

**Hancock Dispensary Inc.
Medical Marijuana Program
Dispensary Facility License
Application**

COPY

11/15/13



GREGORY L. HANCOCK
840 E MAIN ST
MERIDEN, CT 06450-6008

311

11/15/13

Date

51-110/211
BRANCH 96866

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For medical marijuana
[Redacted]

Gregory Hancock

MP

Hancock Dispensary Inc.

Medical Marijuana Program Dispensary Facility License Application

A. Business Information of Applicant

1. Dispensary Facility Information Form – Appendix A – 6 pages included

Dispensary Facility Backer Information Form – Appendix B – 15 pages included

Directors, Owners, Officers or Other High-Level Employees Background
Information Form – Appendix C – 8 pages included

Dispensary Facility Manager Information Form – Appendix D – 2 pages included

Backers Members Authorization for Release of Personal History Form –
Appendix E – 5 pages included

2. Summary of Applicant's Qualifications, Experience & Industry Knowledge

Gregory Hancock is the president and owner of Hancock Dispensary Inc., a new corporation created to run a medical marijuana dispensary. Gregory is a licensed pharmacist in Connecticut and has been in the pharmacy business for 29 years. He is the current owner and president of Hancock Pharmacy & Surgical, Inc. in Meriden and Hancock Pharmacy at Long Wharf, Inc. located in New Haven.

Hancock Pharmacy & Surgical Inc. (aka Hancock's) is an independent, family owned, full service pharmacy and surgical supply center. Located at 840 East Main Street in Meriden, the facility has been serving the State of Connecticut for over 50 years; open every day, including all major holidays.

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Their 25,000+ square-foot facility allows the company to provide a wide variety of products and services to the public. Hancock's offers more than customary pharmaceutical services. They have a home care department which includes durable medical equipment, ostomy, diabetic specialties and statewide delivery with a radio-dispatched fleet of 18 vehicles. Delivery service through a fleet of company-owned vehicles runs 18 hours a day for customer convenience. Additionally, the Meriden location is fully operational with generator power in the event of an emergency and their affiliated location in New Haven allows for continued service in the event of an extreme emergency in Central Connecticut.

Hancock's state-of-the-art pharmacy serves both retail and long-term care facilities throughout Connecticut. Hancock's specializes in servicing the needs of 150 facilities including skilled nursing facilities, group homes, hospitals, assisted living facilities, residential care homes and institutes. Servicing these facilities is the driving desire for the medical marijuana dispensary. Hancock's supports hospice care all over the State of Connecticut. Hancock's has been effectively dispensing narcotics for over 50 years in full compliance with Connecticut's pharmaceutical statutes. Hancock's wants to be able to assist their customers' going forward when traditional pain management protocols (opiates, benzodiazepines, morphine and related products) are ineffective and medical marijuana may be the drug of last choice to manage their pain through the end of life. Hancock's wants to be able to meet this need for the community.

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Customer service is a priority at Hancock's, a tradition that was started by Stanley J. Hancock in 1959 when he opened the pharmacy. Since then, Gregory has built a business that meets the needs of all customers, all the time – day or night, good weather or bad. His knowledge of the pharmaceutical business and his commitment to his customers has gained him statewide respect and recognition. Gregory is requesting a Connecticut license to run a medical marijuana dispensary in Central Connecticut, in order to meet the needs of his customers, when all traditional pharmaceuticals are ineffective. Marijuana is the one pharmaceutical Hancock's cannot currently offer its customers to manage their pain. If granted this opportunity, Gregory Hancock will be able to effectively service his customers in the State of Connecticut, in all capacities, as they have for over 50 years.

3. Financial Elements & Business Transactions Related to This Application

Gregory Hancock has invested personal time and financial resources into researching the requirements of a medical marijuana dispensary in the City of Meriden. He has engaged architectural services to design a secure facility on property he owns, adjacent to his Meriden pharmacy. He has engaged legal counsel to gain planning and zoning approval for the facility, with full expansion capabilities; to create the new company; and to provide guidance on the Medical Marijuana Program – Dispensary Facility RFA. Below is a list of the expenditures incurred to support this application:

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- Legal & Accounting Fees - \$5,000
- Architect - \$2,000
- Application Fee - \$1,000

B. Location & Site Plan

1. Hancock Dispensary Inc., a medical marijuana dispensary facility, will be located at 29 Gravel Street, Suite B, Meriden, Connecticut 06450.
2. Gregory Hancock has received approval from the City of Meriden for the above stated location to serve as a medical marijuana dispensary facility. Please see Exhibit 1 for a letter from the City of Meriden Planner.
3. The property located at 29 Gravel Street, Meriden, Connecticut is owned by Gregory Hancock.
4. Please see Exhibit 2 for a drawing of the proposed exterior of the medical marijuana dispensary. Exhibit 3 is the proposed City of Meriden police department substation that will be located adjacent to the proposed dispensary and the existing Hancock Pharmacy & Surgical Inc. location.
5. Please see Exhibit 4 for photographs of the surrounding neighborhood and businesses.
6. Please see Exhibit 5 for a site plan of the dispensary facility.
7. Please see Exhibit 6 for a map of all places used primarily for religious worship, public or private school, convent, charitable institution, hospital or veteran's

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home, or any camp or military establishment that are within 1000 feet of the proposed dispensary.

8. Please see Exhibit 7 for a blueprint of the proposed dispensary facility, detailing the following requested information:

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

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- k. The location of all areas that may contain marijuana and marijuana products showing the location of walls, partitions, counters and all areas of ingress and egress.

