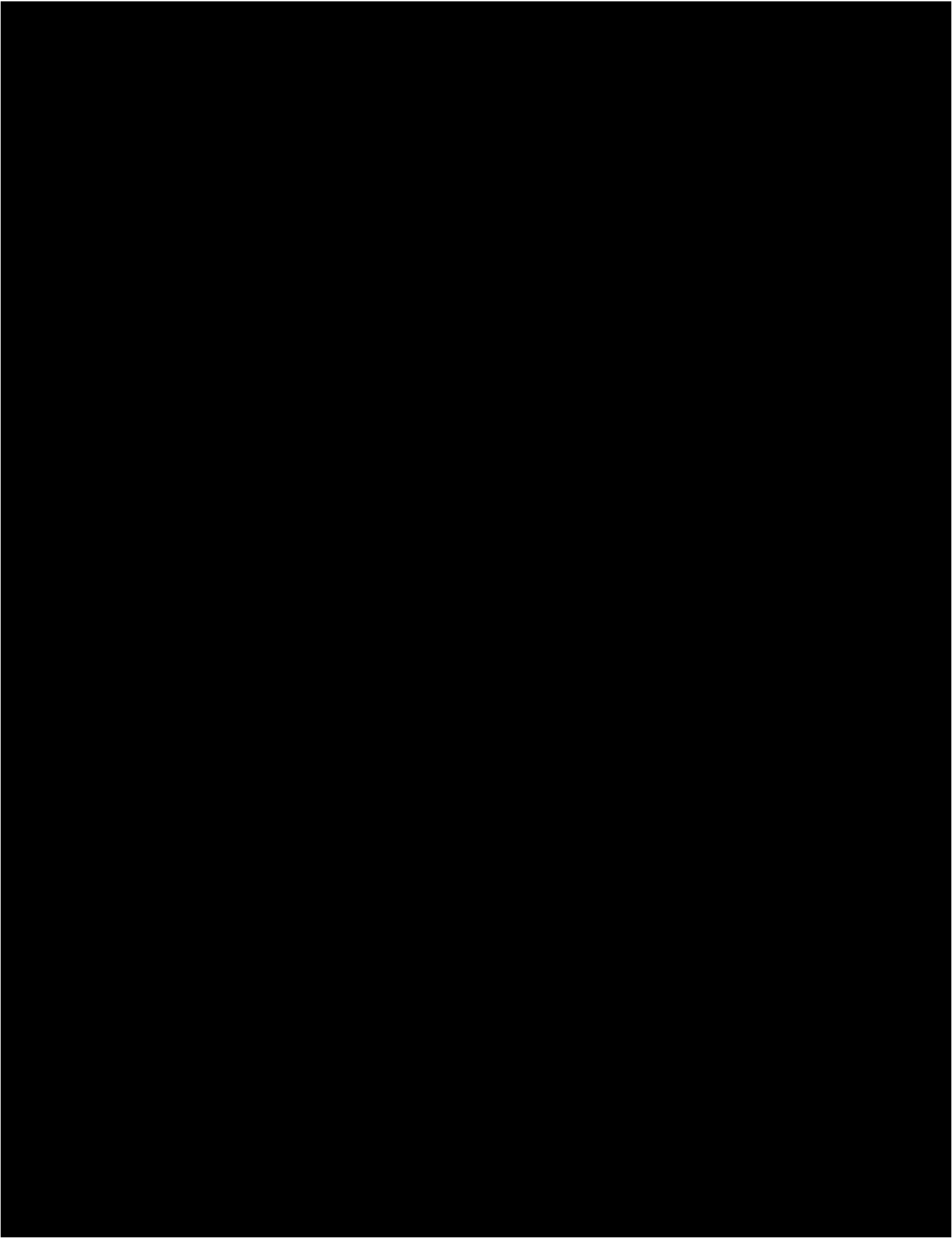


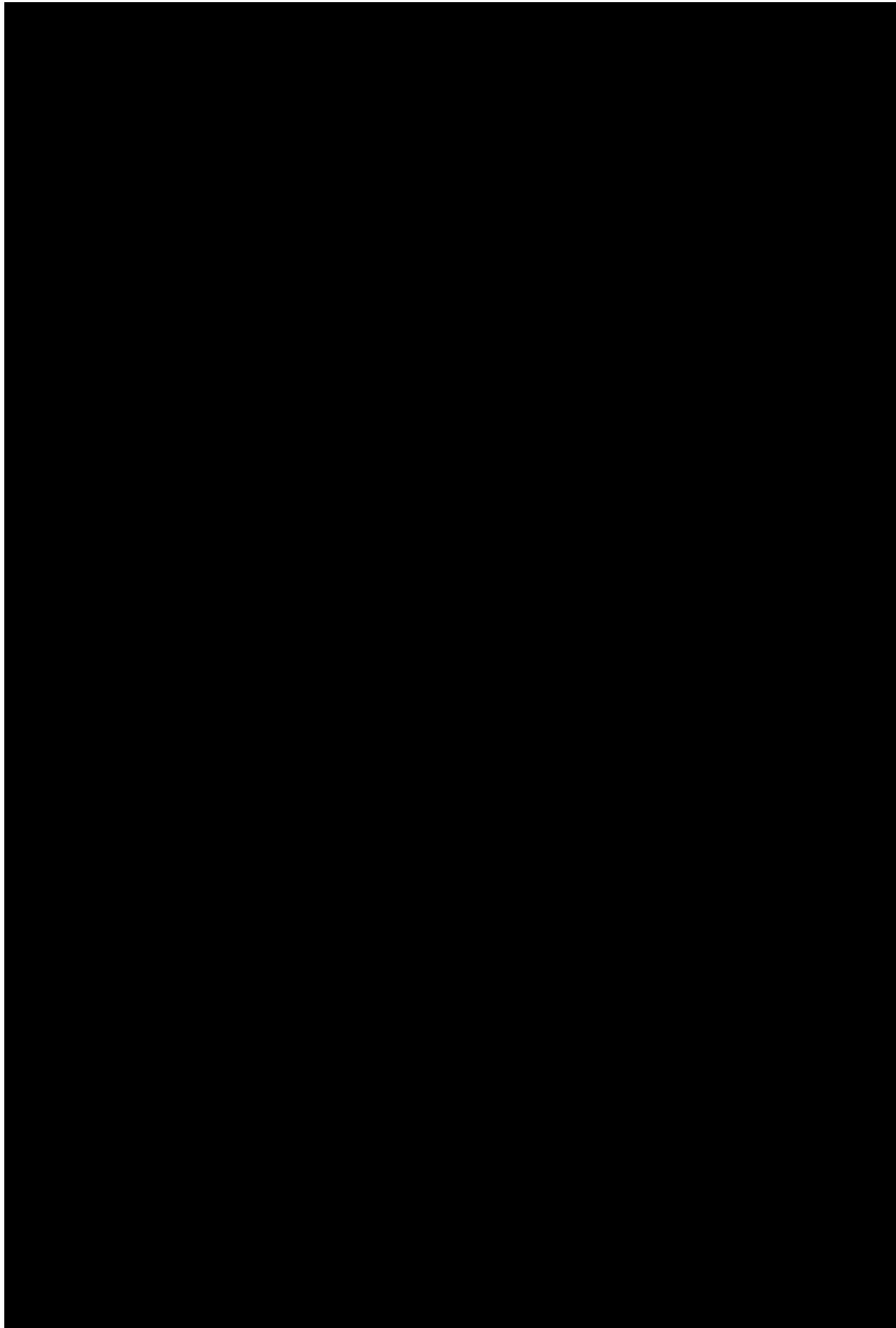










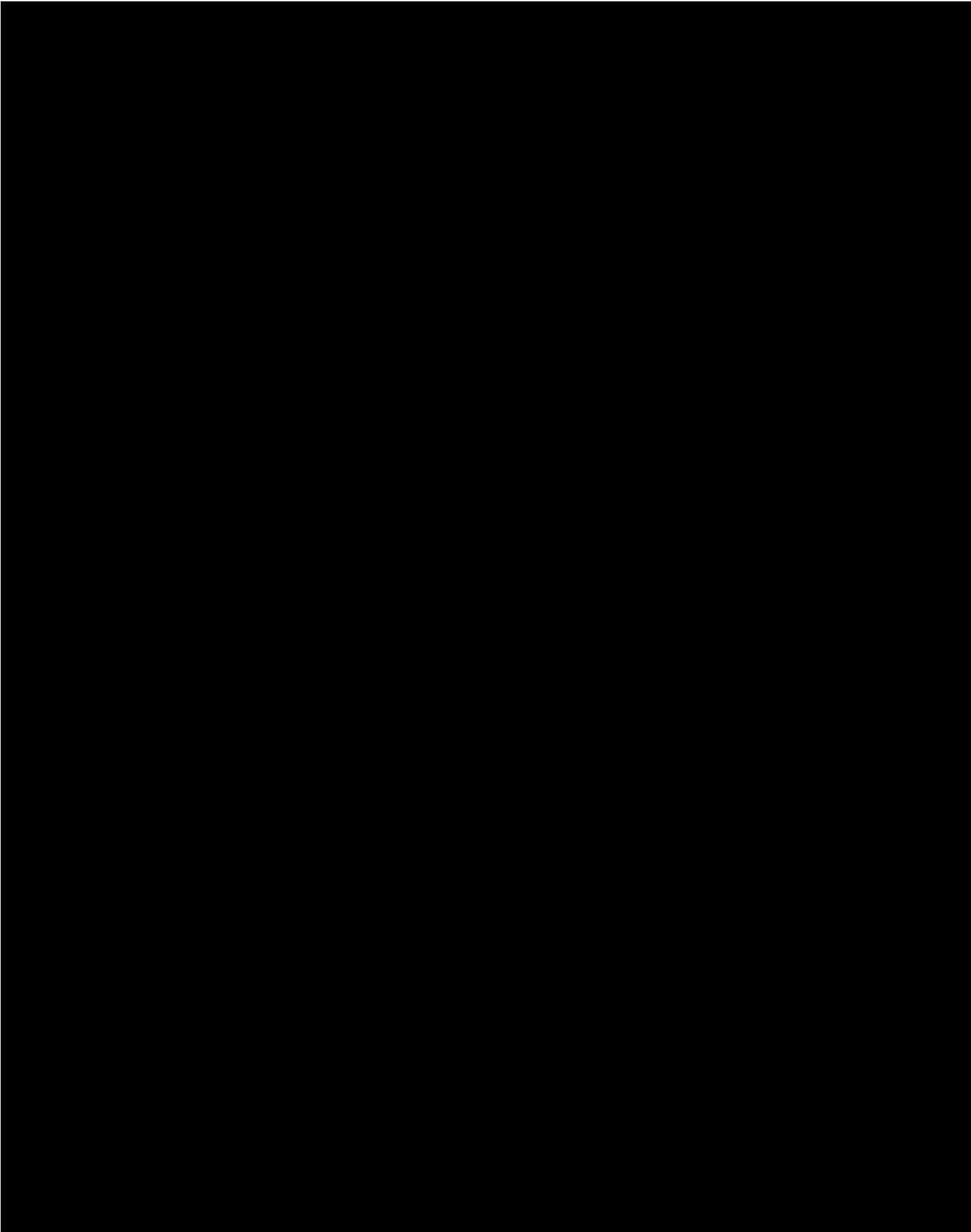


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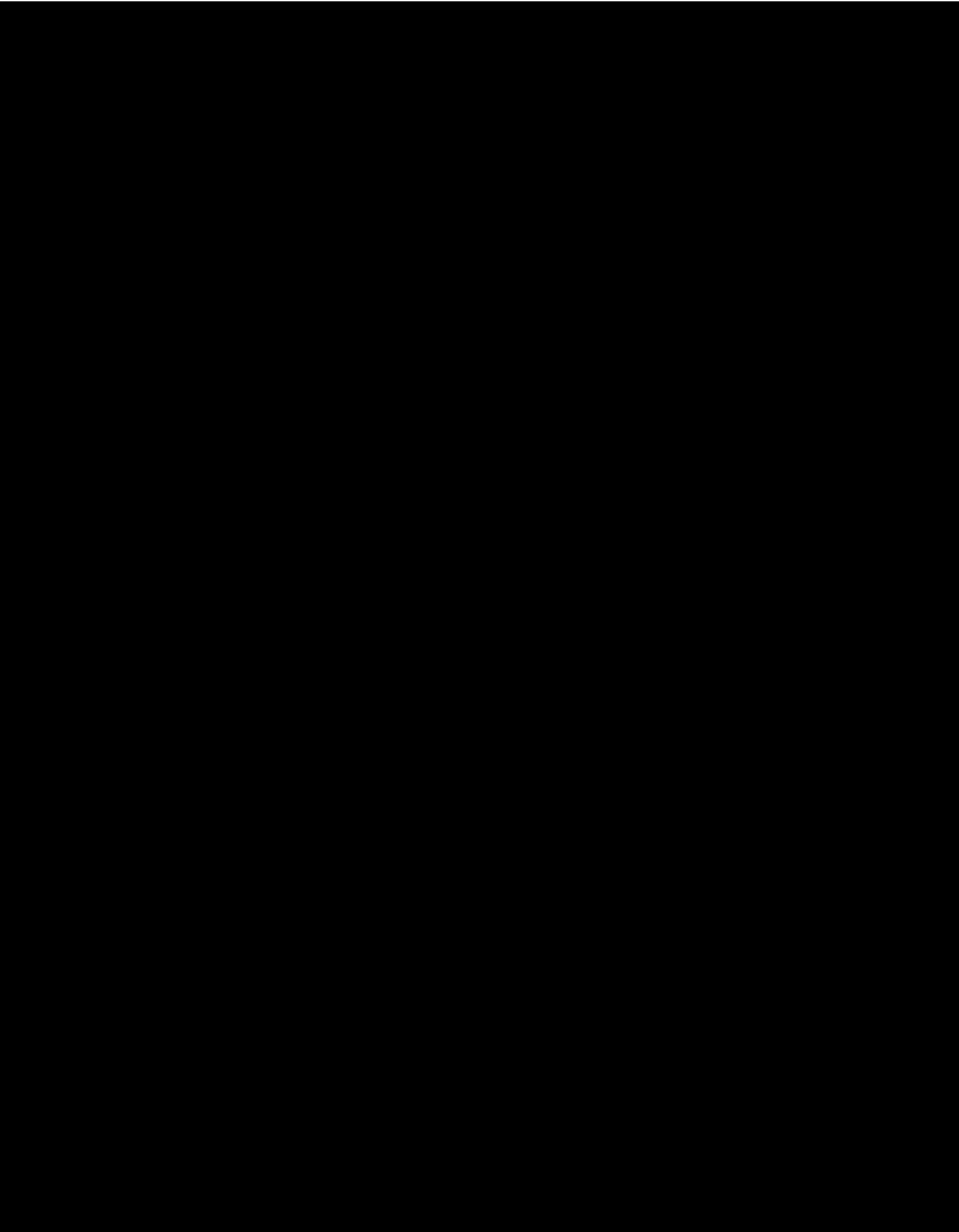
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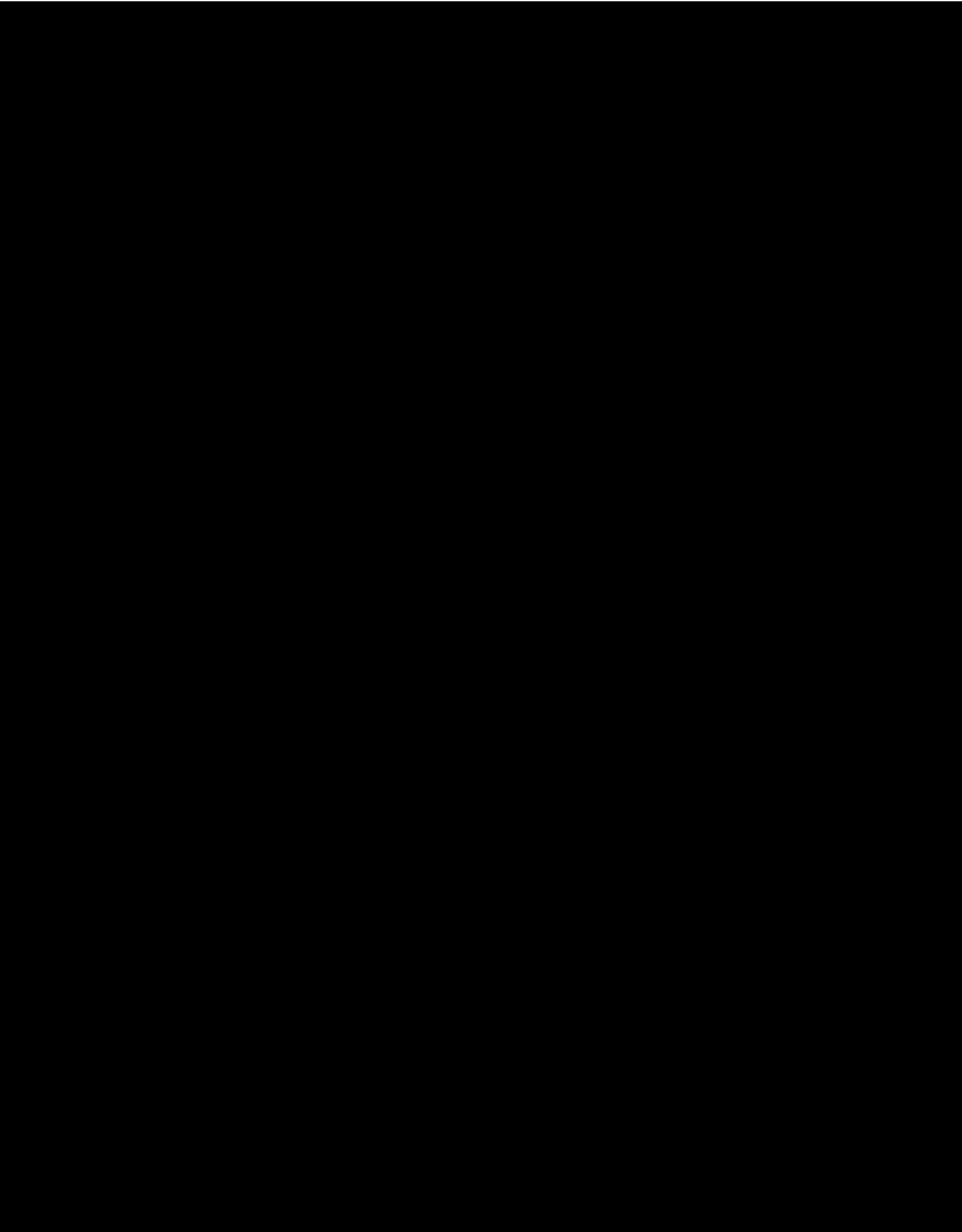


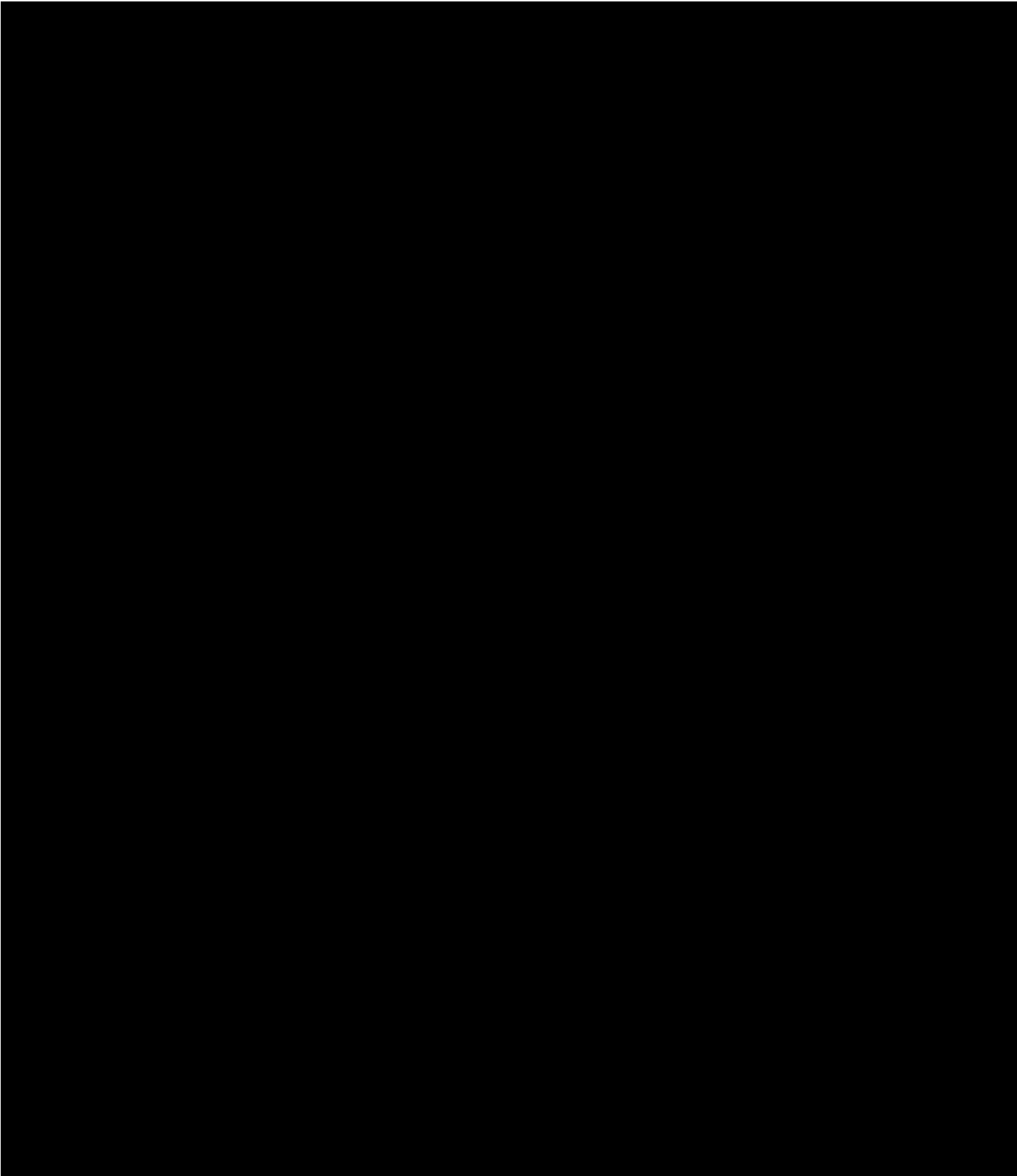


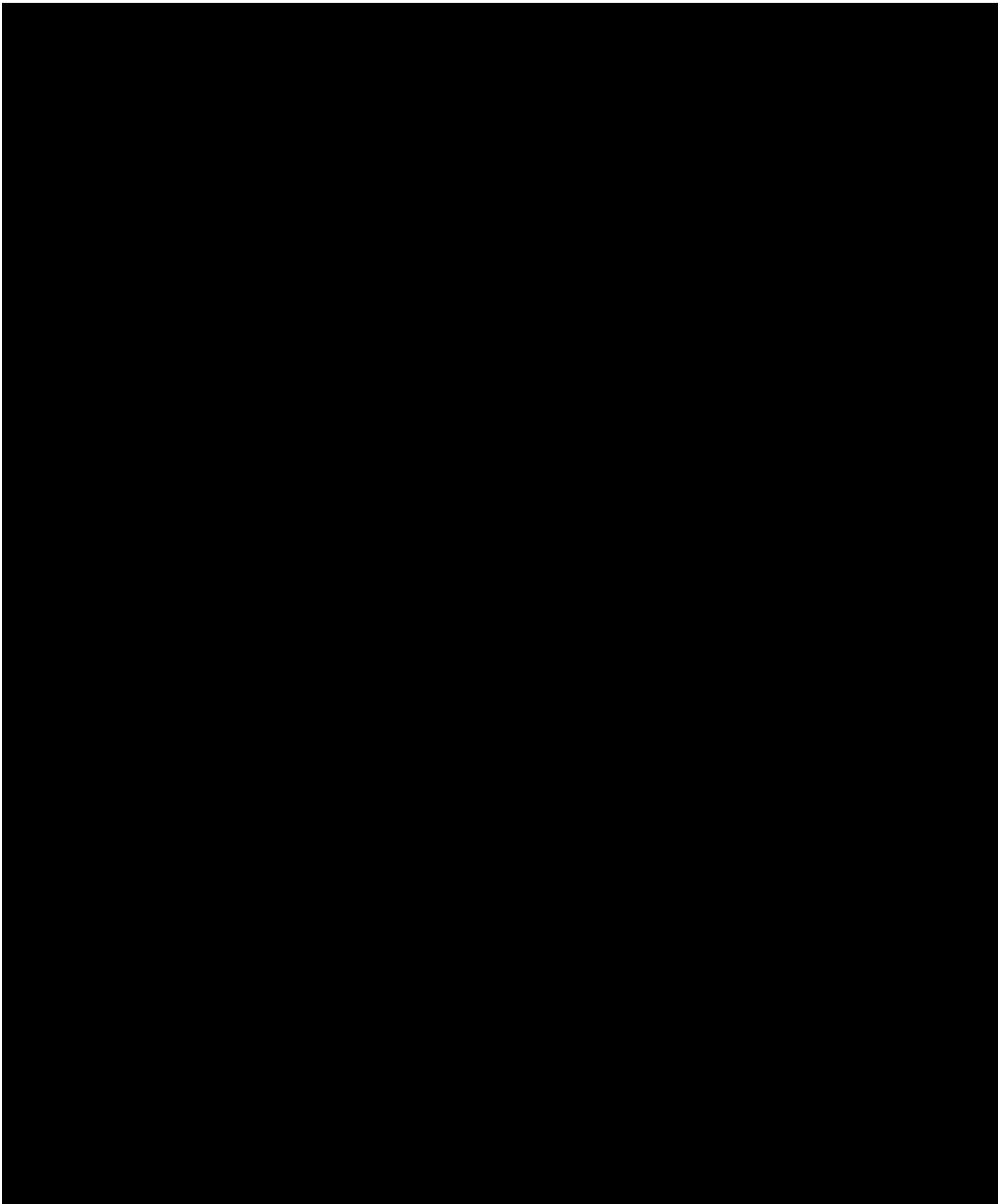


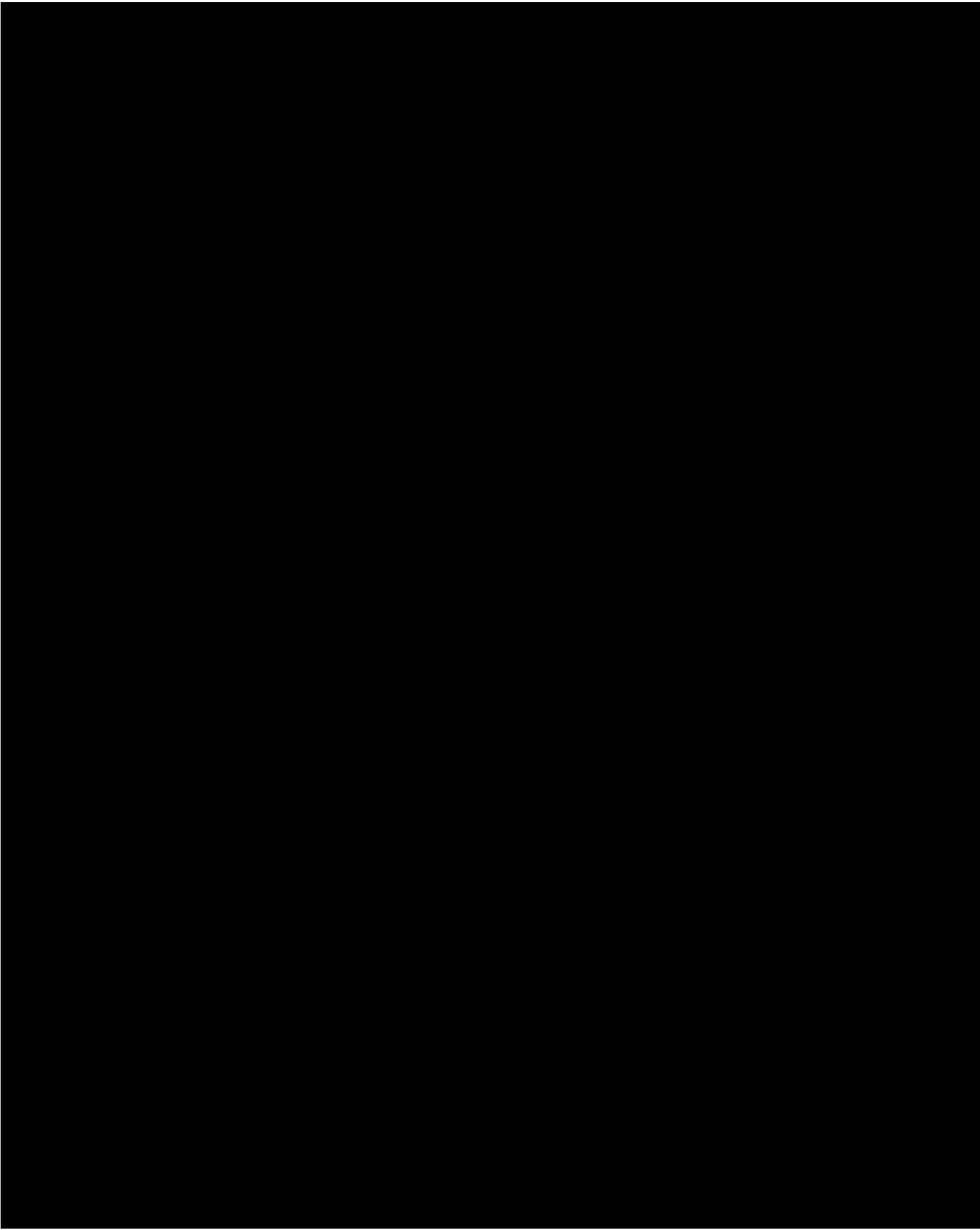


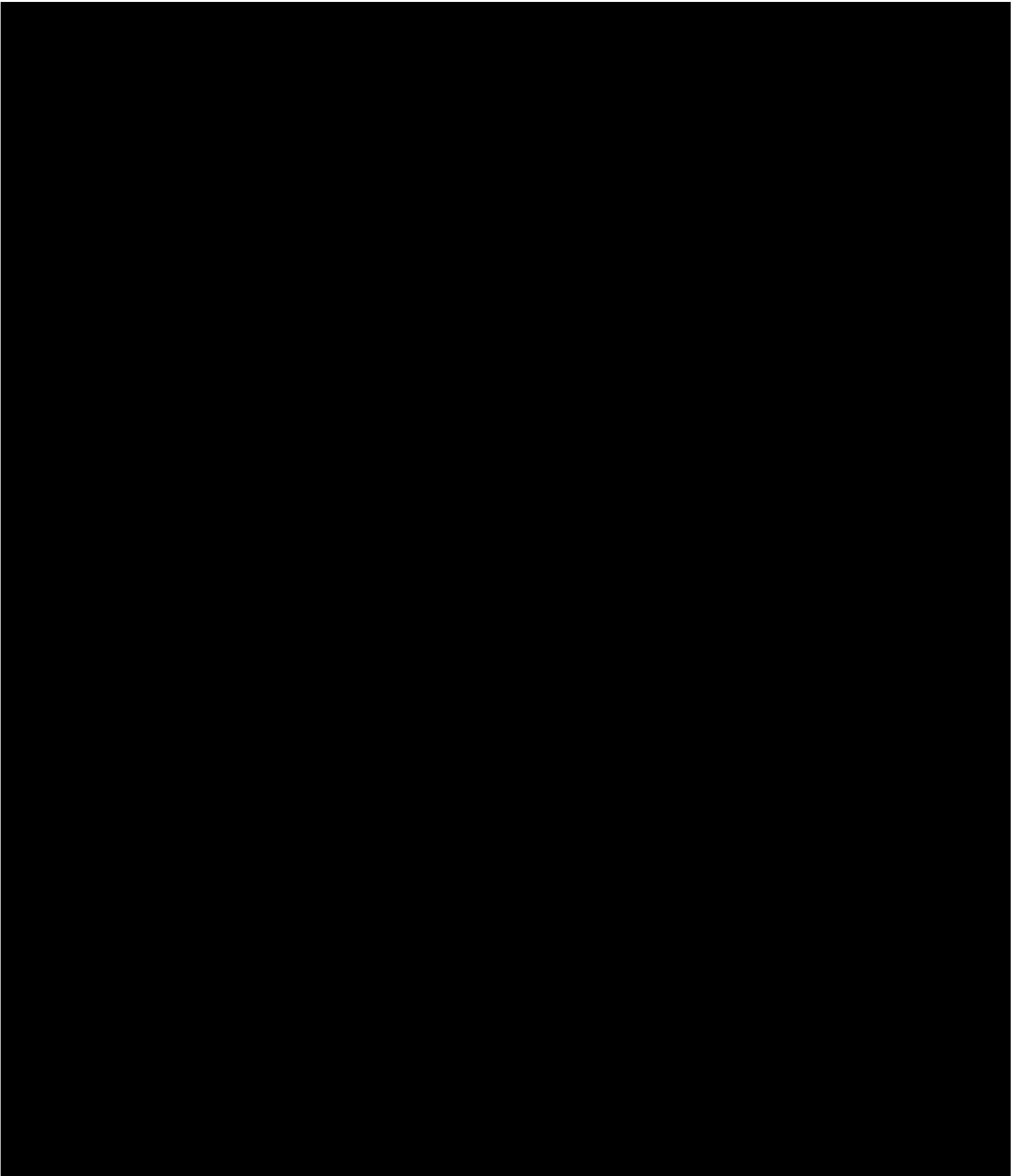
Appendix E.2.1 Resumes

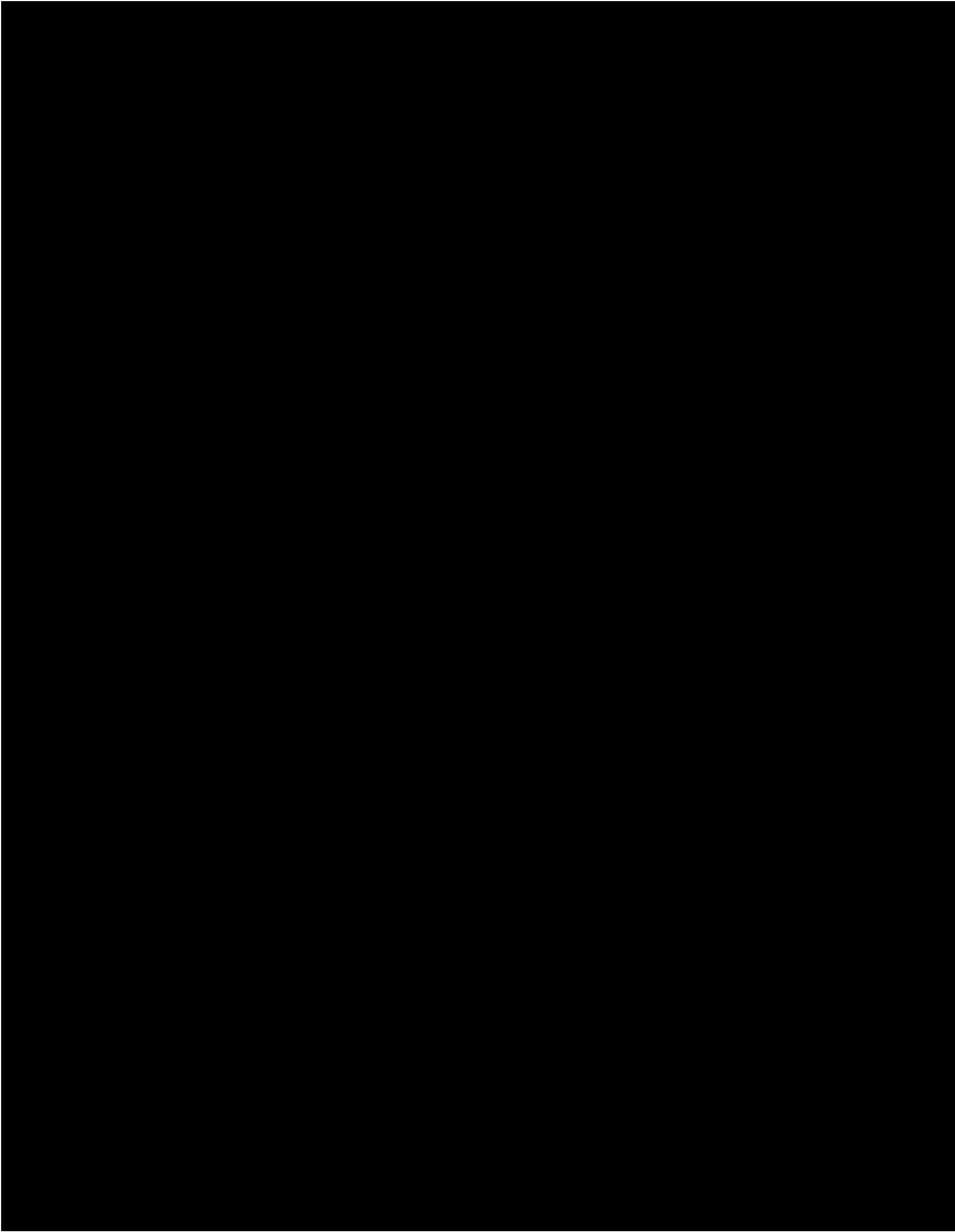


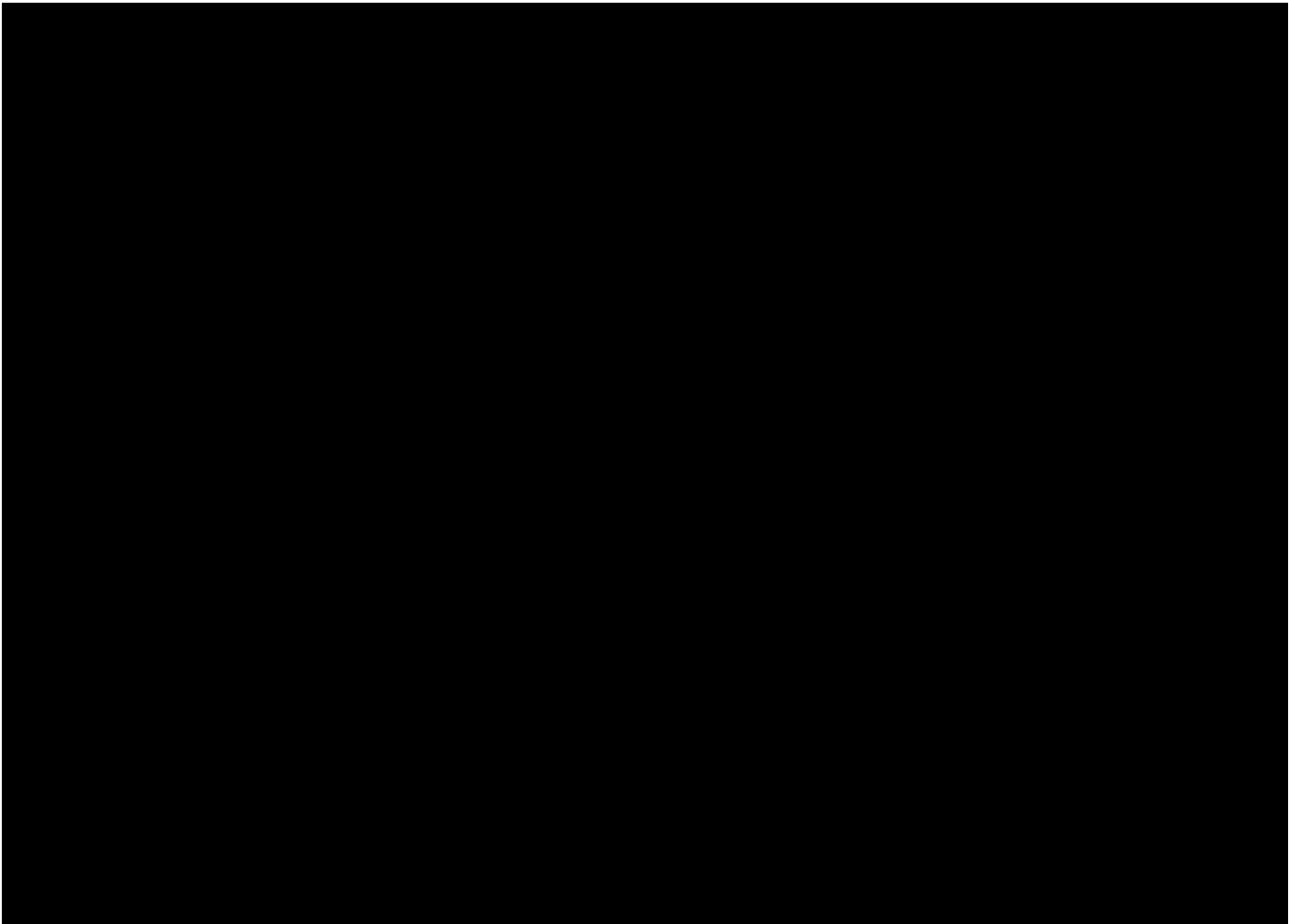












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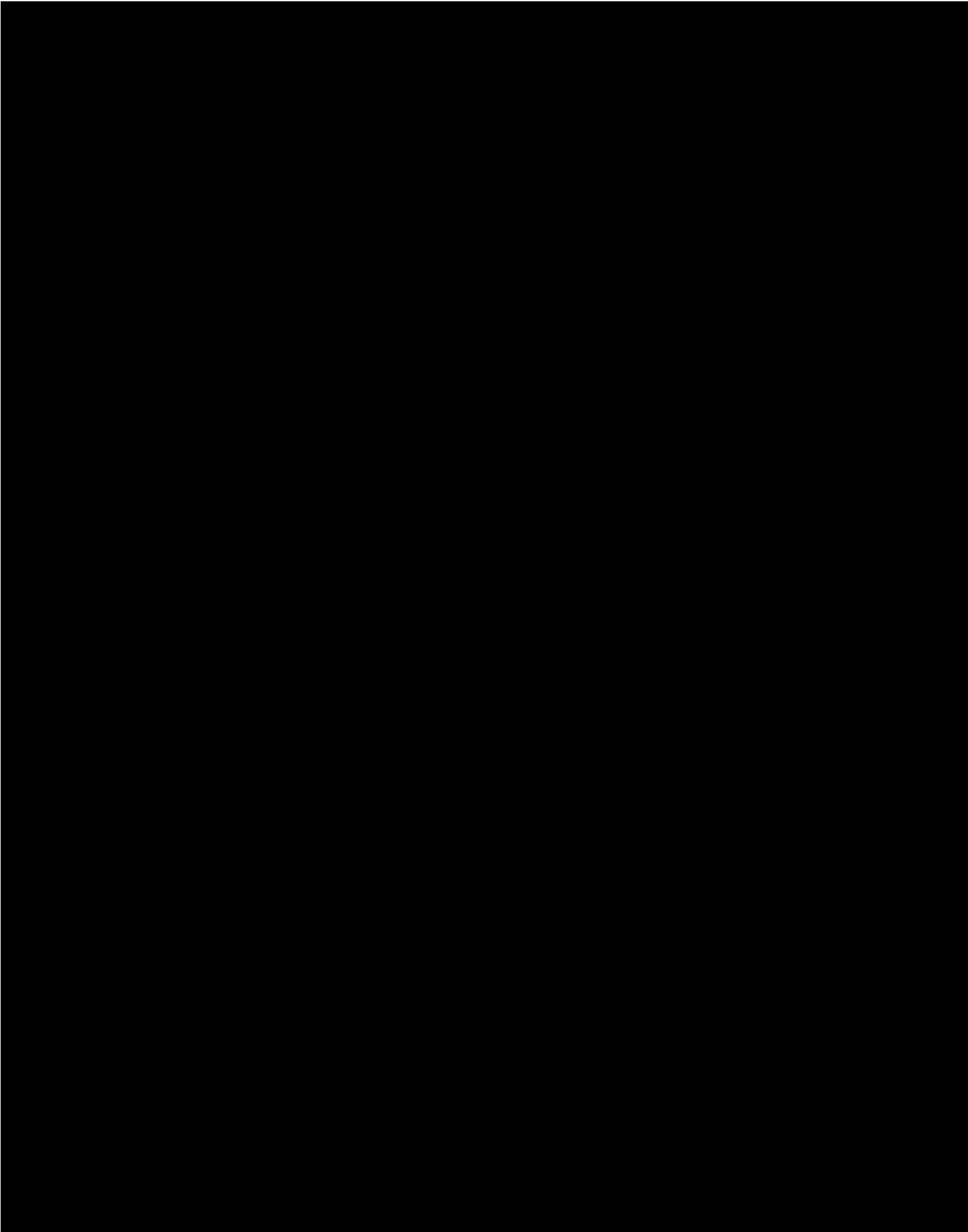
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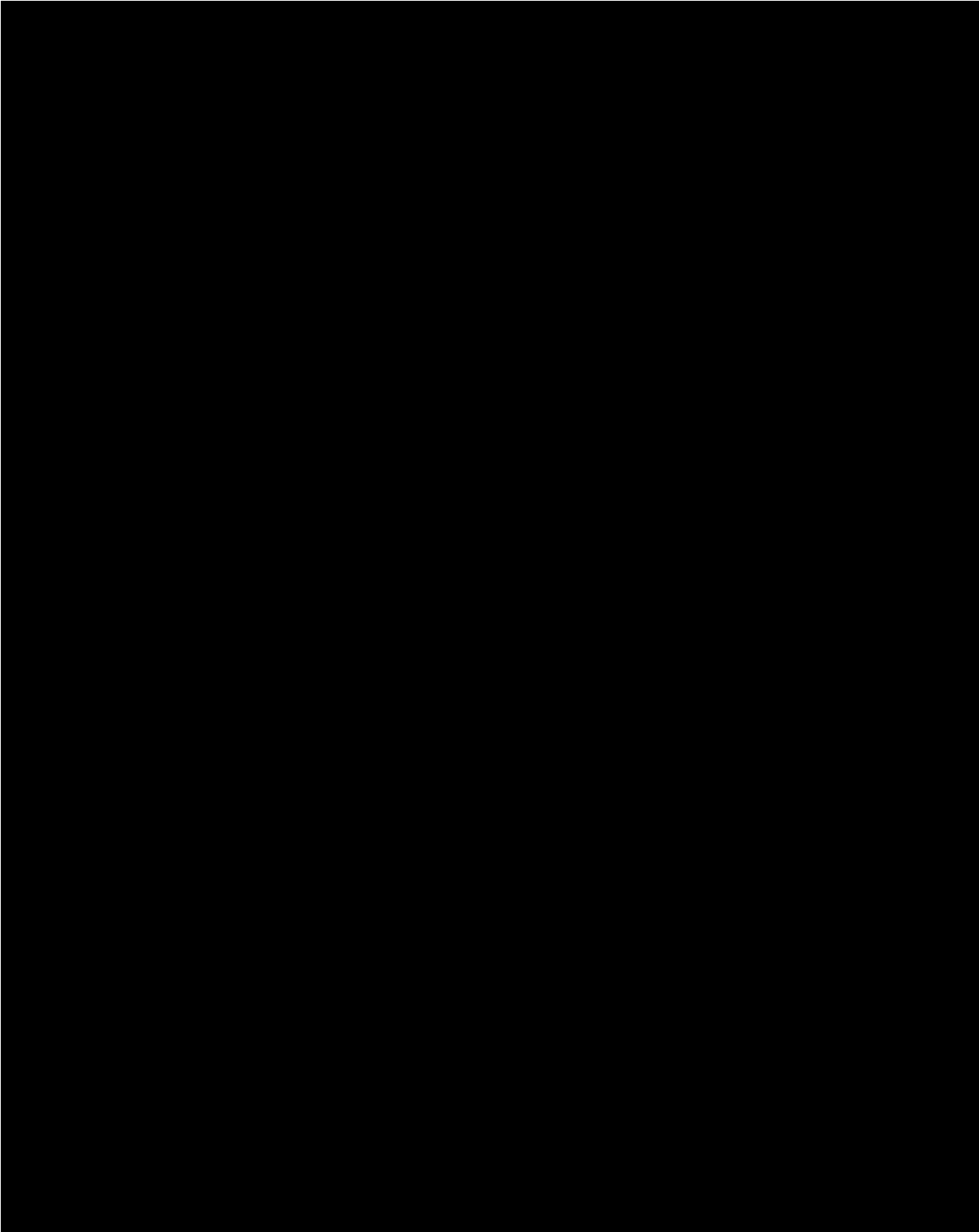
Professional Advisory Board Resumes

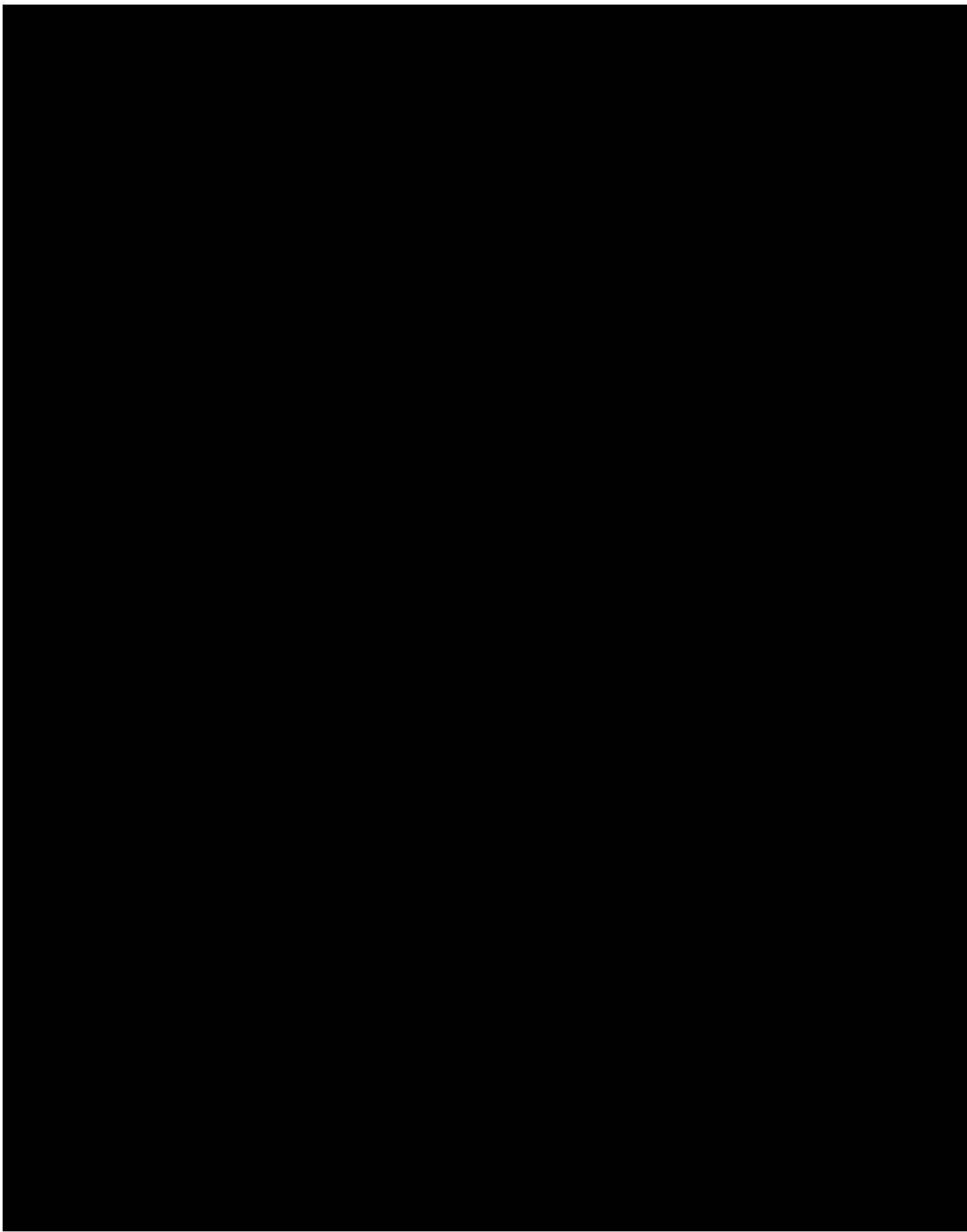
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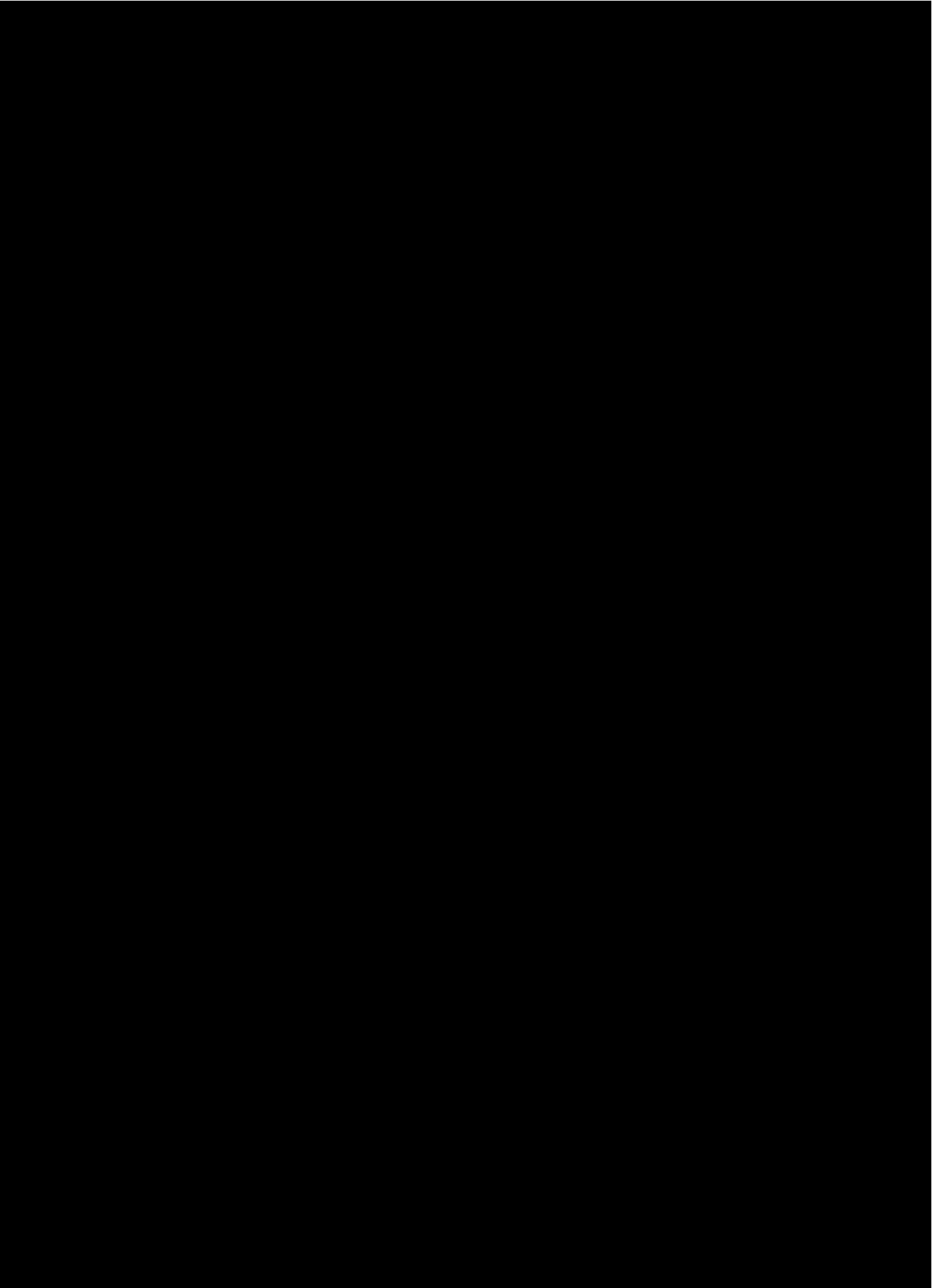
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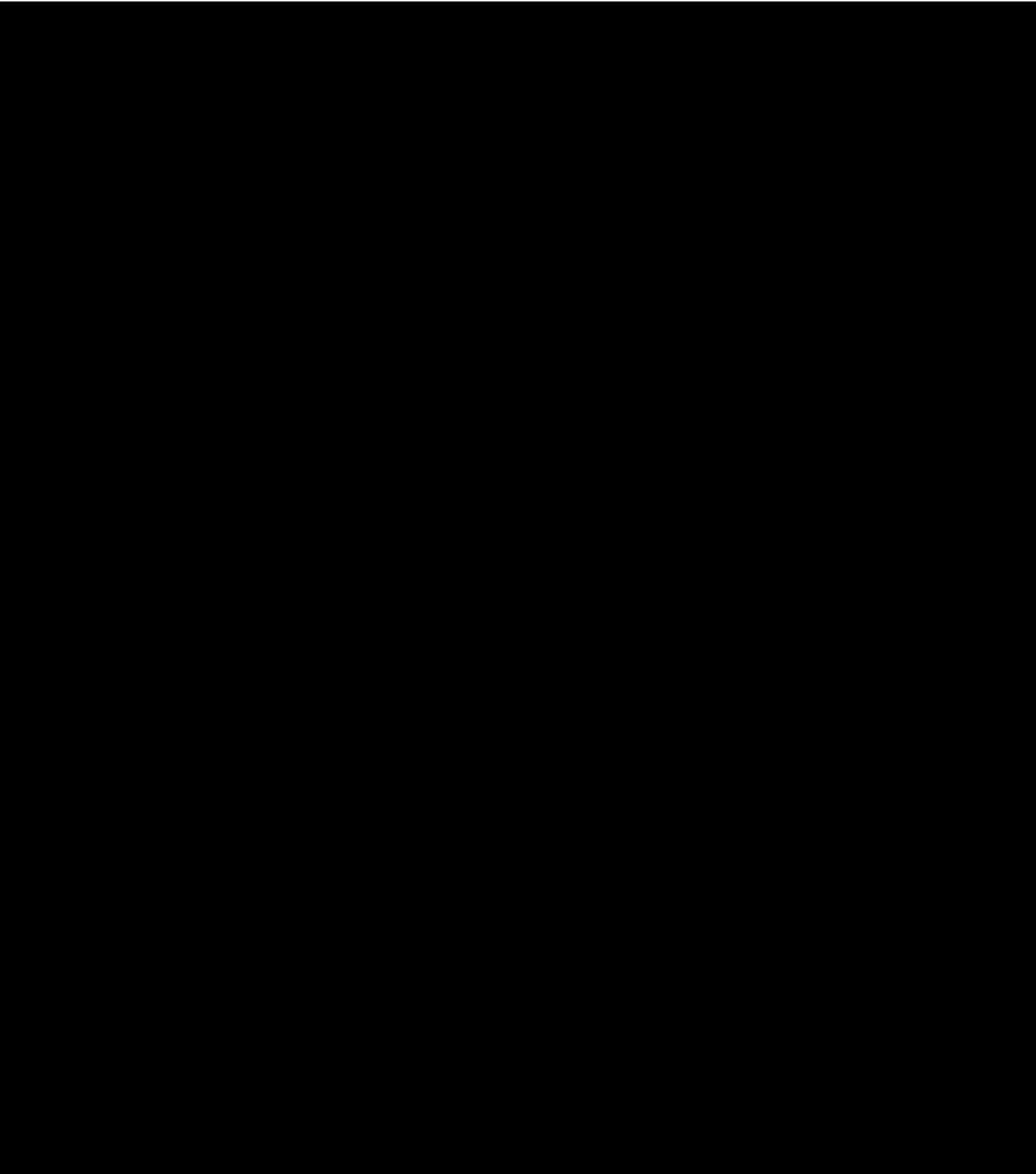


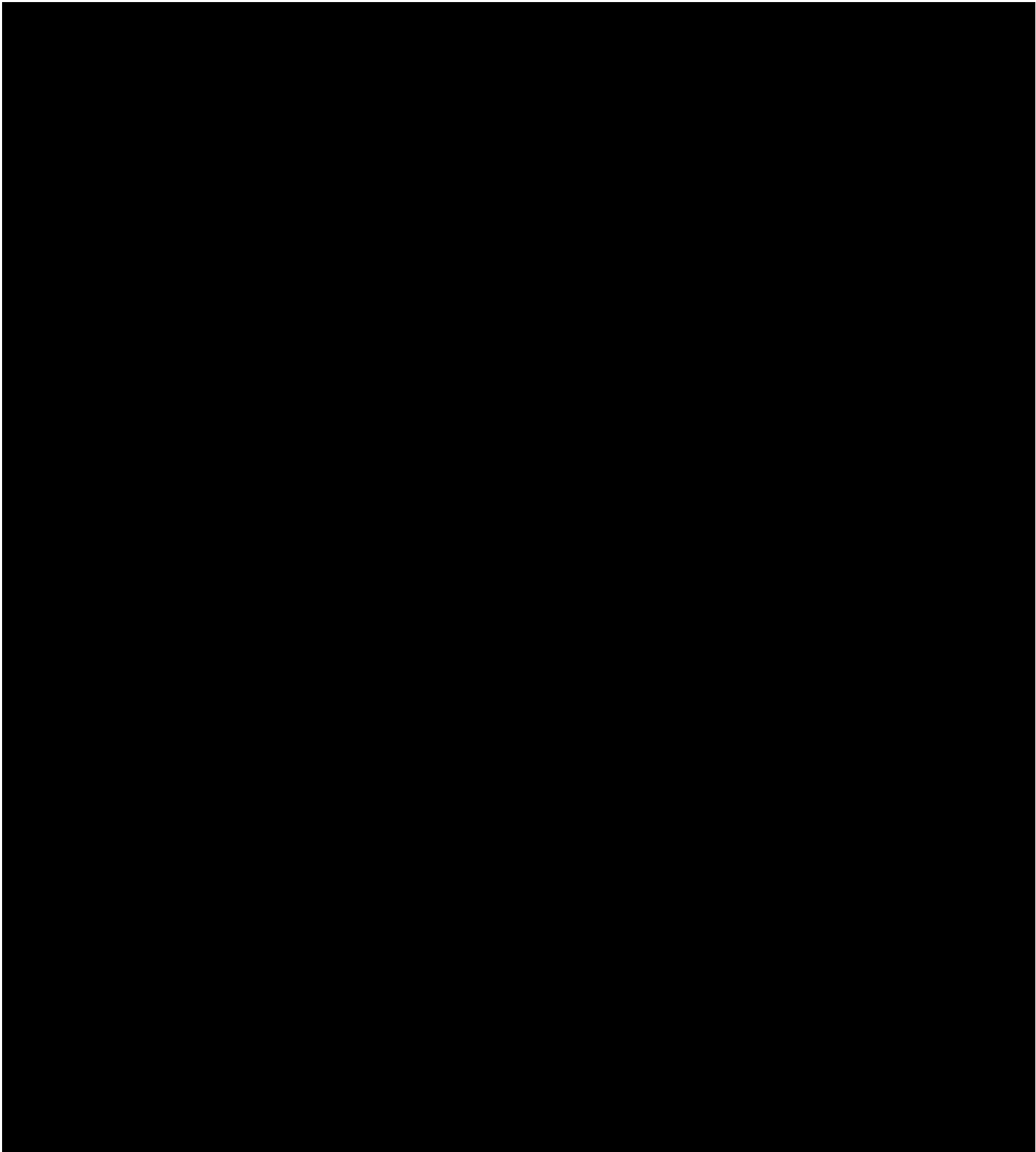


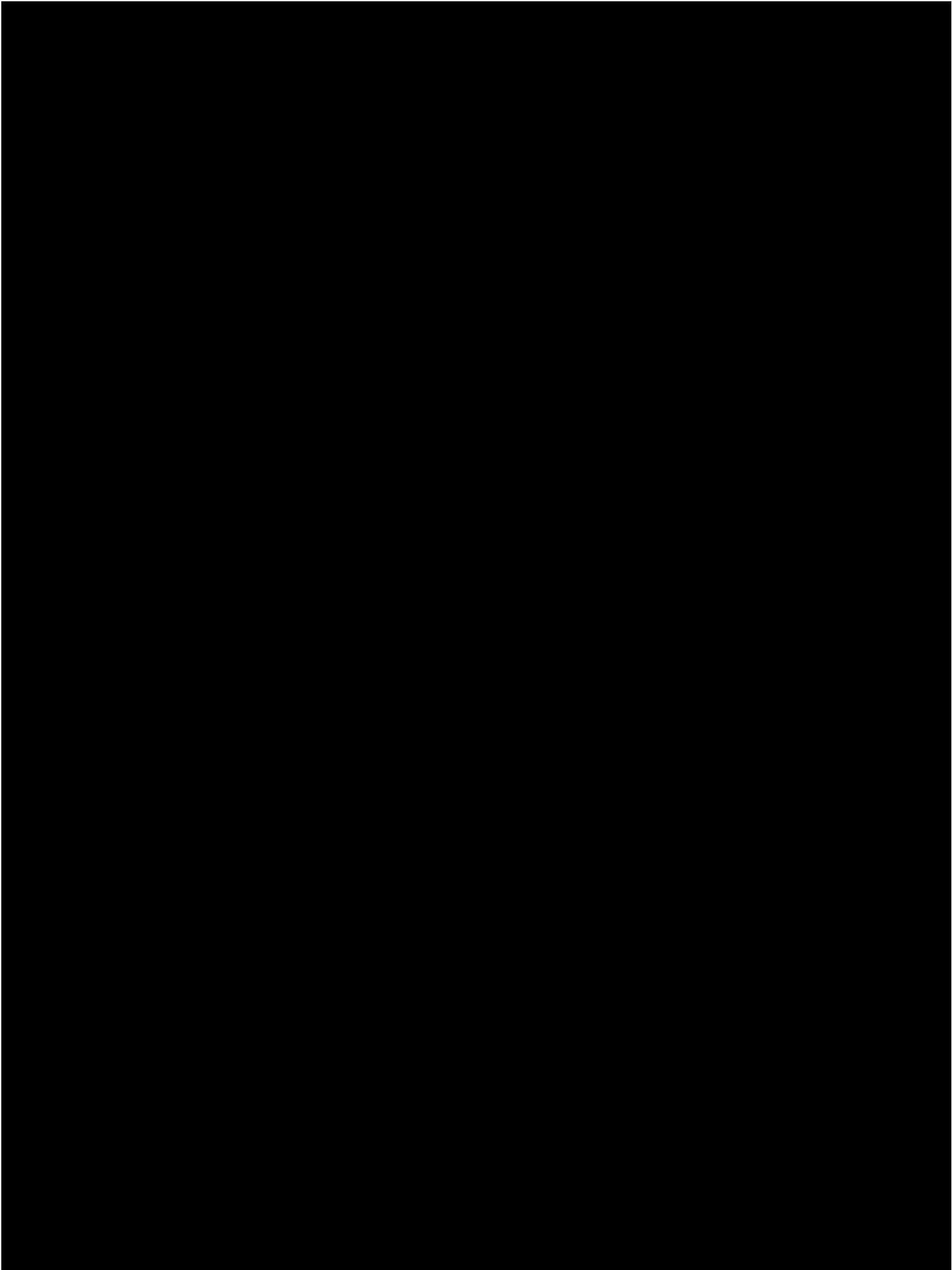


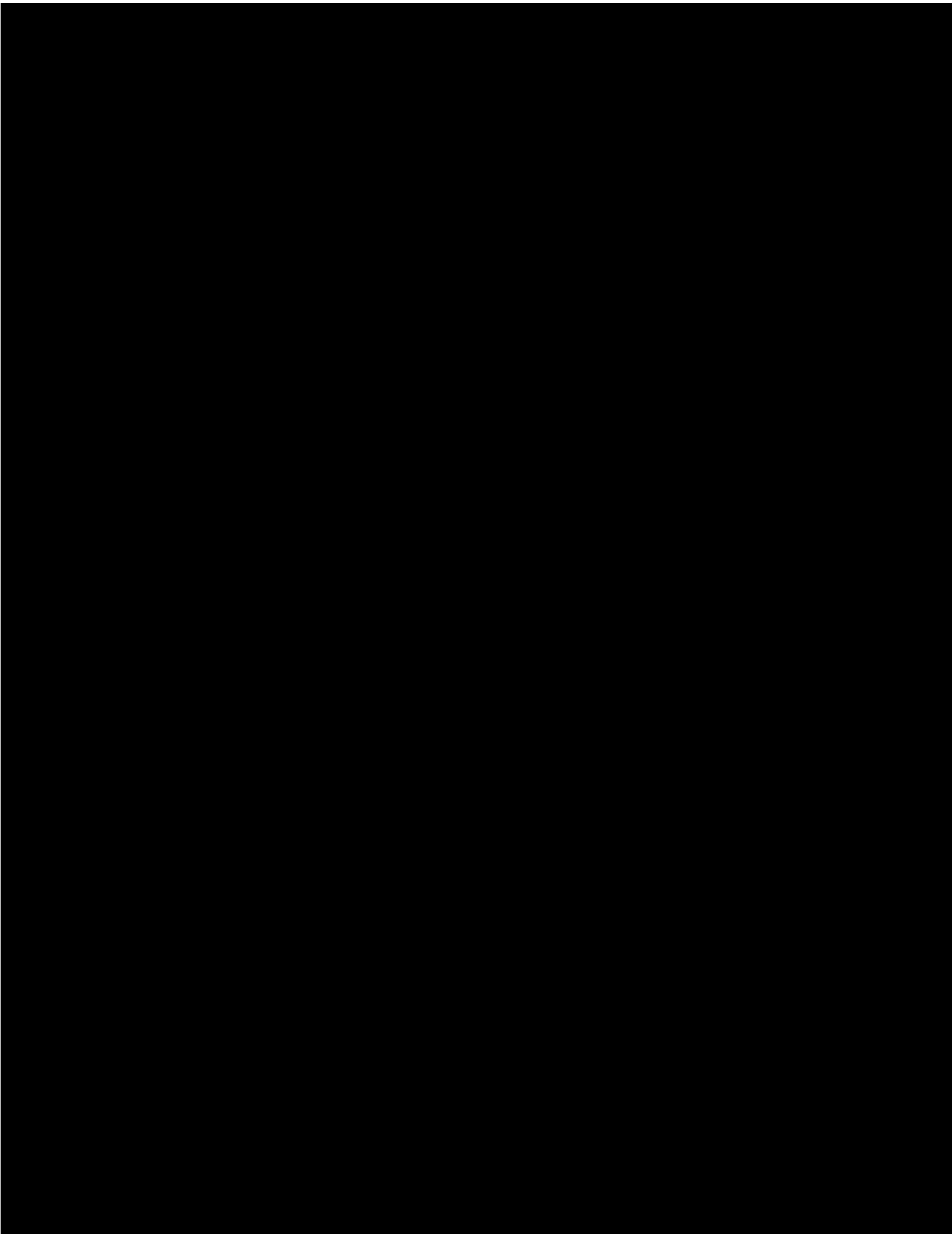


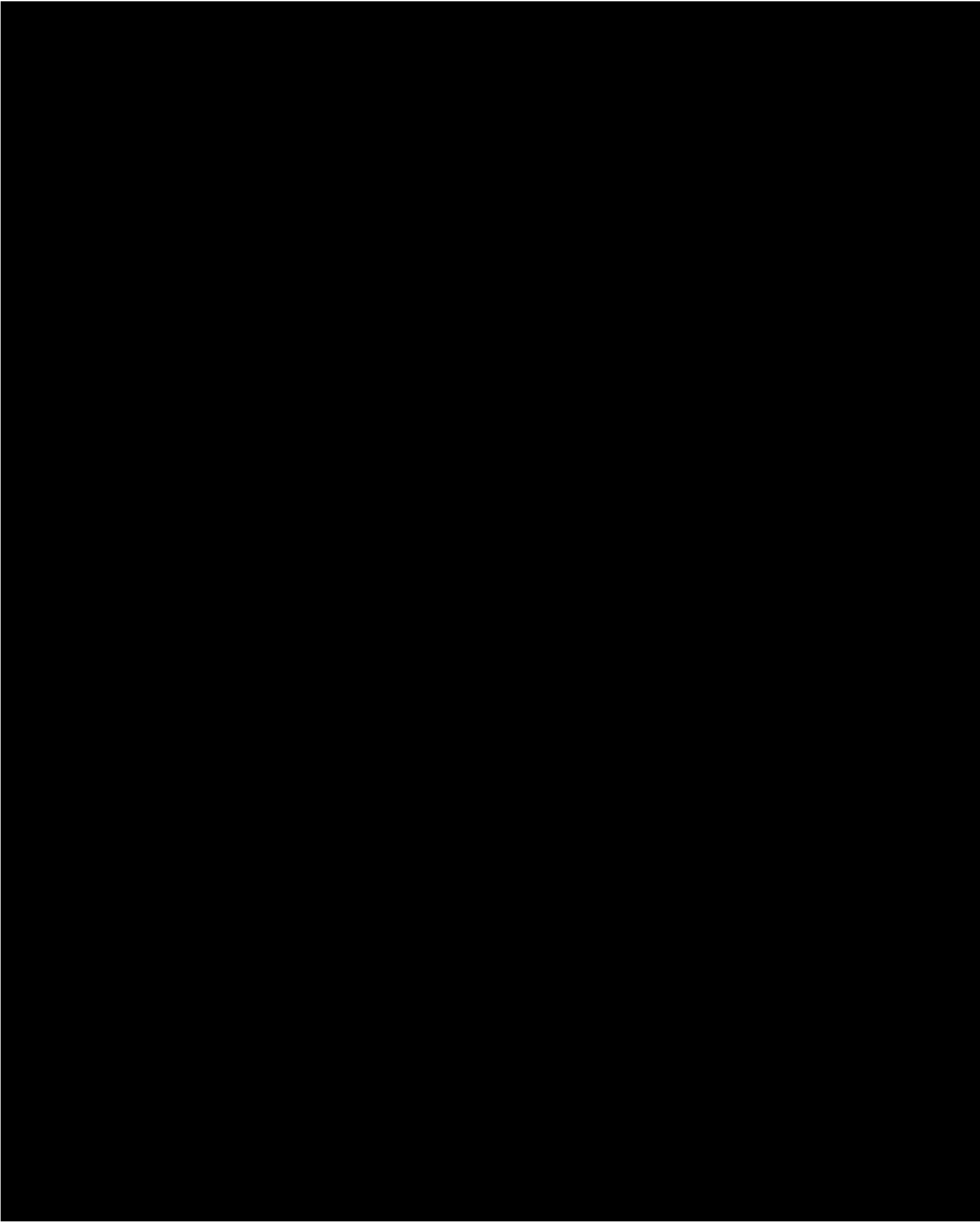
FOIA EXCEPTION REQUESTED- SECTION CONTAINS TRADE SECRETS AND/OR COMMERCIAL INFORMATION

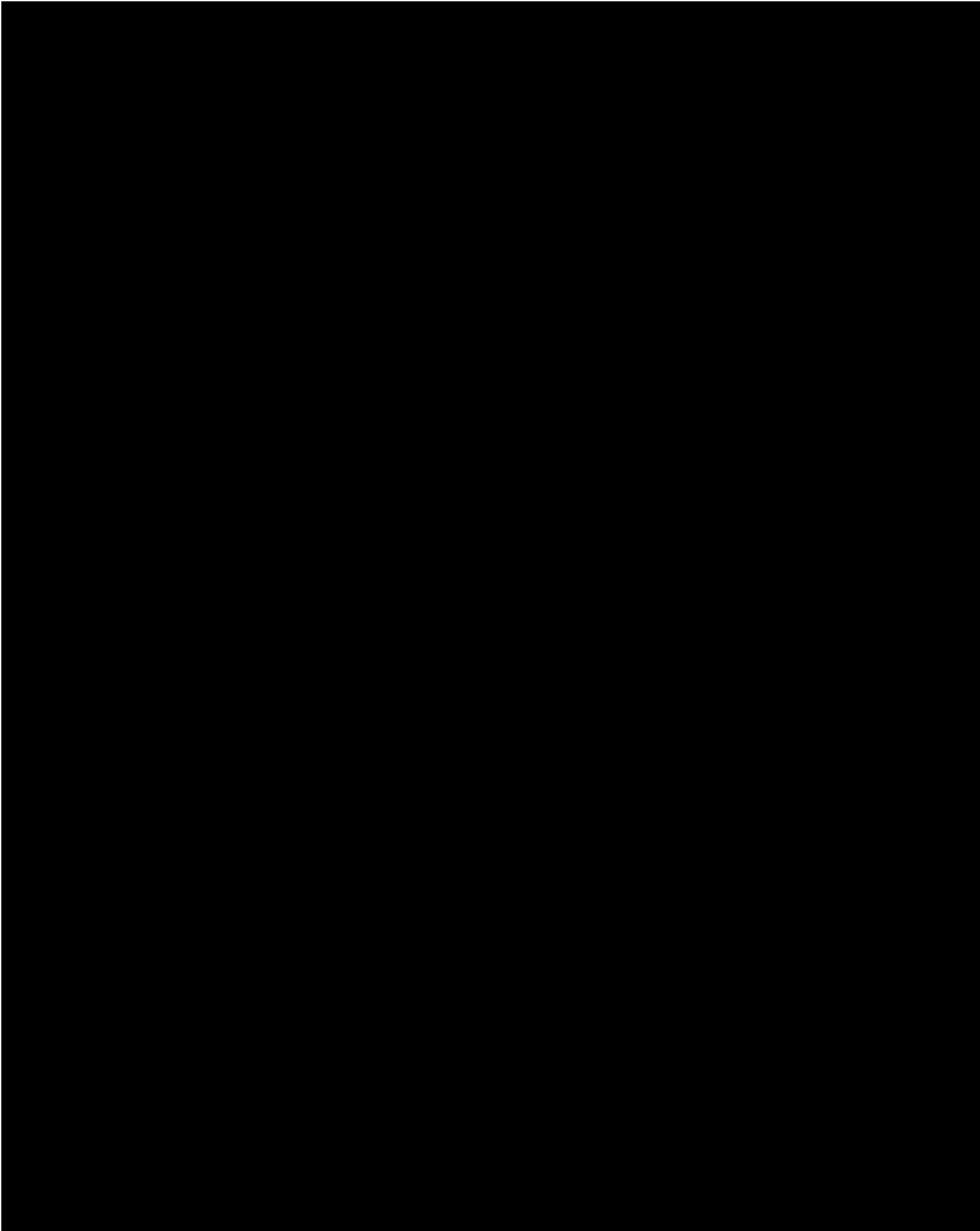






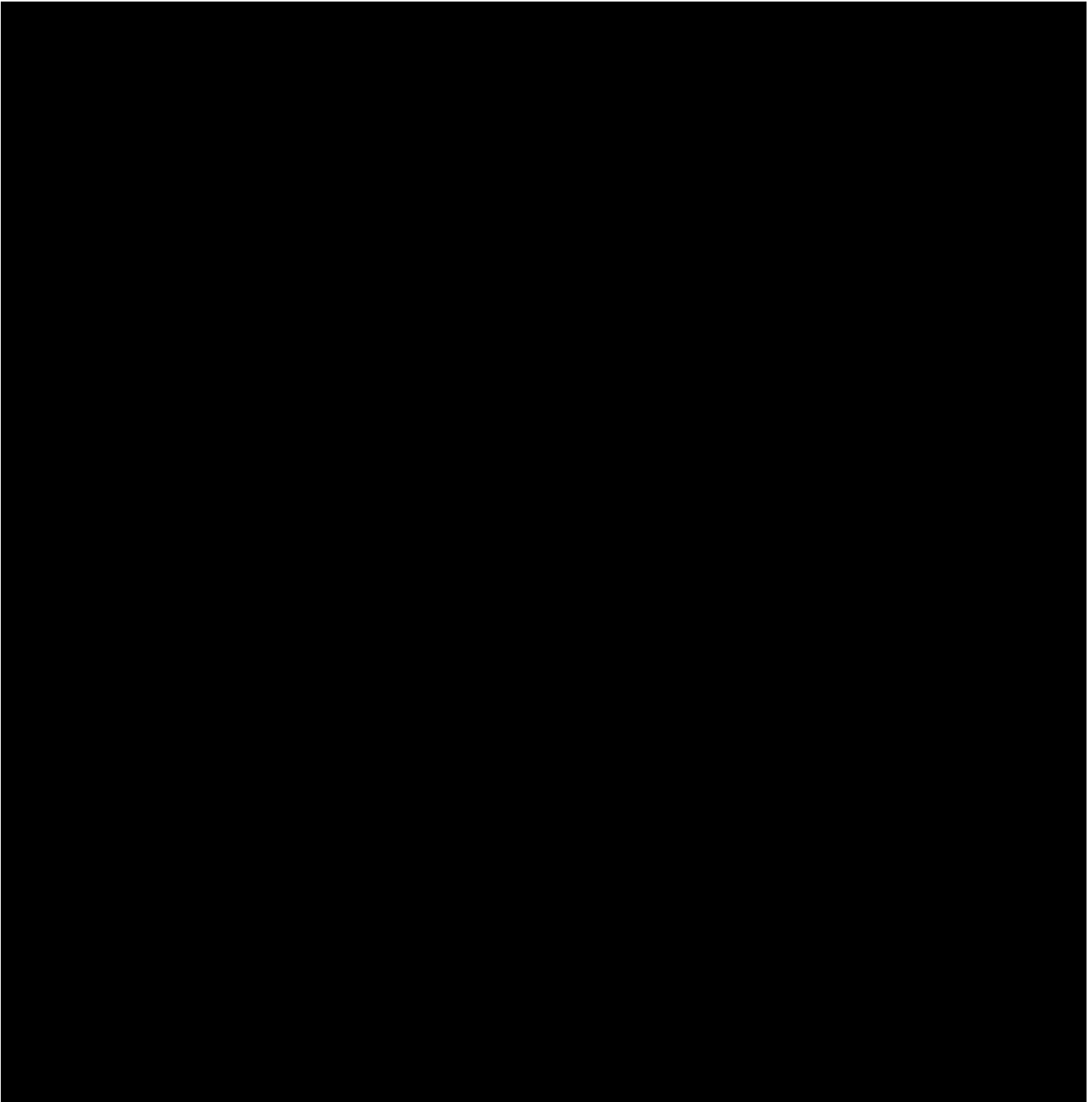




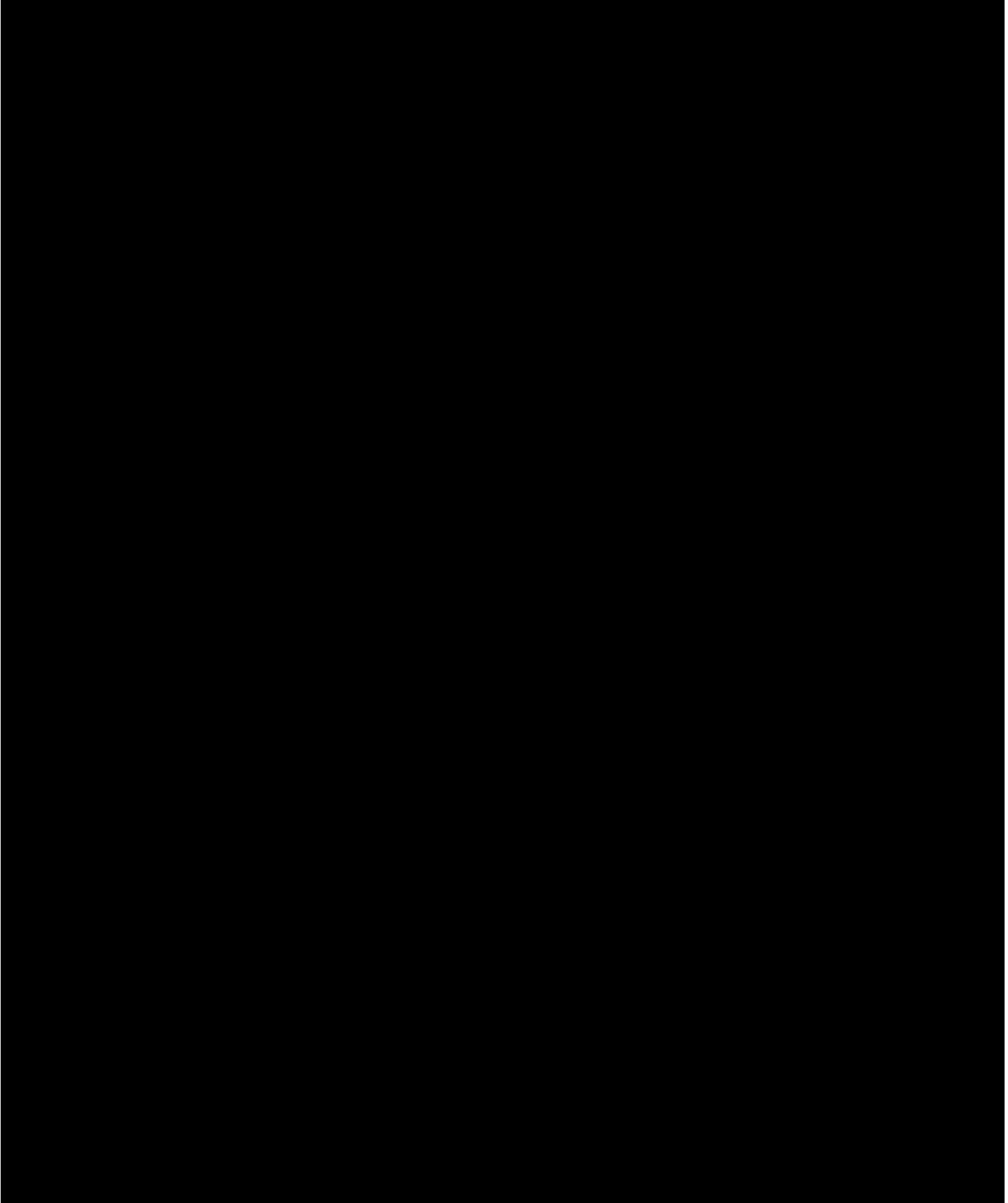


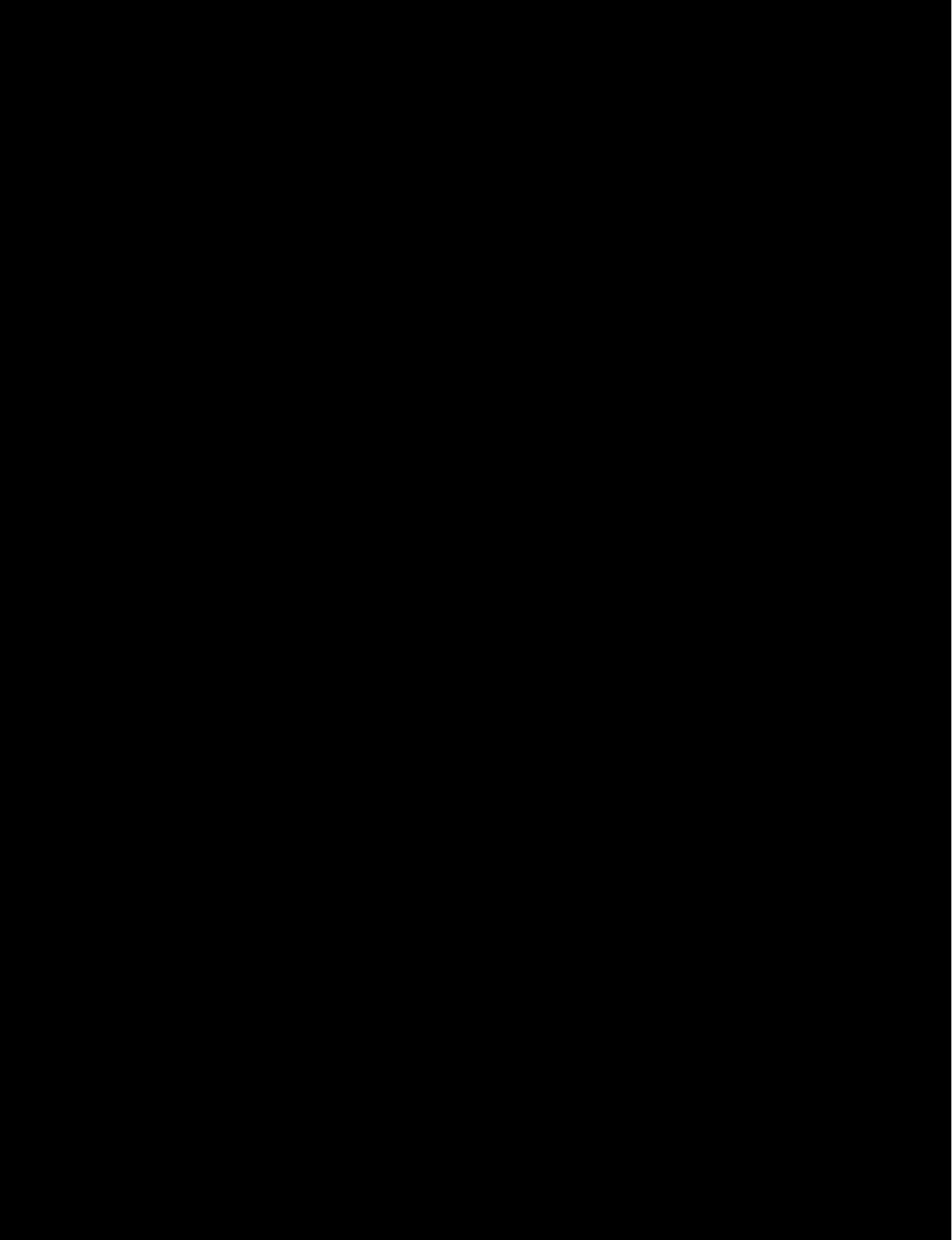
Section E.3
Information Security Requirements Personnel

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;



Appendix E.3.1
Resume





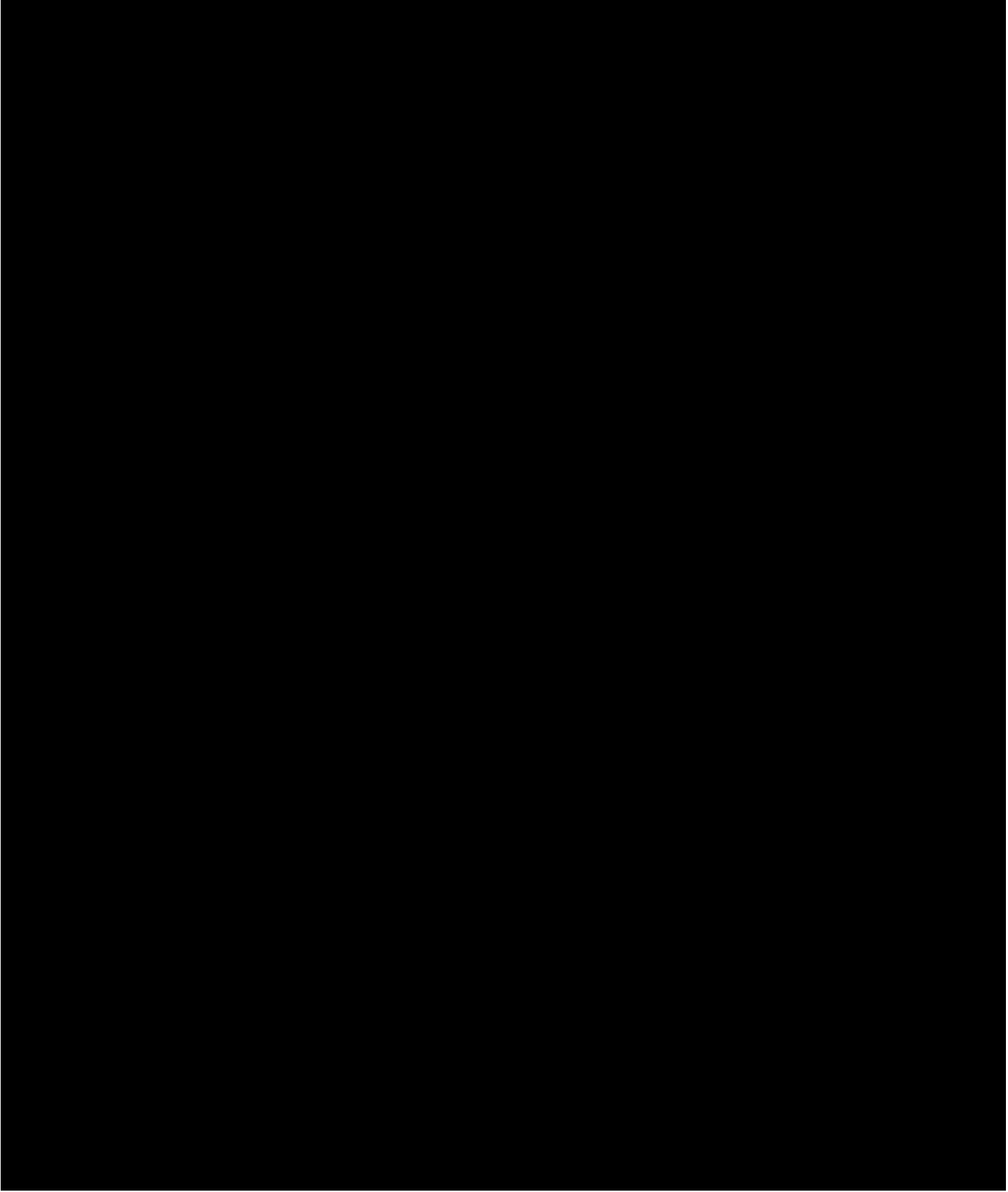
Section E.4
Compensation Agreements

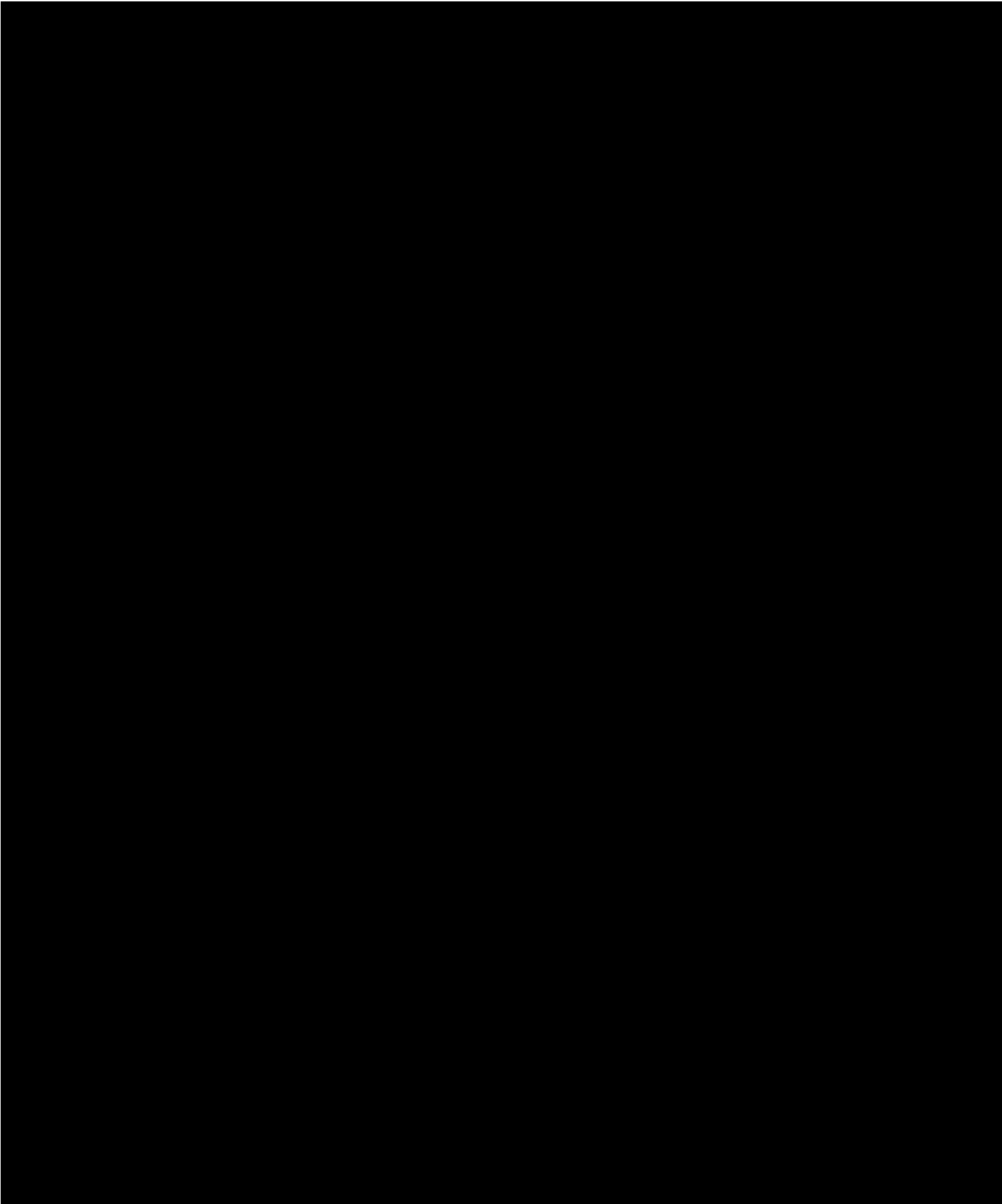
4. A copy of all compensation agreements with dispensary facility backers, directors, owners, officers, consultants, other high-level employees or any other person required to complete Appendices B, C or E. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will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

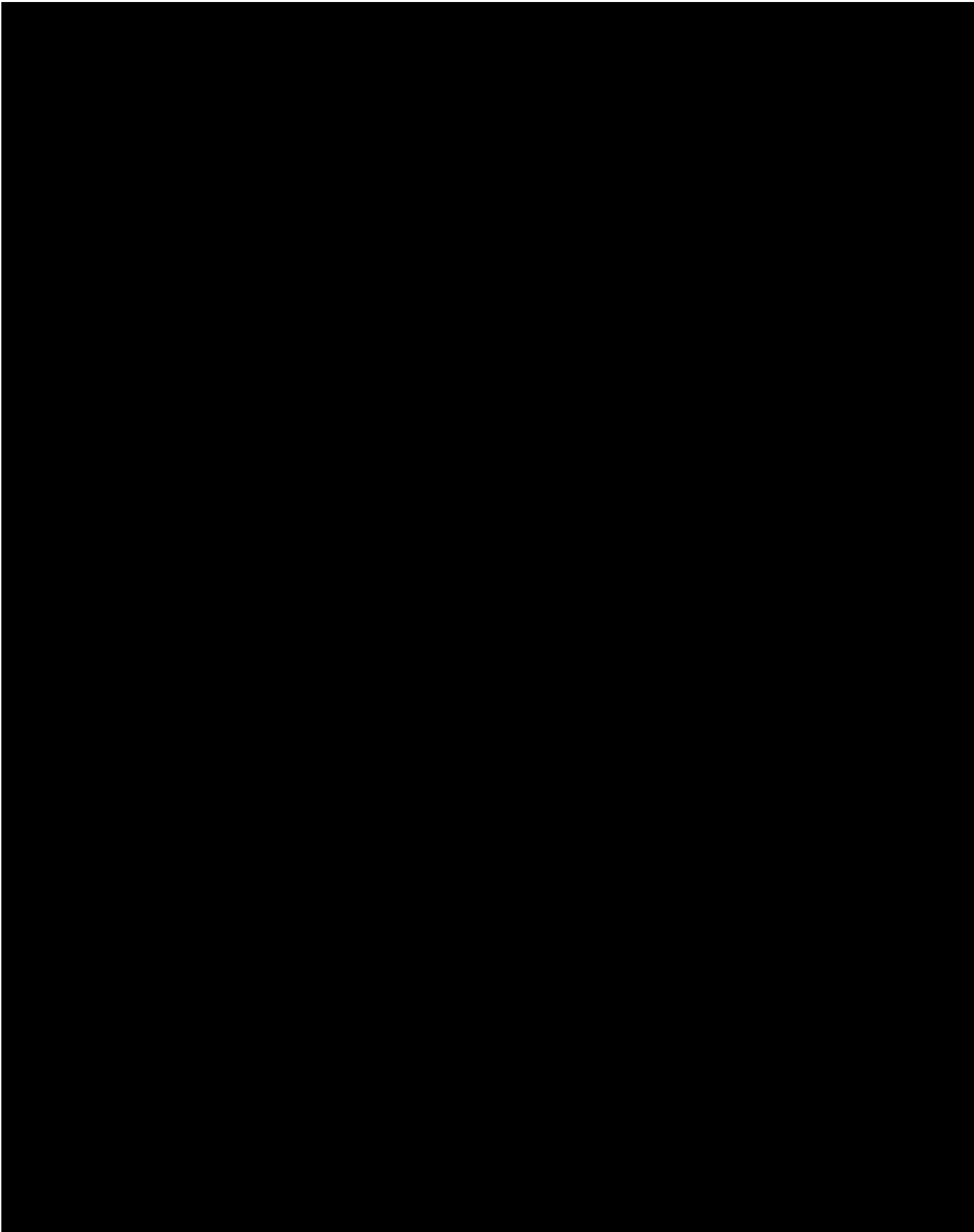
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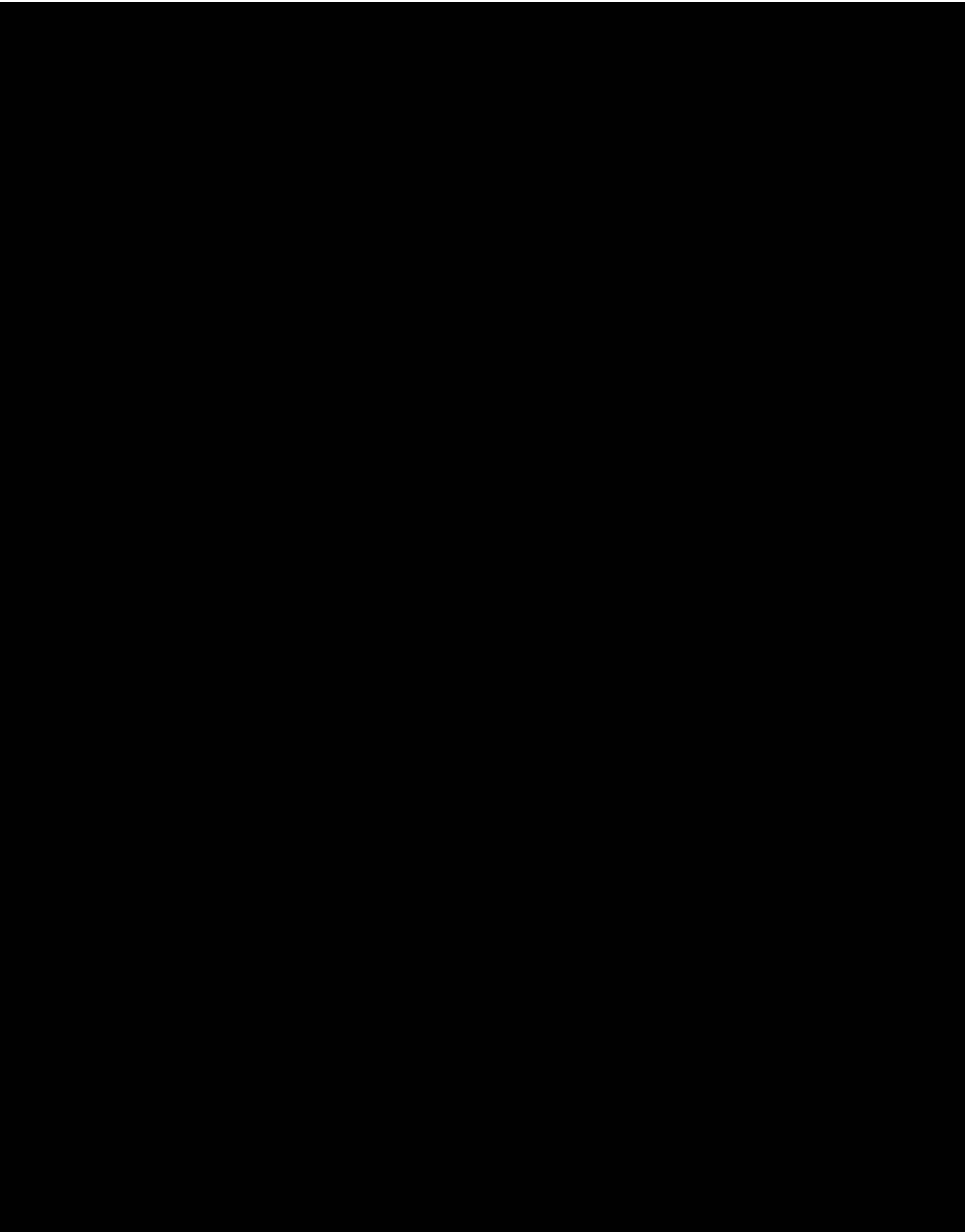
Appendix E.4.1
Compensation Agreements

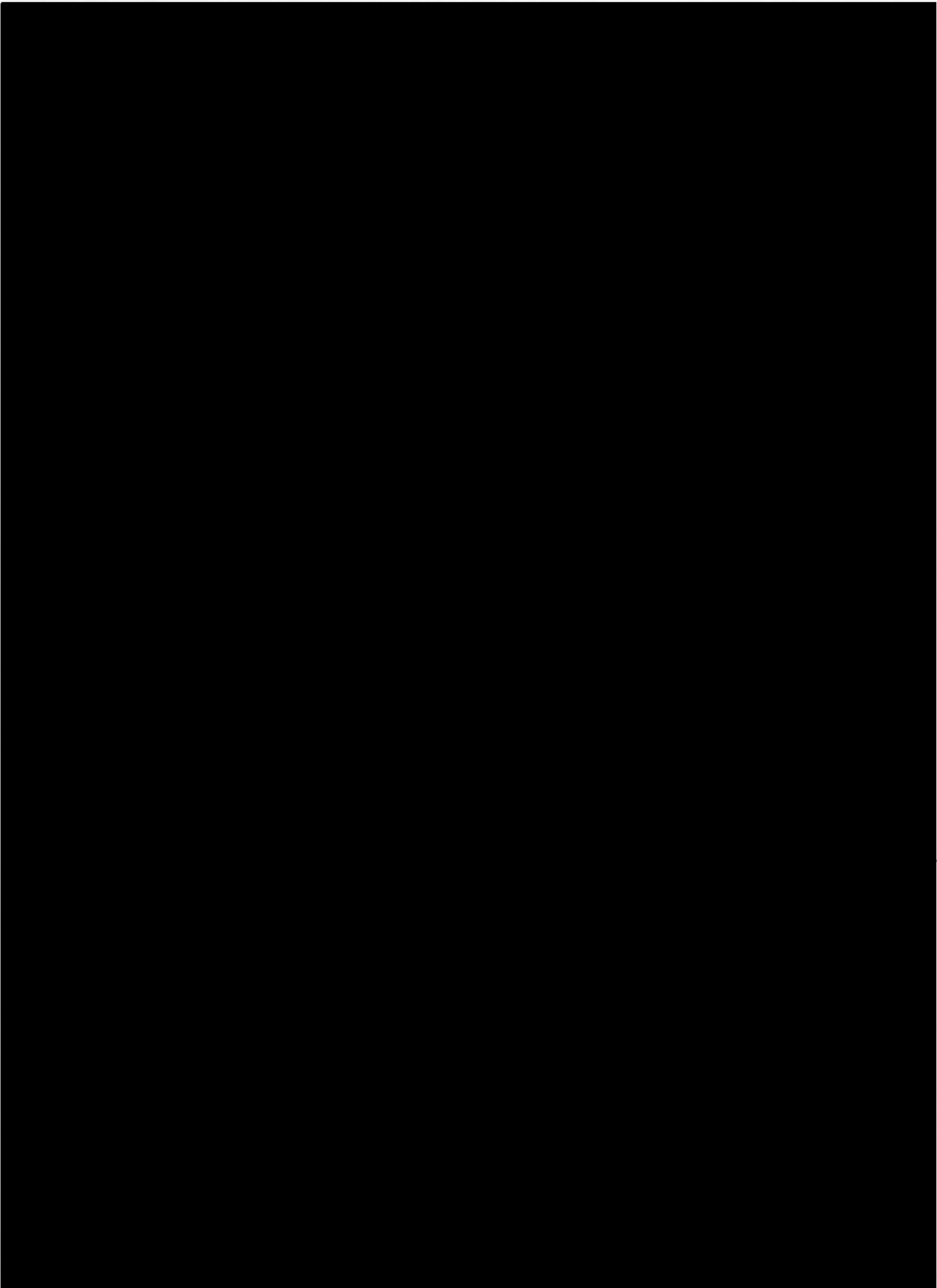
EMPLOYMENT AGREEMENT









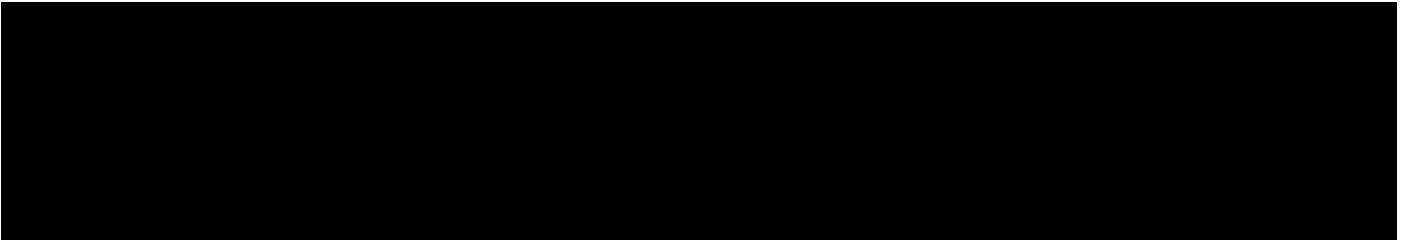


C-3 Ventures, LLC
Employment Agreement

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Section E.5
Indebtedness

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;

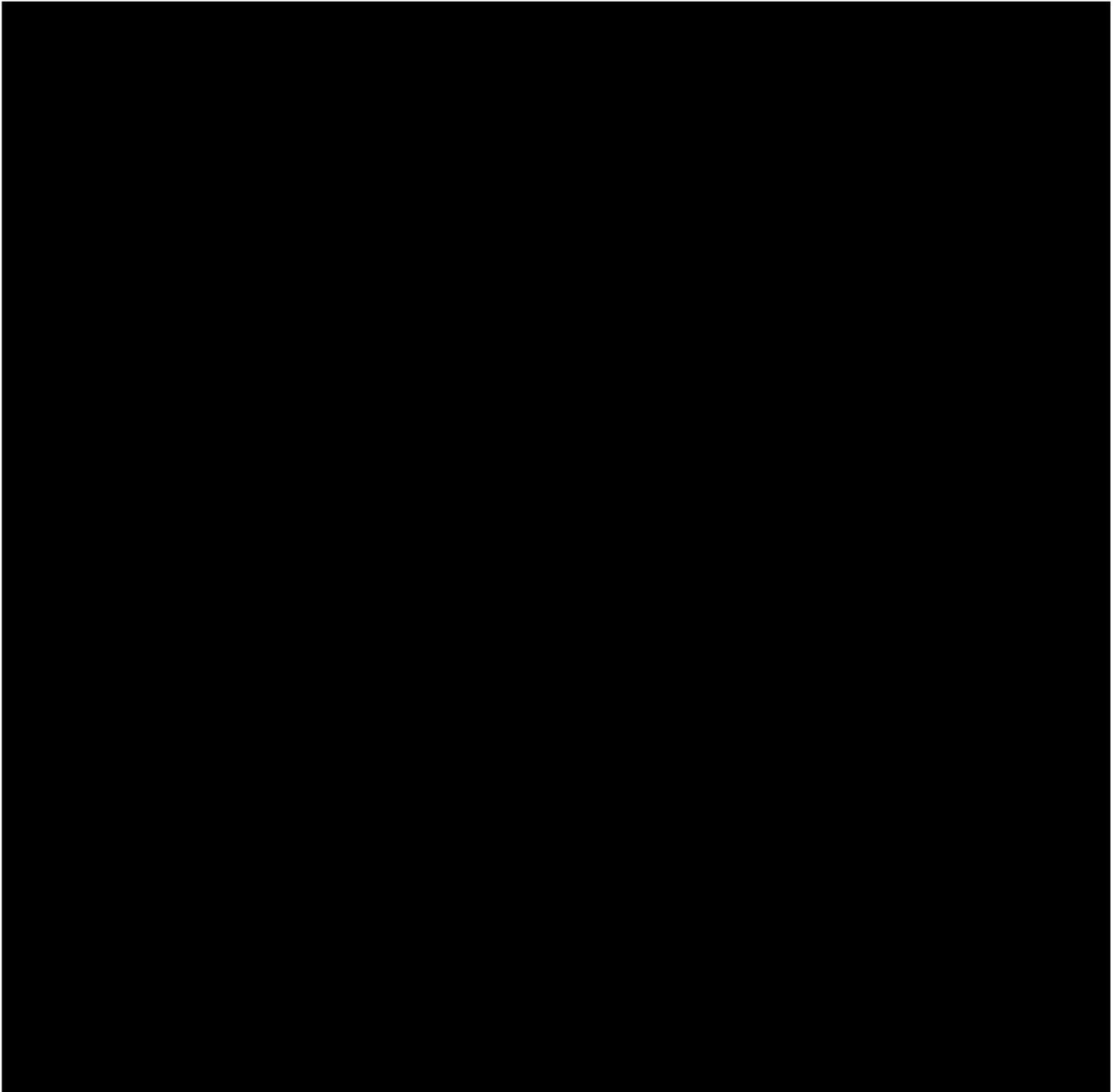


Appendix E.5.1 Documents

LEASE OPTION



1. Option to Lease.

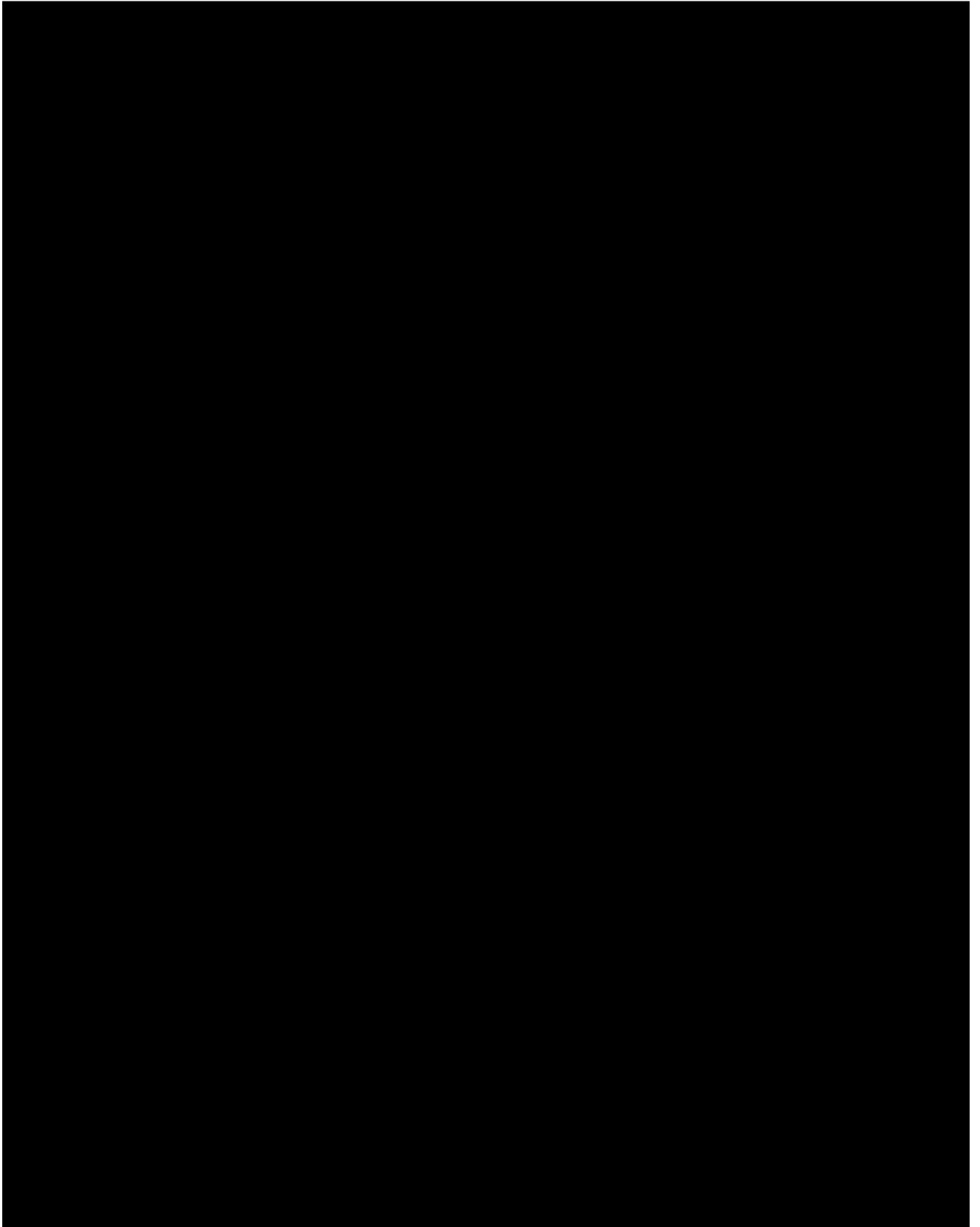


2. Option Period.

The term of the Option shall be ninety (90) days commencing on August 15, 2015.

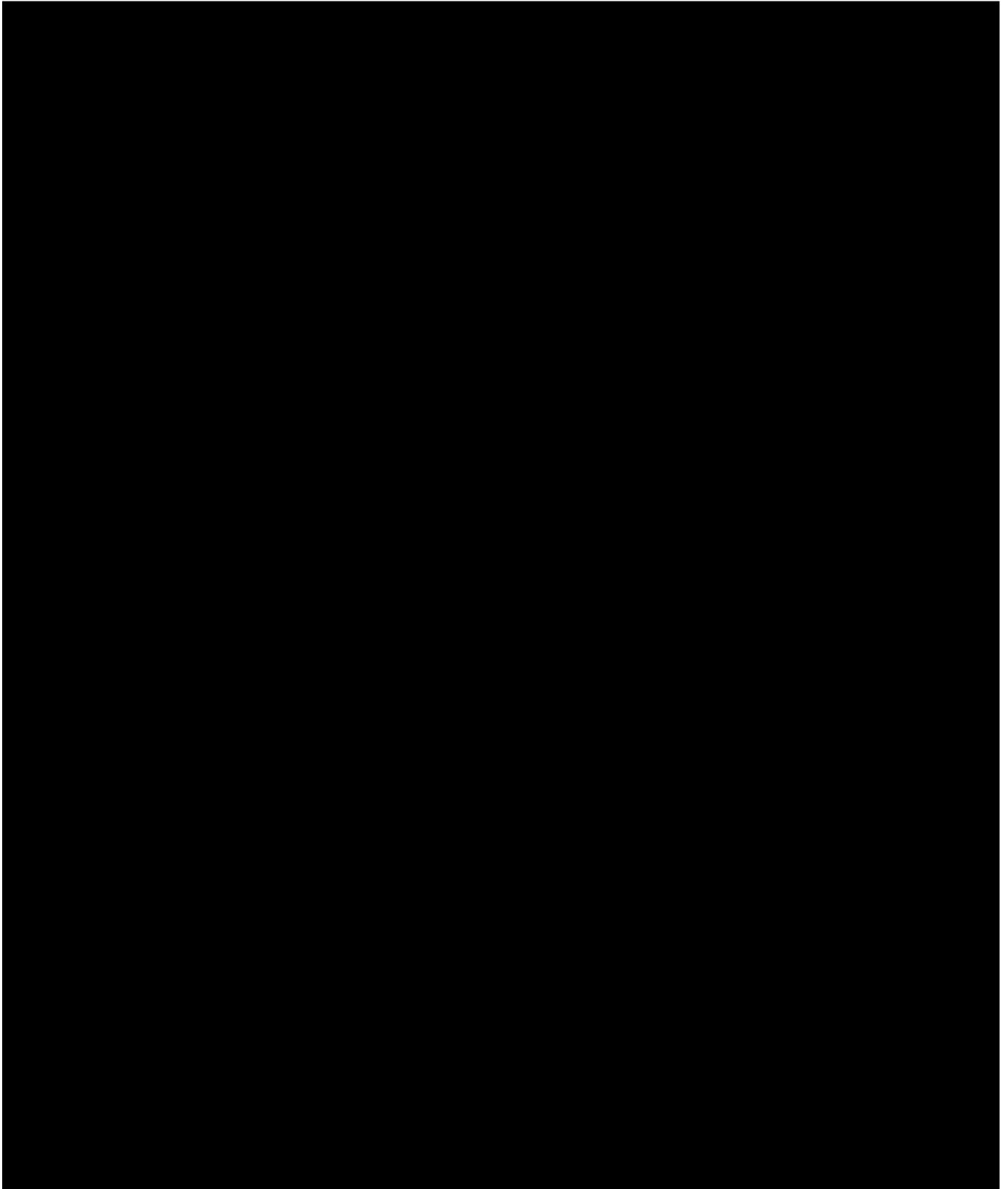


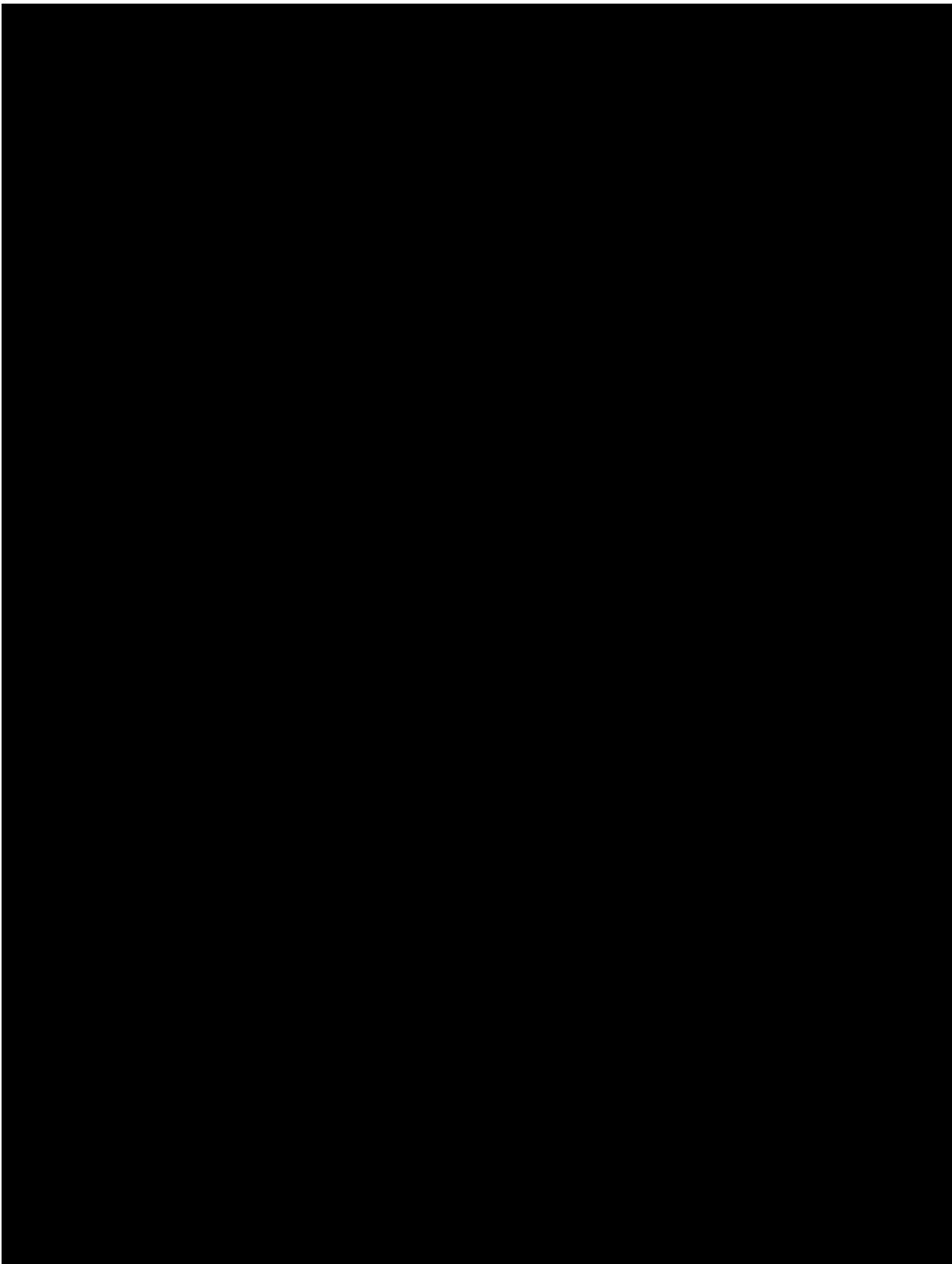
5. Interference.



If to Landlord, to:

With a copy to:





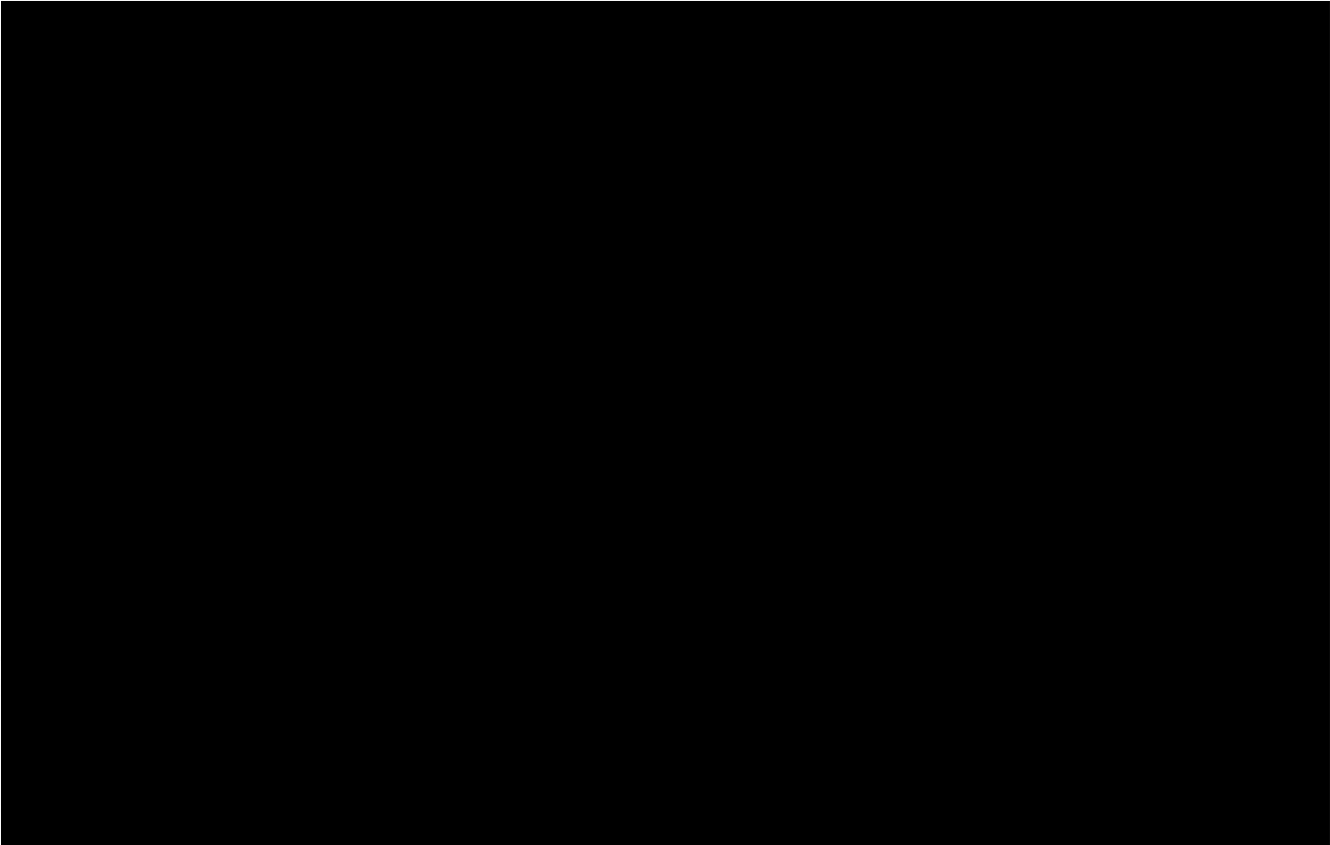
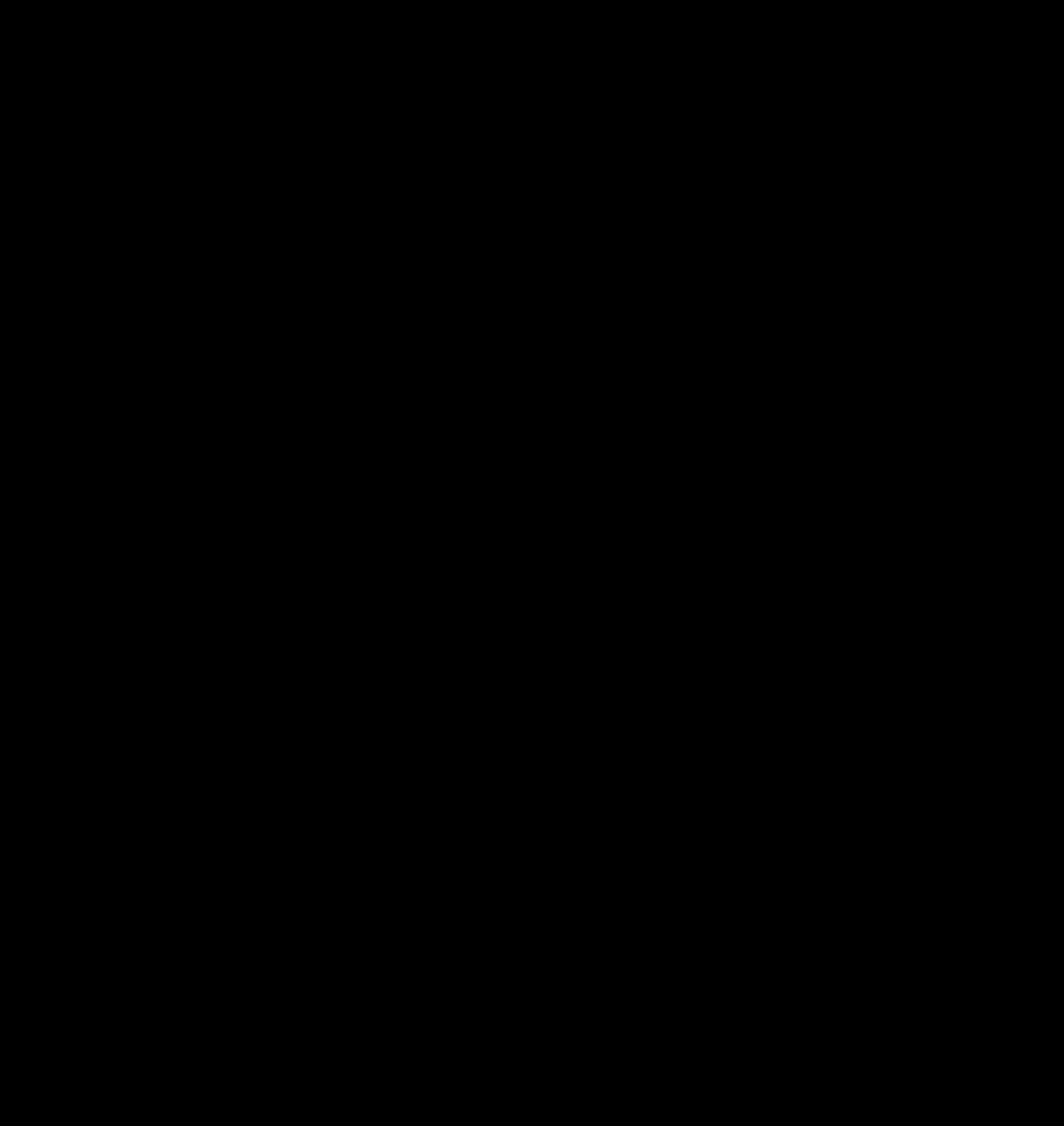


EXHIBIT A

SECRET
CT 476
P-662 P-722
(7)

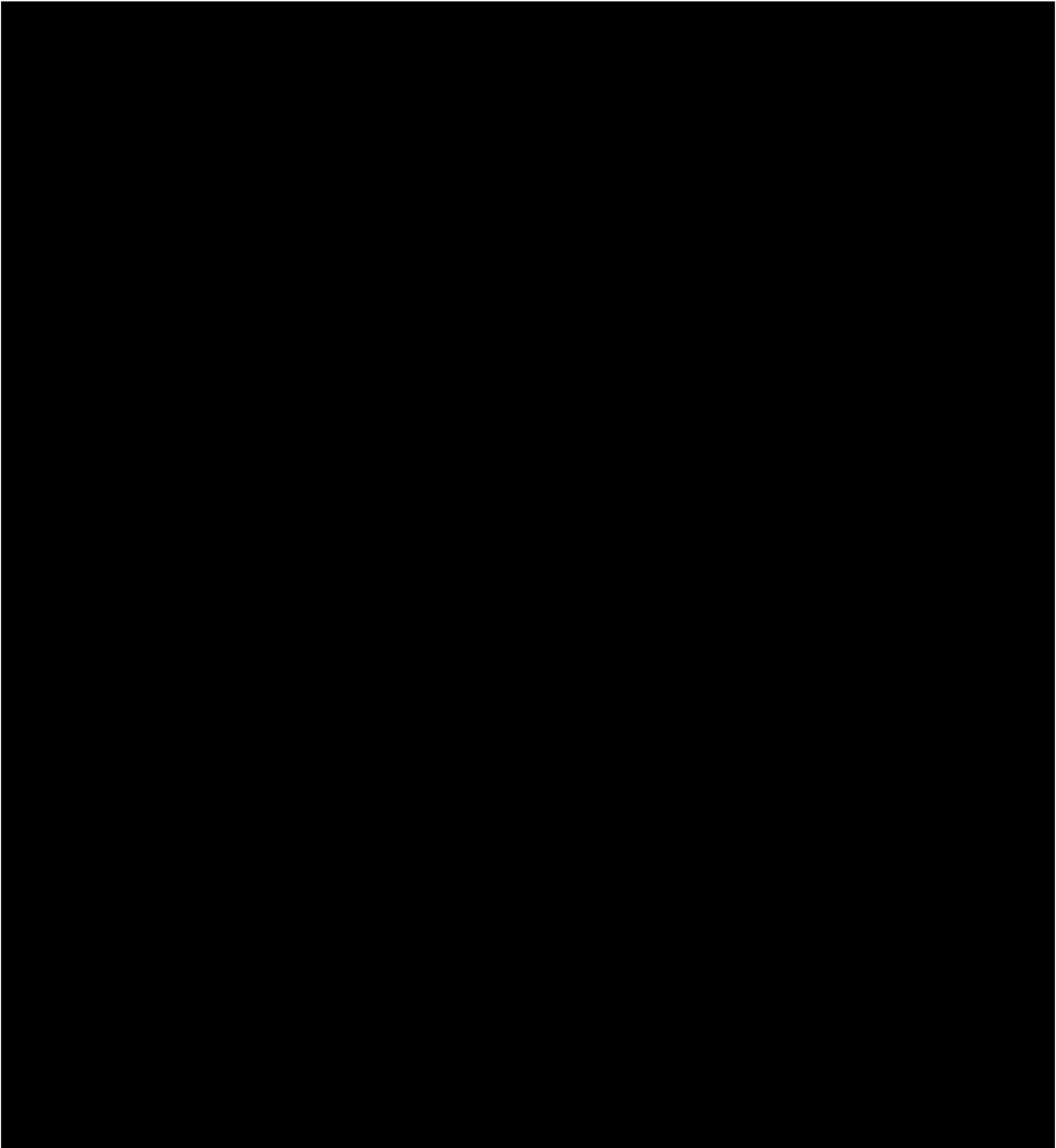
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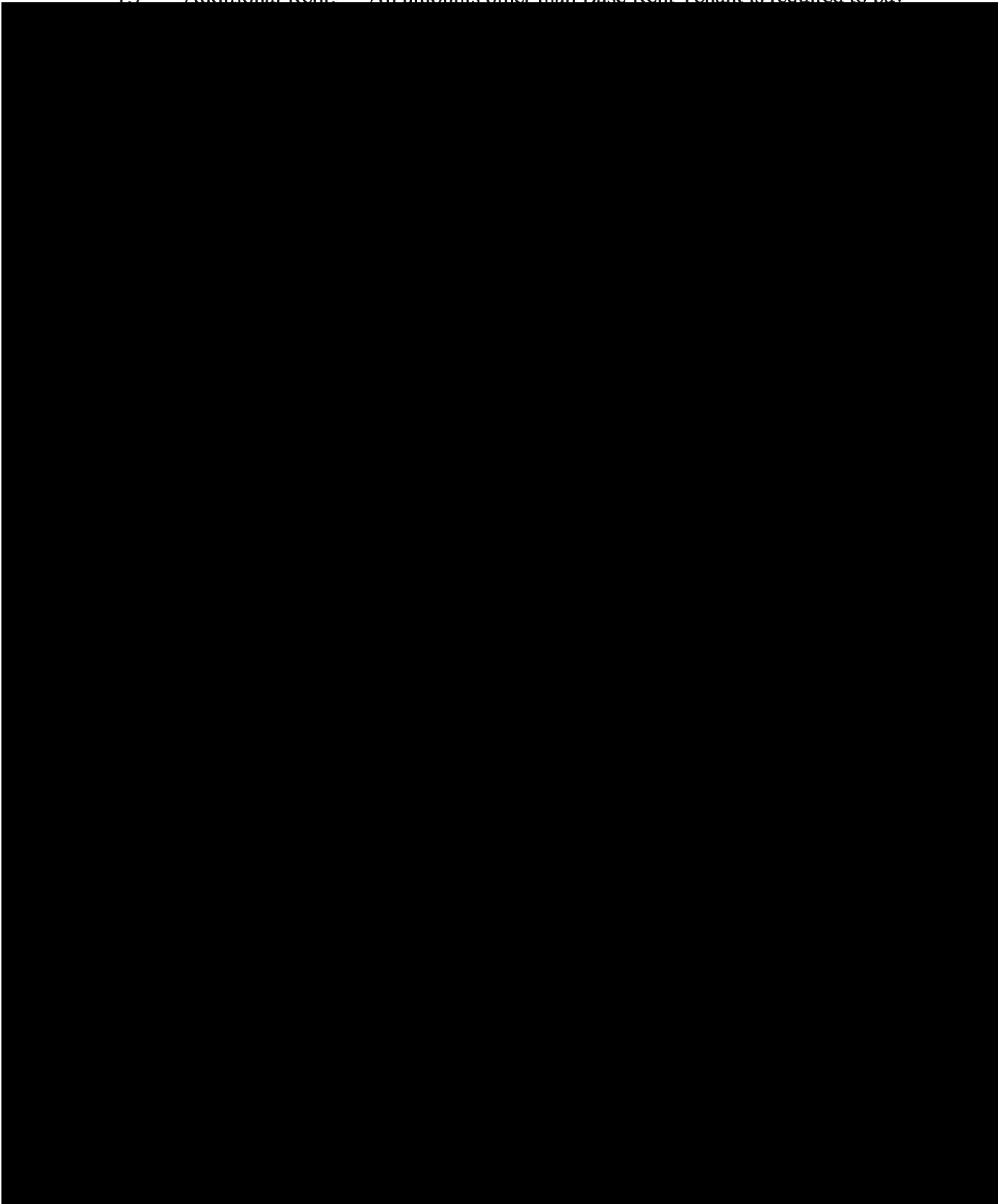
SECRET

EXHIBIT B

LEASE AGREEMENT

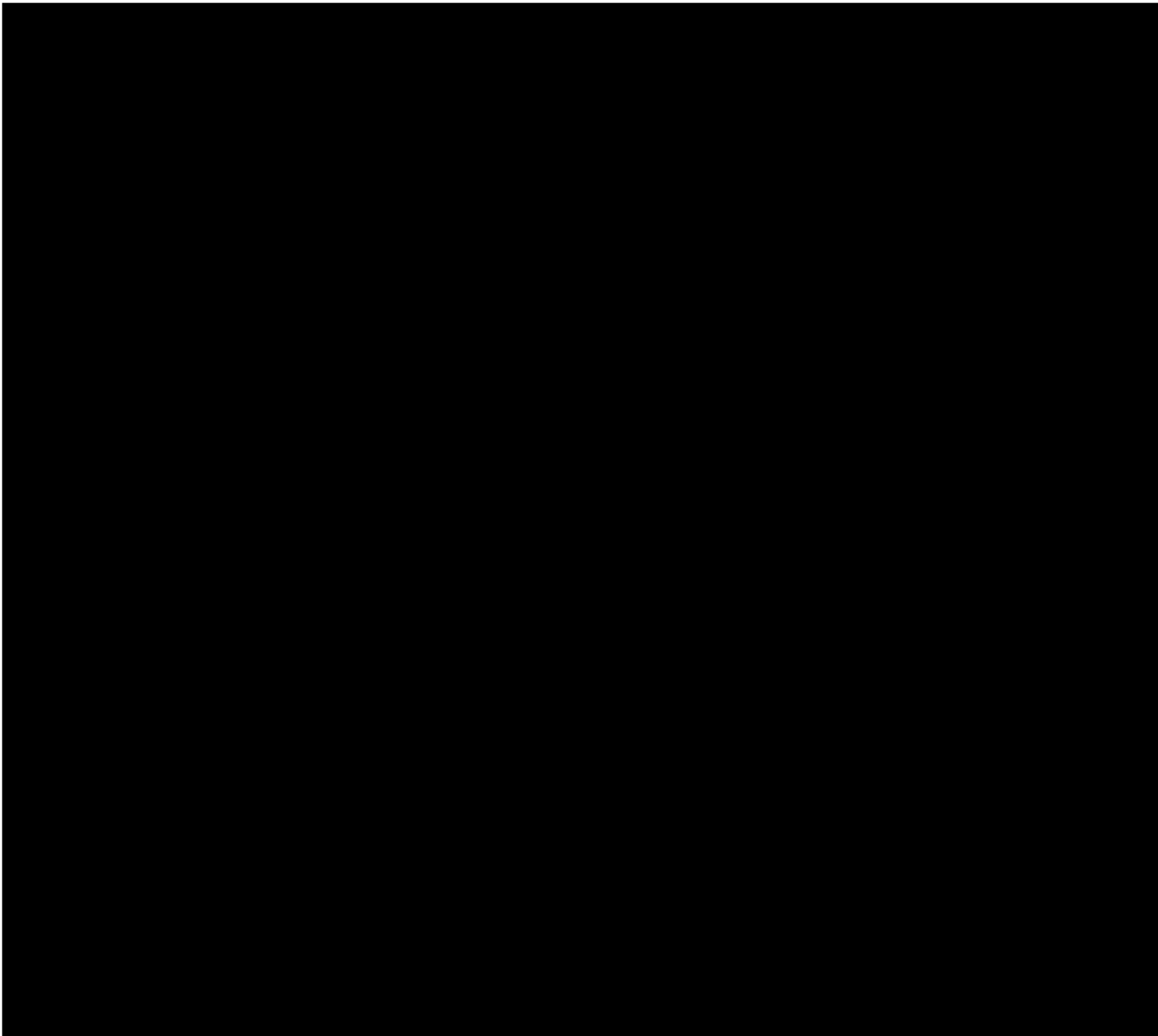


1.7 Additional Rent: All amounts other than Base Rent Tenant is required to pay

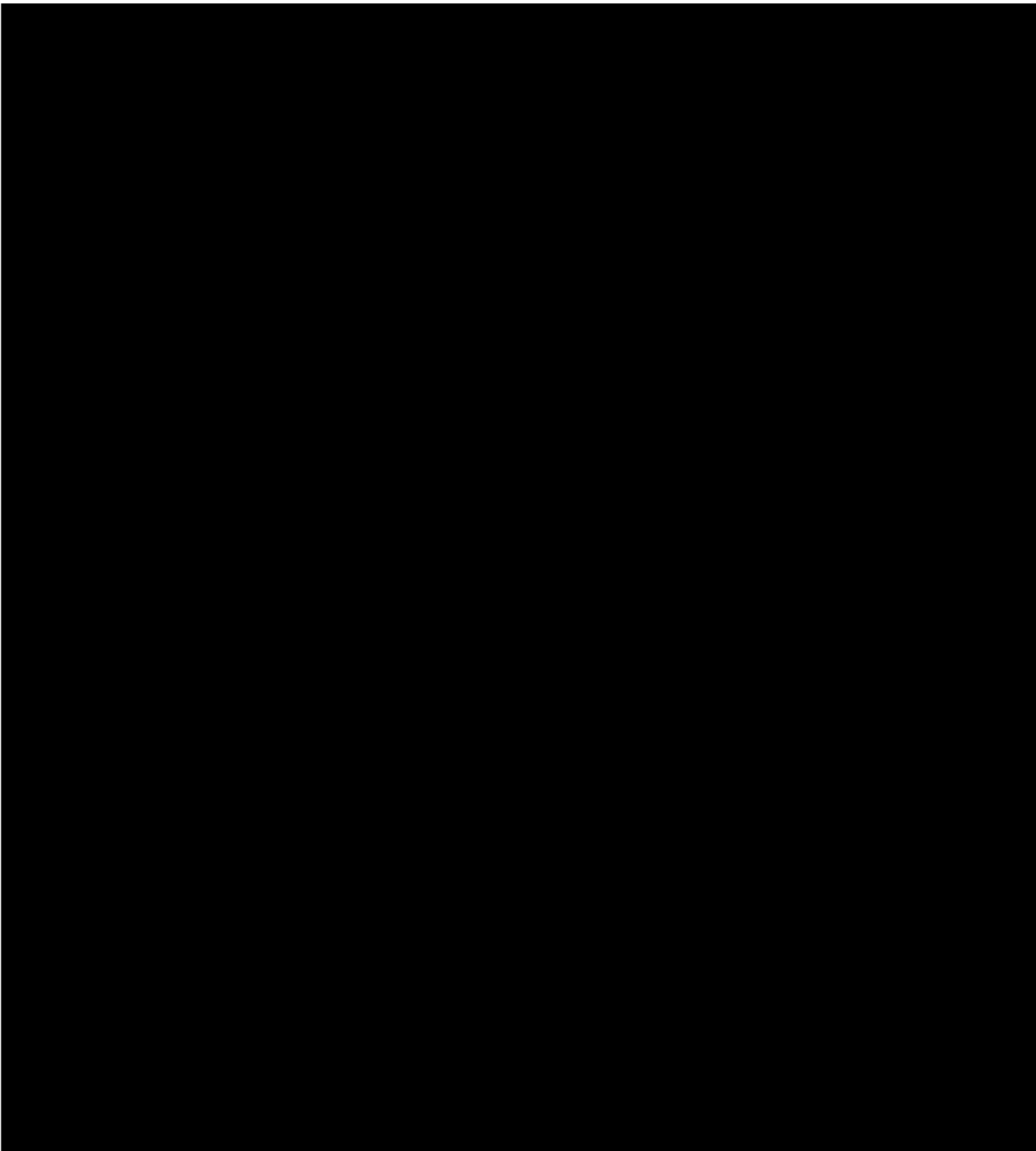


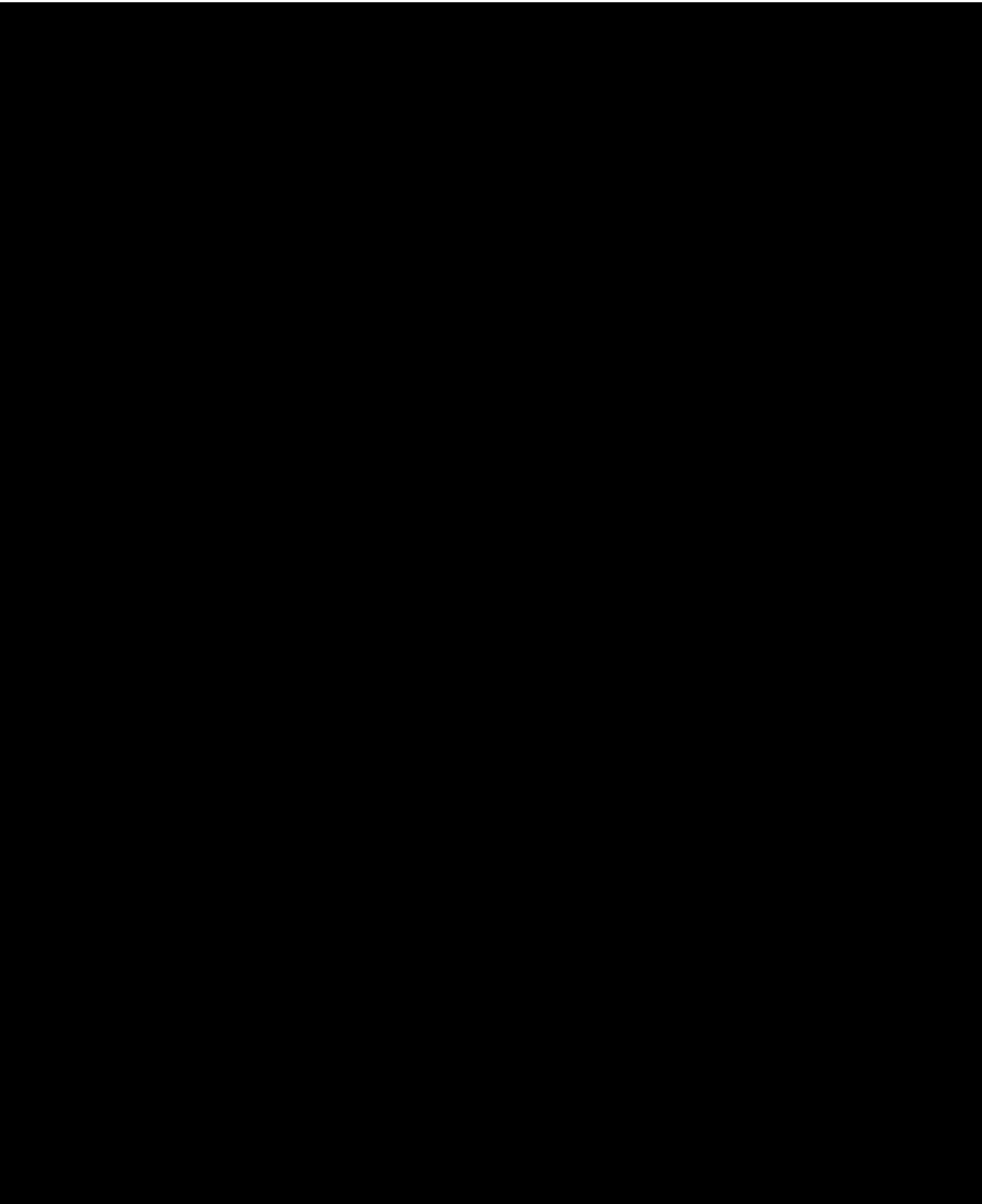
Tenant fails to give such notice, then this Lease shall terminate on the Termination Date or the applicable Renewal Termination Date.

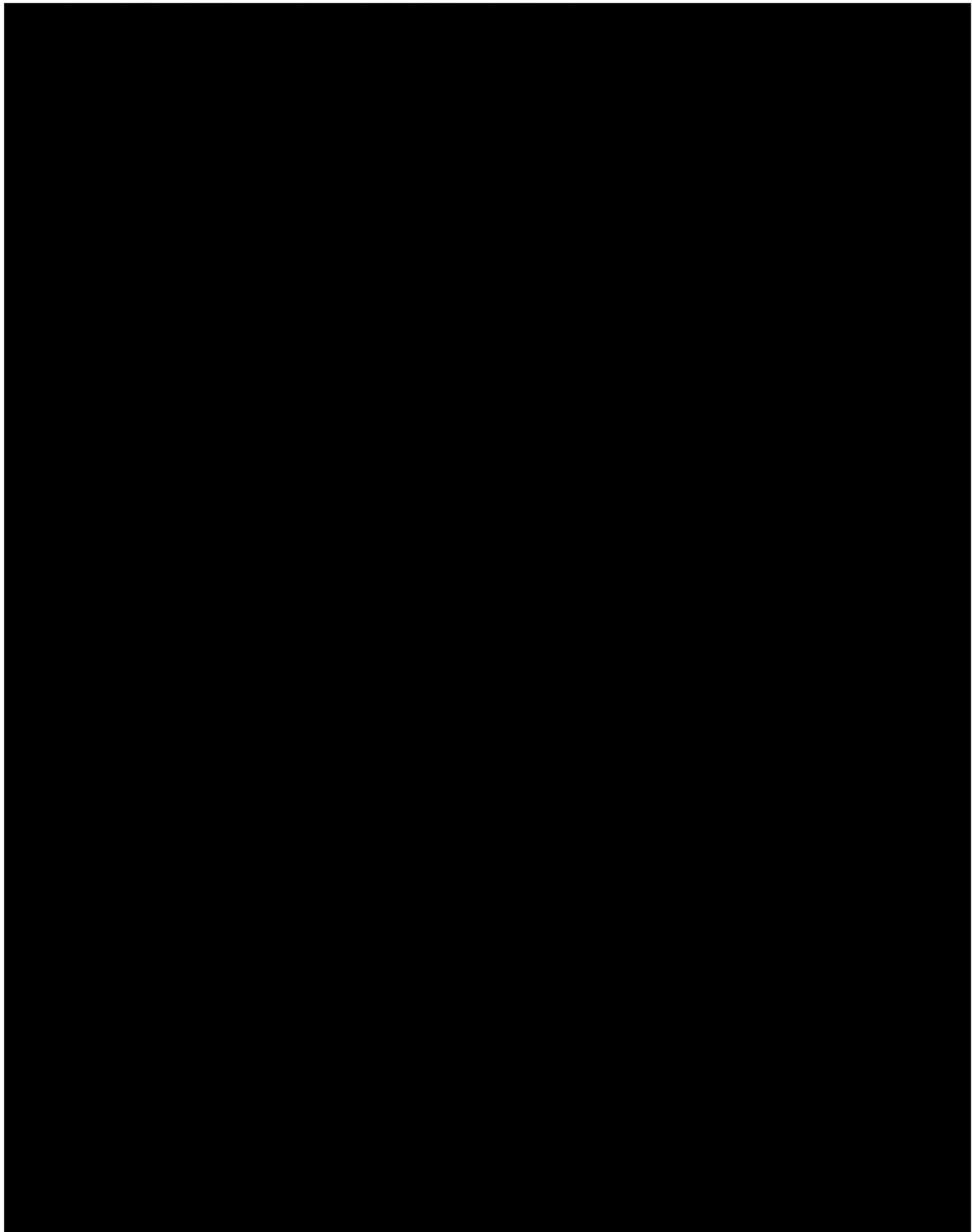
4. RENT

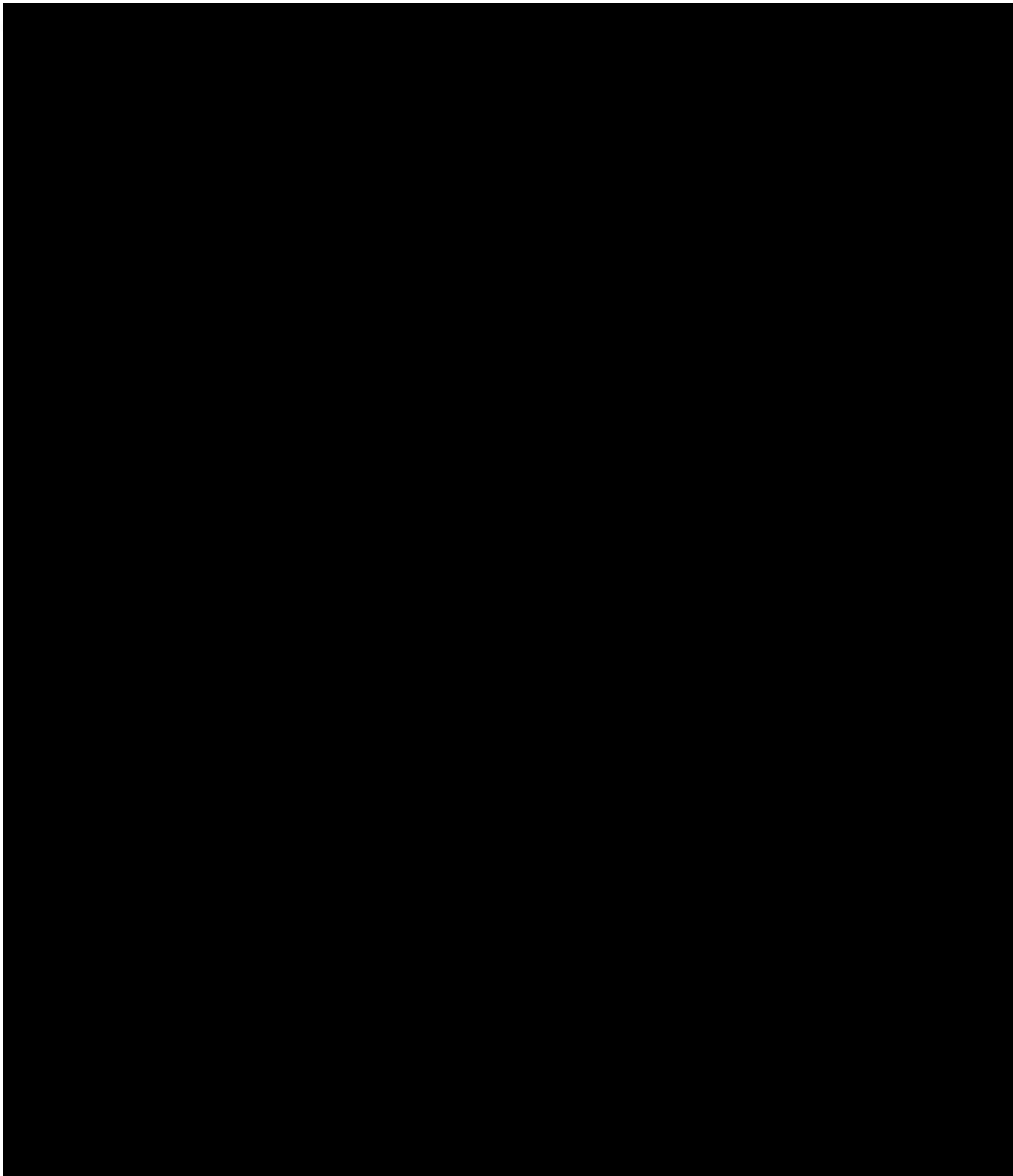


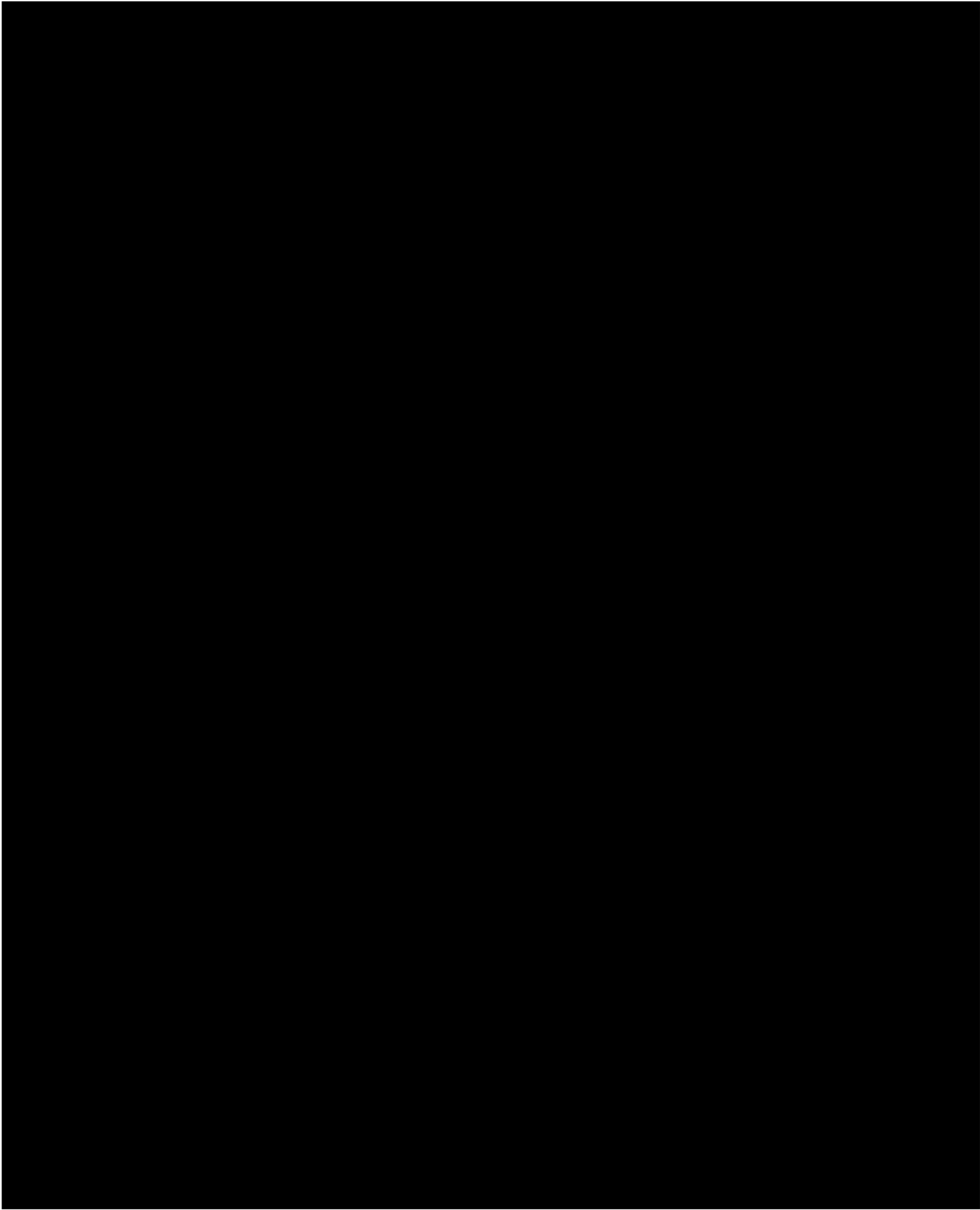
6. TAXES

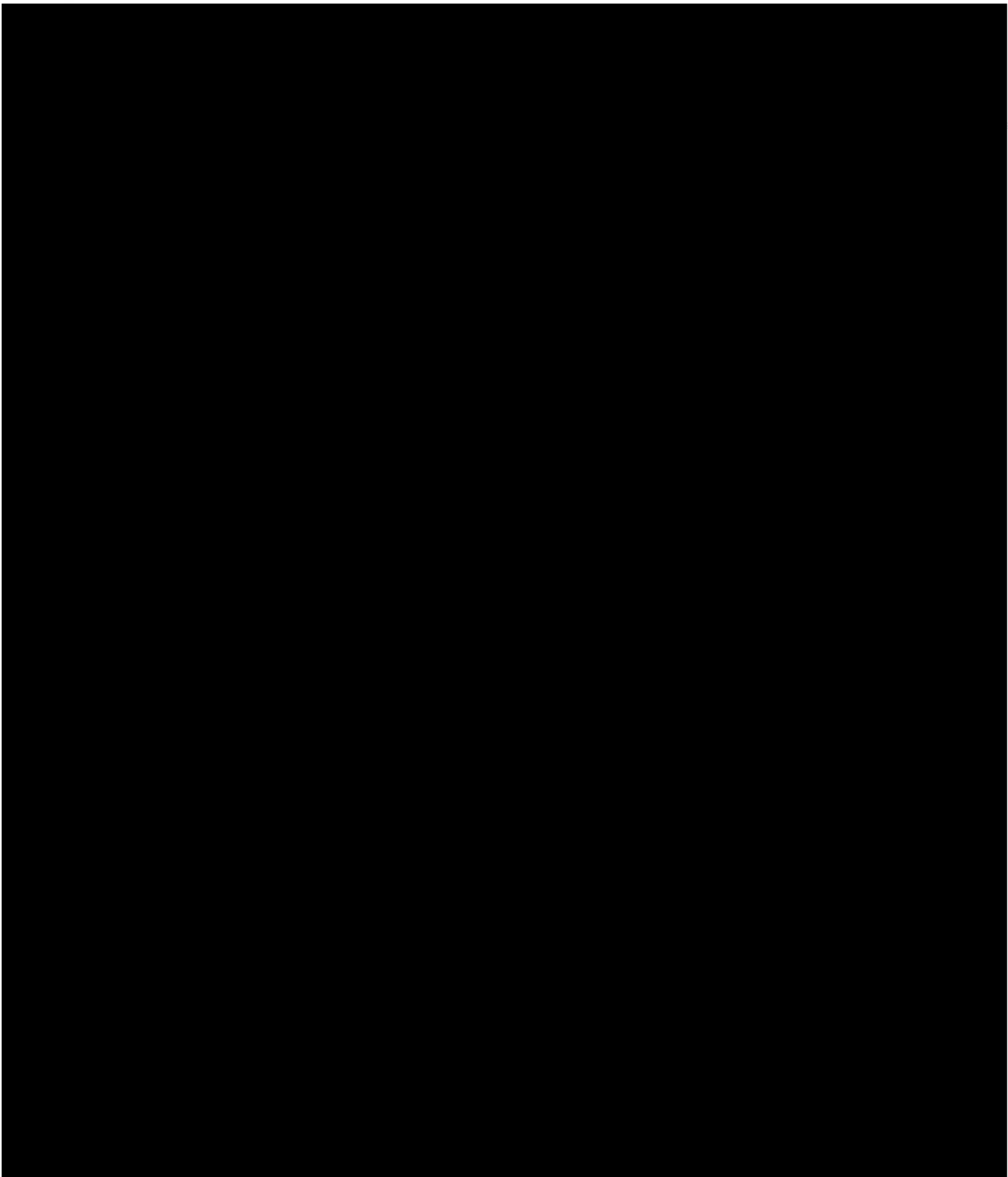


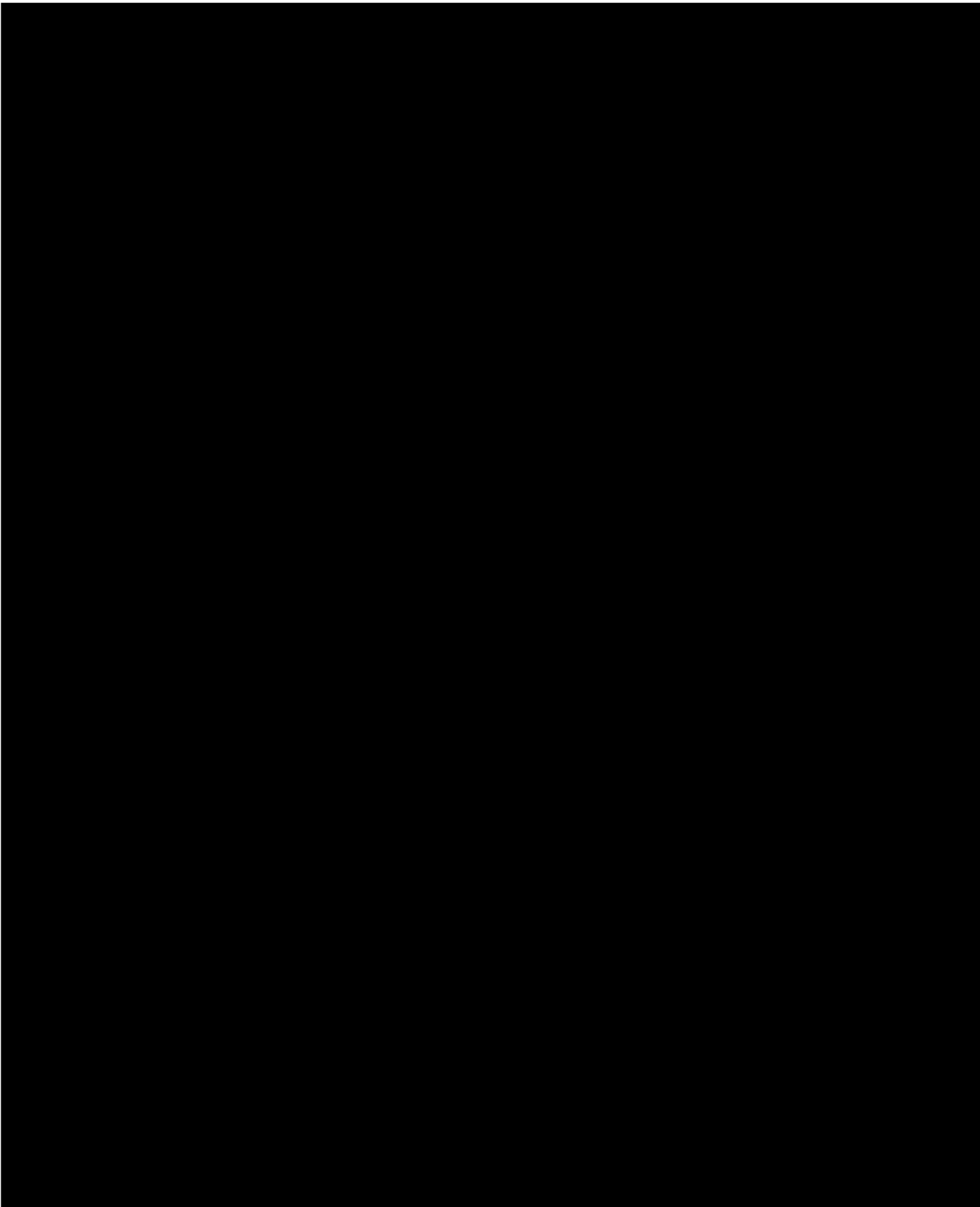


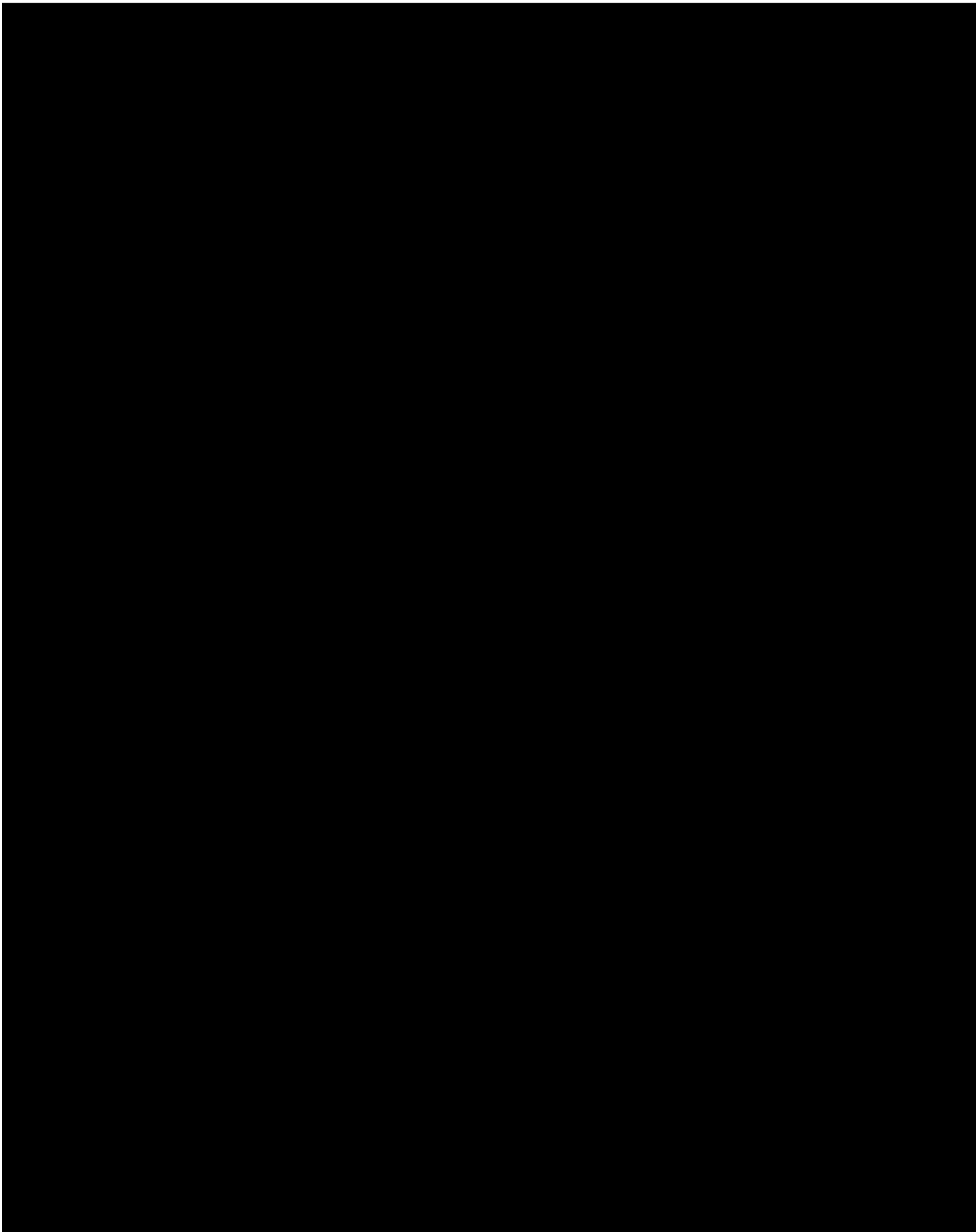


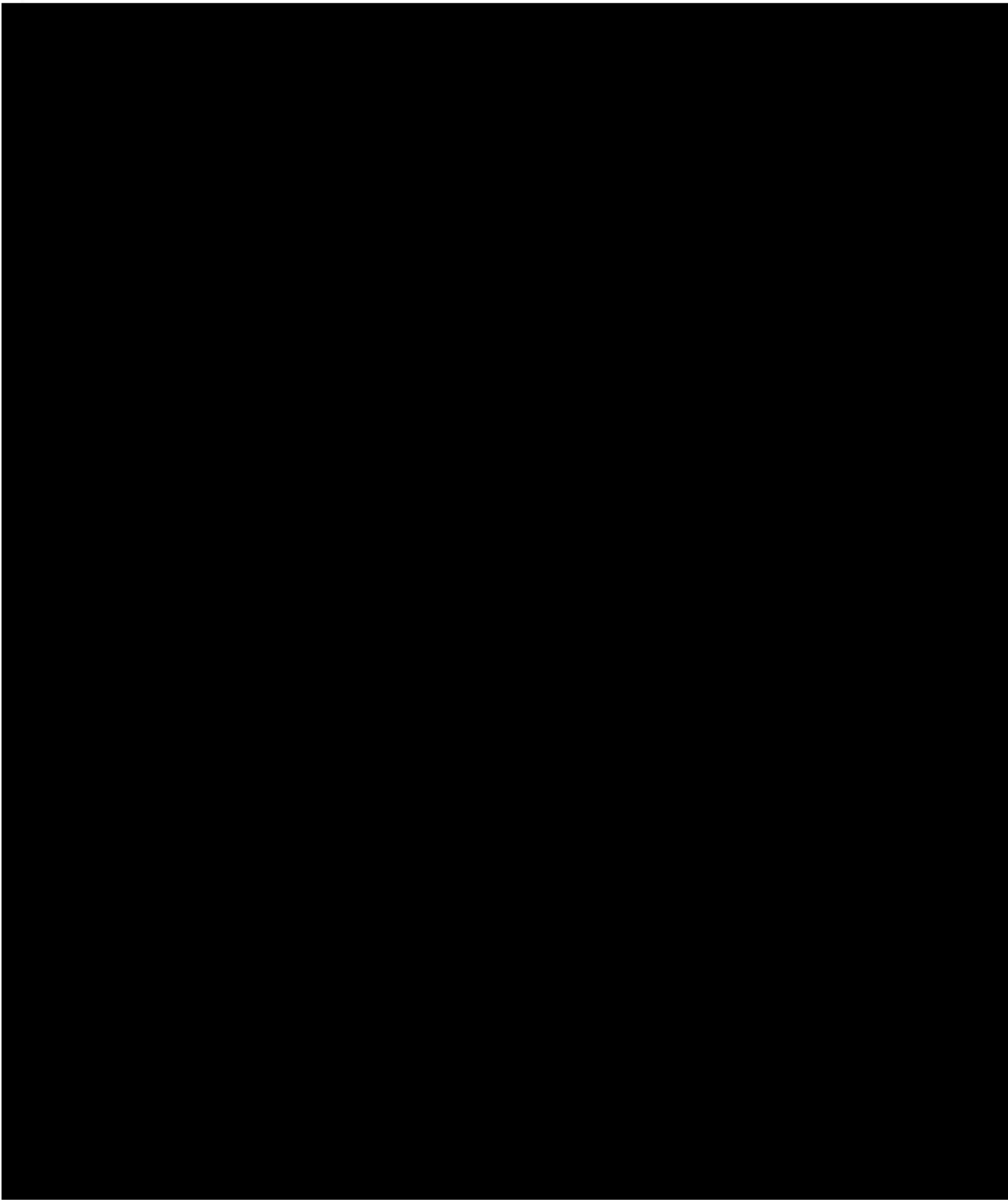


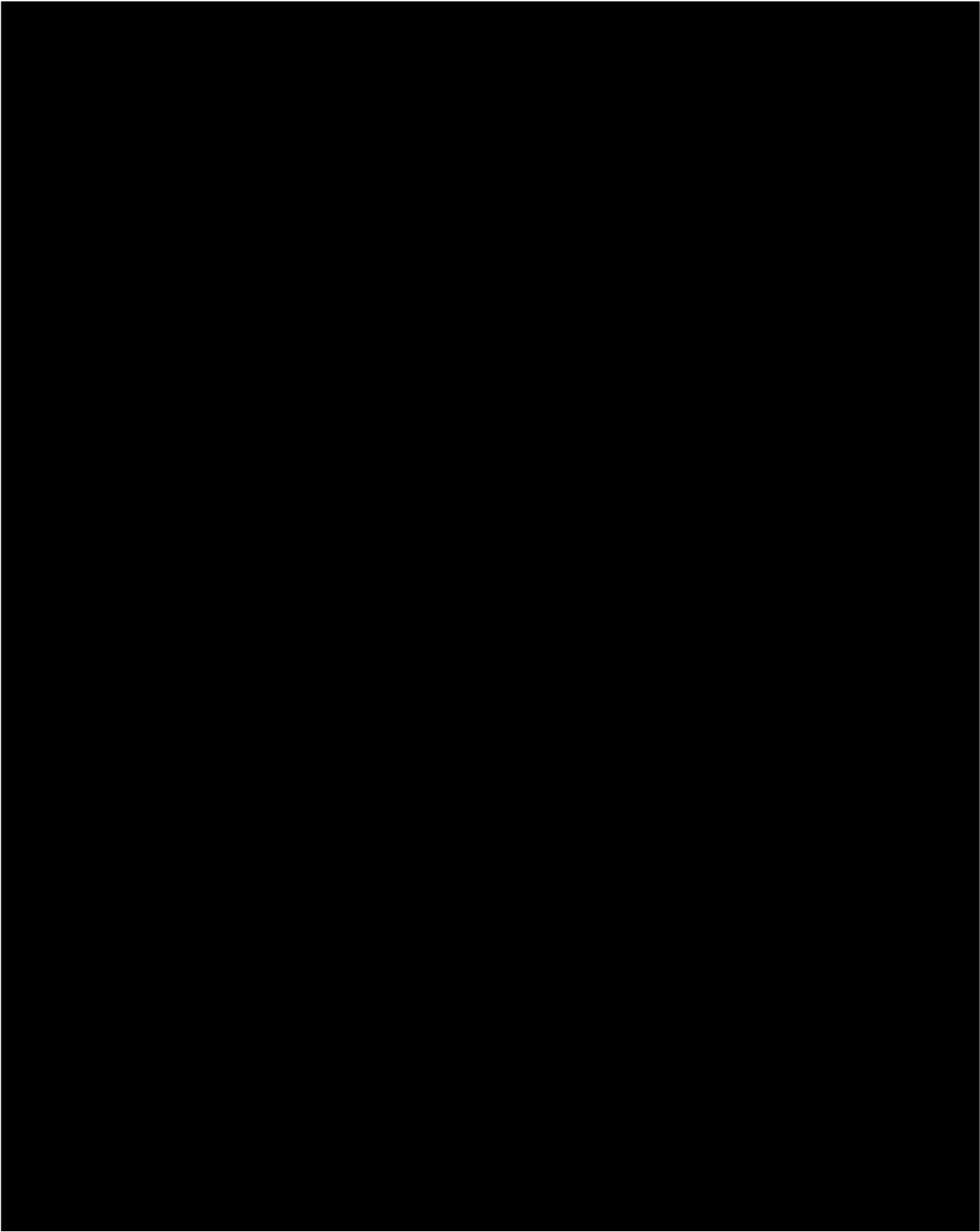


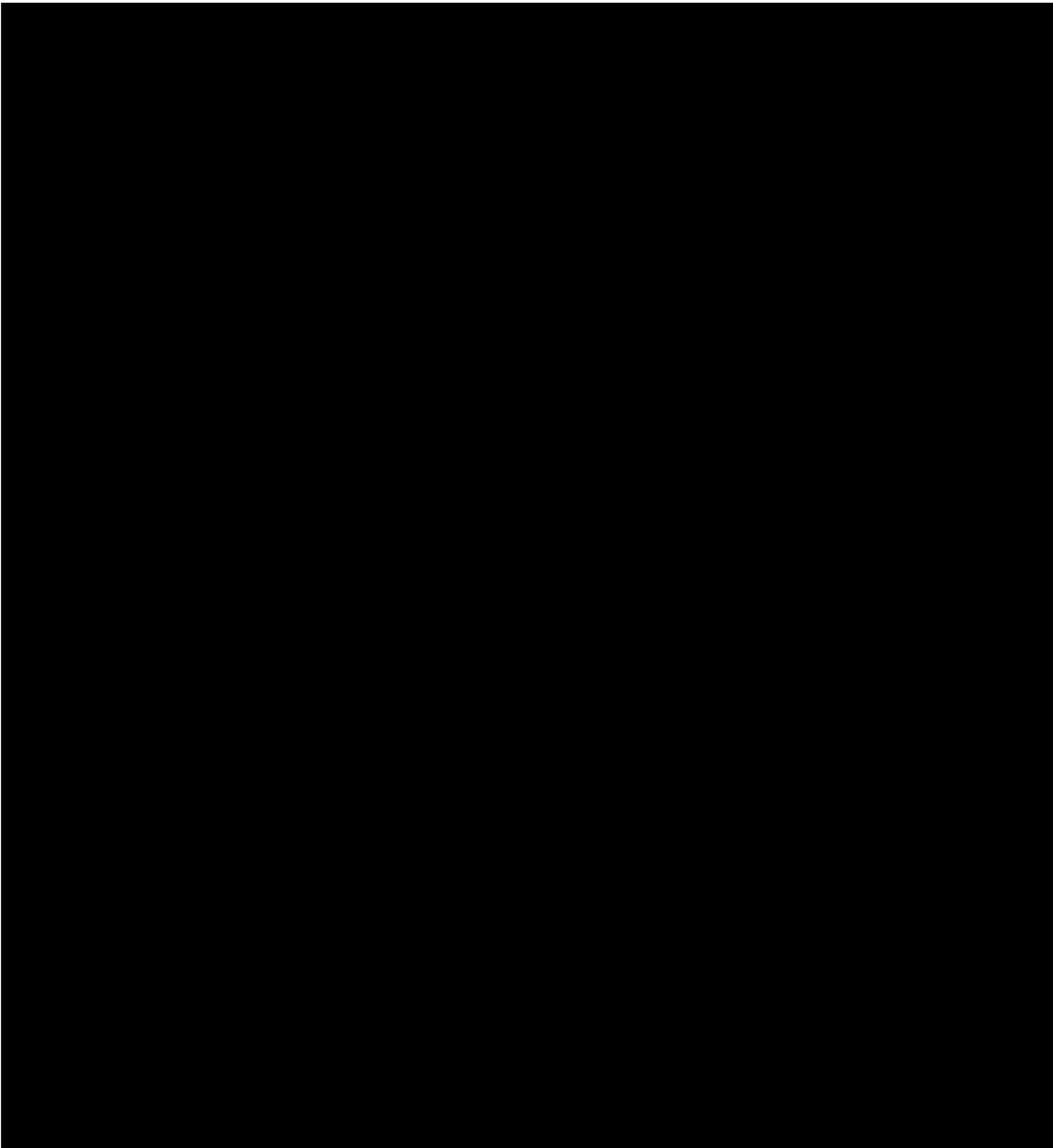


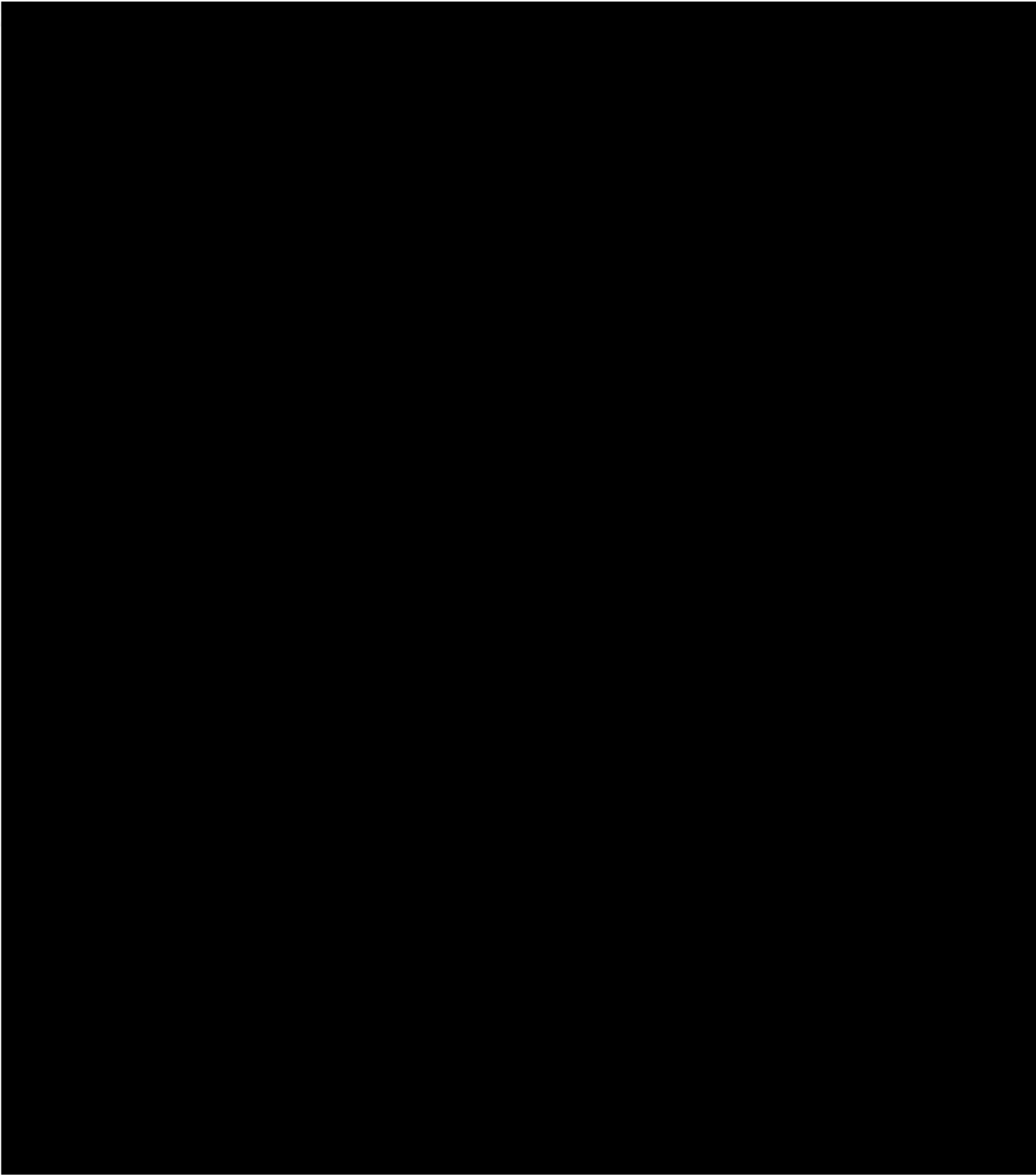


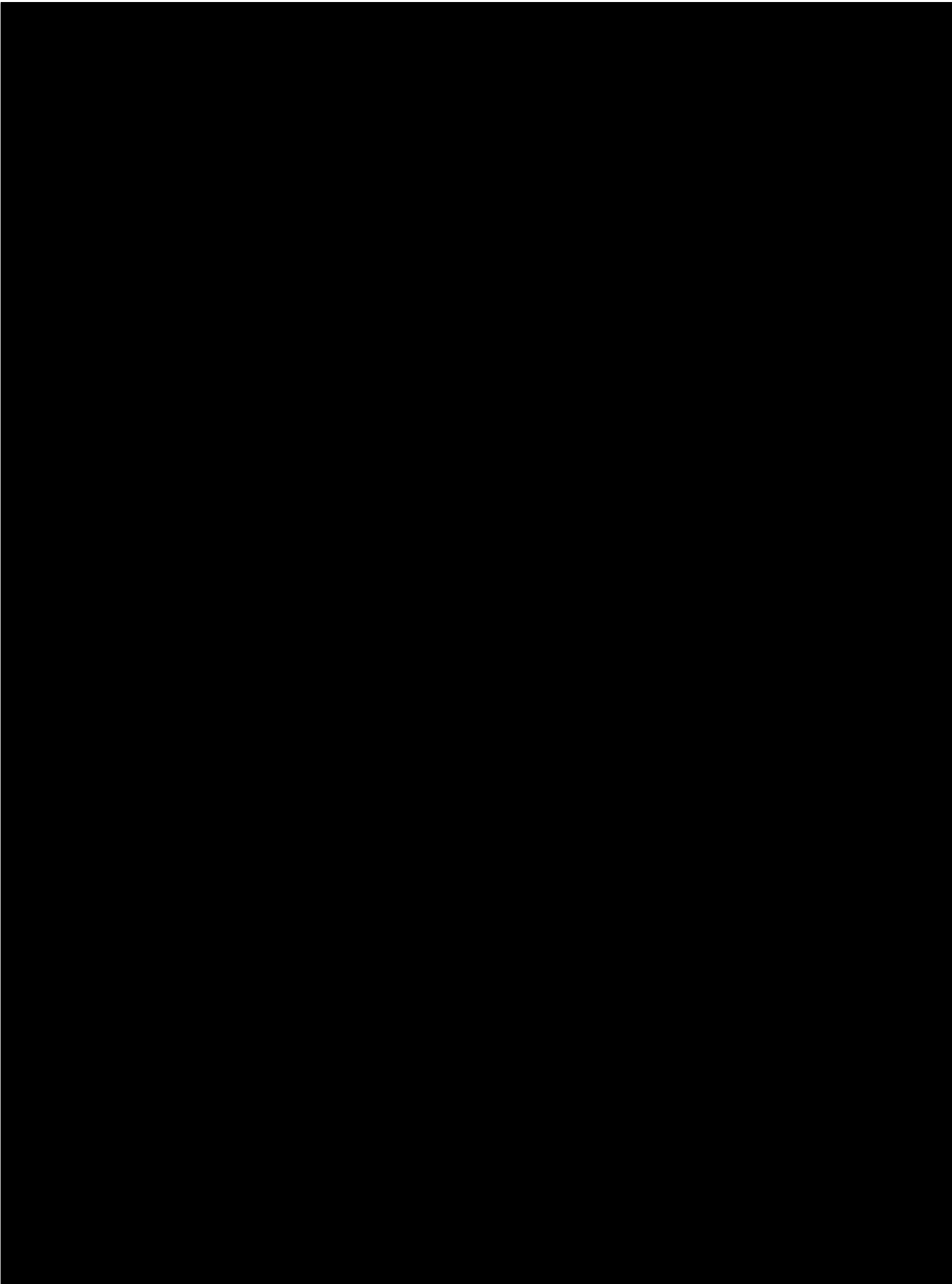


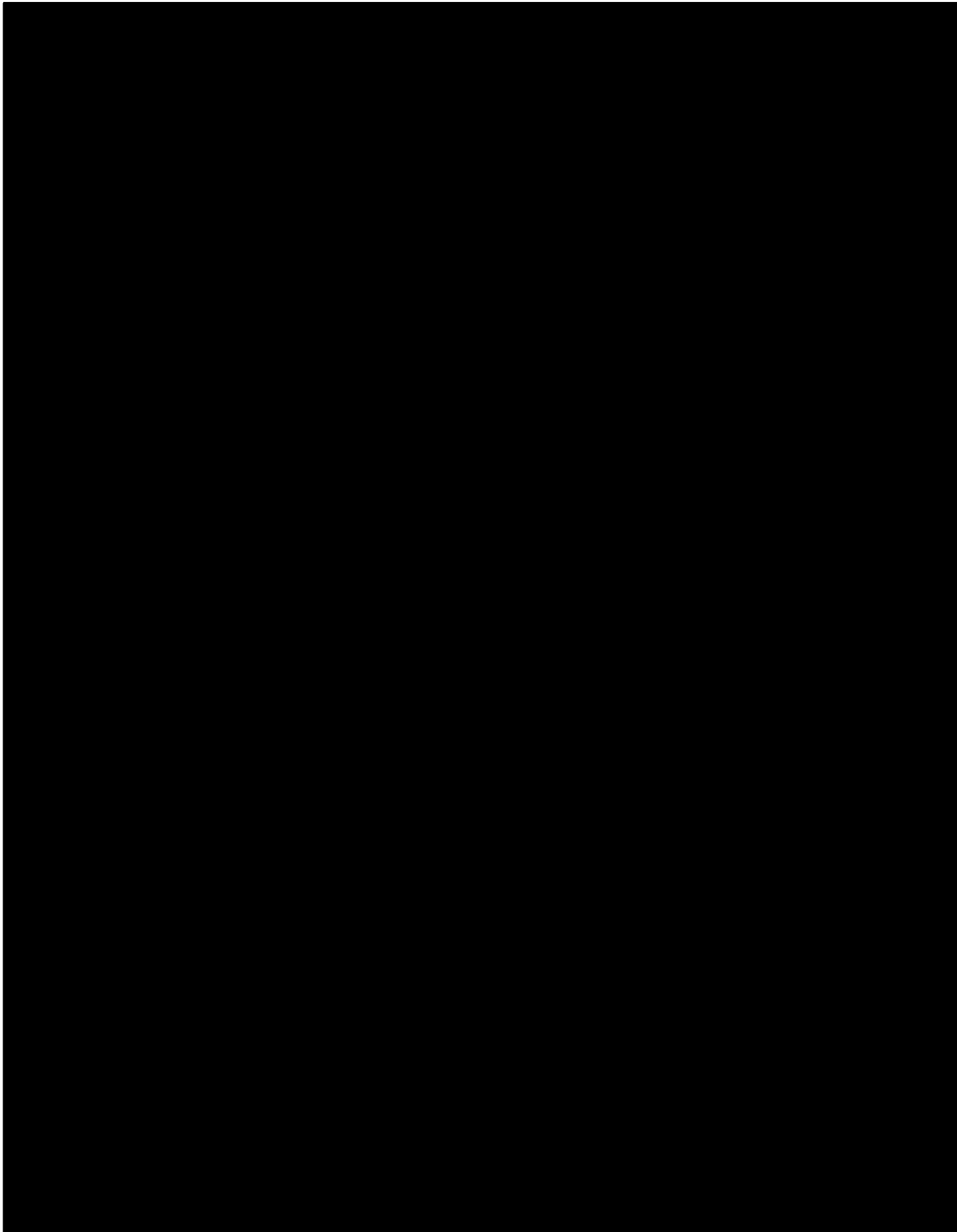


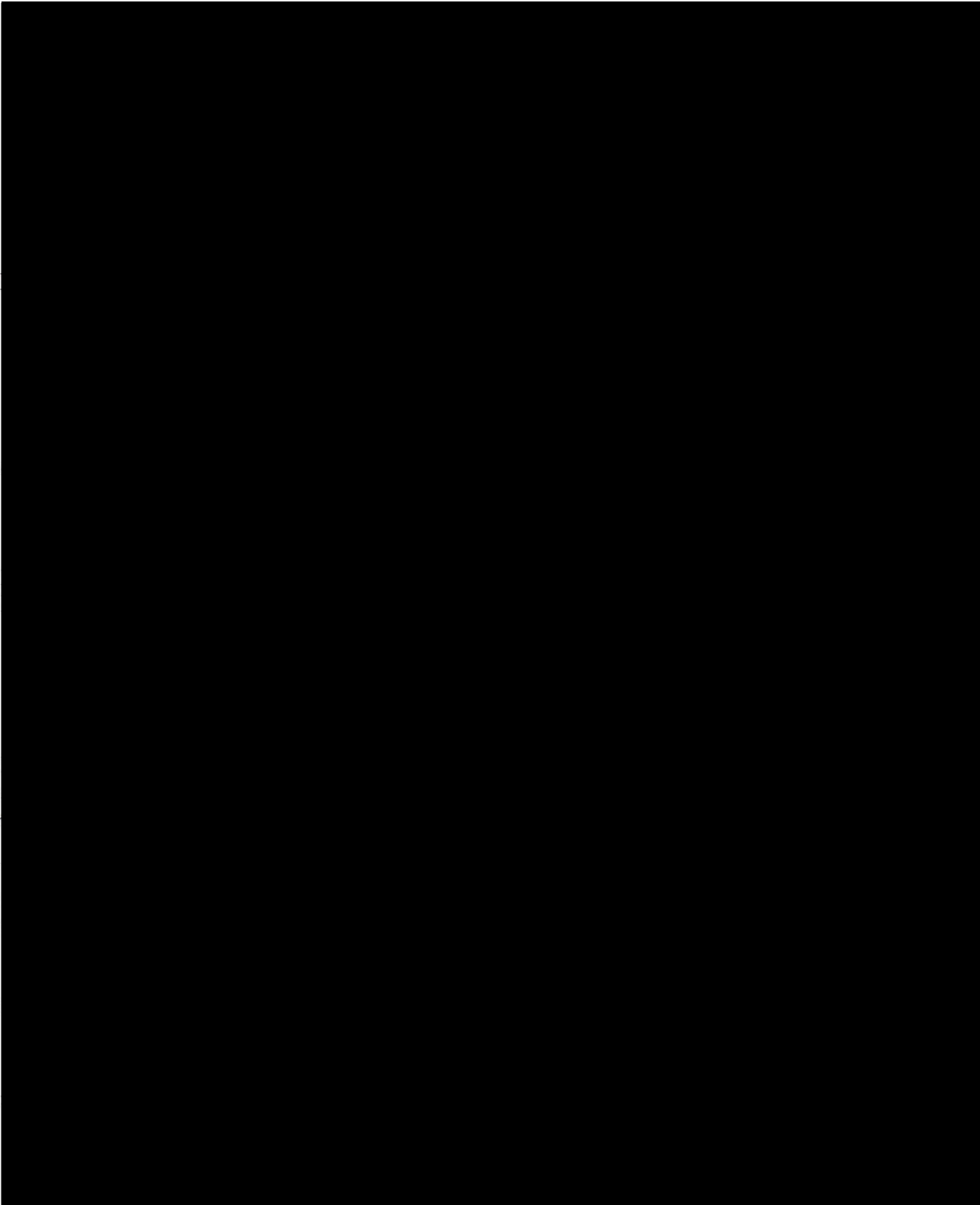




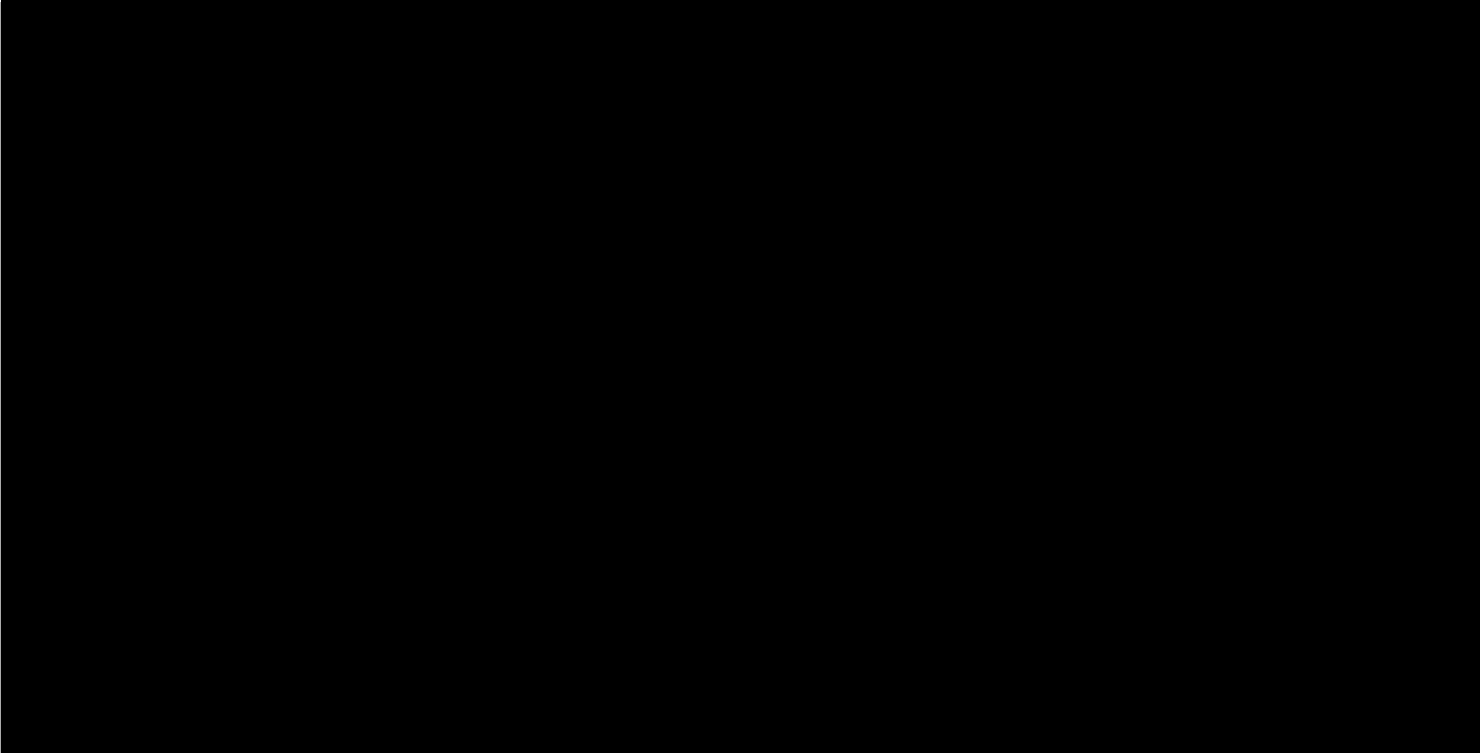








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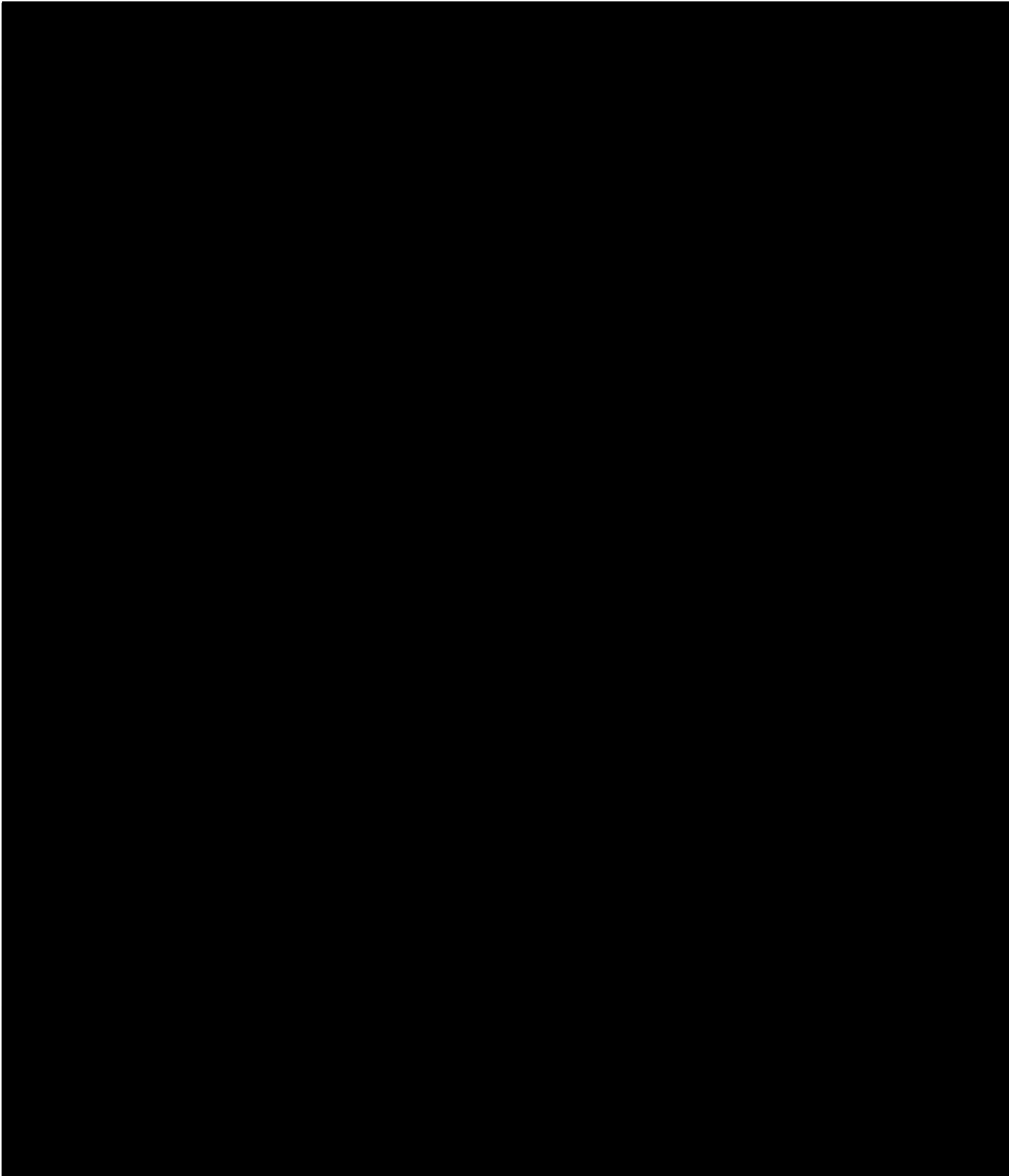


Section E.6
Audited Financial Statements

C-3 Ventures, LLC

248 Racebrook Road, Suite #217

Orange, CT 06477



C-3 VENTURES, LLC
FINANCIAL STATEMENTS AND
SUPPLEMENTARY FINANCIAL INFORMATION
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015

TABLE OF CONTENTS

	<u>PAGE</u>
Independent Auditor's Report	1 - 2
Financial Statements	
Balance Sheet	3
Statement of Operations and Members' Deficit	4
Statement of Cash Flows	5
Notes to Financial Statements	6 - 9
Supplementary Financial Information	
Schedule of Transactions	10

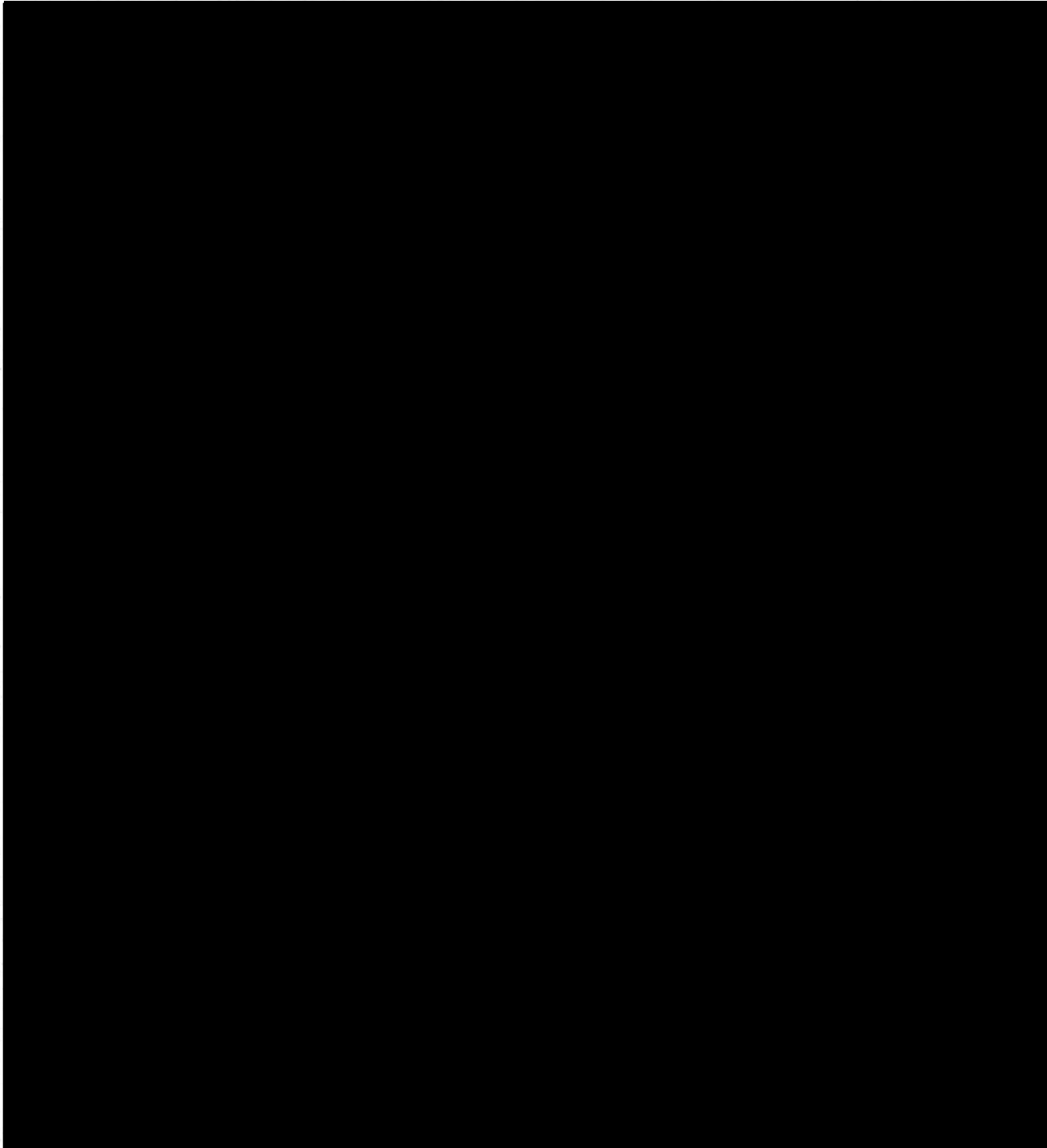


Beers, Hamerman, Cohen & Burger, P.C.