C. Proposed Business Plan

1. Detailed Description of all products intended to be offered by the dispensary during the first year of operation:

- A range of strains of medical marijuana to be sold in different quantity options at competitive prices
- A variety of sizes of rolling papers in retail packaging.
- Other various related paraphernalia
- Hancock Dispensary, Inc. will expand product lines available as regulations allow

2. Detailed Description of all services intended to be offered by the dispensary during the first year of operation:

- Pharmacist on staff available for pharmacy consultations
- Massage Therapy
- Acupuncture
- Immunizations
- Emergency pharmacist on call
- Available space within building to expand to a 14,000 square foot facility for added services and capacity

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3. Detailed Description of the Dispensary Access

The dispensary facility will have a main entrance on 29 Gravel Street. Upon entering the facility, qualifying patients and primary caregivers will be greeted by a receptionist and/or a security guard. They will then be directed to the dispensary waiting room and window for service. Employees will access the building and the secured dispensary department via key card entry. The building and the dispensary department will have a full security system including cameras, hold-up buttons, smoke, fire, and motion detectors, low and high temperature alarms and central station monitoring. In addition, Gregory Hancock is proposing a City of Meriden Police Department Sub-Station on the property adjacent to the dispensary.

4. All dispensary features, as indicated on Exhibit 5, will provide compliant accessibility for qualifying patients and primary caregivers as required by the Americans with Disabilities Act.
5. An air treatment or other system will be installed as necessary to reduce the off-site odors.
6. Marijuana and marijuana products will be delivered to the dispensary facility via a rear, secured, employee only, entrance to the building. Deliveries will be scheduled and two employees will be present to accept the deliveries under the supervision of the managing pharmacist. Internal control logs and pharmaceutical computer software will be utilized to manage inventory, track scripts and account for dispensed marijuana. Protocols will be developed with

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security professionals and the local police to protect against and avoid any diversion, theft or loss of marijuana.

7. All dispensary facility personnel will be trained in the new and developing procedures of dispensing marijuana. All employees will participate in continuing education as it becomes available in this developing field.
8. Internal control processes will be developed to track and account for the marijuana in a similar manner as current category 2 narcotics. Protocols will be developed with security professionals and the local police to protect against and avoid any diversion, theft or loss of marijuana.

D. Proposed Marketing Plan

Hancock Dispensary Inc. has not invested financial resources in a marketing plan at this time. Upon acceptance of this license application, Gregory Hancock will engage professional vendors to develop a marketing plan and design a web site and educational materials such as brochures and promotional items.

E. Financial Statements and Organizational Structure

1. Articles of Incorporation are included at Exhibit 8. Hancock Dispensary Inc.'s preliminary corporation by-laws are included at Exhibit 9.
2. A preliminary Organization Chart is included at Exhibit 10. Attached to Exhibit 10 are the resumes of Gregory Hancock, President and sole shareholder of Hancock Dispensary Inc. and Cynthia Huge, the Pharmacy Manager of Hancock Dispensary Inc.

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3. Cynthia Huge, the Pharmacy Manager, will be responsible for all information security requirements, including the requirement for patient confidentiality. Her resume is attached to Exhibit 10 as noted above.
4. Compensation agreements will be drafted between Cynthia Huge and Hancock Dispensary Inc. upon the acceptance of this license application. Facility backers, directors, owners and other high-level employees will not be initially compensated. Compensation for Gregory Hancock will be contingent of the strength and success of the business.
5. Hancock Dispensary Inc. has no outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness. Gregory Hancock is financing this initiative with his personal resources.
6. Hancock Dispensary Inc. is a newly created company. Financial statements from a previous year are not applicable.
7. Gregory Hancock's federal and state tax returns for 2012, 2011 and 2010 are provided at Exhibits 11, 12 and 13 respectively.
8. Hancock Pharmacy & Surgical Inc.'s 2012 federal and state tax returns are provided at Exhibit 14. Hancock Realty Corporation's 2012 federal and state tax returns are provided at Exhibit 15. Hancock Pharmacy at Long Wharf, Inc.'s 2012 federal and state tax returns are provided at Exhibit 16.



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Appendix A

Dispensary Facility License Information Form

Section A: Business Information

1. Applicant business type:						
<input type="checkbox"/> Sole Proprietorship	<input checked="" 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 Applicant: HANCOCK DISPENSARY INC.						
3. Trade Name of Applicant: HANCOCK DISPENSARY INC.						
4. Applicant's Business Address: 29 GRAVEL STREET, SUITE B						
5. City: MERIDEN				6. State: CT	Zip Code: 06450	
8. Daytime Telephone Number: (203) 235-6323			9. E-mail Address: greg@hancockpharmacy.com			
10. Applicant's Mailing Address (if different than business address):					11. City:	
12. State:	13. Zip Code:	14. Daytime Telephone Number:		15. Fax Number:		

Section B: Contact Information

All communications from the department regarding this application will be sent to your primary contact and alternate contact, if one is designated. We will assume that you receive all communications sent to your designated contact(s) and it will be your responsibility to notify us if any of their contact information changes.

16. Name of Primary Contact: GREGORY HANCOCK		17. Primary Contact Title: PRESIDENT	
18. Primary Contact E-mail Address: greg@hancockpharmacy.com		19. Primary Contact Telephone Number: (203) 235-6323	
20. OPTIONAL - Name of Alternate Contact:		21. Alternate Contact Title:	
22. Alternate Contact E-mail Address:		23. Alternate Contact Telephone Number:	

Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation: NOVEMBER 13, 2013	25. Place of Formation/Incorporation: CONNECTICUT
26. Registered with the Connecticut Secretary of State: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Sale and Use Tax Permit Number: <i>applied for. See temporary permit attached</i> Provide a copy of your Sale and Use Tax permit with your application.



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Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address: 29 GRAVEL STREET, SUITE B			29. City: MERIDEN
30. State: CT	31. Zip Code: 06450	32. Telephone Number: (230) 235-6323	33. Fax Number: (203) 235-2411
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: GREGORY HANCOCK	