Certified Public Accountants and Business Consultants

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Assurance
Valuation
Litigation Support

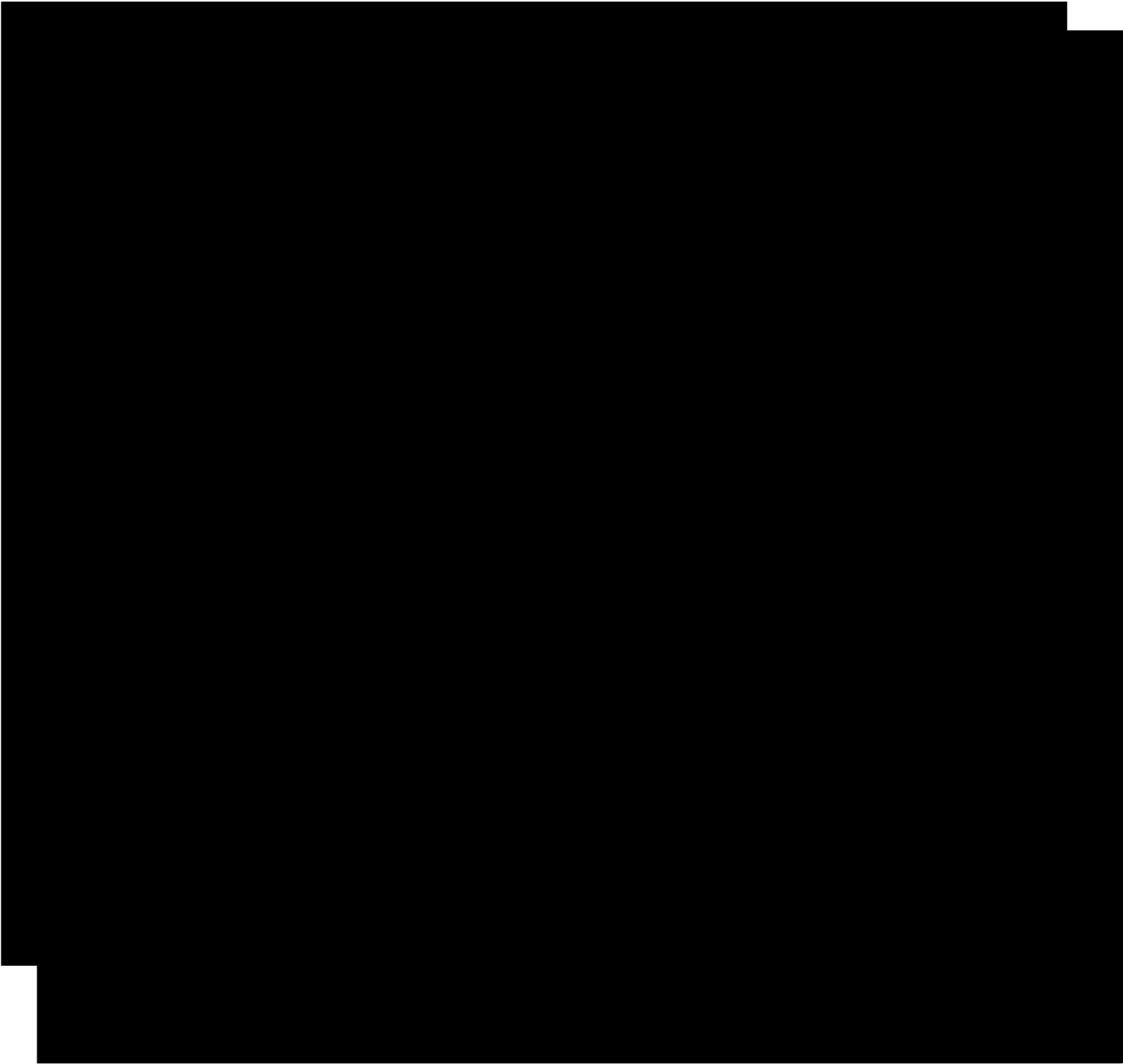
INDEPENDENT AUDITOR'S REPORT

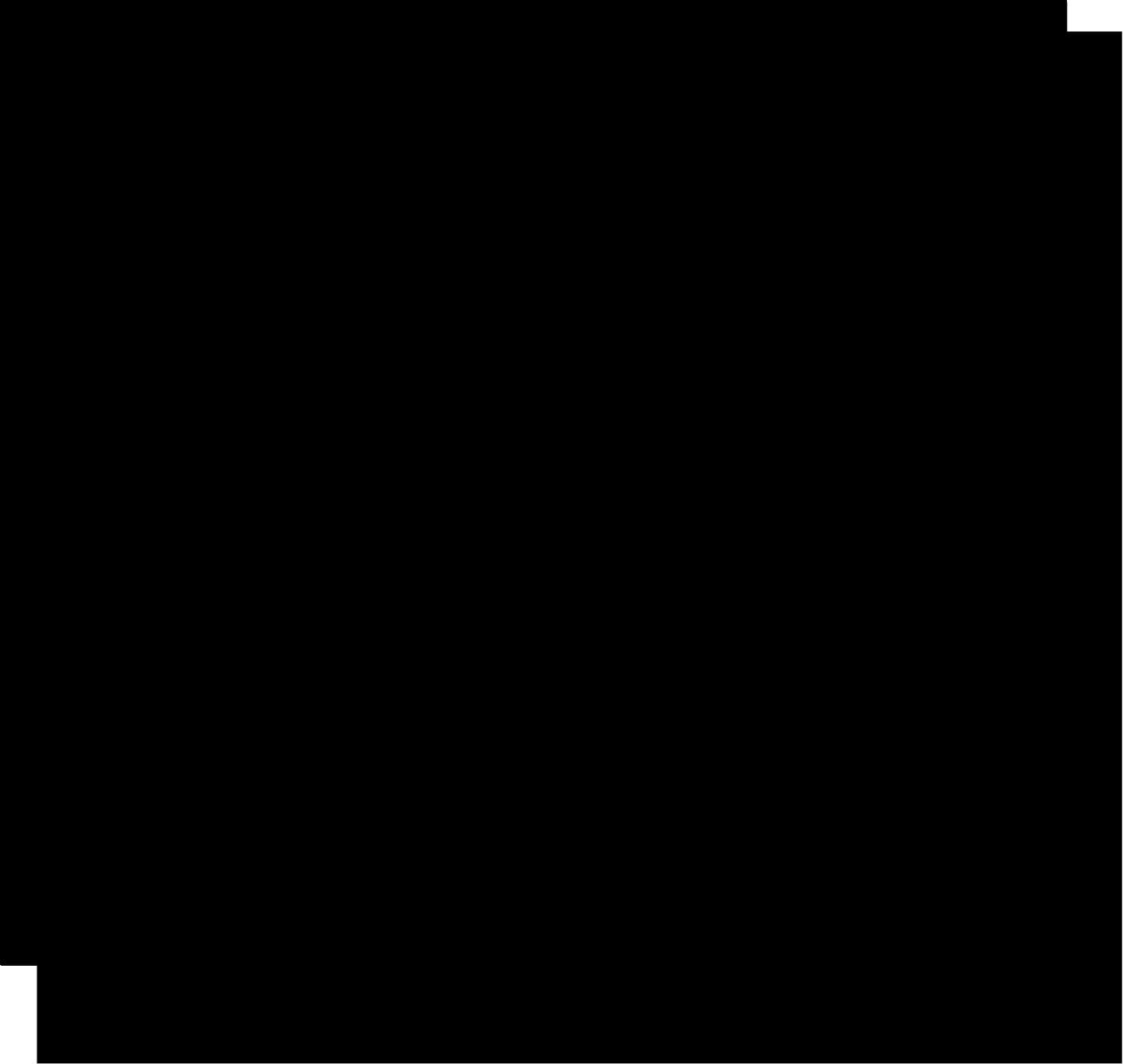


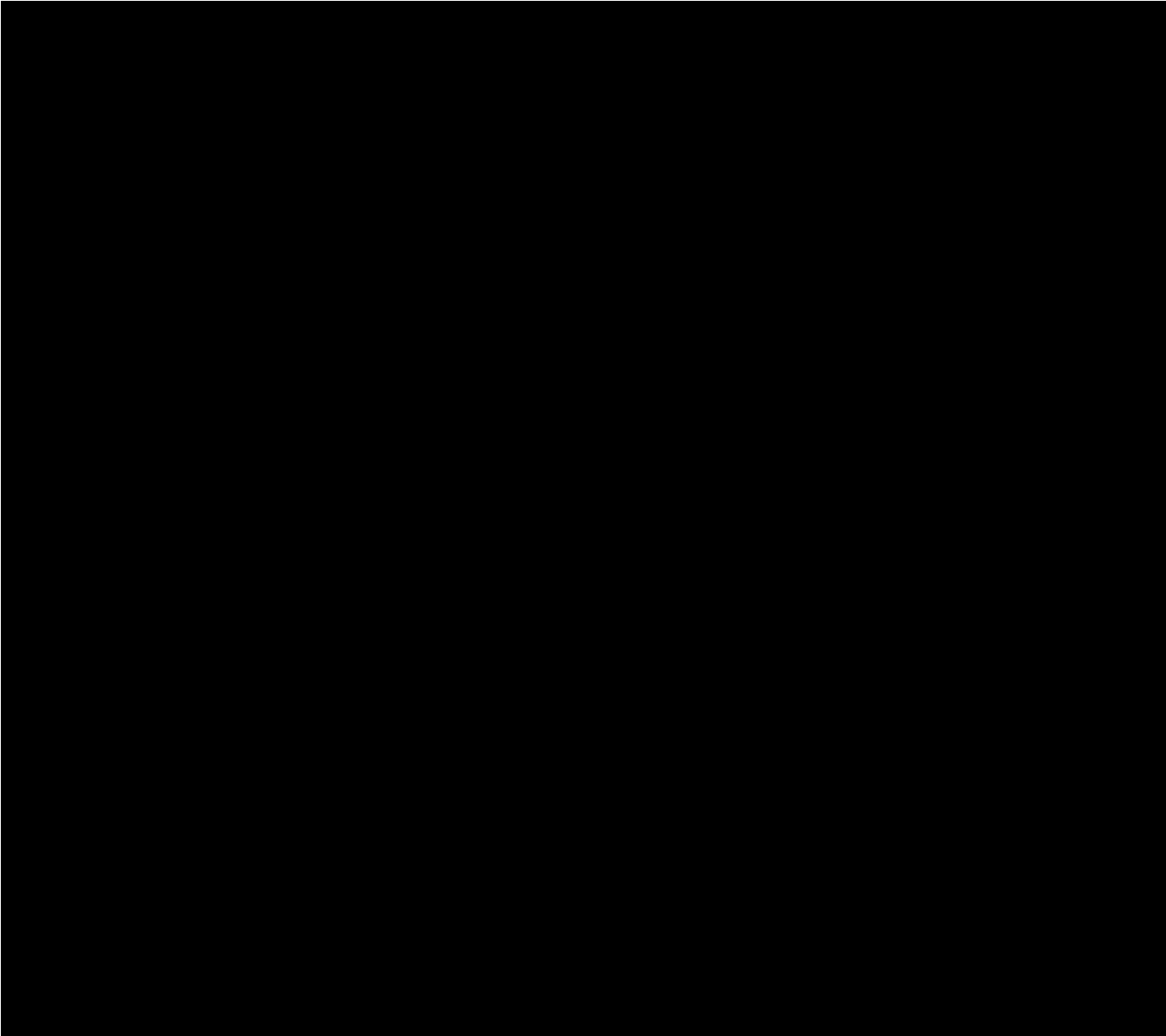
234 Church Street, New Haven, Connecticut 06510 • Tel. 203.787.6527 • Fax. 203.776.8745
2228 Black Rock Turnpike, Suite 204, Fairfield, Connecticut 06825 • Tel. 203.333.2228 • Fax. 203.333.3520

www.bhcbcpa.com

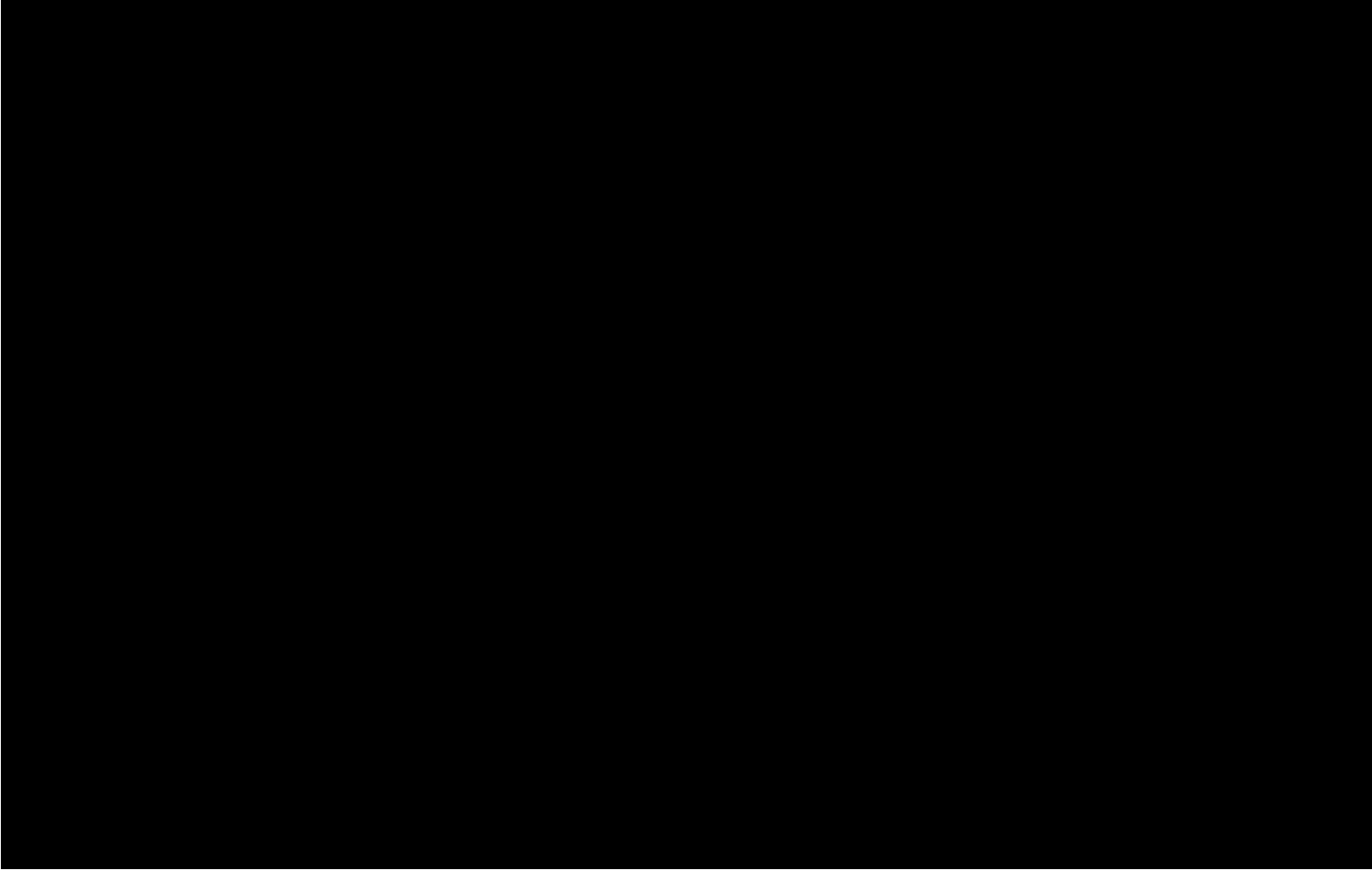
FOIA EXCEPTION REQUESTED- SECTION CONTAINS TRADE SECRETS AND/OR COMMERCIAL INFORMATION





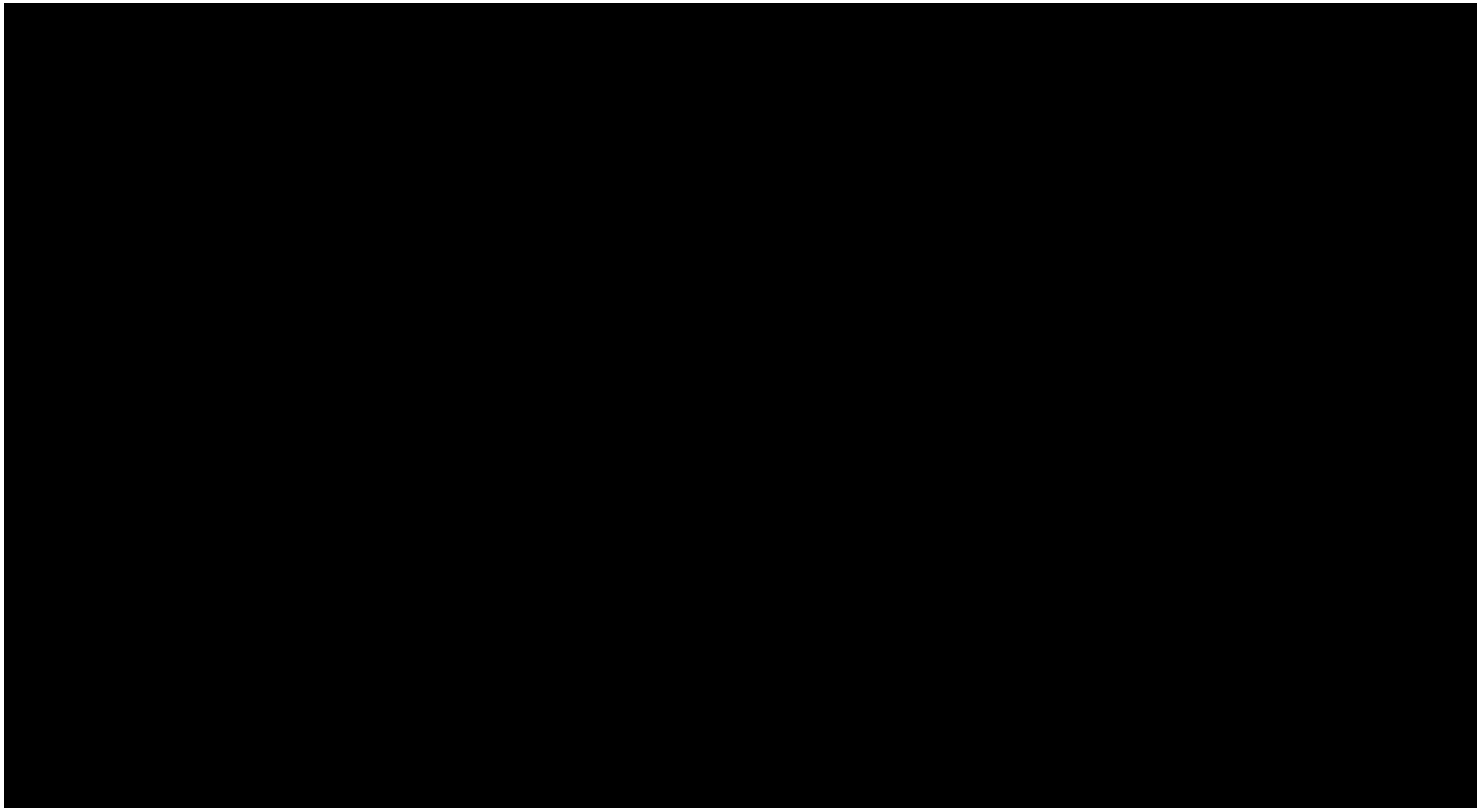


C-3 VENTURES, LLC
BALANCE SHEET
SEPTEMBER 15, 2015



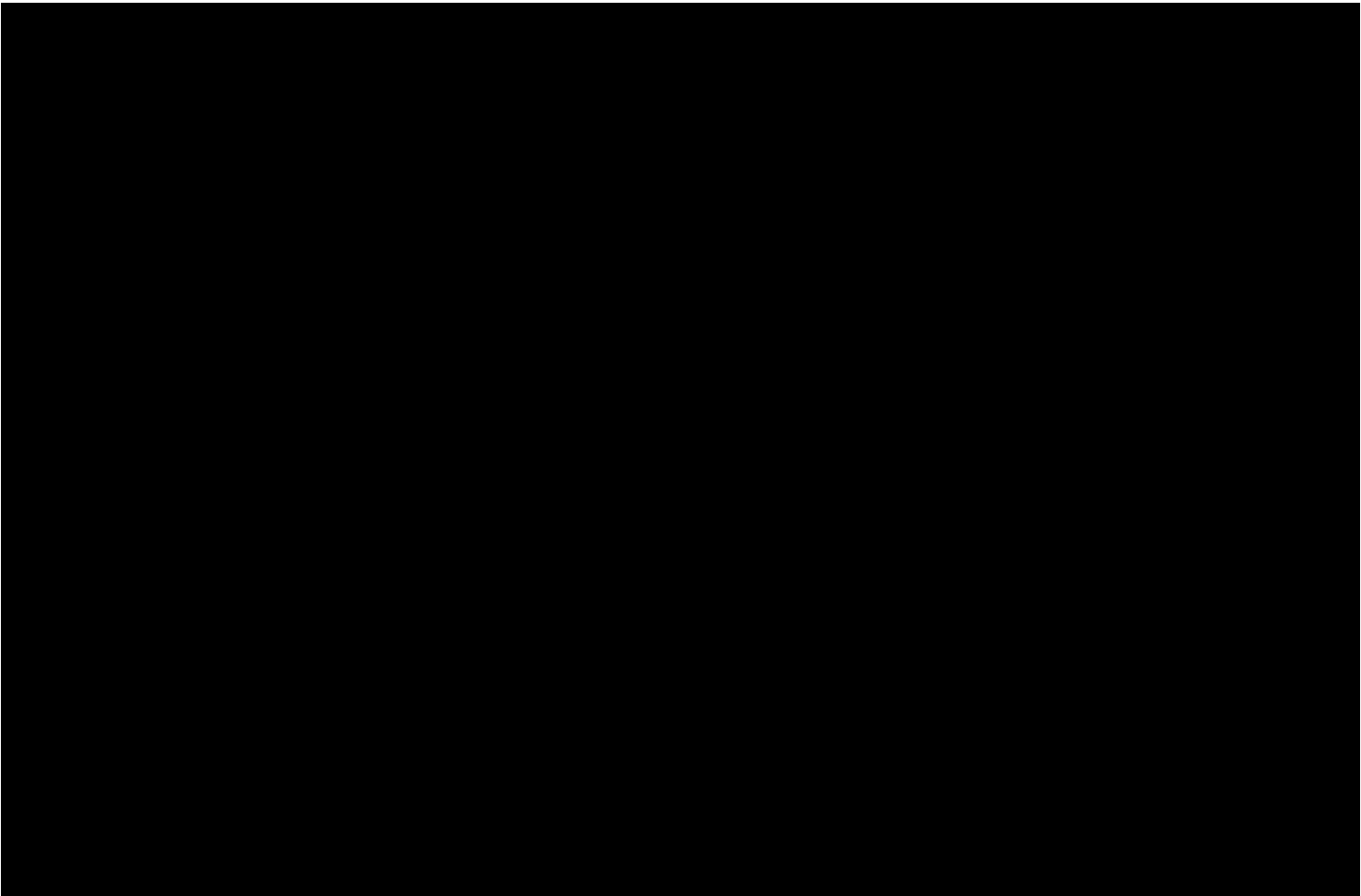
The accompanying notes are an integral part of these financial statements.

C-3 VENTURES, LLC
STATEMENT OF OPERATIONS AND MEMBERS' DEFICIT
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015



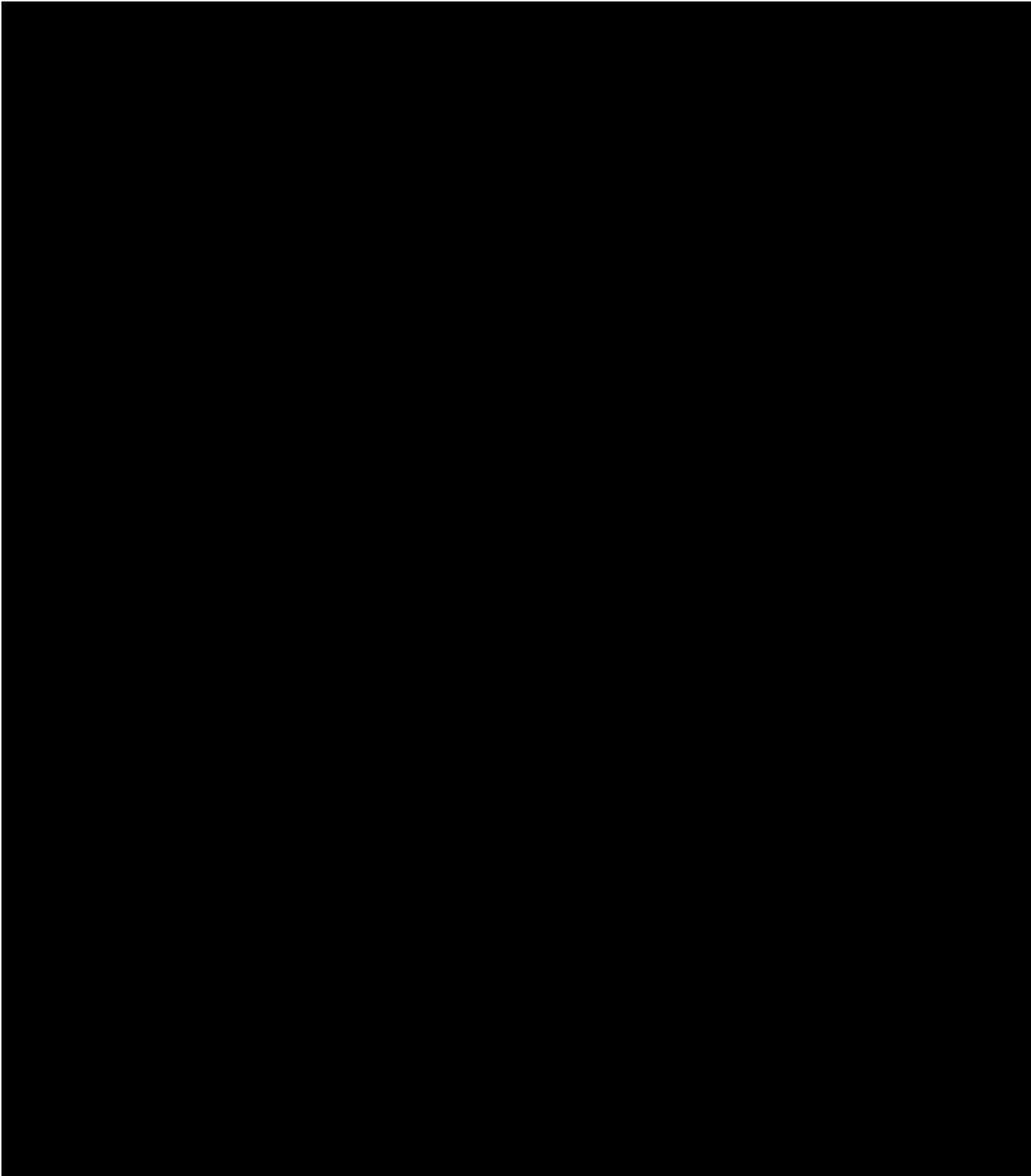
The accompanying notes are an integral part of these financial statements.

C-3 VENTURES, LLC
STATEMENT OF CASH FLOWS
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015

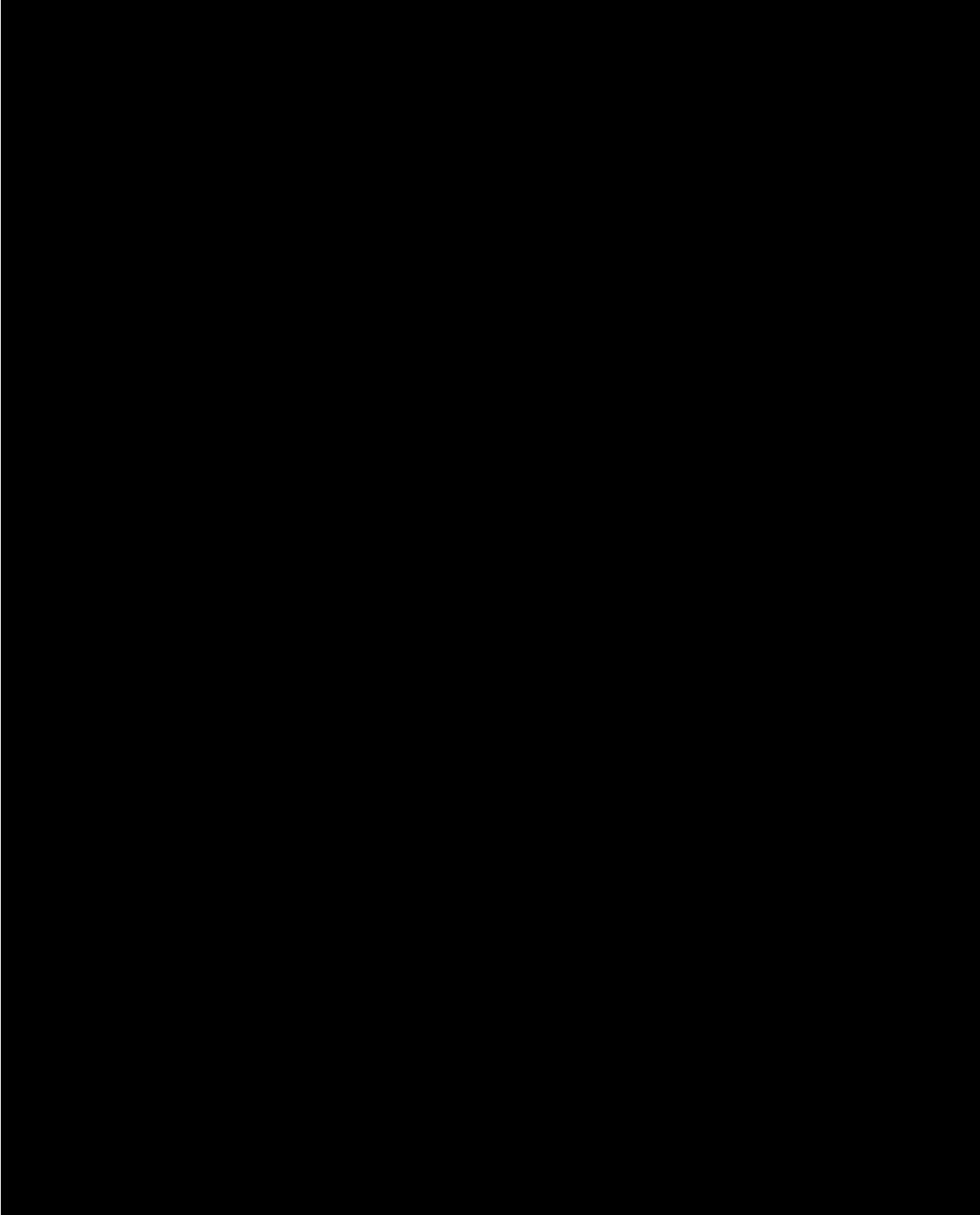


The accompanying notes are an integral part of these financial statements.

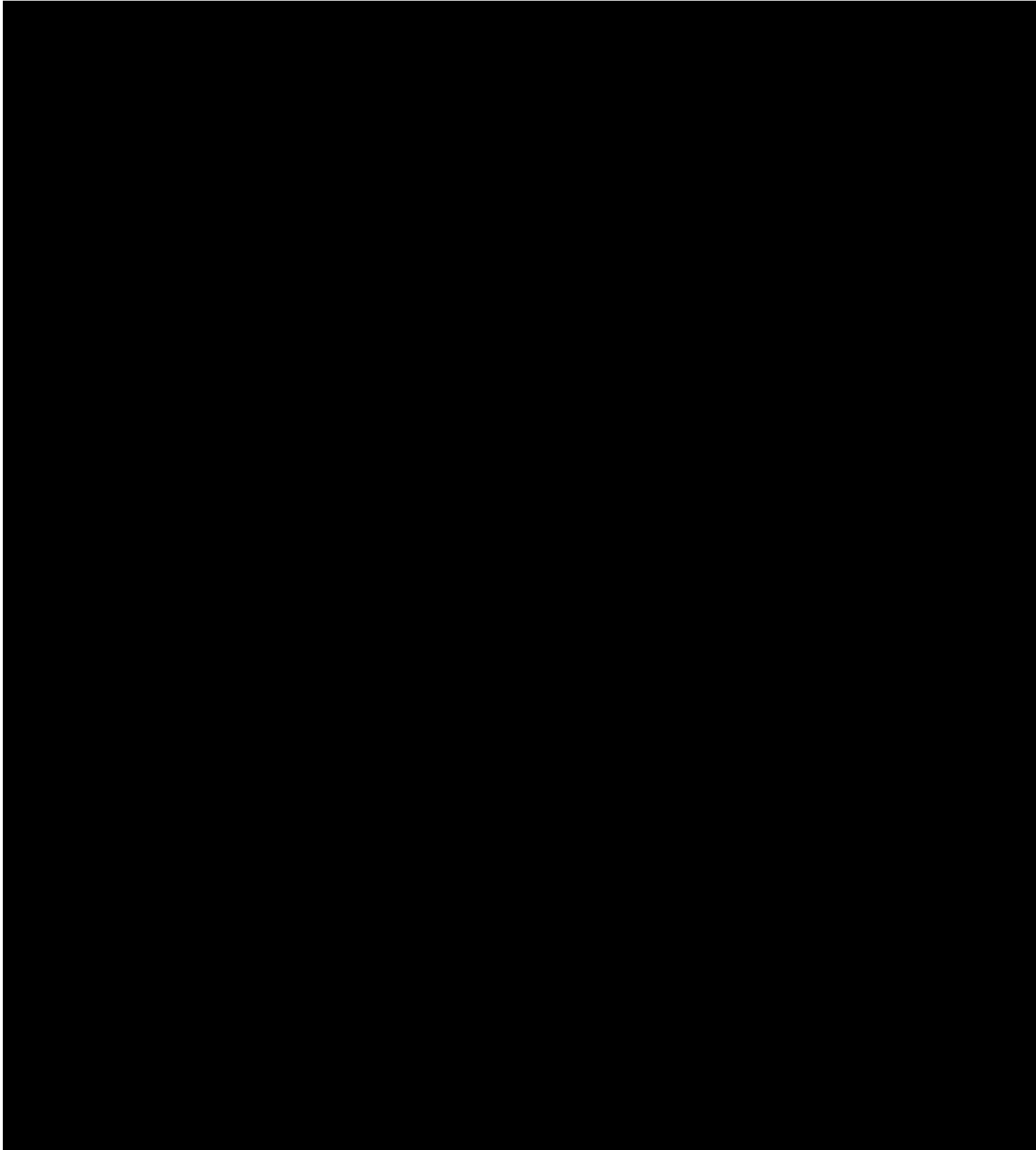
C-3 VENTURES, LLC
NOTES TO FINANCIAL STATEMENTS
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015



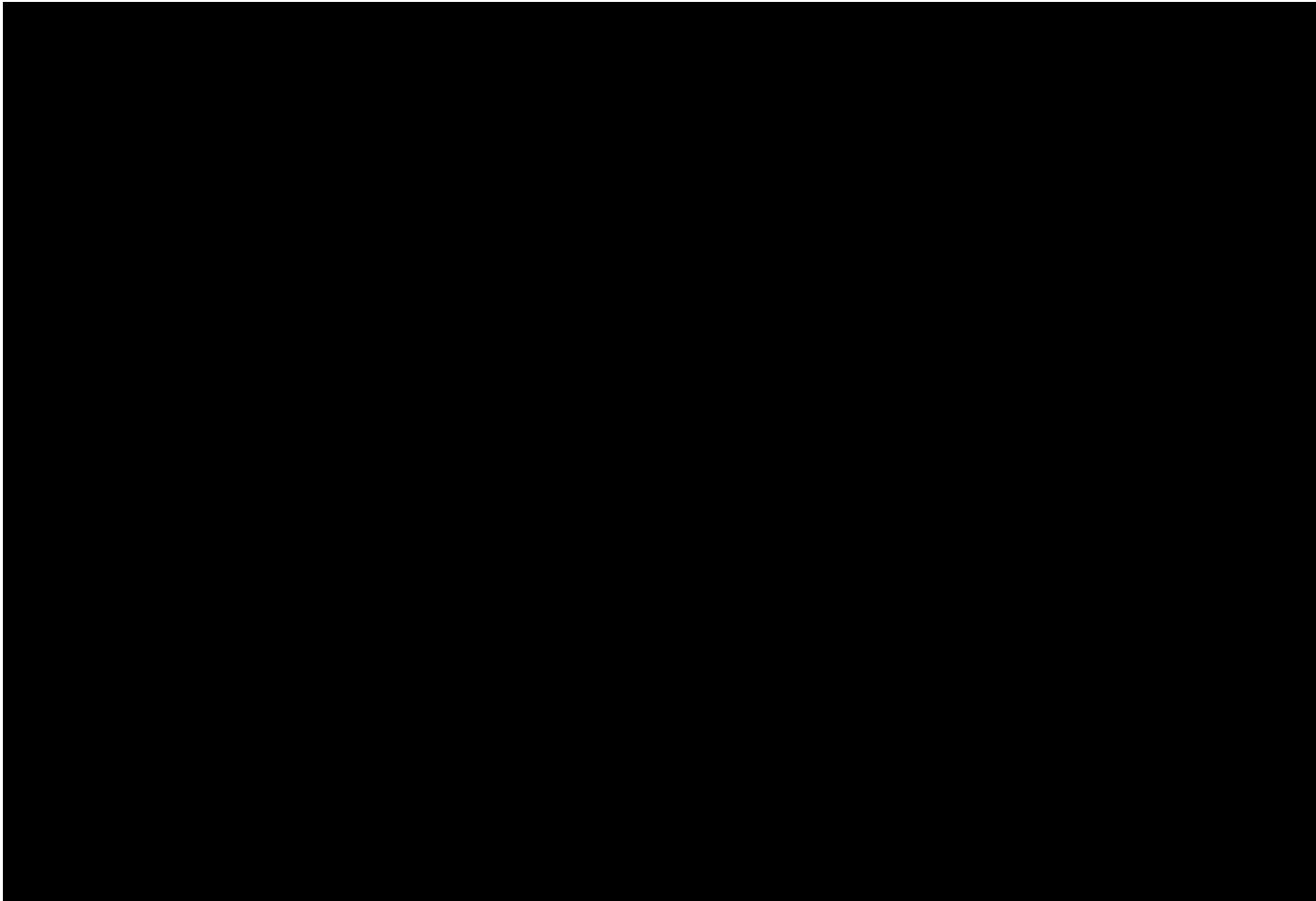
C-3 VENTURES, LLC
NOTES TO FINANCIAL STATEMENTS
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015



C-3 VENTURES, LLC
NOTES TO FINANCIAL STATEMENTS
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015



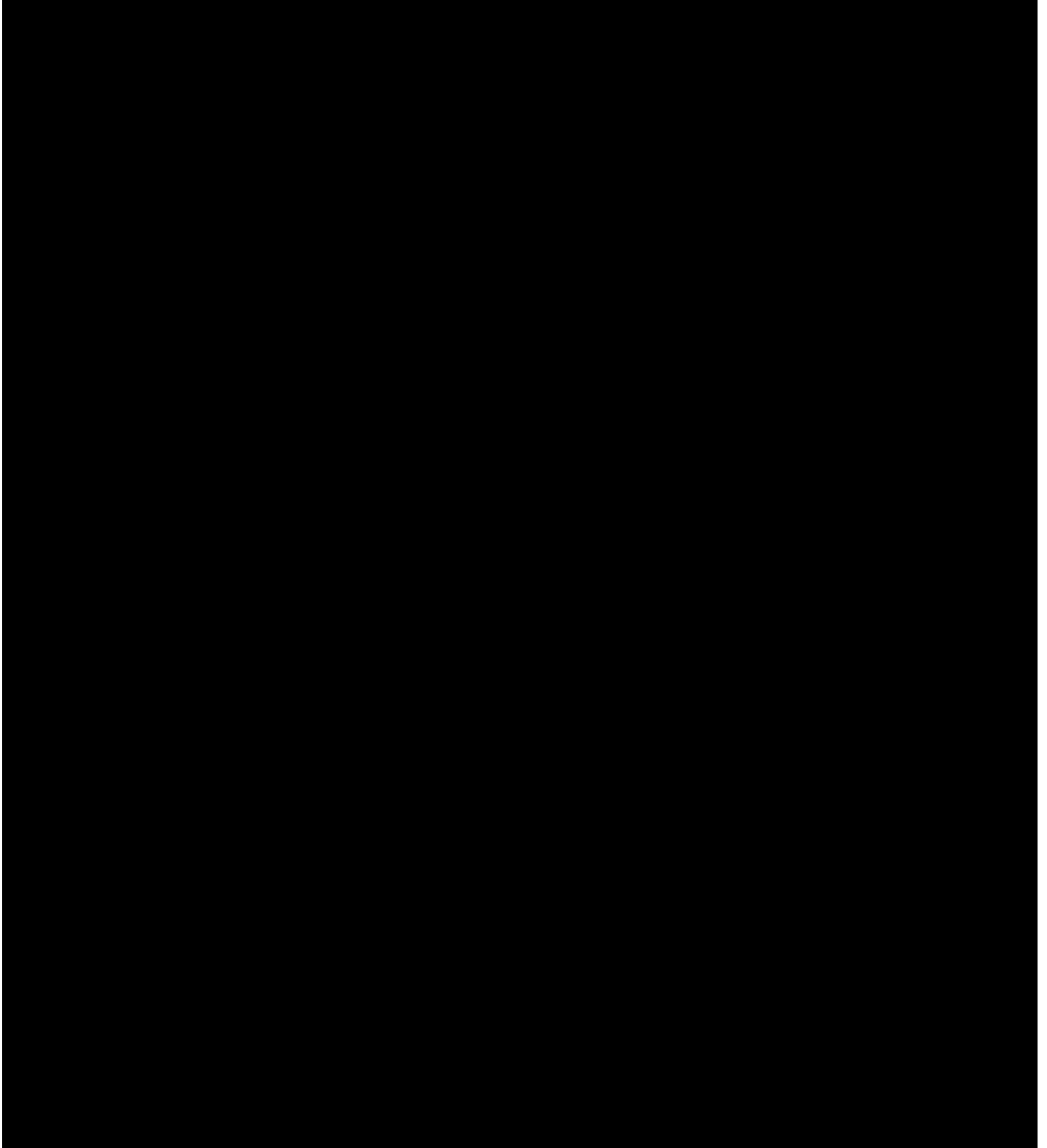
C-3 VENTURES, LLC
NOTES TO FINANCIAL STATEMENTS
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015



C-3 VENTURES, LLC
SCHEDULE OF TRANSACTIONS
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015

Expenses

Assets



C-3 VENTURES, LLC
SCHEDULE OF TRANSACTIONS
PERIOD FROM NOVEMBER 1, 2013 TO SEPTEMBER 15, 2015

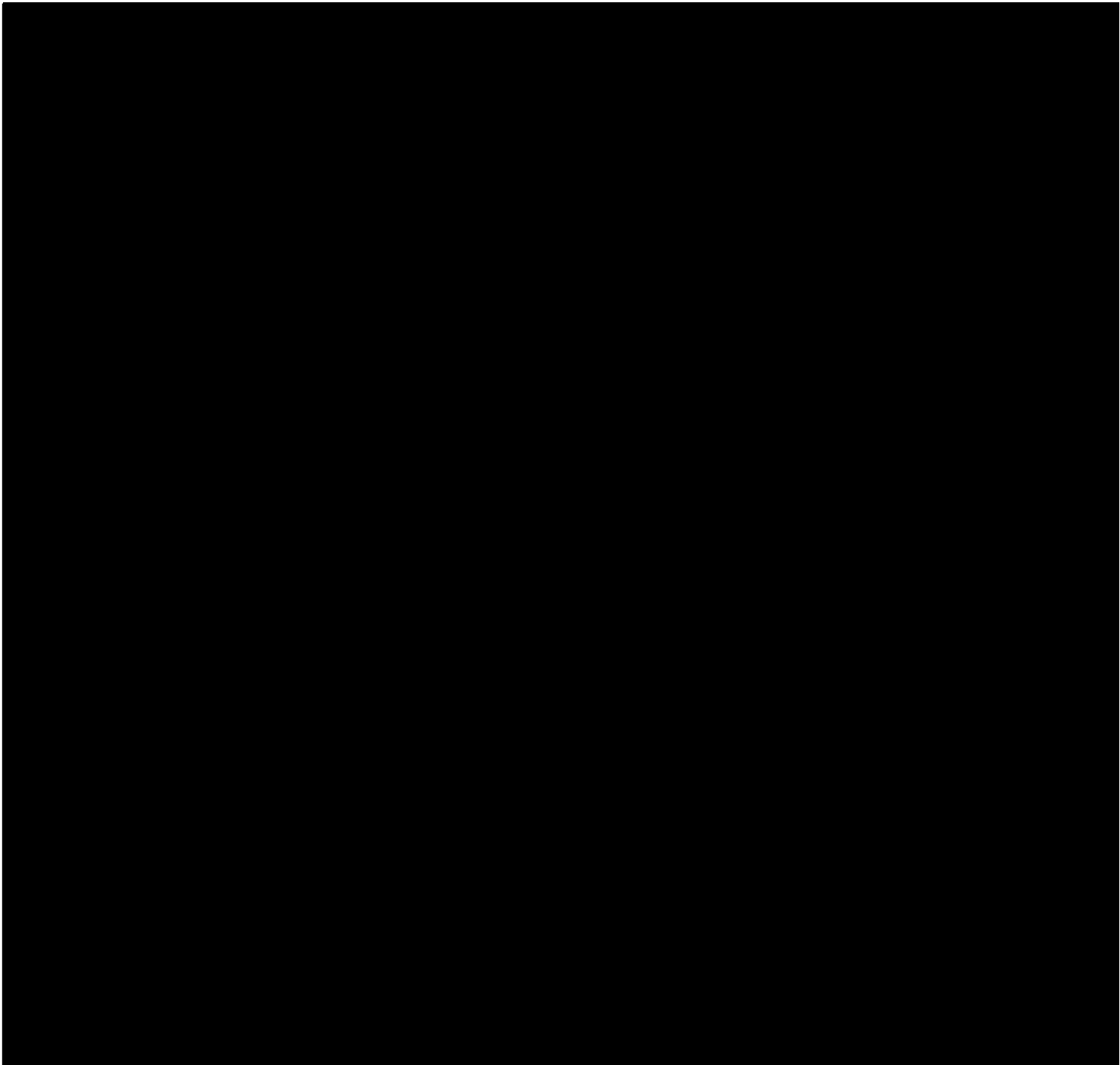
Section E.7
Pro Forma Financials

C-3 Ventures, LLC

c/o Thomas P. Macre, Jr, Vice President of Operations
248 Racebrook Road, Suite #217
Orange, CT 06477

COPY

September 15, 2015



C-3 VENTURES, LLC
FORECASTED FINANCIAL STATEMENTS
THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



Beers, Hamerman, Cohen & Burger, P.C.

Certified Public Accountants and Business Consultants

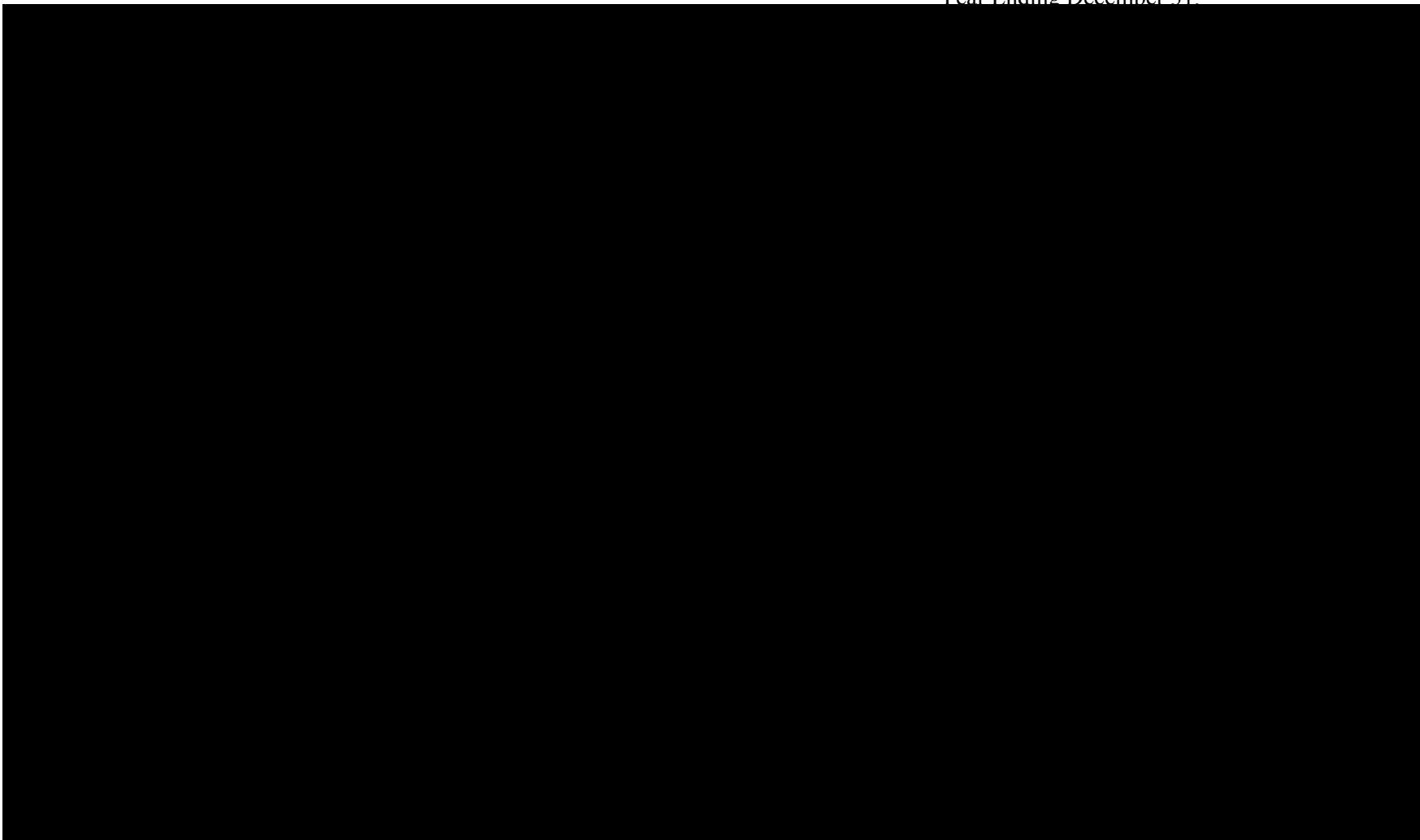
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Tax
Advisory
Assurance
Valuation
Litigation Support

234 Church Street, New Haven, Connecticut 06510 • Tel. 203.787.6527 • Fax. 203.776.8745
2228 Black Rock Turnpike, Suite 204, Fairfield, Connecticut 06825 • Tel. 203.333.2228 • Fax. 203.333.3520
www.bhcbcpa.com

C-3 VENTURES, LLC

FORECASTED STATEMENTS OF INCOME AND CASH FLOWS

Year Ending December 31



See accompanying summaries of significant assumptions
and accounting policies and accountant's report.

C-3 VENTURES, LLC

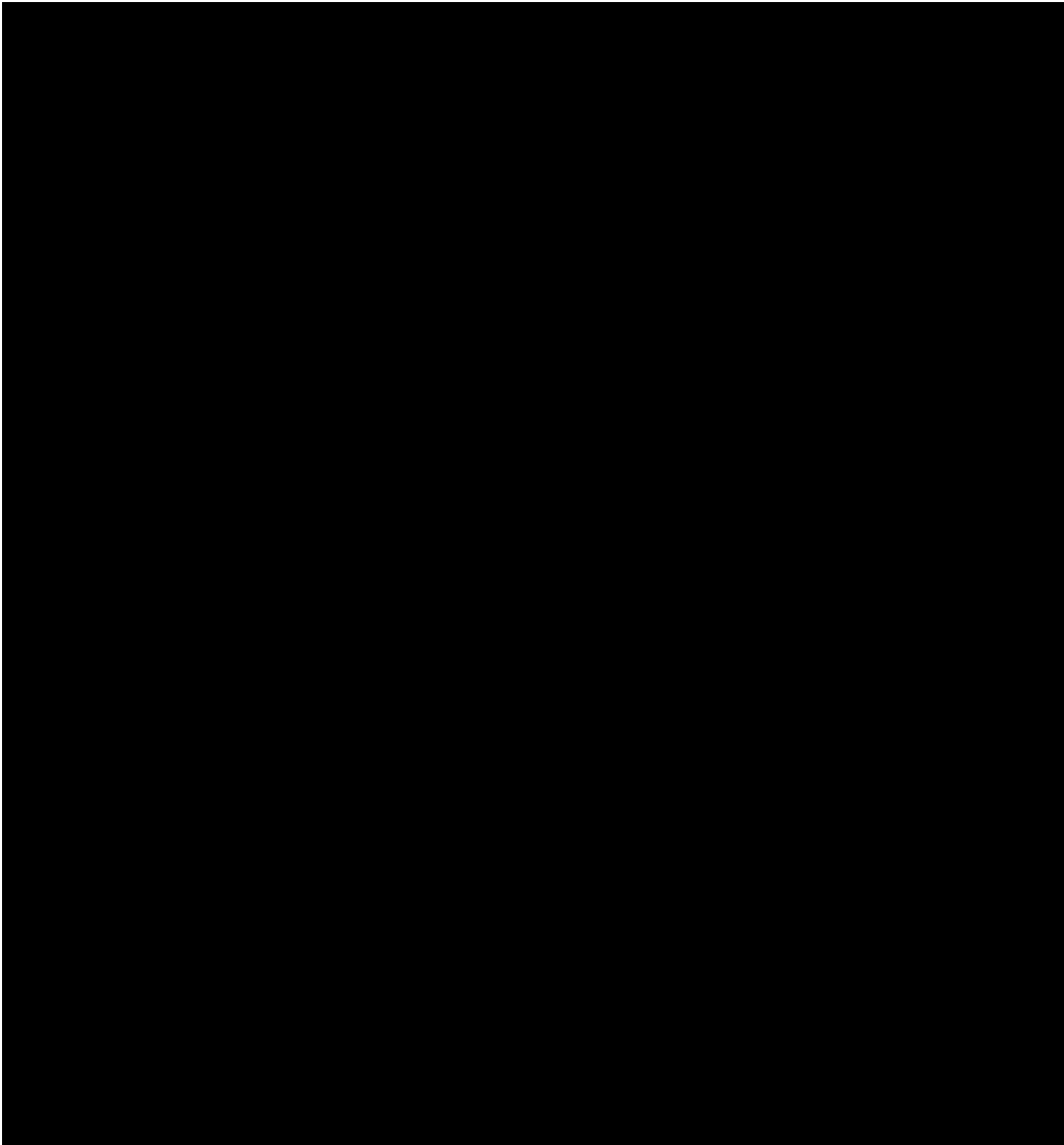
SCHEDULE OF FORECASTED SELLING, GENERAL AND ADMINISTRATIVE EXPENSES

See accompanying summaries of significant assumptions
and accounting policies and accountant's report.

C-3 VENTURES, LLC

SUMMARY OF SIGNIFICANT ASSUMPTIONS AND ACCOUNTING POLICIES

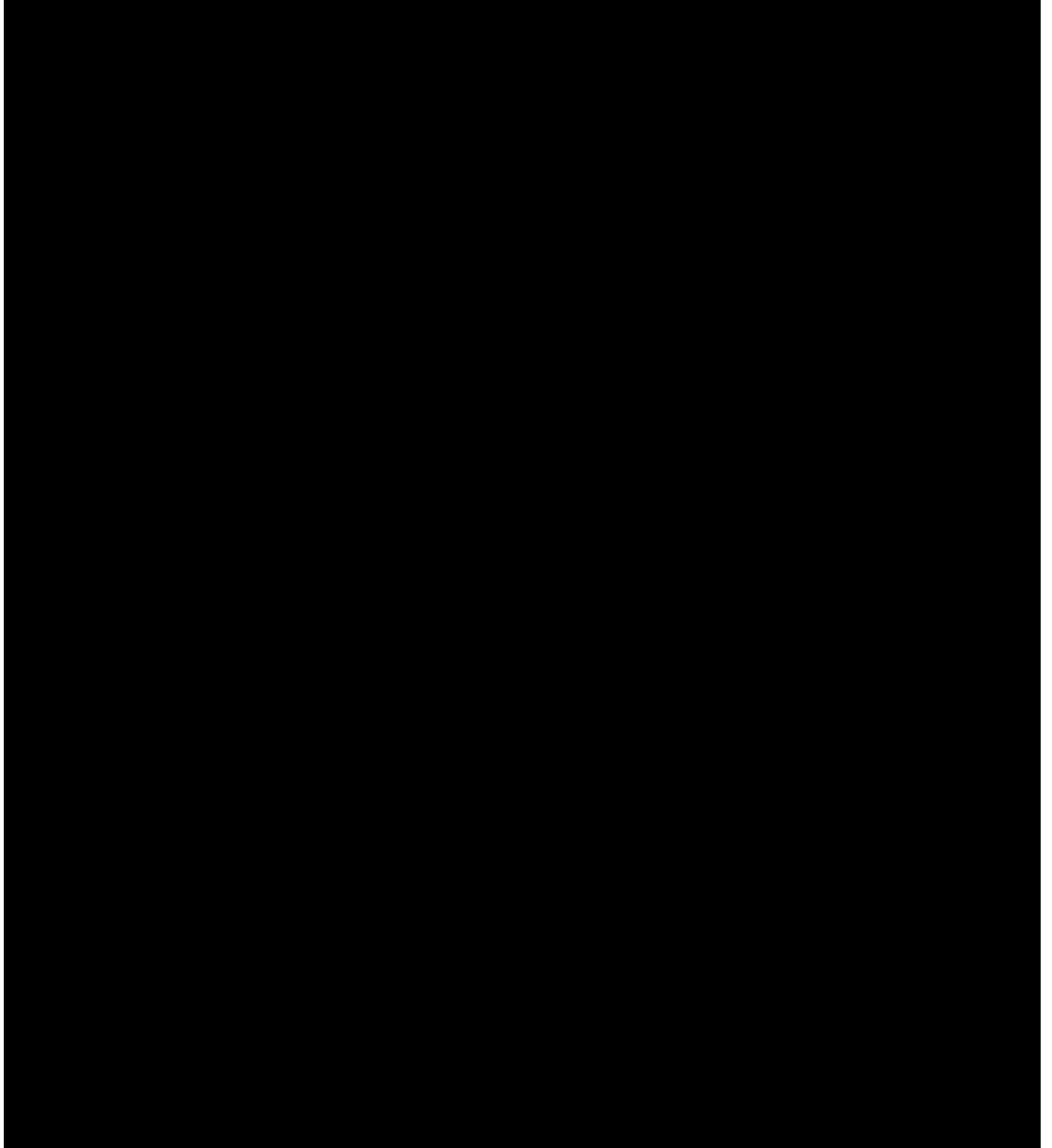
THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



C-3 VENTURES, LLC

SUMMARY OF SIGNIFICANT ASSUMPTIONS AND ACCOUNTING POLICIES

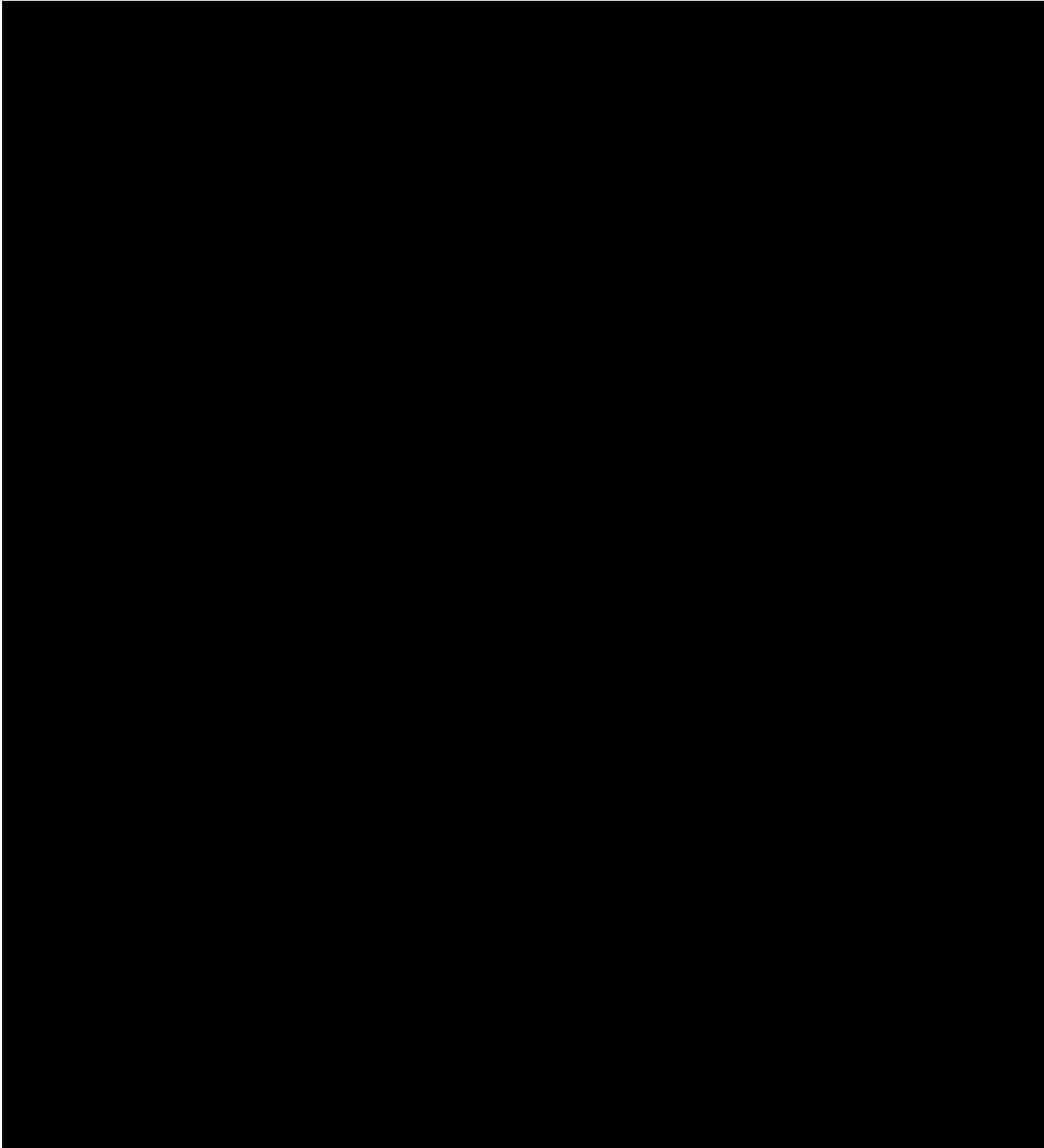
THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



C-3 VENTURES, LLC

SUMMARY OF SIGNIFICANT ASSUMPTIONS AND ACCOUNTING POLICIES

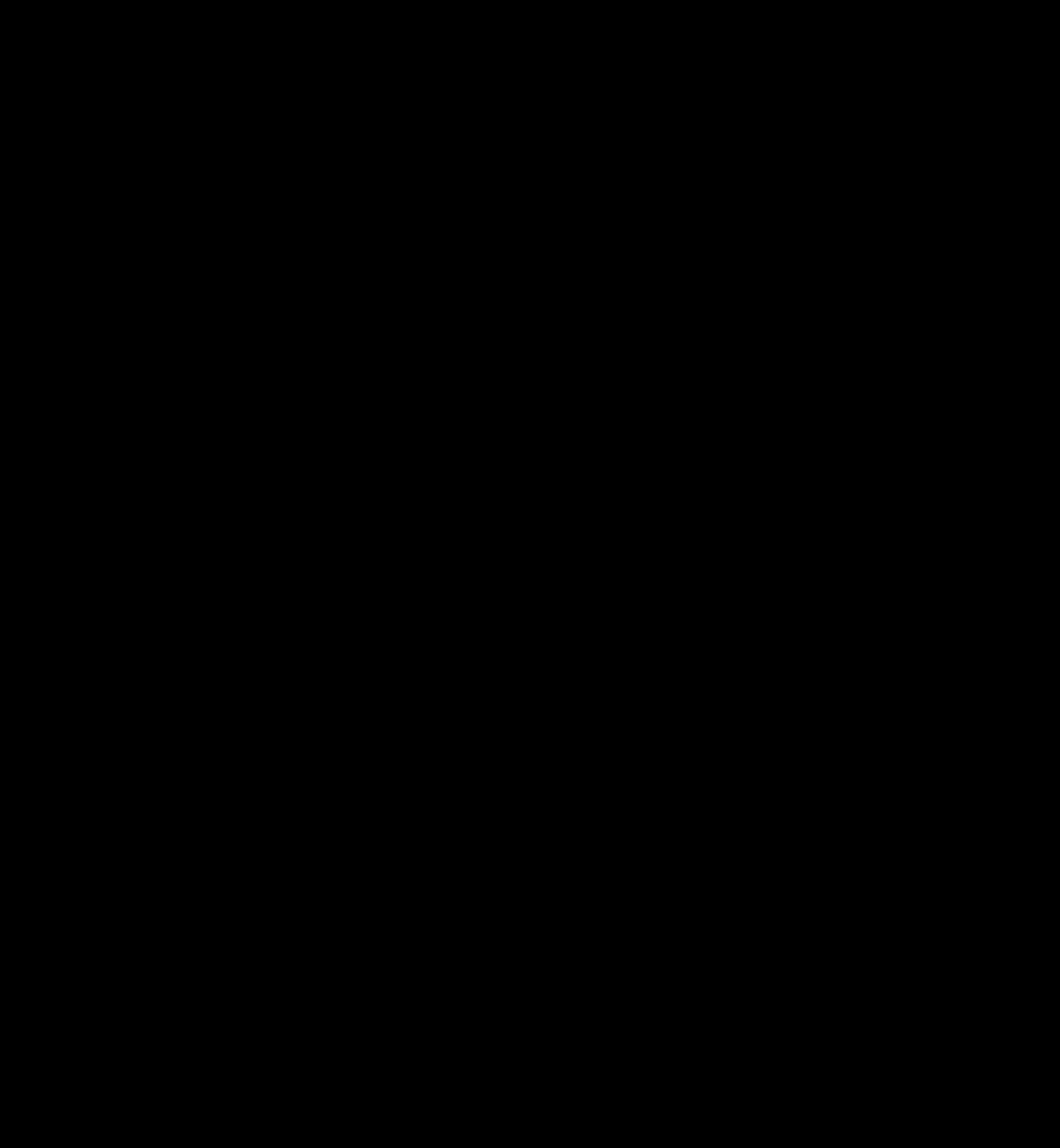
THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



C-3 VENTURES, LLC

SUMMARY OF SIGNIFICANT ASSUMPTIONS AND ACCOUNTING POLICIES

THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



C-3 VENTURES, LLC

SUMMARY OF SIGNIFICANT ASSUMPTIONS AND ACCOUNTING POLICIES

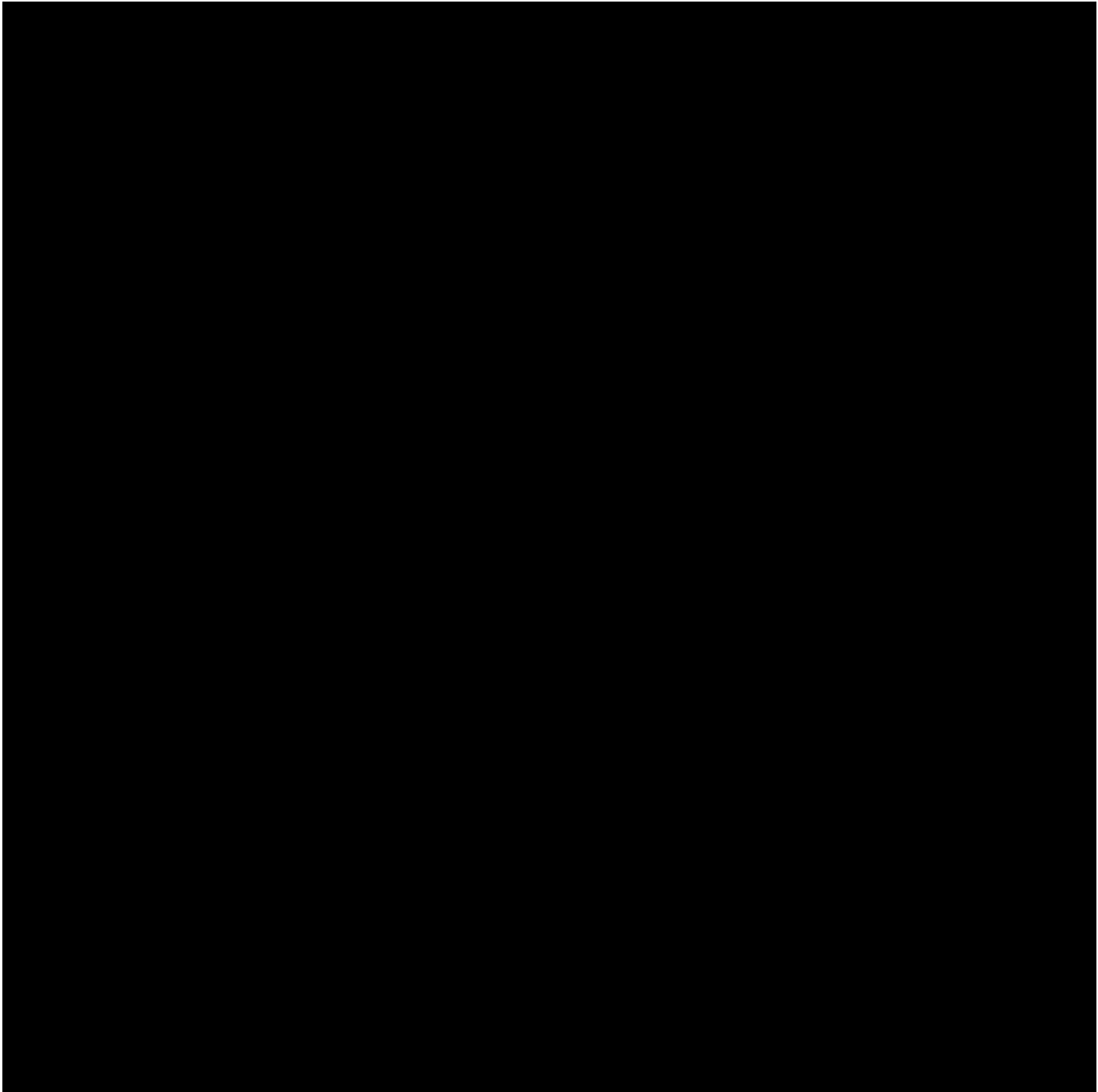
THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



C-3 VENTURES, LLC

SUMMARY OF SIGNIFICANT ASSUMPTIONS AND ACCOUNTING POLICIES

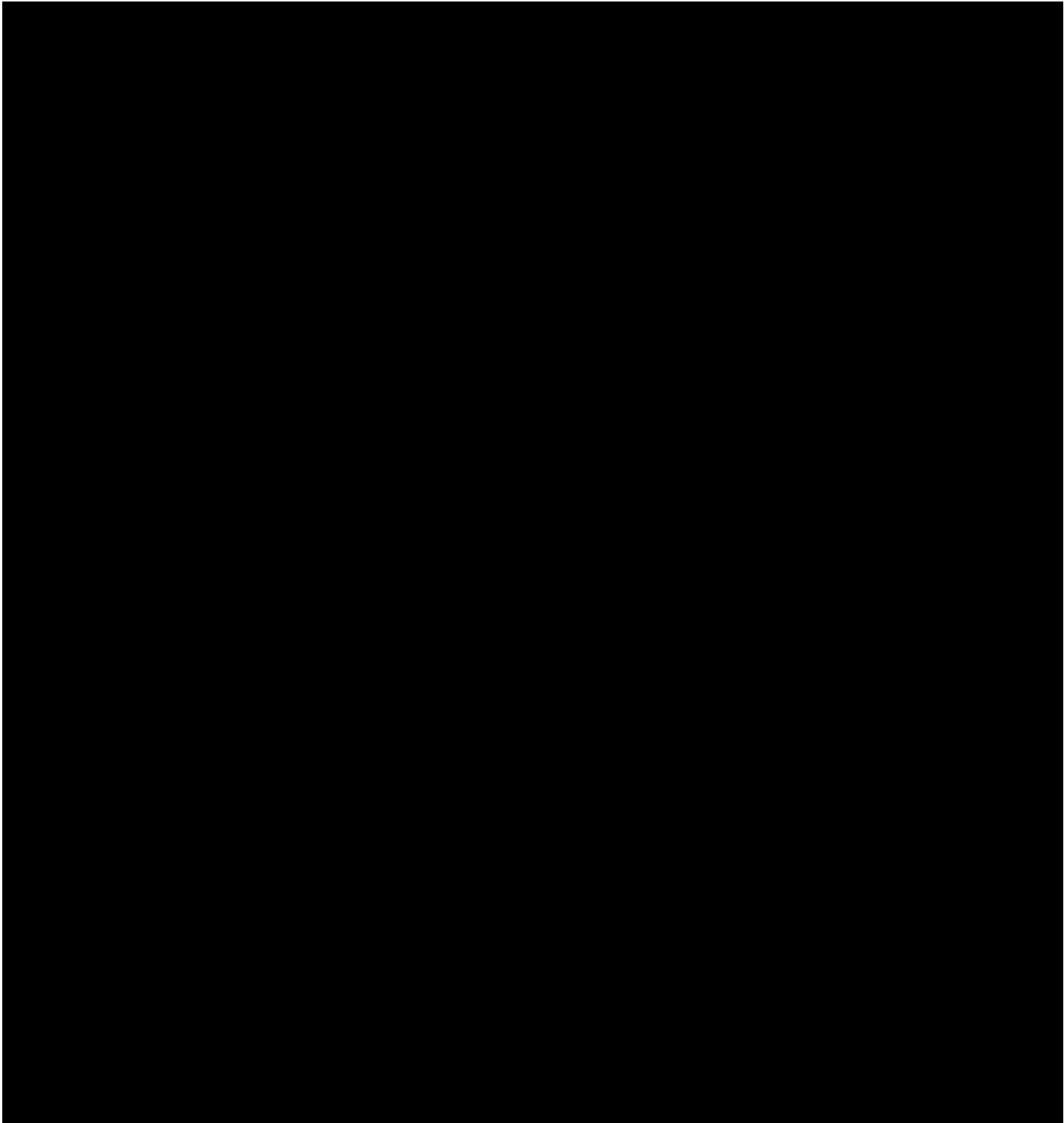
THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



C-3 VENTURES, LLC

SUMMARY OF SIGNIFICANT ASSUMPTIONS AND ACCOUNTING POLICIES

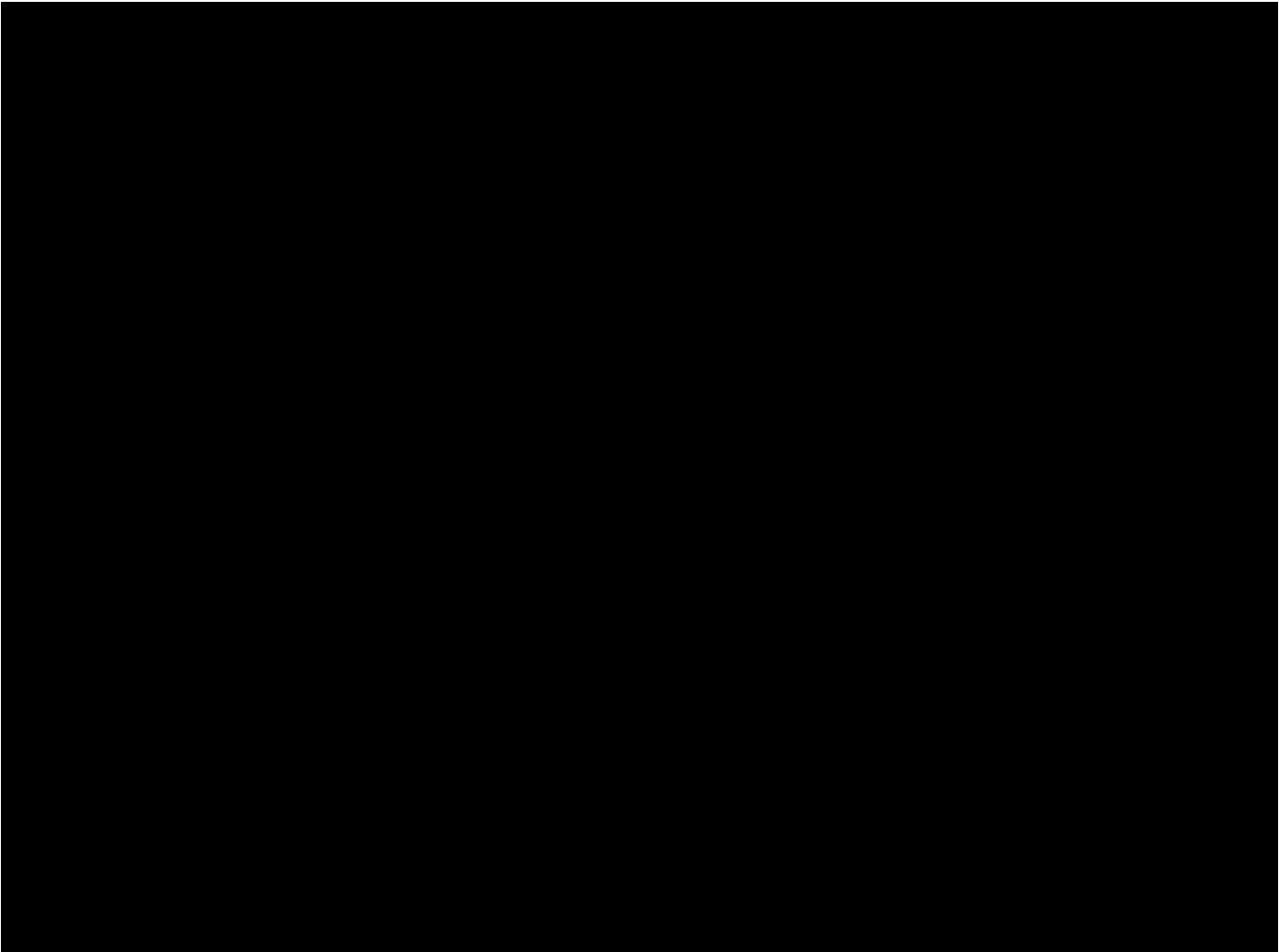
THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



C-3 VENTURES, LLC

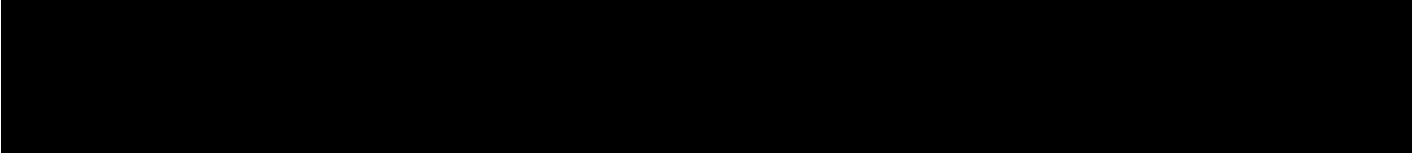
SUMMARY OF SIGNIFICANT ASSUMPTIONS AND ACCOUNTING POLICIES

THREE YEARS ENDING DECEMBER 31, 2016
THROUGH DECEMBER 31, 2018



Section E.8
Applicant Tax Returns

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.



Appendix E.8.1
Tax Returns

Applicant Tax Returns 2013

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

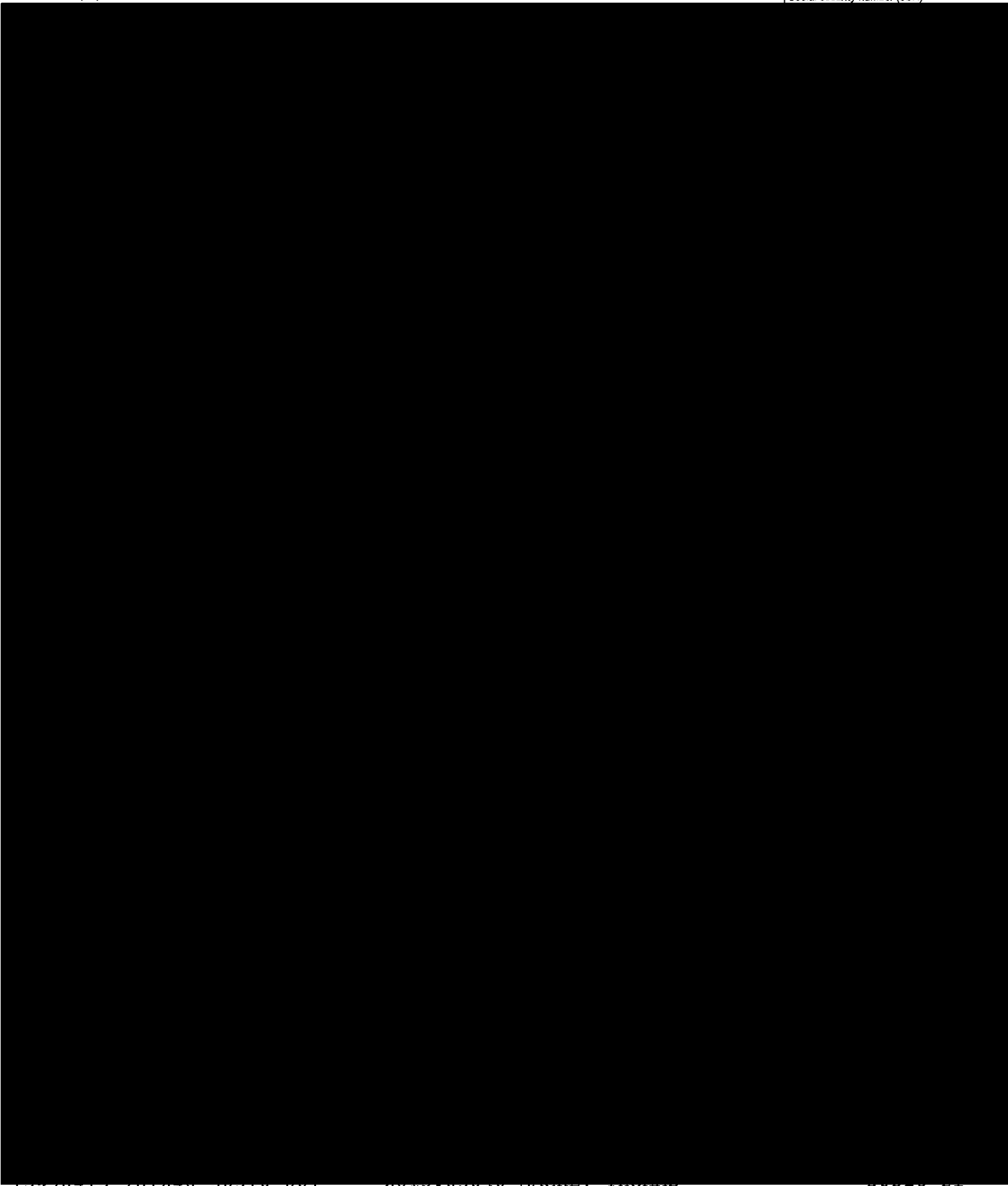
▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2013
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)



Applicant Tax Returns 2014

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

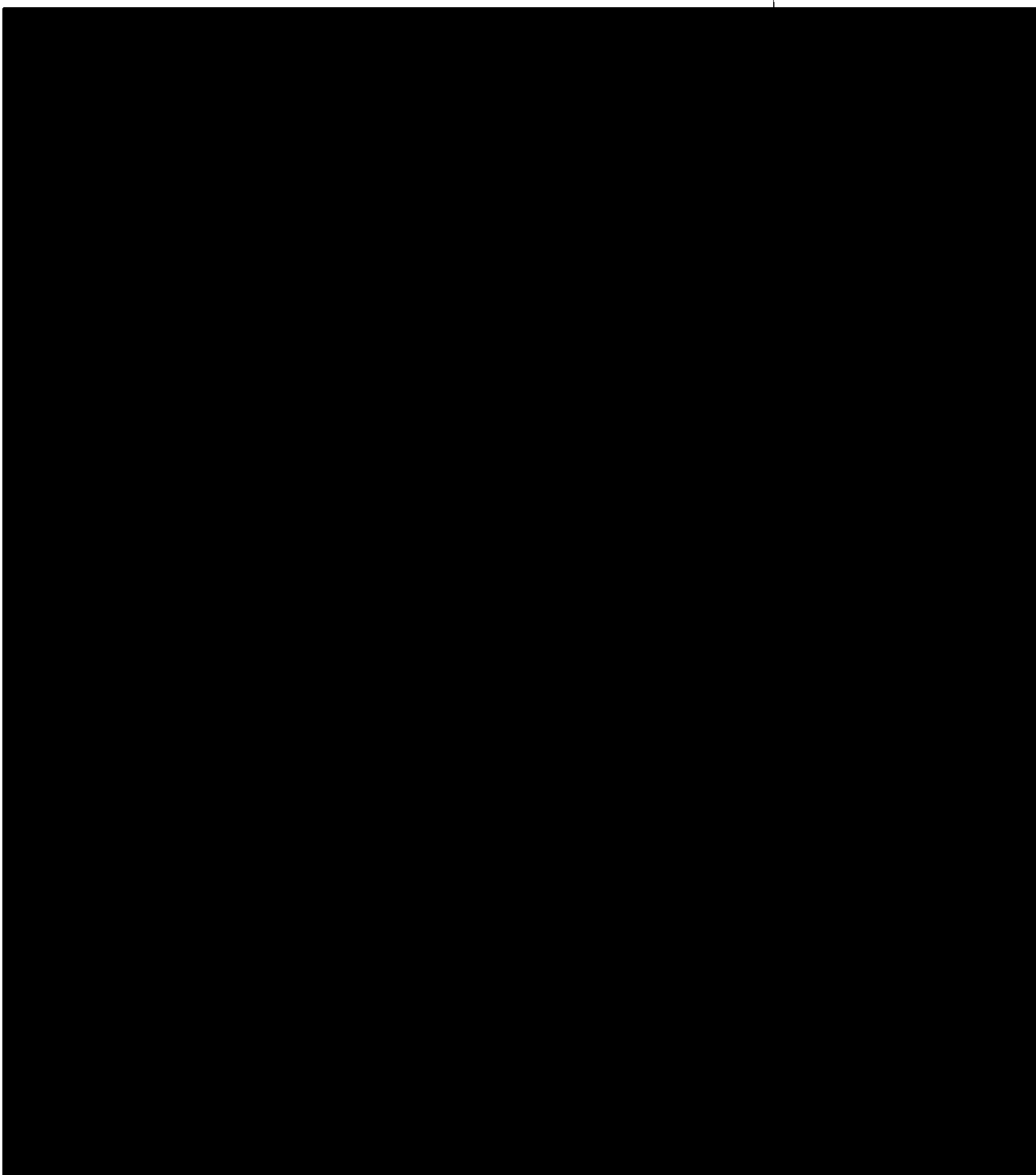
OMB No. 1545-0074

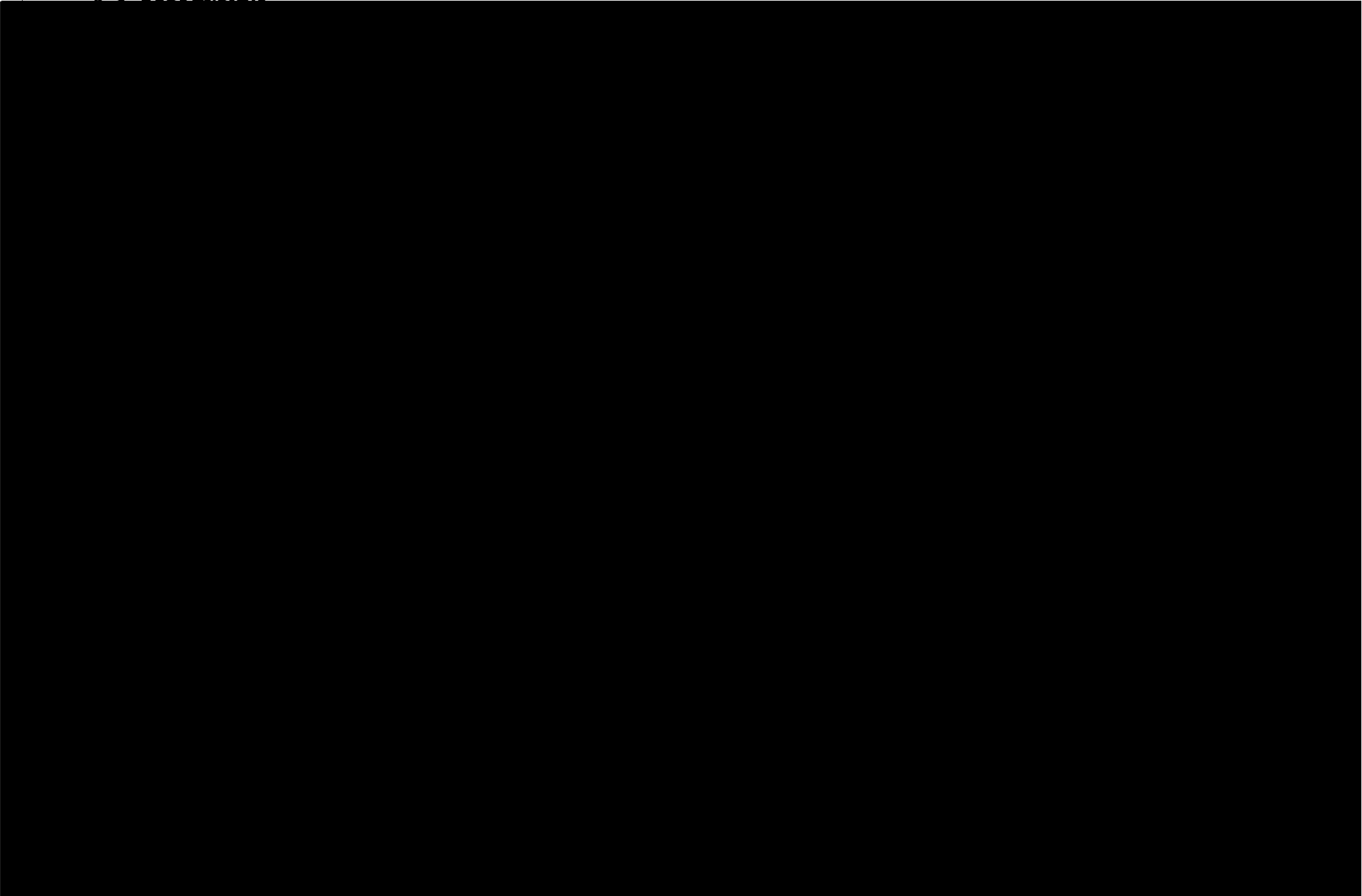
2014

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

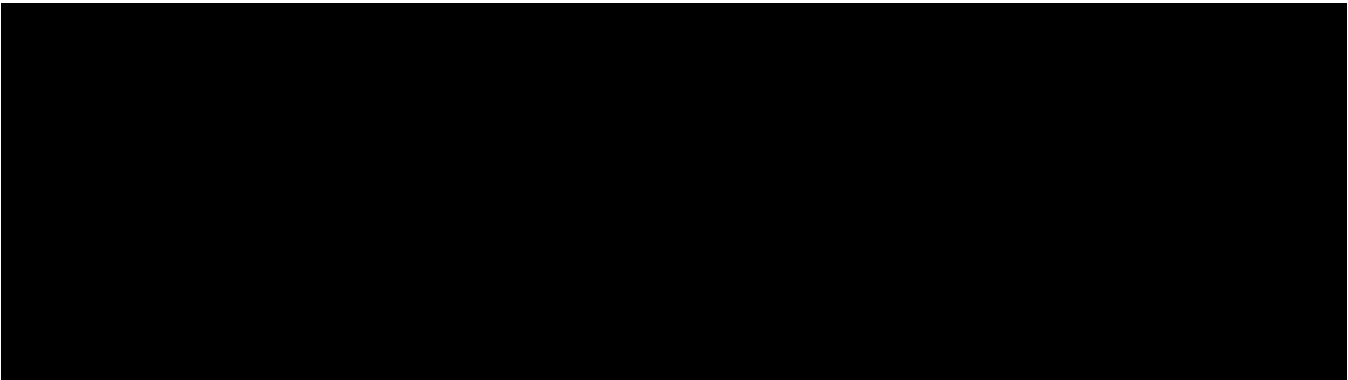




Business Name:

Section E.9
Dispensary Facility Backer Taxes

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.