Section E: Business Association Information

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

Section F: Proposed Dispensary Department Hours

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

Monday	10:00 AM	to	6:00 PM	Friday	10:00 AM	to	6:00 PM
Tuesday	10:00 AM	to	6:00 PM	Saturday	10:00 AM	to	1:00 PM
Wednesday	10:00 AM	to	6:00 PM	Sunday	CLOSED	to	
Thursday	10:00 AM	to	6:00 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	10:00 AM	to	1:00 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: HANCOCK PHARMACY & SURGICAL INC.	44. Time Period: 5/1/1959-PRESENT
HANCOCK REALTY CORPORATION	5/1/1959-PRESENT
HANCOCK PHARMACY AT LONG WHARF INC.	3/11/2011-PRESENT
HANCOCK LTC INC.	6/13/2013-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: 840 EAST MAIN STREET, MERIDEN, CT 06450	46. Time Period: 5/1/1959-PRESENT
840 EAST MAIN STREET, MERIDEN, CT 06450	5/1/1959-PRESENT
1 LONG WHARF DRIVE, NEW HAVEN CT 06511	3/11/2011-PRESENT
29 GRAVEL STREET SUITE B, MERIDEN, CT 06450	6/13/2013-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: GREGORY HANCOCK	48. Percentage of ownership: 100%
HANCOCK PHARMACY & SURGICAL INC.	100% OWNED BY G.HANCOCK
HANCOCK REALTY CORPORATION	100% OWNED BY G.HANCOCK
HANCOCK PHARMACY AT LONG WHARF INC.	100% OWNED BY G.HANCOCK
HANCOCK LTC INC.	100% OWNED BY G.HANCOCK



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

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

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

Create additional copies of this page if necessary.

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

49. Name (First, Middle, Last):	50. Title:	51. Role:
GREGORY L. HANCOCK	PRESIDENT	PHARMACIST
CYNTHIA HUGE		PHARMACIST MANAGER

Section K: Financial Statement

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

52. Expense Item:	53. Cost: \$	54. Source of Funds:
ACCOUNTING & LEGAL FEES	\$ 5,000	GREGORY HANCOCK
PROFESSIONAL ARCHITECT	\$ 2,000	GREGORY HANCOCK
	\$	
	\$	
	\$	
	\$	
	\$	

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: JAMES DORSEY, EXPERT SECURITY SYSTEMS	
56. Primary Security Company Address (including Apartment or Suite #): PO BOX 2272	57. City: MERIDEN



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58. State: CT	59. Zip Code: 06450	60. Telephone Number: (203) 634-4518	61. Fax Number:
62. E-mail Address:			
63. Backup Security Company Name (if applicable): PROPOSED POLICE SUB-STATION ON PROPERTY			
64. Backup Security Company Address (including Apartment or Suite #):			65. City:
66. State:	67. Zip Code:	68. Telephone Number:	69. Fax Number:
70. E-mail Address:			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.			

Section M: Legal Proceedings

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

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

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

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

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

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

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

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

Section N: Criminal Actions

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

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



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Section O: Criminal Background Check

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

77. Signature:



Gregory Hancock

78. Date Signed:

11-14-13

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

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

79. Signature:



Gregory Hancock

80. Date Signed:

11-14-13

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES



**Temporary Permit for
Sales and Use Tax**

Do **NOT** mail to the Department of Revenue Services

This temporary permit must be displayed for customers to see and is not assignable or transferable.

**Confirmation
Number*:**



Organization Name: HANCOCK DISPENSARY INC

**Business Trade
Name:** HANCOCK DISPENSARY

Business Address: 29 GRAVEL ST, STE B
MERIDEN, CT 06450

This temporary permit will expire on 12/05/2013.

* This number will act as your temporary tax registration number. It will be replaced when you receive your registration confirmation package in the mail.

Your registration package will include information on electronic options available in our Taxpayer Service Center (TSC). In a separate envelope, you will also be receiving a personal identification number (PIN) which will allow you access to the TSC. Once you receive your PIN, we encourage you to take advantage of our electronic services.

Please contact the DRS Registration Section at (860) 297-4885 if you do not receive your registration confirmation package by the 15th business day following completion of REG-1 OL.



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Gregory L. Hancock

3. Trade Name of Backer (if applicable):

N/A

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

189 Mile Creek Road

5. City:

Old Lyme

6. State:

CT

7. Zip Code:

06371

8. Daytime Telephone Number:

(203) 235-6323

9. Fax Number:

(203) 235-2411

10. E-mail Address:

greg@hancockpharmacy.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):	GREGORY L. HANCOCK	12. Percentage of ownership	100%



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Section C: Licenses, Permits and Registrations

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

13. State CT	14. Issue Date (month/year): 02/12 Expiration Date (month/year): 01/14	15. Type: PERSONAL	16. Number: 6281
17. State CT	18. Issue Date (month/year): 09/13 Expiration Date (month/year): 08/14	19. Type: COMPANY	20. Number: 892

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:



Gregory Henrich

27. Date Signed:

11-14-13

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

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

28. Signature:



Greg Henrich

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:						
<input type="checkbox"/> Sole Proprietorship	<input checked="" 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: Hancock Pharmacy & Surgical Inc.						
3. Trade Name of Backer (if applicable): Hancock Pharmacy & Surgical Inc.						
4. Street Address (including Apartment or Suite #): 840 East Main Street						
5. City: Meriden				6. State: CT	7. Zip Code: 06450	
8. Daytime Telephone Number: (203) 235-6323		9. Fax Number: (203) 235-2411			10. E-mail Address: greg@hancockpharmacy.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): GREGORY L. HANCOCK	12. Percentage of ownership 100%



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Section C: Licenses, Permits and Registrations

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

13. State CT	14. Issue Date (month/year): 02/12 Expiration Date (month/year): 01/14	15. Type: PERSONAL	16. Number: 6281
17. State CT	18. Issue Date (month/year): 09/13 Expiration Date (month/year): 08/14	19. Type: COMPANY	20. Number: 892

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:



Gregory Hencock

27. Date Signed:

11-14-13

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

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

28. Signature:



Gregory Hencock

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:						
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liability Partnership	Unincorporated Association	Other: _____
2. Legal Name of Backer: Hancock Realty Corporation						
3. Trade Name of Backer (if applicable): Hancock Realty Corporation						
4. Street Address (including Apartment or Suite #): 840 East Main Street						
5. City: Meriden				6. State: CT	7. Zip Code: 06450	
8. Daytime Telephone Number: (203) 235-6323		9. Fax Number: (203) 235-2411			10. E-mail Address: greg@hancockpharmacy.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): GREGORY L. HANCOCK	12. Percentage of ownership 100%



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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 N/A	14. Issue Date (month/year): Expiration Date (month/year):	15. Type:	16. Number:
17. State N/A	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:



Gregory Hancock

27. Date Signed:

11-14-13

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

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

28. Signature:



Gregory Hancock

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:						
<input type="checkbox"/> Sole Proprietorship	<input checked="" 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: Hancock Pharmacy at Long Wharf, Inc.						
3. Trade Name of Backer (if applicable): Hancock Pharmacy at Long Wharf, Inc.						
4. Street Address (including Apartment or Suite #): 1 Long Wharf Drive						
5. City: New Haven				6. State: CT	7. Zip Code: 06511	
8. Daytime Telephone Number: (203) 787-9908		9. Fax Number: (203) 776-0240			10. E-mail Address: greg@hancockpharmacy.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): GREGORY L. HANCOCK	12. Percentage of ownership 100%



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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): 9/13 Expiration Date (month/year): 8/14	15. Type: COMPANY	16. Number: 2211
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:



Gregory Hancock

27. Date Signed:

11-14-13

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

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

28. Signature:



Gregory Hancock

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Hancock LTC Inc.

3. Trade Name of Backer (if applicable):

Hancock LTC Inc.

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

29 Gravel Street, Suite A

5. City:

Meriden

6. State:

CT

7. Zip Code:

06450

8. Daytime Telephone Number:

(203) 235-6323

9. Fax Number:

(203) 235-2411

10. E-mail Address:

greg@hancockpharmacy.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):	GREGORY L. HANCOCK	12. Percentage of ownership	100%



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

Section D: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section E: Criminal Actions

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

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



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Section F: Criminal Background Check

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

26. Signature:



Gregory Hancock

27. Date Signed:

11-14-13

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

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

28. Signature:



Gregory Hancock

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Gregory L. Hancock

3. Trade Name of Backer (if applicable):

N/A

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

189 Mile Creek Road

5. City:

Old Lyme

6. State:

CT

7. Zip Code:

06371

8. Daytime Telephone Number:

(203) 235-6323

9. Fax Number:

(203) 235-2411

10. E-mail Address:

greg@hancockpharmacy.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):	GREGORY L. HANCOCK	12. Percentage of ownership	100%



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Section C: Licenses, Permits and Registrations

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

13. State CT	14. Issue Date (month/year): 02/12 Expiration Date (month/year): 01/14	15. Type: PERSONAL	16. Number: 6281
17. State CT	18. Issue Date (month/year): 09/13 Expiration Date (month/year): 08/14	19. Type: COMPANY	20. Number: 892

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.

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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:



Gregory Henrich

27. Date Signed:

11-14-13

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

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

28. Signature:



Greg Henrich

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:						
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole Proprietorship	Corporation	Limited Liability Co.	Partnership	Limited Liability Partnership	Unincorporated Association	Other: _____
2. Legal Name of Backer: Hancock Pharmacy & Surgical Inc.						
3. Trade Name of Backer (if applicable): Hancock Pharmacy & Surgical Inc.						
4. Street Address (including Apartment or Suite #): 840 East Main Street						
5. City: Meriden				6. State: CT	7. Zip Code: 06450	
8. Daytime Telephone Number: (203) 235-6323		9. Fax Number: (203) 235-2411			10. E-mail Address: greg@hancockpharmacy.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.

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- Appendix E in all other instances.

11. Name (First, Middle, Last): GREGORY L. HANCOCK	12. Percentage of ownership 100%



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Section C: Licenses, Permits and Registrations

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

13. State CT	14. Issue Date (month/year): 02/12 Expiration Date (month/year): 01/14	15. Type: PERSONAL	16. Number: 6281
17. State CT	18. Issue Date (month/year): 09/13 Expiration Date (month/year): 08/14	19. Type: COMPANY	20. Number: 892

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?

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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:



Gregory Hencock

27. Date Signed:

11-14-13

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

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

28. Signature:



Gregory Hencock

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Hancock Realty Corporation

3. Trade Name of Backer (if applicable):

Hancock Realty Corporation

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

840 East Main Street

5. City:

Meriden

6. State:

CT

7. Zip Code:

06450

8. Daytime Telephone Number:

(203) 235-6323

9. Fax Number:

(203) 235-2411

10. E-mail Address:

greg@hancockpharmacy.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):	GREGORY L. HANCOCK	12. Percentage of ownership	100%



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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 N/A	14. Issue Date (month/year): Expiration Date (month/year):	15. Type:	16. Number:
17. State N/A	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:



Gregory Hancock

27. Date Signed:

11-14-13

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

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

28. Signature:



Gregory Hancock

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:						
<input type="checkbox"/> Sole Proprietorship	<input checked="" 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: Hancock Pharmacy at Long Wharf, Inc.						
3. Trade Name of Backer (if applicable): Hancock Pharmacy at Long Wharf, Inc.						
4. Street Address (including Apartment or Suite #): 1 Long Wharf Drive						
5. City: New Haven				6. State: CT	7. Zip Code: 06511	
8. Daytime Telephone Number: (203) 787-9908		9. Fax Number: (203) 776-0240			10. E-mail Address: greg@hancockpharmacy.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): GREGORY L. HANCOCK	12. Percentage of ownership 100%



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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): 9/13 Expiration Date (month/year): 8/14	15. Type: COMPANY	16. Number: 2211
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:



Gary Hancock

27. Date Signed:

11-14-13

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

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

28. Signature:



Gary Hancock

29. Date Signed:

11-14-13



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Hancock LTC Inc.

3. Trade Name of Backer (if applicable):

Hancock LTC Inc.