Appendix E.9.1
Tax Returns

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial **THOMAS P.** Last name **MACRE** Your social security number **129 56 8914**

If a joint return, spouse's first name and initial **LISA** Last name **MACRE** Spouse's social security number **047 60 4596**

Home address (number and street). If you have a P.O. box, see instructions. **3 MORRIS STREET** Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **WEST HAVEN, CT 06516**

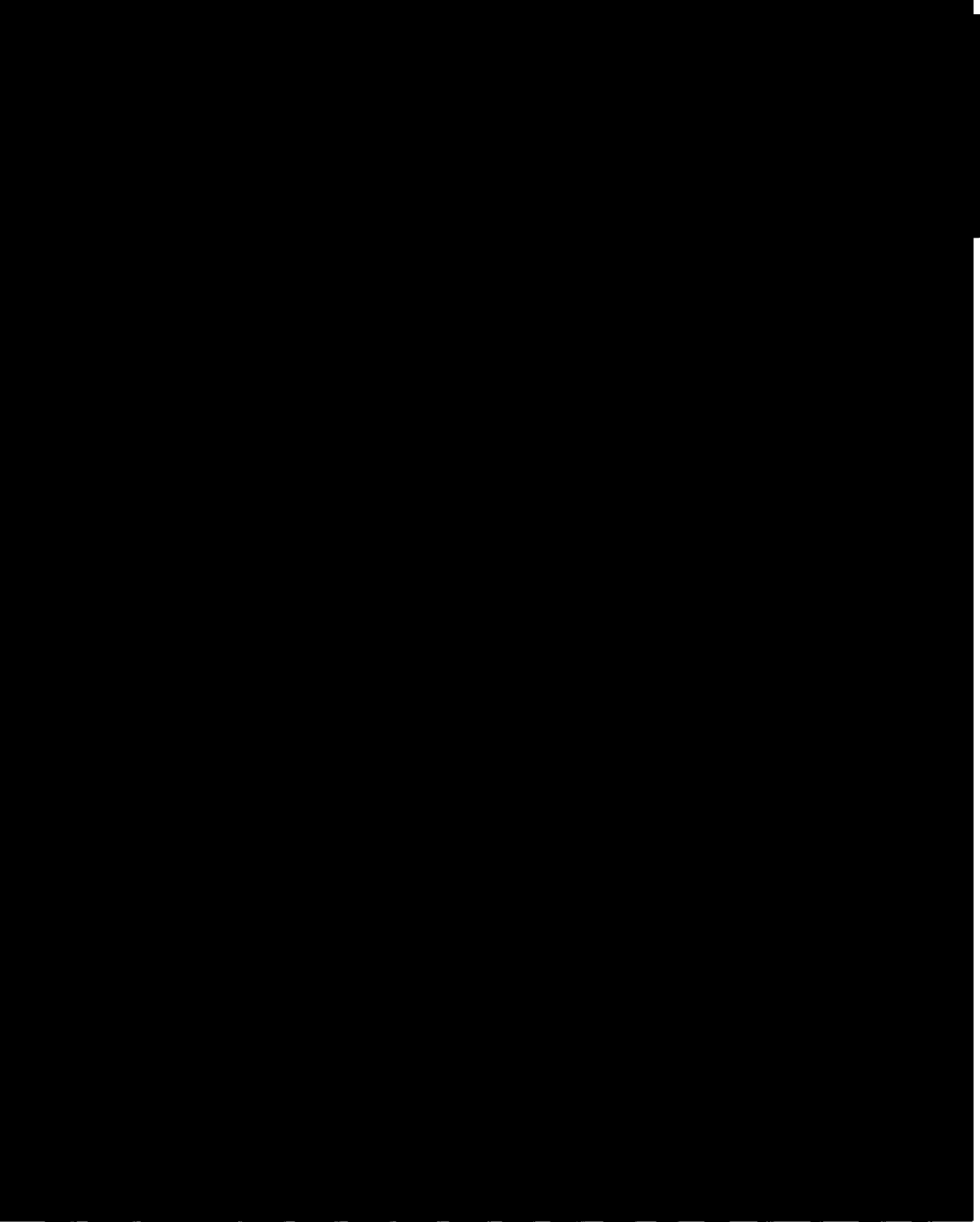
Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **2** Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child 3 Married filing separately. Enter spouse's SSN above and full name here. **2** You Spouse

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse Boxes checked on 6a and 6b **2** c **Dependents:** (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit No. of children on 6c who: lived with you did not live with you due to divorce or separation (see instructions) d Total number of exemptions claimed **2** Add numbers on lines above **2**

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 294,486.** 8a Taxable interest. Attach Schedule B if required **8a** b Tax-exempt interest. Do not include on line 8a **8b** 9a Ordinary dividends. Attach Schedule B if required **9a 8,650.** b Qualified dividends **9b 8,650.** 10 Taxable refunds, credits, or offsets of state and local income taxes **10** 11 Alimony received **11** 12 Business income or (loss). Attach Schedule C or C-EZ **12 251,206.** 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **13 124,867.** 14 Other gains or (losses). Attach Form 4797 **14 -194,569.** 15a IRA distributions **15a** b Taxable amount **15b** 16a Pensions and annuities **16a** b Taxable amount **16b** 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17** 18 Farm income or (loss). Attach Schedule F **18** 19 Unemployment compensation **19** 20a Social security benefits **20a** b Taxable amount **20b** 21 Other income. List type and amount **21** 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 484,640.**

Adjusted Gross Income 23 Educator expenses **23 250.** 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24** 25 Health savings account deduction. Attach Form 8889 **25 150.** 26 Moving expenses. Attach Form 3903 **26** 27 Deductible part of self-employment tax. Attach Schedule SE **27 3,630.** 28 Self-employed SEP, SIMPLE, and qualified plans **28** 29 Self-employed health insurance deduction **29** 30 Penalty on early withdrawal of savings **30** 31a Alimony paid b Recipient's SSN **31a** 32 IRA deduction **32** 33 Student loan interest deduction **33** 34 Tuition and fees. Attach Form 8917 **34** 35 Domestic production activities deduction. Attach Form 8903 **35** 36 Add lines 23 through 35 **36 4,030.** 37 Subtract line 36 from line 22. This is your adjusted gross income **37 480,610.**



**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

LISA MACRE

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

[Redacted content]

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation

36 Purchases less cost of items withdrawn for personal use

37 Cost of labor. Do not include any amounts paid to yourself

38 Materials and supplies

39 Other costs

40 Add lines 35 through 39

41 Inventory at end of year

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

[Redacted area]

[Redacted area]

[Redacted area]

[Redacted area]

[Redacted area]

[Redacted area]

[Redacted area]

[Redacted area]

[Redacted area]

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**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**

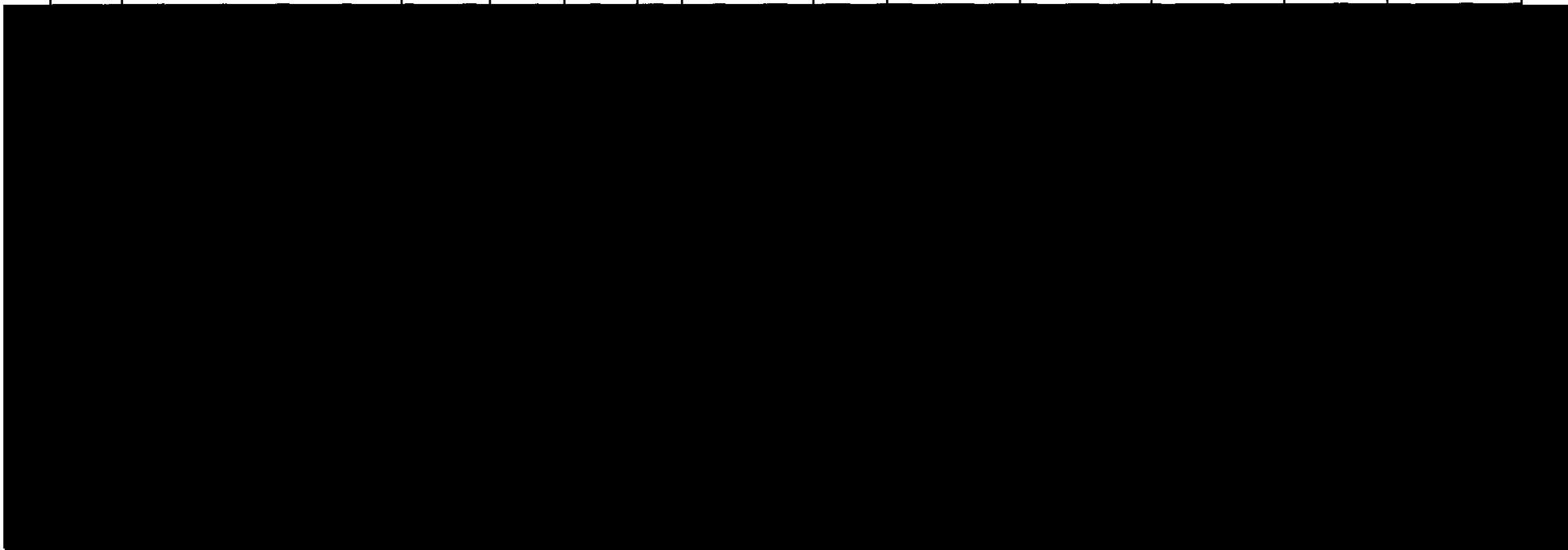
Name of proprietor

Social security number (SSN)

2014 DEPRECIATION AND AMORTIZATION REPORT
 C-3 DISPENSARY

SCHEDULE C- 3

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
-----------	-------------	---------------	--------	------	----------	--------------------------	------------	----------------------	------------------------	--------------------------	-----------------	------------------------



428102
 05-01-14

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Schedule C - Two-Year Comparison Worksheet

2014

Business Name:

C-3 DISPENSARY

Description	Tax Year	Tax Year	Increase

410838 05-01-14

13.2

16430617 781246 30310-001

2014.03050 MACRE, THOMAS

30310-21

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

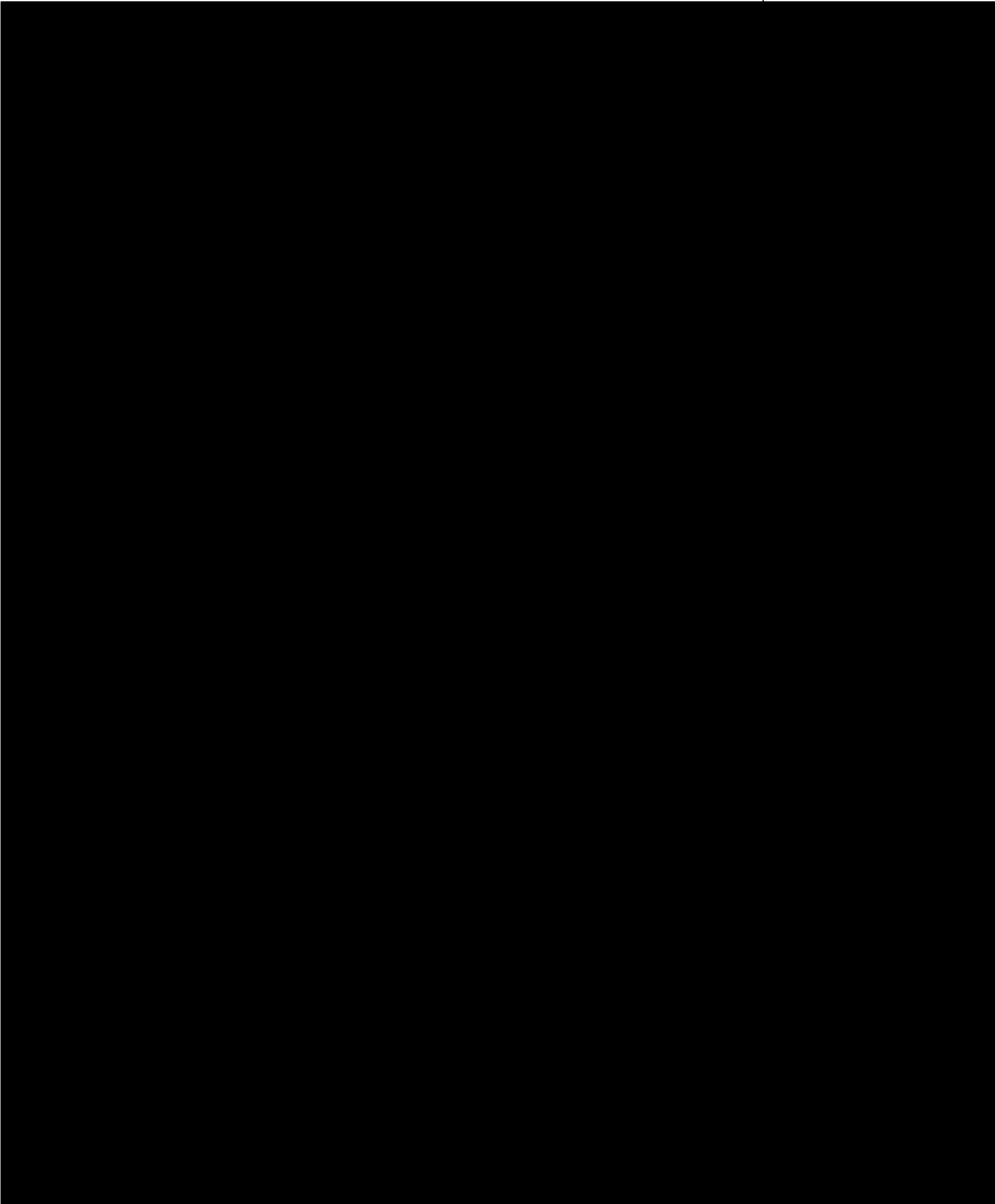
OMB No. 1545-0074

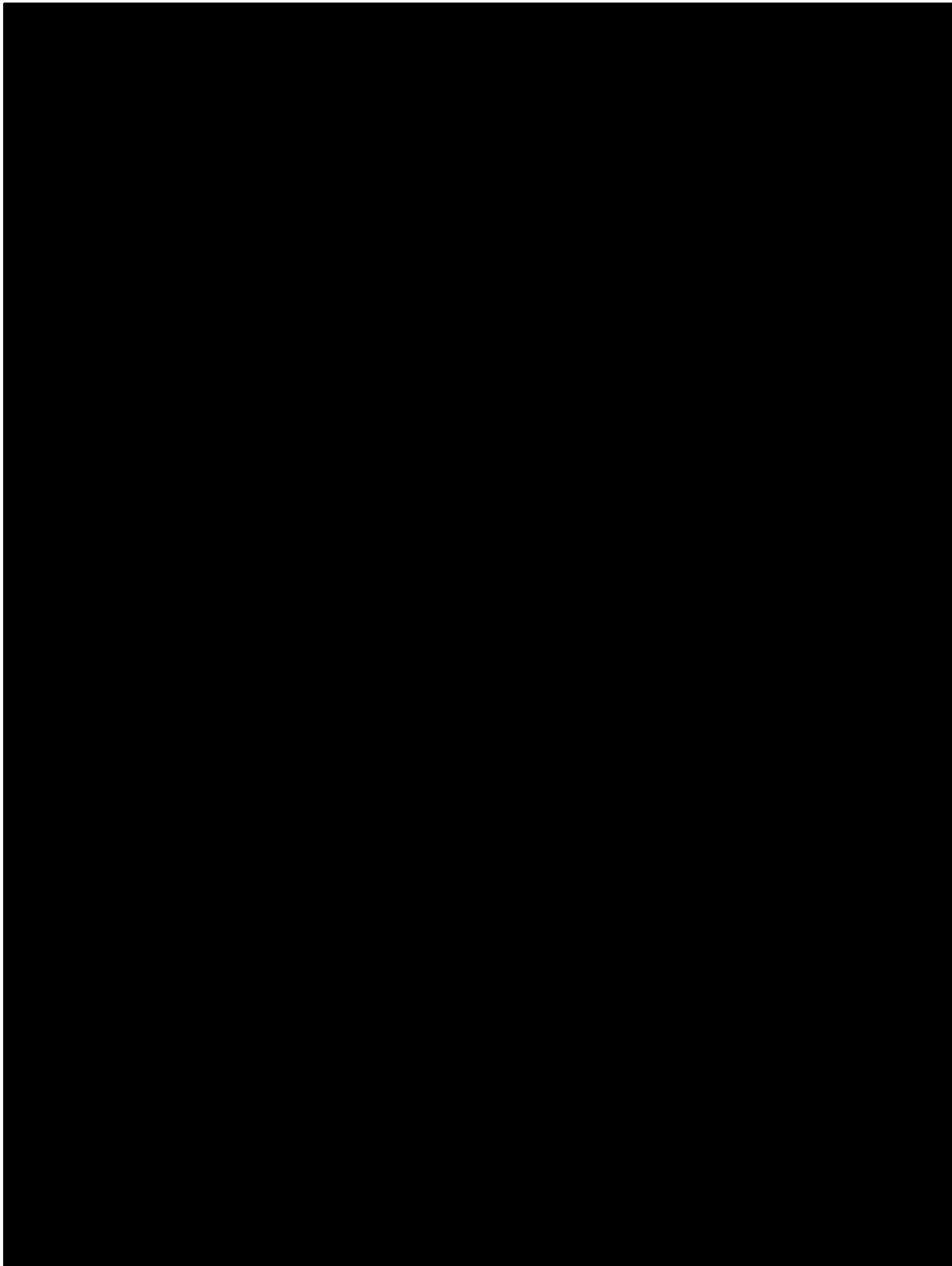
2014

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

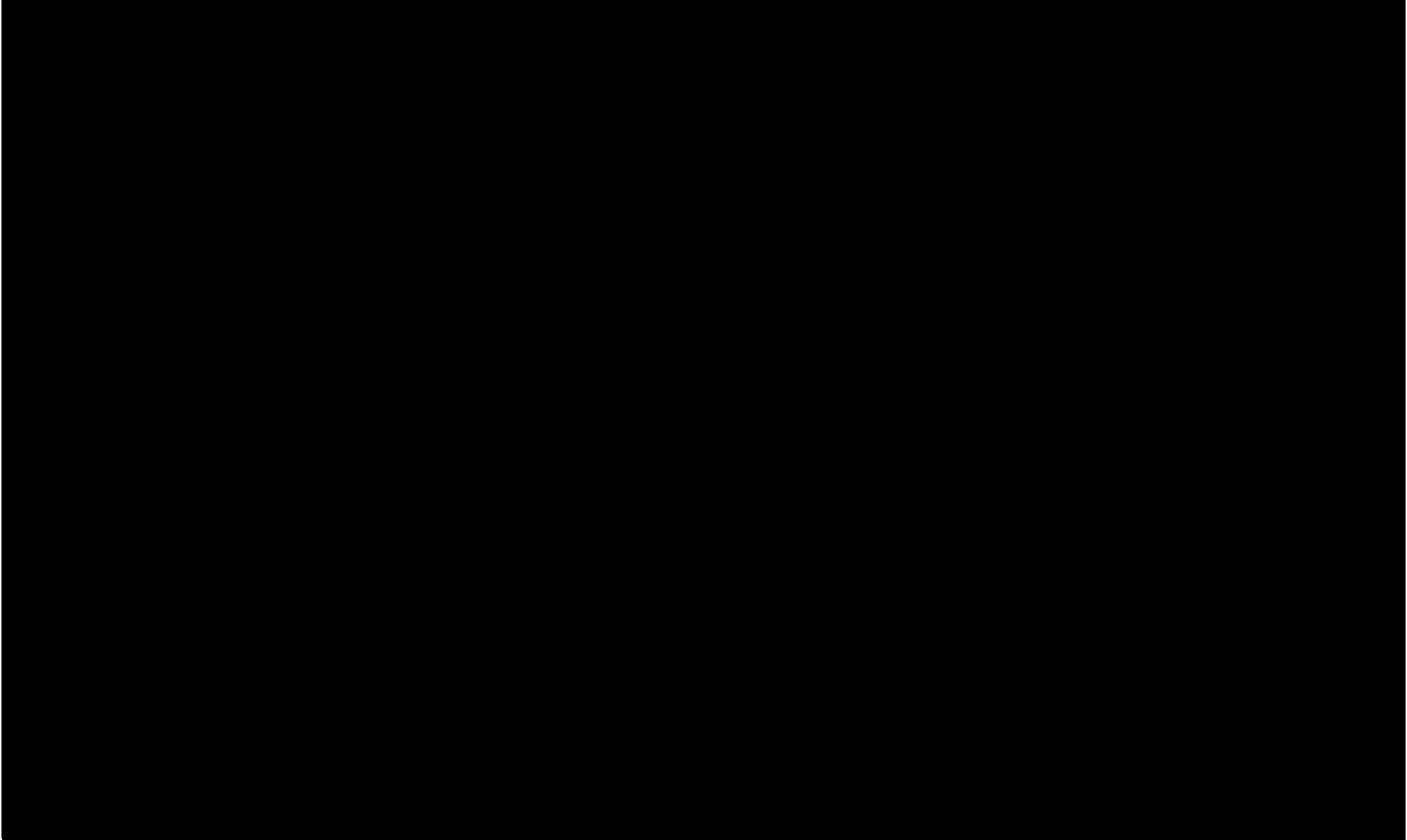




2014 DEPRECIATION AND AMORTIZATION REPORT
 C-THREE, LLC

SCHEDULE C- 2

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
-----------	-------------	---------------	--------	------	----------	--------------------------	------------	----------------------	------------------------	--------------------------	-----------------	------------------------



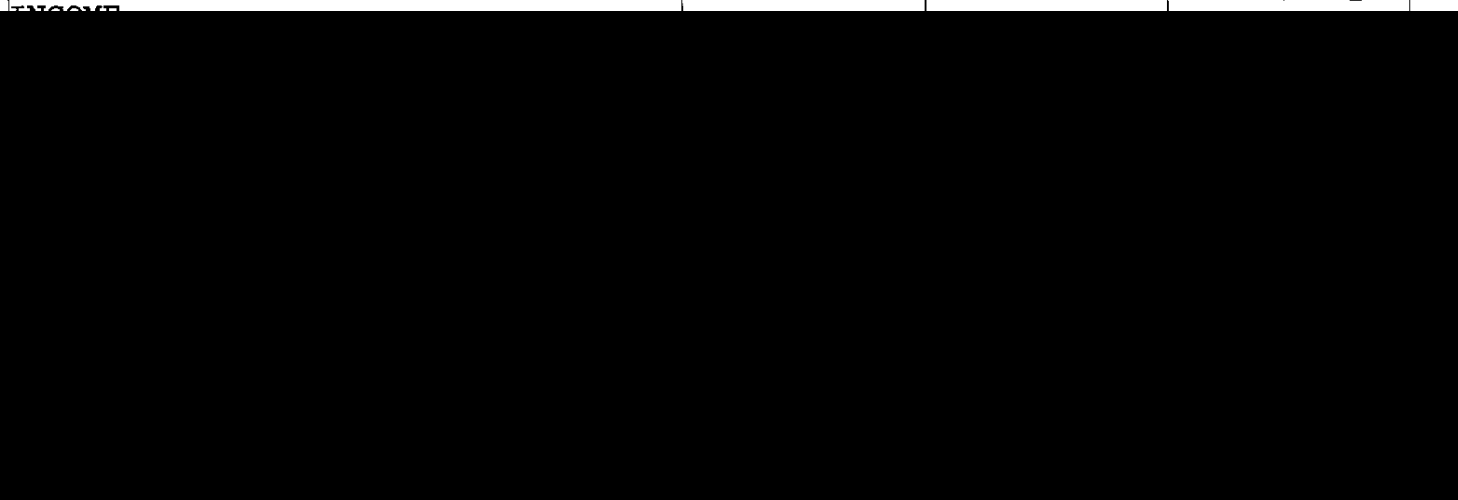
Schedule C - Two-Year Comparison Worksheet

2014

Business Name:

C-THREE, LLC

Description	Tax Year 2013	Tax Year 2014	Increase (Decrease)
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**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

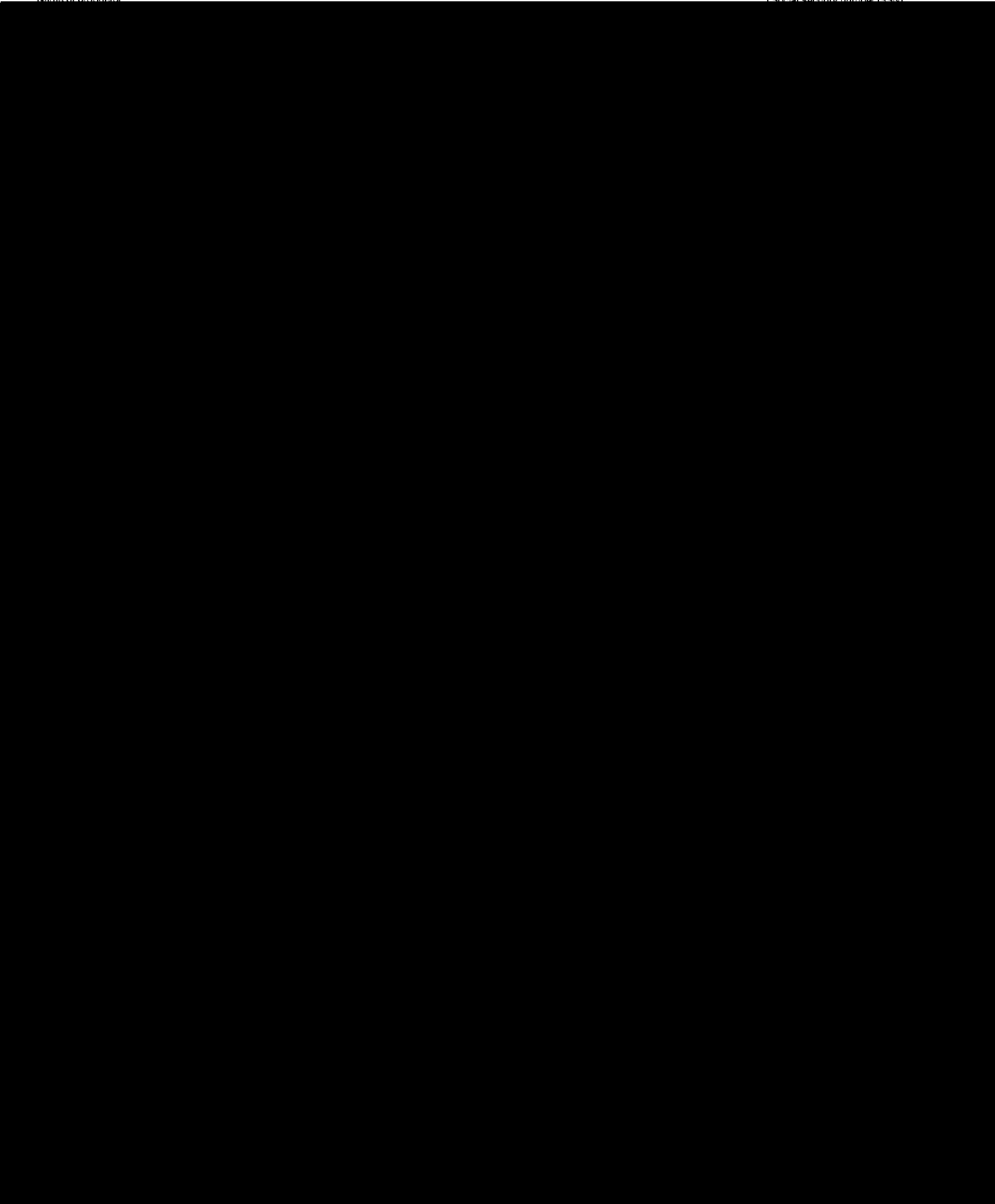
OMB No. 1545-0074

2014

Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)



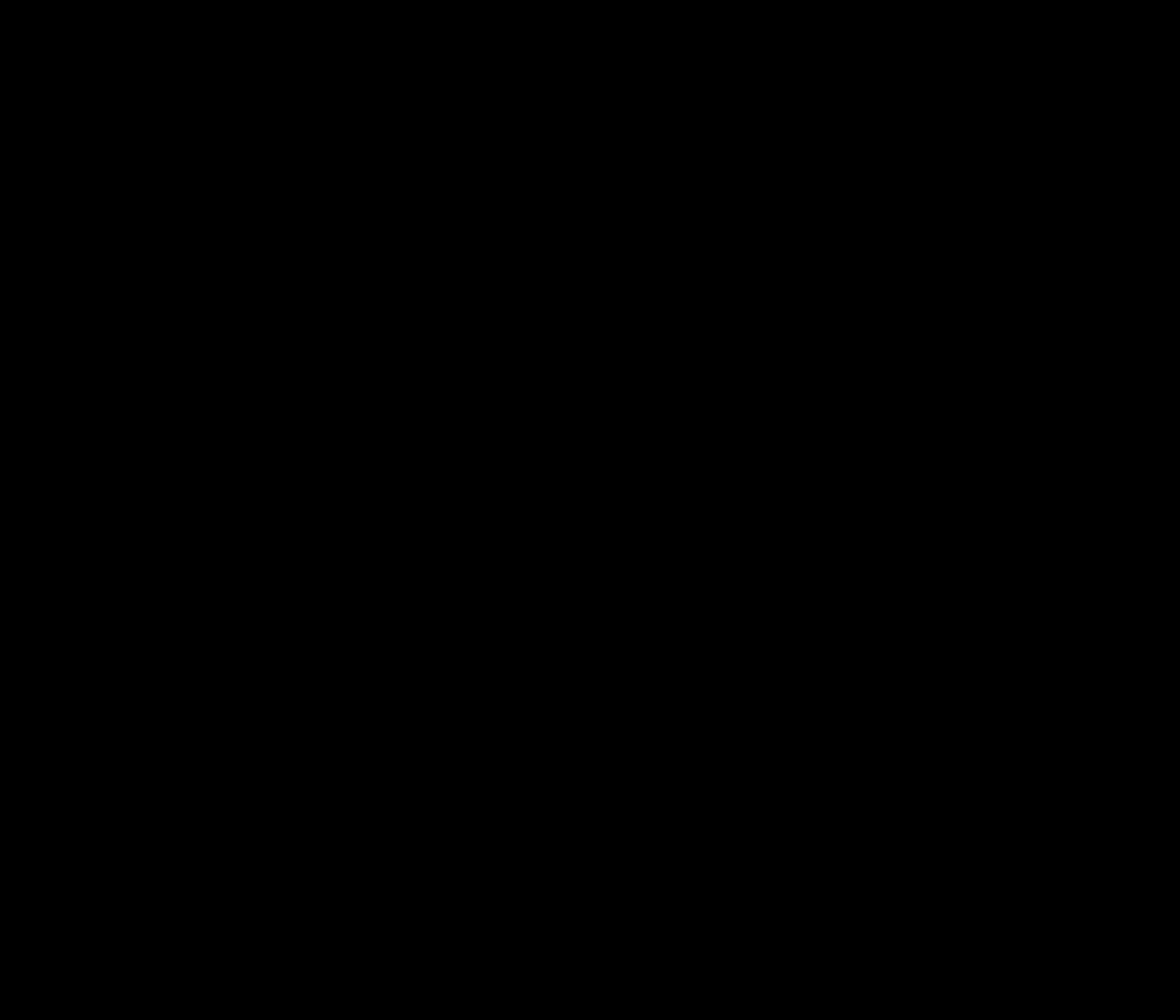
Schedule C - Two-Year Comparison Worksheet



Business Name:

MEDTECH LLC

Description	Tax Year 2013	[Redacted]	[Redacted]
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**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

▶ Attach to Form 1040 or Form 1040NR.

2014

Department of the Treasury
Internal Revenue Service (99)

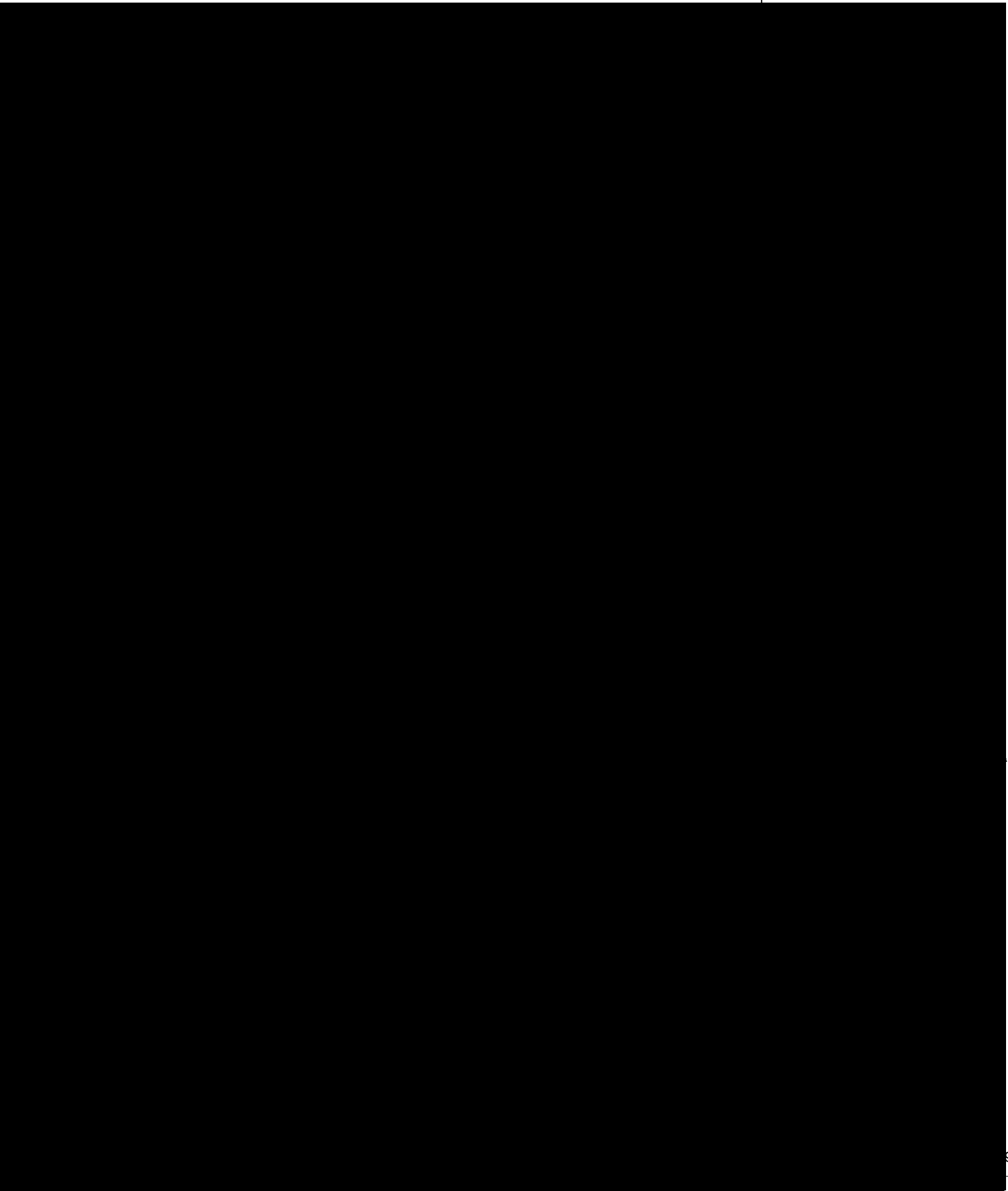
▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled

Attachment
Sequence No. **12**

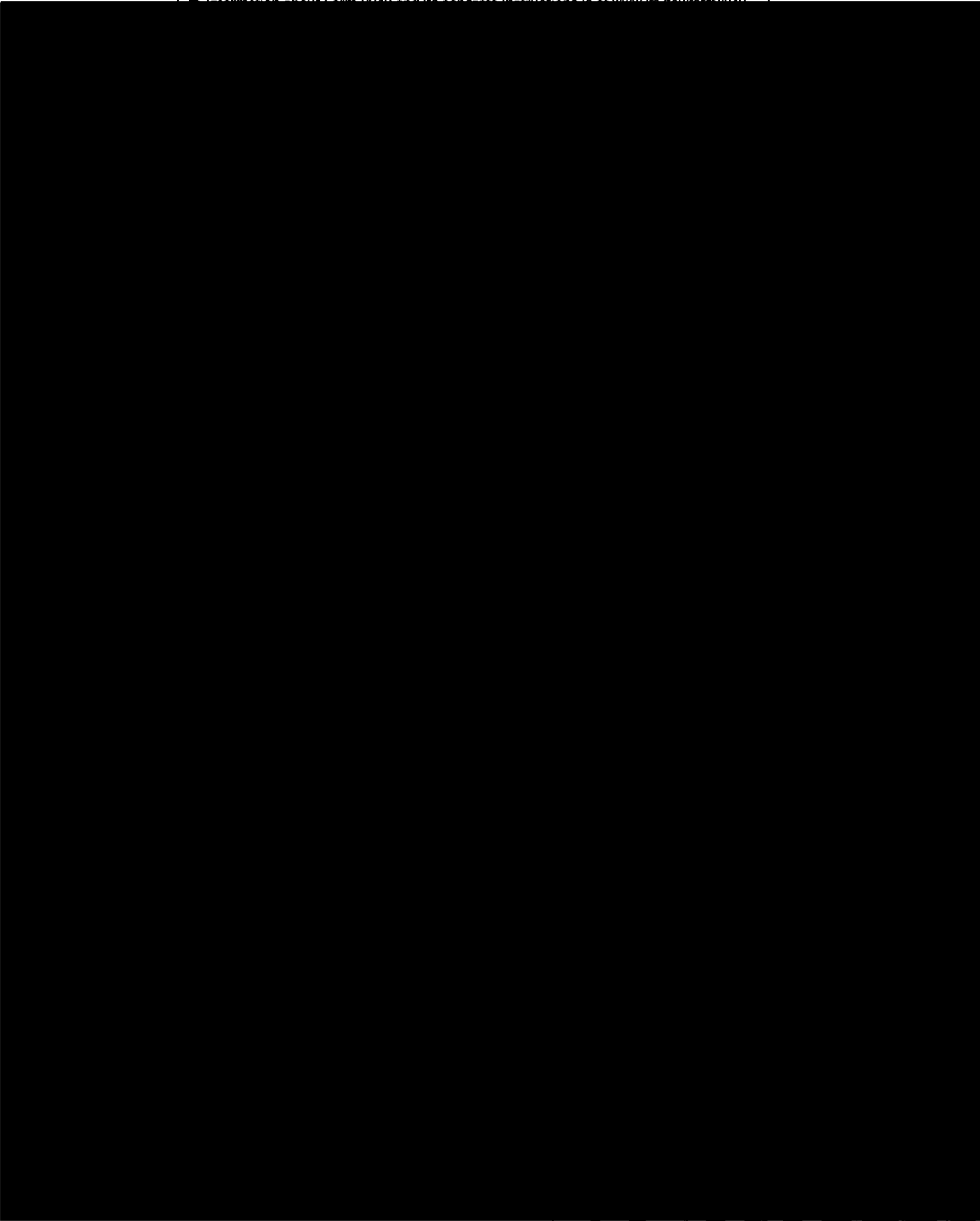
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

Your social security number

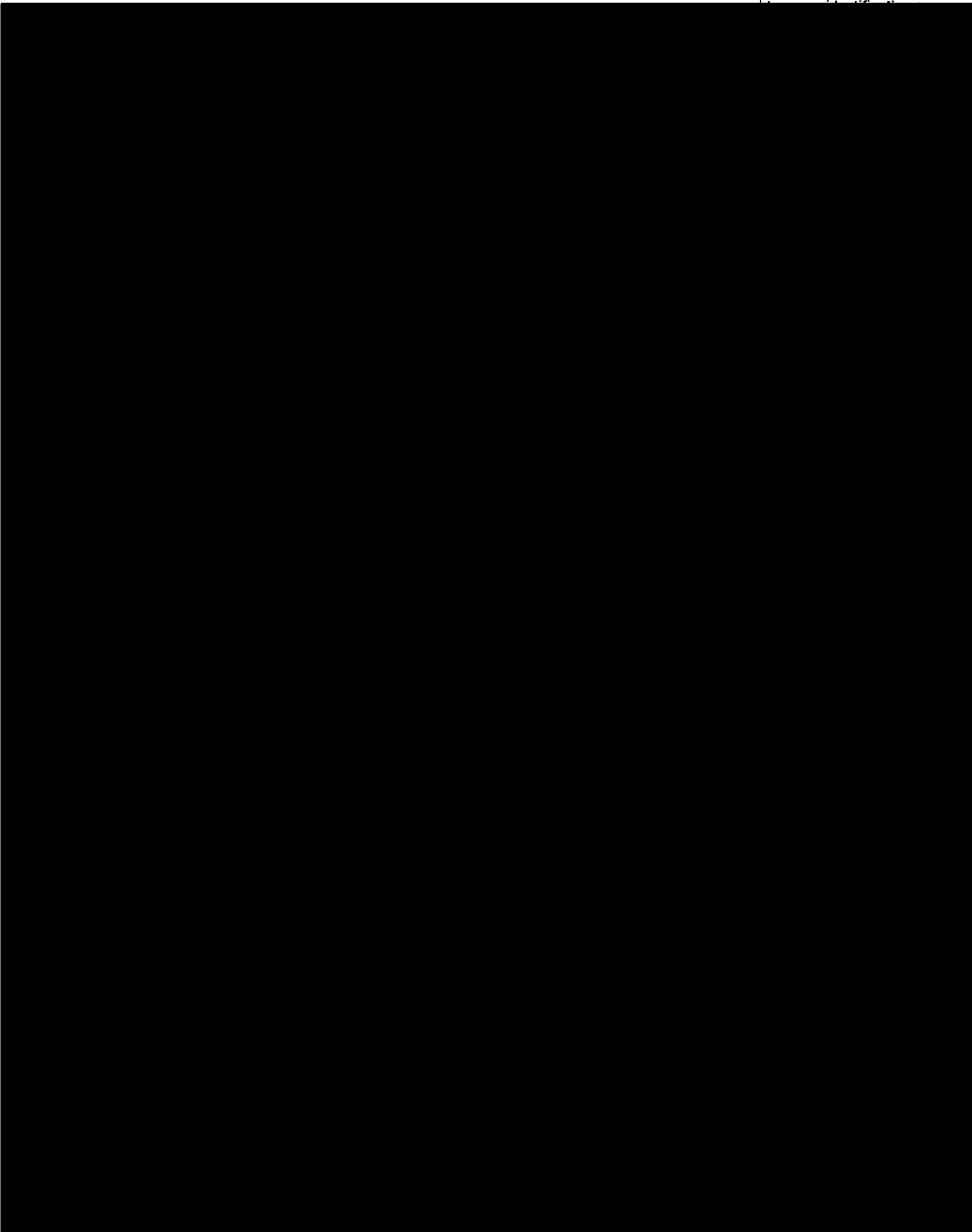


Information about Form 8949 and its contents instructions is at www.irs.gov/form8949.

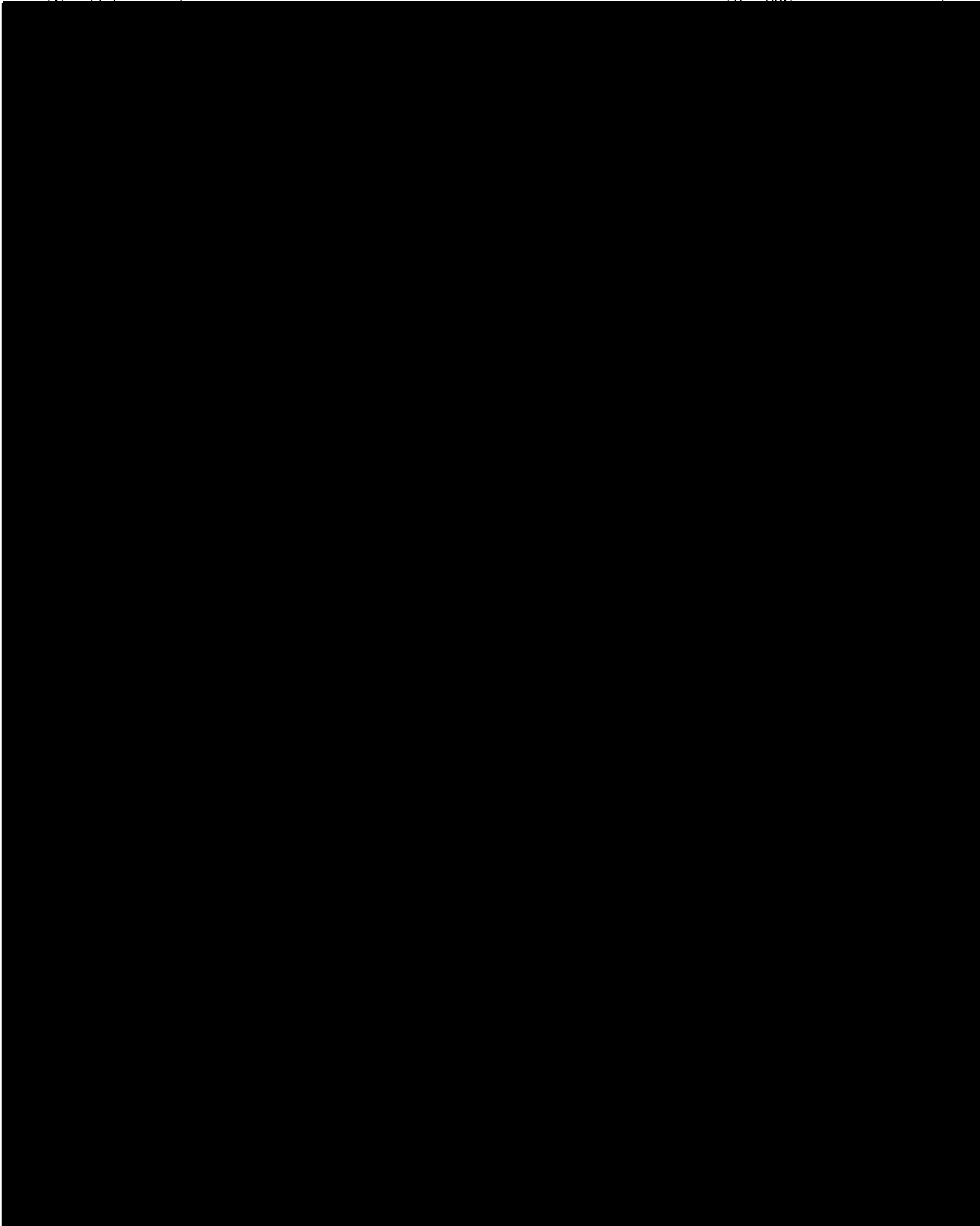


Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or
taxpayer identification



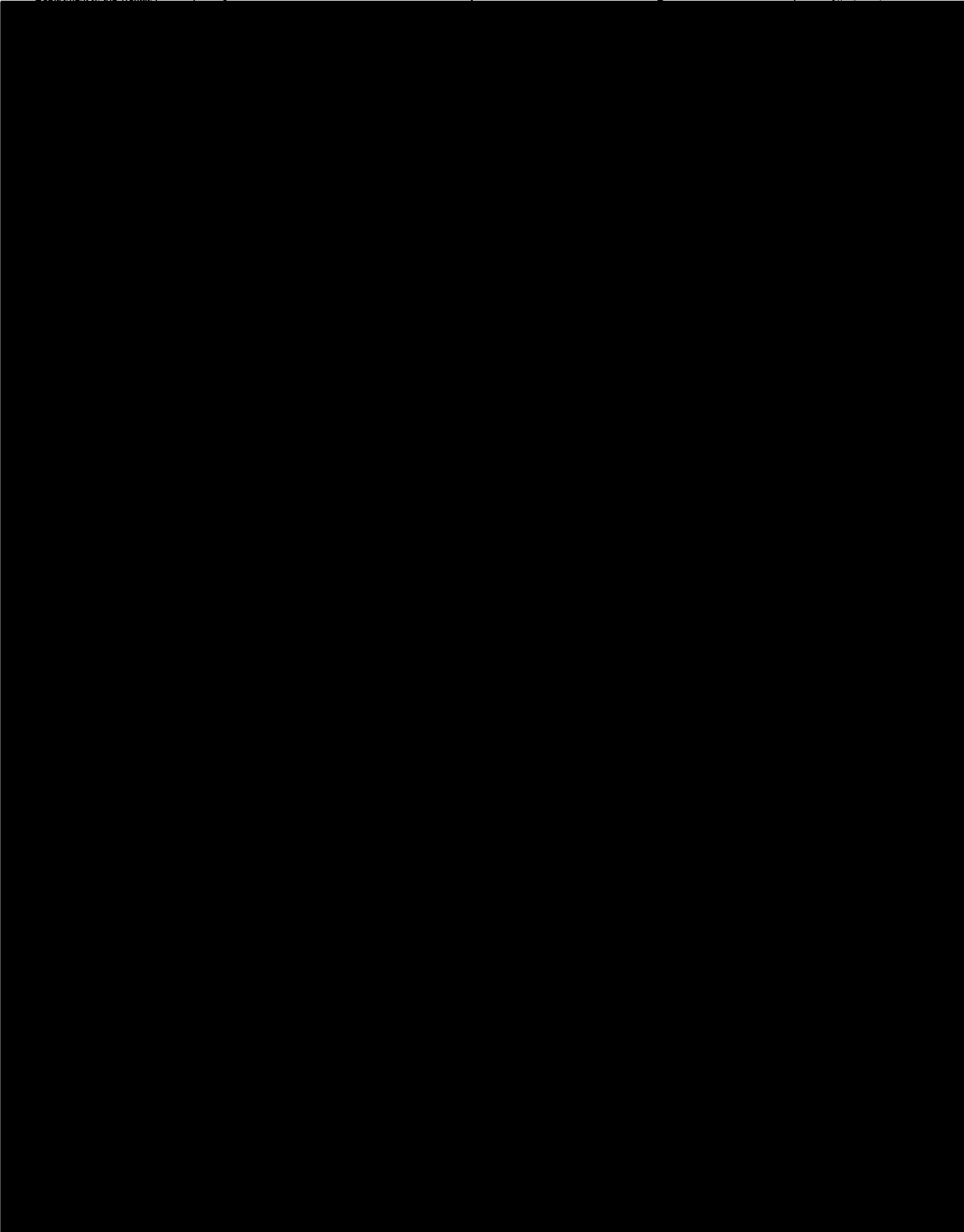
Name (or EIN)	Year
---------------	------



Self-Employment Tax

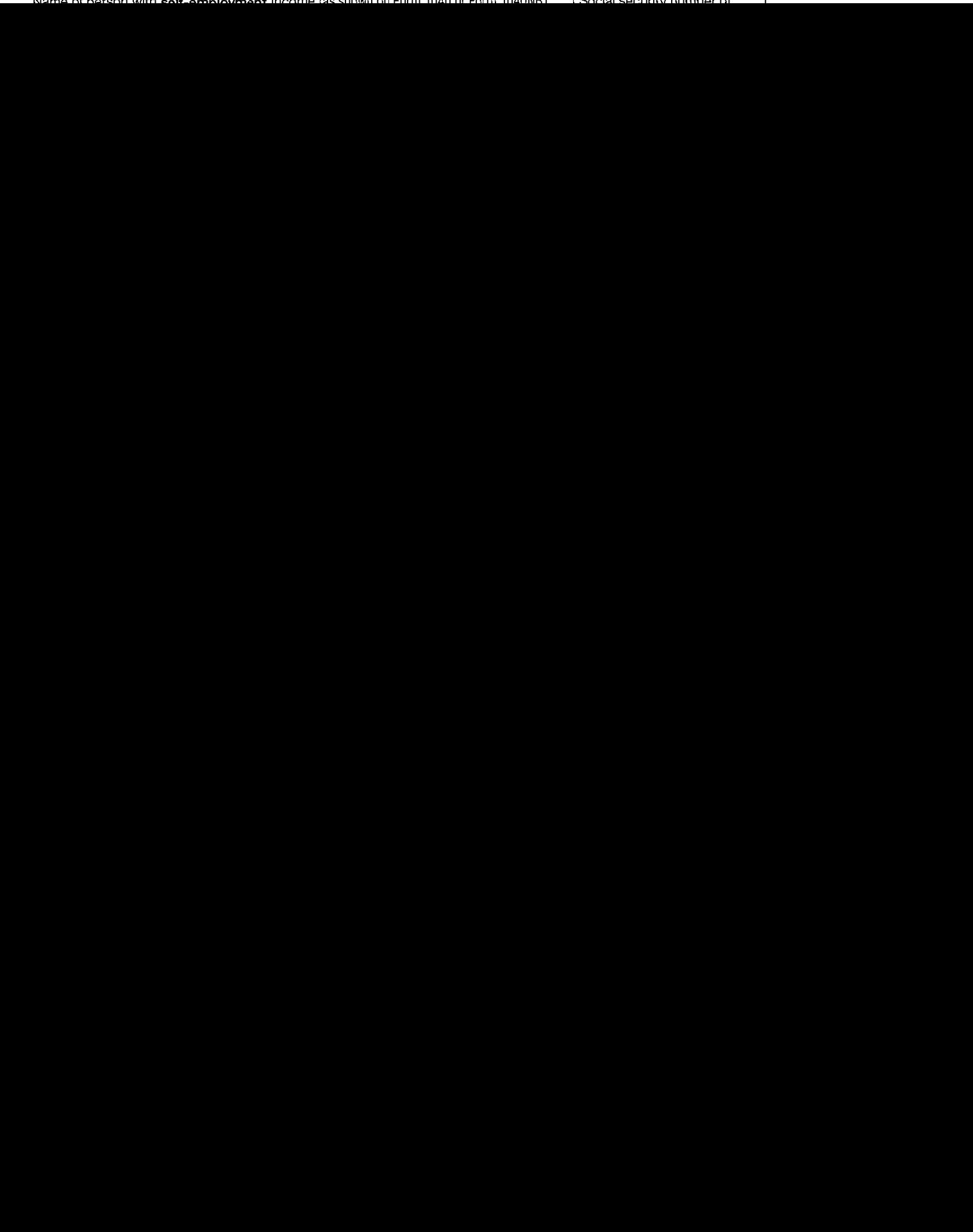
▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

2014



Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

Social security number of



Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit
(Individual, Estate, or Trust)

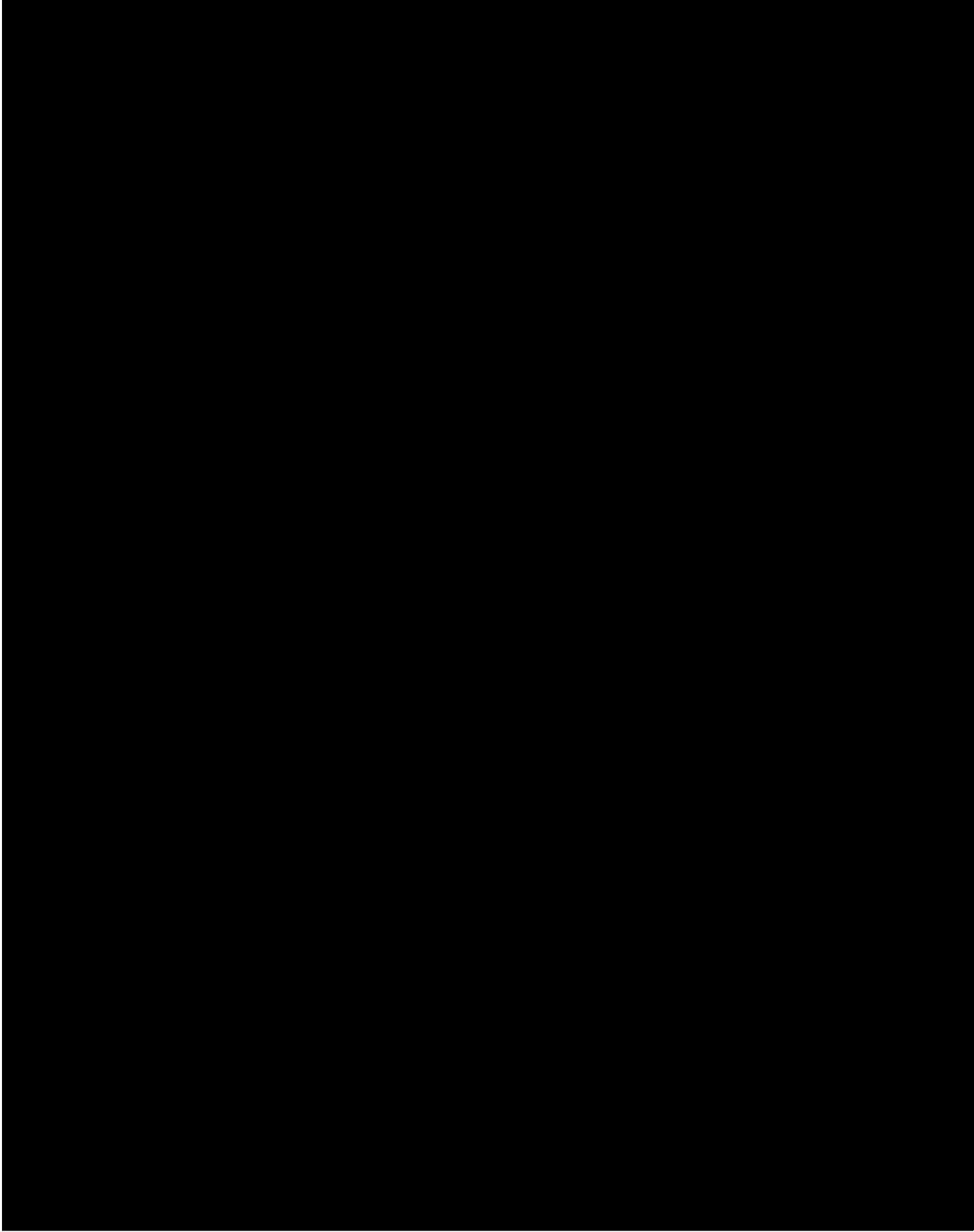
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

OMB No. 1545-0121

2014

Attachment
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.



Form **1116**

Foreign Tax Credit
(Individual, Estate, or Trust)

OMB No. 1545-0121

2014

Department of the Treasury
Internal Revenue Service (99)

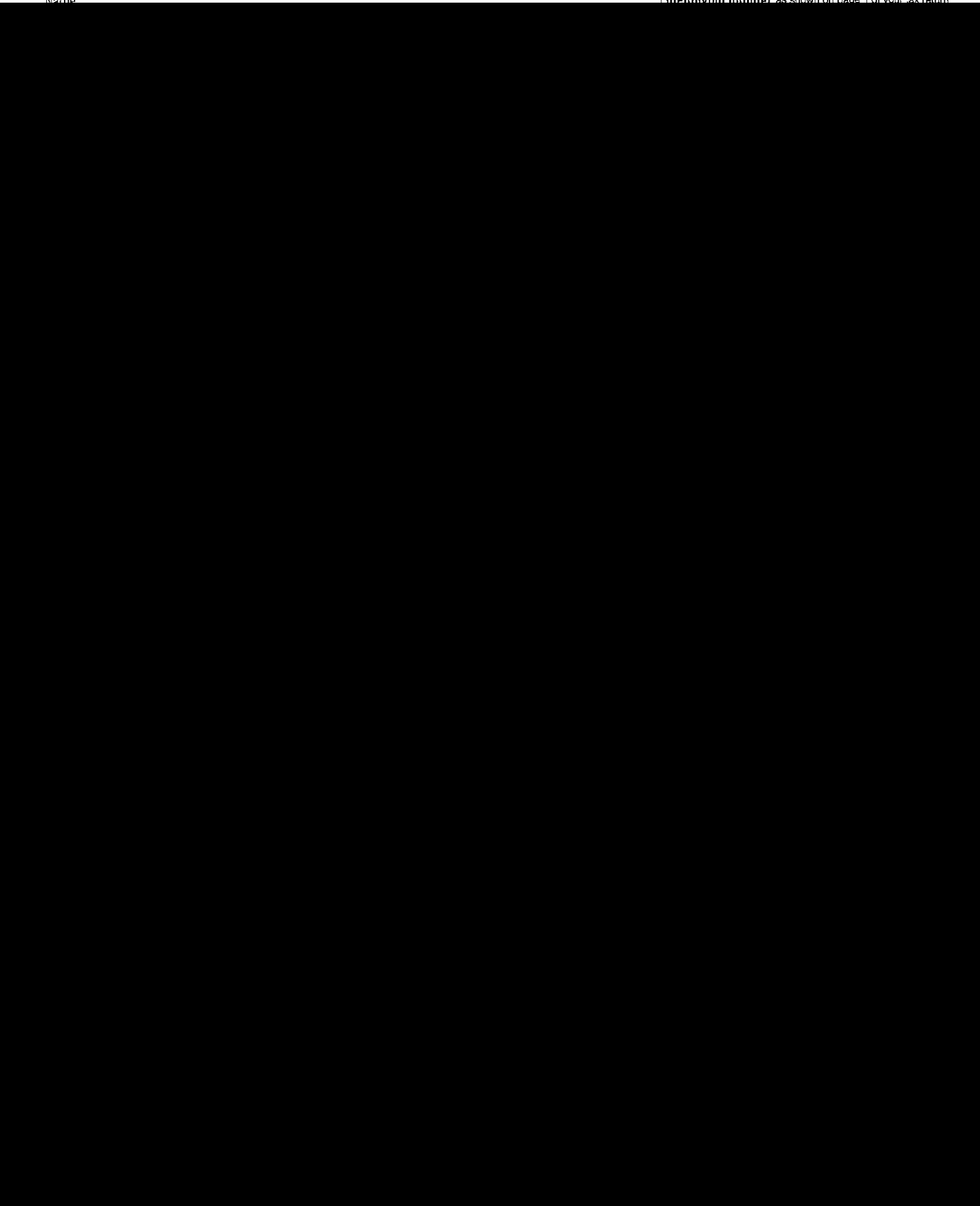
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

Attachment
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name

Identifying number as shown on page 1 of your tax return



Form **4797**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

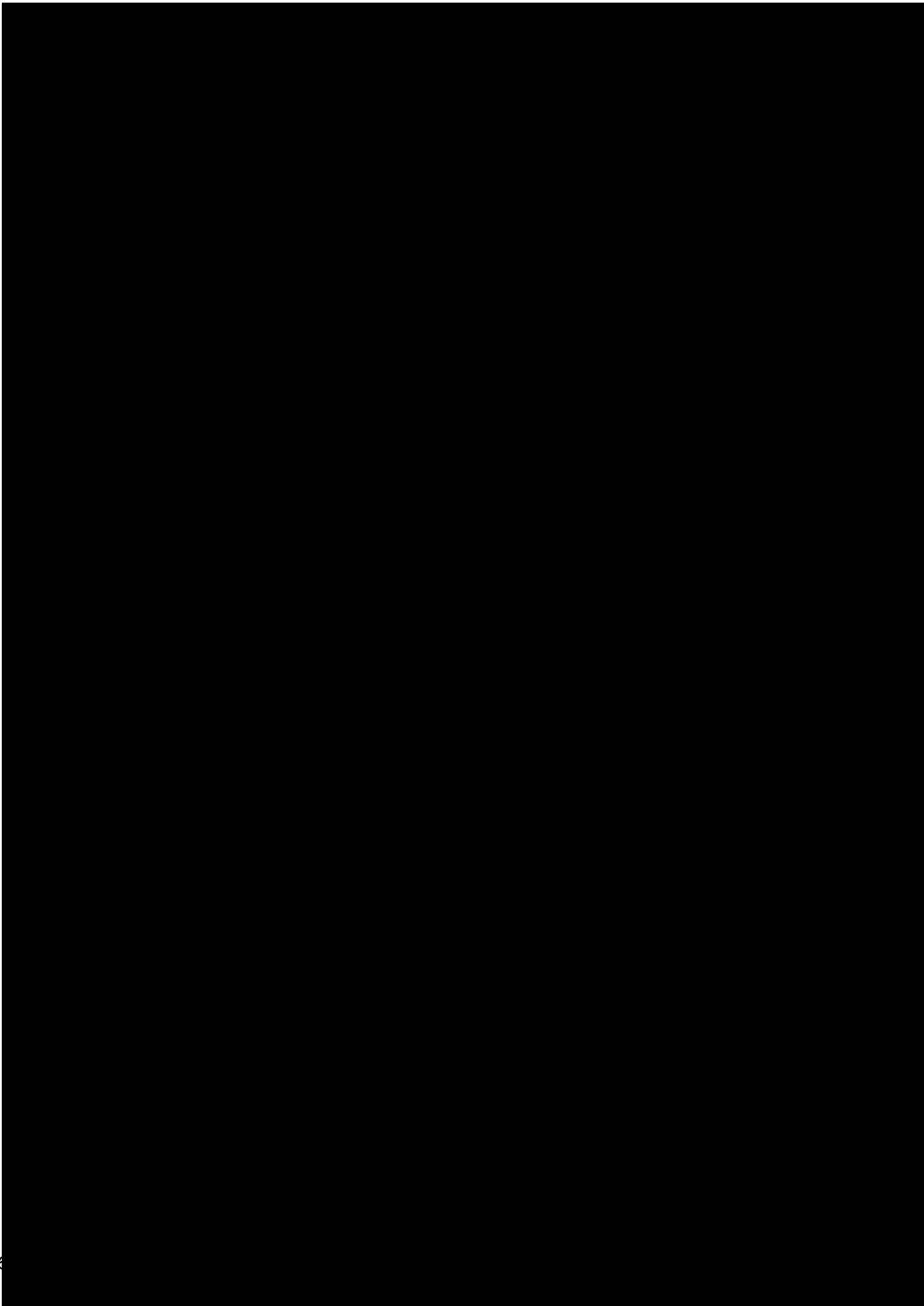
▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

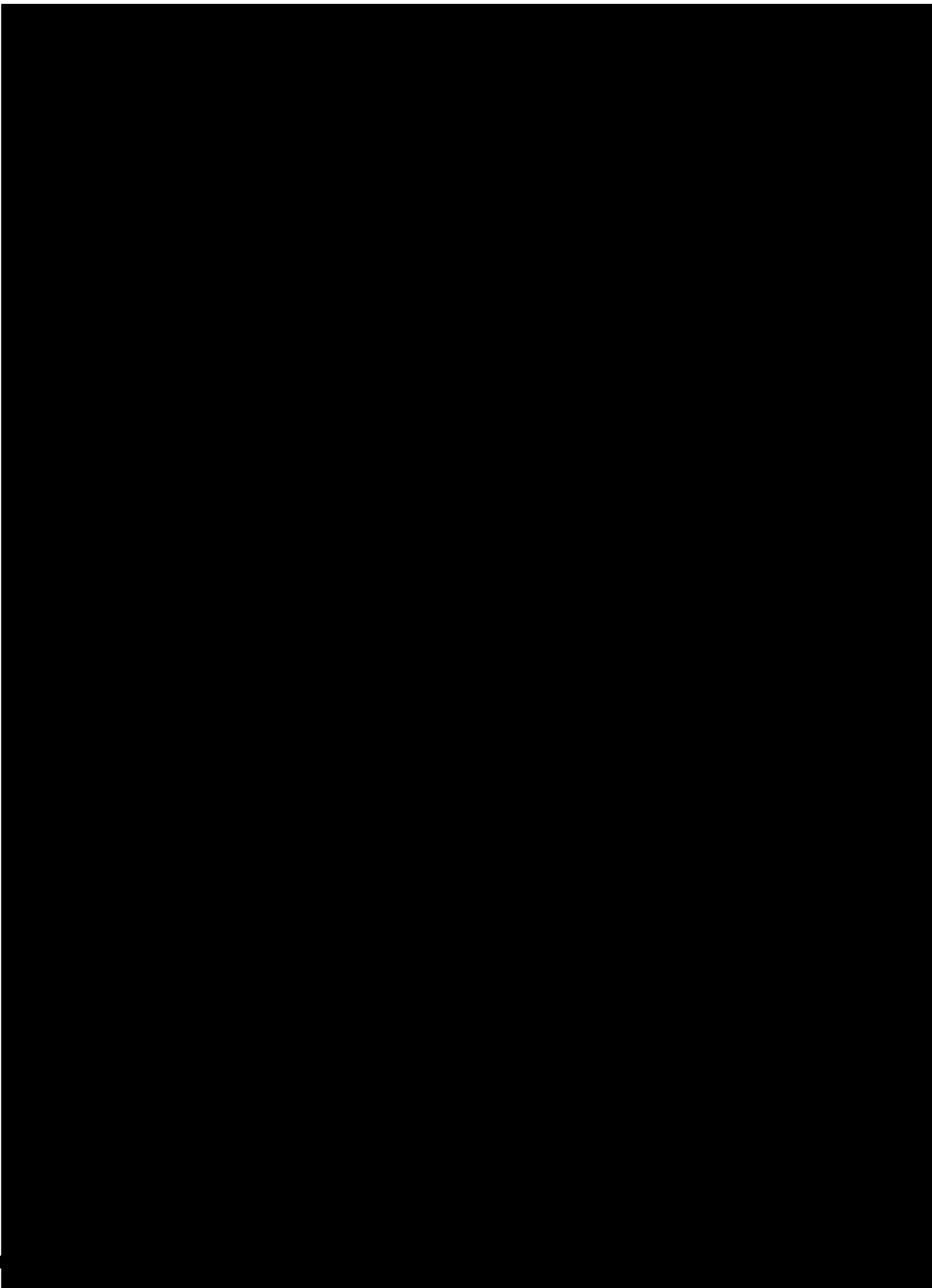
OMB No. 1545-0184

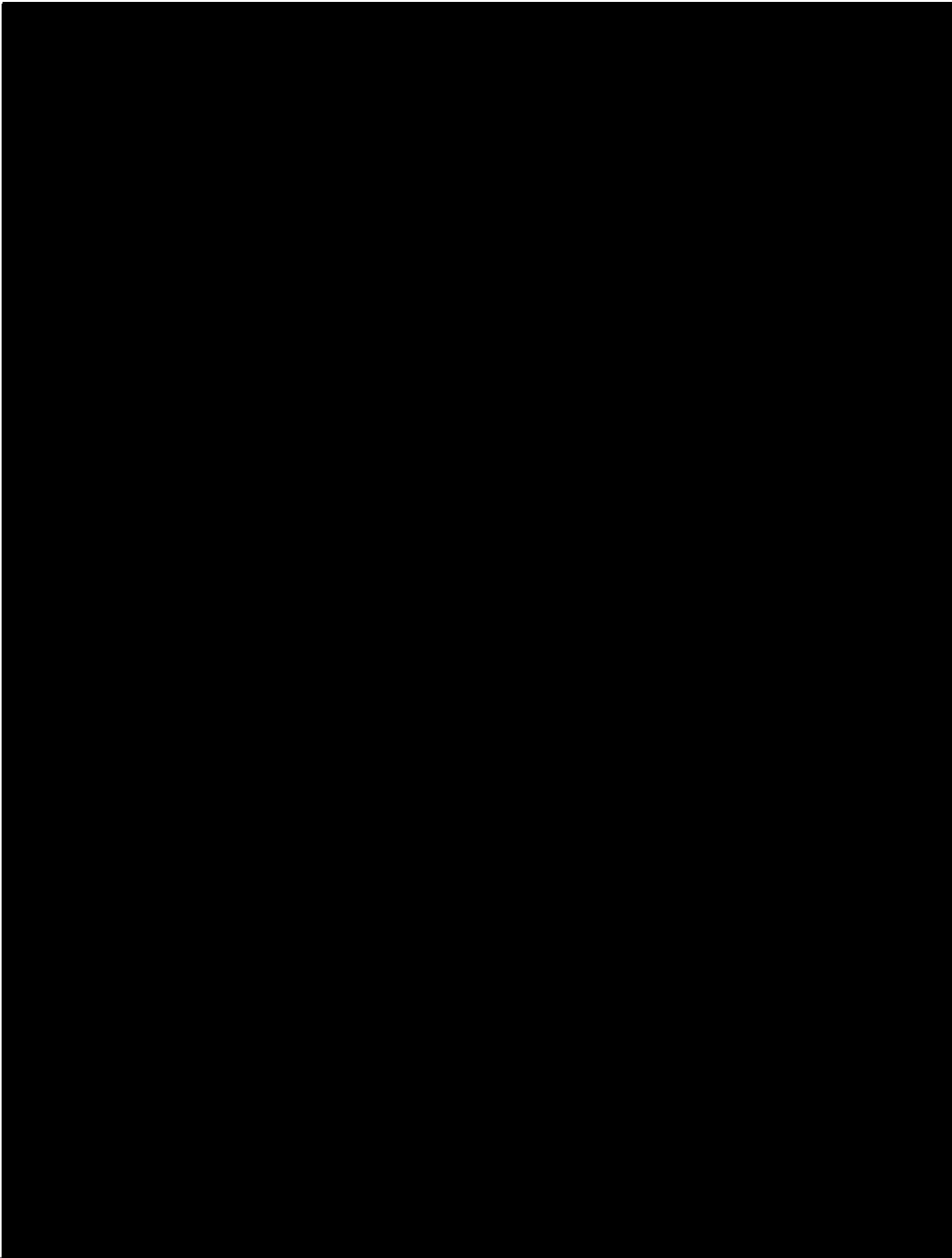
2014

Attachment
Sequence No. **27**

Identifying number







Form **1116**

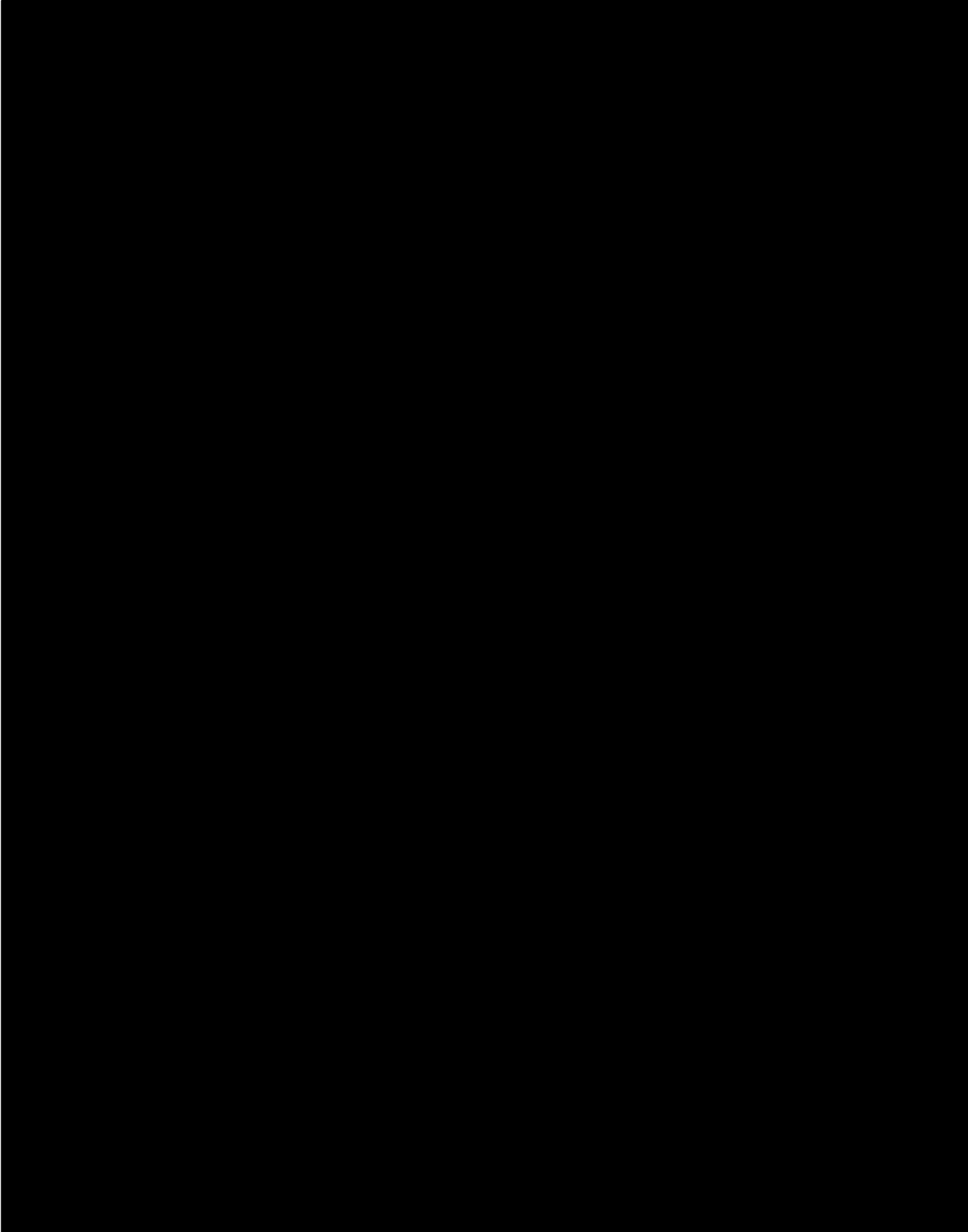
ALTERNATIVE MINIMUM TAX
Foreign Tax Credit
(Individual, Estate, or Trust)

OMB No. 1545-0121

2014

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

Attachment



Form **8889**

Department of the Treasury
Internal Revenue Service

Health Savings Accounts (HSAs)

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889 .

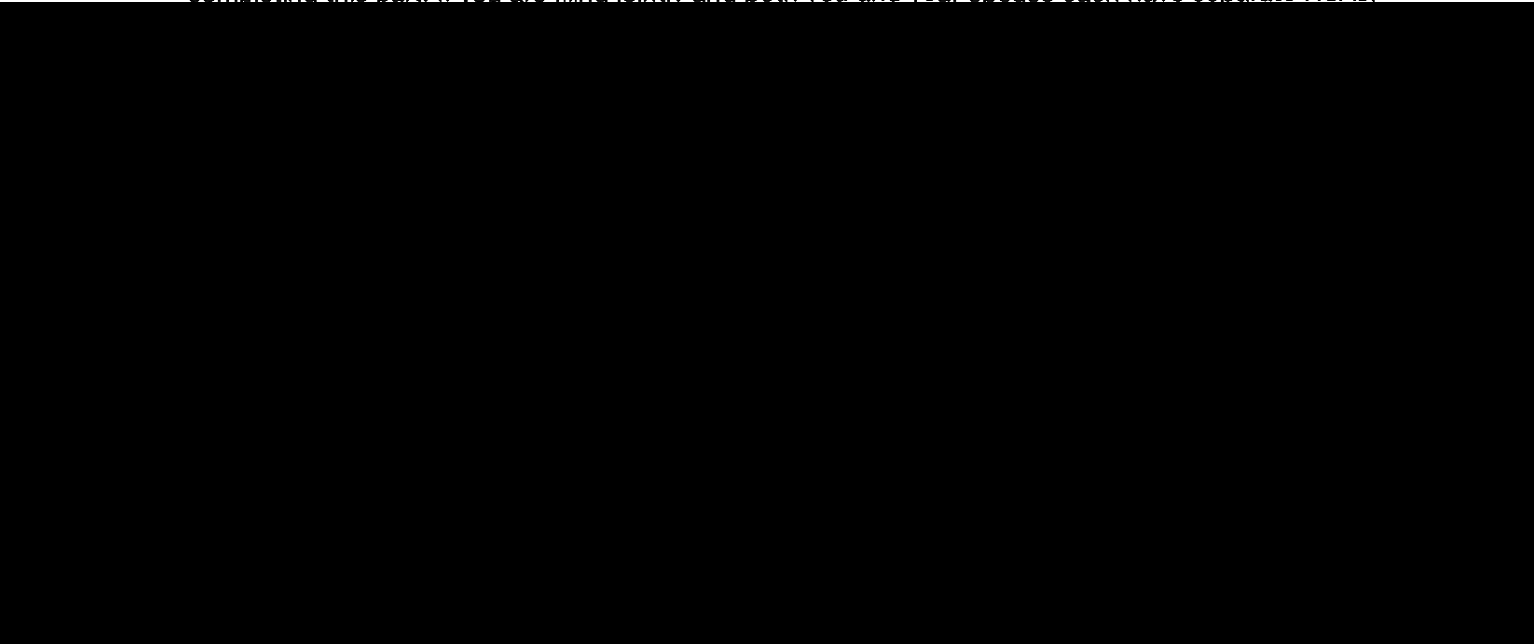
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014

Attachment
Sequence No. **53**

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs.

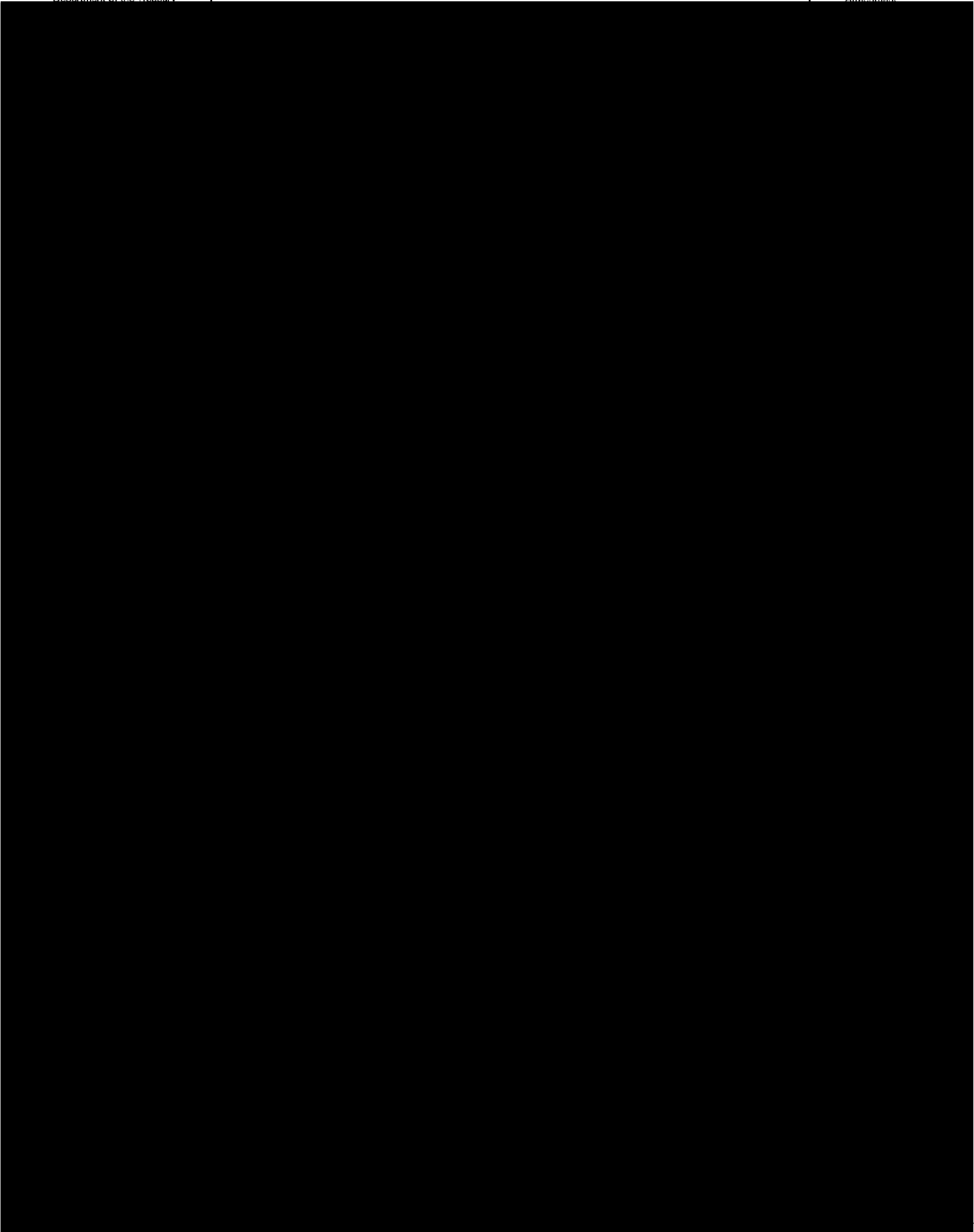


Health Savings Accounts (HSAs)

2014

Attachment

▶ Information about Form 8889 and its separate instructions is available at www.irs.gov/form8889.



[REDACTED]

Additional Medicare Tax

2014

Attachment
Sequence No. 71

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
 - ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Form **8960**

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

OMB No. 1545-2227

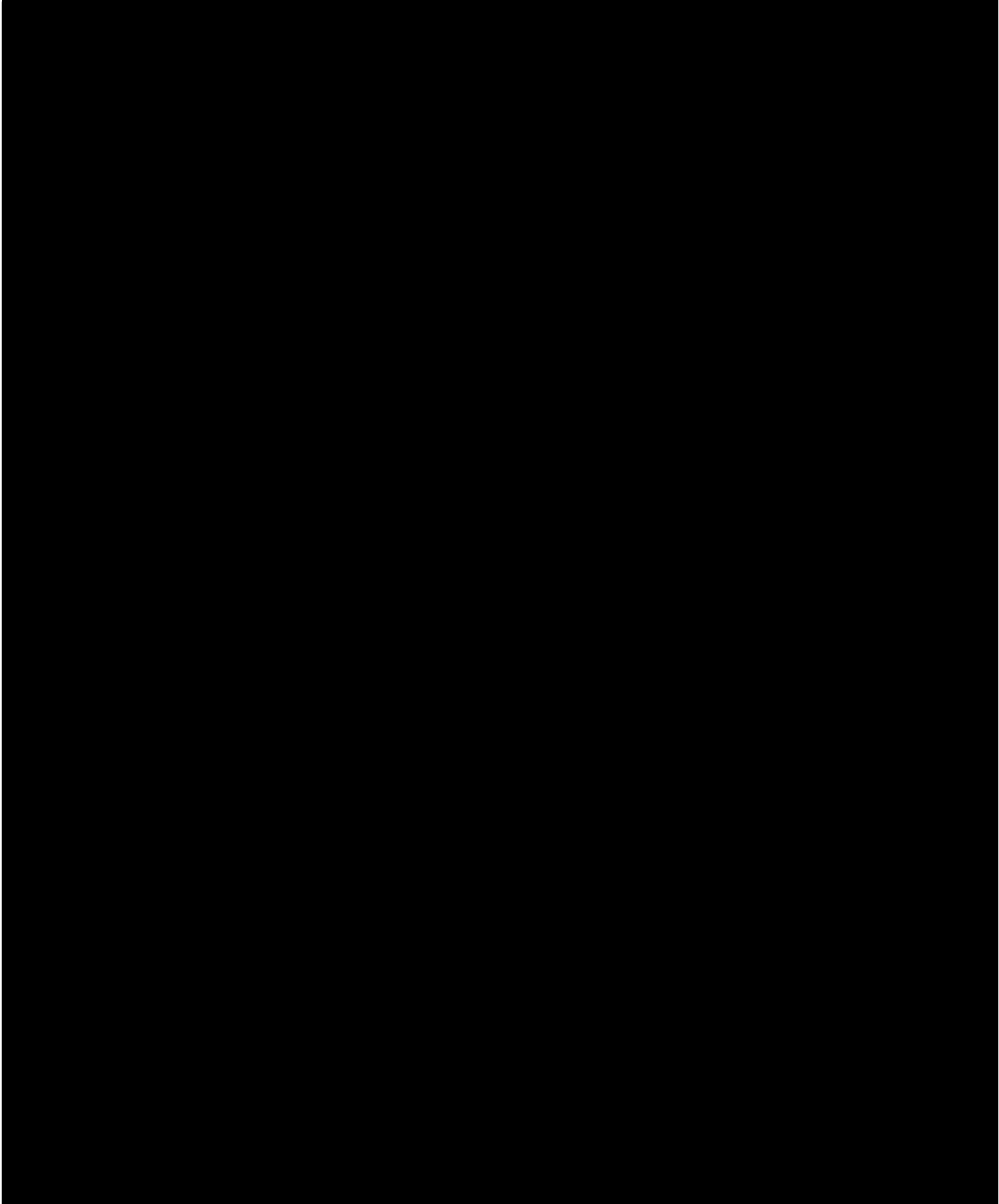
2014

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

Attachment
Sequence No. **72**

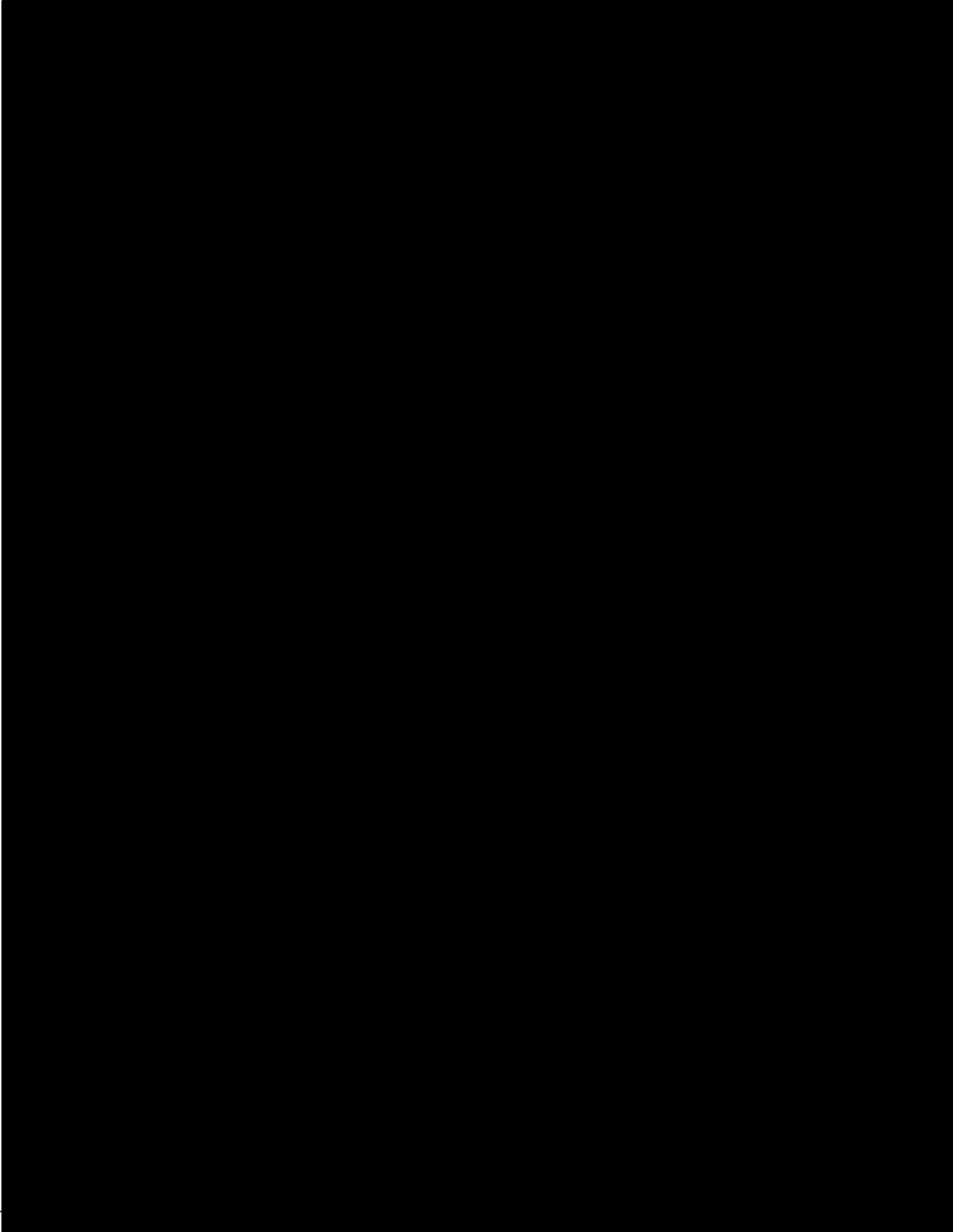
▶ **Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.**



Lines 5a-5d - Net Gains and Losses Worksheet

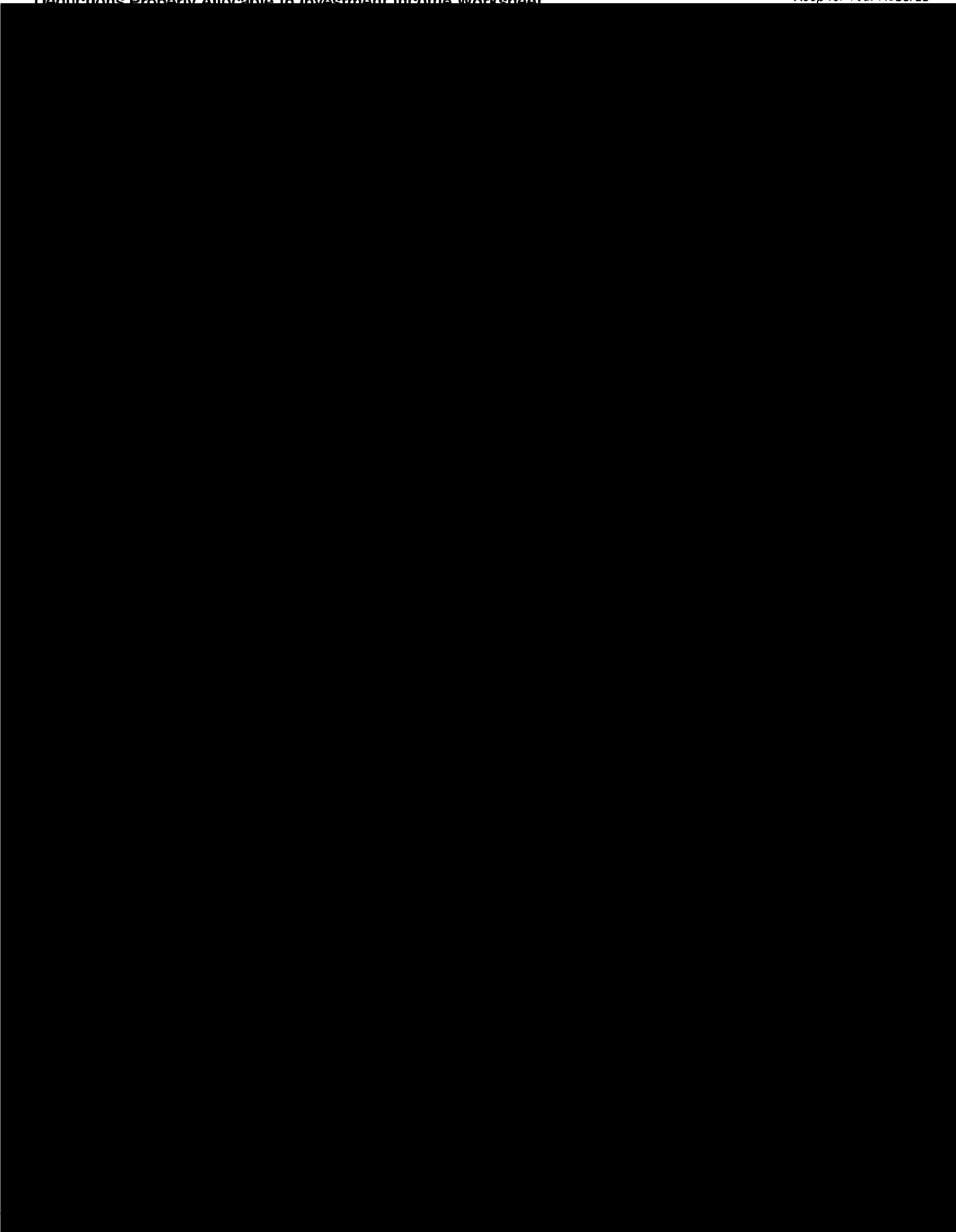
Keep for Your Records

	(A) Capital gains/(losses) Form 1040, Line 13, or	(B) Ordinary gains/(losses) Form 1040, Line 14, or	Total of columns (A) + (B)
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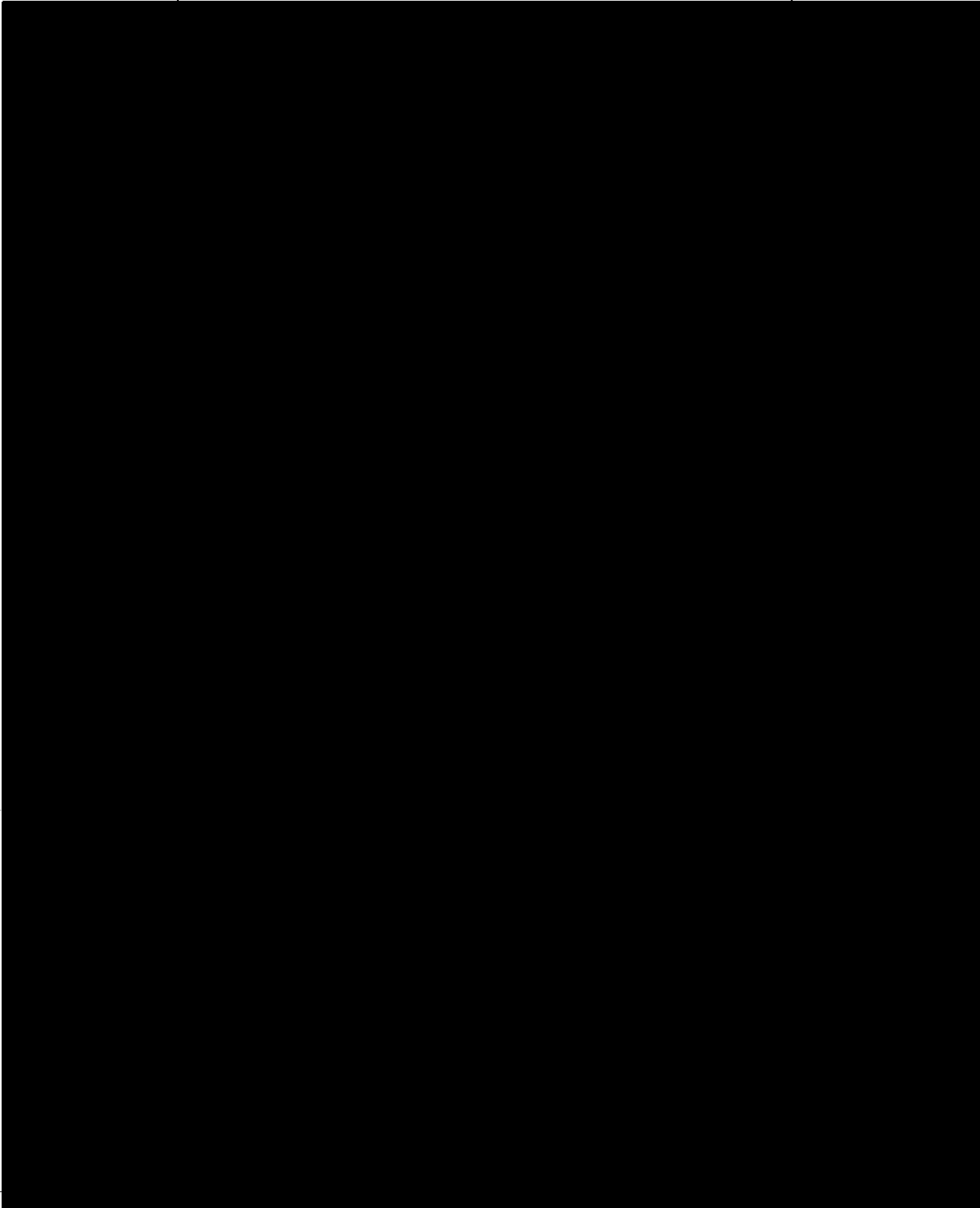
**Lines 9 and 10 - Application of Itemized Deduction Limitations on
Deductions Properly Allocable to Investment Income Worksheet**

Keep for Your Records



**Lines 9 and 10 - Application of Itemized Deduction Limitations on
Deductions Properly Allocable to Investment Income Worksheet -
continued**

Keep for Your Records



Employee Business Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2014

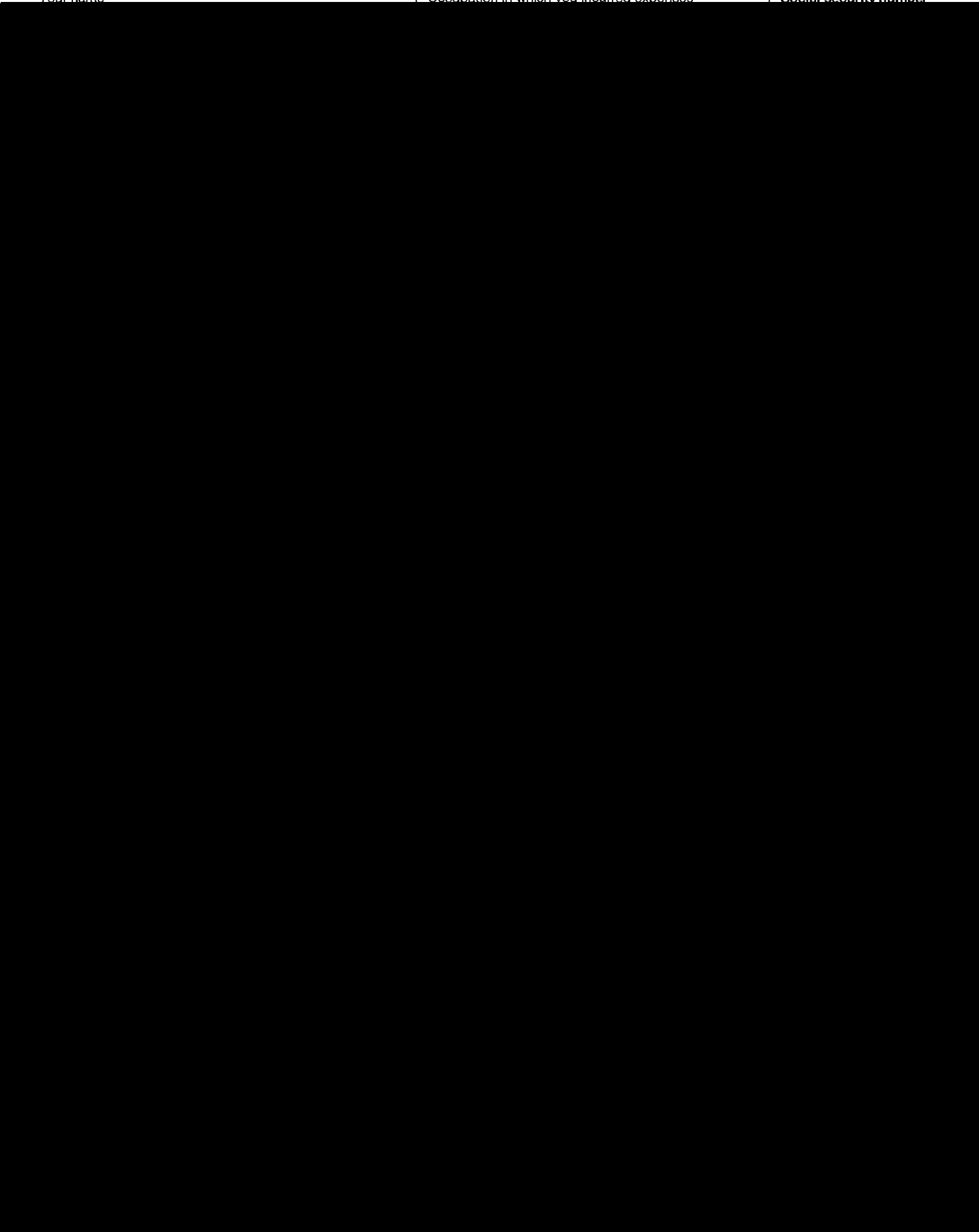
Attachment
Sequence No. **129**

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

Your name

Occupation in which you incurred expenses

Social security number



Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

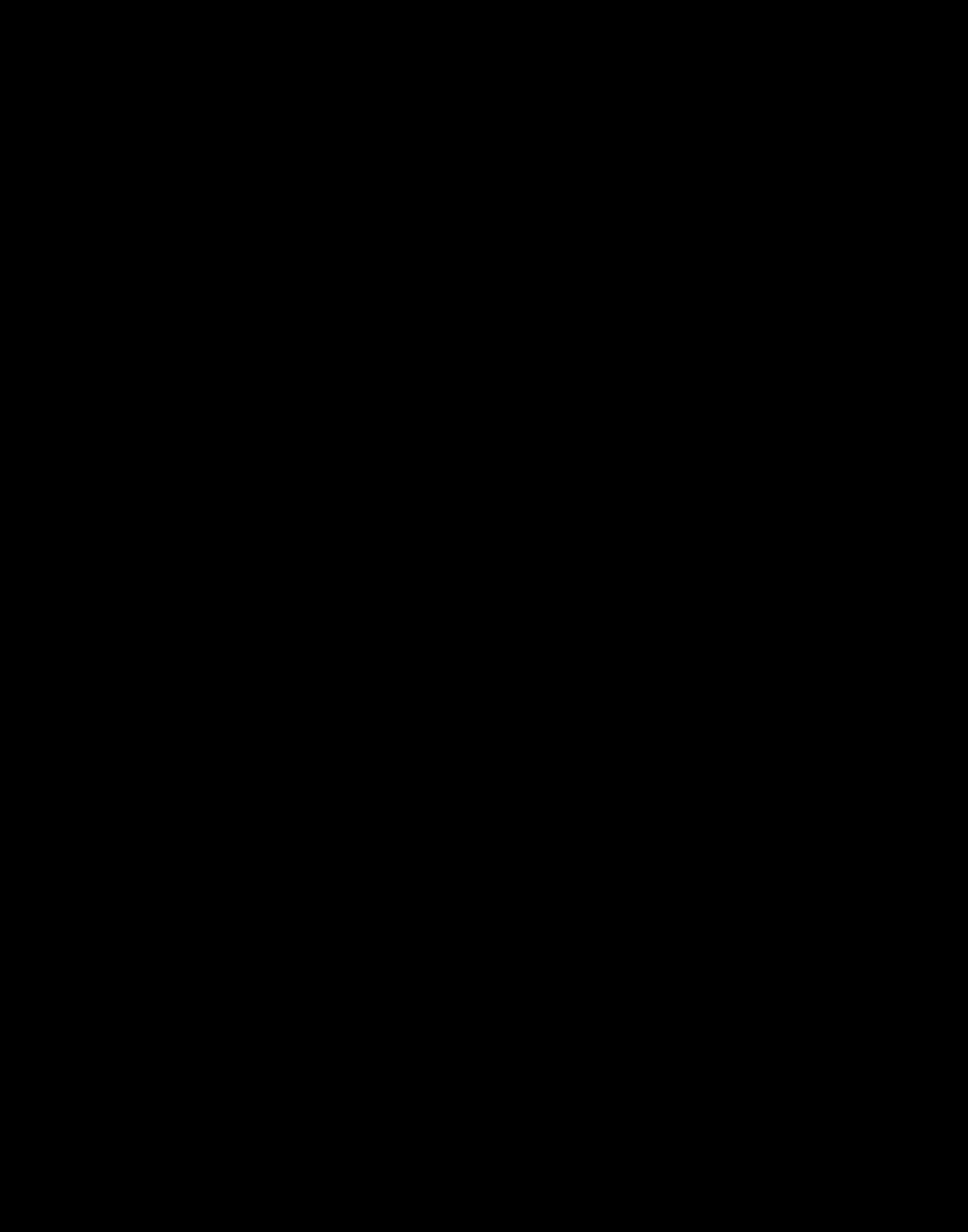
▶ Attach to your tax return. **SCHEDULE C- 4**

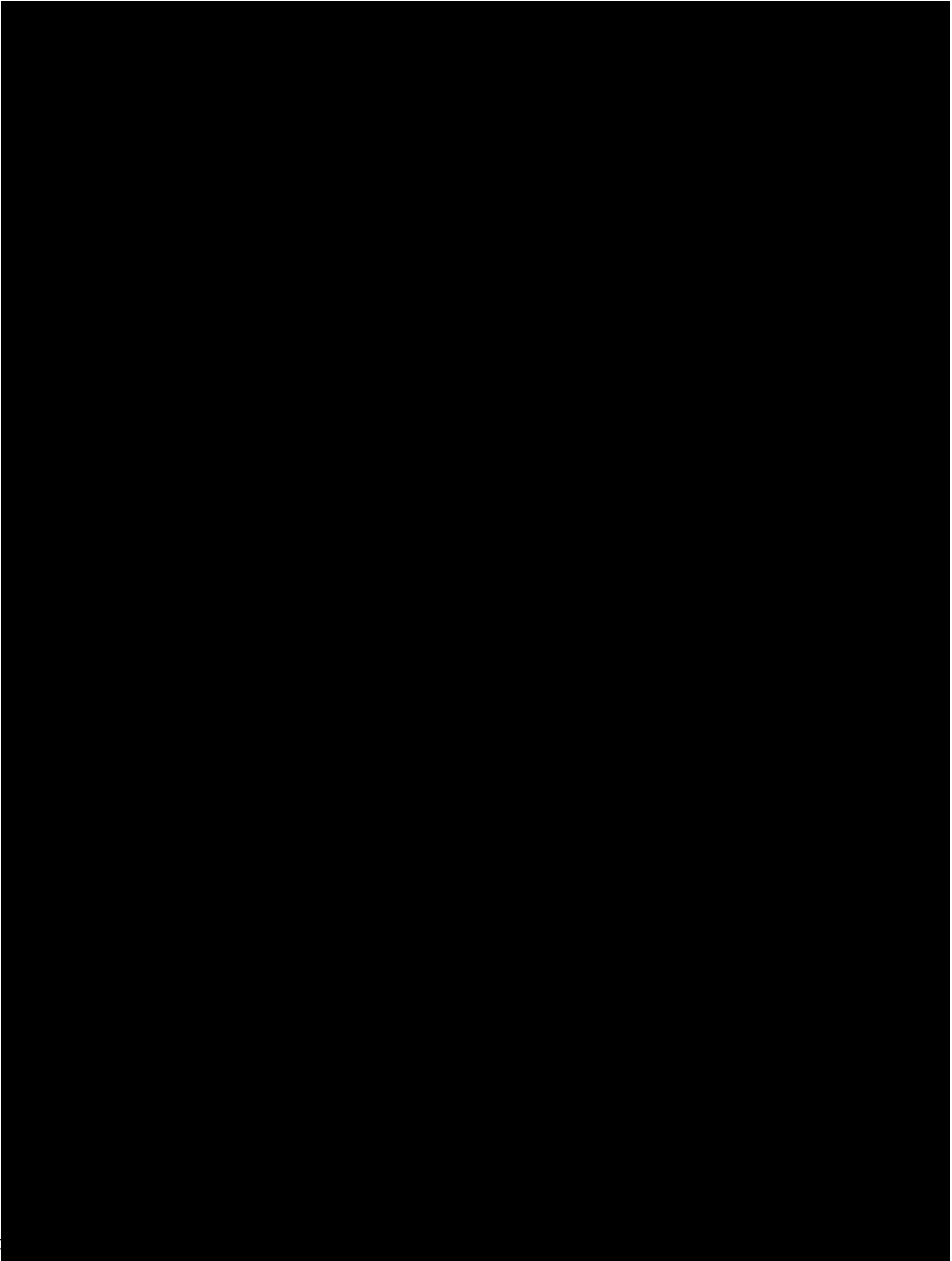
OMB No. 1545-0172

2014

Attachment
Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.





Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return. **SCHEDULE C- 3**

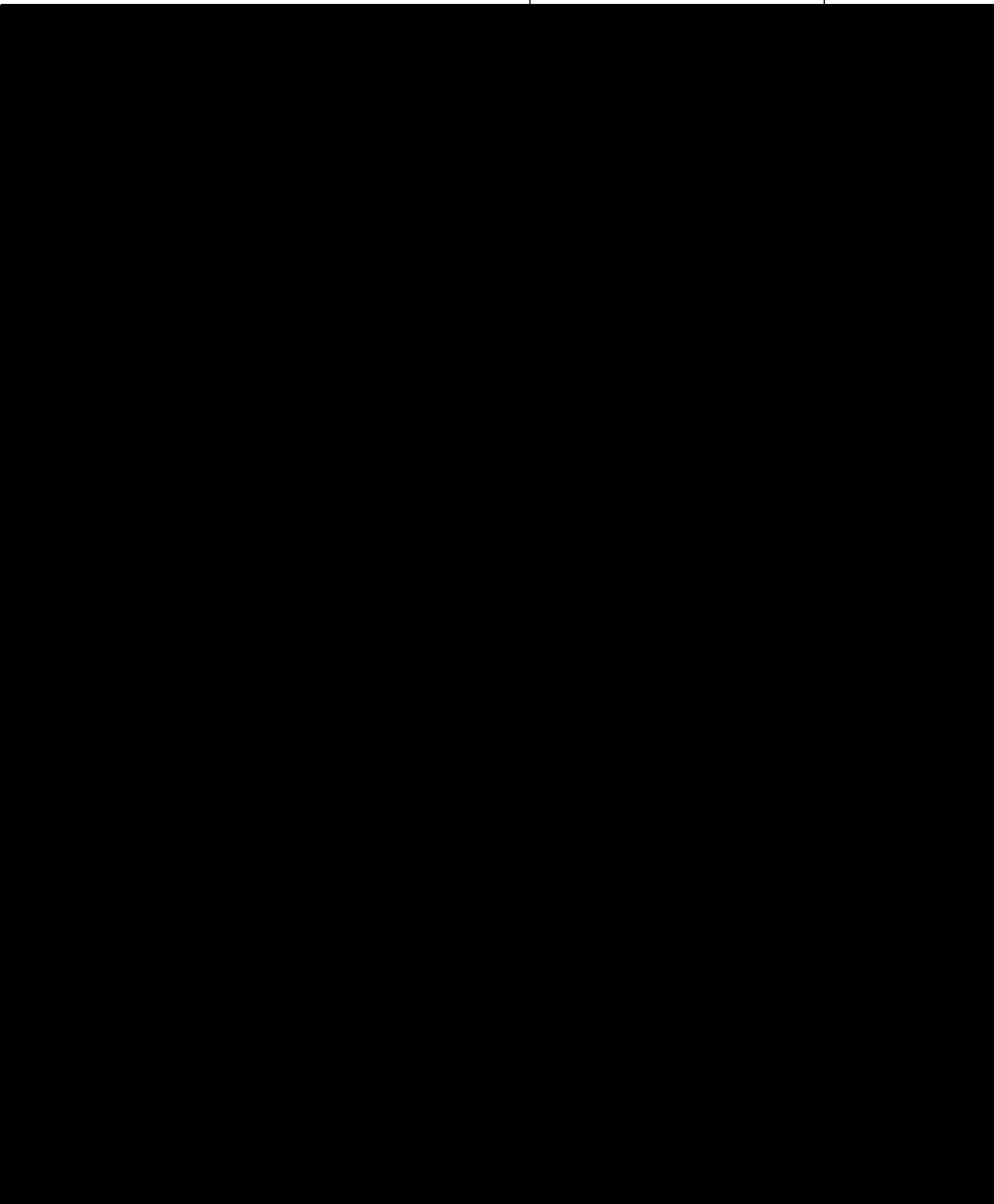
Attachment
Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number



Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return. **SCHEDULE C- 2**

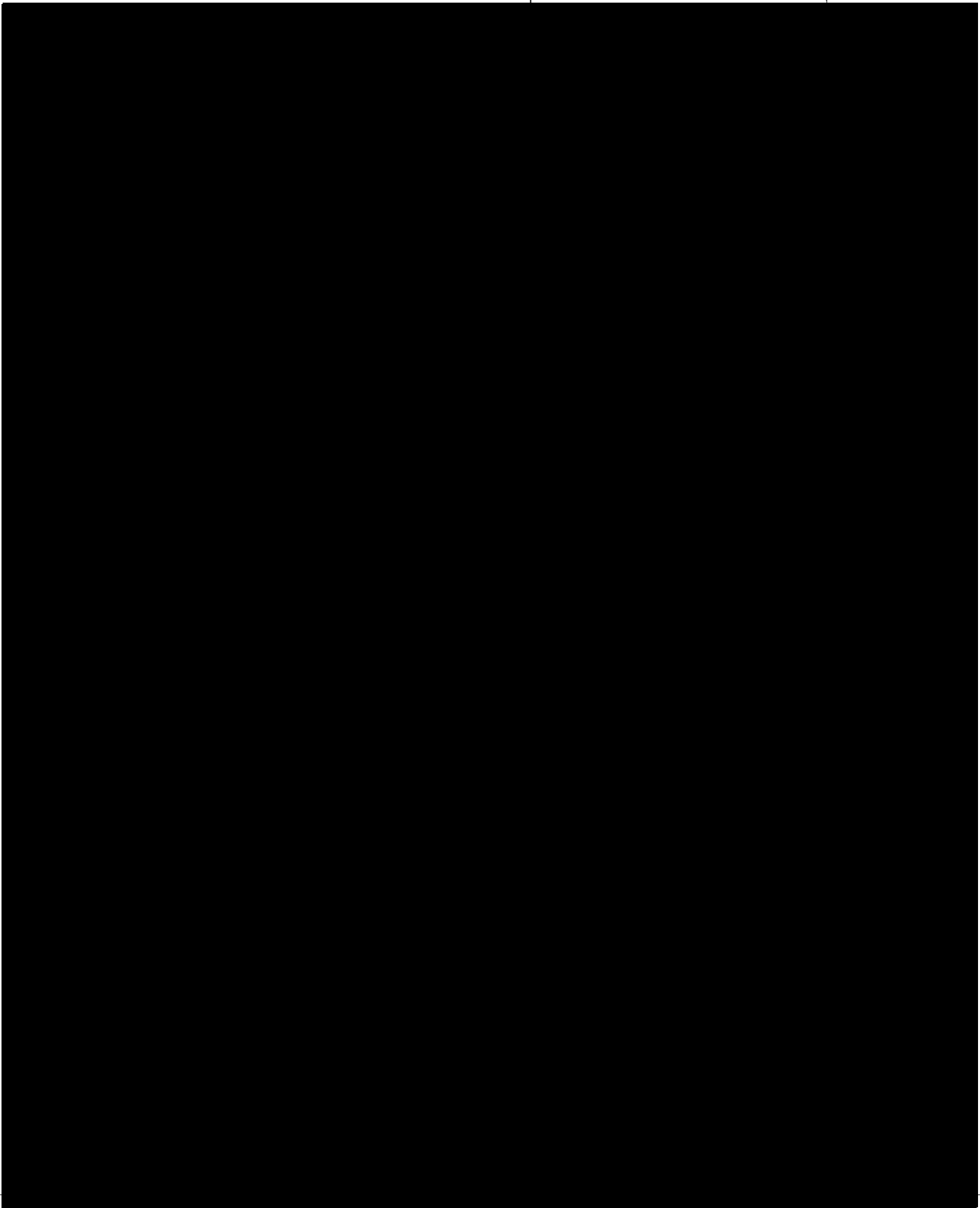
Attachment
Sequence No. **179**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number



Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2014

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

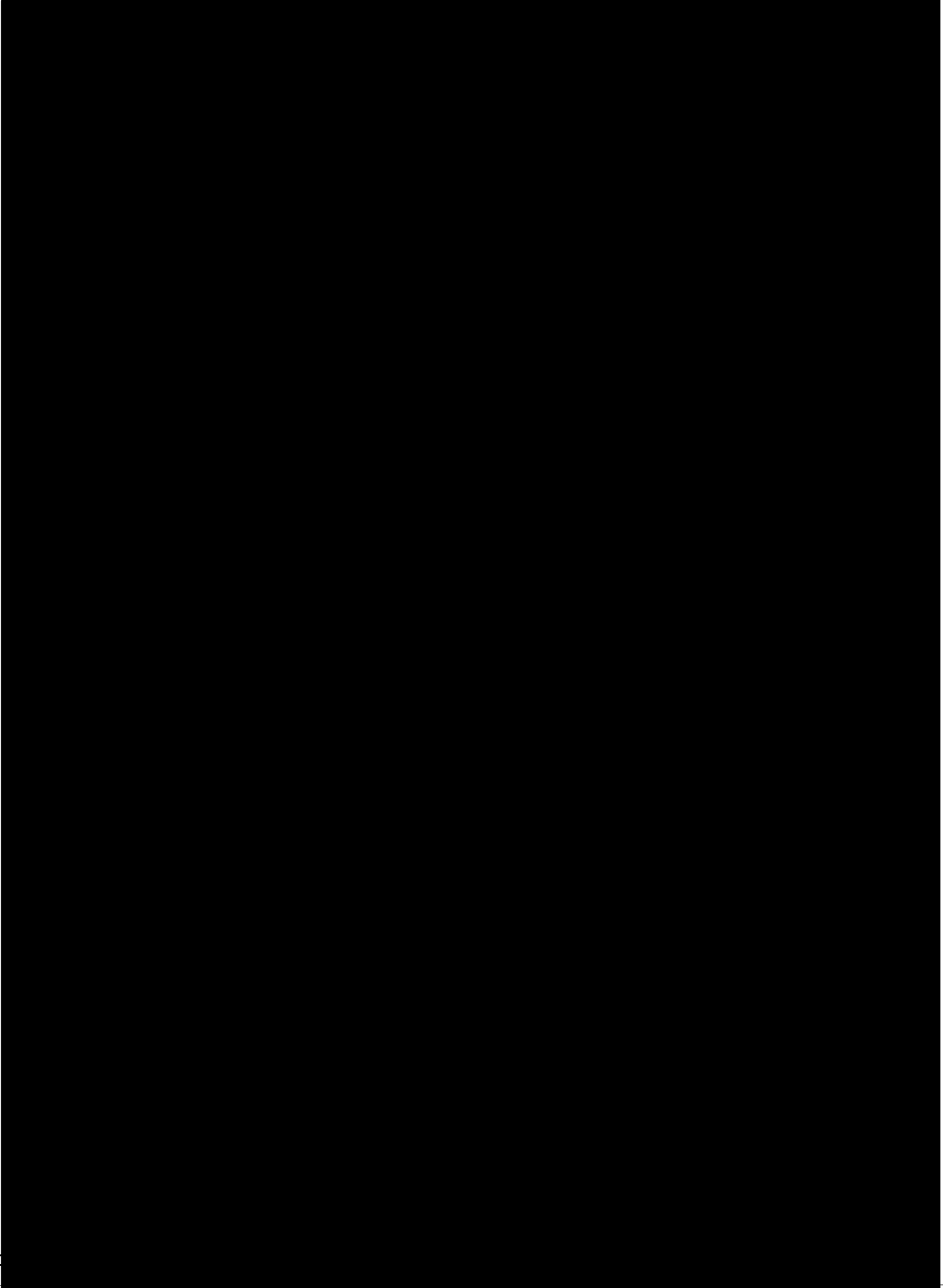
▶ Attach to your tax return. **SCHEDULE C- 1**

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

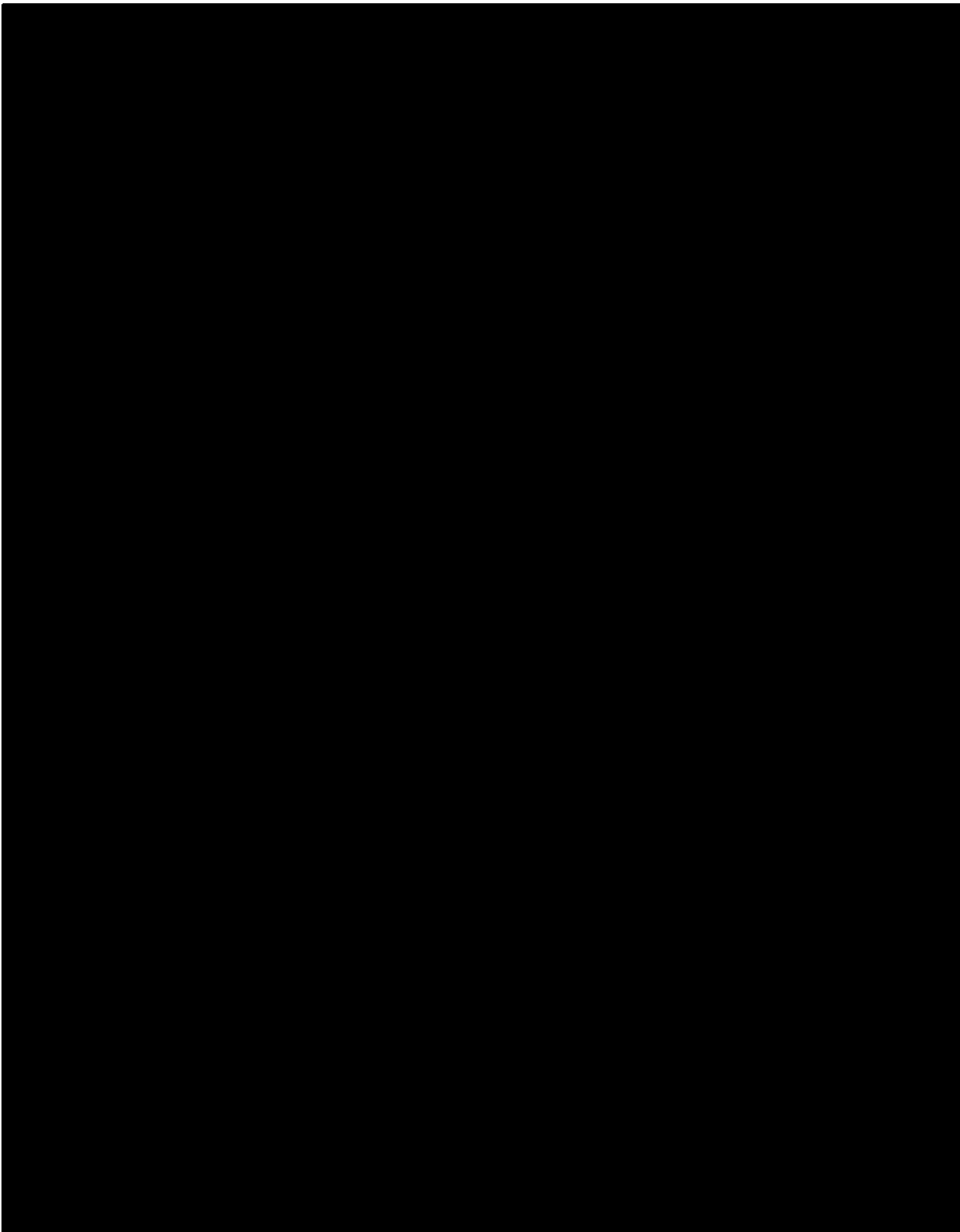
Attachment
Sequence No. 179

Business or activity to which this form relates

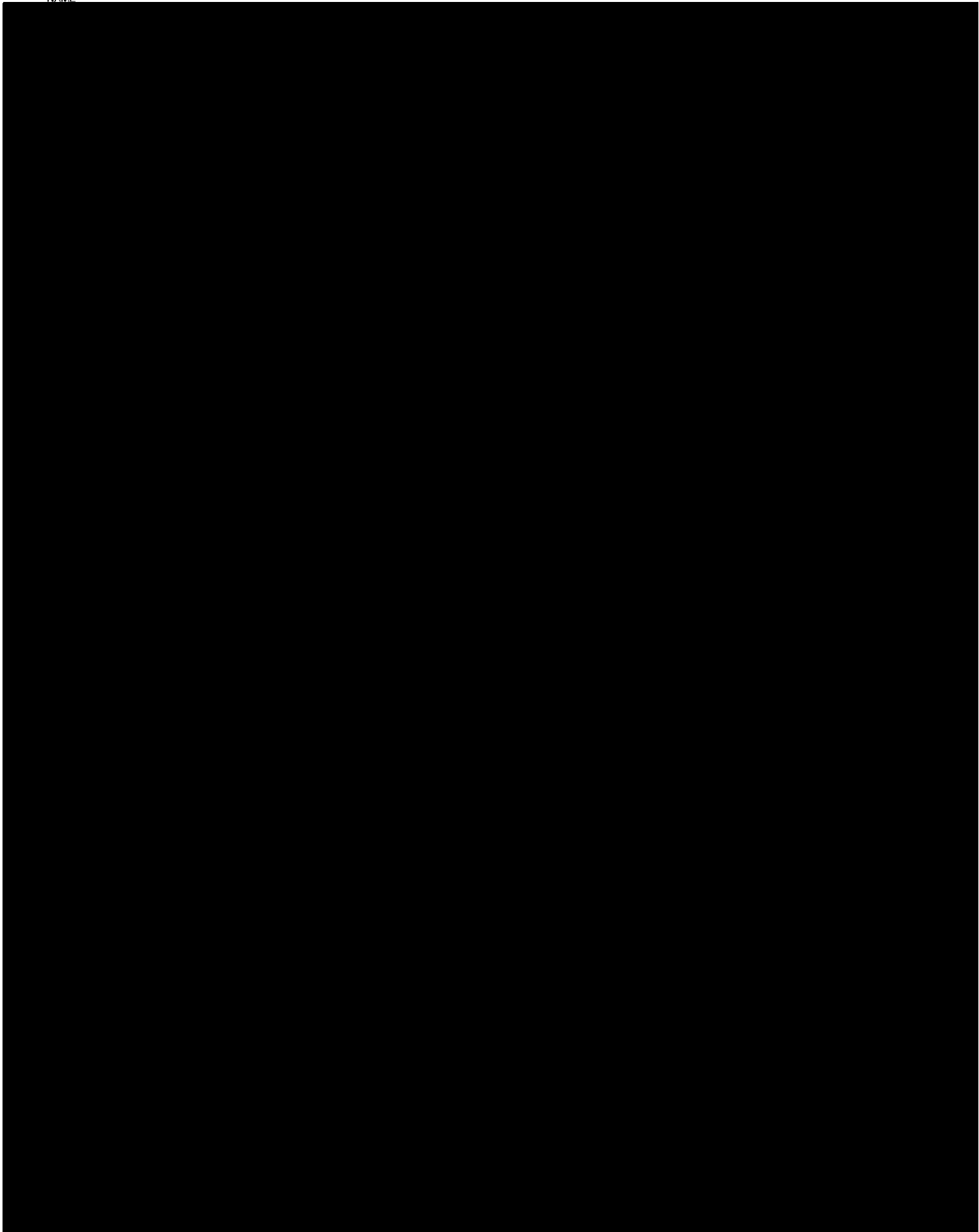
Identifying number



NAME



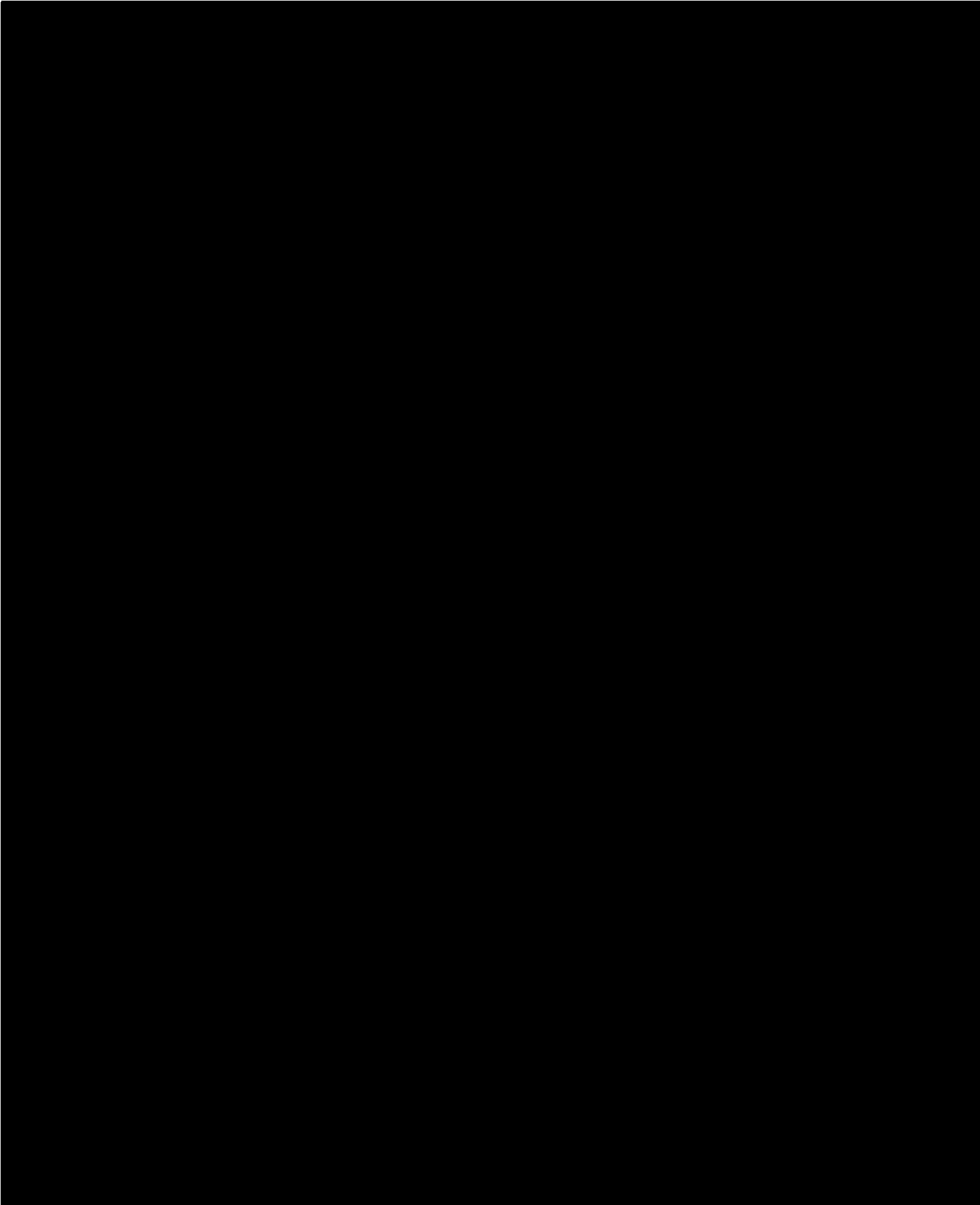
NAME

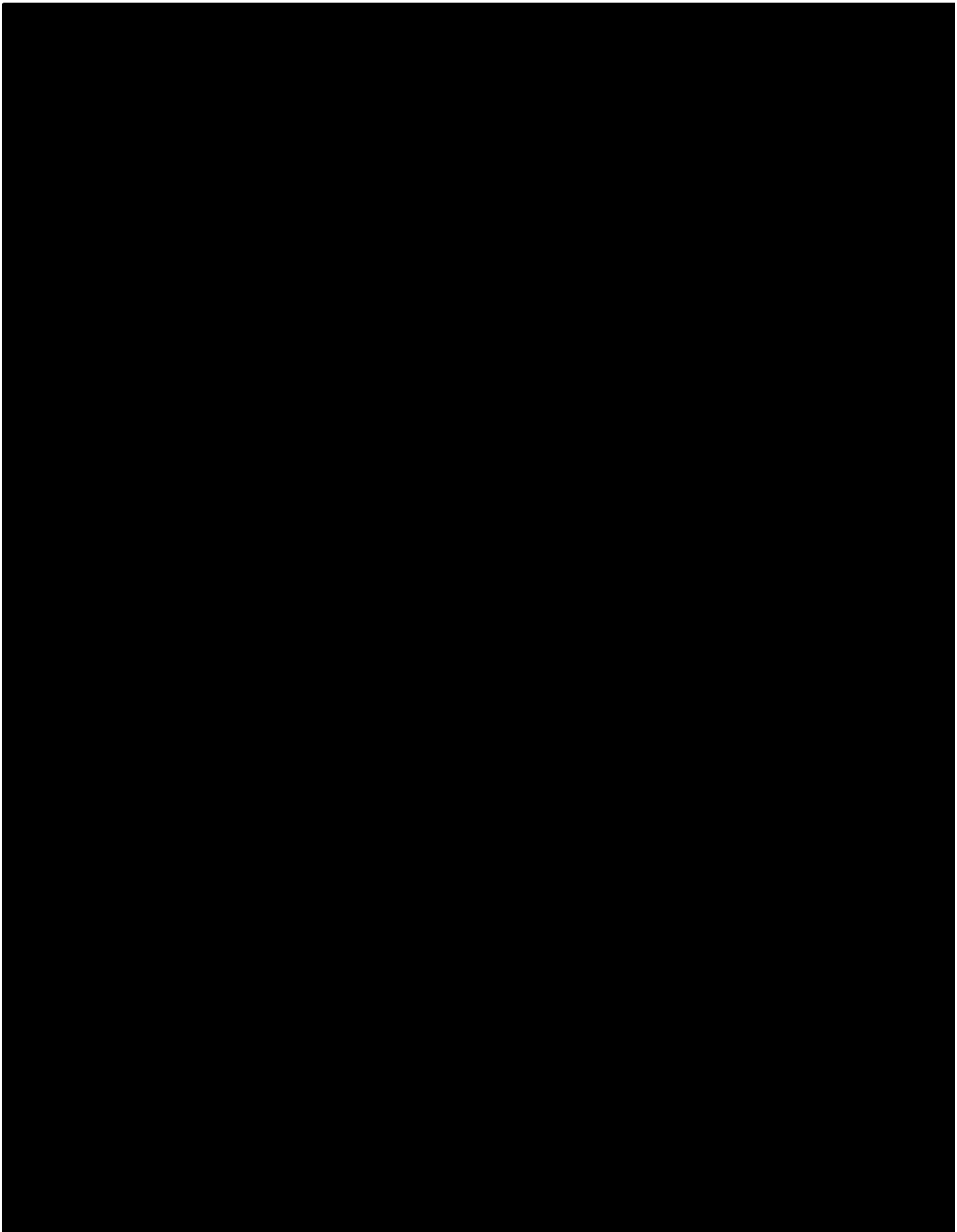


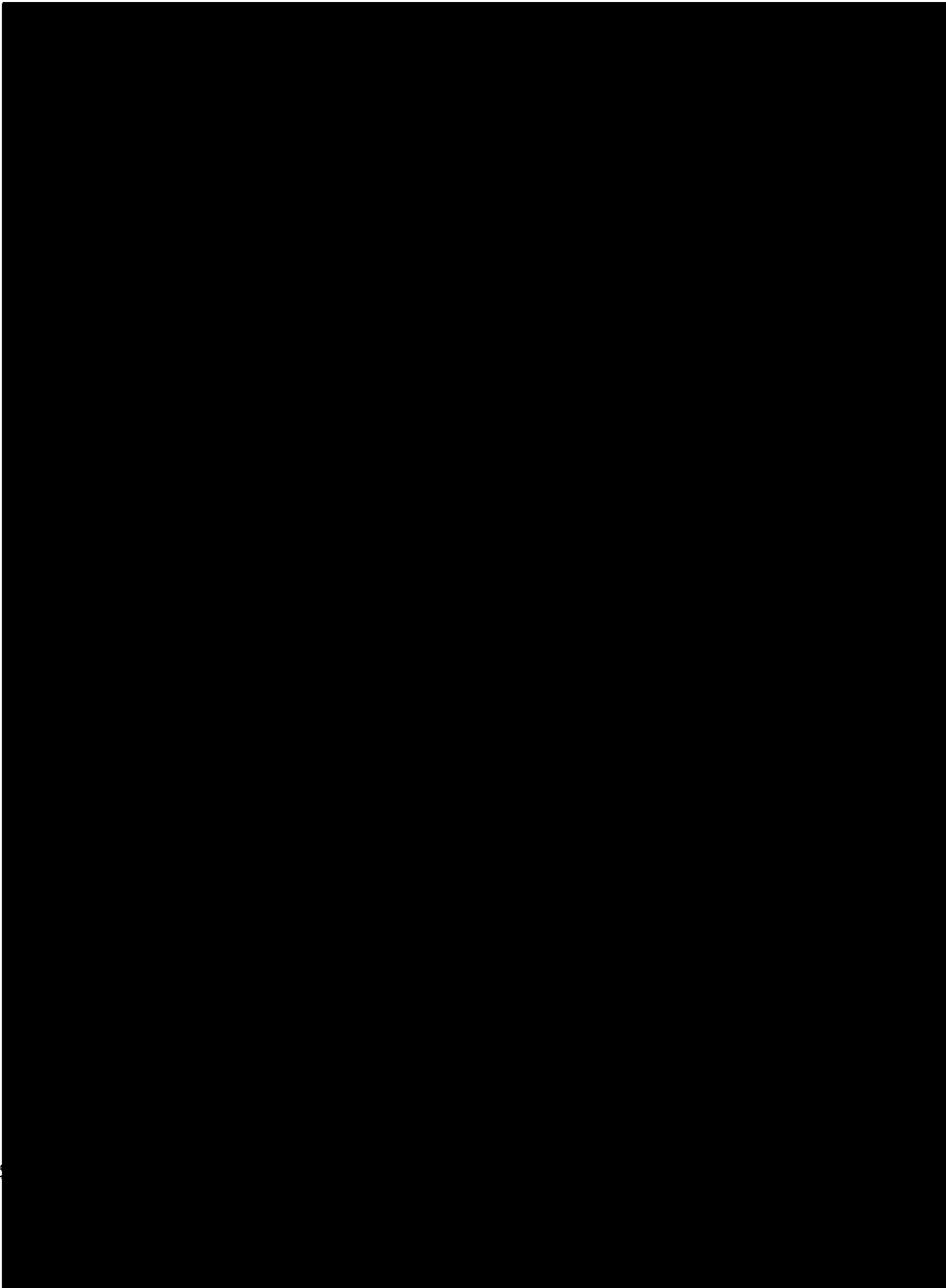
Form CT-1040 EXT
Application for Extension of Time to File
Connecticut Income Tax Return for Individuals

2014
EXT

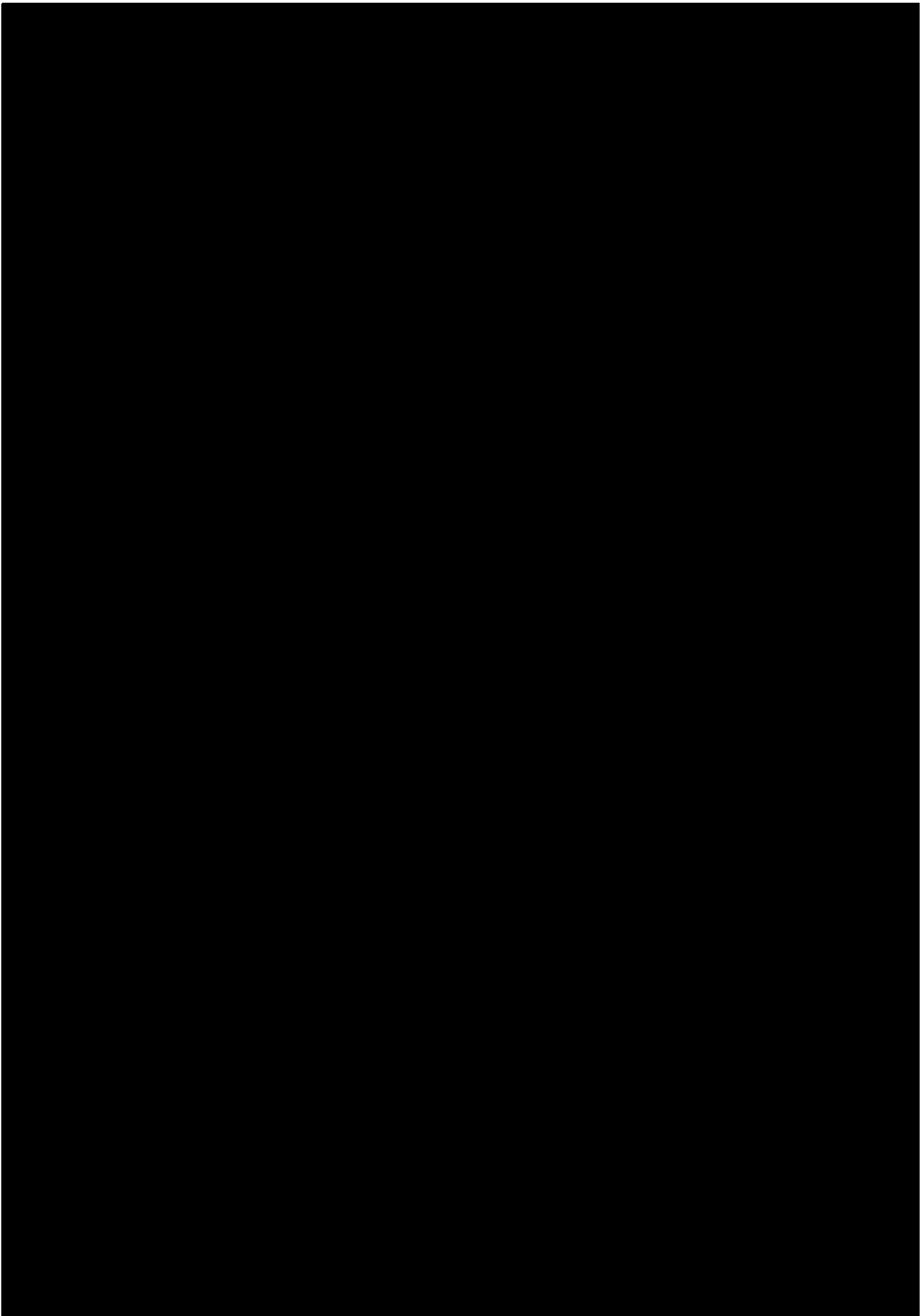
See the instructions before you complete this form. Complete this form in blue or black ink only.







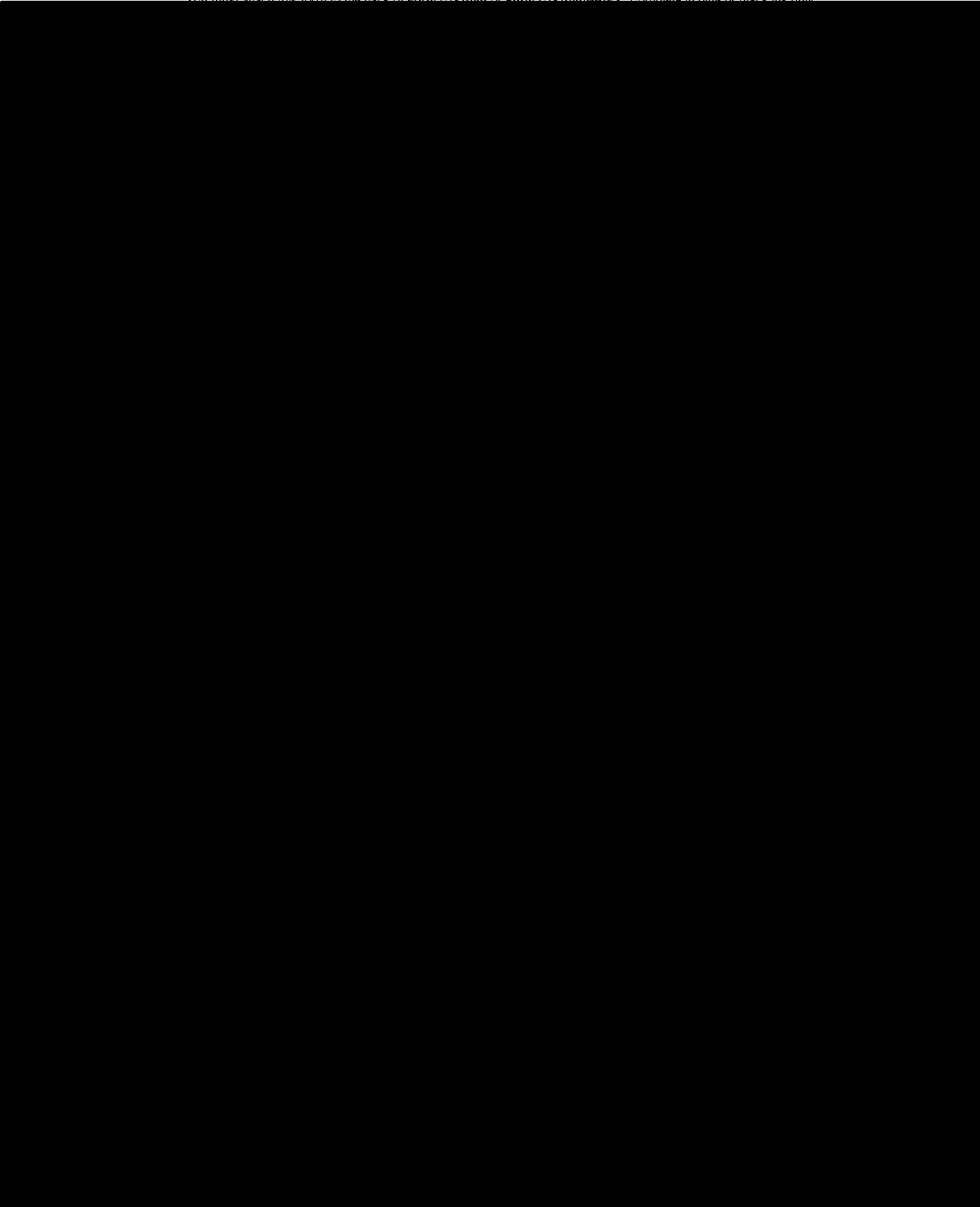
4411
10-28

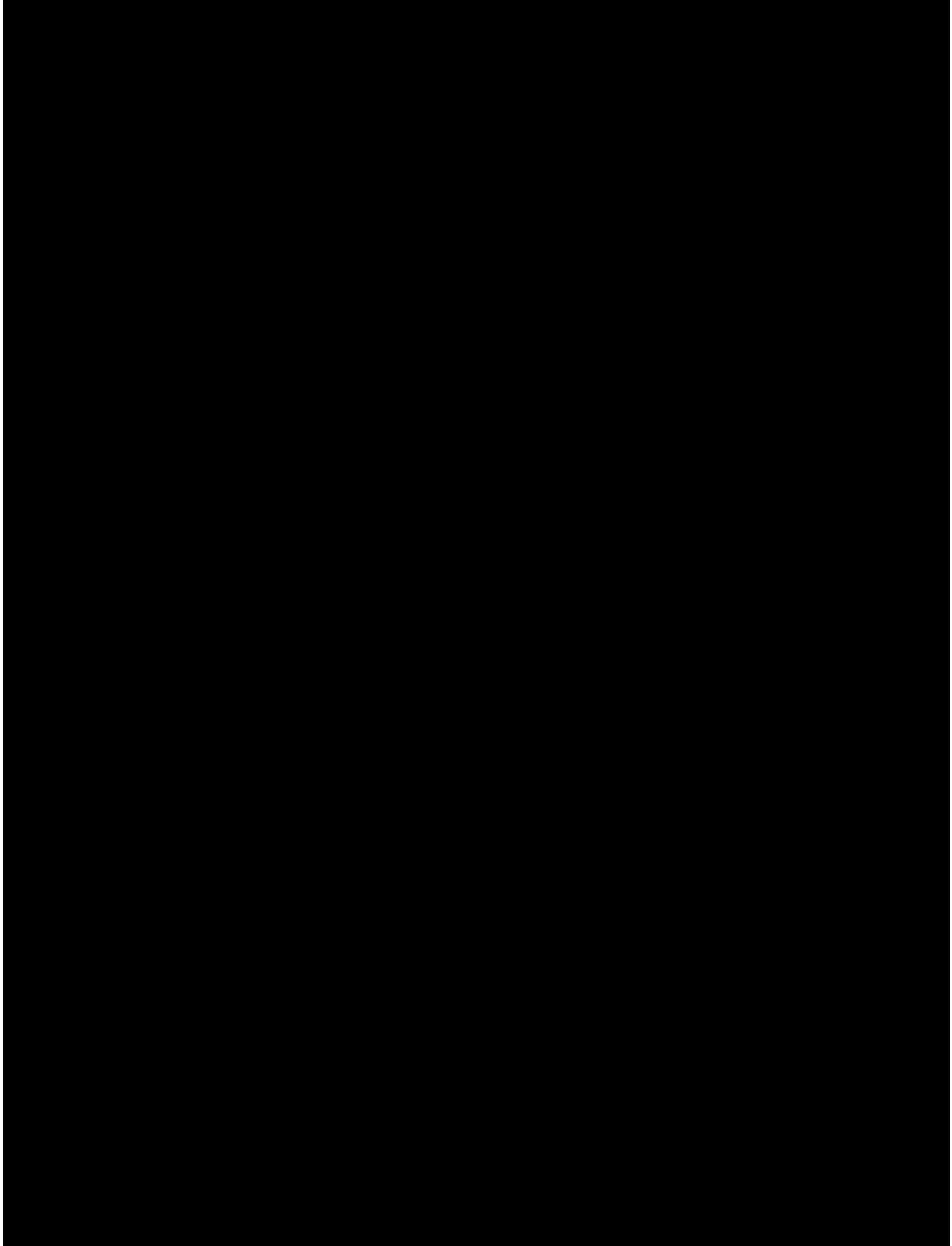


Form CT-6251

Connecticut Alternative Minimum Tax Return - Individuals

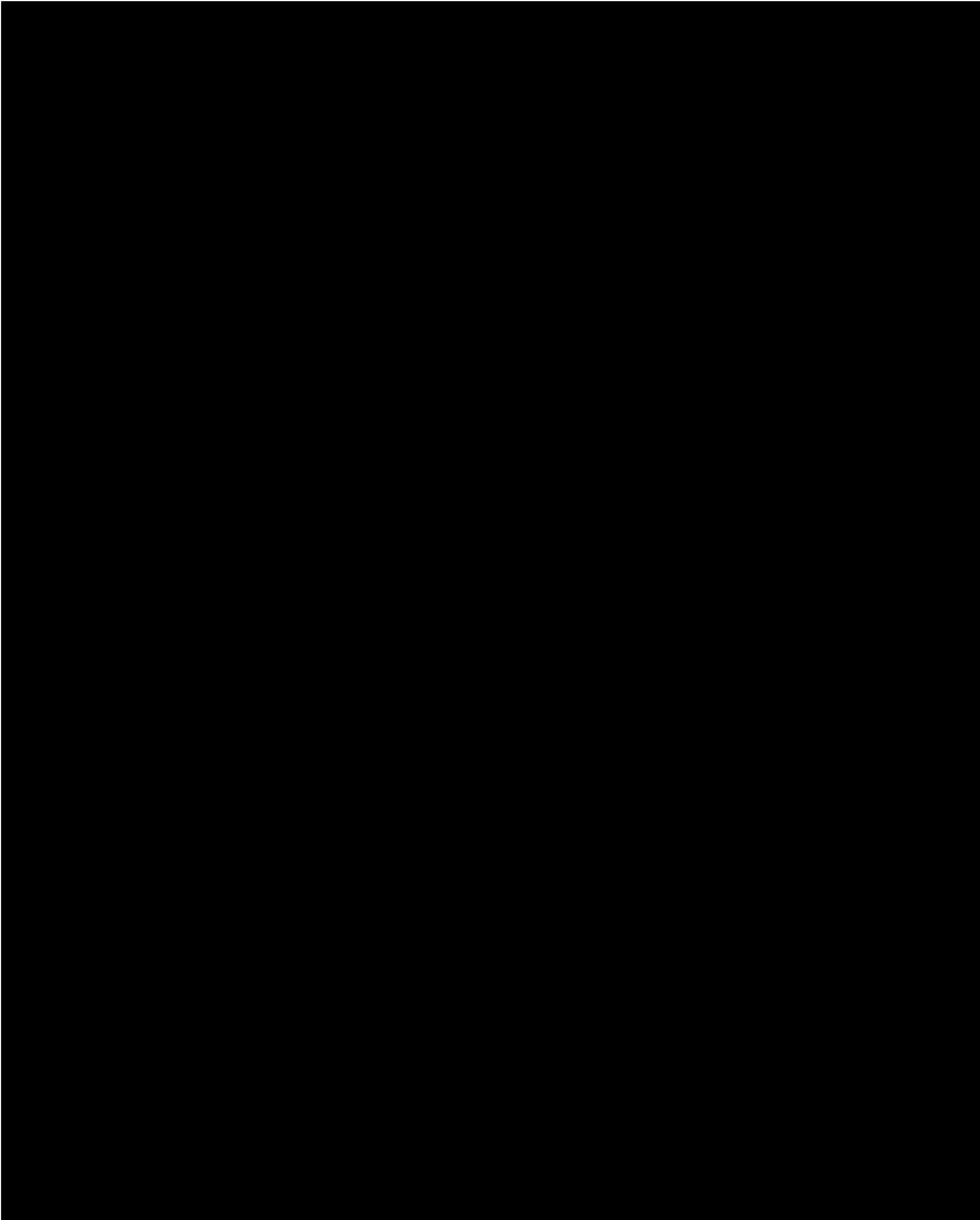
You must attach this form to the back of Form CT-1040 or Form CT-1040NR/PY. Complete in blue or black ink only.





(Rev. 01/15)

Underpayment of Estimated Income Tax by Individuals, Trusts, and Estates

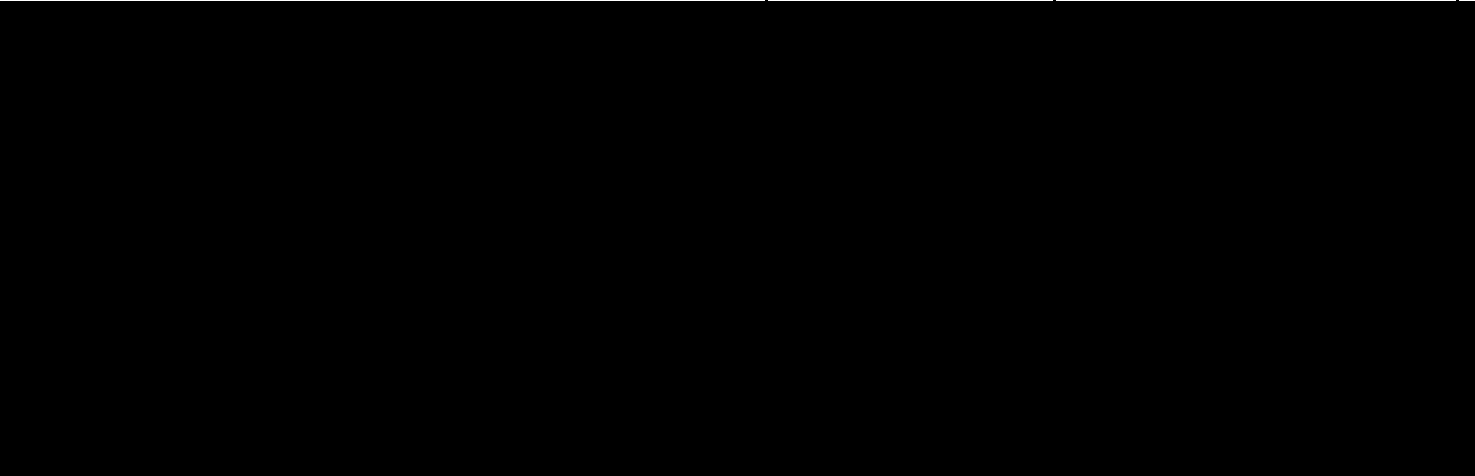


▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 04/15/2015

2015 Form 1040-ES Payment Voucher 1

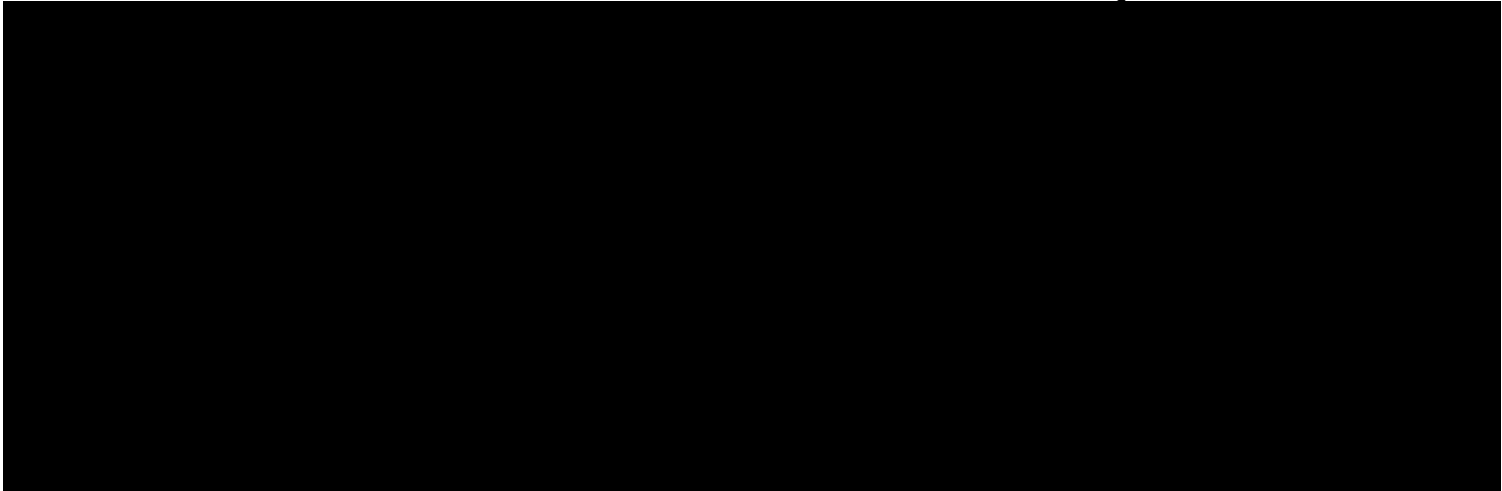


▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 06/15/2015

2015 Form 1040-ES Payment Voucher 2

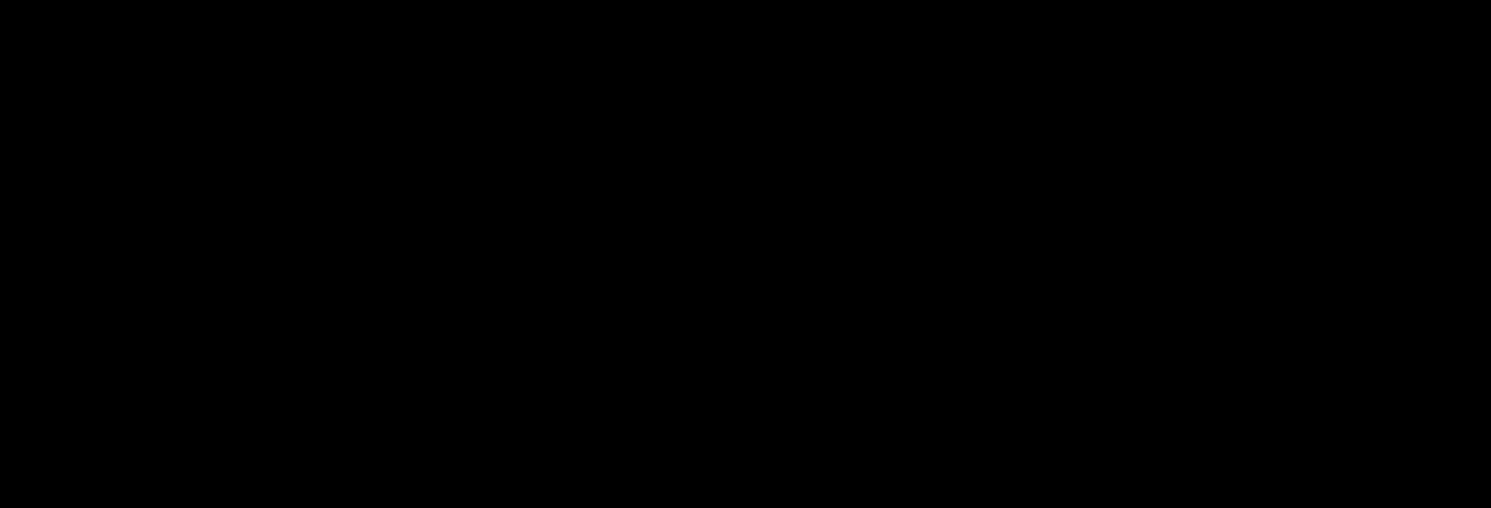


▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 09/15/2015

2015 Form 1040-ES Payment Voucher 3

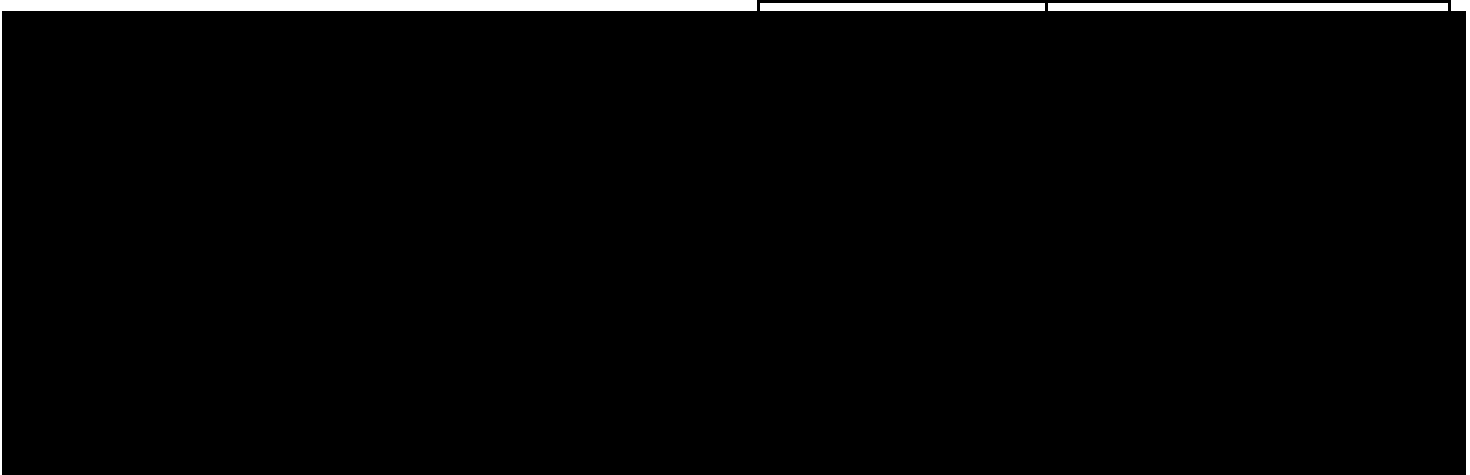


▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year—
Due 01/15/2016

2015 Form 1040-ES Payment Voucher 4



Form

1040

Department of the Treasury—Internal Revenue Service

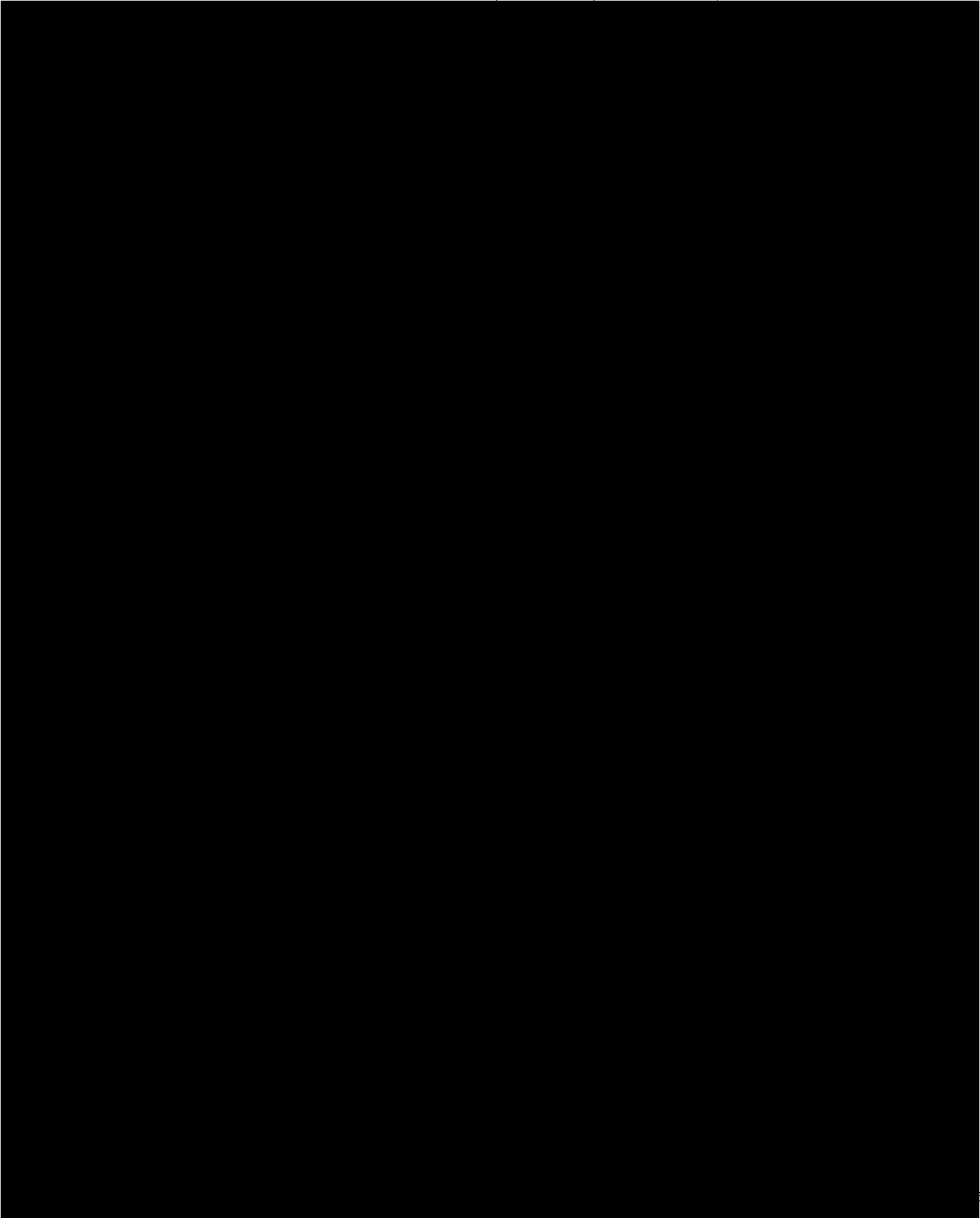
(99)

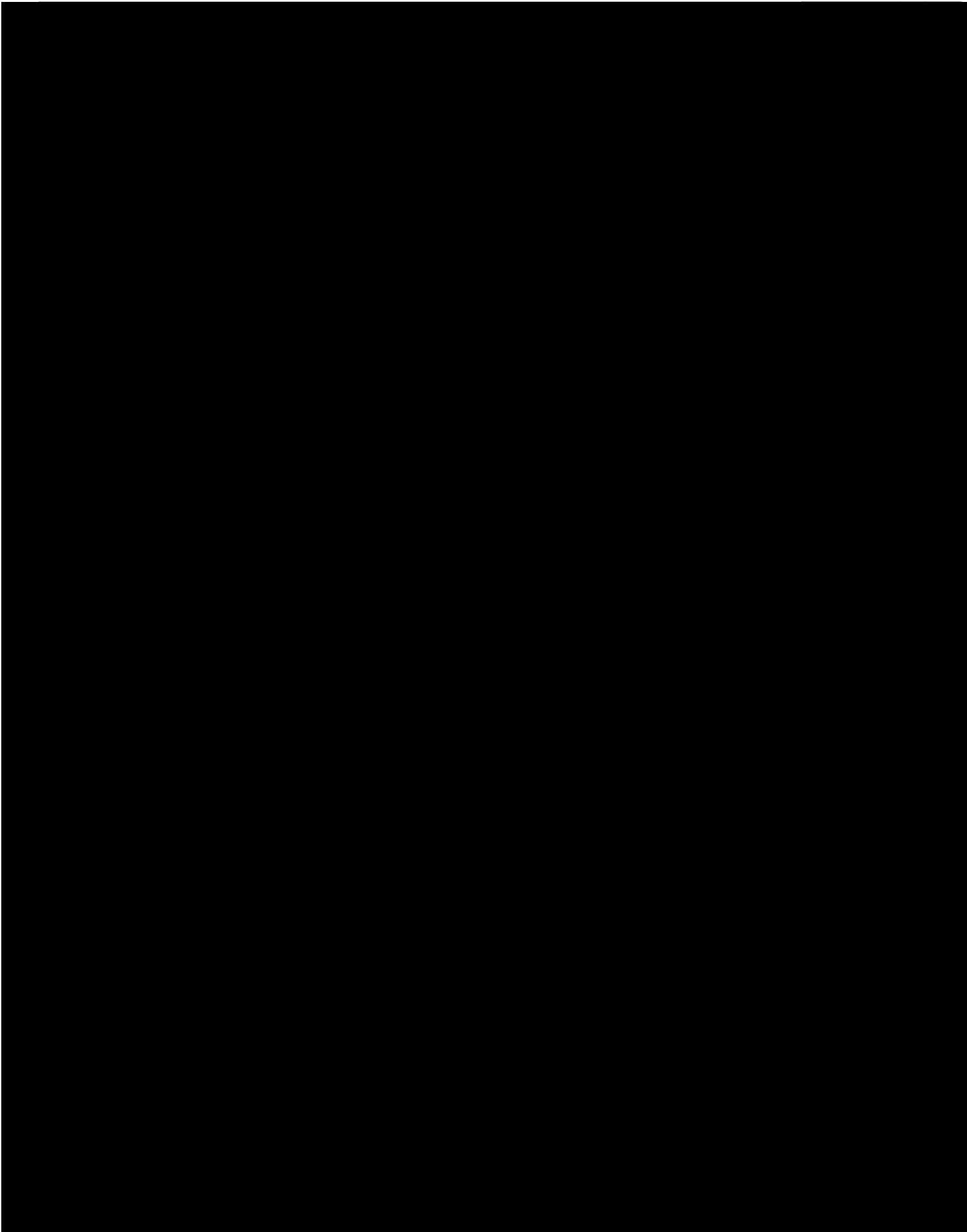
U.S. Individual Income Tax Return

2014

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.





**SCHEDULE C
(Form 1040)**

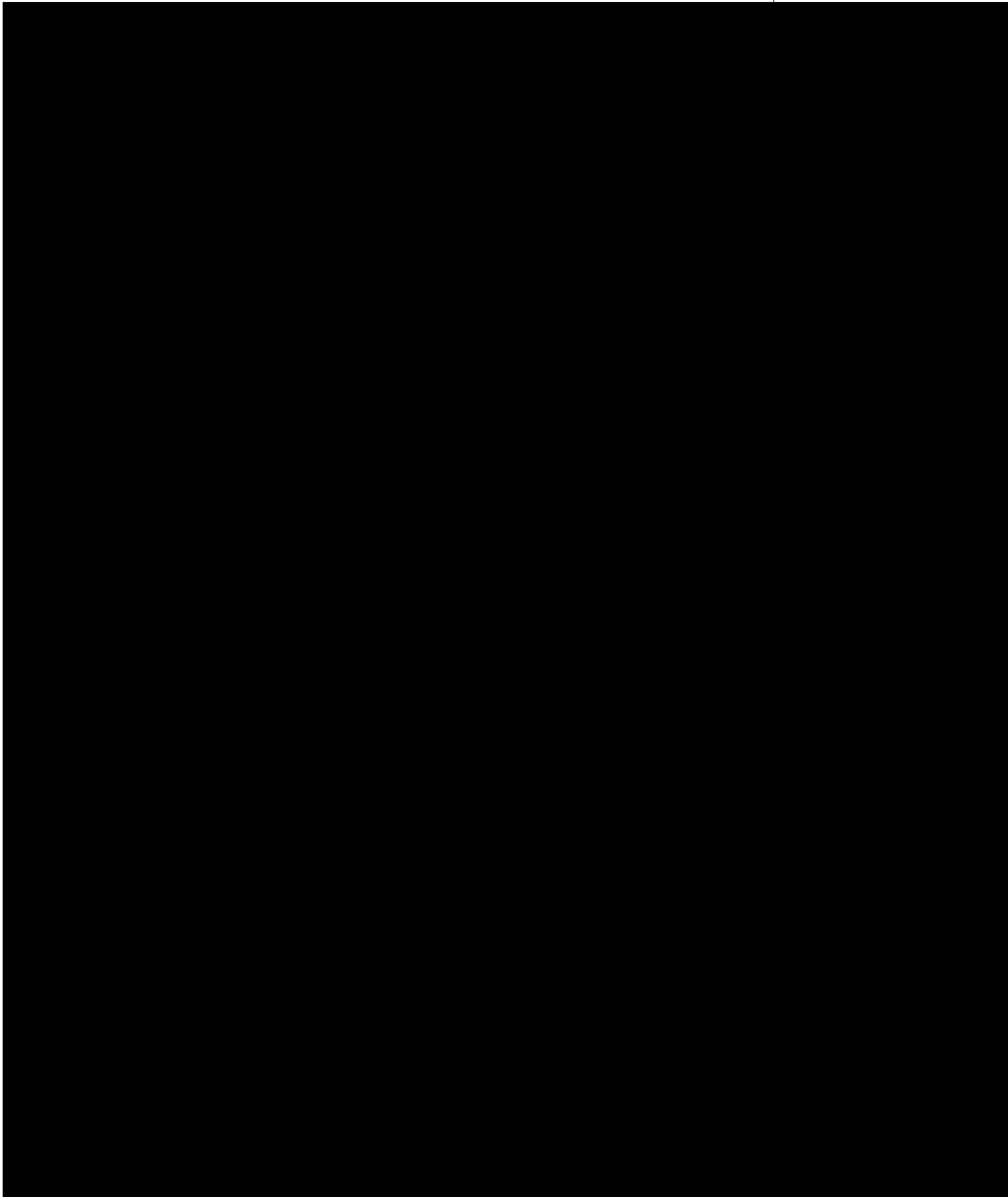
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

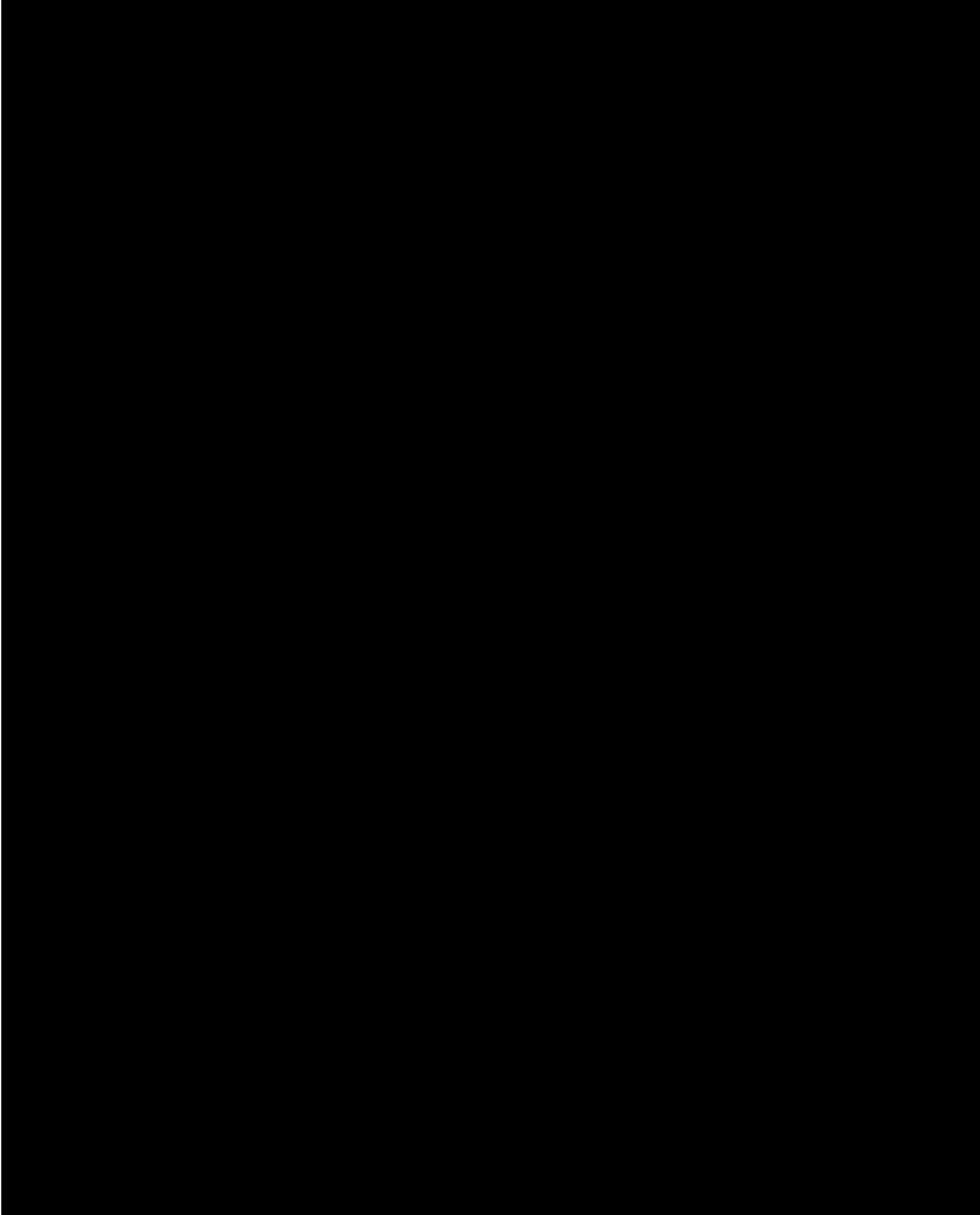
- ▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
- ▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014
Attachment
Sequence No. **09**



Part III **Cost of Goods Sold** (see instructions)



**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

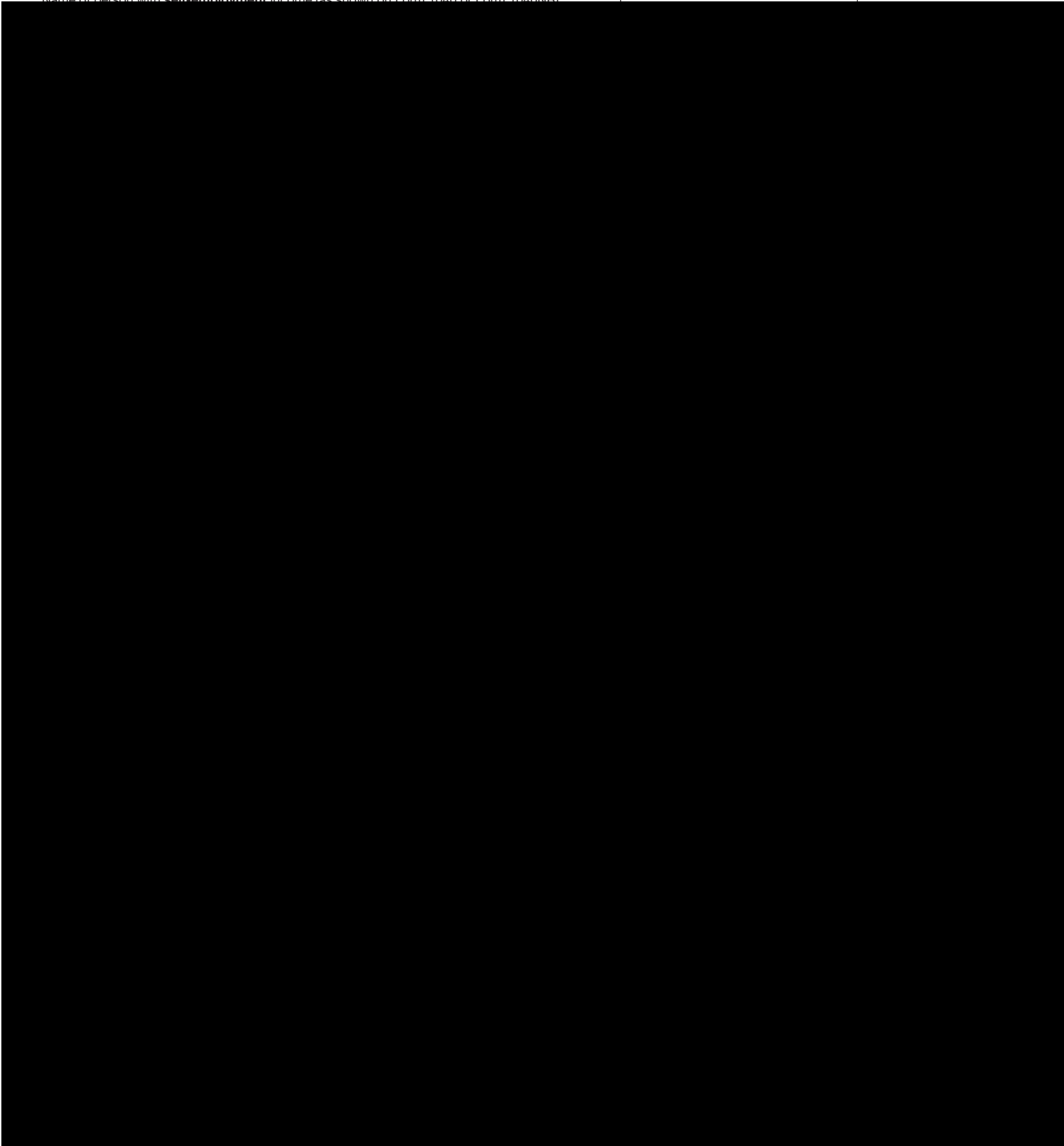
Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)



2014 Connecticut Electronic Filing Payment Voucher

Complete this form in blue or black ink only.

Purpose: Complete **CT-1040V** if you filed your Connecticut income tax return electronically and **elect to make payment by check**. You must pay the total amount of tax due on or before April 15, 2015. Any unpaid balance will be subject to penalty and interest.

Pay by Mail: Make check payable to **Commissioner of Revenue Services**. To ensure payment is applied to the correct account, write "2014 CT-1040V e-file" and your Social Security Number (SSN), optional, on the front of the check. Sign the check and clip it to the front of the voucher. Do not send cash. The Department of Revenue Services (DRS) may submit the check to your bank electronically. Return the voucher below with your payment.

Mail to: Department of Revenue Services
State of Connecticut
PO Box 2921
Hartford, CT 06104-2921

Do not submit a paper copy of your Connecticut income tax return with this voucher.

Other Payment Options

- A. Pay Electronically:** Visit www.ct.gov/TSC to use the **Taxpayer Service Center (TSC)** to make a direct tax payment. After logging into the **TSC**, select the *Make Payment Only* option. Using this option authorizes DRS to electronically withdraw a payment from your bank account (checking or savings) on a date you select up to the due date. As a reminder, even if you pay electronically, you must still file your return by the due date. Tax not paid on or before the due date will be subject to penalty and interest.
- B. Pay by Credit Card or Debit Card:** You may elect to pay your 2014 tax liability using a credit card (American Express®, Discover®, MasterCard®, VISA®) or comparable debit card. A convenience fee will be charged by the service provider. You will be informed of the amount of the fee and may elect to cancel the transaction. At the end of the transaction, you will be given a confirmation number for your records.

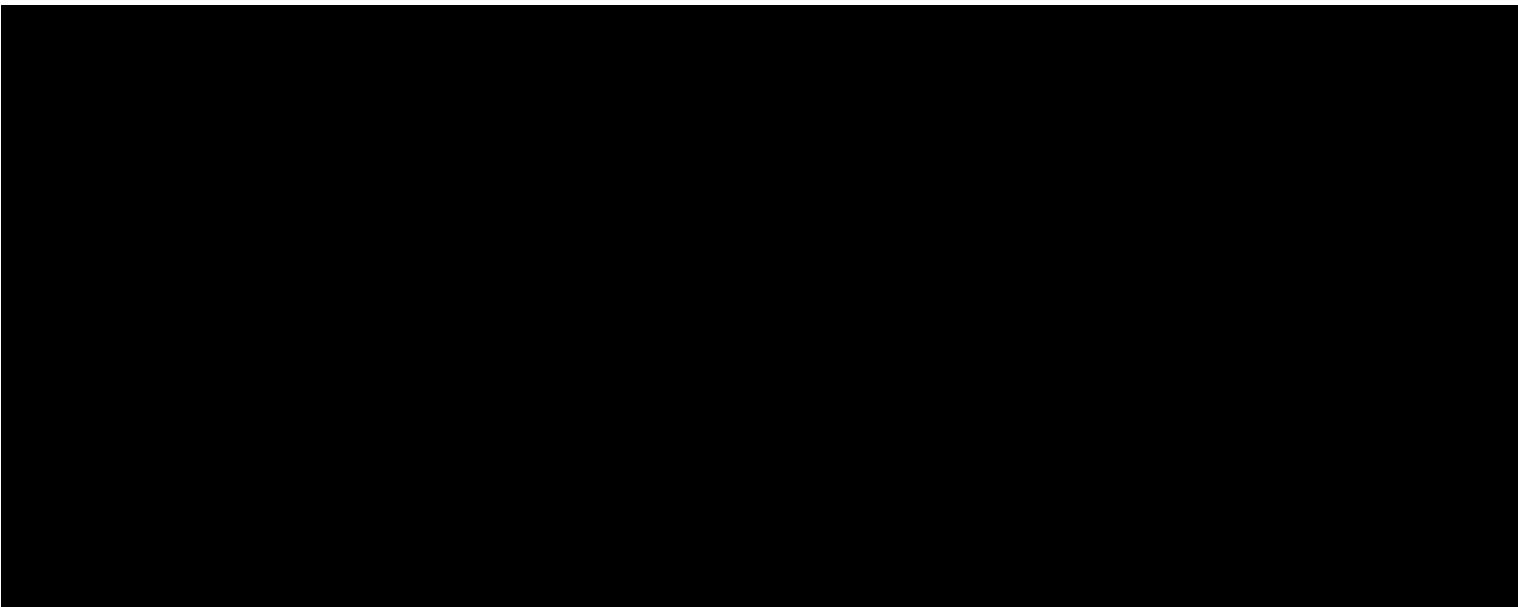
There are three ways to pay by credit card or comparable debit card:

- Log in to your account in the **TSC** and select *Make Payment by Credit Card*;
- Visit www.officialpayments.com and select *State Payments*; **or**
- Call Official Payments Corporation toll-free at **800-2PAY-TAX** (800-272-9829) and follow the instructions. You will be asked to enter the Connecticut Jurisdiction Code: 1777.

Your payment will be effective on the date you make the charge.



Separate here and mail voucher to DRS. Make a copy for your records.



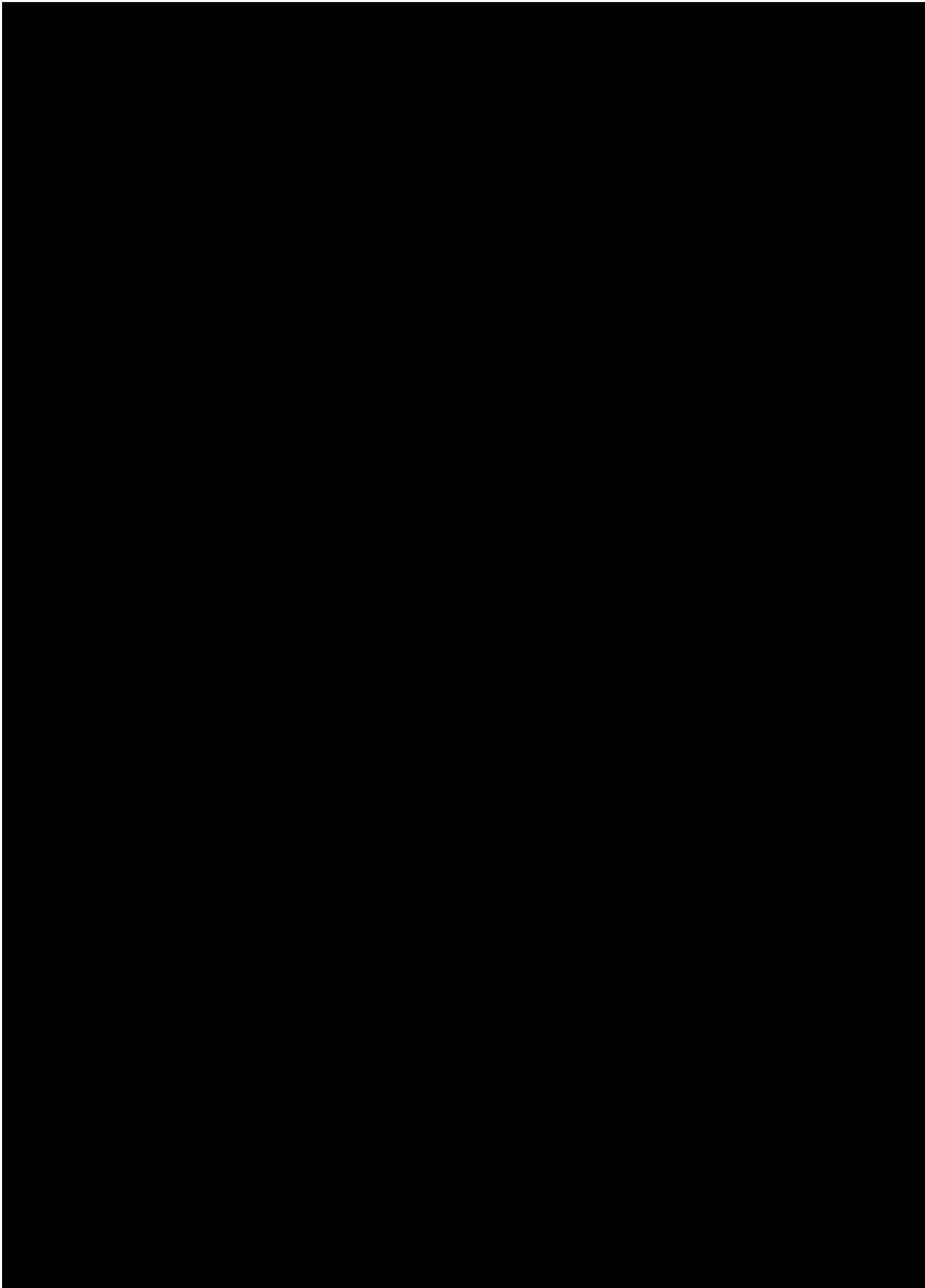
Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

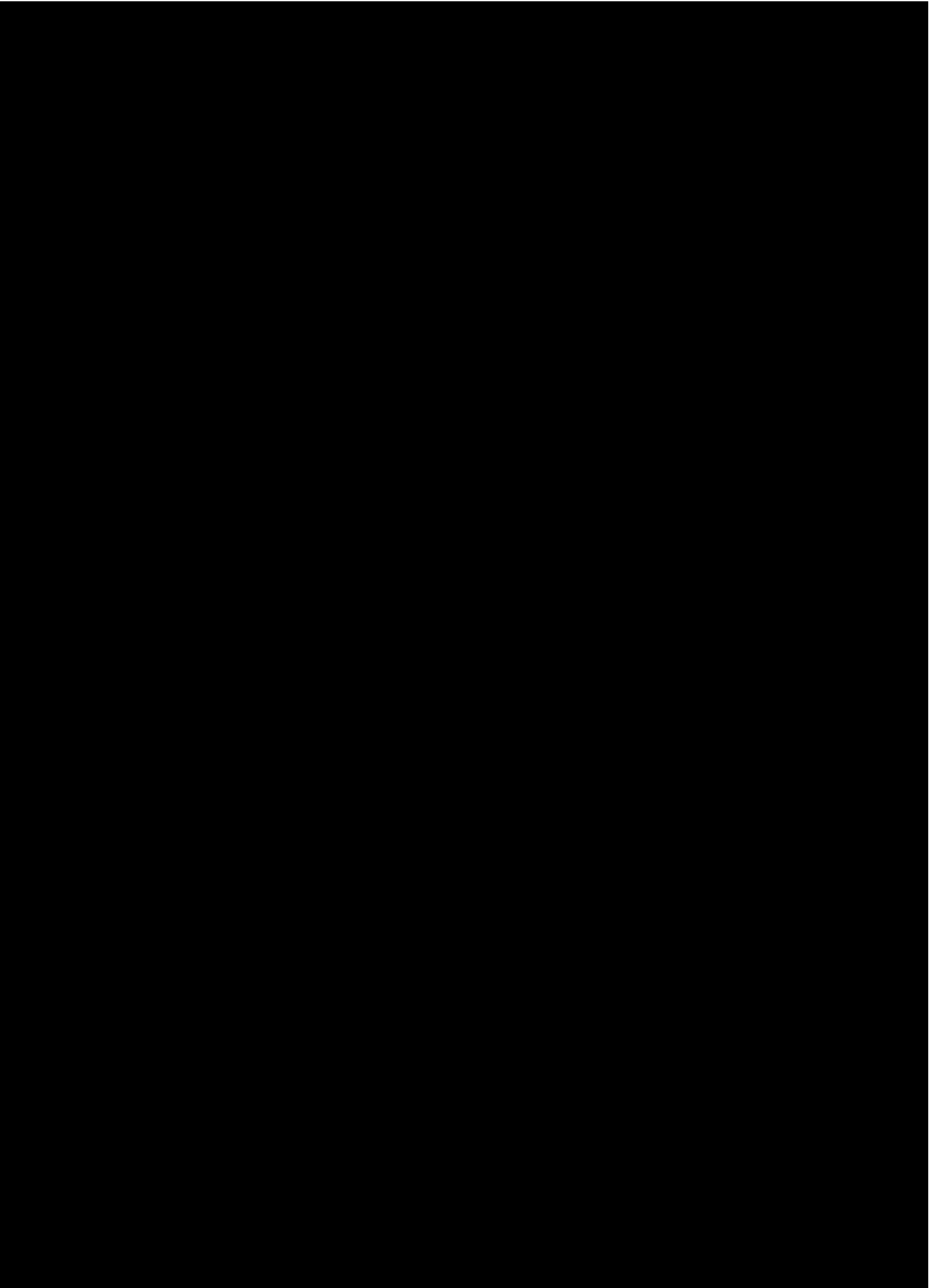
1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, and Schedule CT-CHET. Send **all** four pages of your completed return, both pages of your completed CT EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2014 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
 - For all tax returns with payment:
 - Department of Revenue Services
 - PO Box 2935
 - Hartford CT 06104-2935
 - For refunds and tax returns without payment:
 - Department of Revenue Services
 - PO Box 5002
 - Hartford CT 06102-5002
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.