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

29 Gravel Street, Suite A

5. City:

Meriden

6. State:

CT

7. Zip Code:

06450

8. Daytime Telephone Number:

(203) 235-6323

9. Fax Number:

(203) 235-2411

10. E-mail Address:

greg@hancockpharmacy.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):	GREGORY L. HANCOCK	12. Percentage of ownership	100%



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

Section D: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section E: Criminal Actions

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

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



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Section F: Criminal Background Check

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

26. Signature:



Gregory Hancock

27. Date Signed:

11-14-13

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

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

28. Signature:



Gregory Hancock

29. Date Signed:

11-14-13



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Appendix C

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

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

Section A: Personal Information

1. Name (First, Middle, Last): GREGORY L. HANCOCK				
2. Street Address (including Apartment or Suite #): 189 MILE CREEK ROAD				
3. City: OLD LYME			4. State: CT	5. Zip Code: 06371
6. Title: PRESIDENT		7. Telephone Number: (860) 434-2402		8. E-mail Address: GREG@HANCOCKPHARMACY.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: 13. HANCOCK PHARMACY & SURGICAL INC.		Date of Employment: Start Date: End Date: :		
14. Employer Address (including Apartment or Suite #): 840 EAST MAIN STREET				
15. City: MERIDEN			16. State: CT	17. Zip Code: 06450
18. Telephone Number: (203) 235-6323		19. Fax Number: (203) 235-2411		20. E-mail Address: GREG@HANCOCKPHARMACY.COM

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> • 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 CT	30. Issue Date (month/year): Expiration Date (month/year):	31. Type: PERSONAL	32. Number: 6281
33. State CT	34. Issue Date (month/year): 09/13 Expiration Date (month/year): 08/14	35. Type: COMPANY	36. Number: 892



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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:



Gregory Hancock

43. Date Signed:

11-14-13



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

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

44. Signature:



Gregory Hancock

45. Date Signed:

11-14-13



Gregory L. Hancock R. Ph.

Multi-Business Owner

Hancock's Pharmacy and Surgical, Inc.

Hancock Pharmacy at Long Wharf, Inc.

Hancock Realty Corporation

Hancock LTC, Inc.

Profile: Greg Hancock has been a part of Hancock's Pharmacy for over 29 years, and began working in many capacities with his father Stanley J. Hancock Jr. who opened the pharmacy in 1959. Upon graduation, Greg immediately began putting his vision of creating a progressive pharmacy that maintained family values. In 1986, Greg took over the business and has made major renovations to the physical plant and numerous technological advances. From a small pharmacy to one that services retail customers and Long Term Care Facilities throughout the State of Connecticut, Hancock's is relied upon to provide all pharmaceutical services. Hancock's is the largest Independent Pharmacy in CT utilizing 18 vehicles for statewide delivery. The updated technology, state of the art equipment and Greg's knowledge of pharmaceuticals, makes him and Hancock's Pharmacy one of the most innovative and thriving pharmacies in the state even with competition of chain pharmacies that surround him. Greg's dedication to his community exemplifies his leadership in the Meriden area as well as the Pharmacy Industry.

Areas of Expertise: Retail Pharmacy, Long Term Care Pharmacy, Pharmacy Consulting Services, Home Care Medical Equipment, IV Services, Ostomy and Diabetic Specialties, Healthcare and Surgical Equipment

Education

1984 University of Rhode Island, B.S. Pharmacy

1979 Xavier High School, Middletown, CT

Professional Organizations

The Hundred Club

The Masons

The Meriden Chamber of Commerce

The New Haven Chamber of Commerce

The Shriners Directors Staff

Connecticut Pharmacist Association

American Society of Consultant Pharmacists

Awards

2013 Connecticut Pharmacist Association Bowl of Hygeia Award

2010 Sphinx Temple Shriners Appreciation Award

2003 St. Francis Xavier Award, Xavier High School

Accreditations

Accreditation Commission For Health Care, Inc.

Hancock's Pharmacy and Surgical, Inc. 840 East Main Street, Meriden, CT 06450

203-235-6323 800-499-6323 FAX 203-235-2411 FAX 800-603-2411

E-mail: info@hancockpharmacy.com

Hancock Pharmacy at Long Wharf, Inc. 1 Long Wharf Drive, New Haven, CT 06511

203-787-9908 FAX: 203-776-0240 E-mail: info@hancockpharmacy.com

Coming Soon: Hancock LTC, Inc. Closed Shop Pharmacy, located in Meriden, CT



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



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): CYNTHIA ELLEN HUGO			
2. Street Address (including Apartment or Suite #): 11 MONTOWESE ST			
3. City: HARTFORD		4. State: CT	5. Zip Code: 06114
6. Title:		7. Telephone Number: 860-296-1244	8. E-mail Address: cehugo@shcglobal.net
		11. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	

Section B: Employment Information			
12. Current or Most Recent Employer: 13. PHARMERICA		Date of Employment: Start Date: 4/8/02 End Date: present	
14. Employer Address (including Apartment or Suite #): 77 OLD BRICKYARD LANE SUITE #1			
15. City: BELLIN		16. State: CT	17. Zip Code: 06032
18. Telephone Number: 800-282-4321		19. Fax Number: 800-647-5093	20. E-mail Address: CEH7107@PHARMERICA.COM

Section C: Pharmacy Business Experience
21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> 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: CT	30. Issue Date (month/year): 11/2013	31. Type: PHARMACIST	32. Number: 5046
33. State:	34. Issue Date (month/year):	35. Type:	36. Number:
	Expiration Date (month/year):		



Medical Marijuana Program

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Section G: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section H: Criminal Actions

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

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

Section I: Criminal Background Check

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

42. Signature:

43. Date Signed:

11/11/13



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

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

44. Signature:

Cynthia S. Huang

45. Date Signed:

11/11/13

Cynthia Huge – employment history

2002-present **Pharmerica Pharmacy**

77 Old Brickyard Lane Berlin, CT

Pharmacist Supervisor – 2009 to present

Scheduling, disciplining and reviewing all pharmacists. Educating pharmacists about and implementing any changes in corporate policies.

Staff Pharmacist – 2002 – 2009

While at I was at Netcare, Pharmerica had a diversion issue which they reported to the Drug Control Division of the DCP. Drug Control in conjunction with the DEA arrested and prosecuted the individual. New policies regarding the controlled substance room were instituted and are followed to this day. Pharmerica paid a \$25,000 fine.

2000-2002 **Netcare Pharmacy**

Middletown, CT

Pharmacy Manager – Supervised, hired, disciplined all employees (pharmacists and technicians), determined corporate policies in tandem with the pharmacy owners, determined product mix, set up an IV service. Pharmacy closed in 2002.