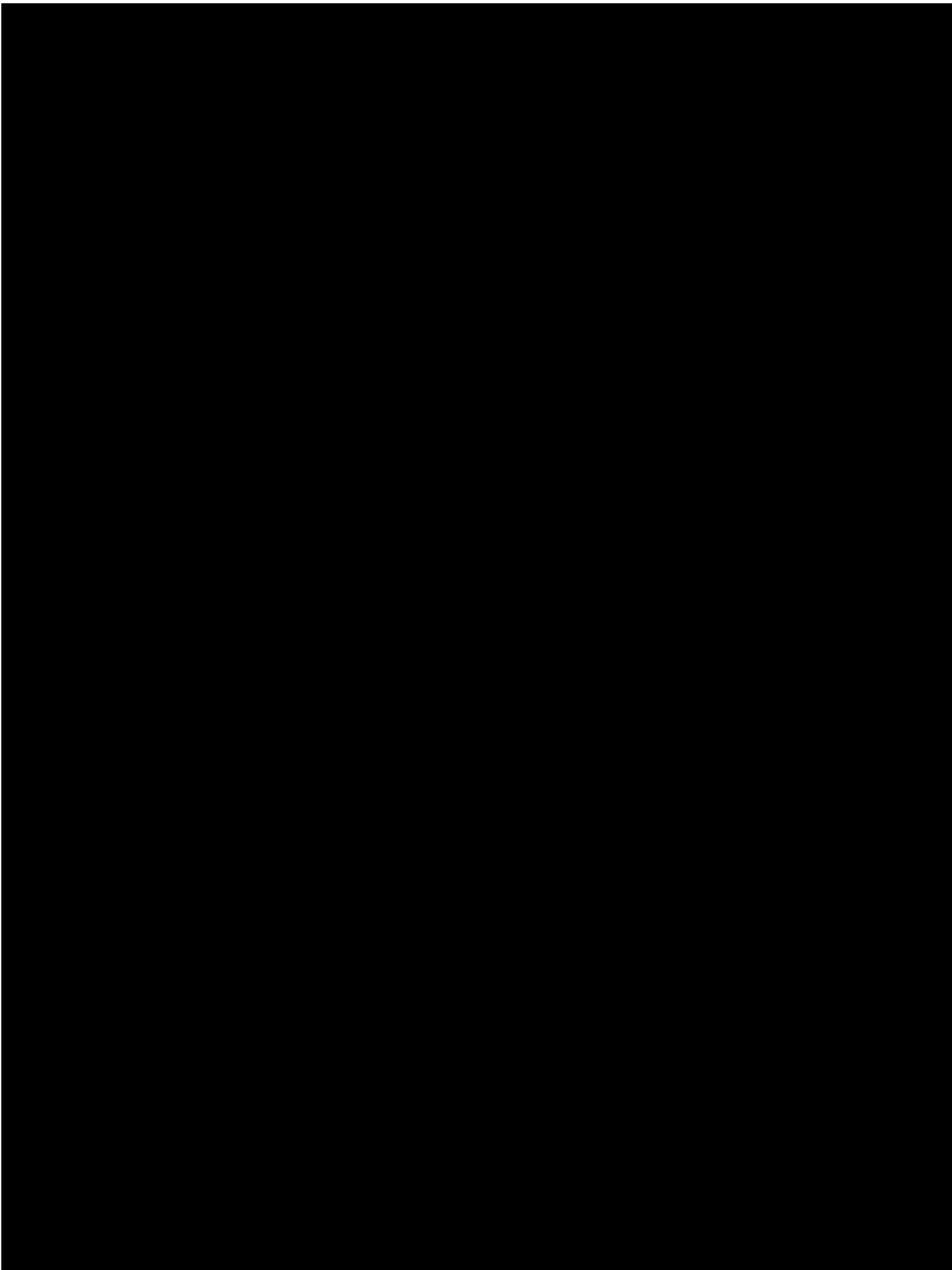
Do not send this sheet with your return.

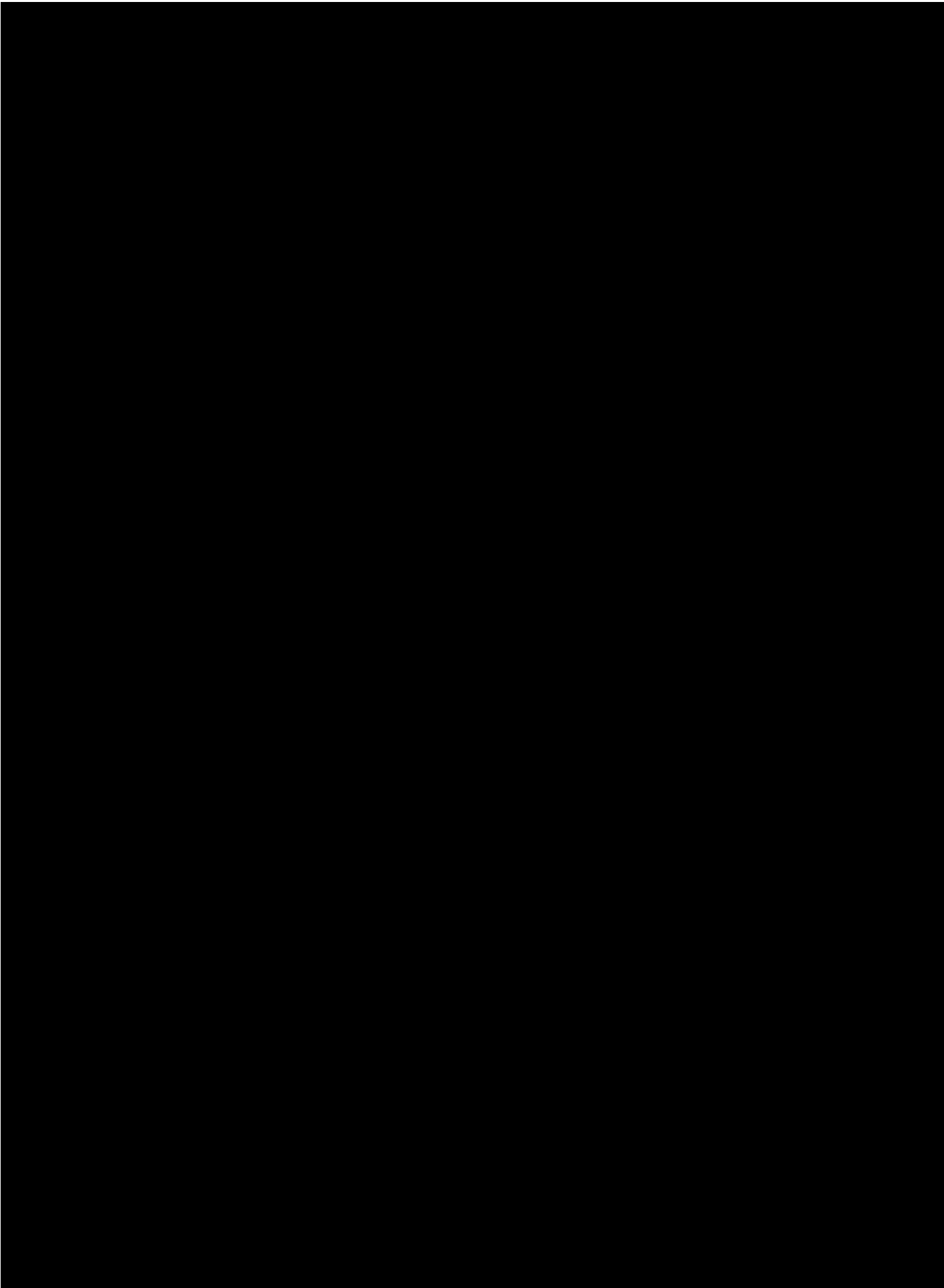
↑ Clipp check here. Do not staple. ↑



Sign Here







**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (69)
Name(s) shown on Form 1040

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/schedulea
▶ Attach to Form 1040.

OMB No. 1545-0074

2014
Attachment
Sequence No. **07**

Your social security number

Interest and Ordinary Dividends

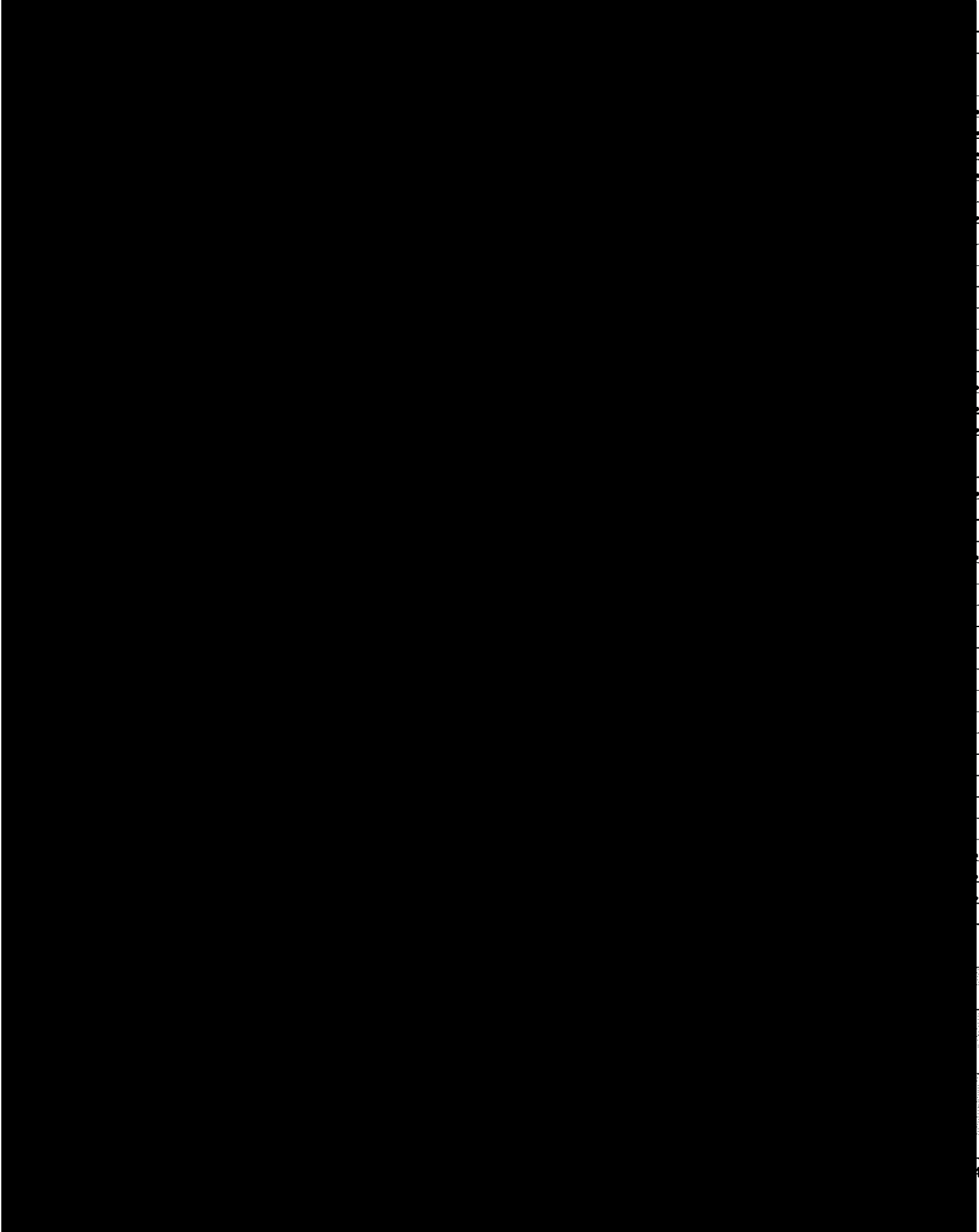
▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

2014

Attachment
Sequence No. **08**

Your social security number



**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

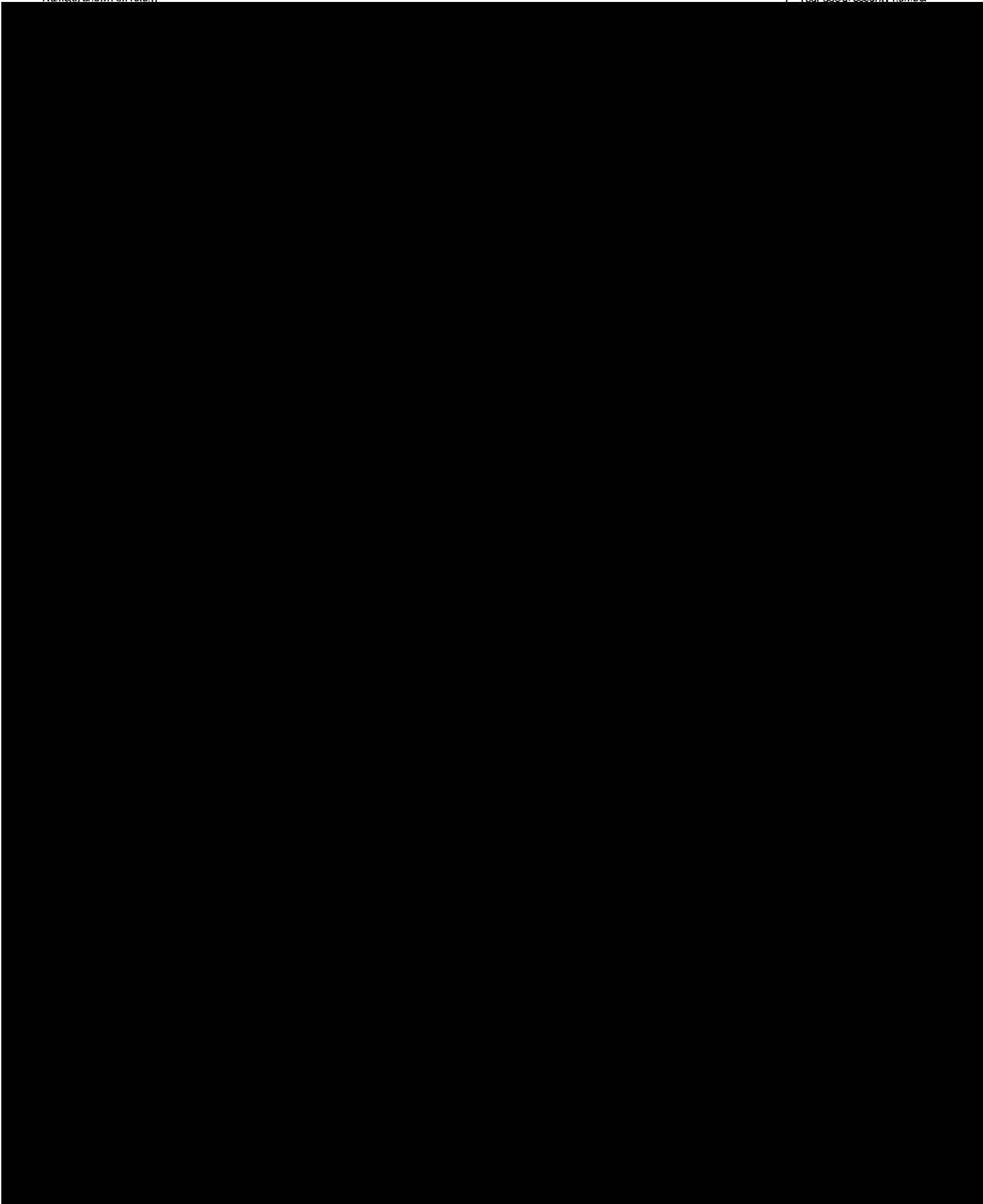
OMB No. 1545-0074

2014

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number



Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

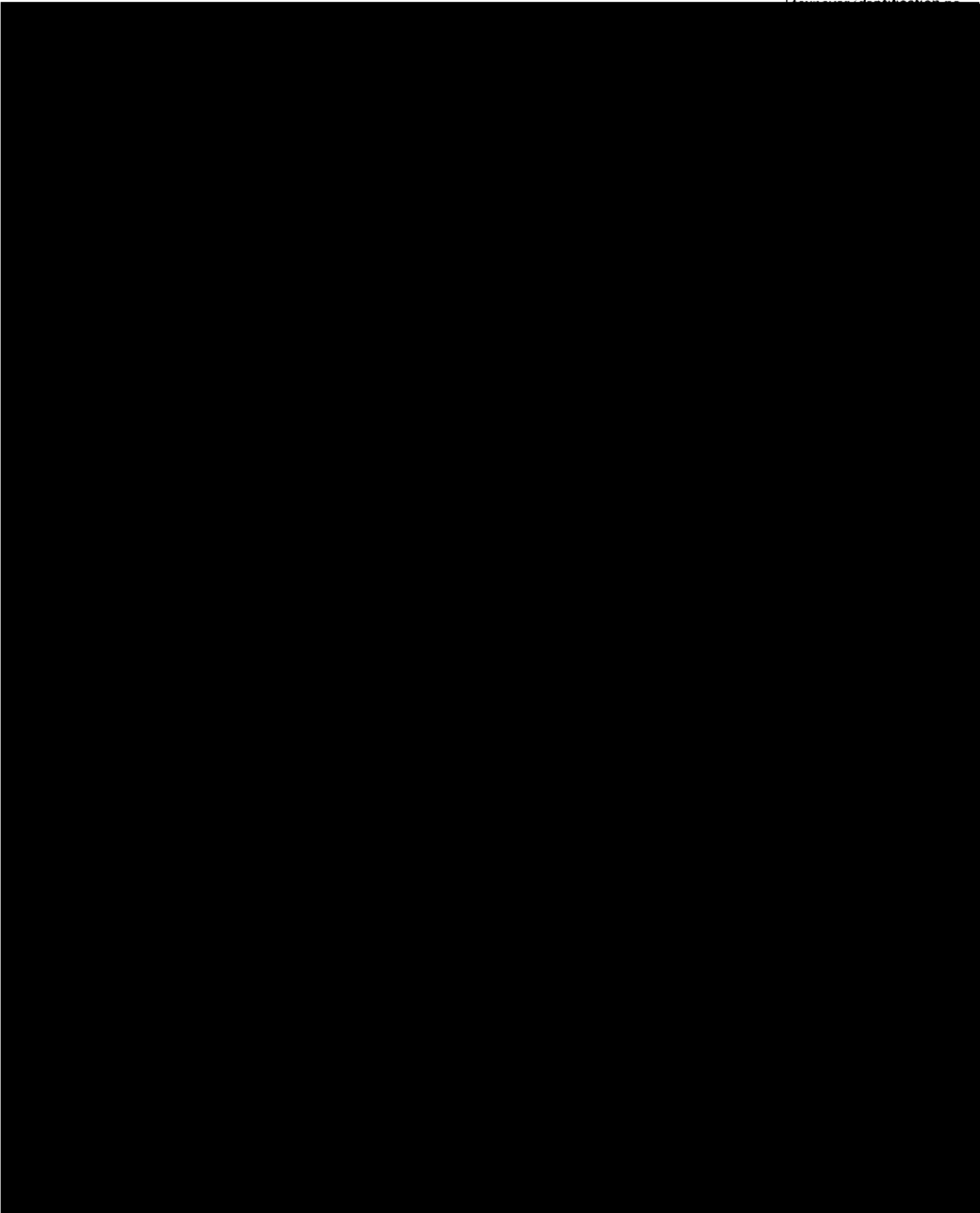
2014

Attachment
Sequence No. **12A**

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

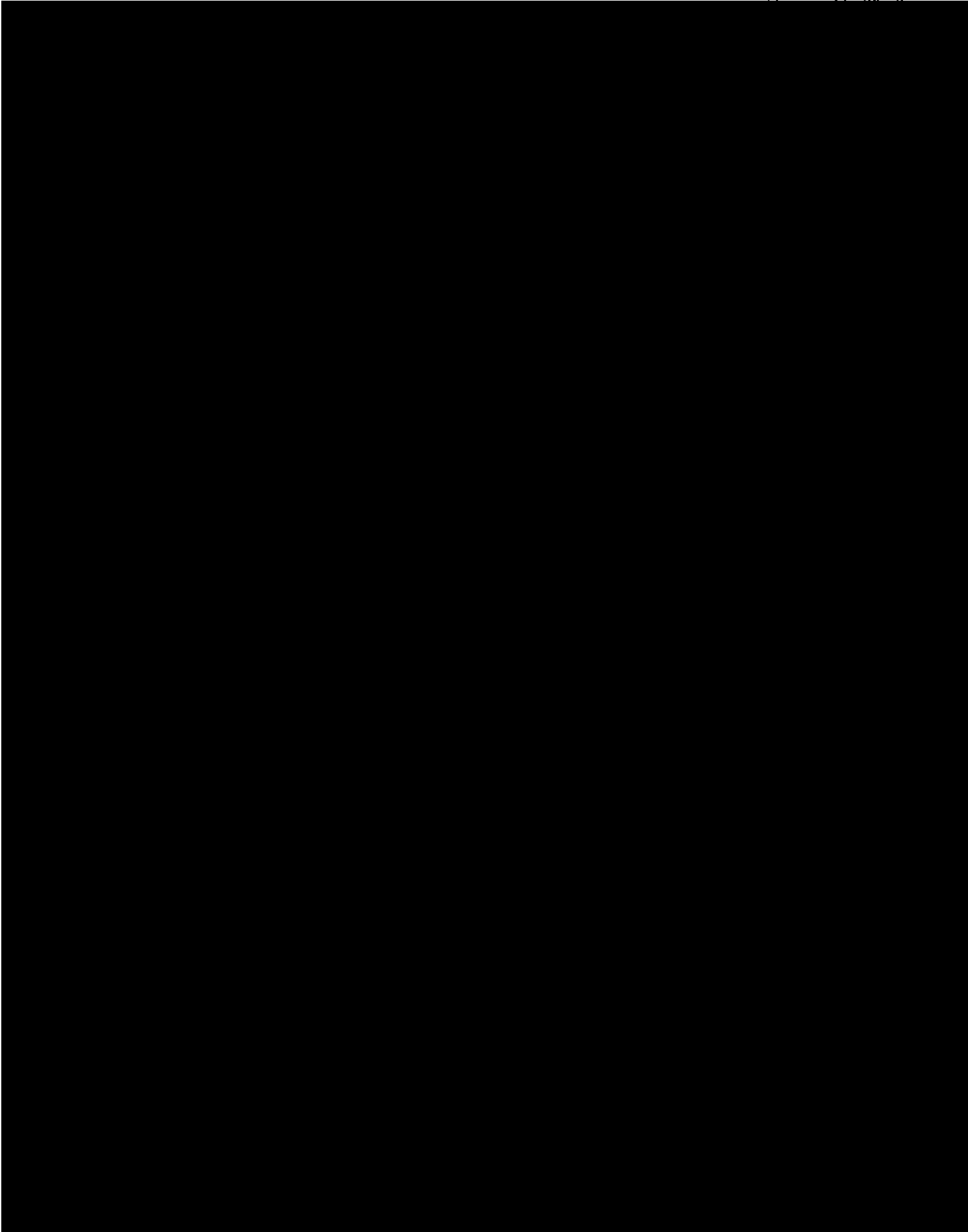
Name(s) shown on return

Social security number or
taxpayer identification number



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or



Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

SCHEDULE E

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

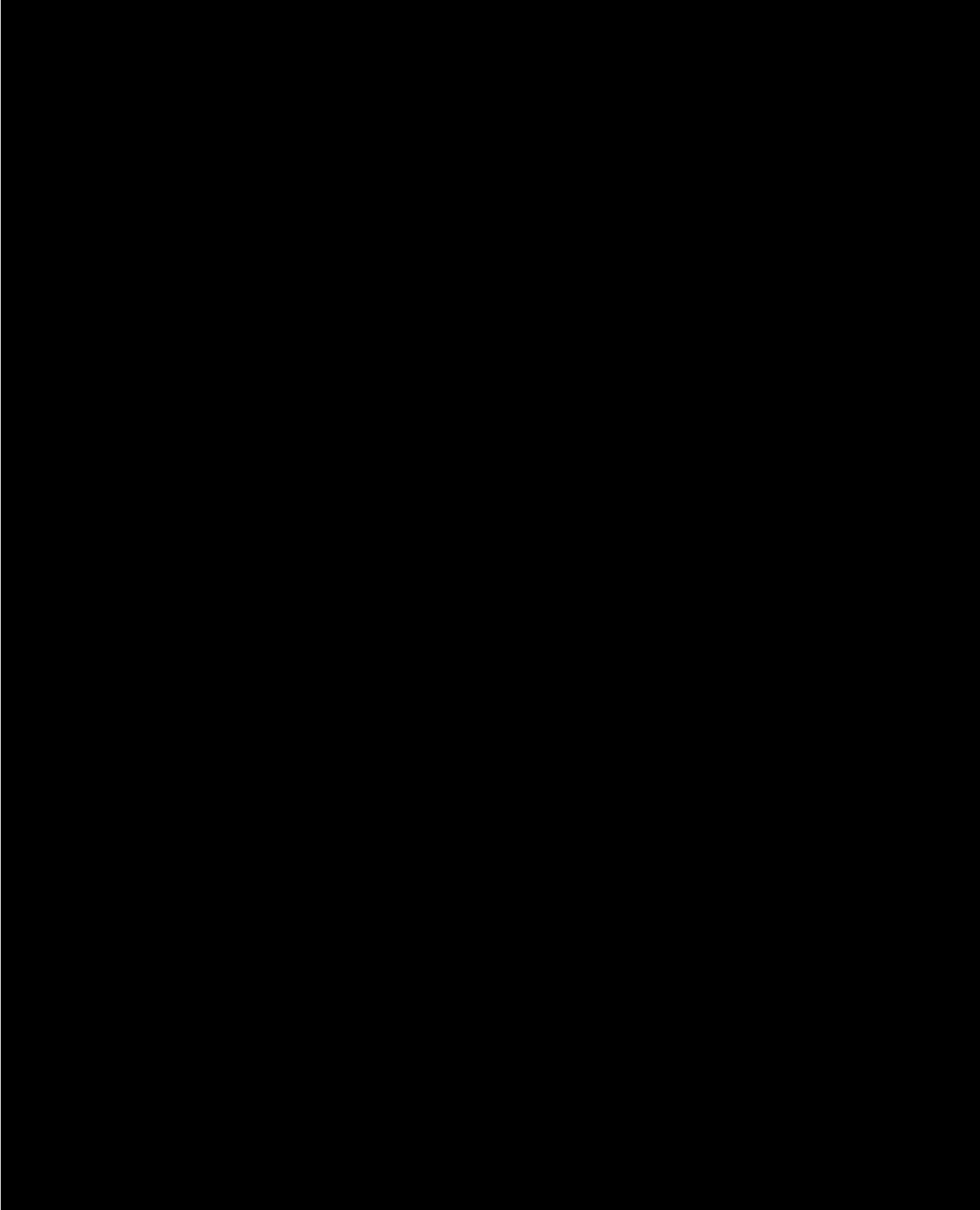
OMB No. 1545-0074

2014

Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number



Name(s) shown on return. Do not enter name and social security number if shown on page 1.

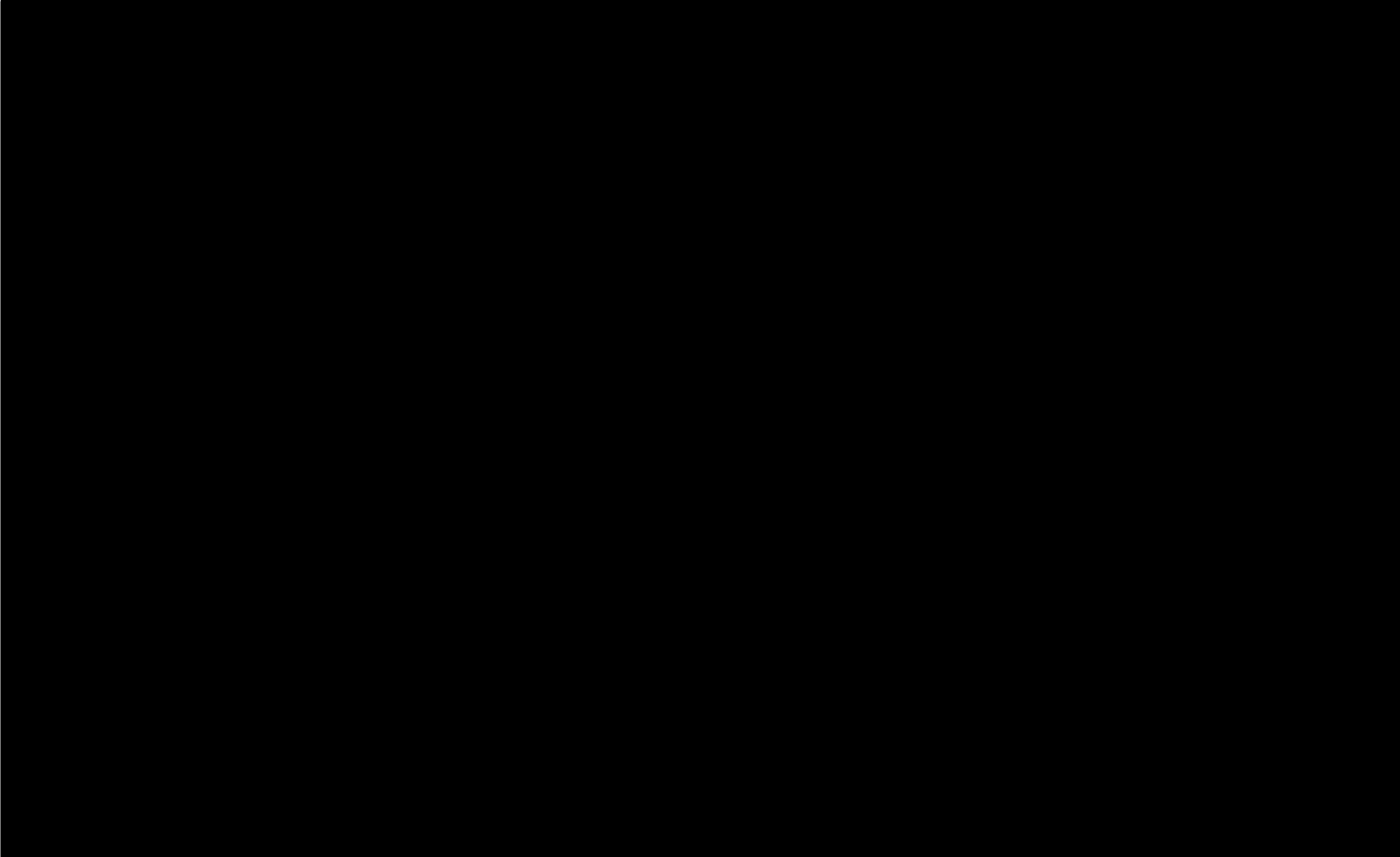
Your social security number

SCHEDULE E



Other

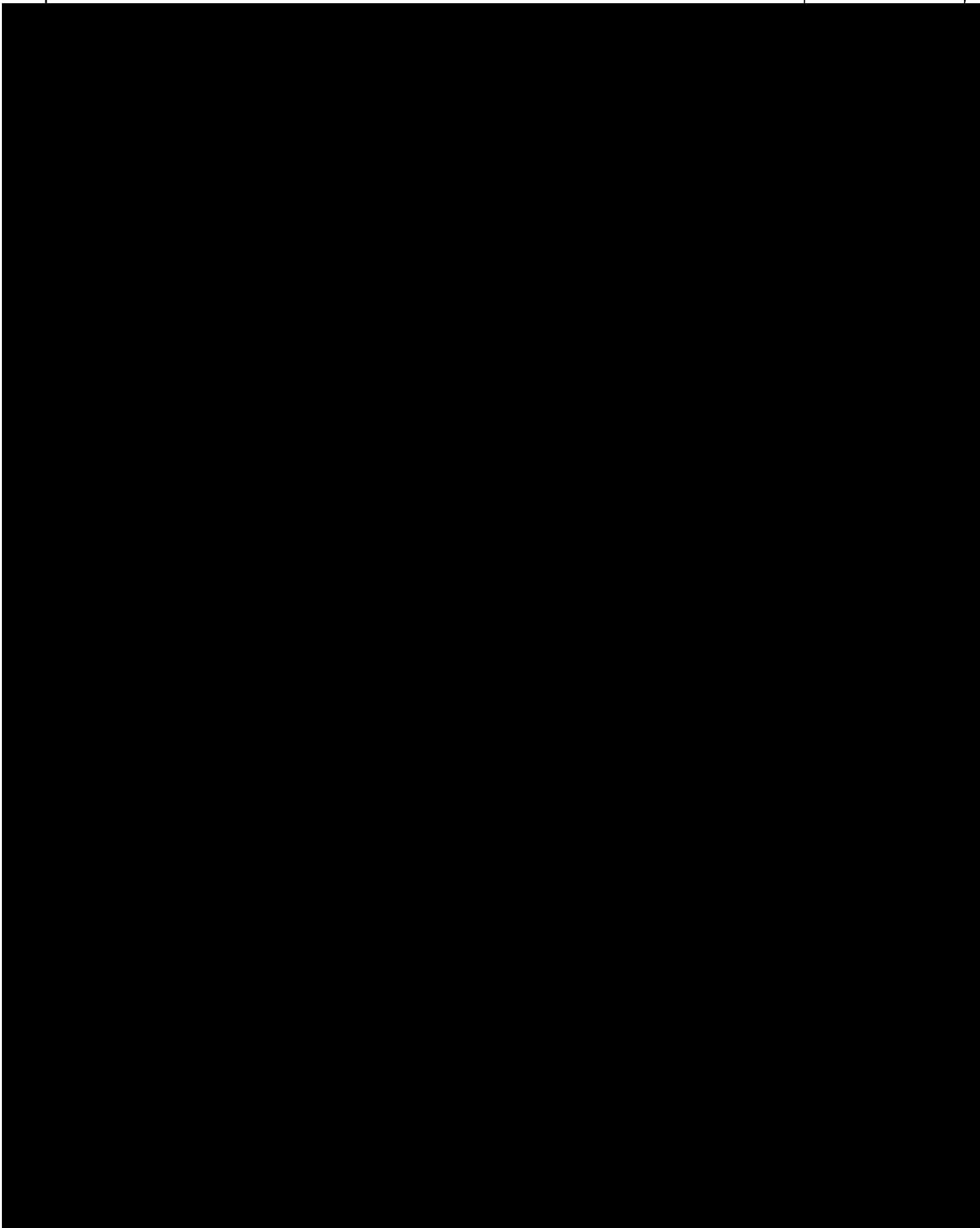
SCHEDULE E

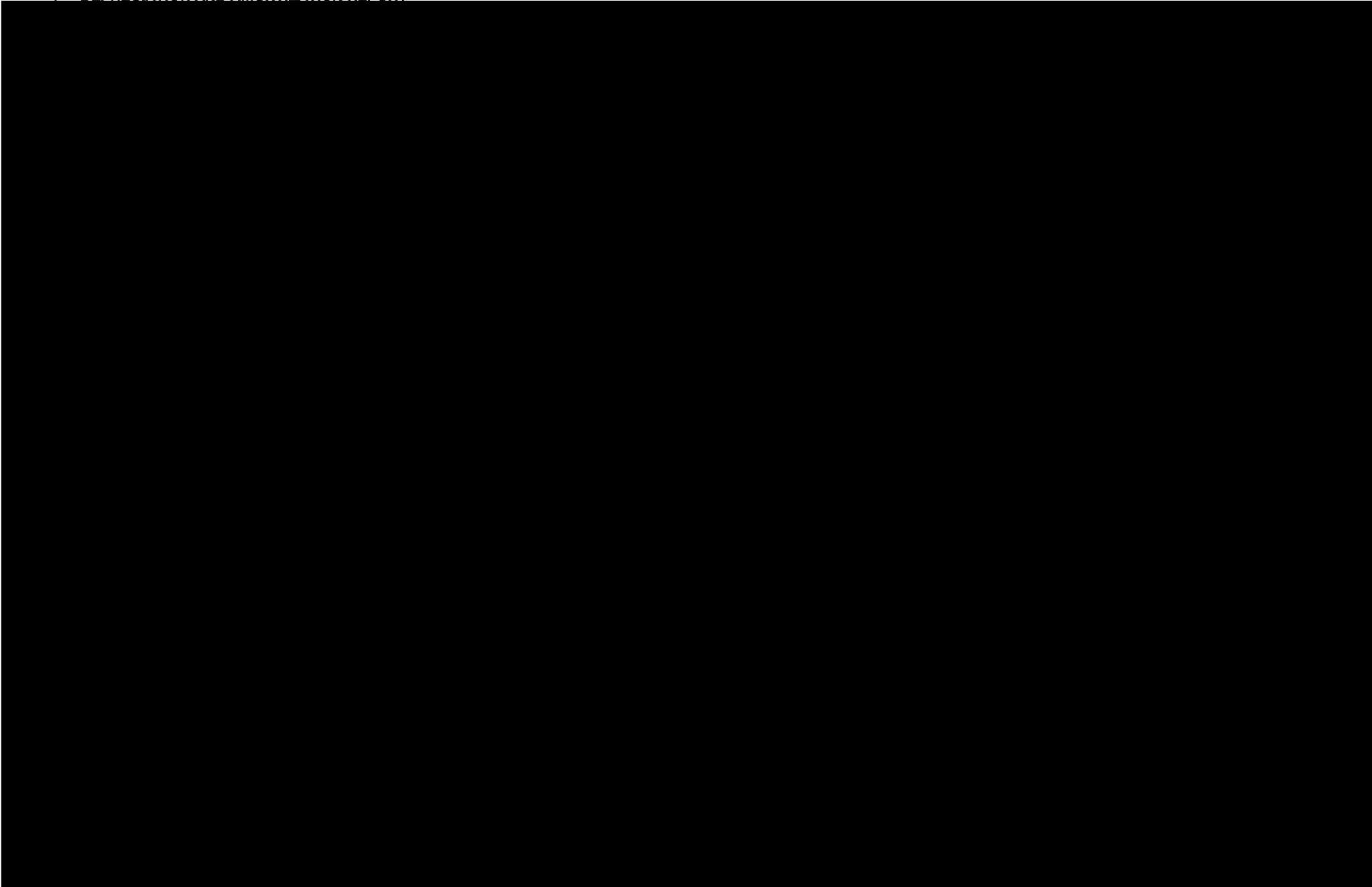


Statement of Rental and Royalty Income

Name(s) as shown on return

Your social security number





**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

(99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2014

Attachment
Sequence No. **17**

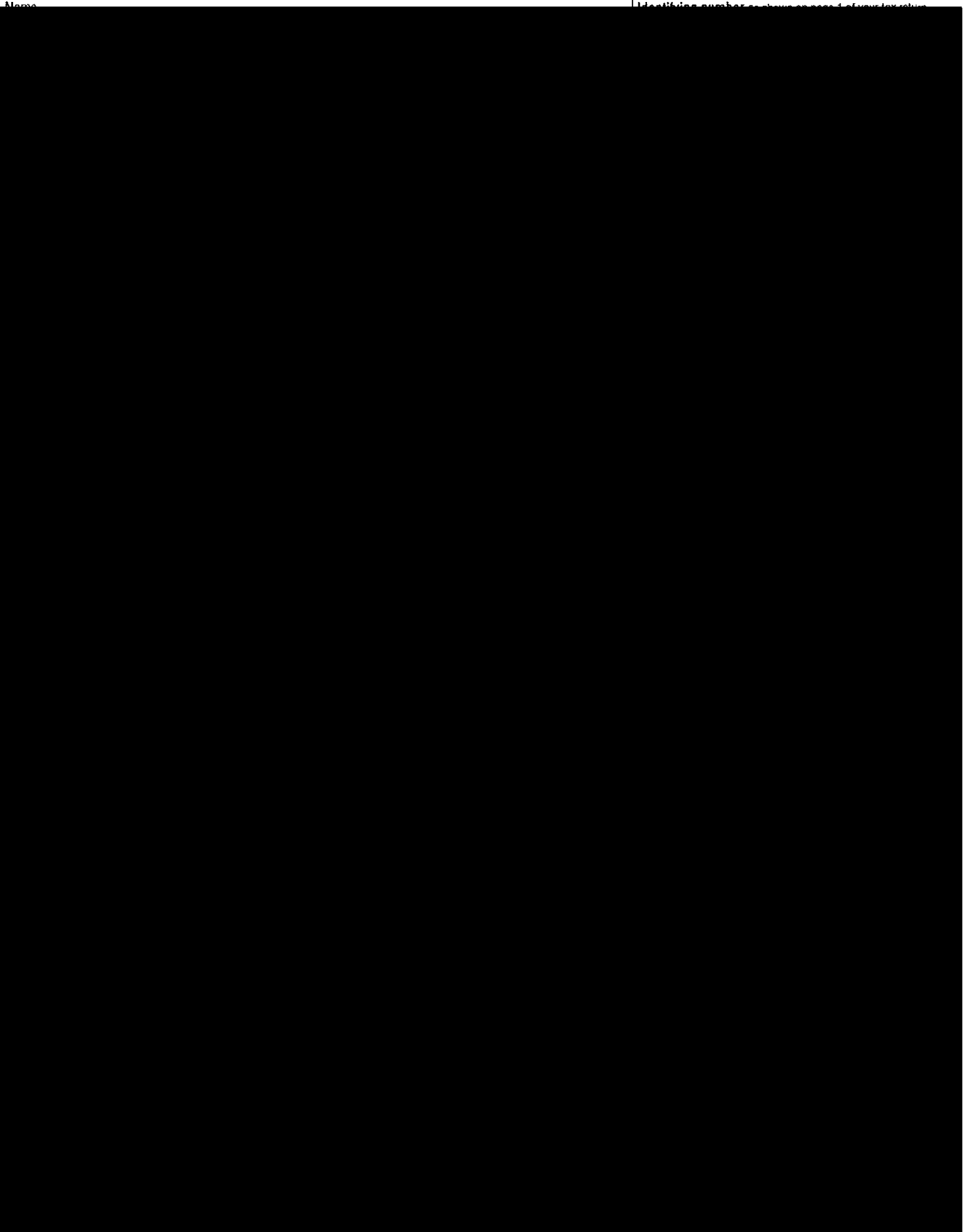
Foreign Tax Credit
(Individual, Estate, or Trust)

2014

Attachment
Sequence No. **19**

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.



Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

2014

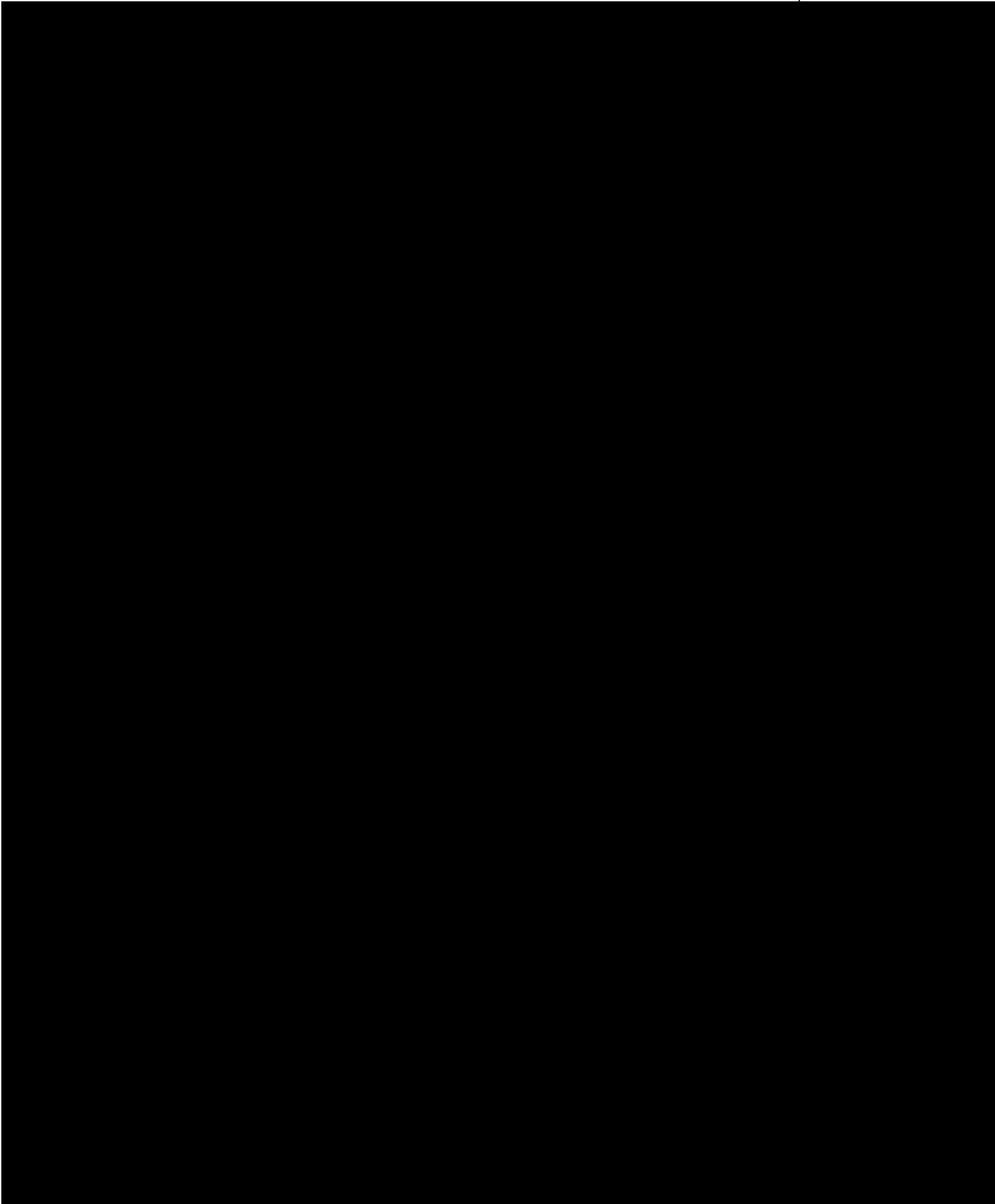
Attachment
Sequence No. **32**

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

▶ Attach to Form 1040 or Form 1040NR.

Name(s) shown on Form 1040 or Form 1040NR

Your social security number



ALTERNATIVE MINIMUM TAX
Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

2014

Attachment
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Name

Identifying number as shown on page 1 of your tax return

Form **8606**

Department of the Treasury
Internal Revenue Service (99)

Nondeductible IRAs

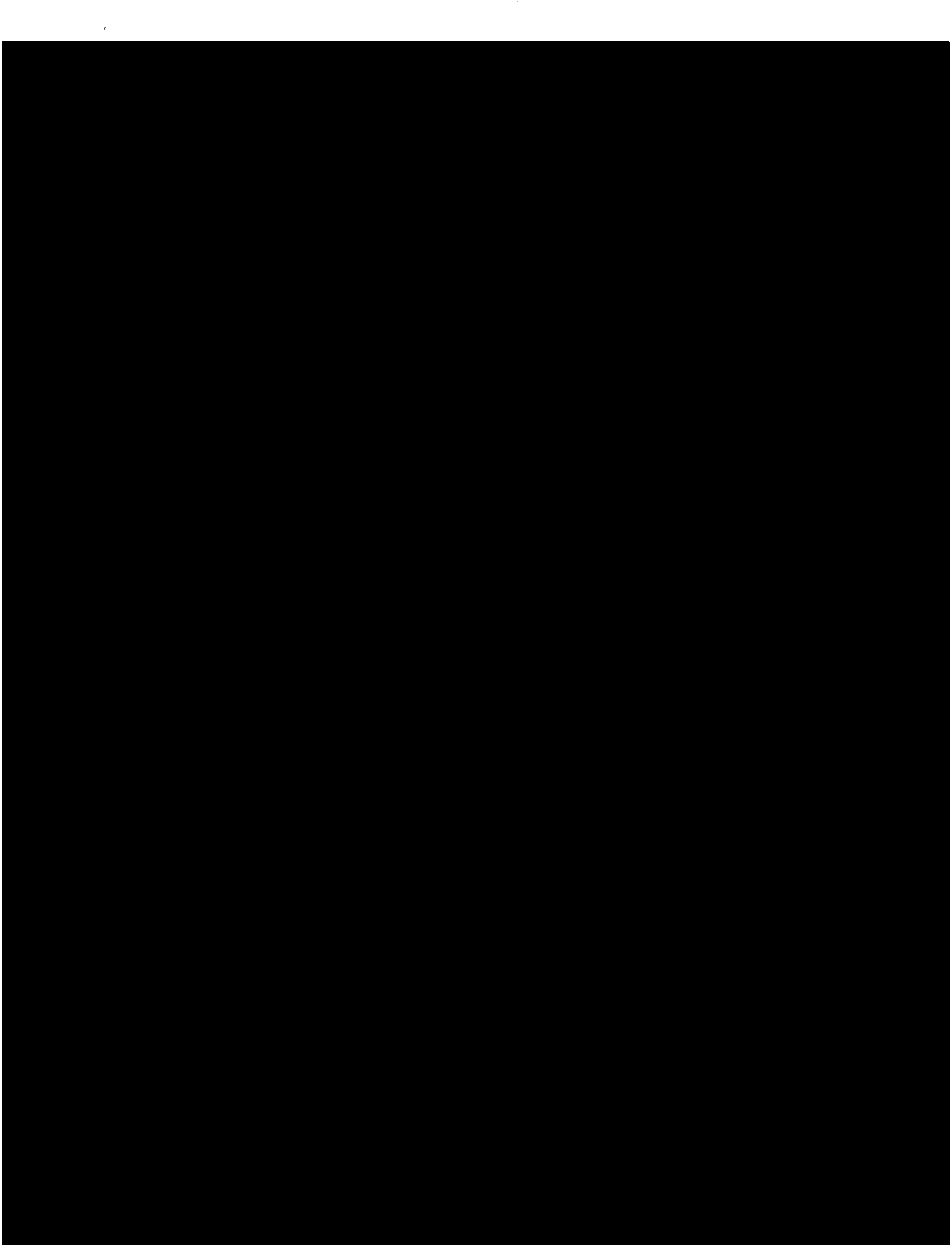
▶ Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

2014

Attachment
Sequence No. **48**



Form **8606**

Department of the Treasury
Internal Revenue Service (99)

Nondeductible IRAs

▶ Information about Form 8606 and its separate instructions is at www.irs.gov/form8606 .

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

OMB No. 1545-0074

2014

Attachment
Sequence No. **48**

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at www.irs.gov/form4952.

▶ Attach to your tax return.

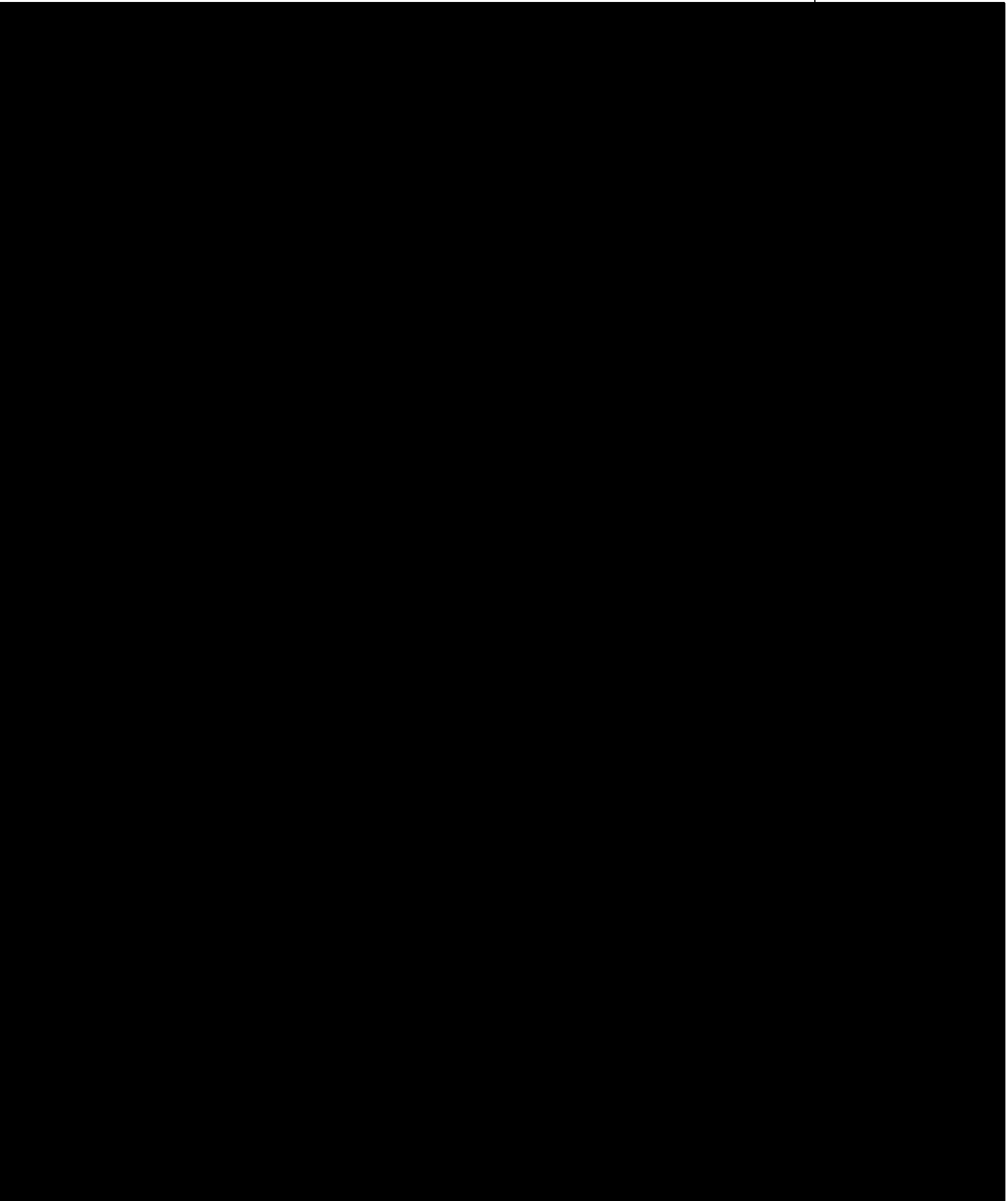
OMB No. 1545-0191

2014

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number



ALTERNATIVE MINIMUM TAX

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at www.irs.gov/form4952.

▶ Attach to your tax return.

OMB No. 1545-0191

2014

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

Additional Medicare Tax

2014

Attachment
Sequence No. **71**

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

Name(s) shown on return

Your social security number

Form **8960**

**Net Investment Income Tax -
Individuals, Estates, and Trusts**

OMB No. 1545-2227

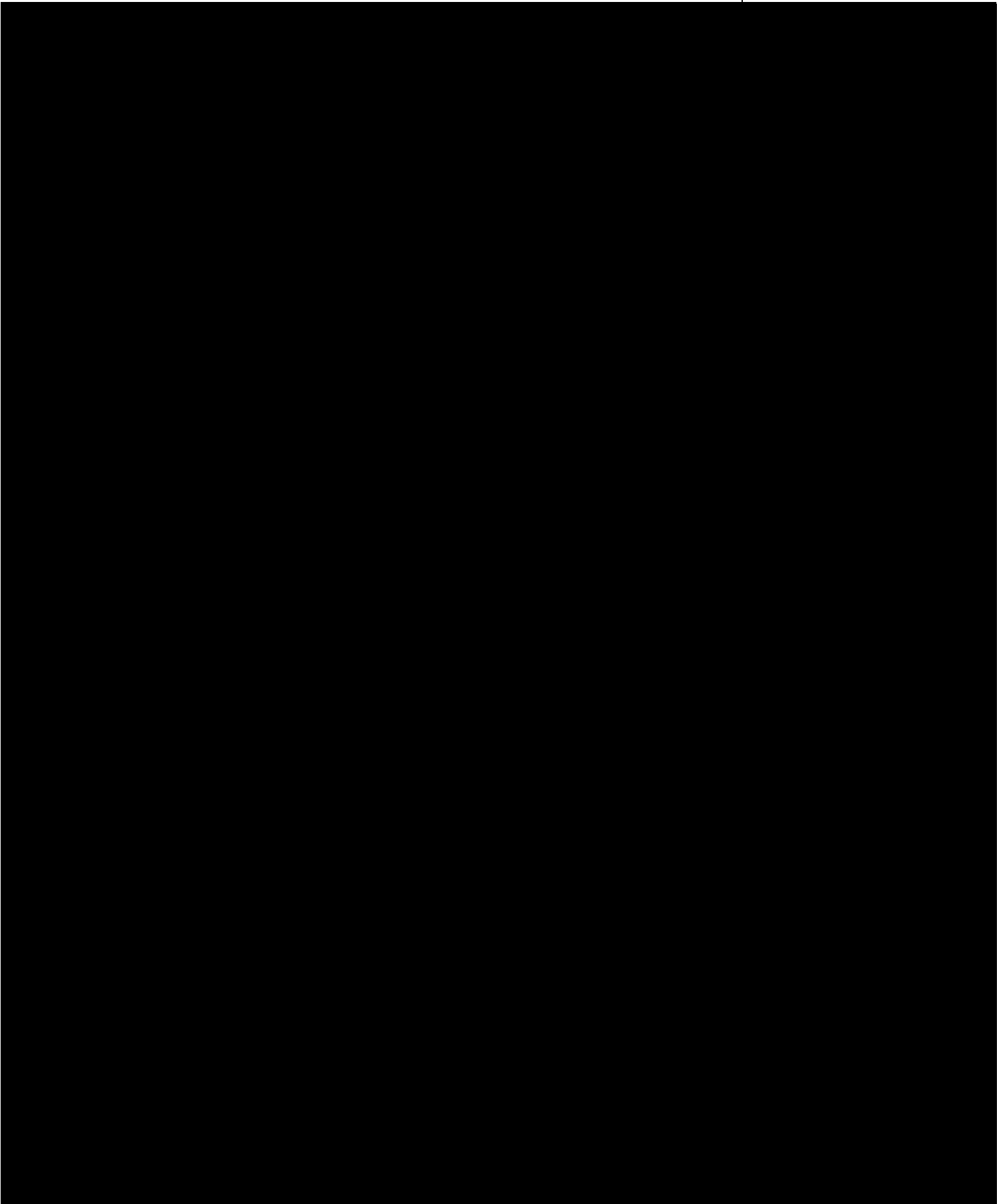
2014

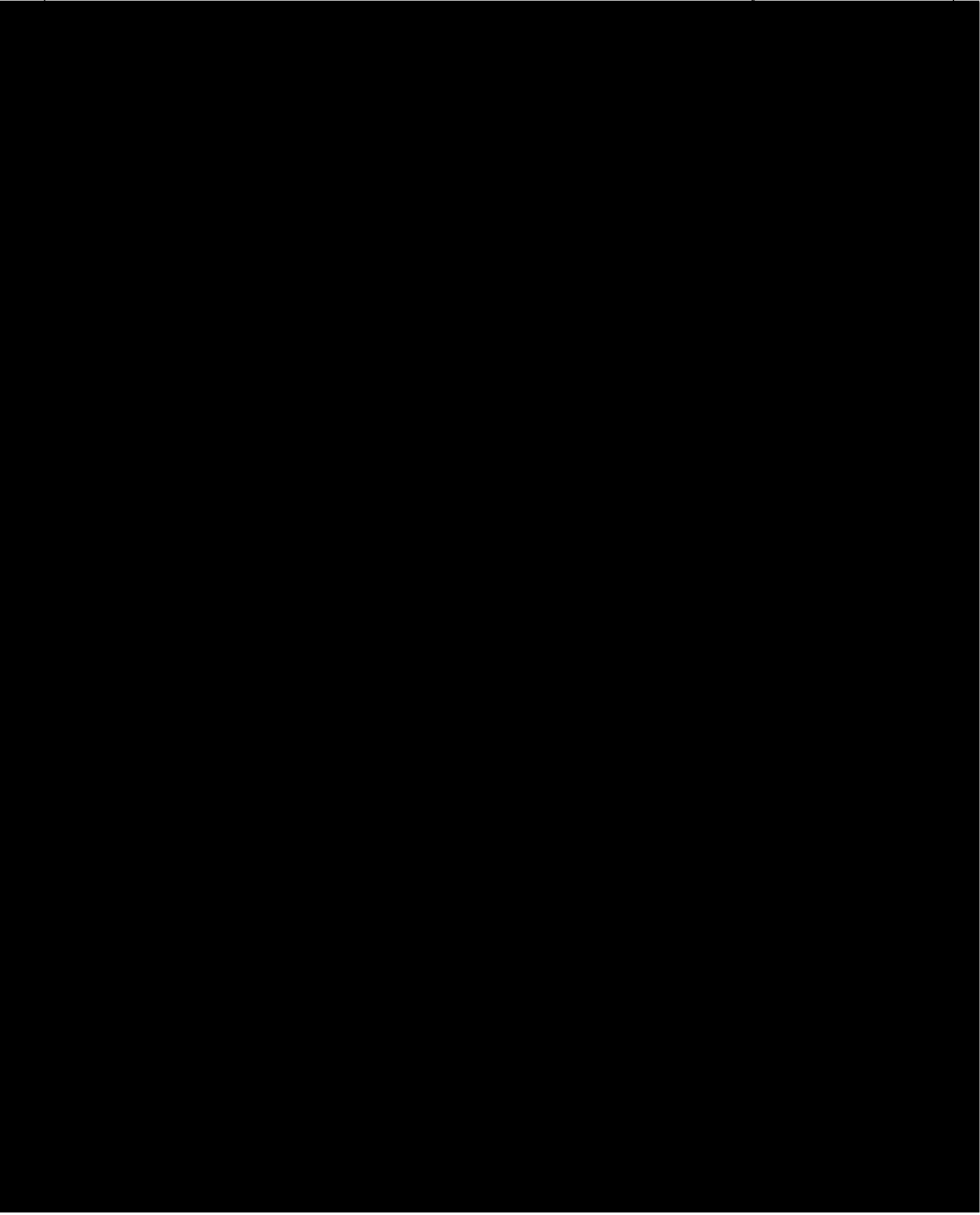
Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment
Sequence No. **72**

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

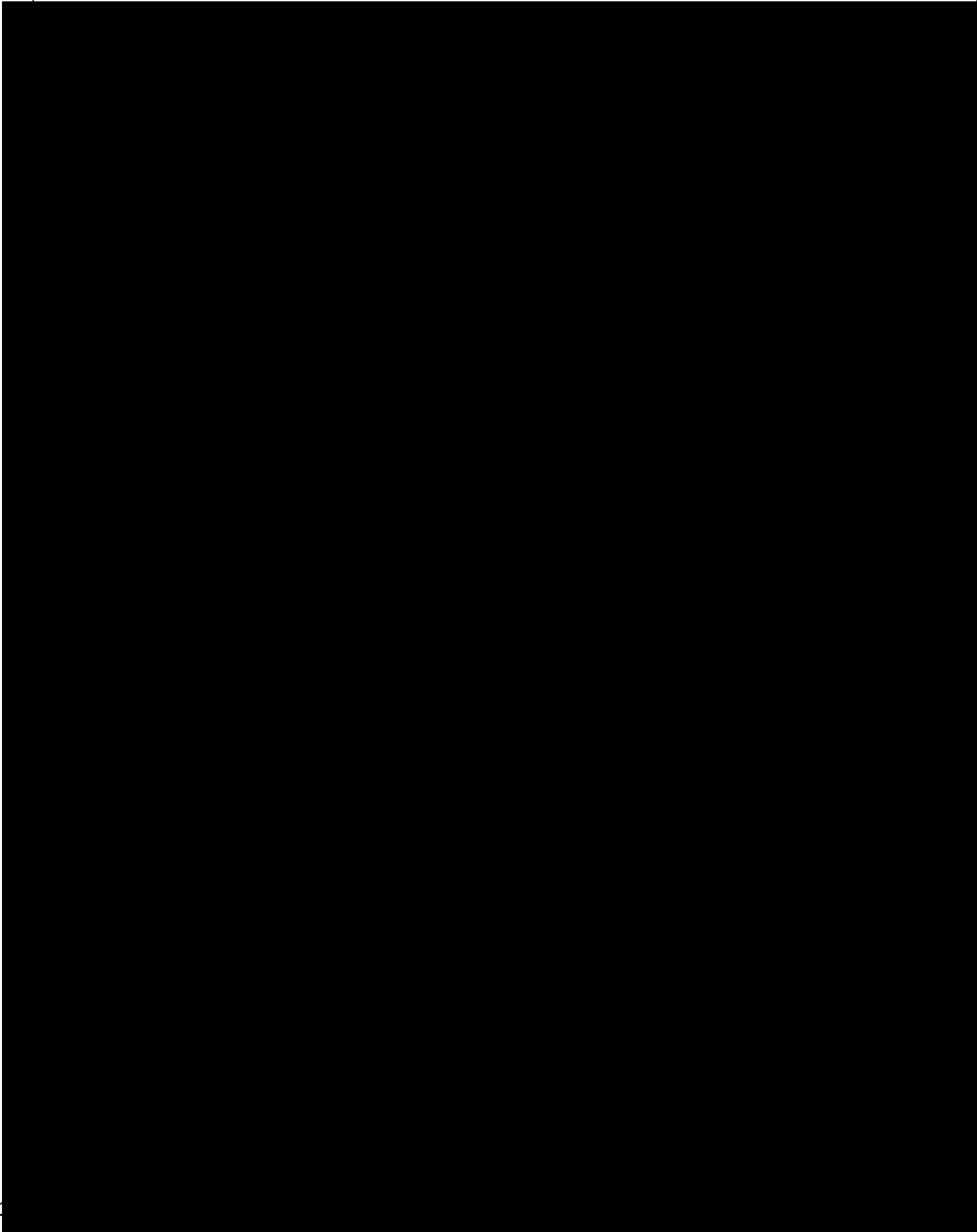




**Lines 9 and 10 - Application of Itemized Deduction Limitations on
Deductions Properly Allocable to Investment Income Worksheet**

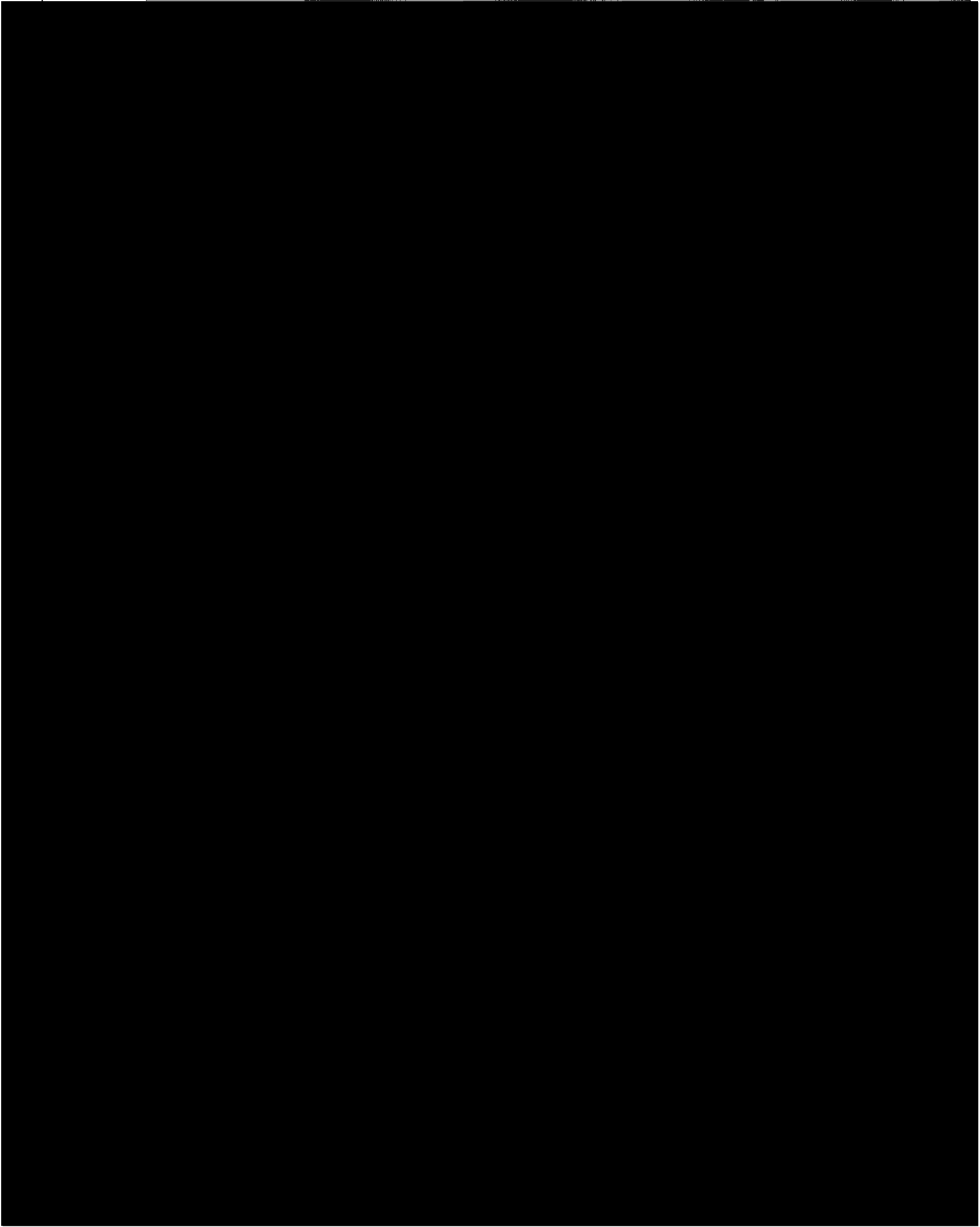
Keep for Your Records

Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income

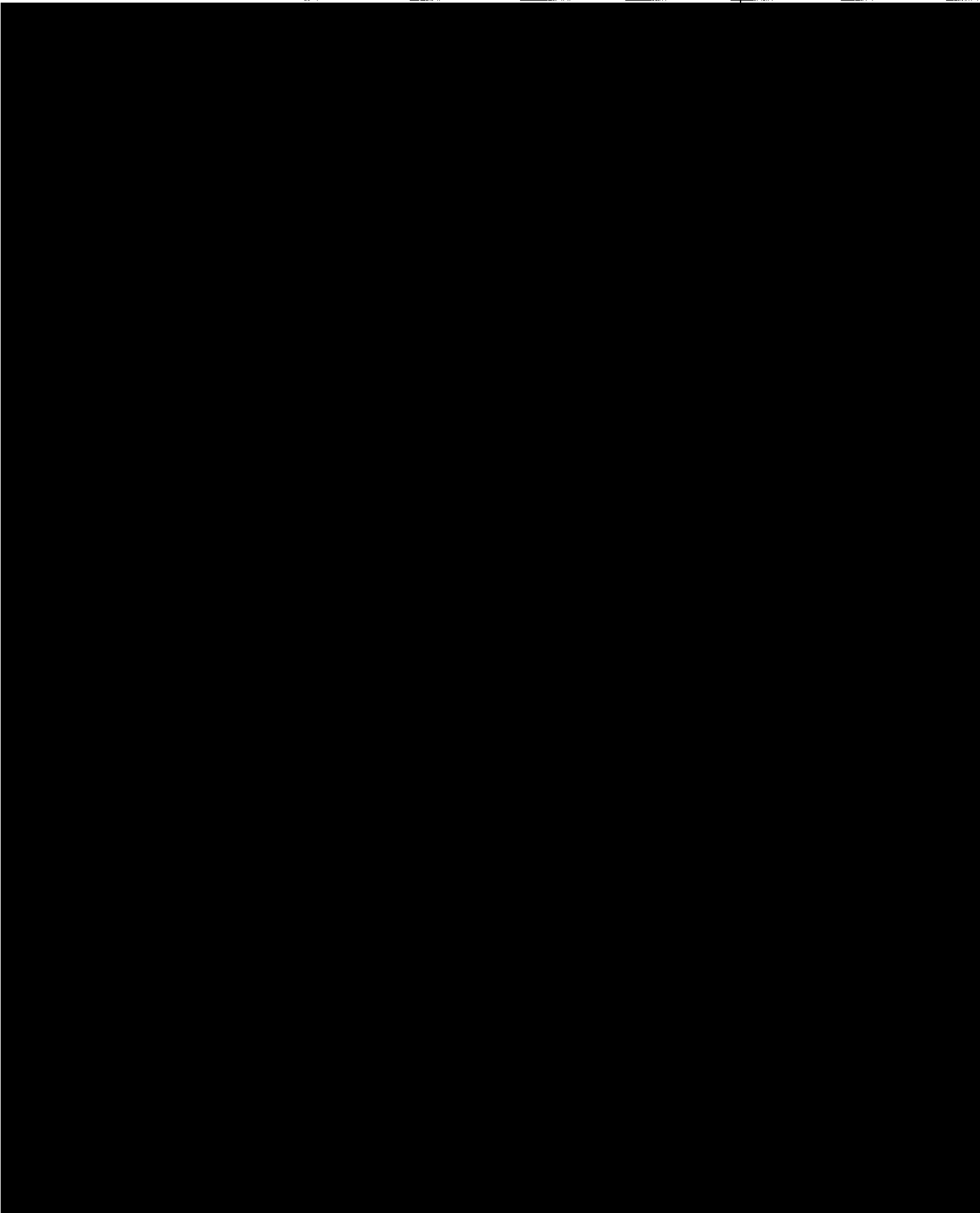


**Lines 9 and 10 - Application of Itemized Deduction Limitations on
Deductions Properly Allocable to Investment Income Worksheet -
*continued***

Keep for Your Records



CONNECTICUT



Form **8801**

**Credit for Prior Year Minimum Tax -
Individuals, Estates, and Trusts**

OMB No. 1545-1073

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 8801 and its separate instructions is at www.irs.gov/form8801.

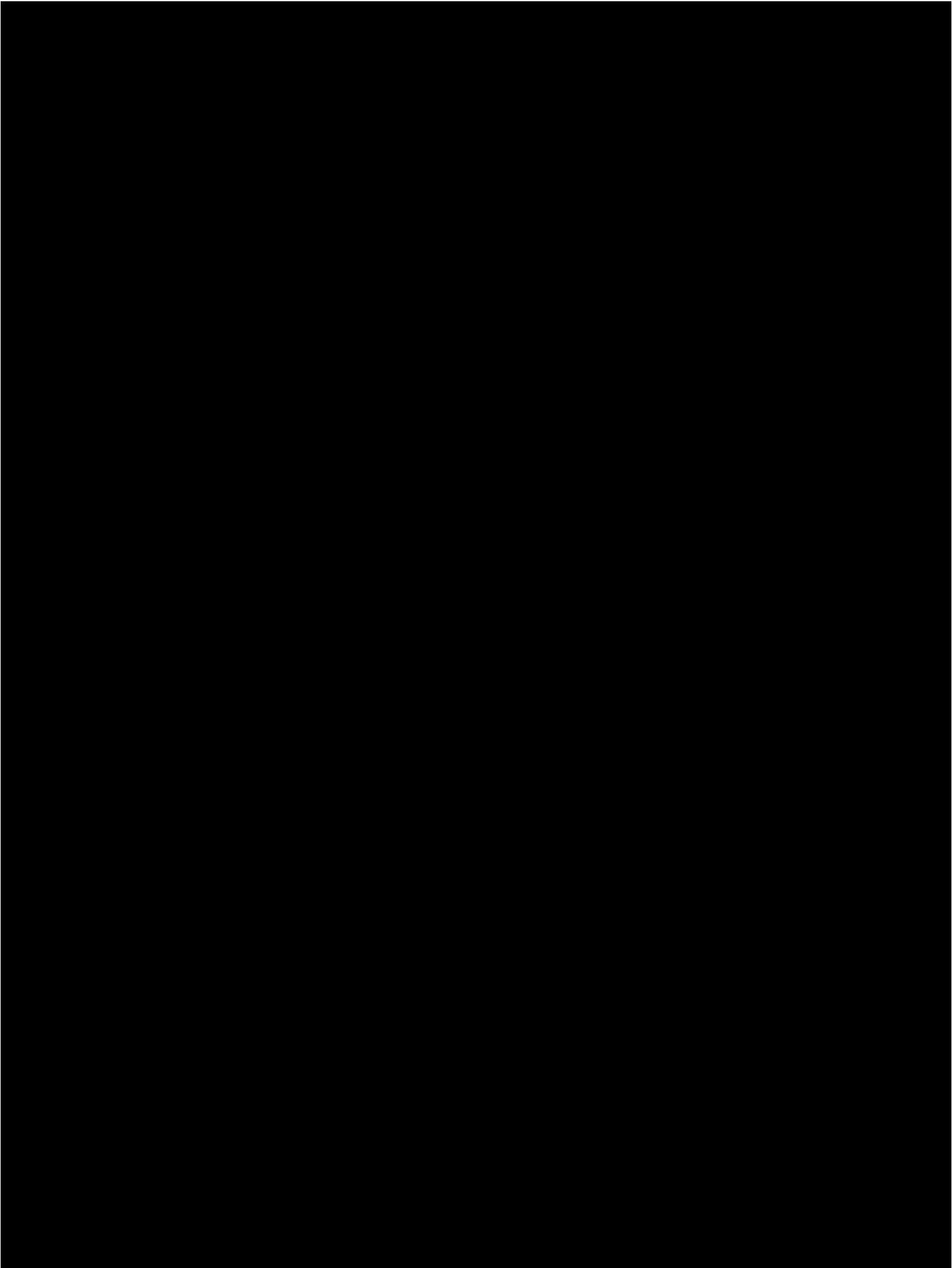
▶ Attach to Form 1040, 1040NR, or 1041.

2014

Attachment
Sequence No. **74**

Name(s) shown on return

Identifying number



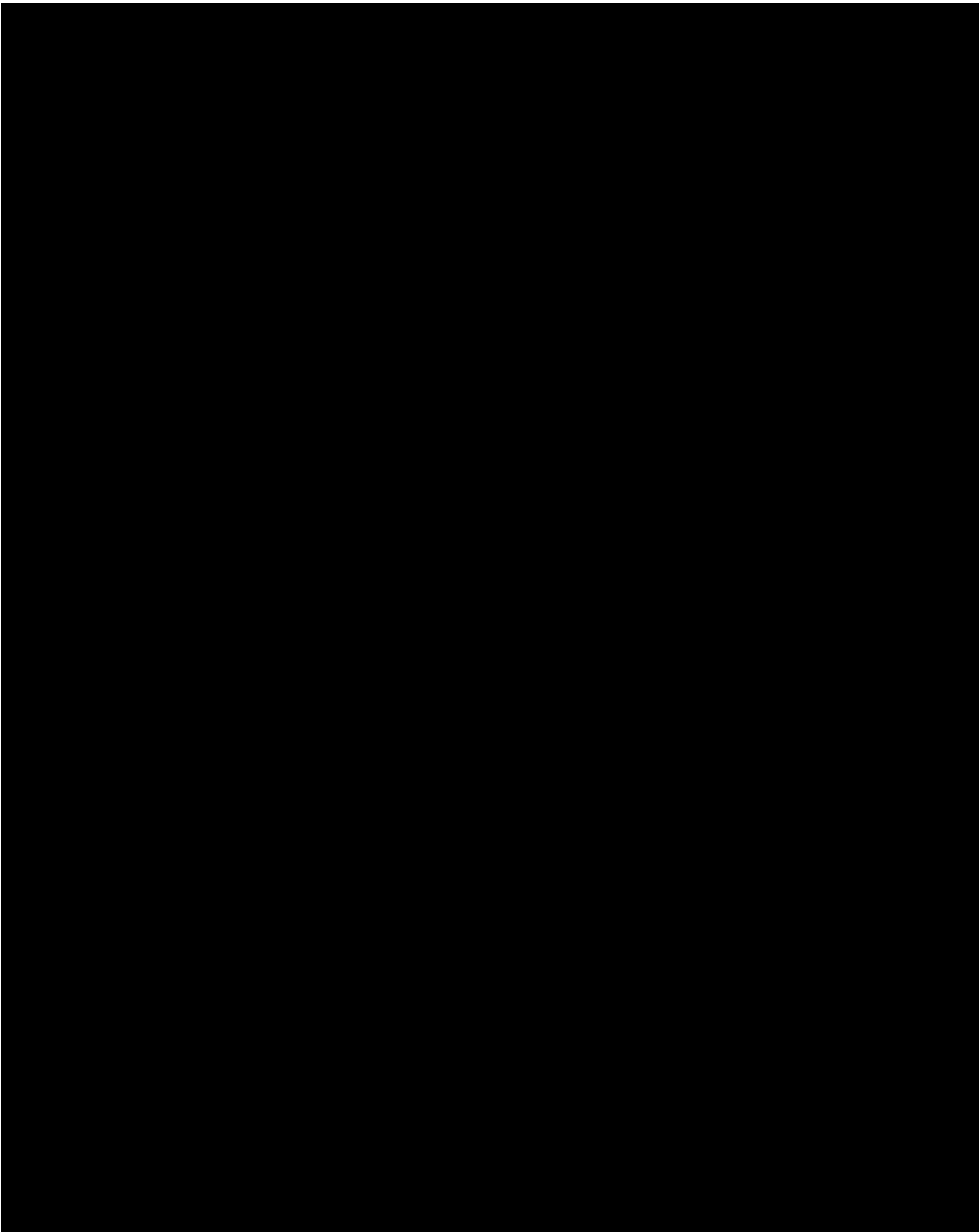
Foreign Tax Credit
(Individual, Estate, or Trust)

2013

Attachment
Sequence No. **19**

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.



Form
1116AMT - 8801

Minimum Tax Foreign Tax Credit
on Exclusion Items
Worksheet for Line 18

Form **8582**

Department of the Treasury
Internal Revenue Service (89)

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

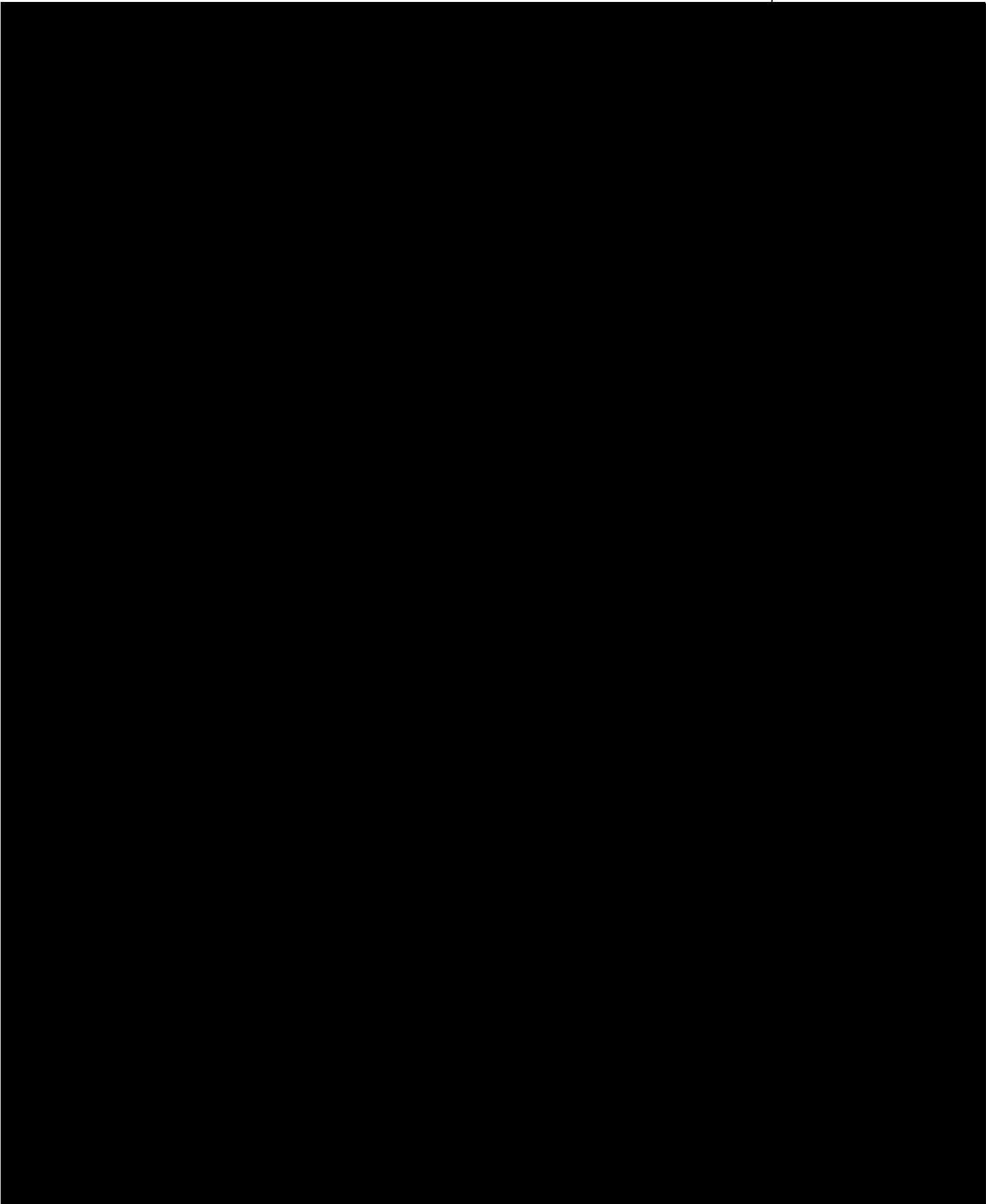
OMB No. 1545-1008

2014

Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number



Form **8582**

Department of the Treasury
Internal Revenue Service (99)

ALTERNATIVE MINIMUM TAX
Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

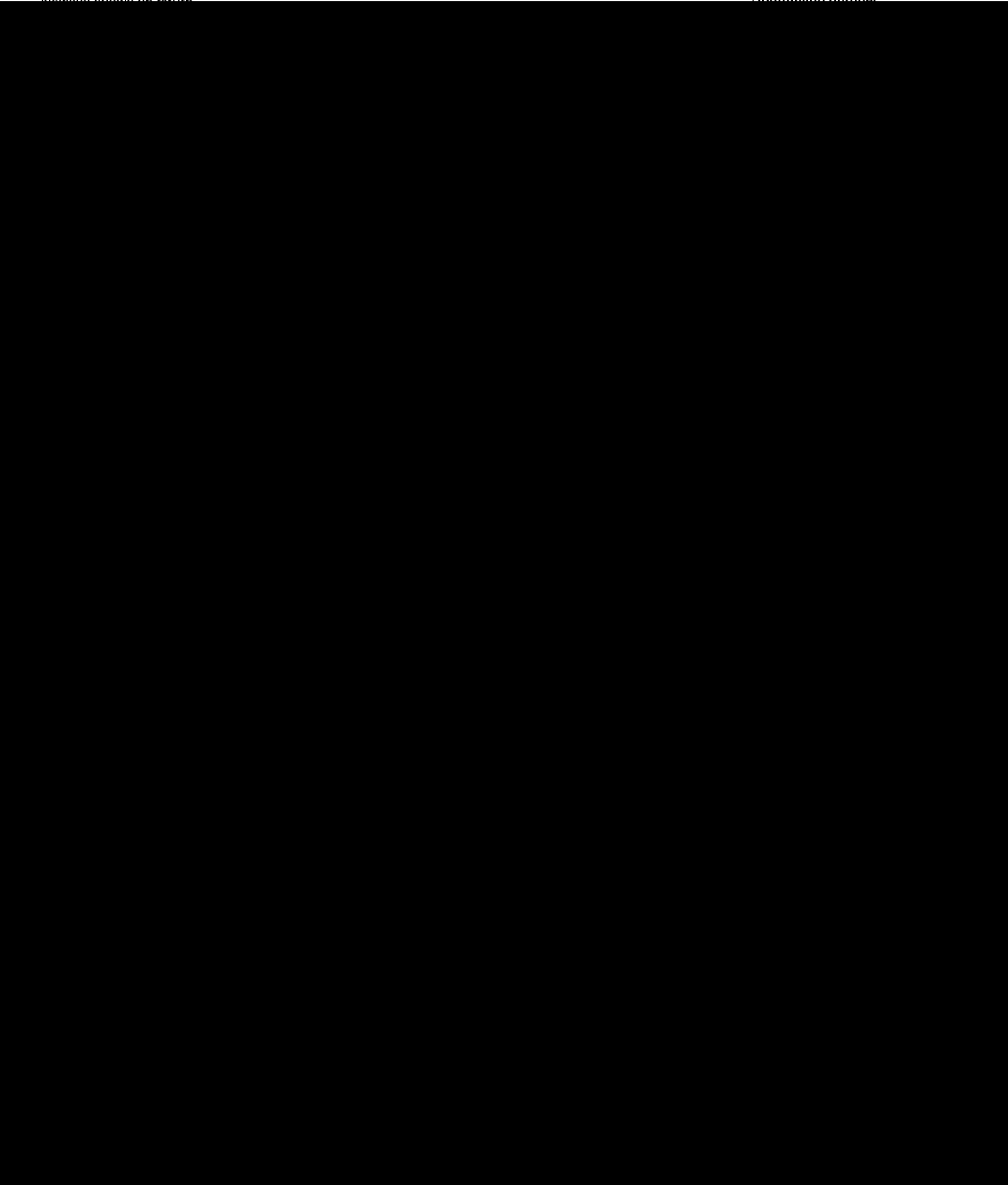
OMB No. 1545-1008

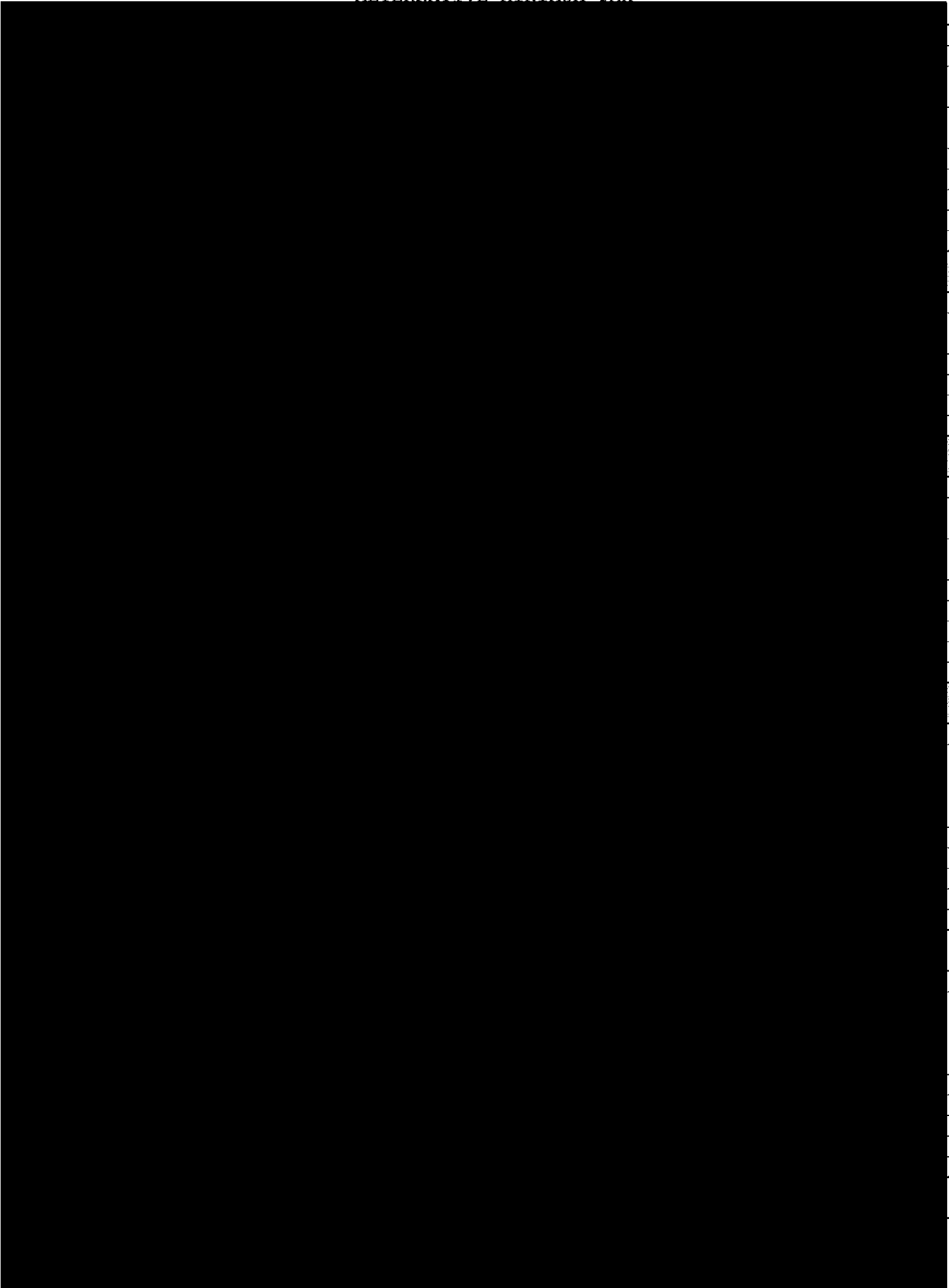
2014

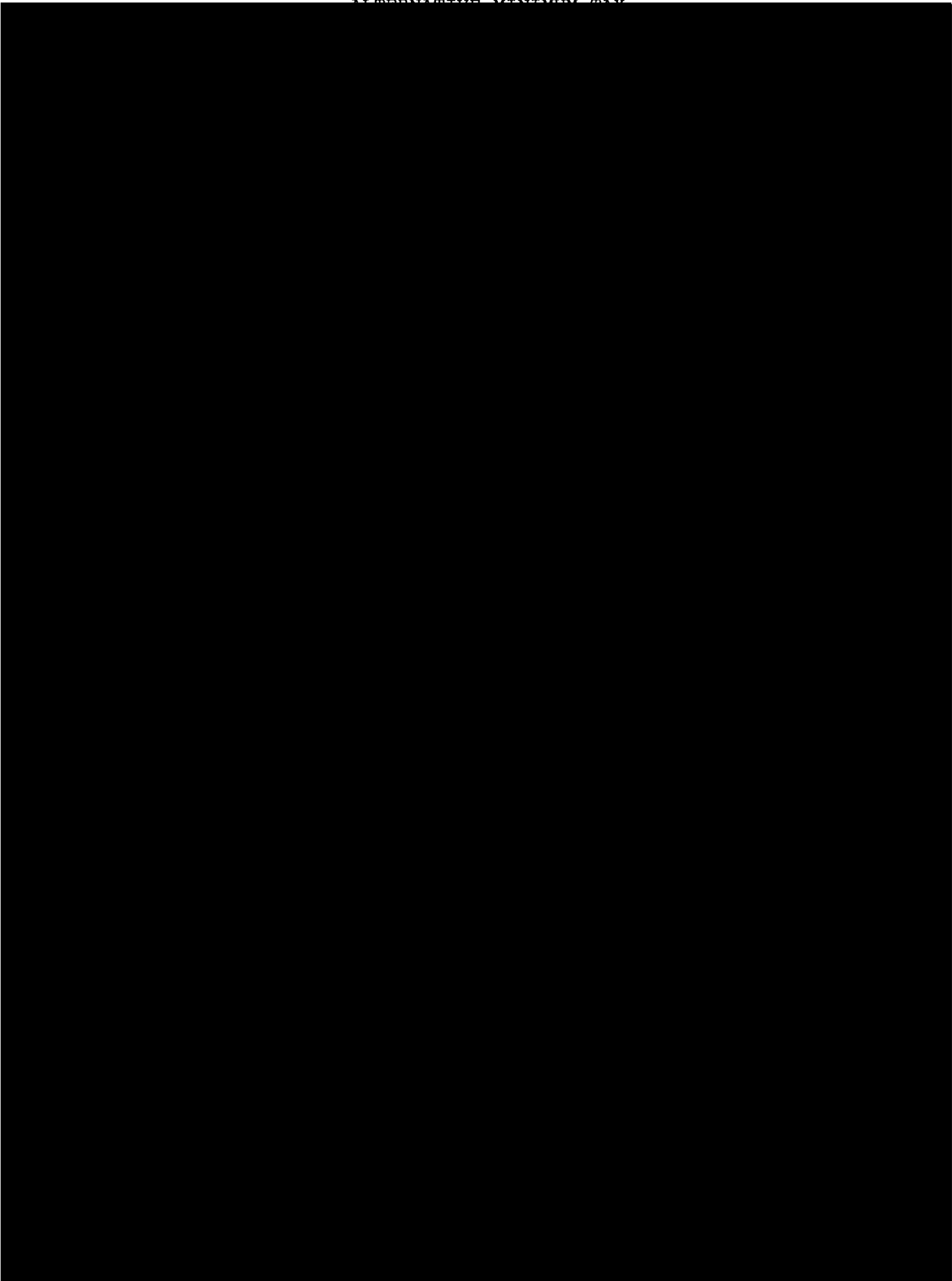
Attachment
Sequence No. **88**

Name(s) shown on return

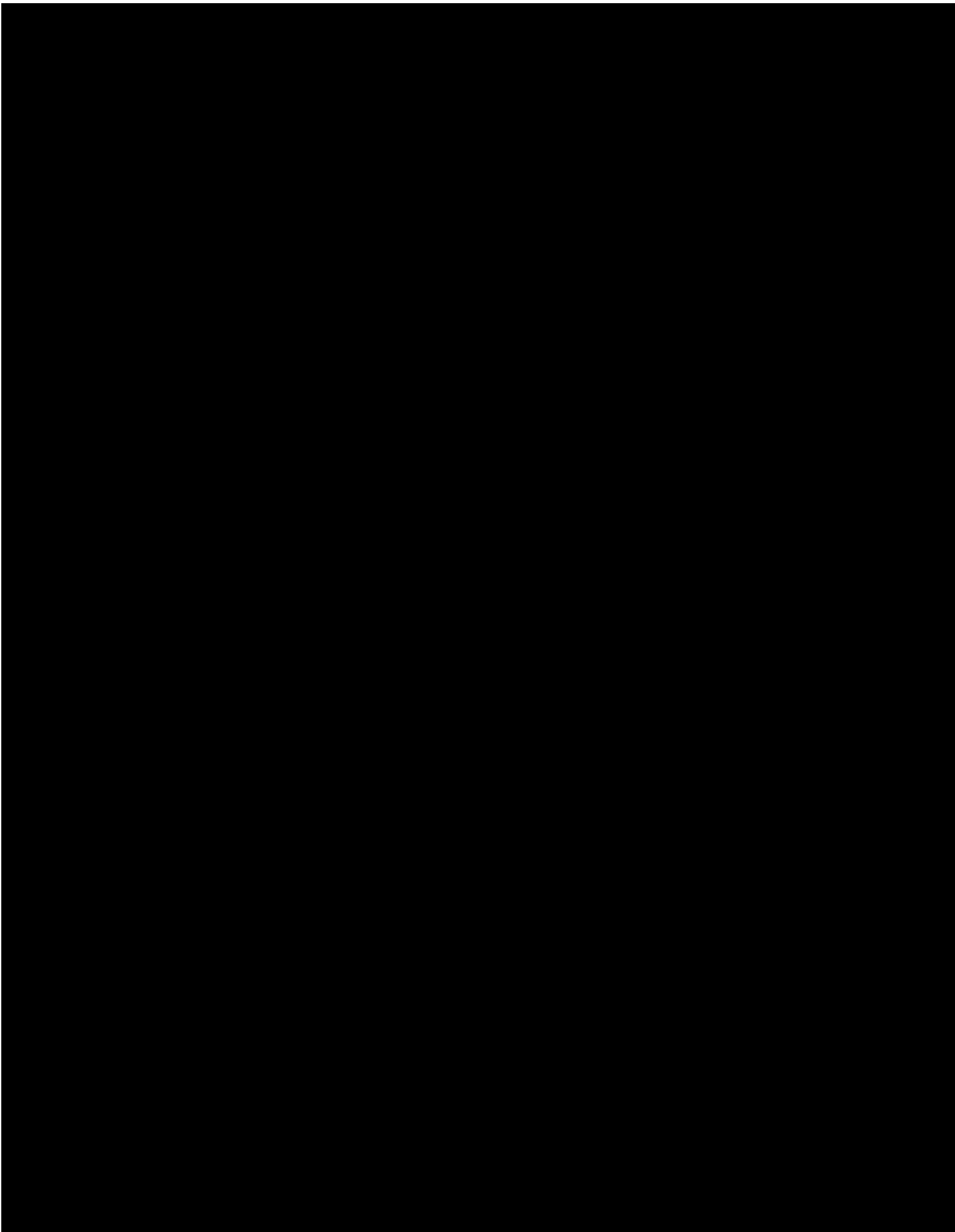
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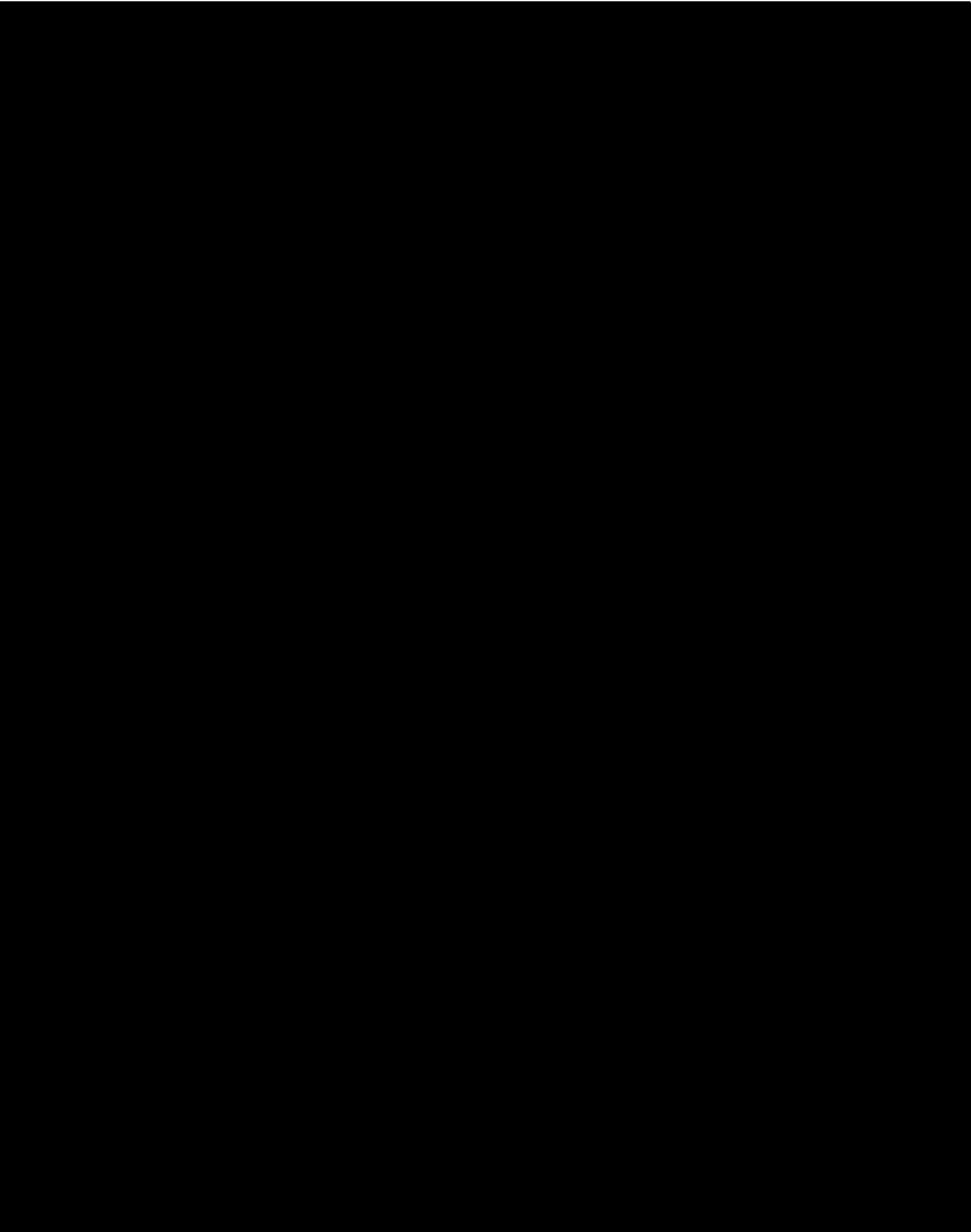


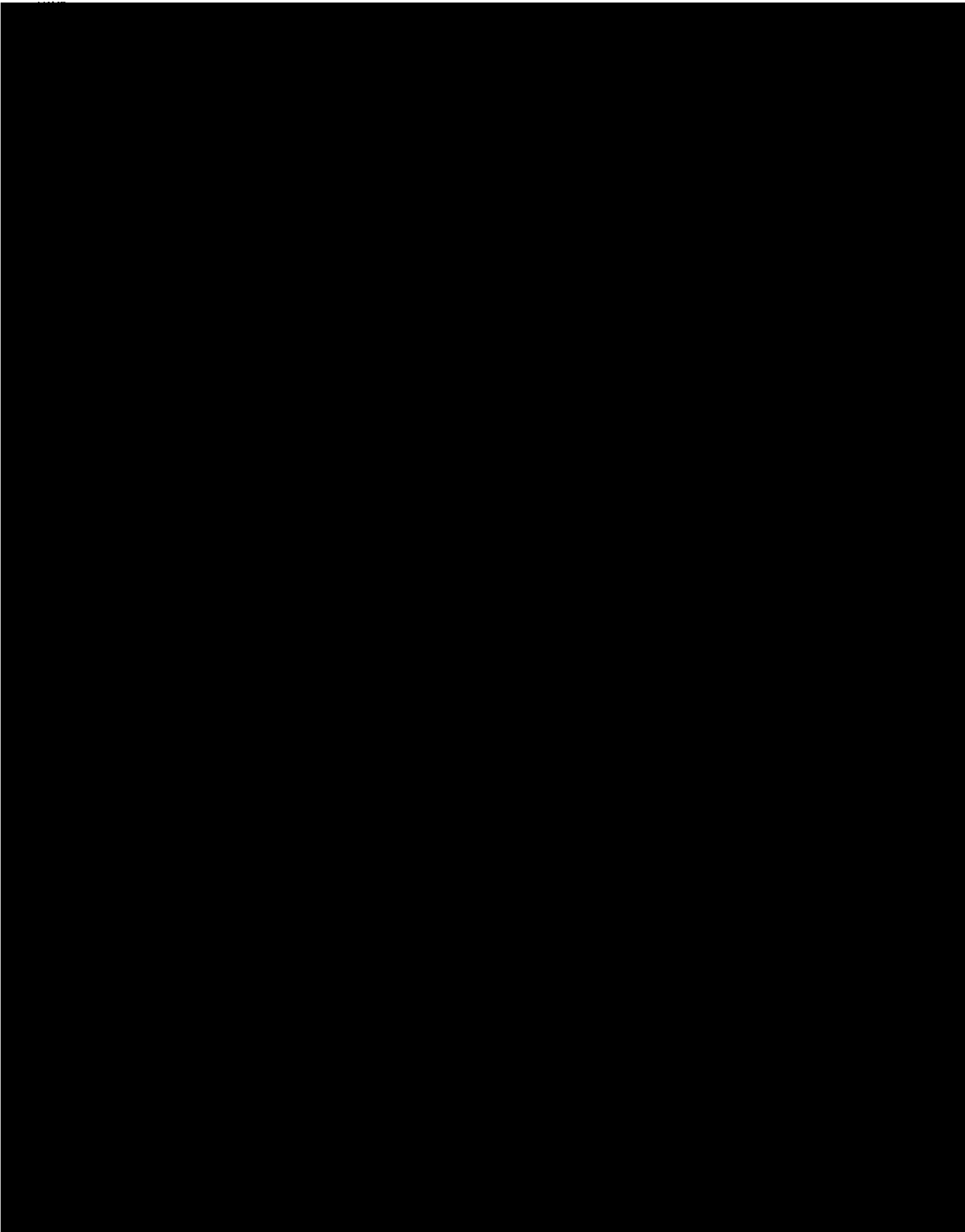
NAME



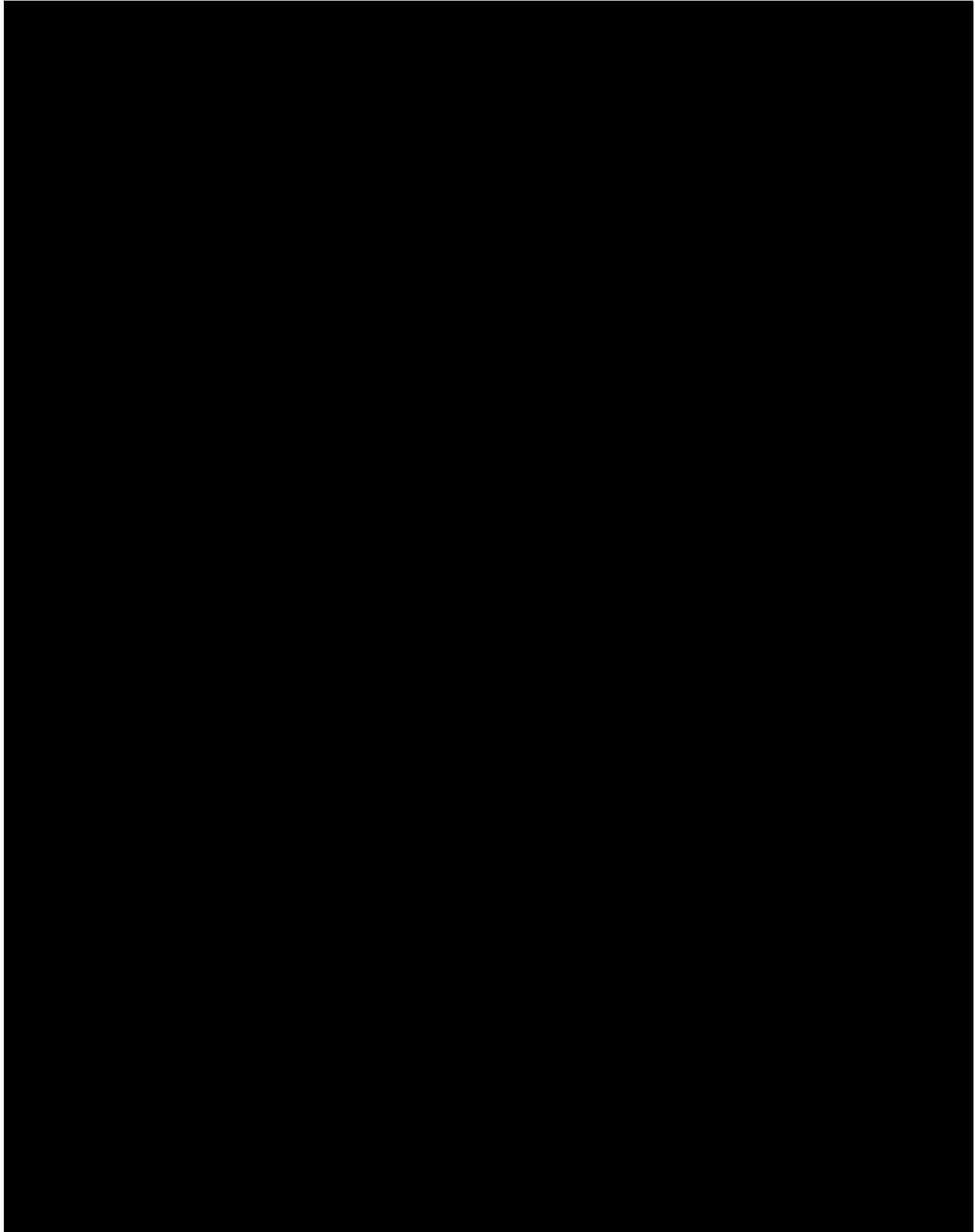
NAME

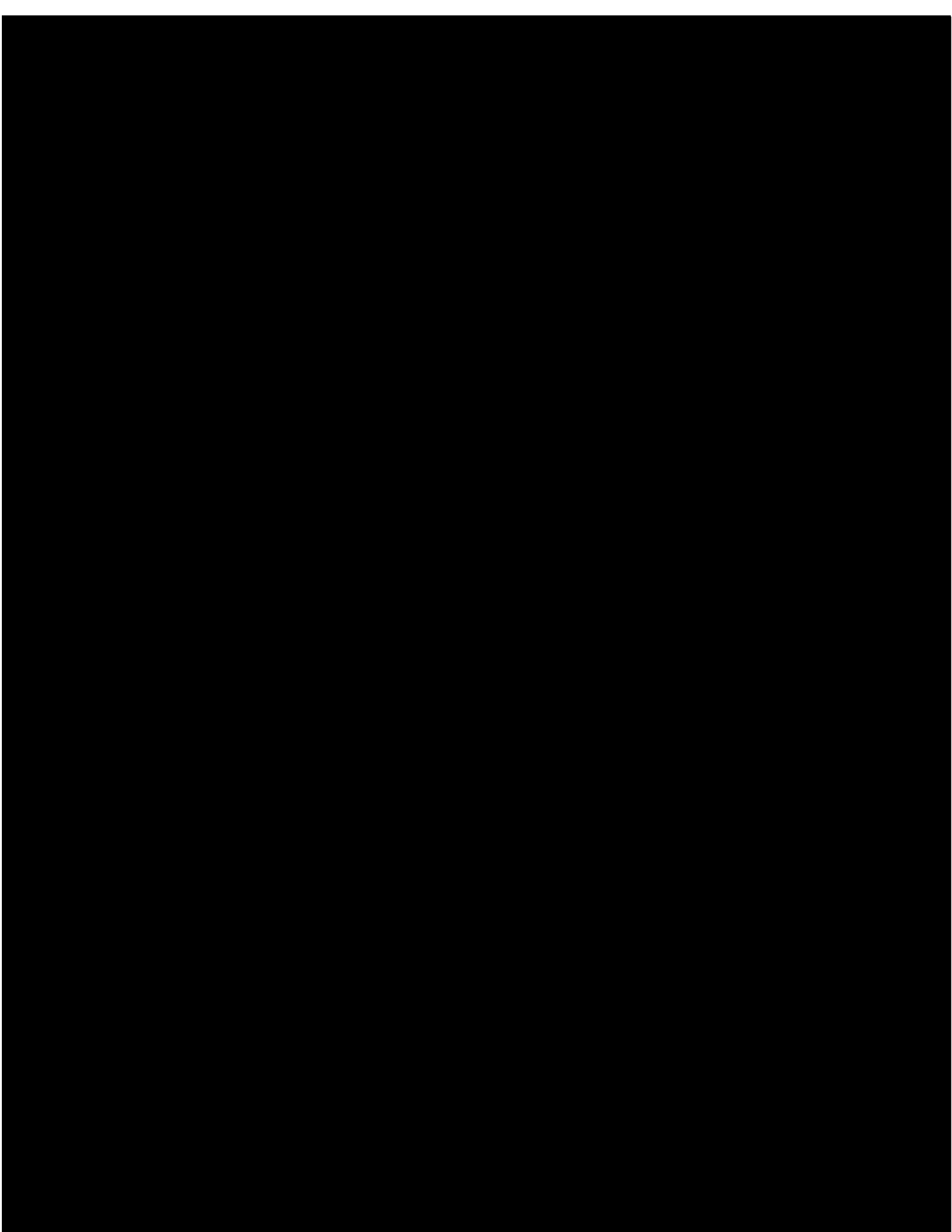
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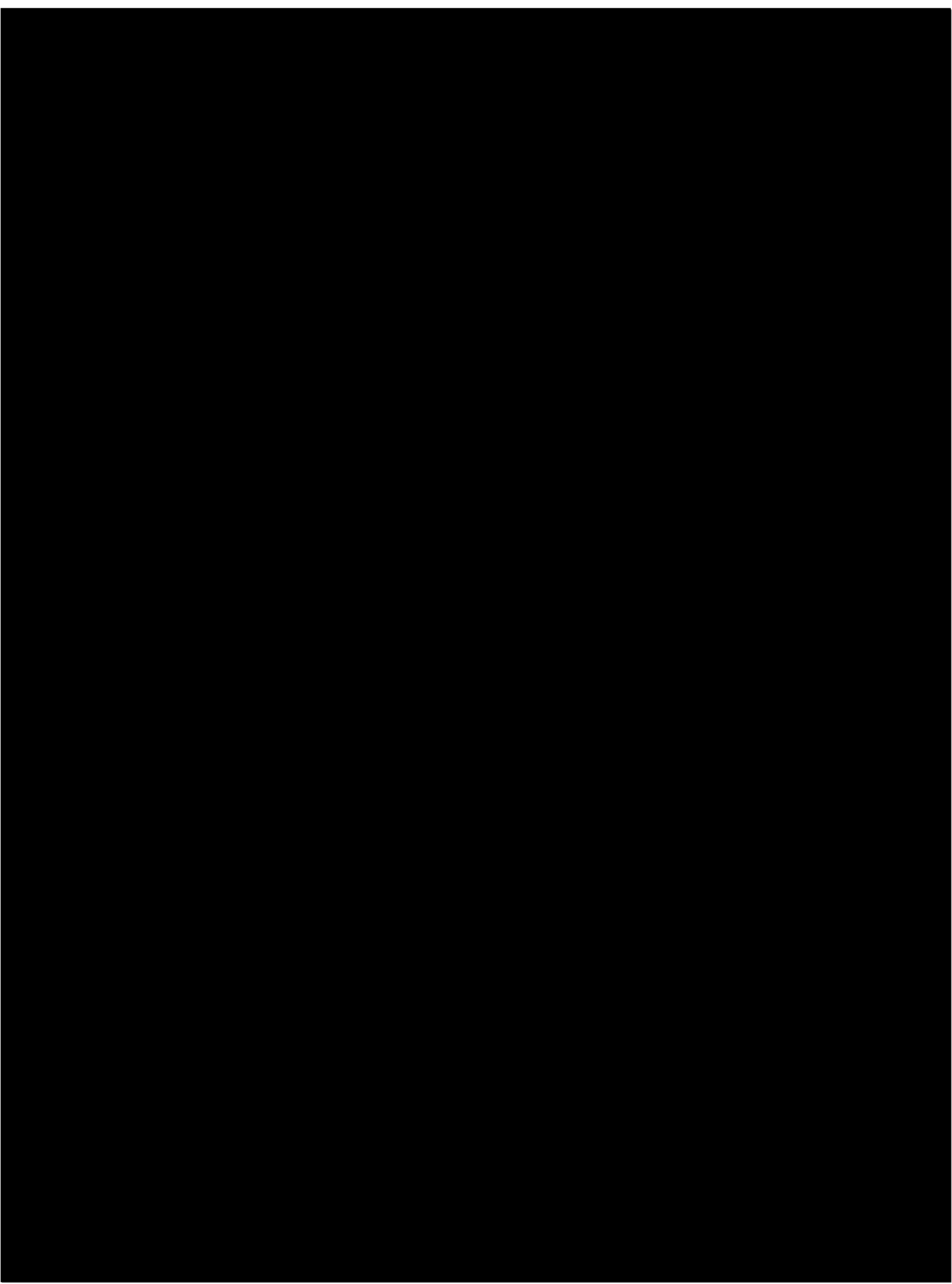


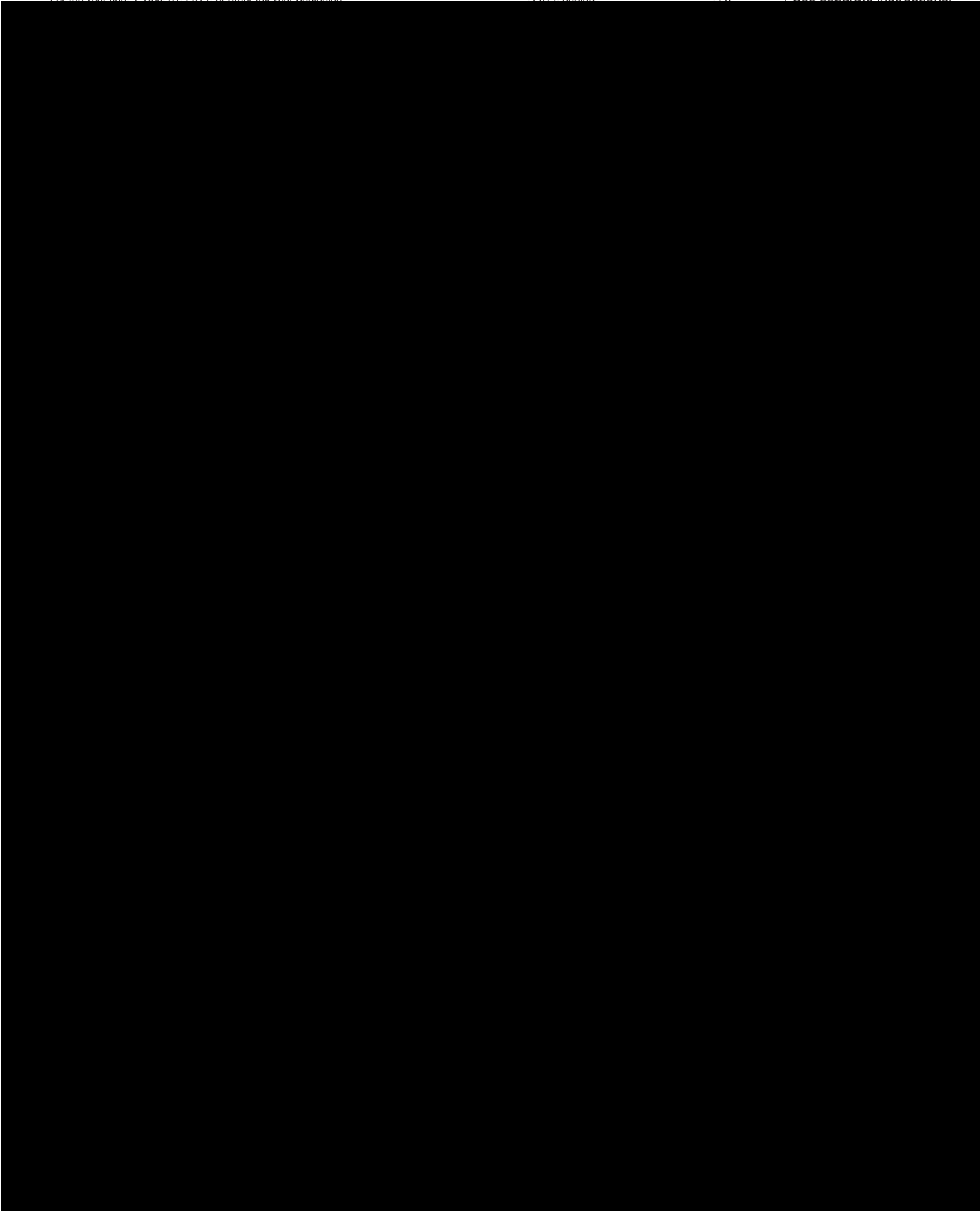


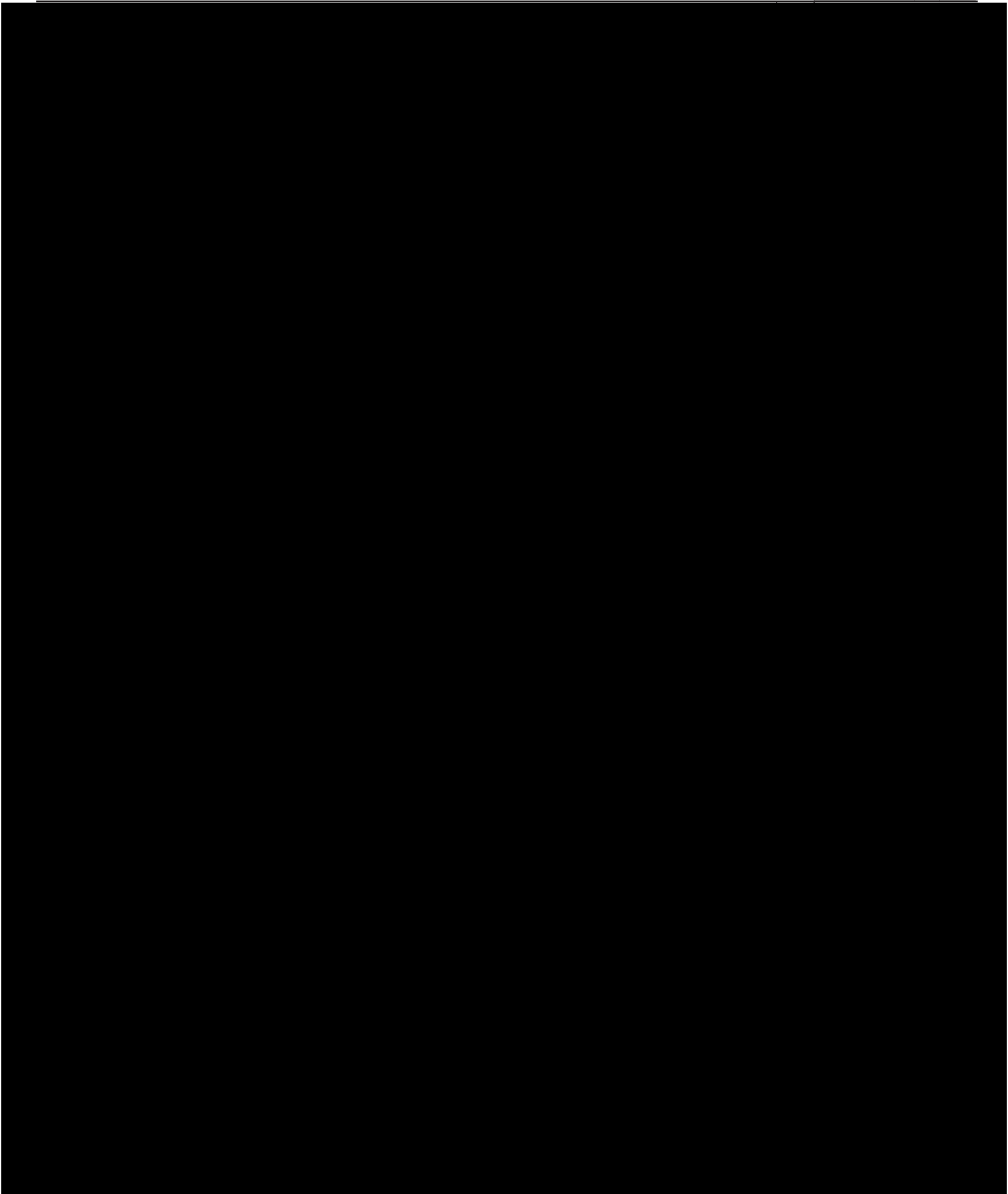
INDIVIDUAL RETIREMENT ACCOUNT
COMPUTATION FOR
FEDERAL 1040





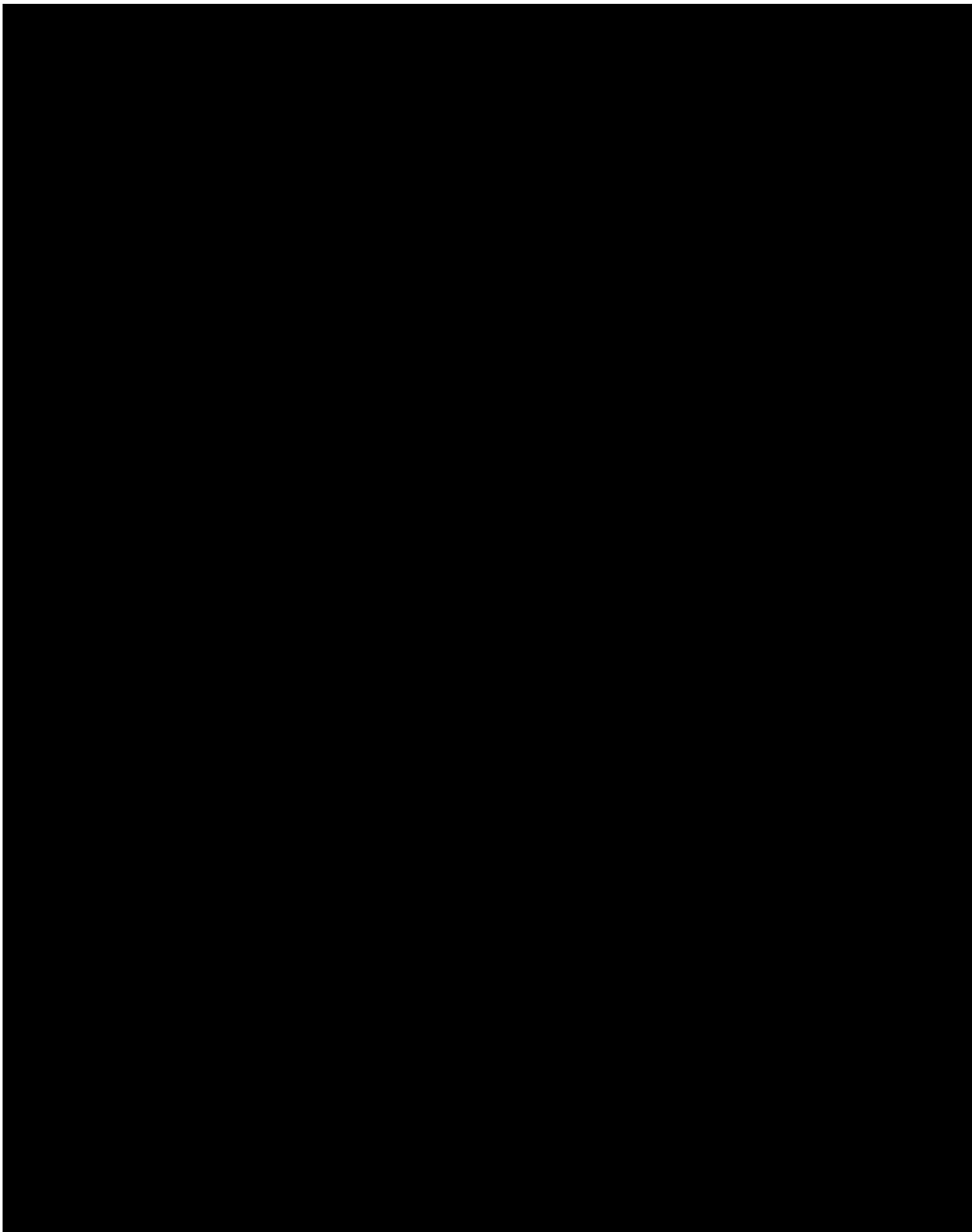


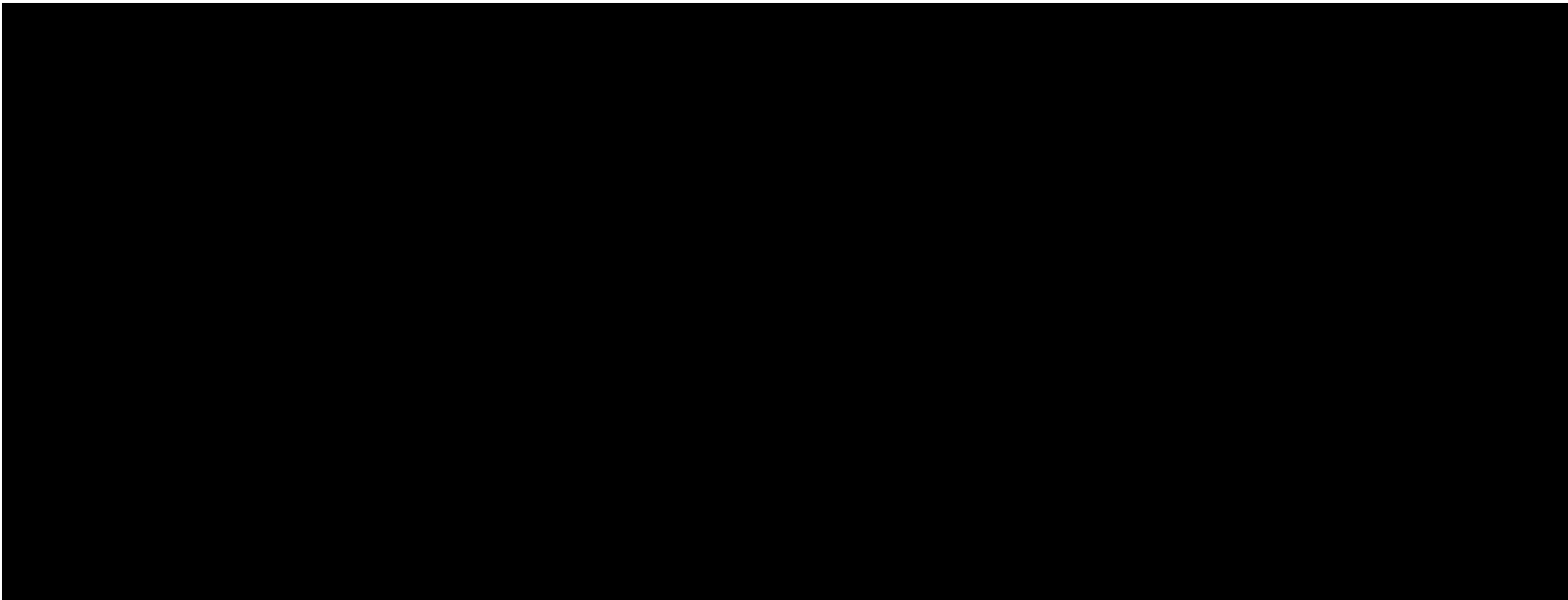




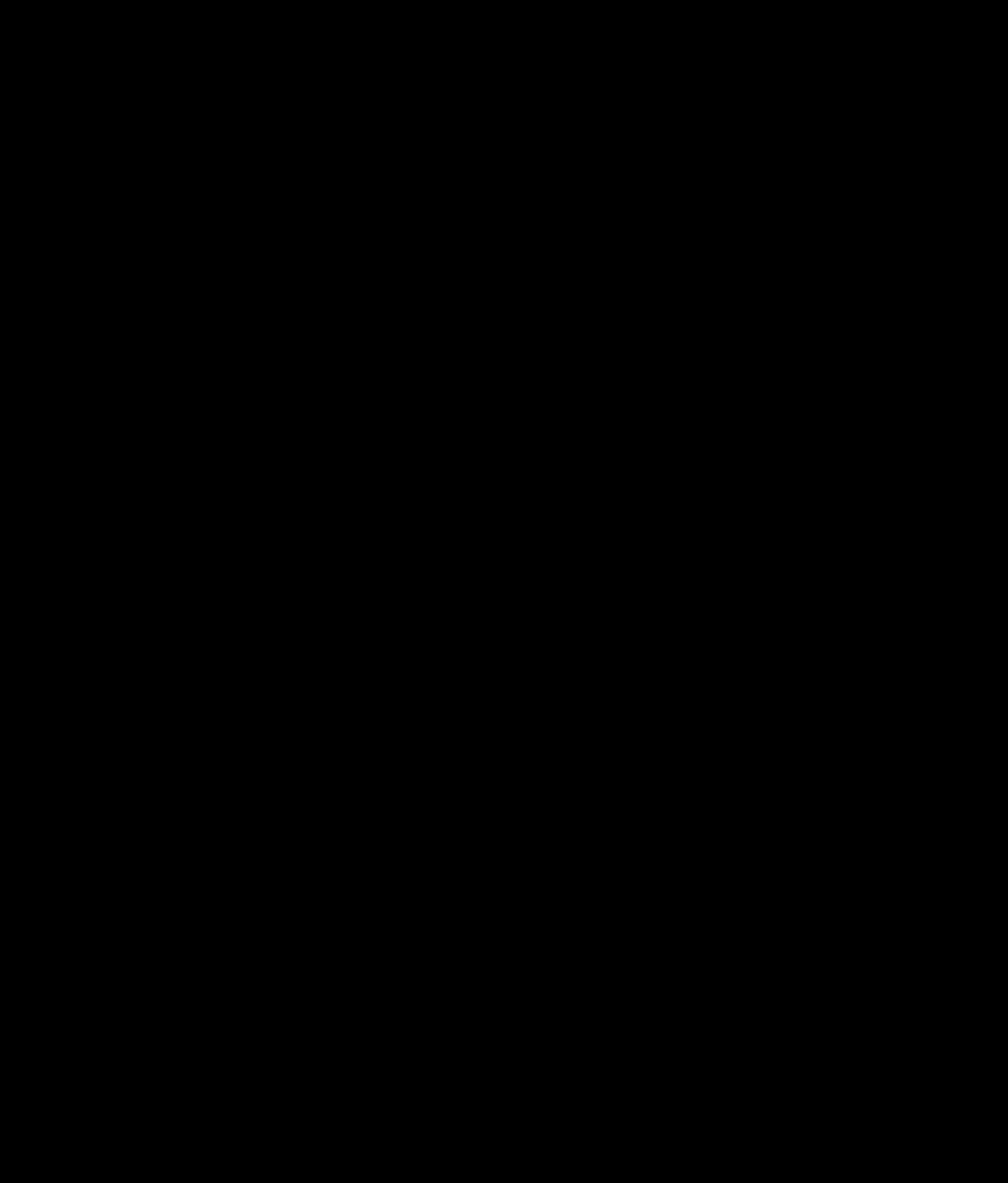
**Preparer
Use Only**

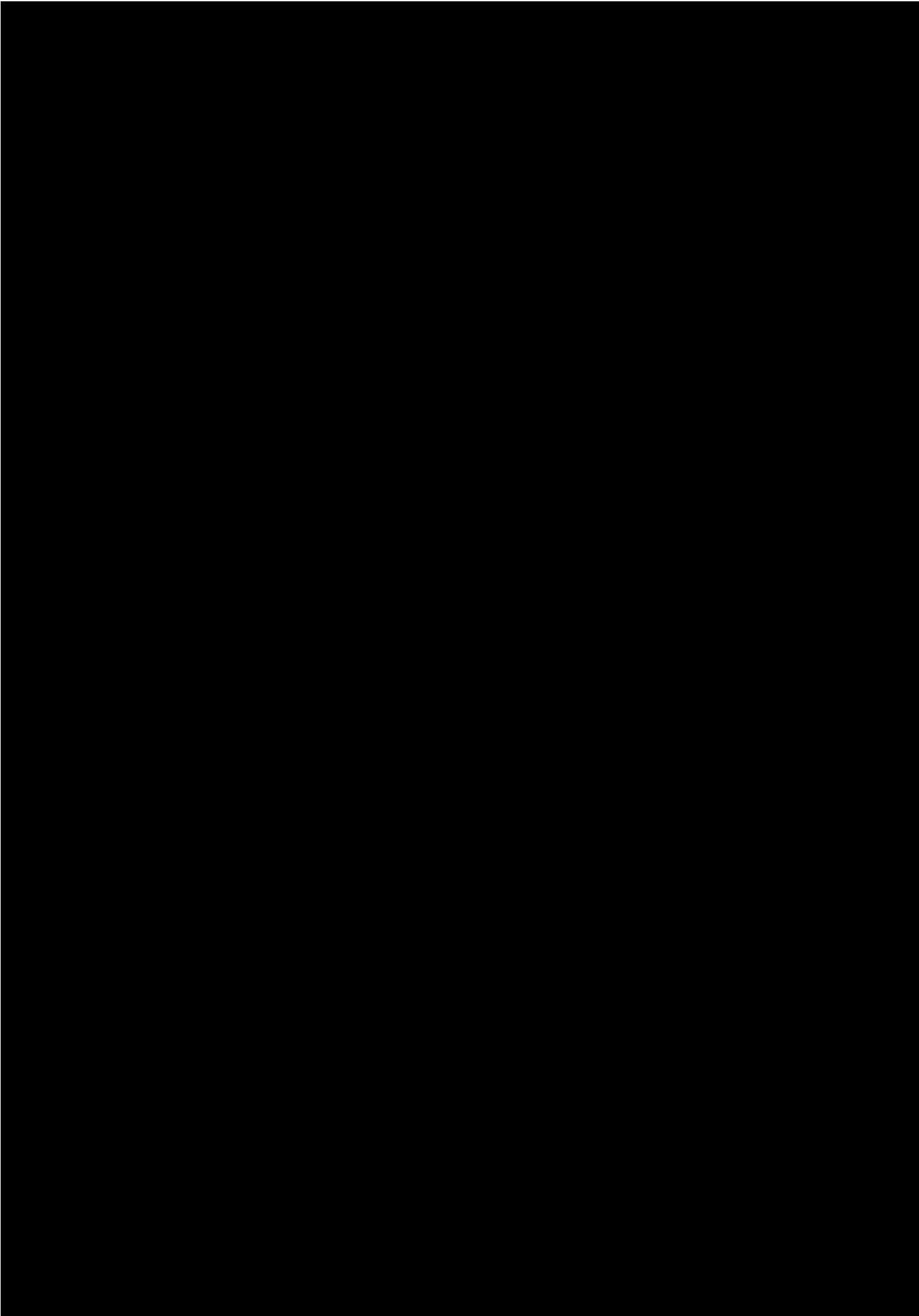
		self-employed
Firm's name ▶	Self-Prepared	Firm's EIN ▶
Firm's address ▶		Phone no.

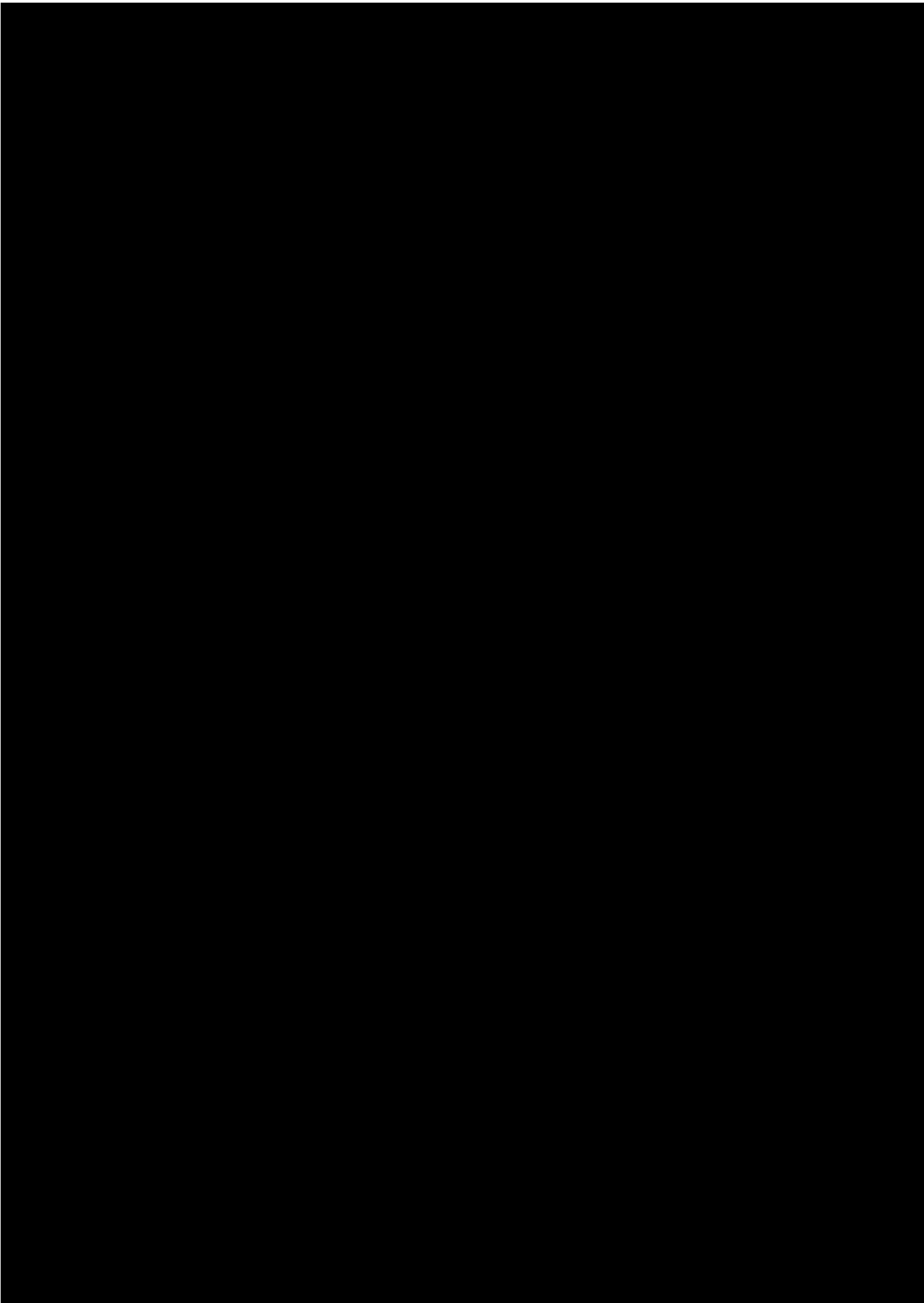


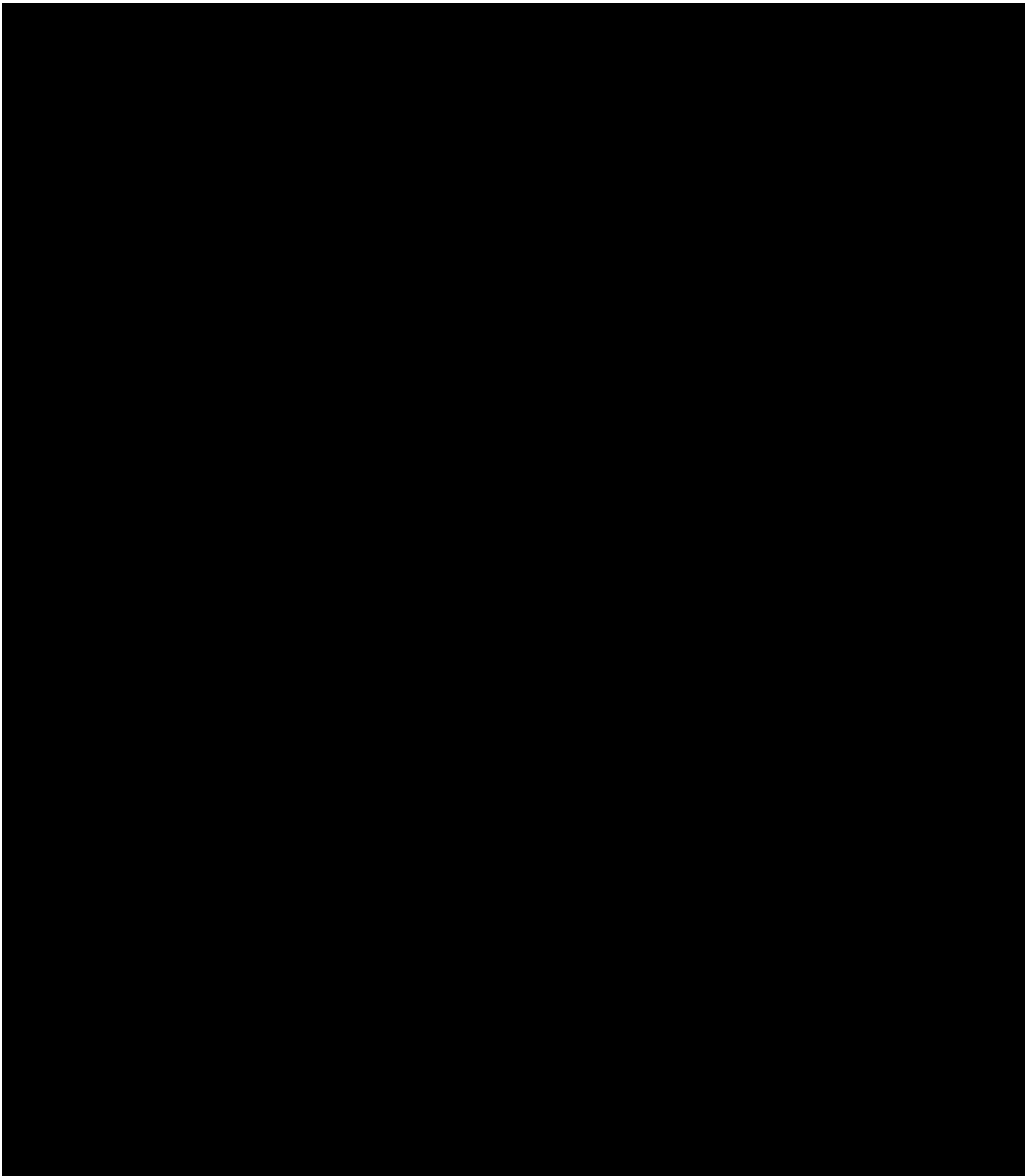


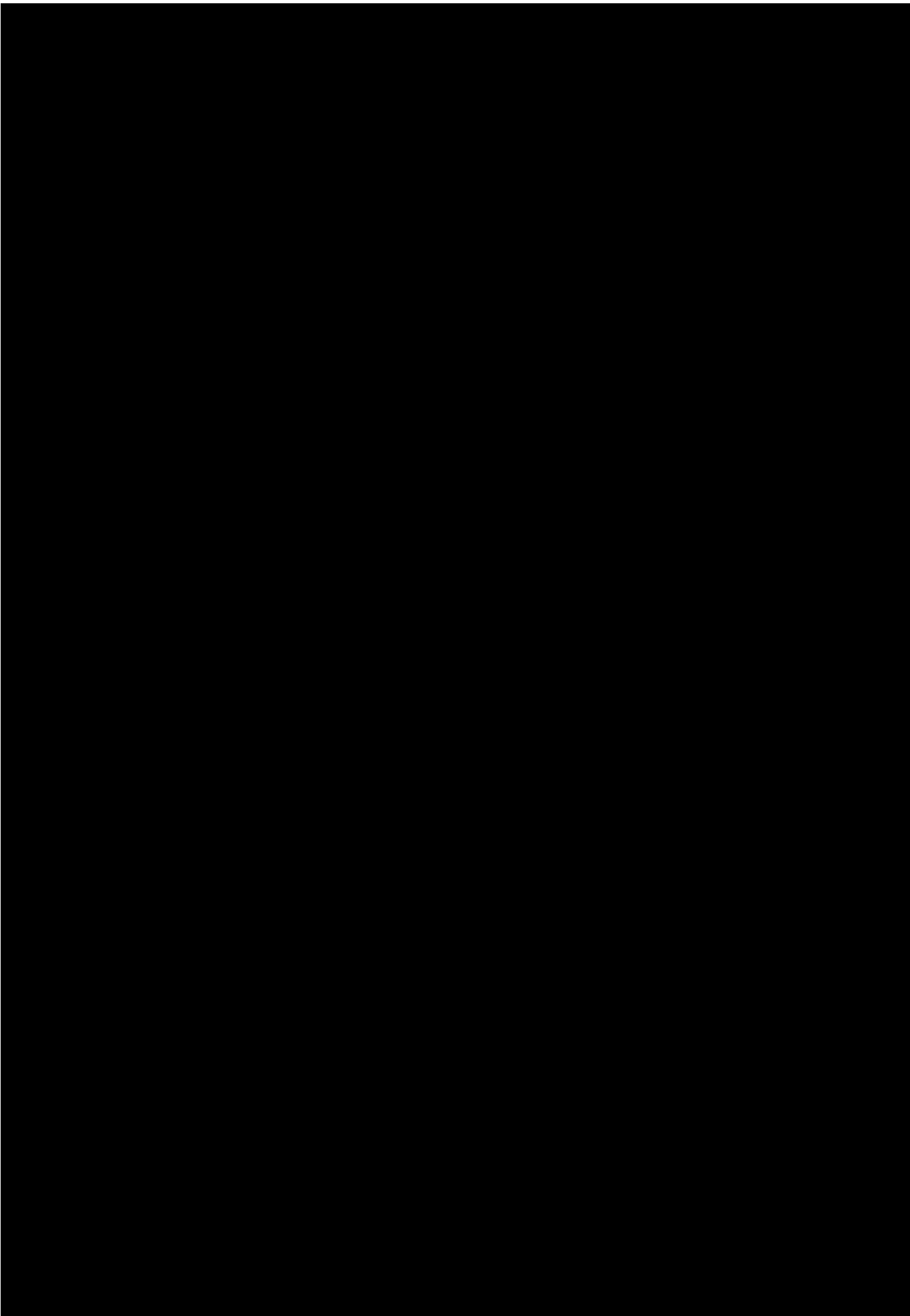
The Citizens Banking Company Refund Processing Agreement ("Agreement")

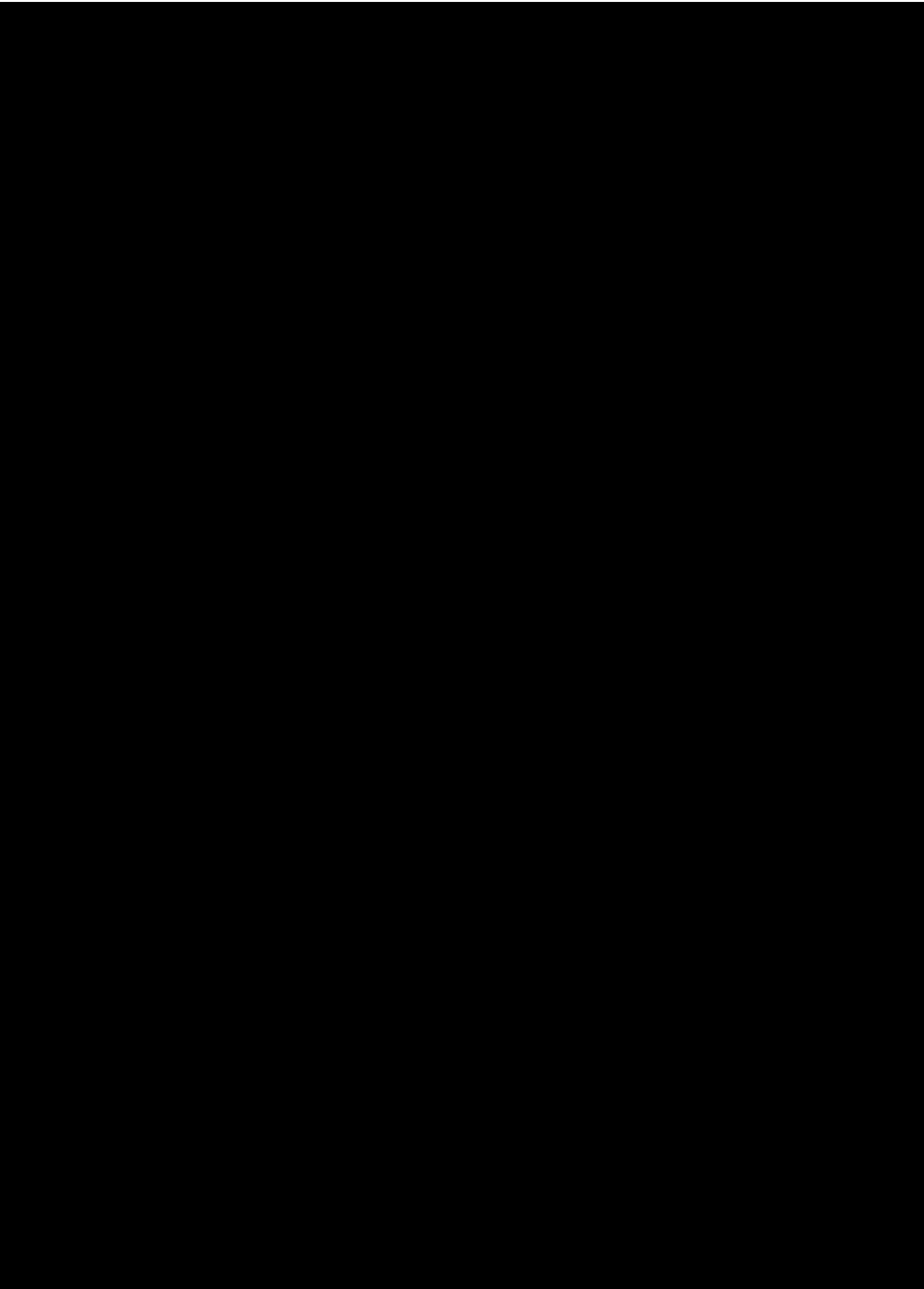












Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to The Citizens Banking Company of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group ('SBTPG'), the administrator and servicer of this payment option: your identifying information and your refund amount.

We transmit this information using bank-level security for the sole purpose of providing you with this payment option. Both the BANK and SBTPG will protect your confidentiality and use your information only per the refund processing agreement and their privacy policies.

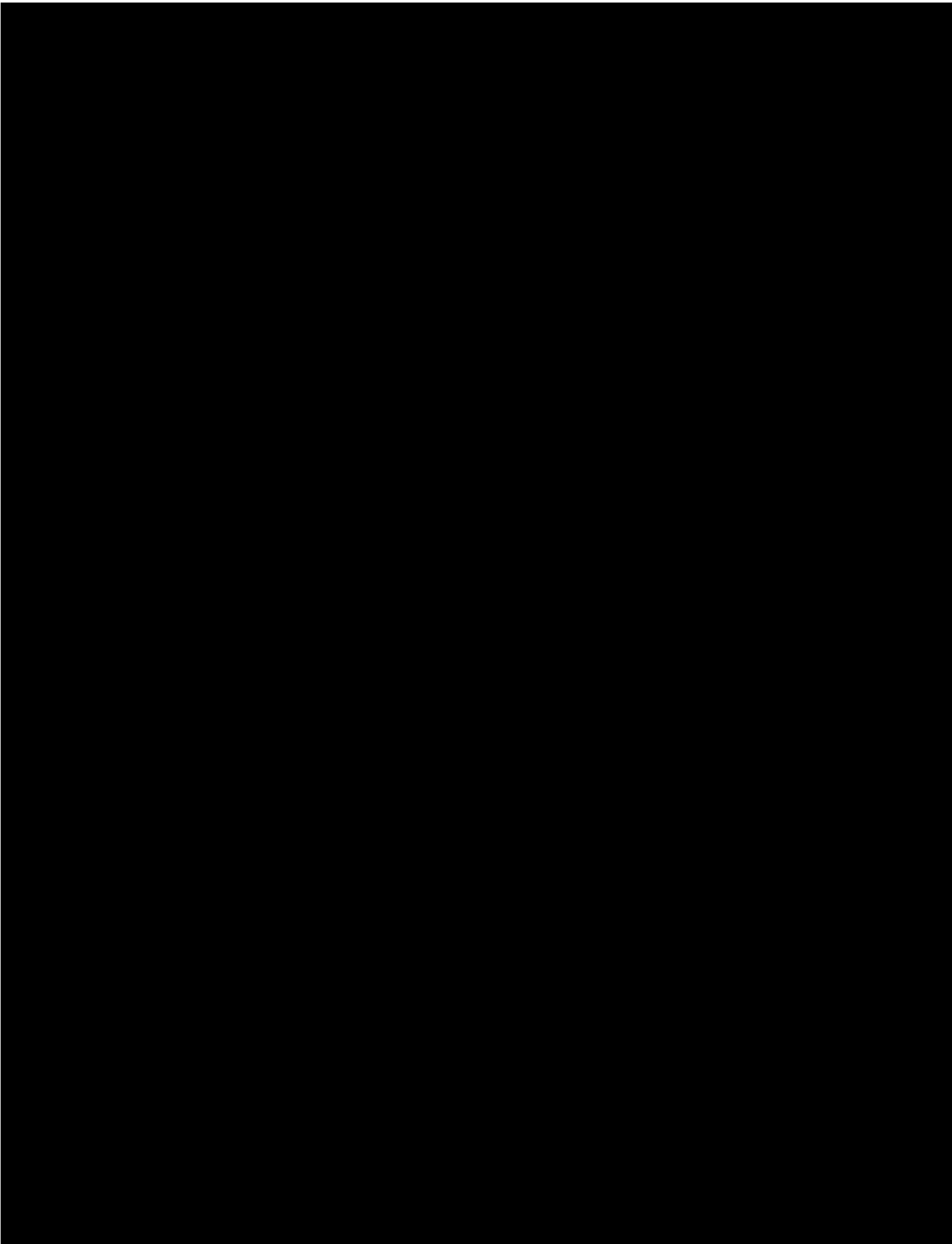
IRS regulations require the following statements:

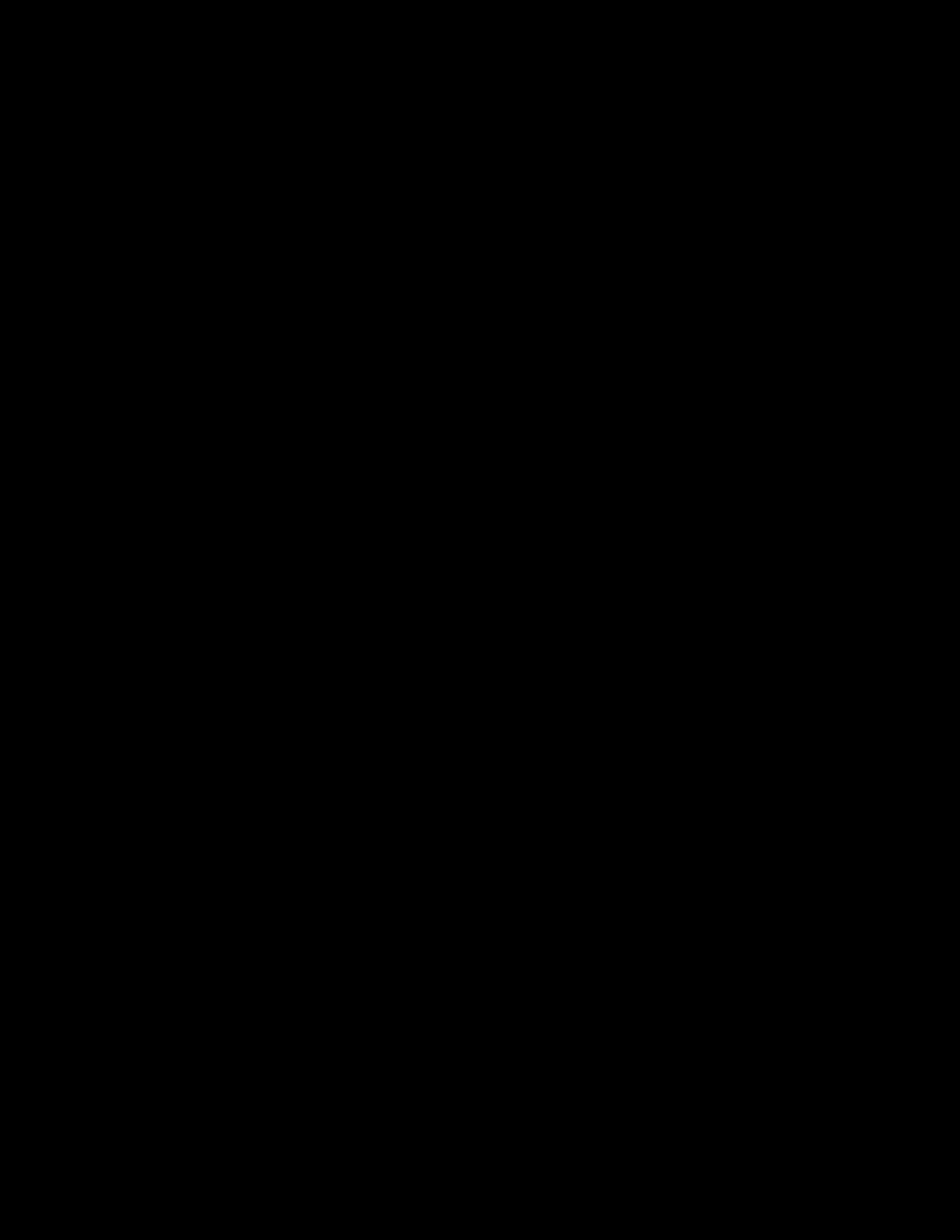
"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

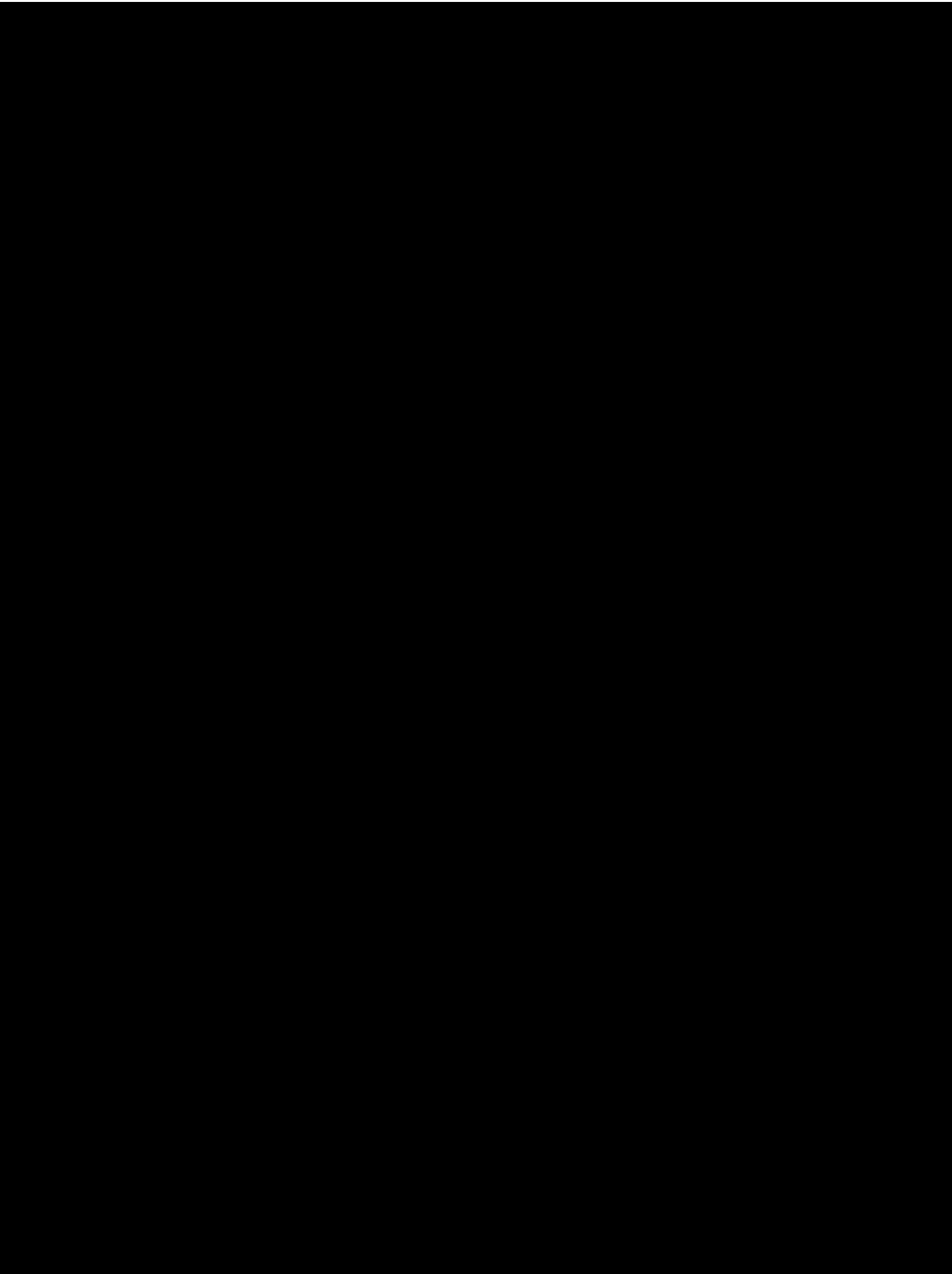
You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you are requesting disclosure of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.







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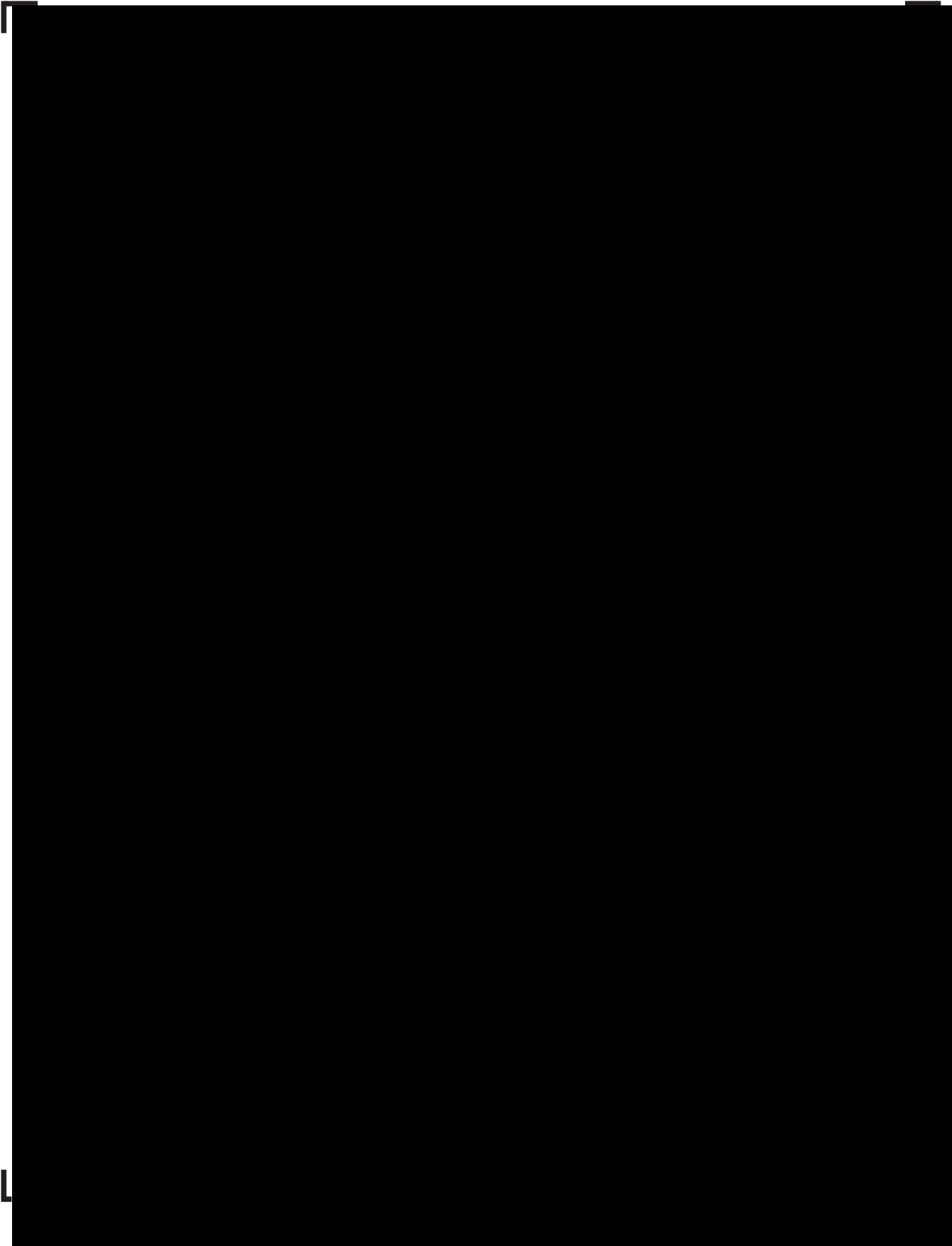
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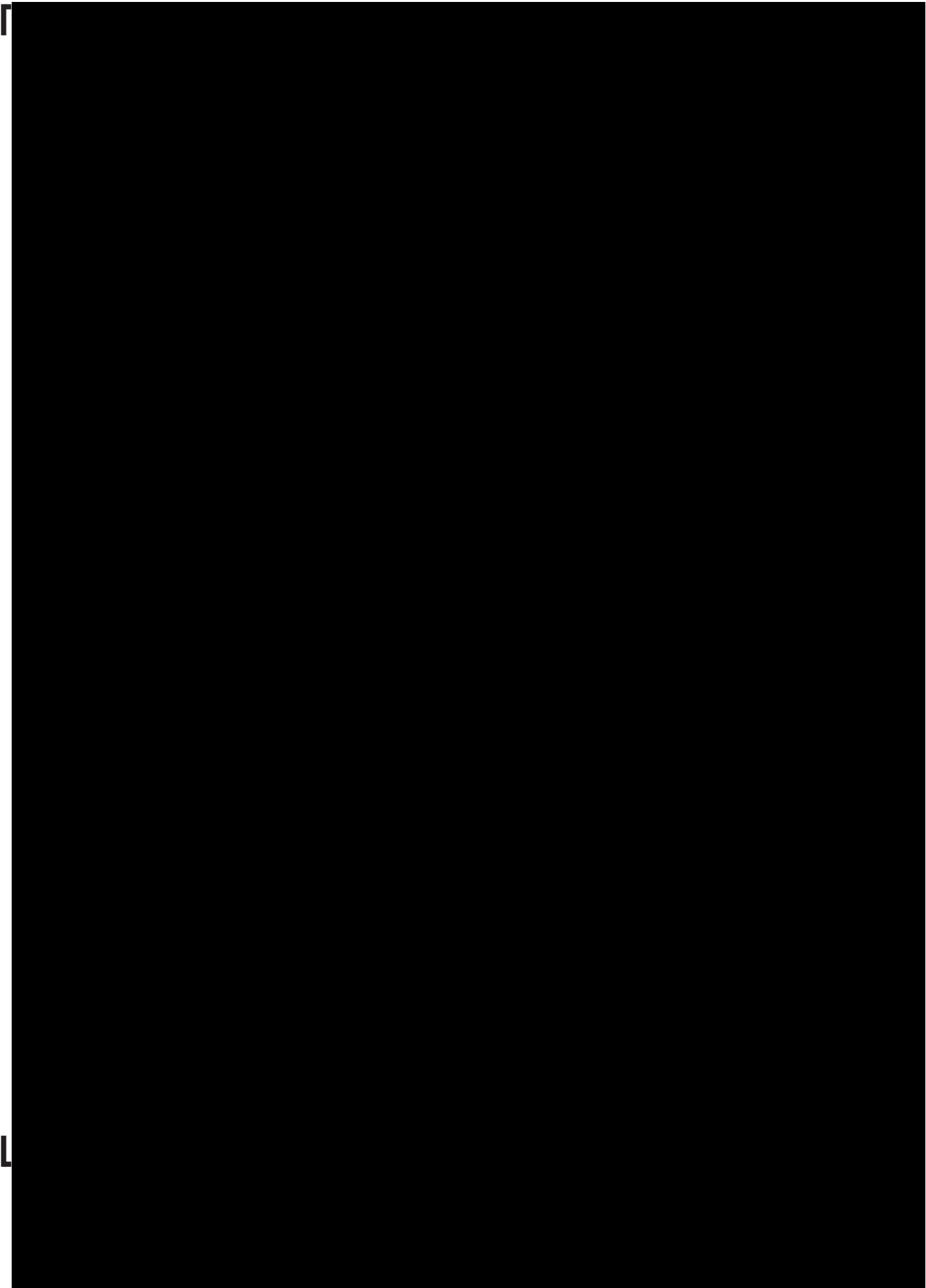
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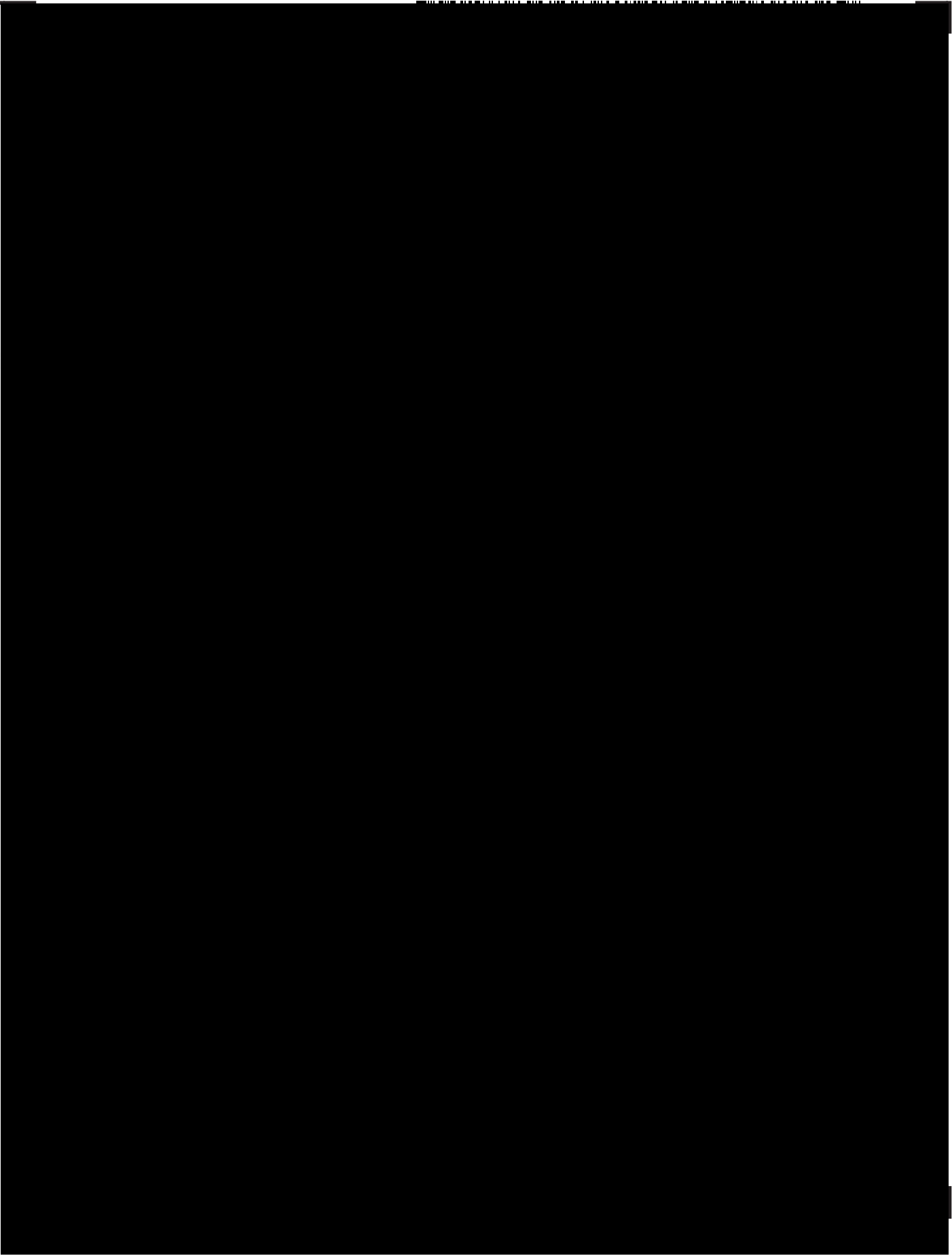
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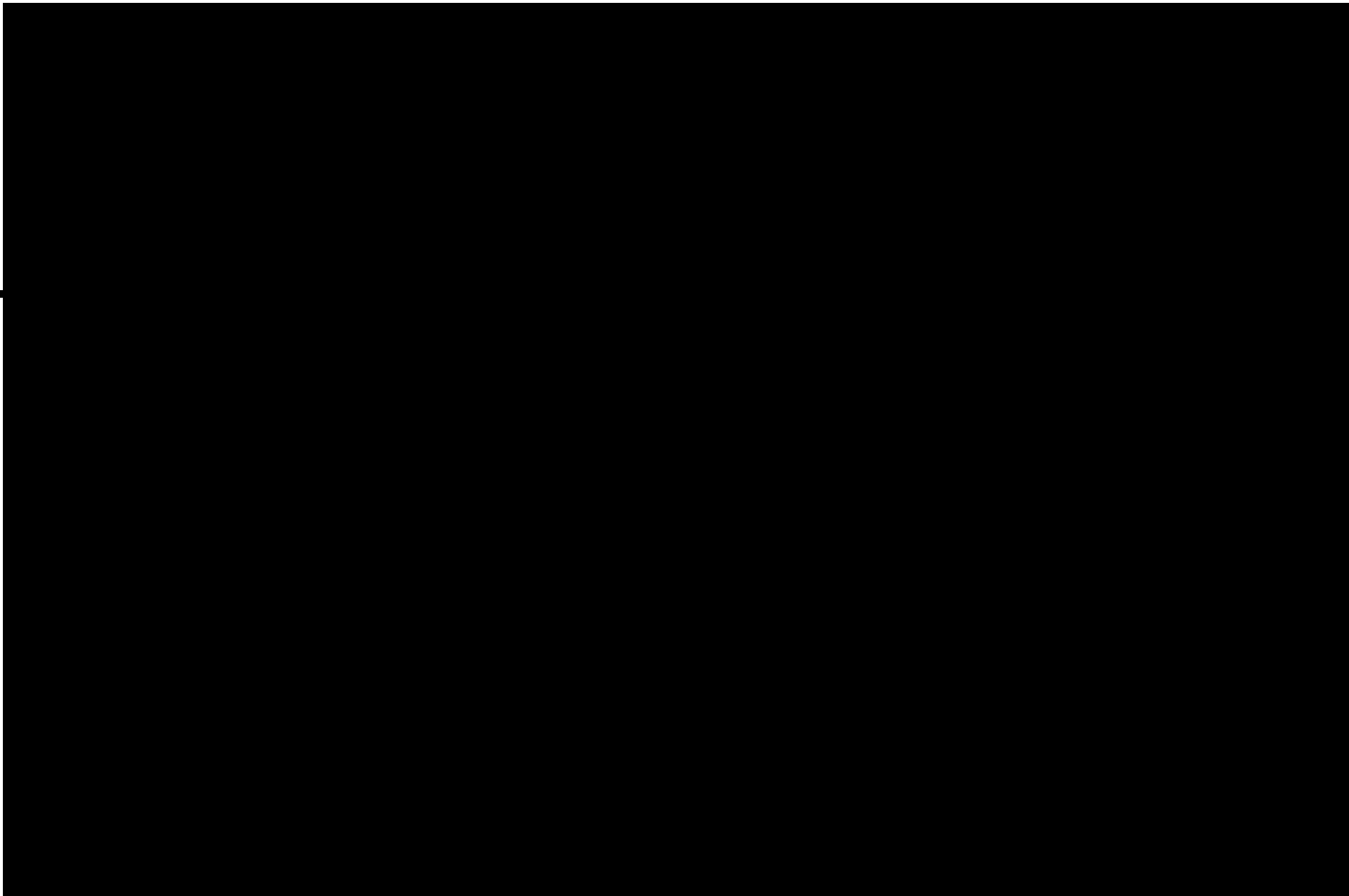
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COASTAL CITY CARE

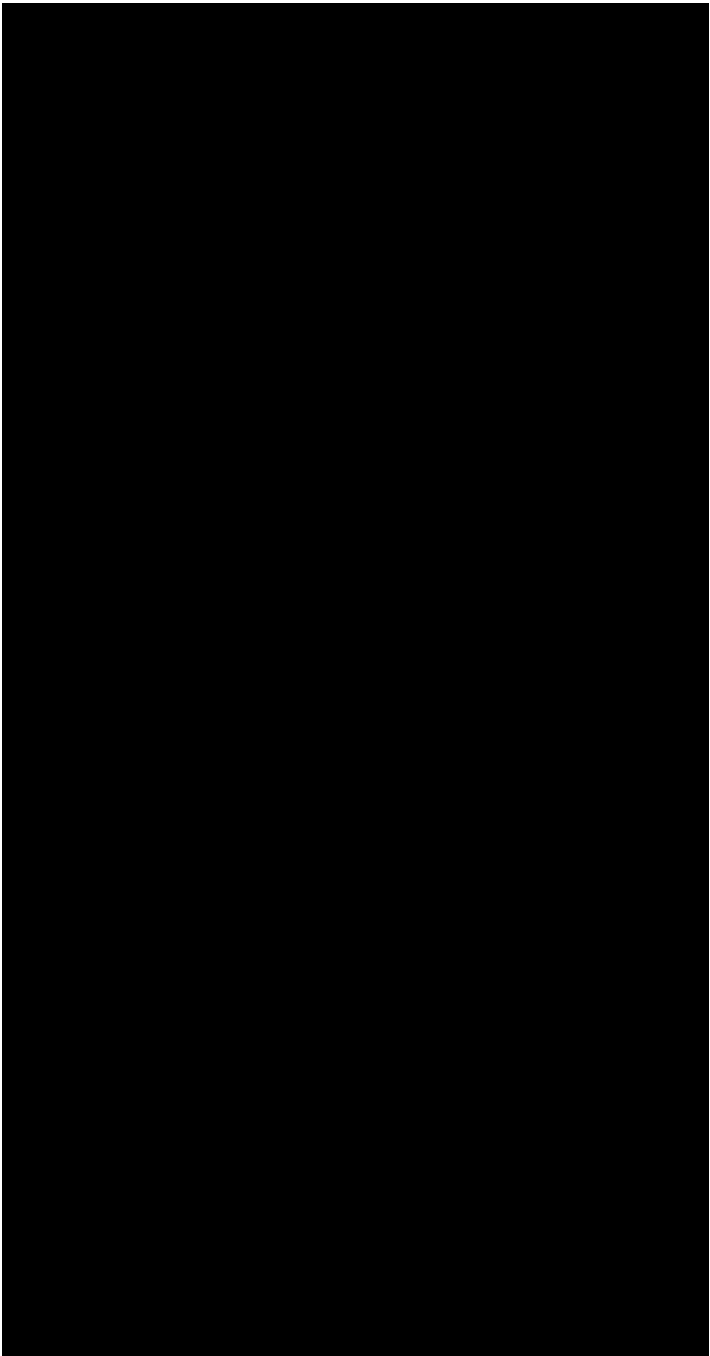
**SECTION F
BONUS POINTS**

Section F.1
Employee Working Environment Plan

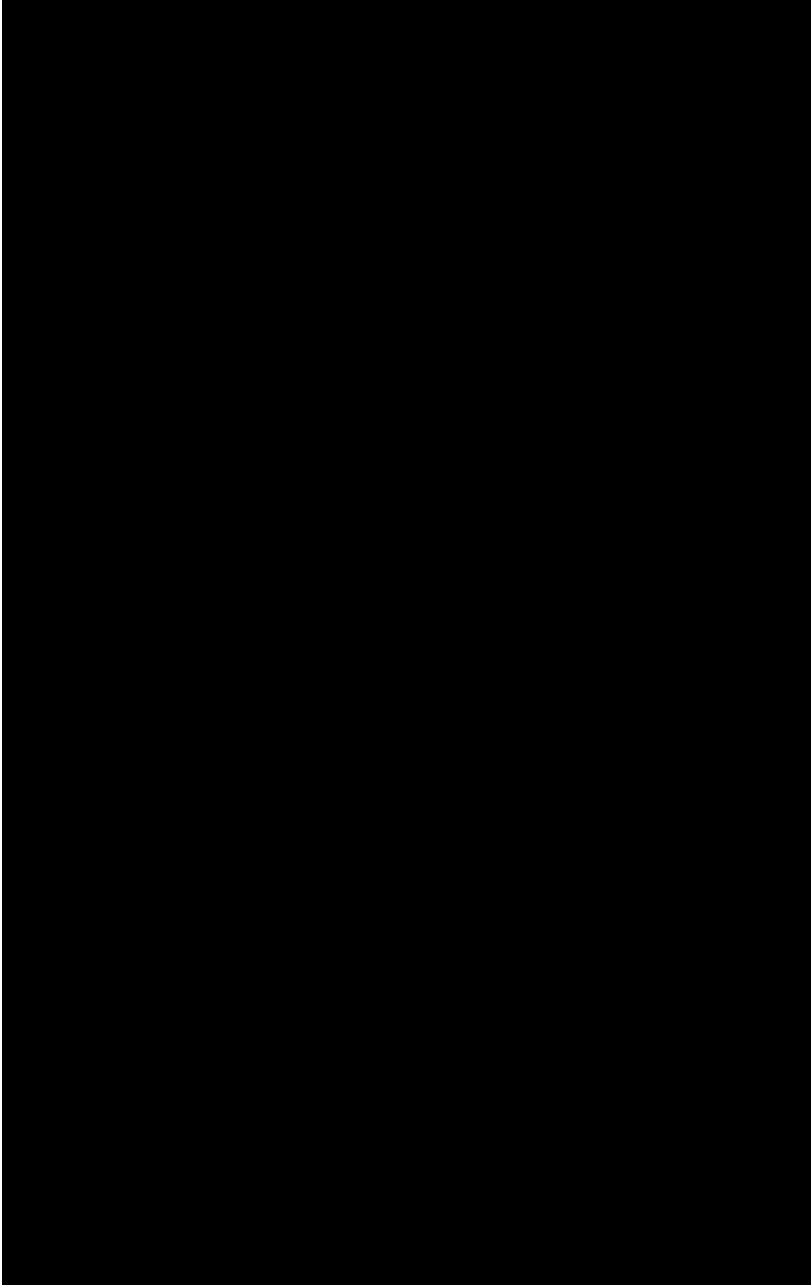
1. Employee Working Environment Plan: Describe any plans you have to provide a safe, healthy and economically beneficial working environment for your employees, including, but not limited to, your plans regarding workplace safety and environmental standards, codes of conduct, healthcare benefits, educational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