- 1994-2000 Reliance/ Alliance/ Pharmacy Corp of America/
Pharmerica

Portland, CT then Berlin, CT

Staff Pharmacist. Left to go to Netcare Pharmacy.
- 1992-1994 Seymour Street Pharmacy

85 Seymour Street Hartford, CT

Pharmacist Manager

Opened a for-profit pharmacy for Hartford Hospital
in their new medical office building. Hired and
supervised all employees (pharmacists, techs and
cashiers), chose product mix, determined pharmacy
layout, interacted with practitioners in the building,
compounded specialty items for those doctors,
serviced a LTC facility associated with Hartford
Hospital. Pharmacy sold to Arrow in 1994
- 1978-1992 Genovese Drugs/ Fay's Drug

Bloomfield, CT and E. Hartford, CT

Pharmacist Manager

Performed all duties of a dispensing pharmacist. I
was the licensee for these two locations. Left when I
took the position at Seymour Street Pharmacy.
- 1976 - 1978 Relief Pharmacist

ShopRite Pharmacies, Genovese Drugs and 7 independent
pharmacies

Filled in as a dispensing pharmacist when and
where needed. Left to take position at Genovese



Medical Marijuana Program



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Appendix D

Dispensary Facility Manager Information Form

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

Section A: Dispensary Facility Manager Information

1. Name (First, Middle, Last): CYNTHIA ELLEN HUGG	
2. Home Address (including Apartment or Suite #): 11 MONTWASE STREET	3. City: HARTFORD
[REDACTED]	7. Telephone Number: 860-296-1244
	9. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
10. E-mail Address: cehugg@sbglobal.net	11. Connecticut Pharmacist License Number: 5046

Section B: Employment Information

12. Current or Most Recent Employer: 13. PHARMERICA	Date of Employment: Start Date: 4/8/02 End Date: present	
14. Employer Address (including Apartment or Suite #): 77 OLD BACKYARD LANE SUITE #1		
15. City: BERLIN	16. State: CT	17. Zip Code: 06032
18. Daytime Telephone Number: 800-282-4321	19. Fax Number: 800-643-5093	20. E-mail Address: CEH7107@PHARMERICA.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, the nature and resolution of those allegations.



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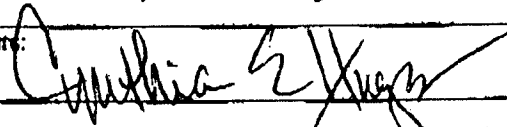
Section D: Criminal Actions

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

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

Section E: Criminal Background Check

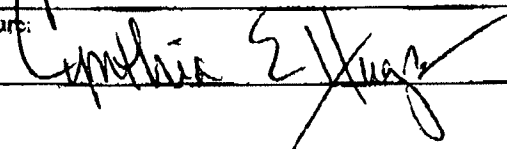
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

25. Signature: 

26. Date Signed: 11/11/13

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

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

27. Signature: 

28. Date Signed: 11/11/13



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Appendix E Backer Members

Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

Section A: Member Information

1. Name (First, Middle, Last): GREGORY L. HANCOCK		
2. Street Address (including Apartment or Suite #): 189 MILE CREEK ROAD		
3. City: OLD LYME	4. State: CT	5. Zip Code: 06371
6. Daytime Phone Number: (203) 235-6323	7. Fax Number: (203) 235-2411	8. E-mail Address: GREG@HANCOCKPHARMACY.COM

Section B: Criminal Actions

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

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

Section C: Criminal Background Check

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

10. Signature: ▶ <i>Gregory Hancock</i>	11. Date Signed: 11-14-13
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I hereby certify that the above information is correct and complete.

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

12. Signature: ▶ <i>Gregory Hancock</i>	13. Date Signed: 11-14-13
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Appendix E Backer Members

Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

Section A: Member Information

1. Name (First, Middle, Last): Hancock Pharmacy & Surgical Inc.		
2. Street Address (including Apartment or Suite #): 840 East Main Street		
3. City: Meriden	4. State: CT	5. Zip Code: 06450
6. Daytime Phone Number: (203) 235-6323	7. Fax Number: (203) 235-2411	8. E-mail Address: greg@hancockpharmacy.com

Section B: Criminal Actions

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

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

Section C: Criminal Background Check

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

10. Signature: ▶ <i>Gregory Hancock</i>	11. Date Signed: 11-14-13
--	------------------------------

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

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

12. Signature: ▶ <i>Gregory Hancock</i>	13. Date Signed: 11-14-13
--	------------------------------



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Appendix E Backer Members

Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

Section A: Member Information			
1. Name (First, Middle, Last): Hancock Realty Corporation			
2. Street Address (including Apartment or Suite #): 840 East Main Street			
3. City: Meriden		4. State: CT	5. Zip Code: 06450
6. Daytime Phone Number: (203) 235-6323	7. Fax Number: (203) 235-2411	8. E-mail Address: greg@hancockpharmacy.com	

Section B: Criminal Actions
9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

Section C: Criminal Background Check	
I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.	
10. Signature: ▶ <i>Gregory Hancock</i>	11. Date Signed: 11-14-13

I hereby certify that the above information is correct and complete.	
I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.	
12. Signature: ▶ <i>Gregory Hancock</i>	13. Date Signed: 11-14-13



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Appendix E Backer Members

Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

Section A: Member Information

1. Name (First, Middle, Last): Hancock Pharmacy at Long Wharf, Inc.		
2. Street Address (including Apartment or Suite #): 1 Long Wharf Drive		
3. City: New Haven	4. State: CT	5. Zip Code: 06 511
6. Daytime Phone Number: (203) 787-9908	7. Fax Number: (203) 776-0240	8. E-mail Address: greg@hancockpharmacy.com

Section B: Criminal Actions

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

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

Section C: Criminal Background Check

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

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

12. Signature: 	13. Date Signed: 11-14-13
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Appendix E Backer Members

Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

Section A: Member Information

1. Name (First, Middle, Last): Hancock LTC Inc.		
2. Street Address (including Apartment or Suite #): 29 Gravel Street, Suite A		
3. City: Meriden	4. State: CT	5. Zip Code: 06450
6. Daytime Phone Number: (203) 235-6323	7. Fax Number: (203) 235-2411	8. E-mail Address: greg@hancockpharmacy.com

Section B: Criminal Actions

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

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

Section C: Criminal Background Check

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

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

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

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

12. Signature: 	13. Date Signed: 11-14-13
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CENEVIVA LAW FIRM, LLC

721 BROAD STREET

MERIDEN, CONNECTICUT 06450

TELEPHONE (203) 237-8808 • FAX (203) 237-4240

dac.law@snet.net

DENNIS A. CENEVIVA, ESQ.

dennis.ceneviva@snet.net

ARIANA F. CENEVIVA, ESQ.

ariana.ceneviva@snet.net

November 15, 2013

**Mr. Gregory L. Hancock, President
Hancock Dispensary, Inc.
29 Gravel Street, Suite B
Meriden, Ct 06450**

**Re: Legal Opinion – Medical Marijuana Program
Dispensary Facility**

Dear Mr. Hancock,

You have asked me to offer a legal opinion regarding whether or not Meriden's zoning regulations will allow your company to operate a Dispensary Facility authorized under the CT. Medical Marijuana Program at 29 Gravel Street, Suite B, Meriden, CT (the "Property").

In order to render this opinion, I have reviewed the new Medical Marijuana Program laws and regulations promulgated by the Connecticut legislature and the Connecticut Department of Consumer Protection and the Zoning regulations promulgated by the Meriden City Council acting as the Zoning Commission pursuant to Section 213 of the Meriden Code. Additionally, I have reviewed the land use history and current zoning for 29 Gravel Street, Meriden, CT, and discussed the application of the zoning regulations with Dominick J. Caruso, the Meriden Planner and Zoning Enforcement Officer.

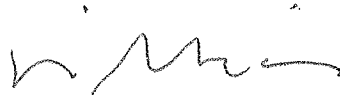
Based on my examination of the aforesaid and my review of the applicable zoning, it is my opinion that your proposed use of a Dispensary Facility, authorized under the CT. Medical Marijuana Program, would be a permitted use at the Property.

This opinion is supported by the fact that the Property, zoned C-3 (Highway Commercial District), is permitted to be used for a myriad of retail, service, professional and medical purposes. Recently, this office obtained local land use approval to allow 29 Gravel Street, Suite A, Meriden, Ct to be used as a "closed shop pharmacy." In my discussions with the Meriden Zoning Enforcement Officer, he made it clear to me that the physical nexus of both uses (i.e. closed shop pharmacy and dispensary facility) confirmed his interpretation of allowing a Dispensary Facility at the Property.

CENEVIVA LAW FIRM, LLC

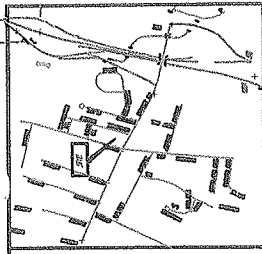
As you know, I have handled land use matters for over thirty (30) years and am confident in the Opinion expressed herein. Please let me know if you need any further information.

Very truly yours,

A handwritten signature in black ink, appearing to read "Dennis A. Ceneviva". The signature is fluid and cursive, with a prominent initial "D" and a long, sweeping underline.

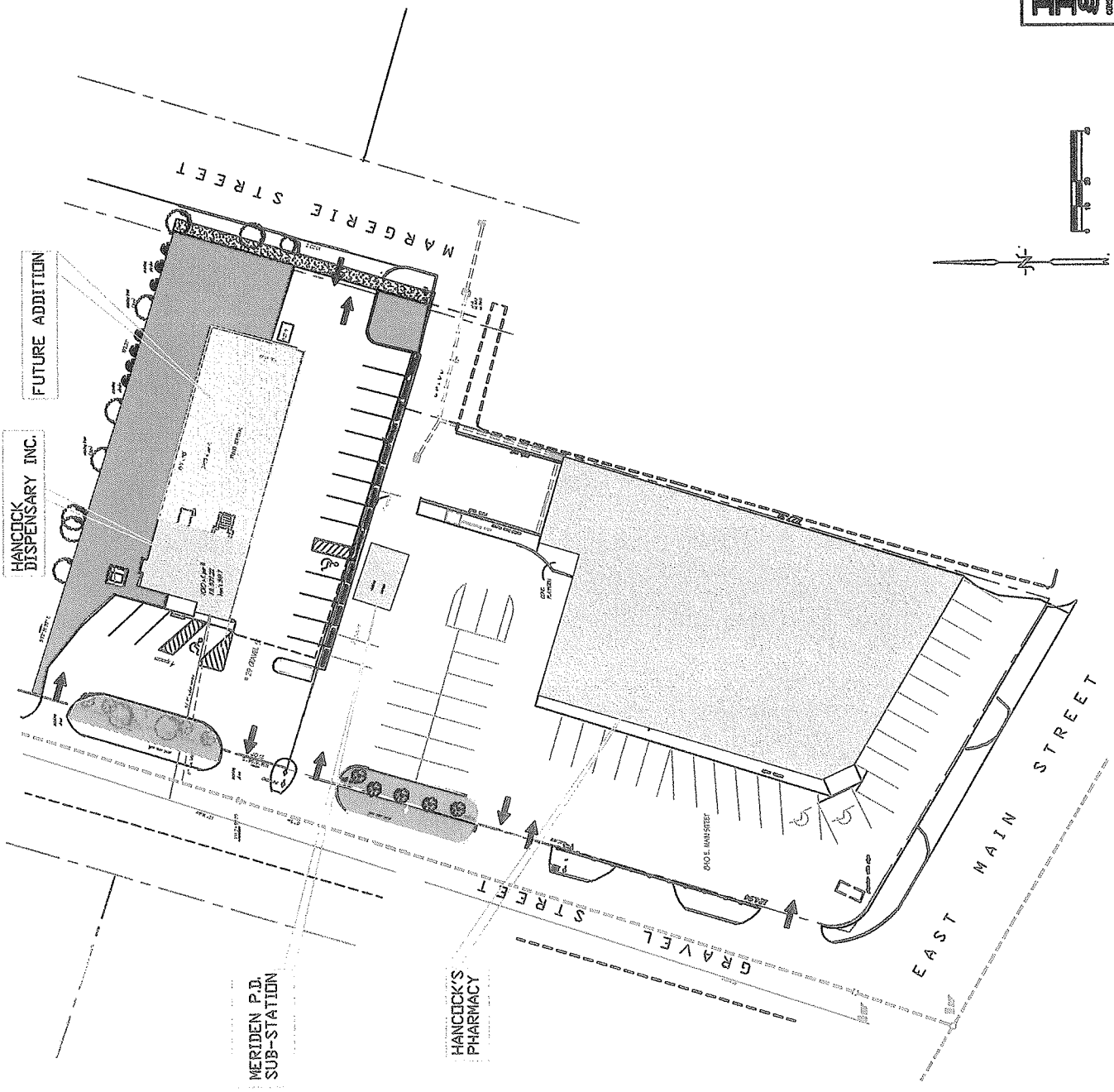
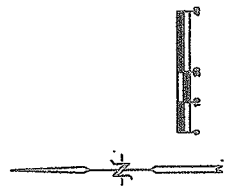
Dennis A. Ceneviva, Esq.
Ceneviva Law Firm, LLC