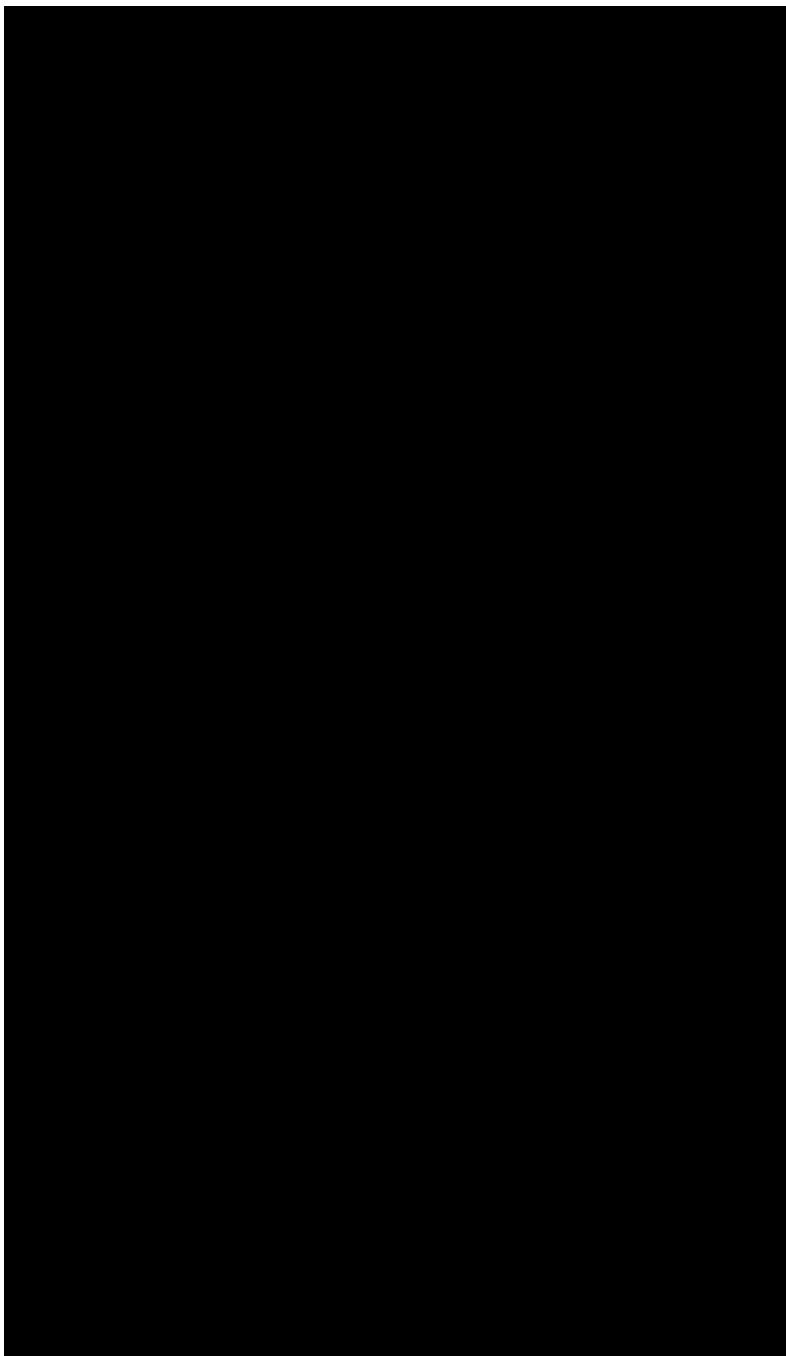
Employee Handbook



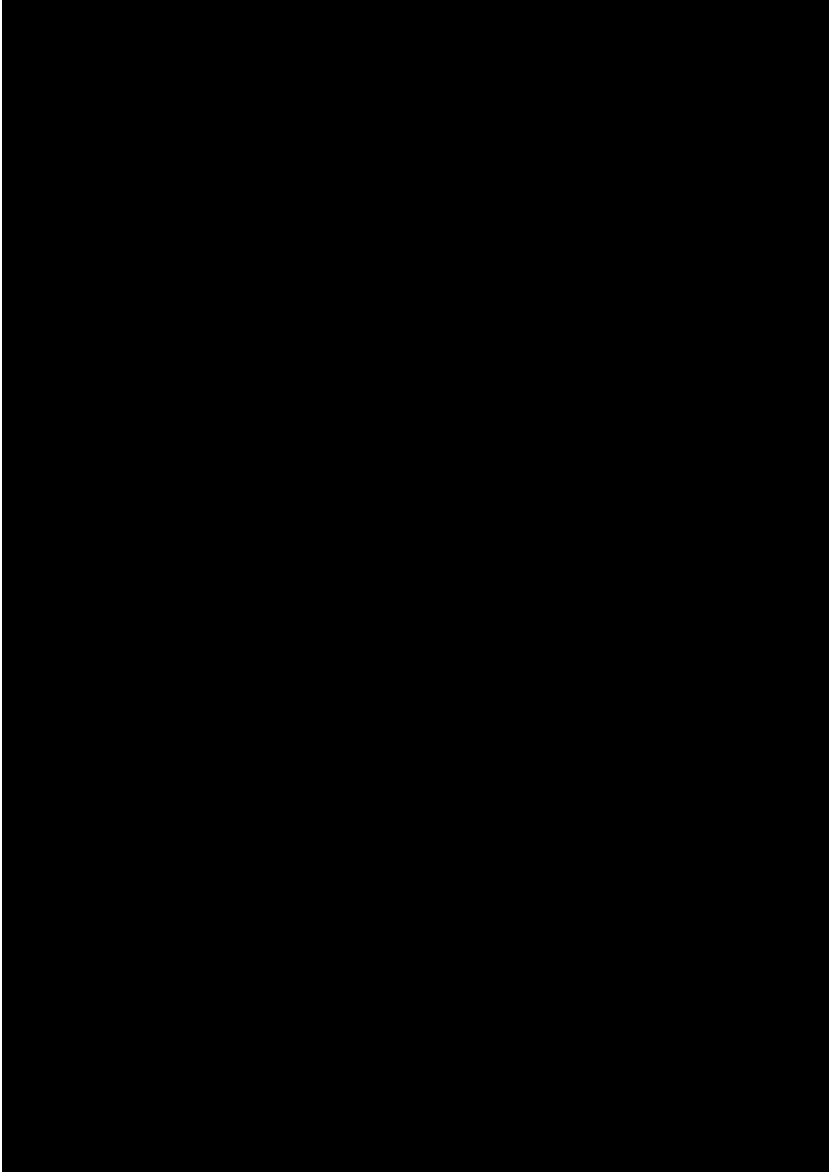


Employee Benefits

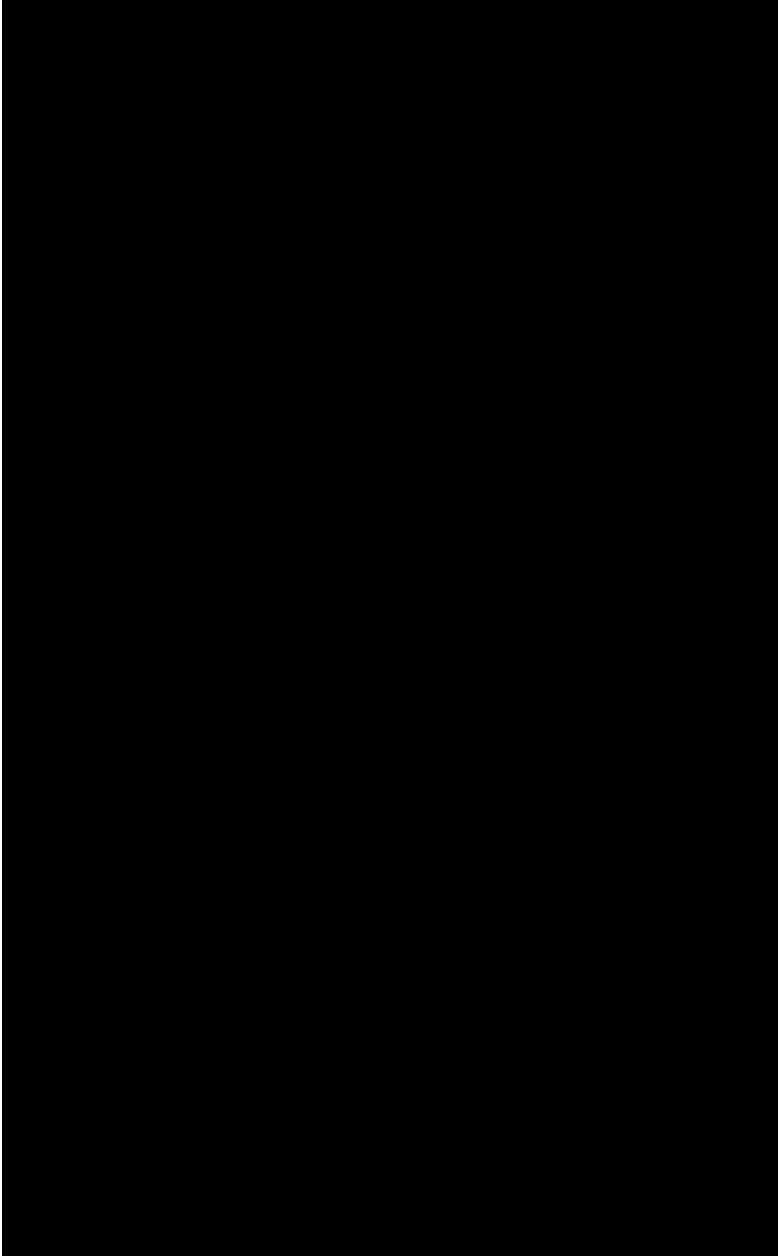


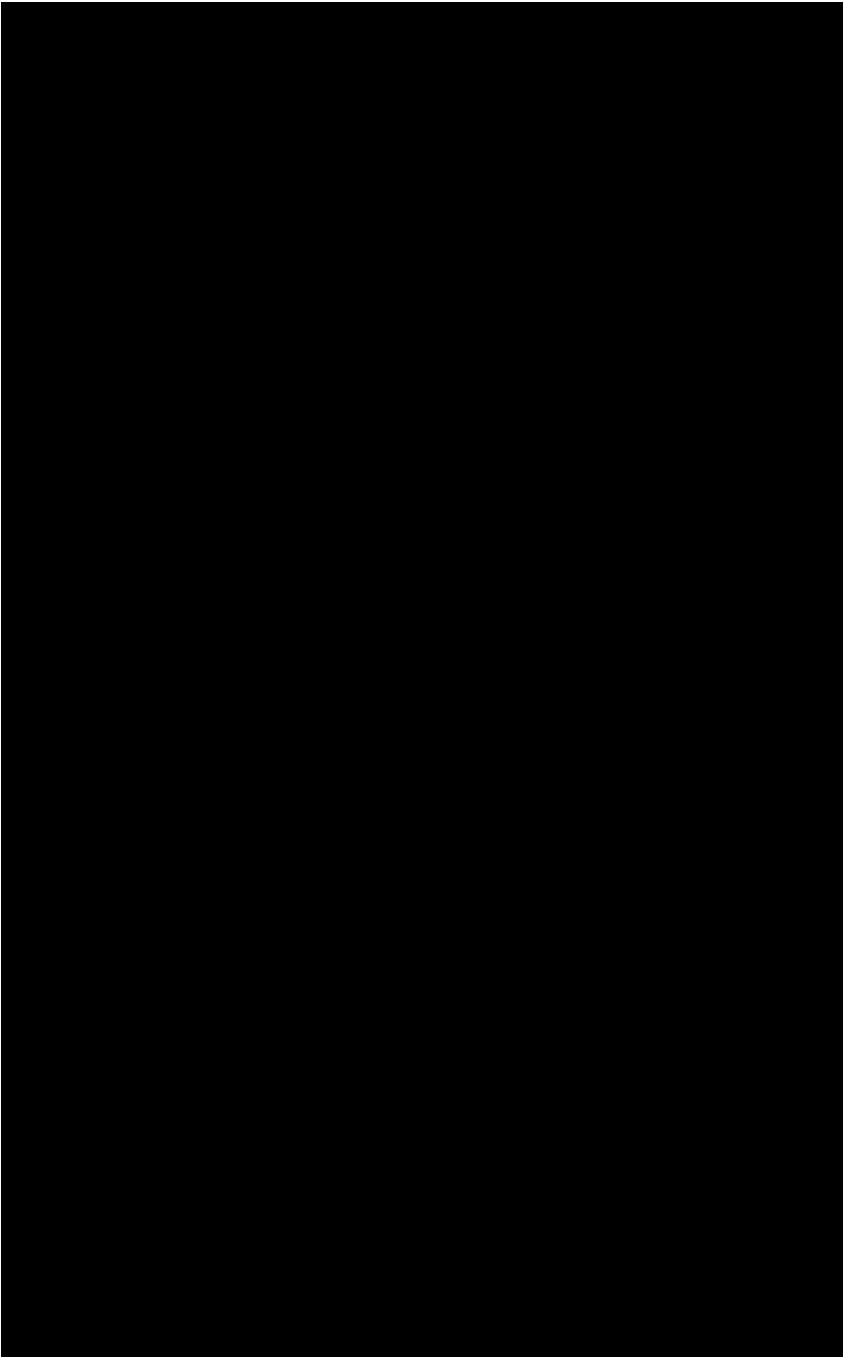


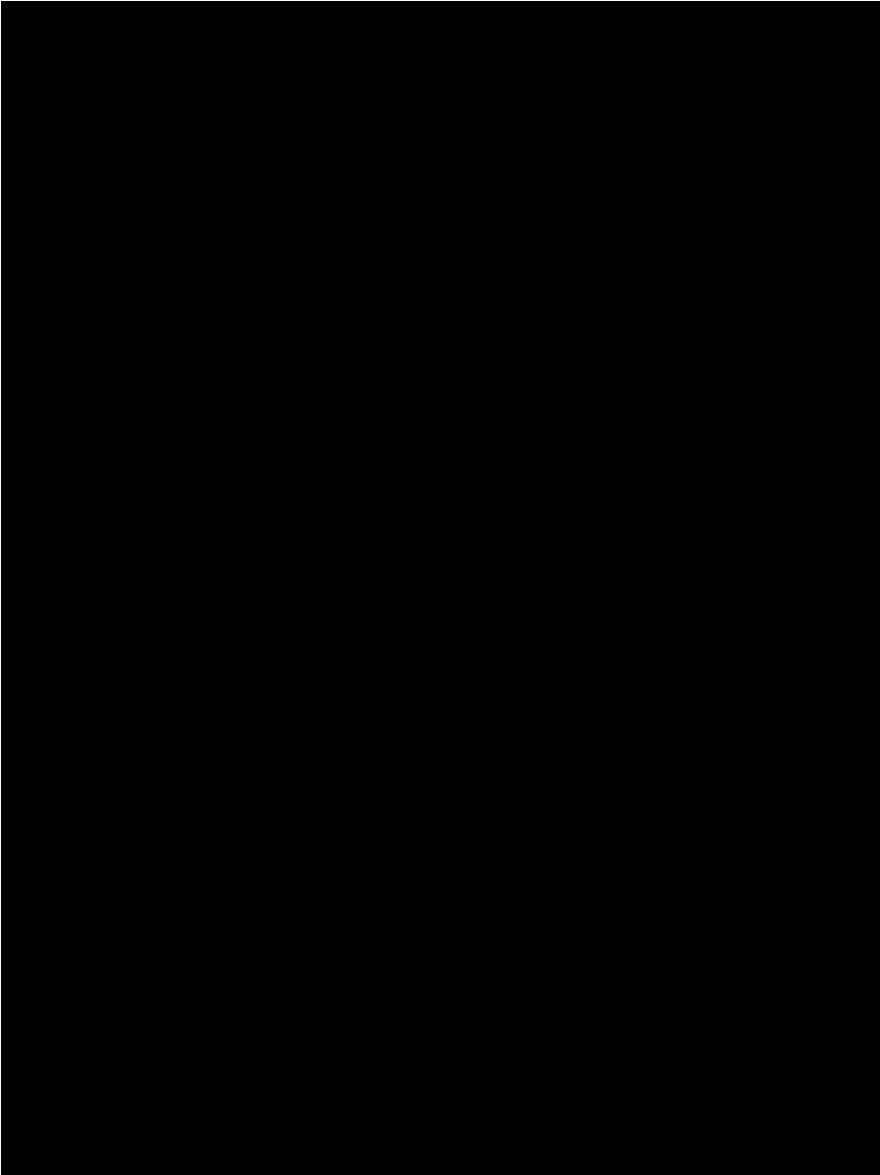
Educational Benefits

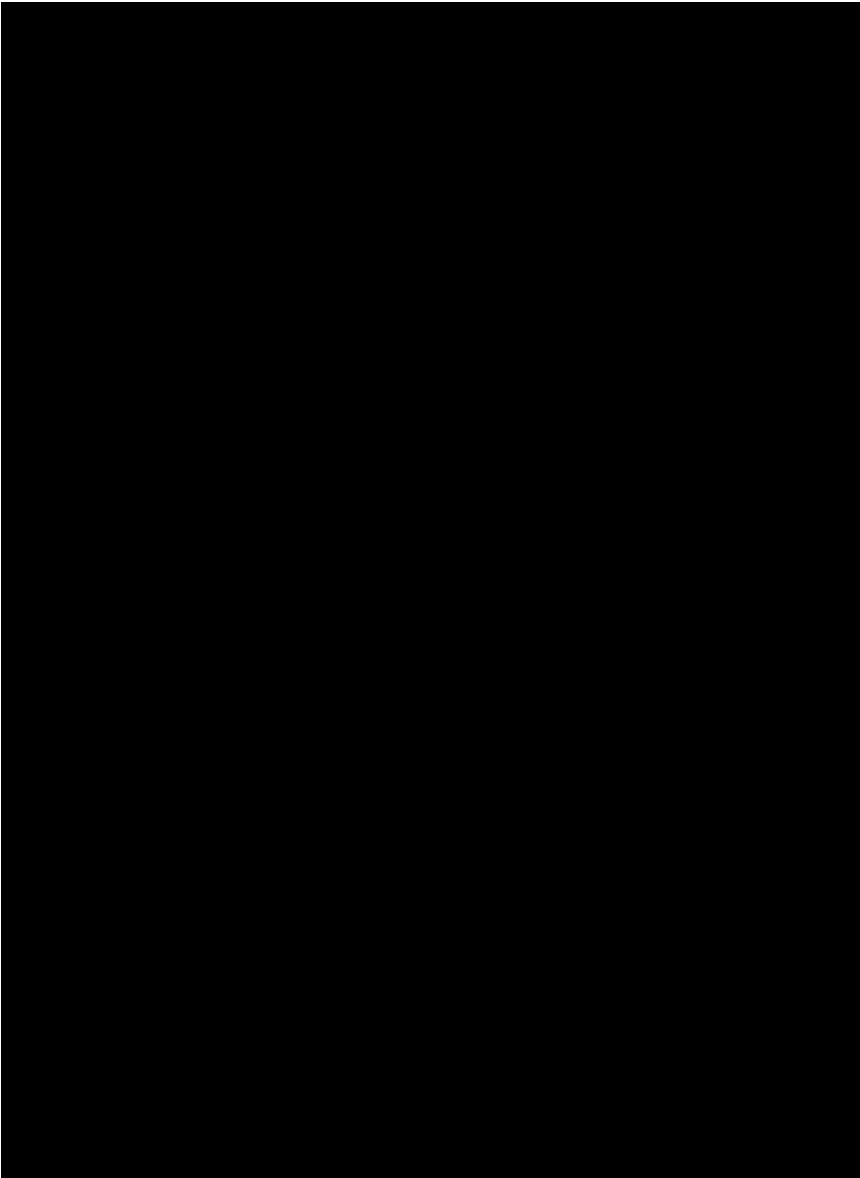


Standards of Conduct





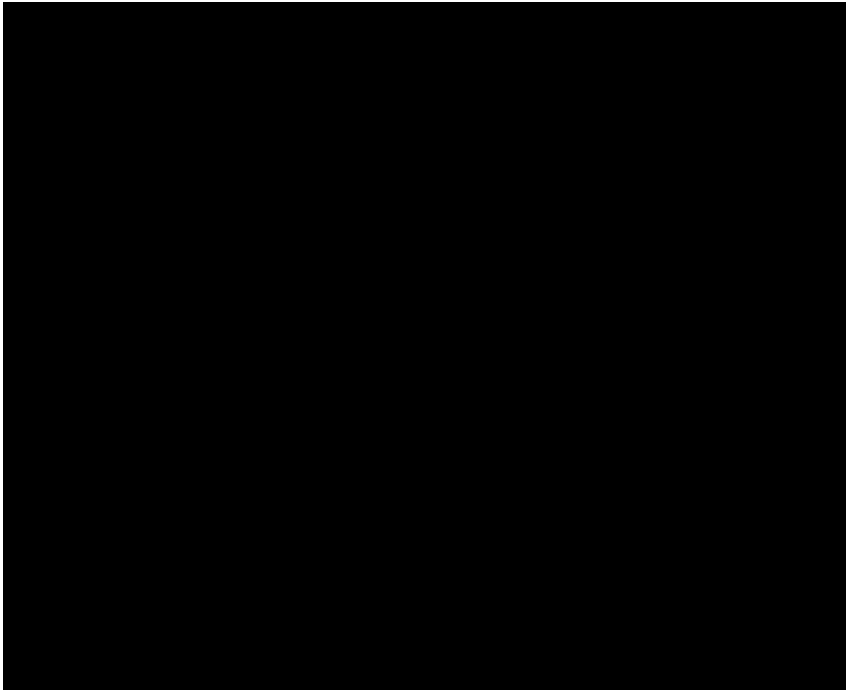




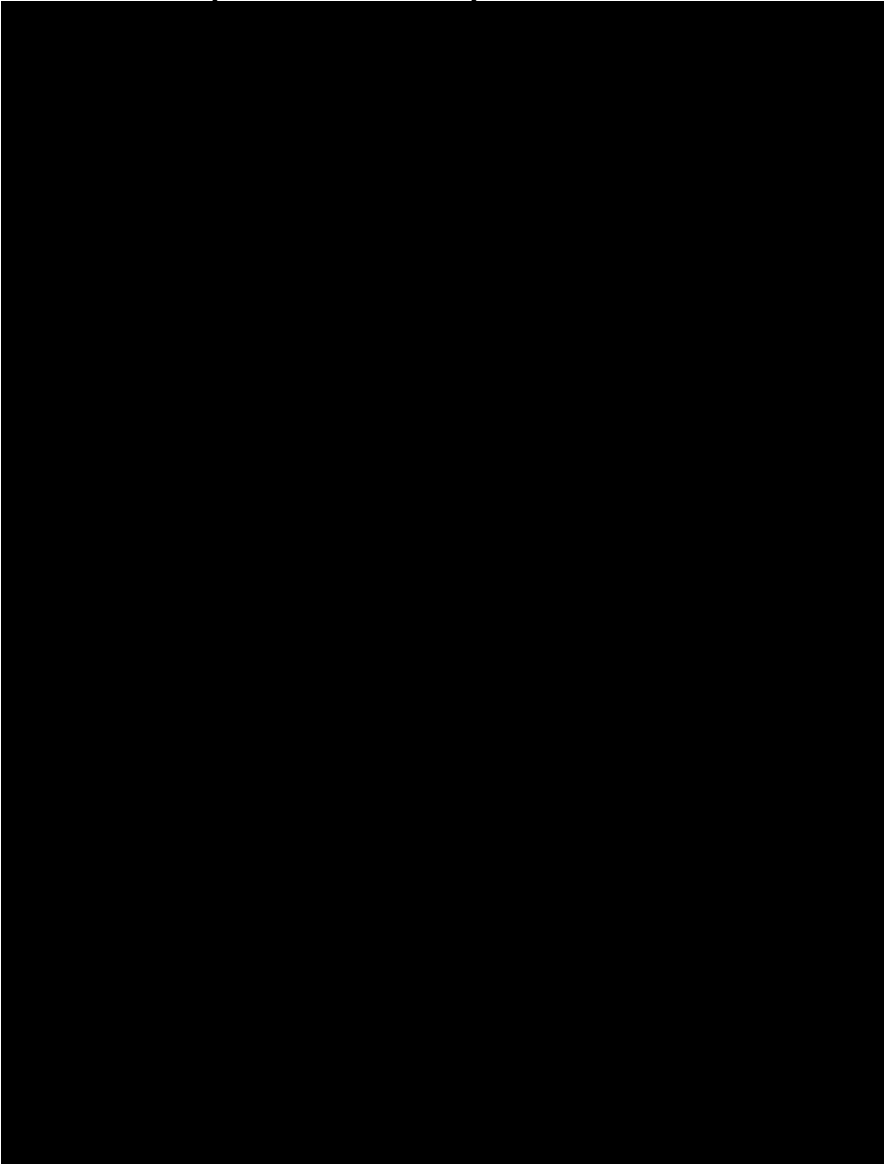


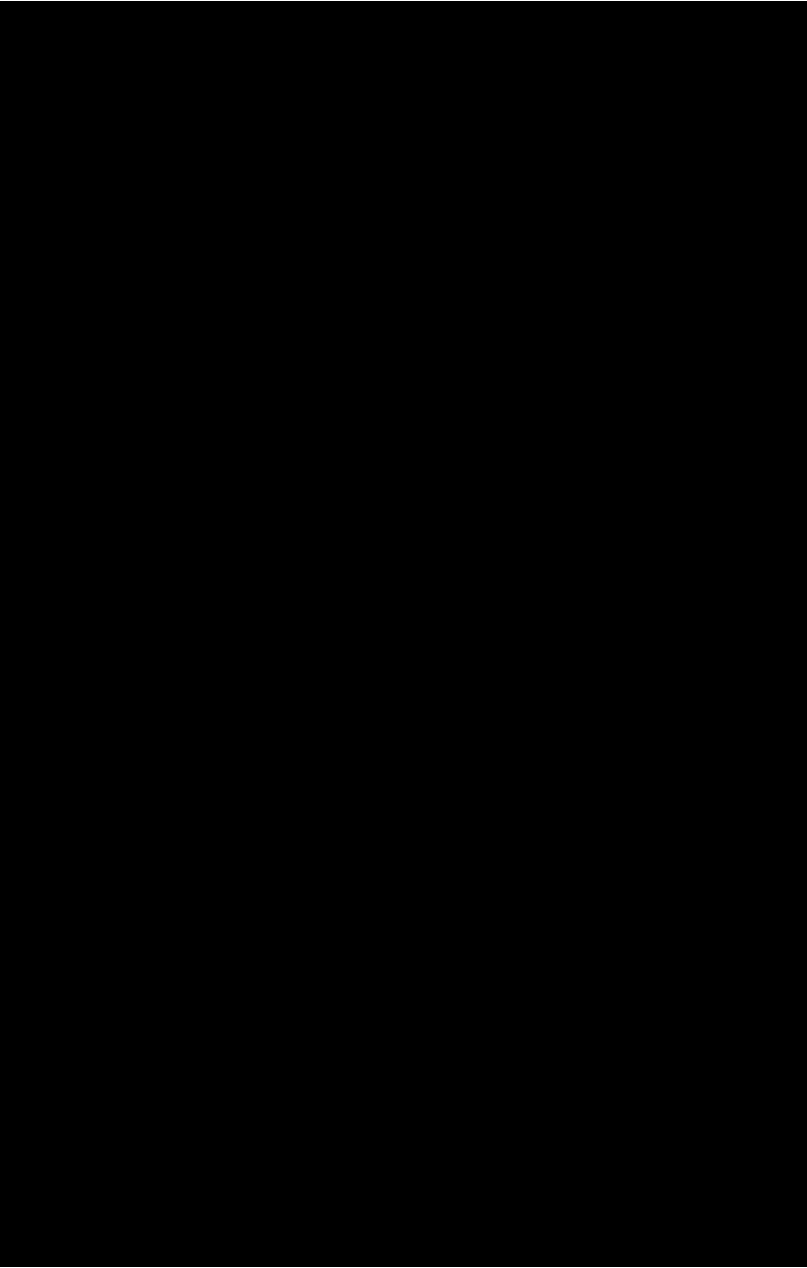
Workplace Searches





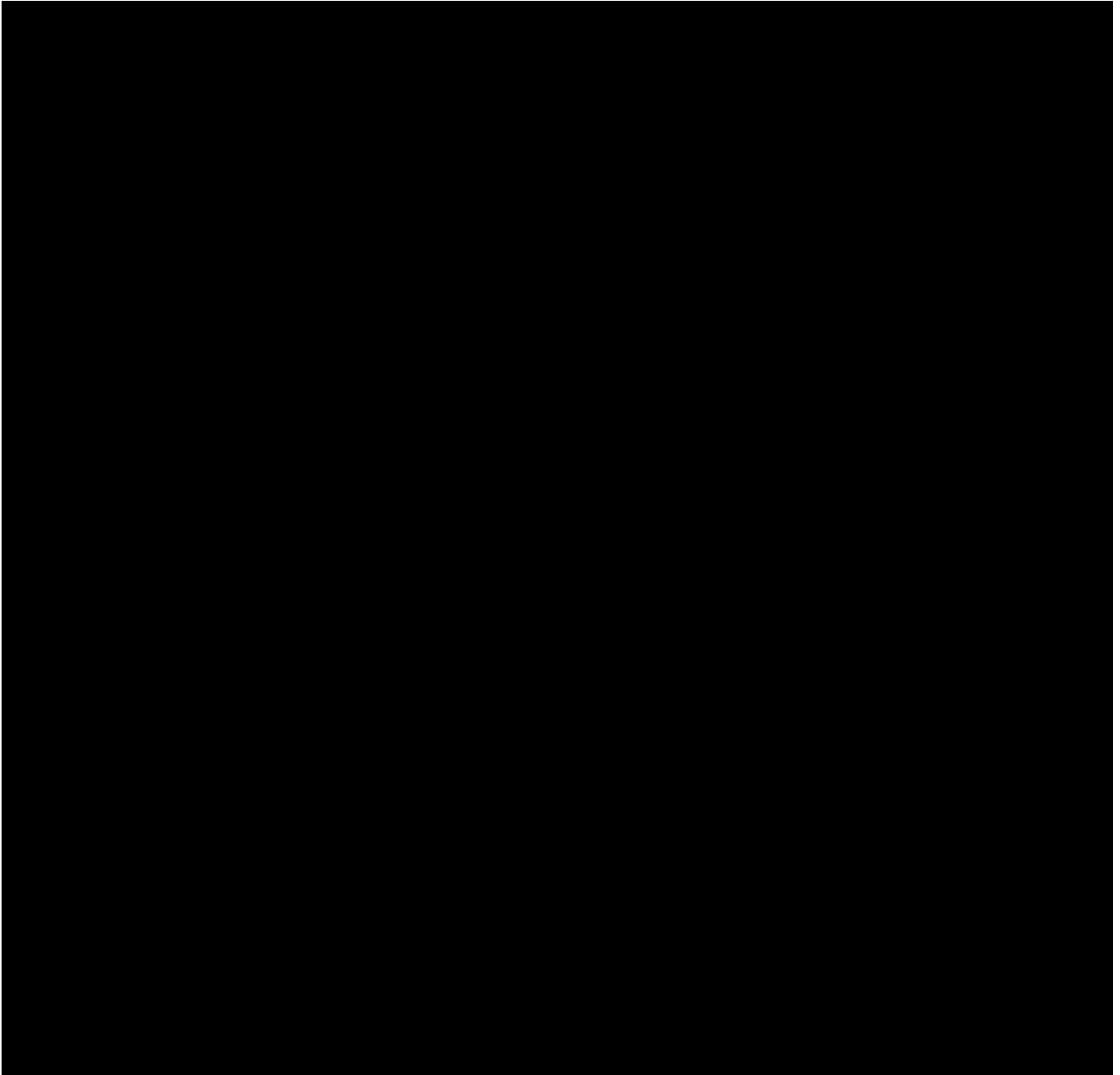
No Weapons in the Workplace





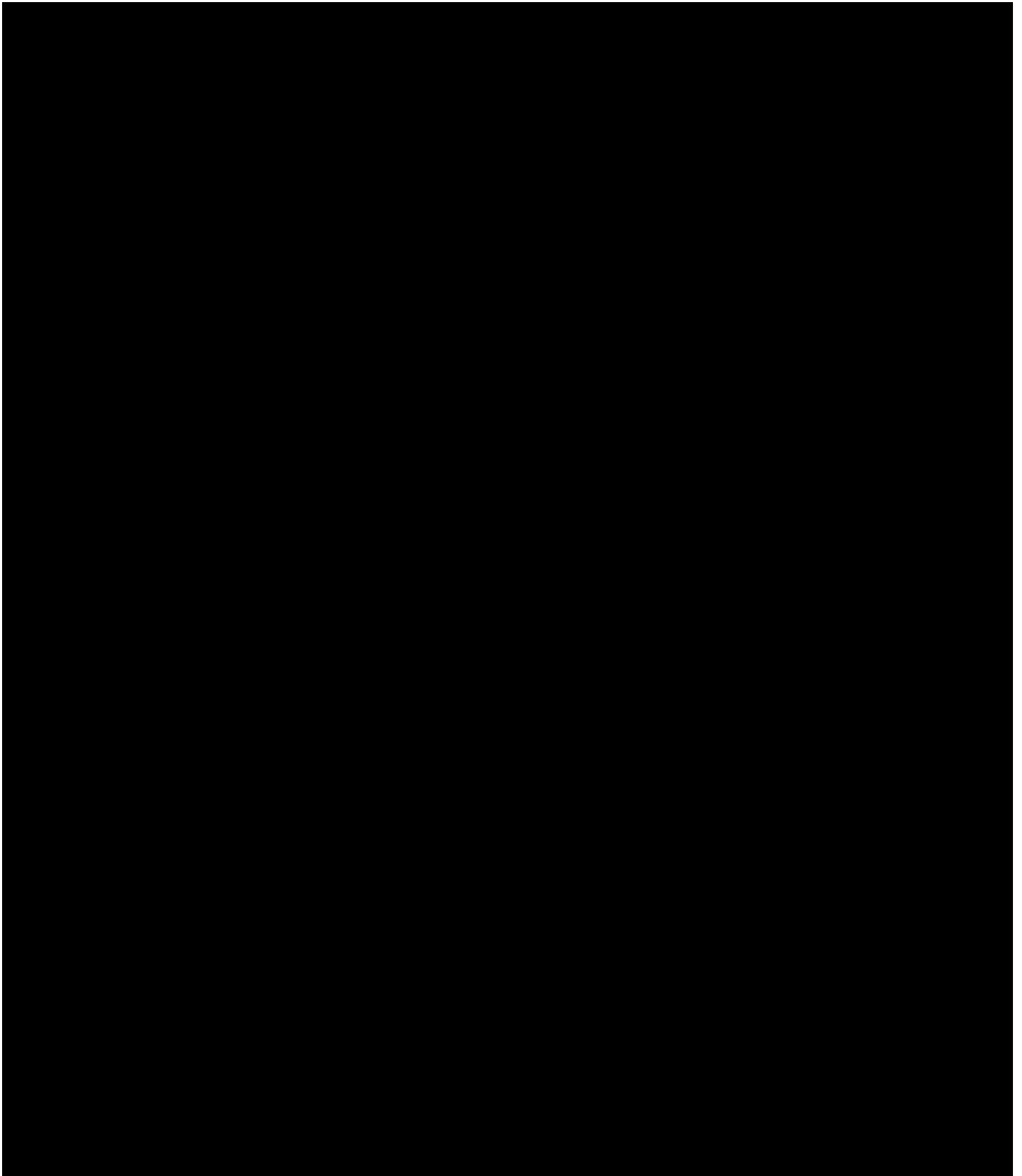
Section F.2
Compassionate Need Plan

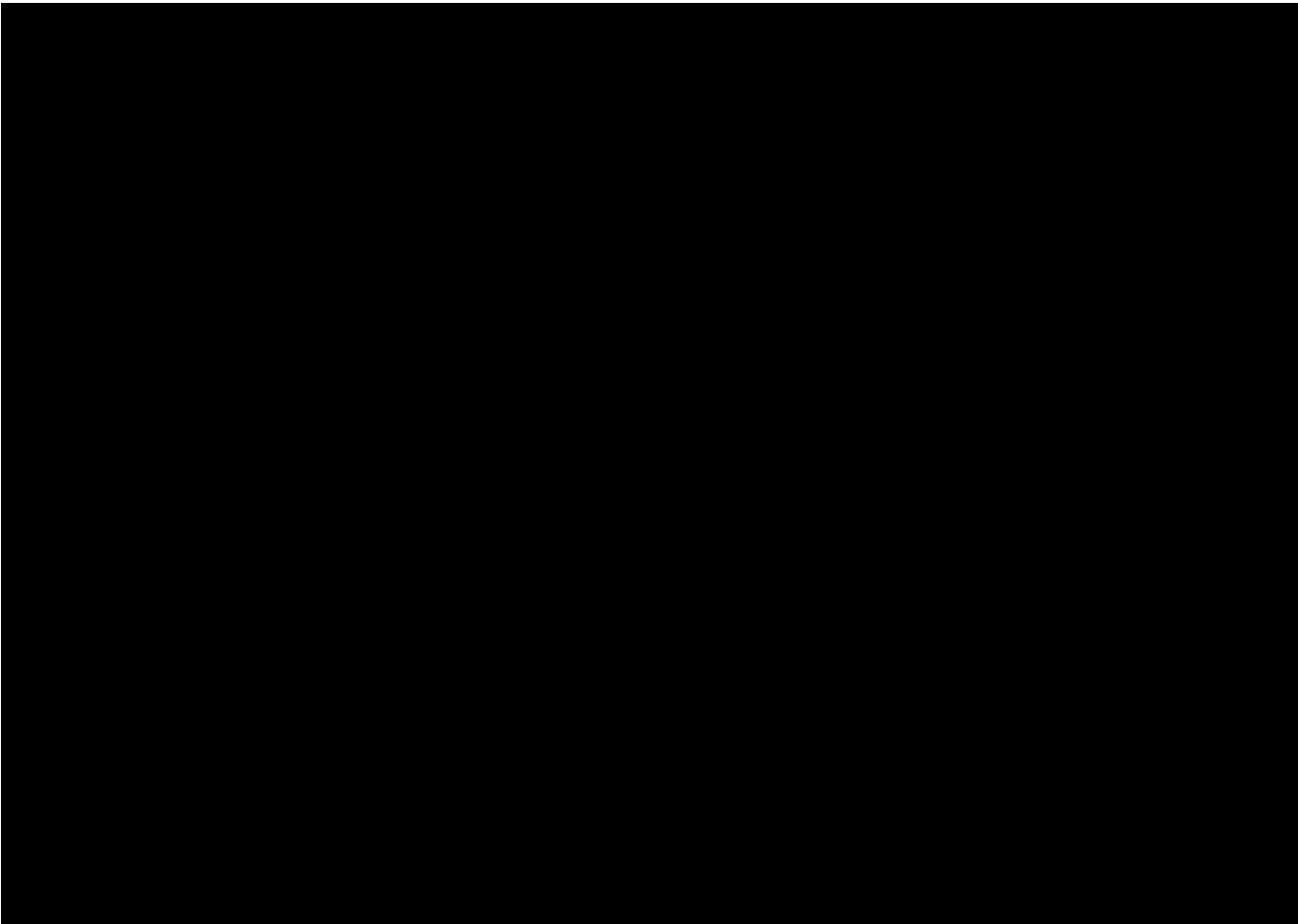
2. Compassionate Need Plan: Describe any compassionate need program you intend to offer.

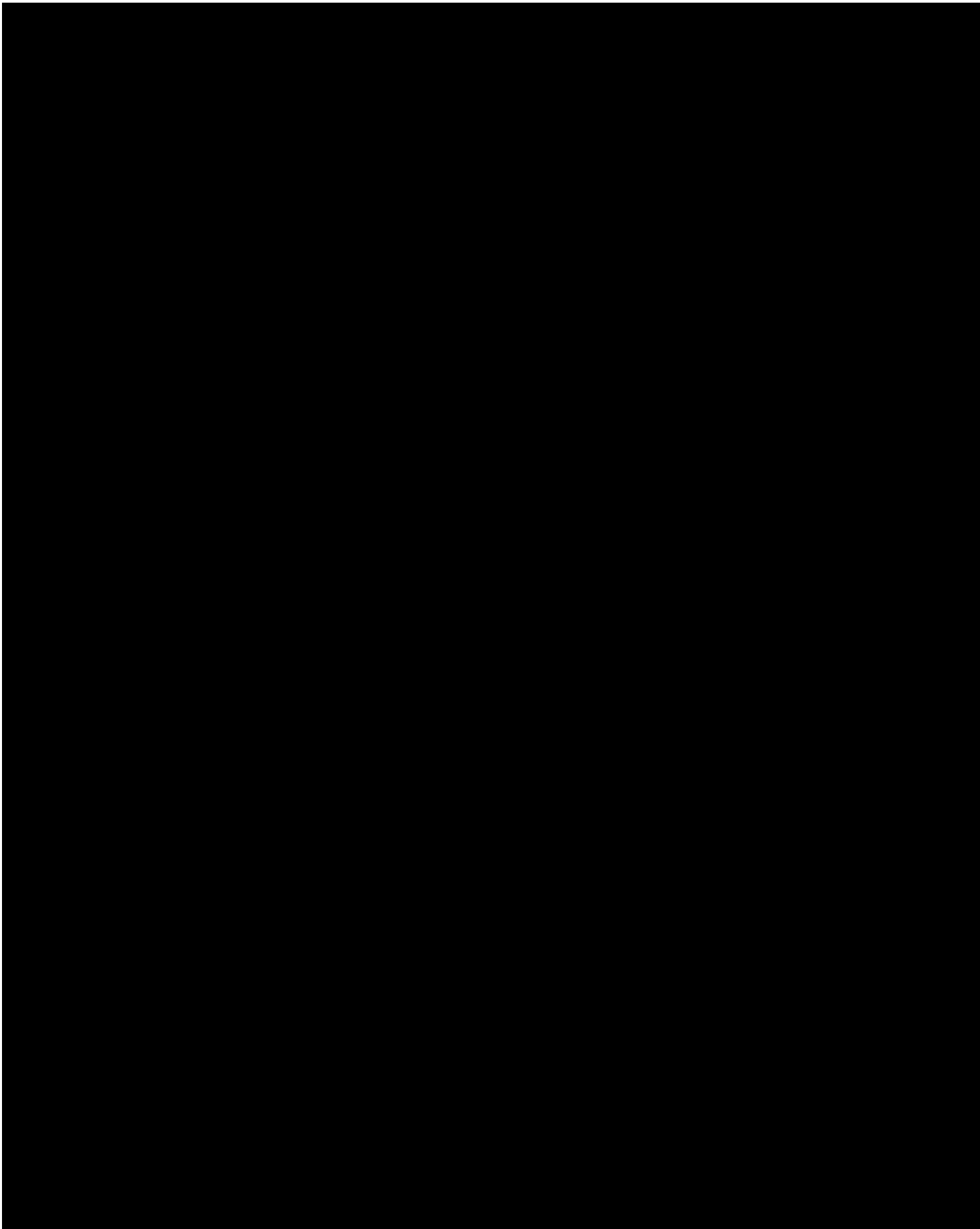


Section F.3
Research Plan

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.

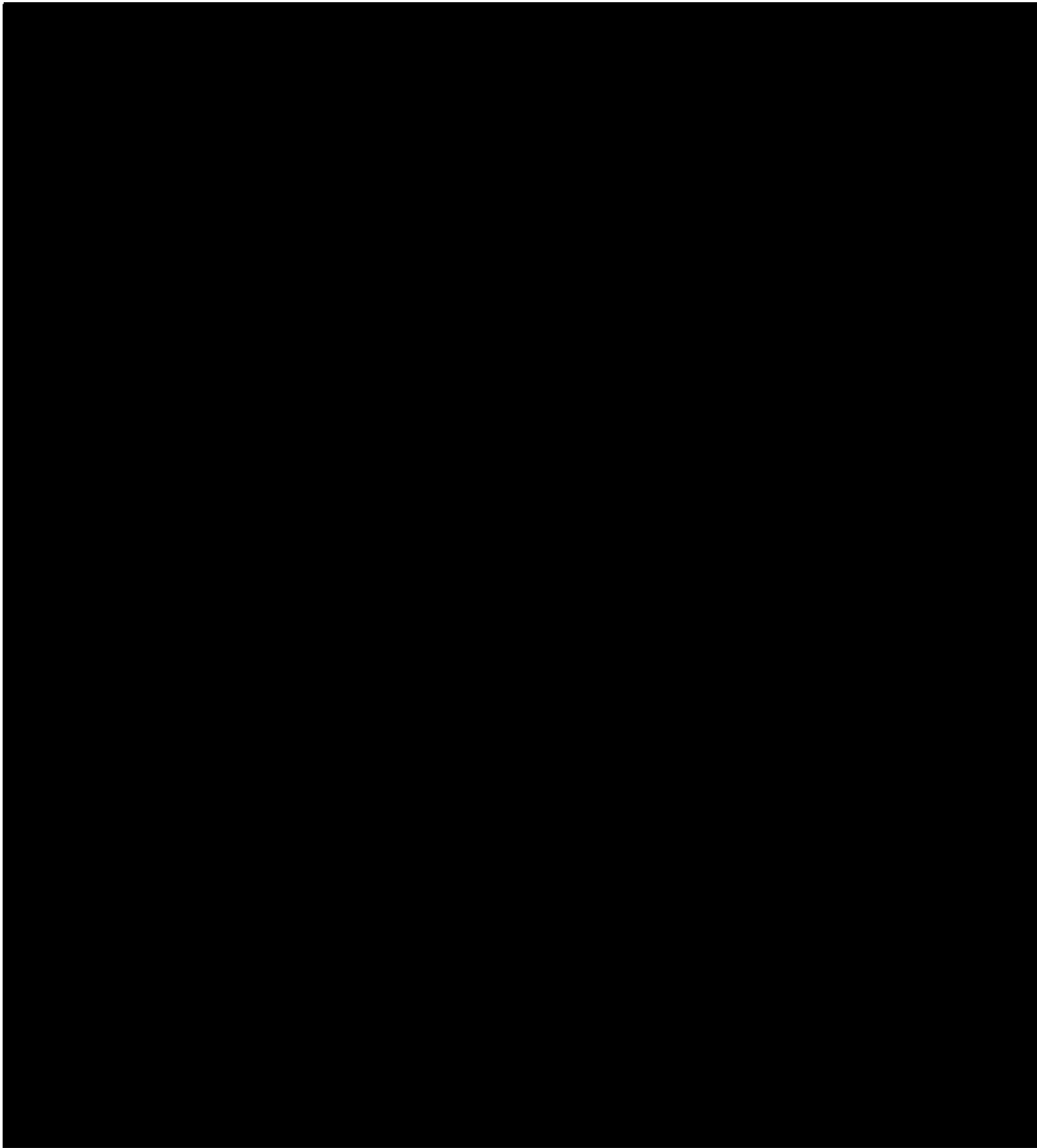


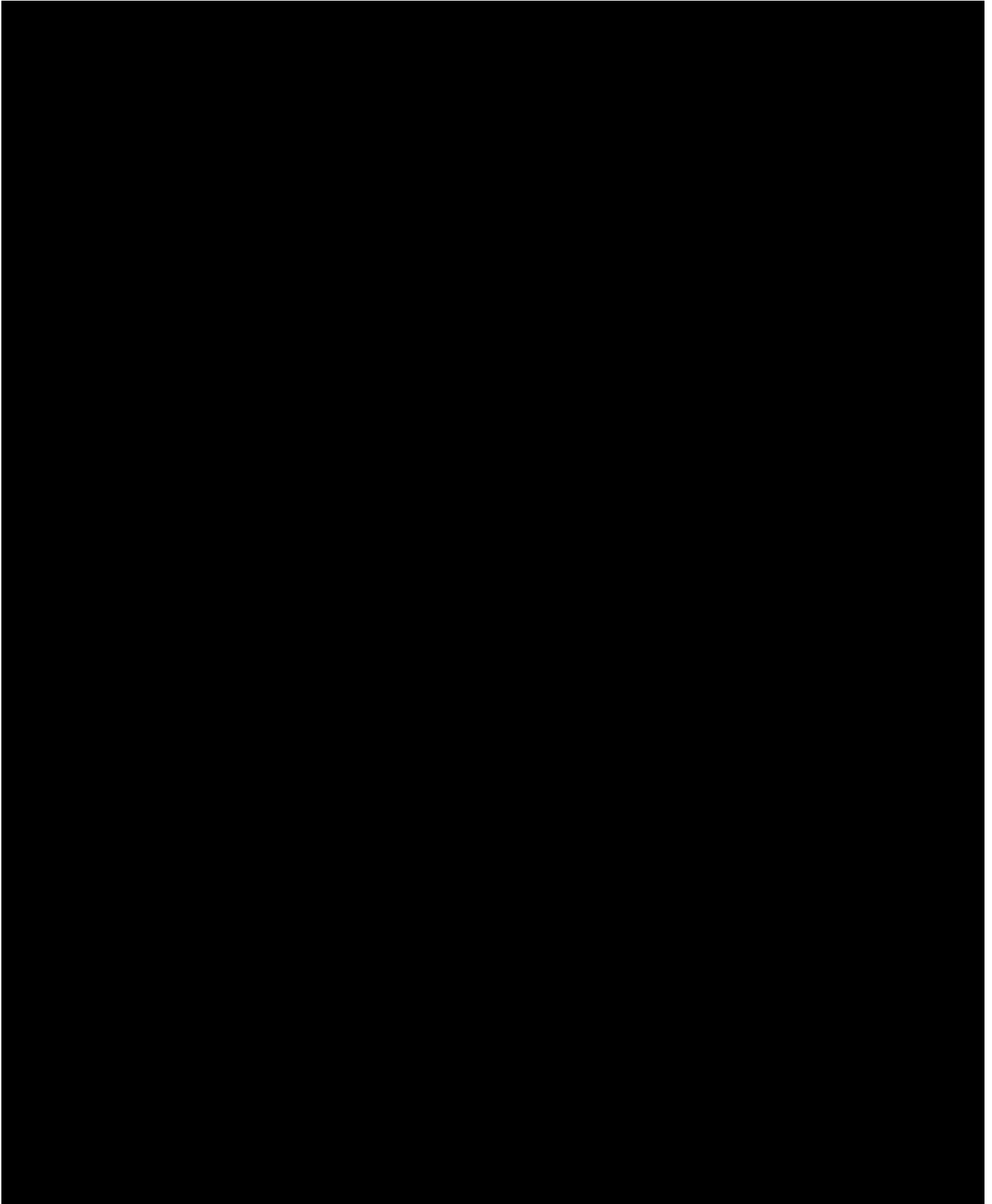


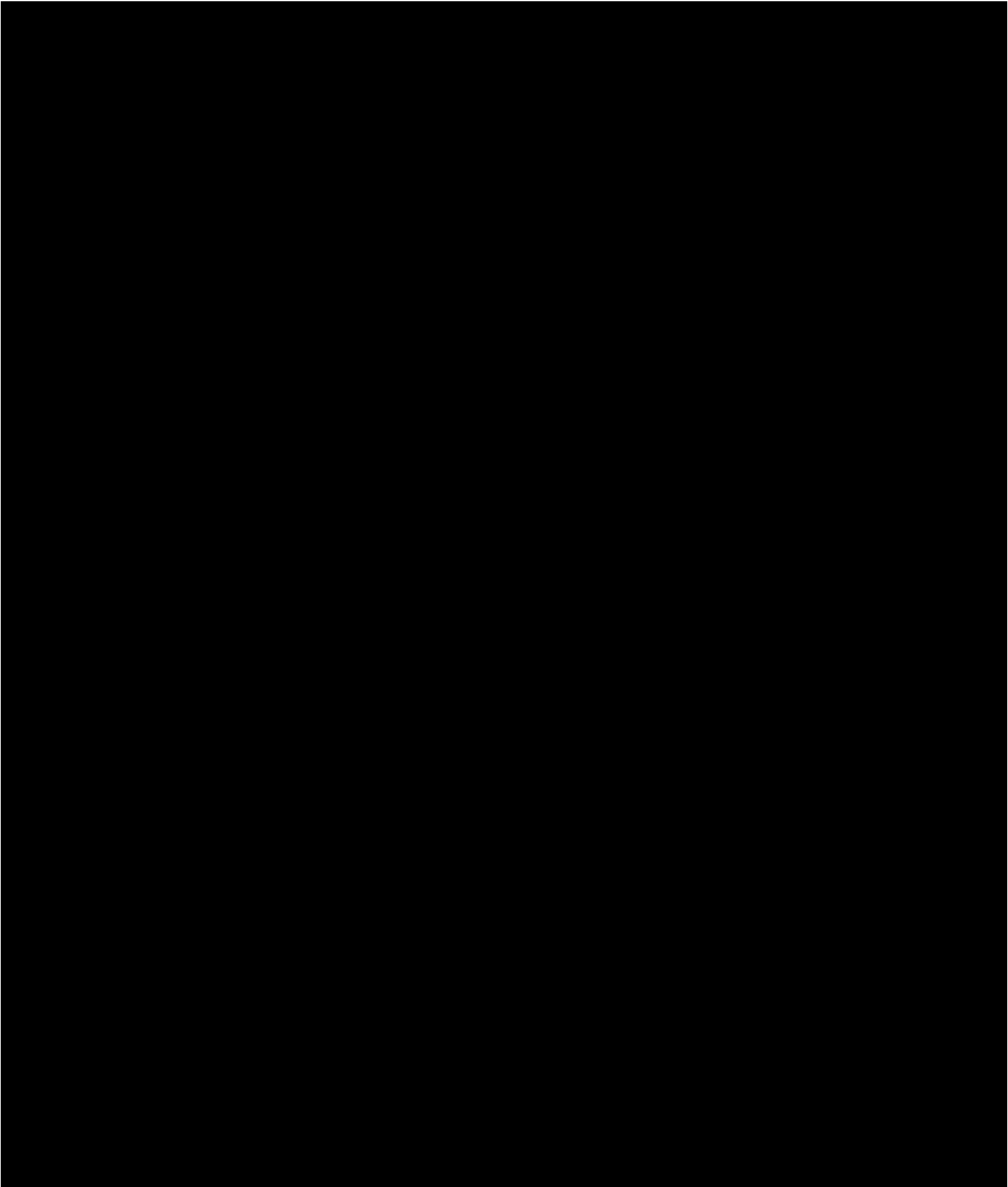


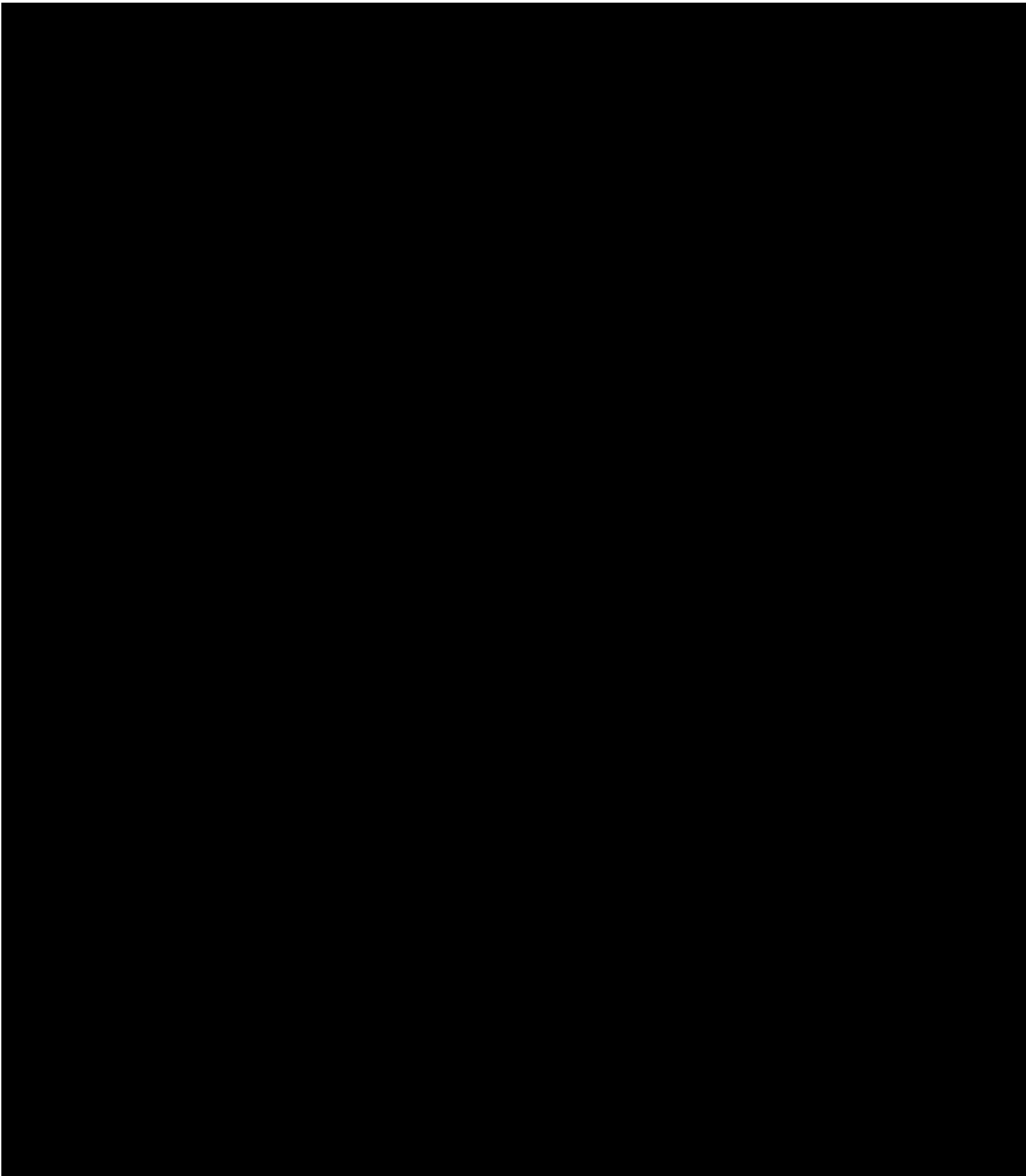
Appendix F.3.1 Genomas

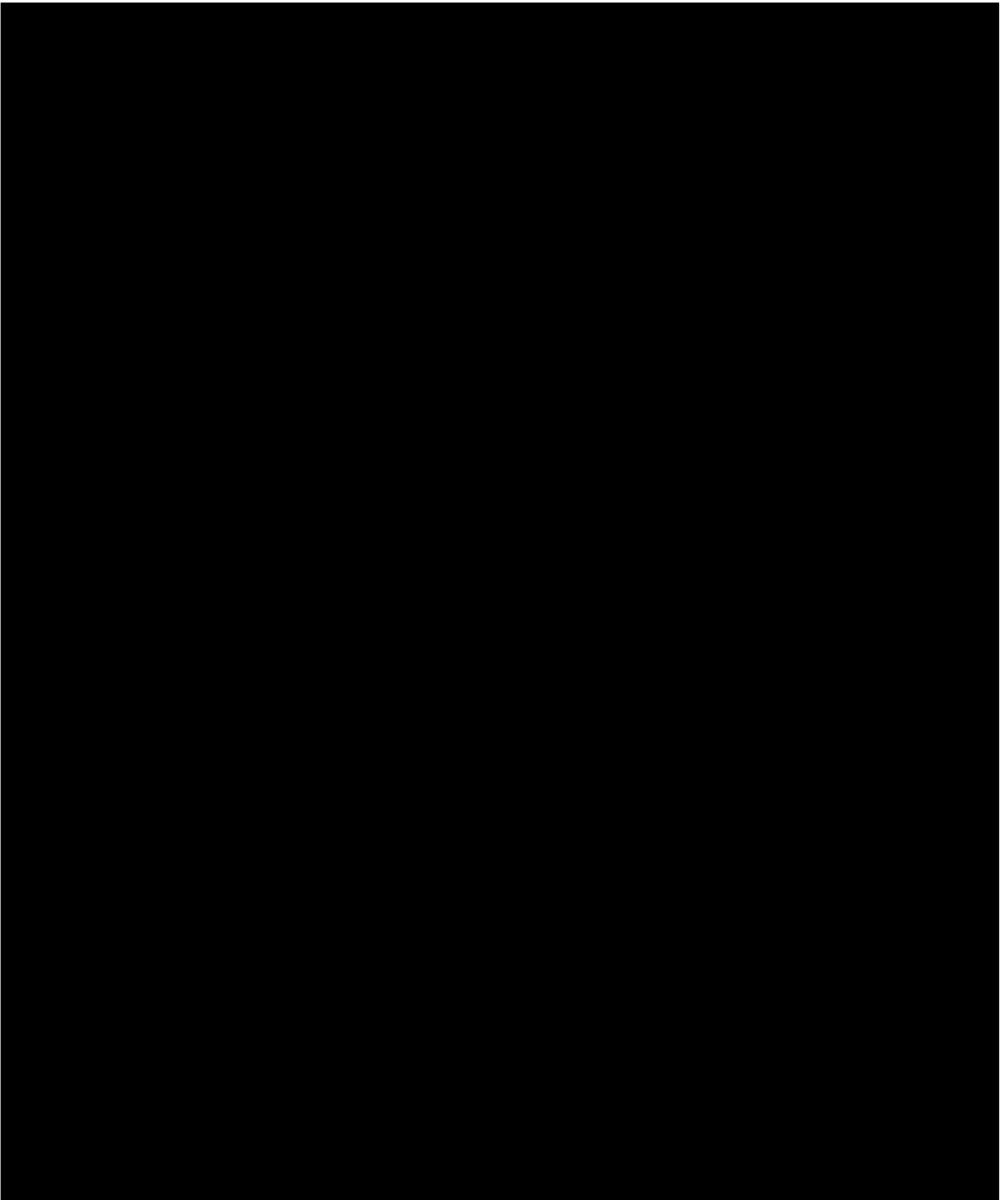
**MEMORANDUM OF UNDERSTANDING
BETWEEN
GENOMAS INC. AND C-3 VENTURES LLC**

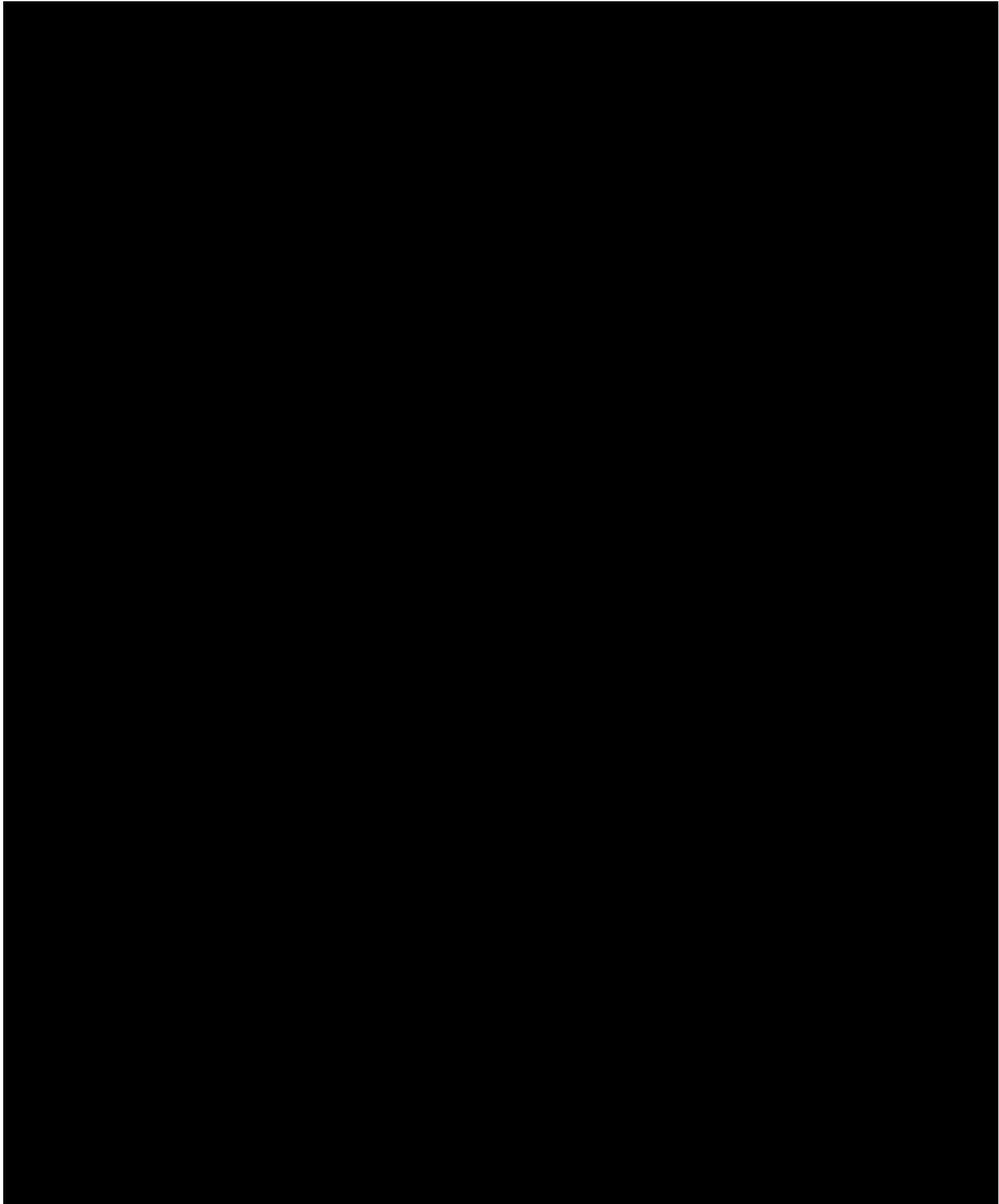


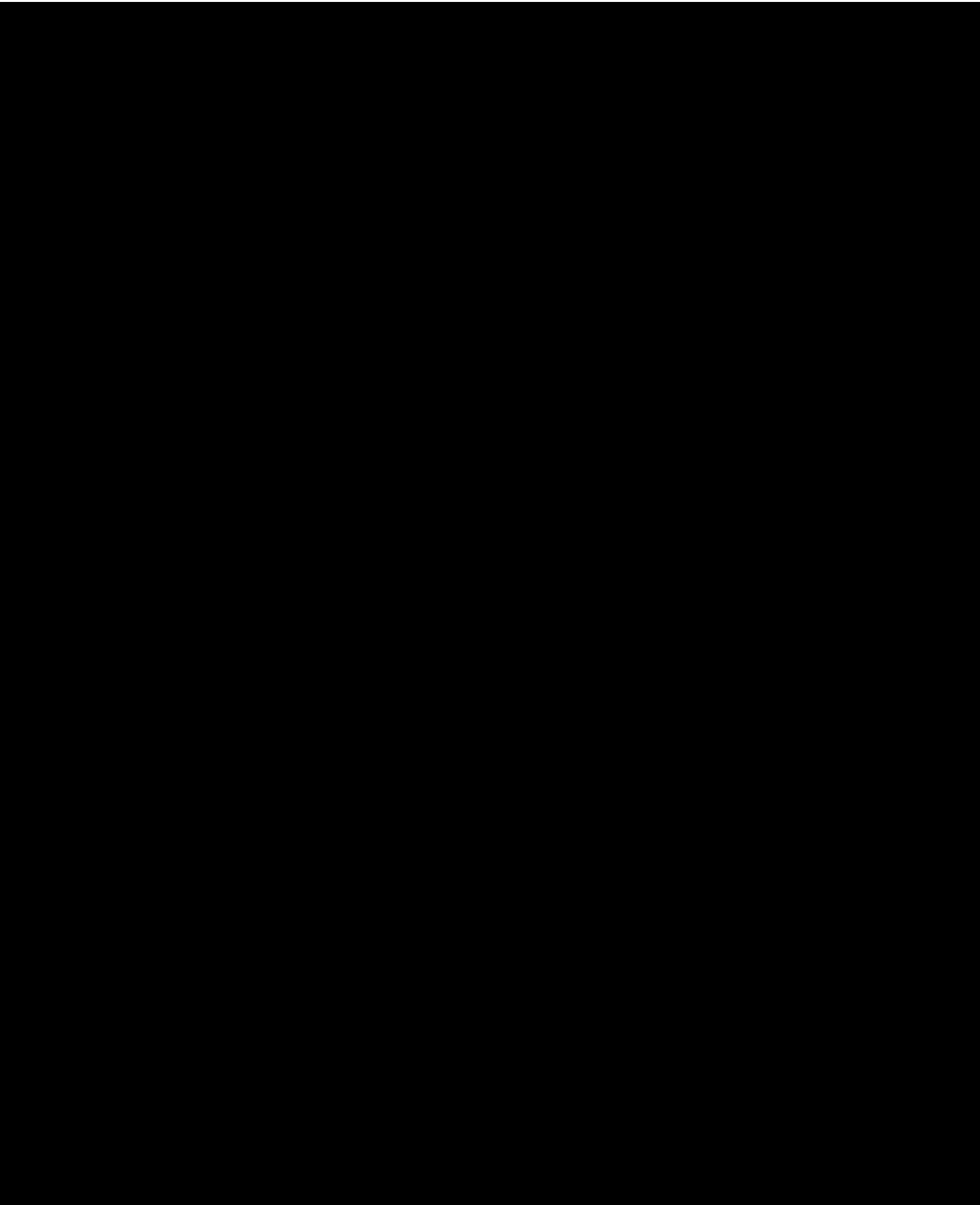


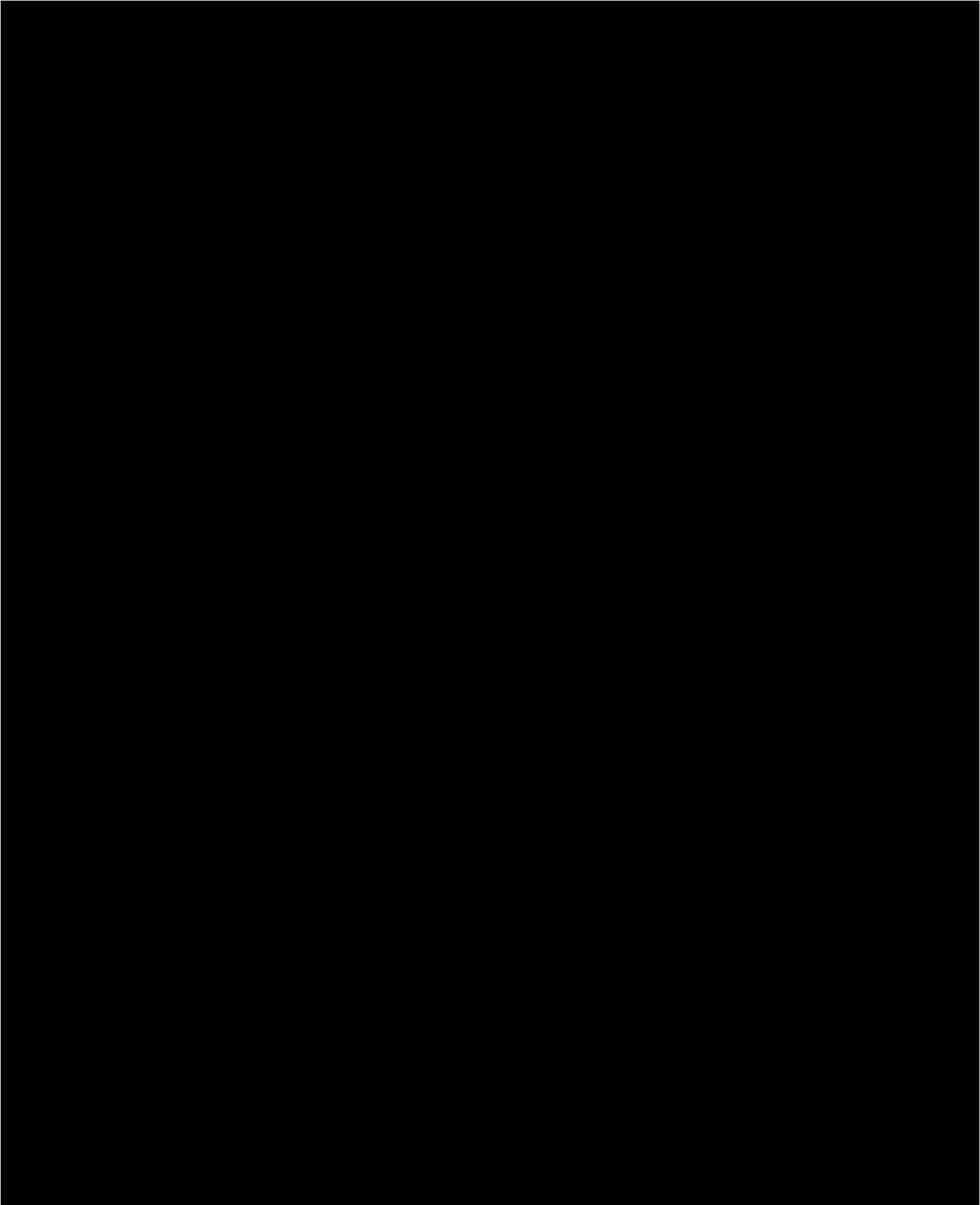


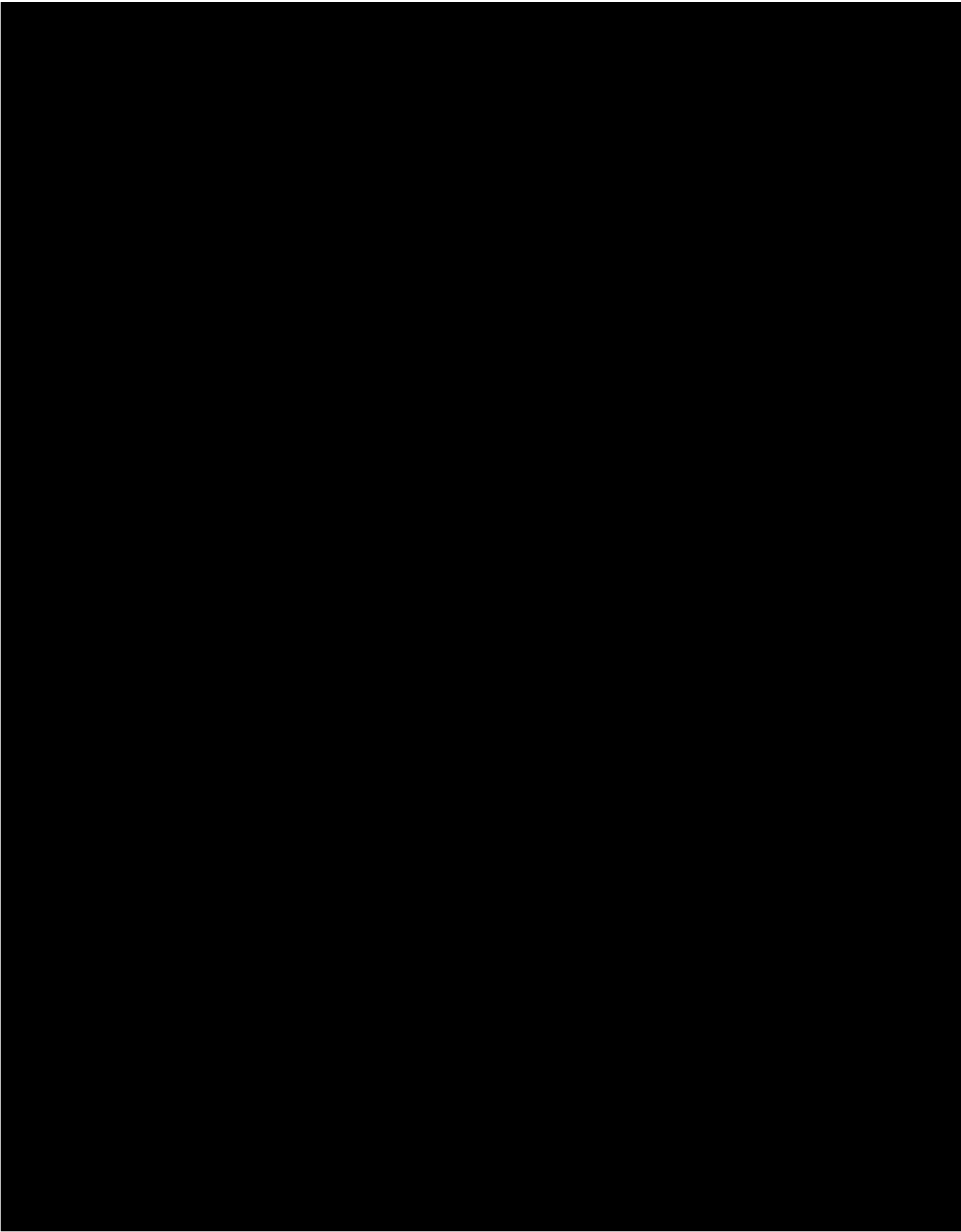


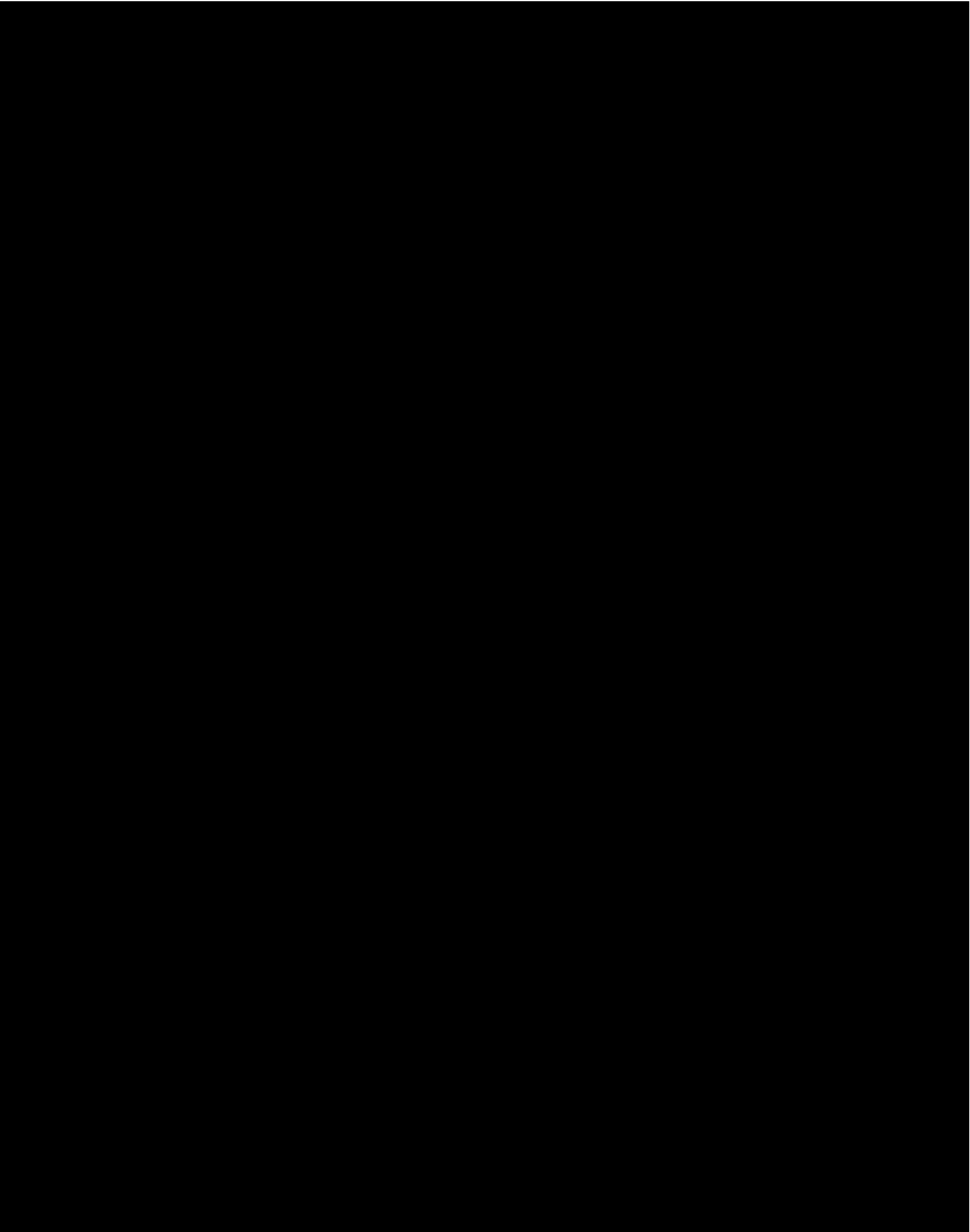




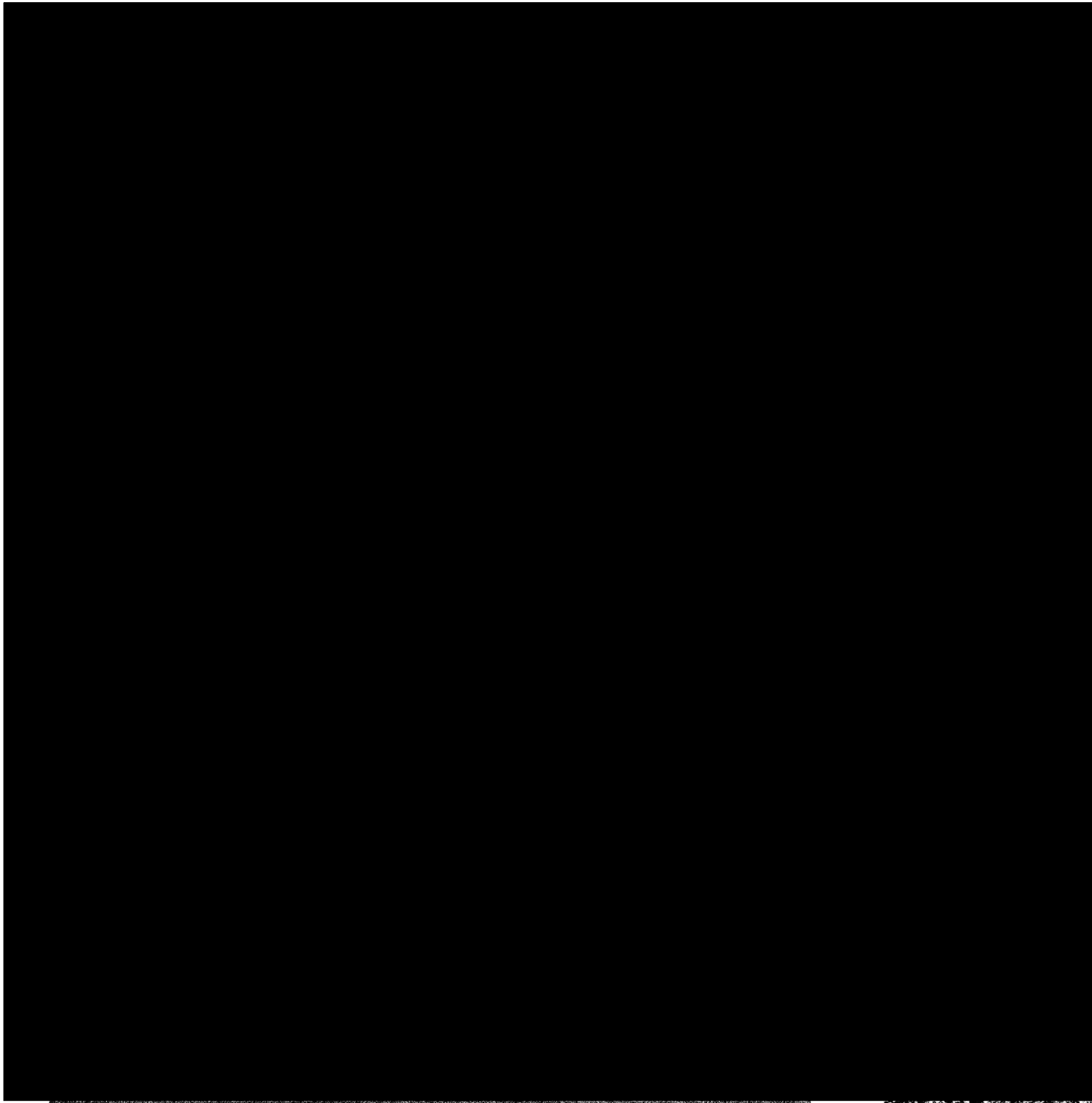








Appendix F.3.2 PotBotics

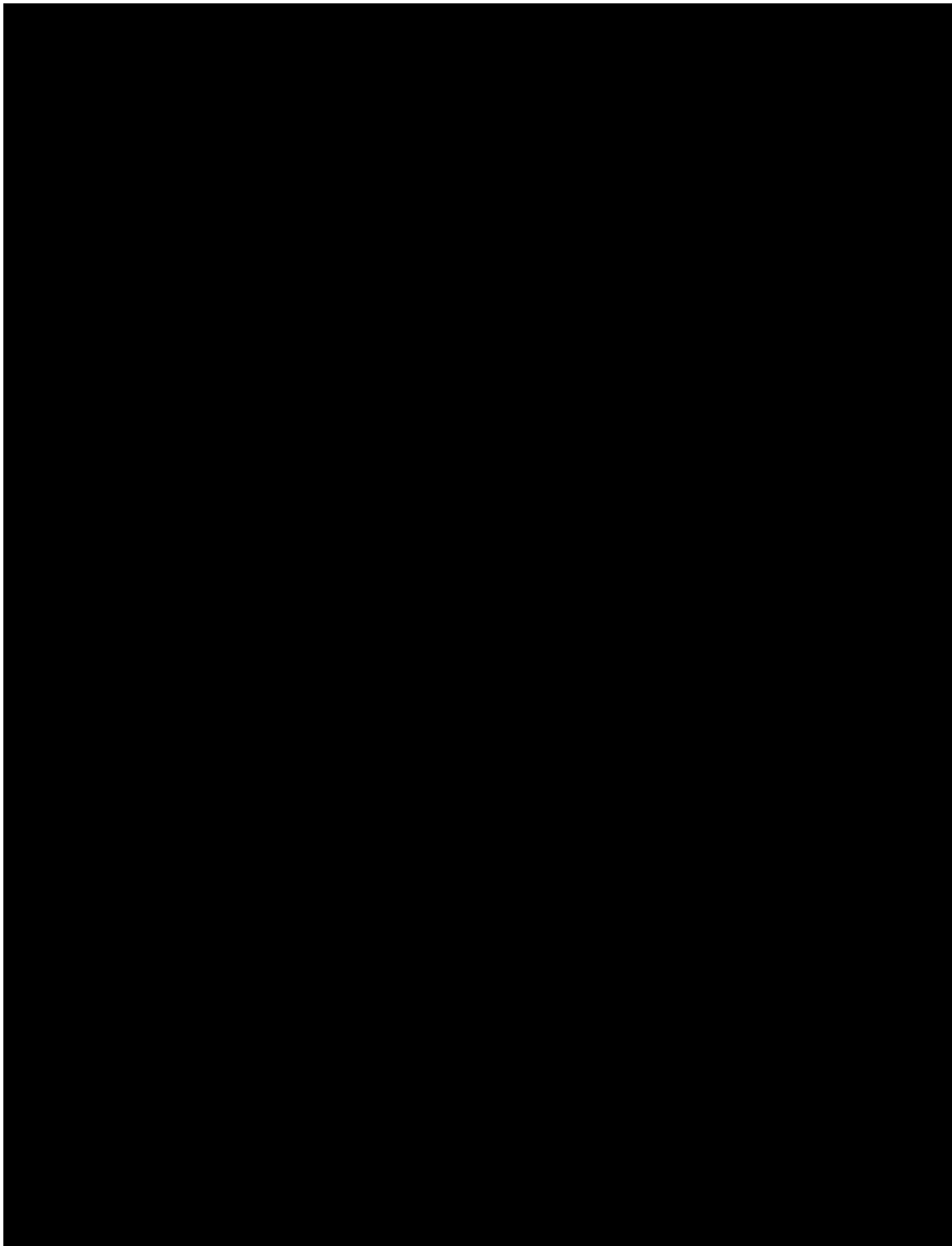


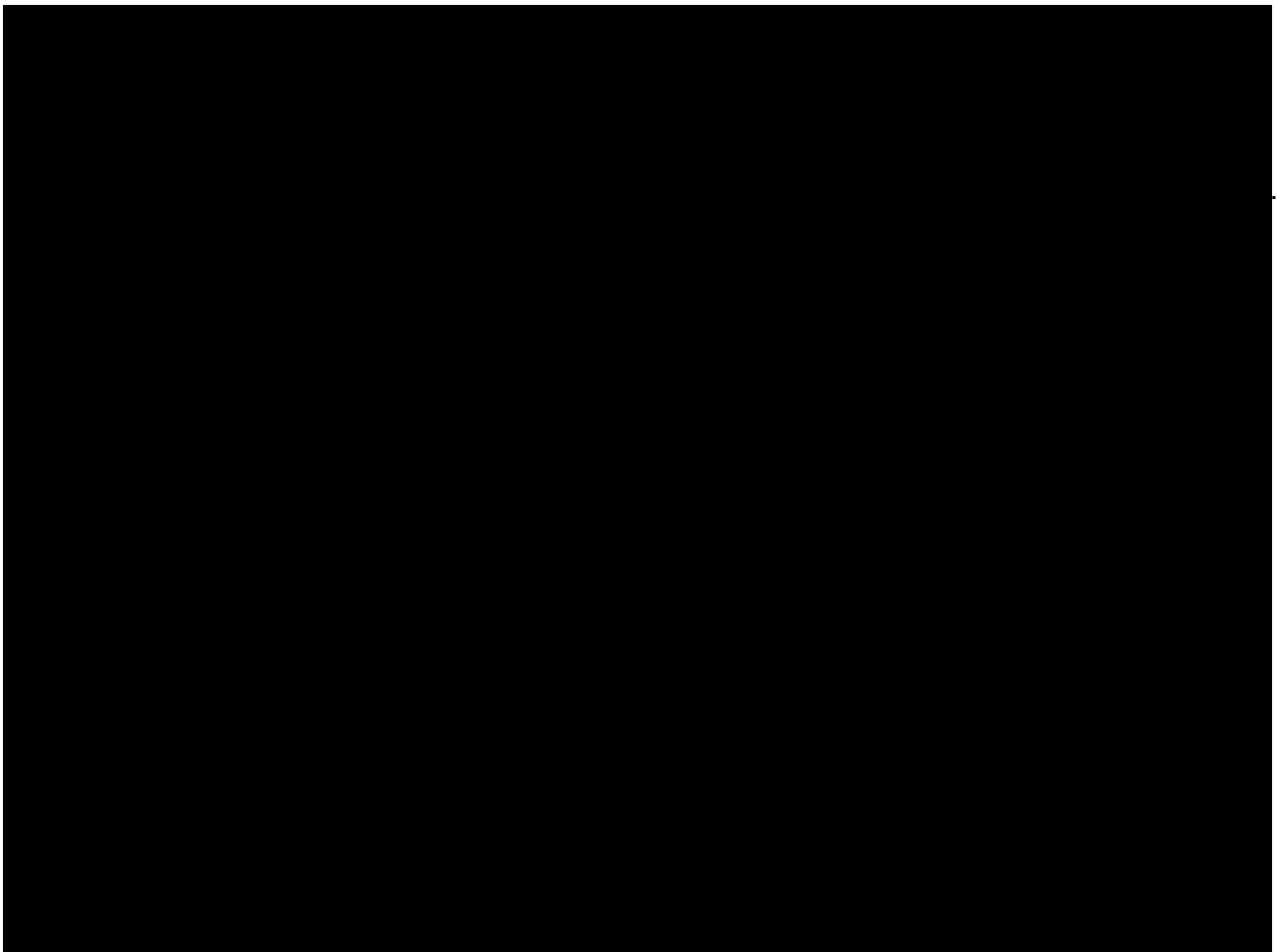
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[Click here to learn more >](#)

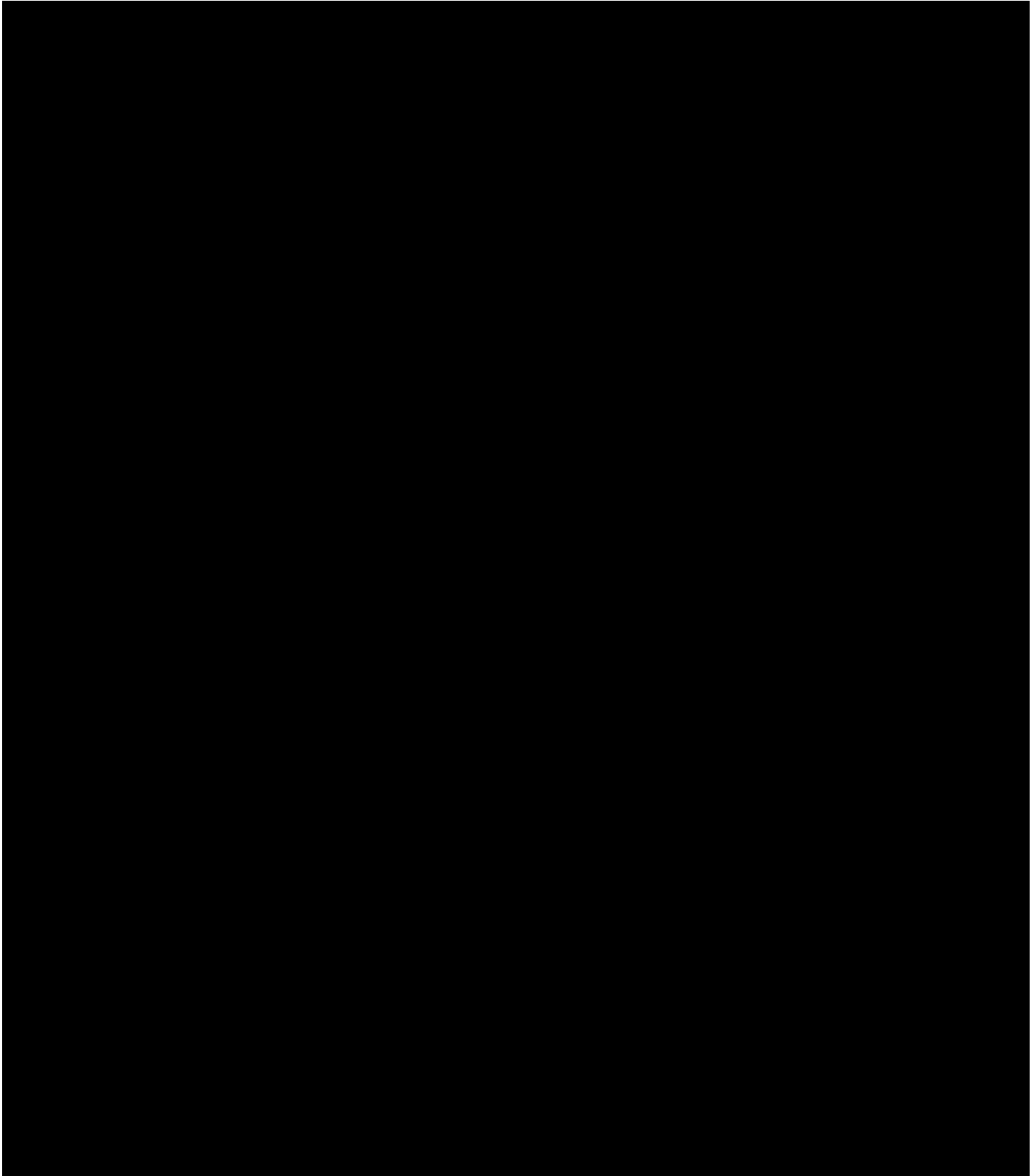
Appendix F.3.3 CPA

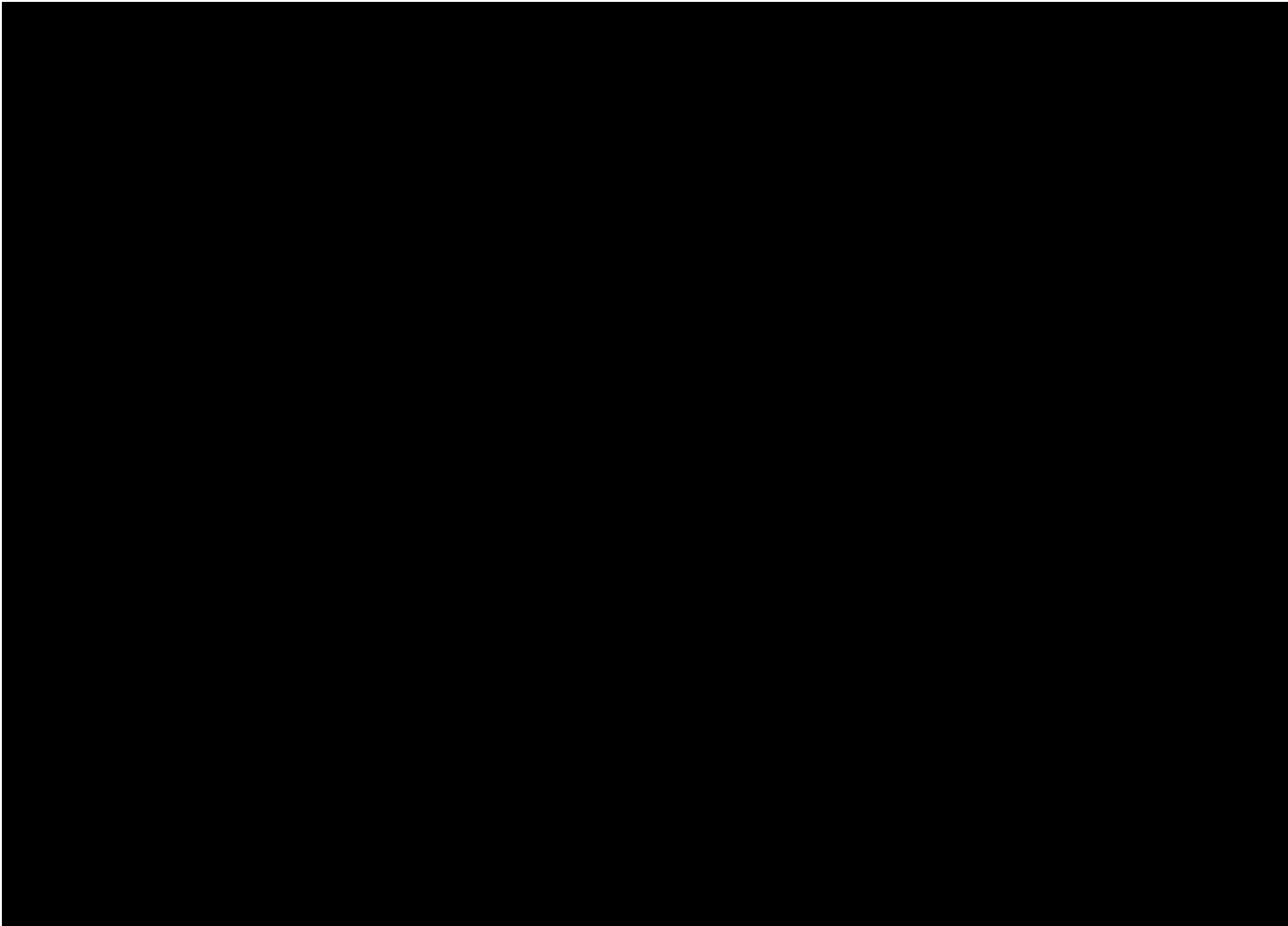




Section F.4
Community Benefits Plan

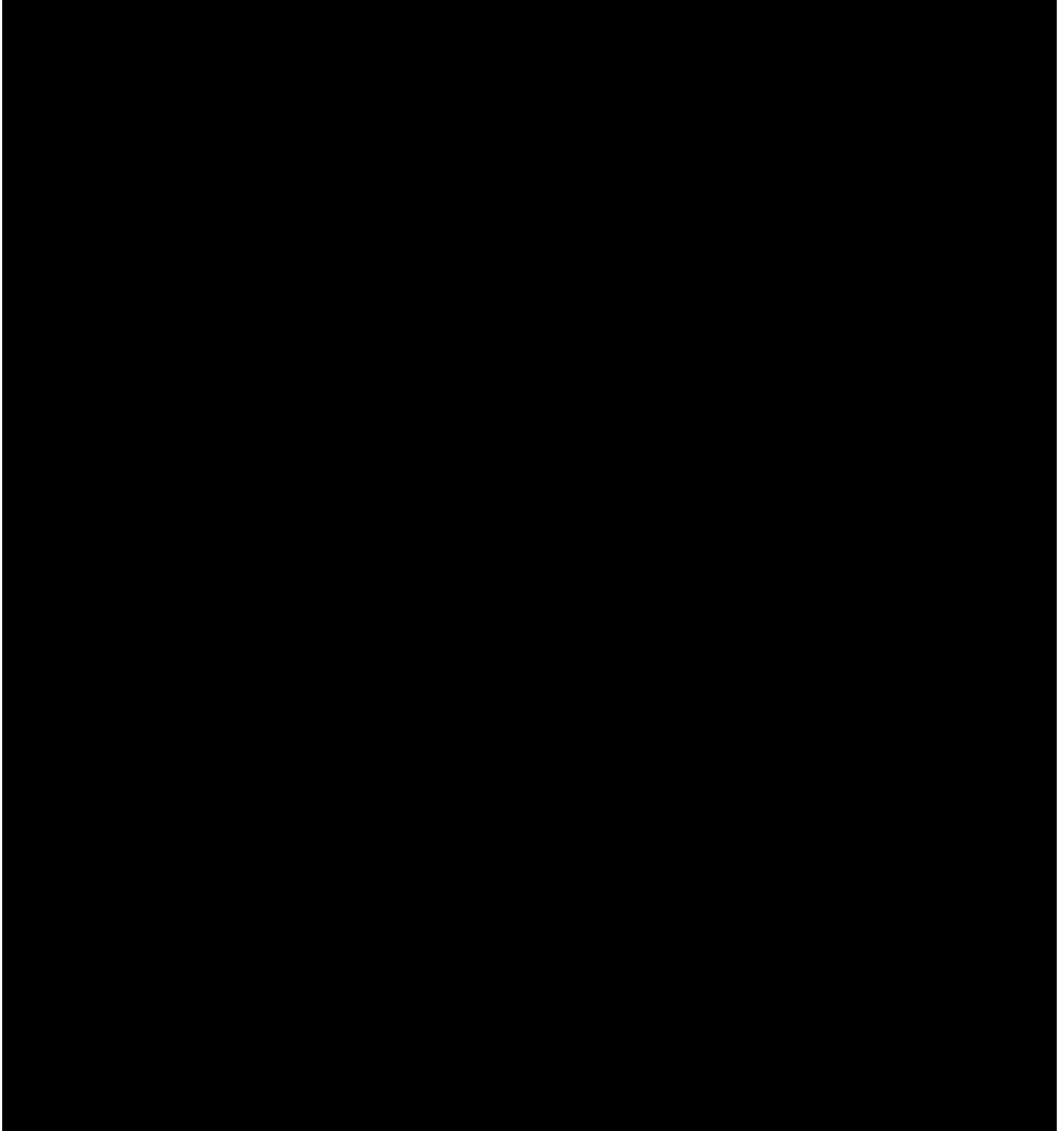
4. Community Benefits Plan: Provide the Department with a detailed description of any plans you have to give back to the community either at a state or local level if awarded a dispensary license.

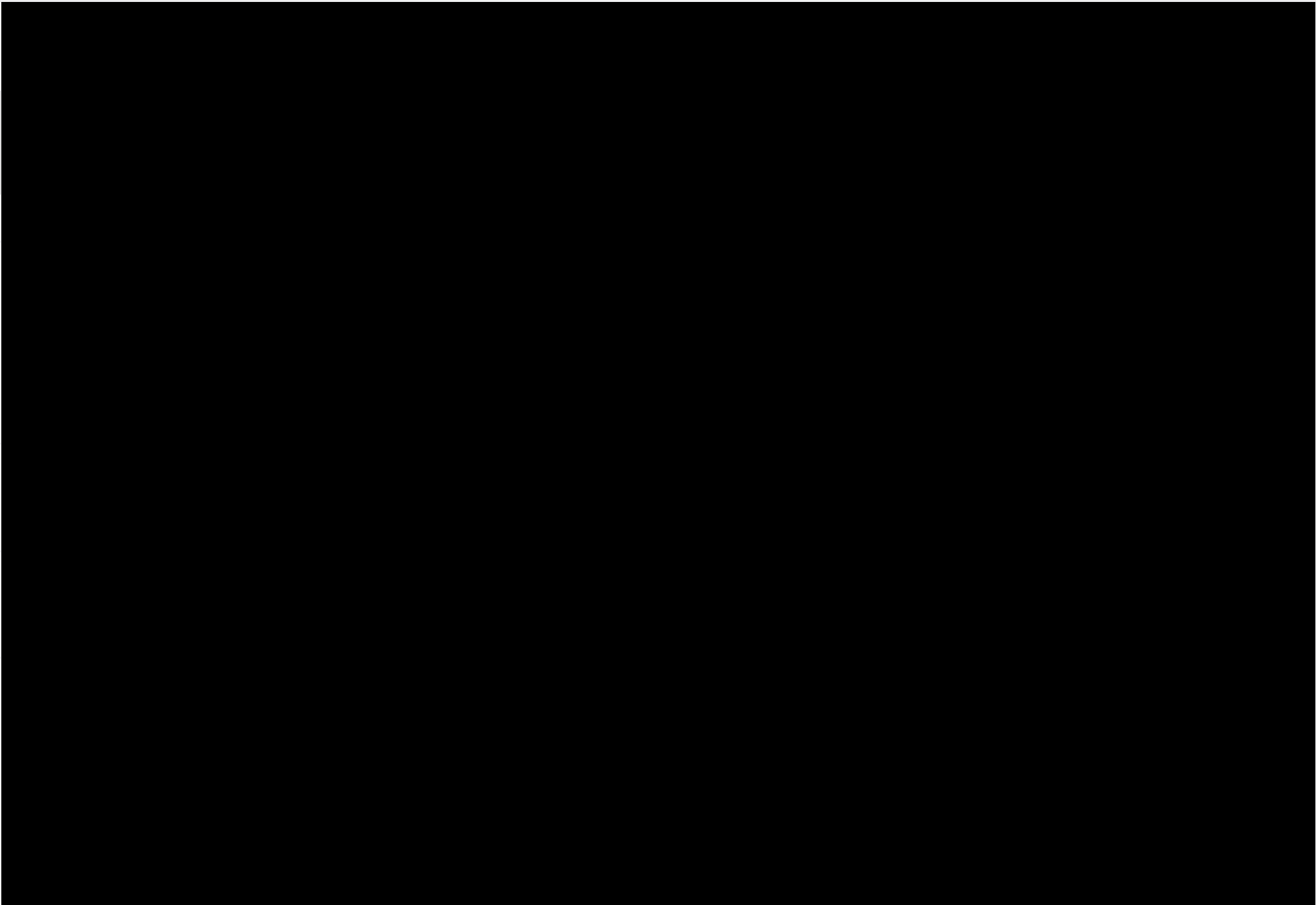


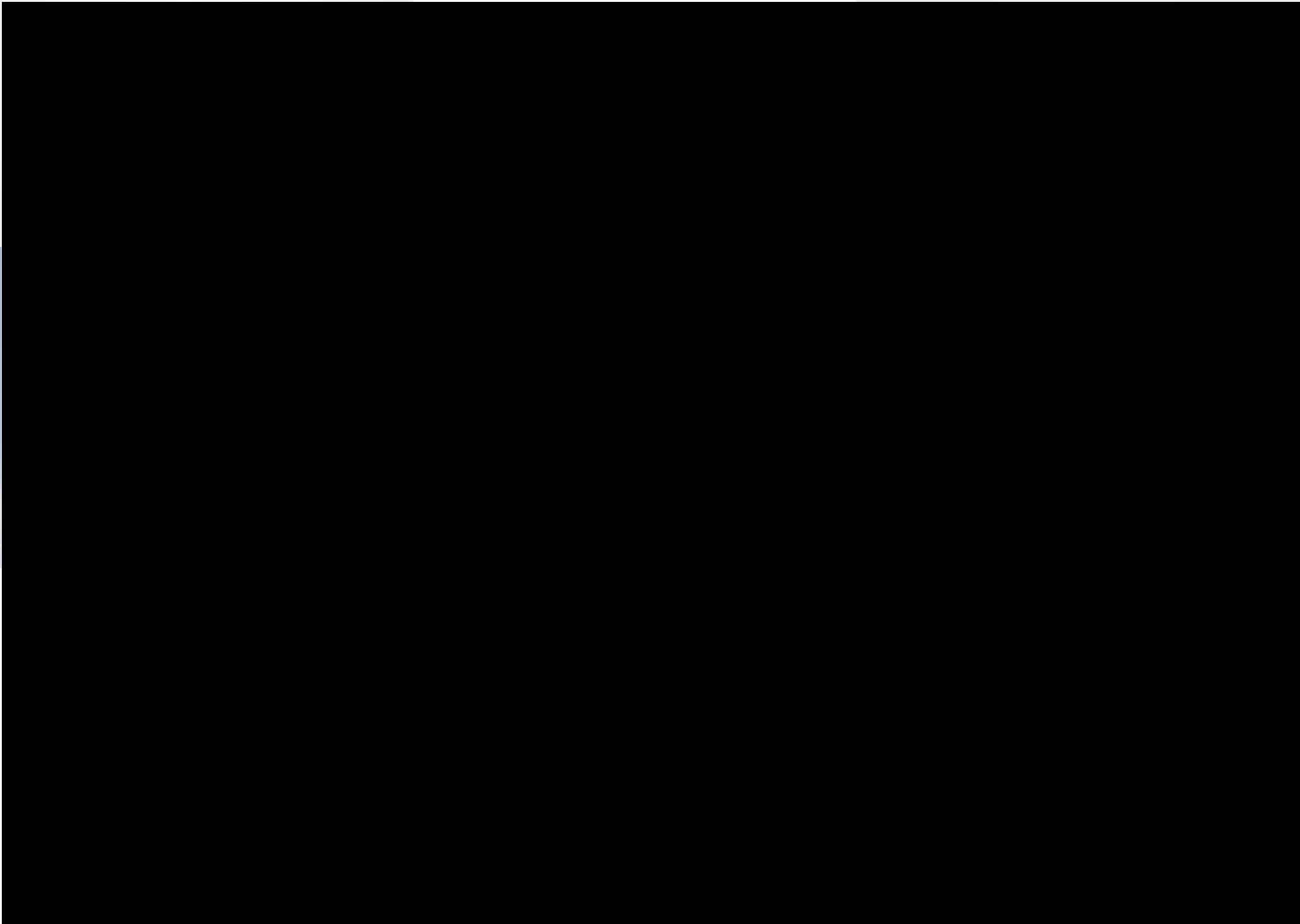


Section F.5
Substance Abuse Prevention Plan

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







Bridges Fact Sheet