DAC/dmm



DATE	1/25/11
BY	ERIC ST.
FOR	HANCOCK DISPENSARY INC.
PROJECT	69 GRAVEL ST. MERRIDEN, CONNECTICUT
SCALE	AS SHOWN

DRIP
DESIGN DEVELOPMENT
CONSULTING SERVICES - LAND SURVEYING
MERRIDEN, CT 06460
TEL: 860-336-1000
FAX: 860-336-1001





Department of Police



JEFFRY W. COSSETTE
Chief of Police

50 WEST MAIN STREET
MERIDEN, CONNECTICUT 06451

November 14, 2013

Mr. Hancock,

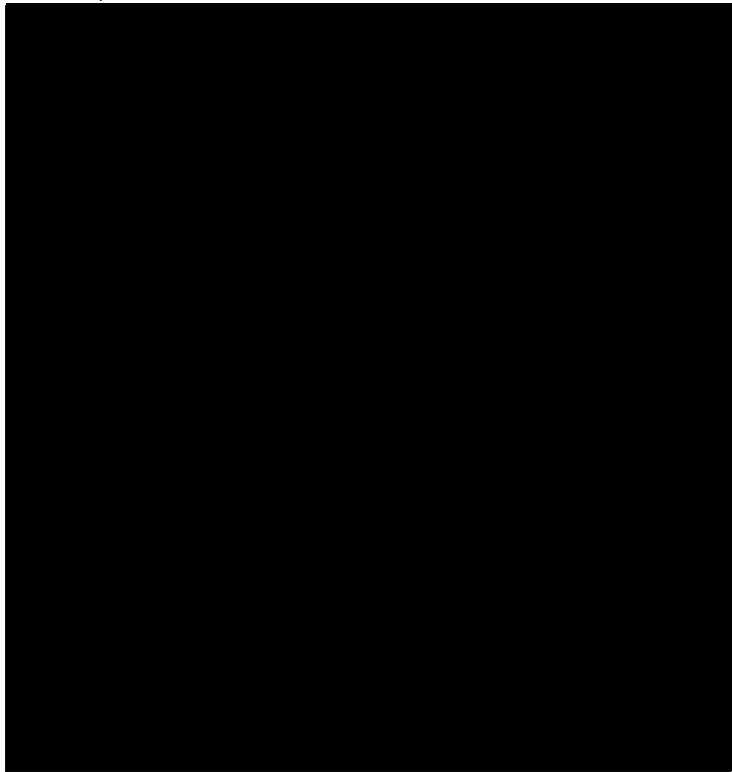
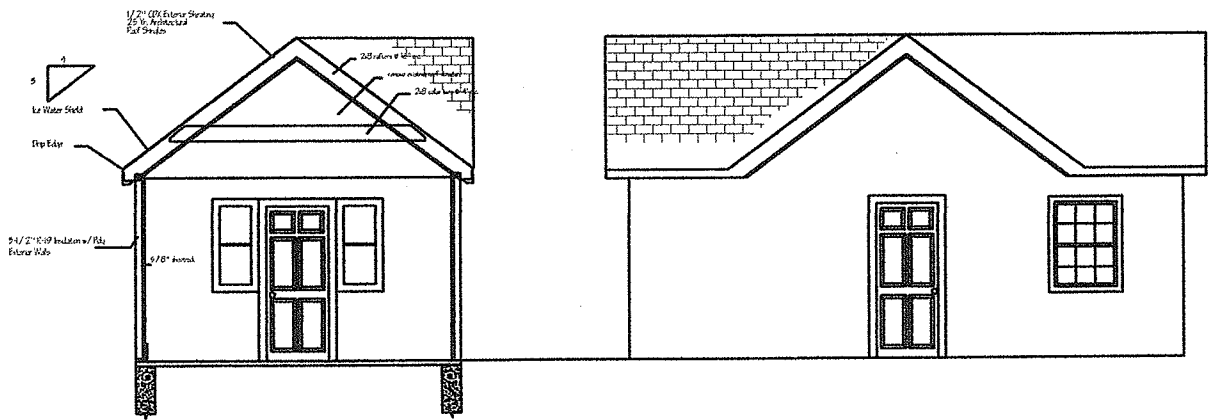
The Meriden Police Department is very interested in your proposal to build a Meriden Police Sub-station at 29 Gravel Street. We believe the location would serve as a great asset to the city in providing an east-side location where residents could meet with officers, officers could write reports and conduct investigations. This location would give the nearby businesses a greater sense of security knowing the officers are stationed in the area and easily accessible.

The Chief and I will be available to meet with you and go over your design plans and discuss project in more detail when you are available. The Meriden Police Department and Hancock's Pharmacy have had an excellent, long time relationship and we appreciate everything you have done for our agency and community.

Thank you again,

Michael J. Zakrzewski

Captain of Administrative Services



PROPOSED
 MERIDEN POLICE DEPARTMENT SUB STATION
 840 E. MAIN ST
 MERIDEN, CONNECTICUT

NOV. 2013

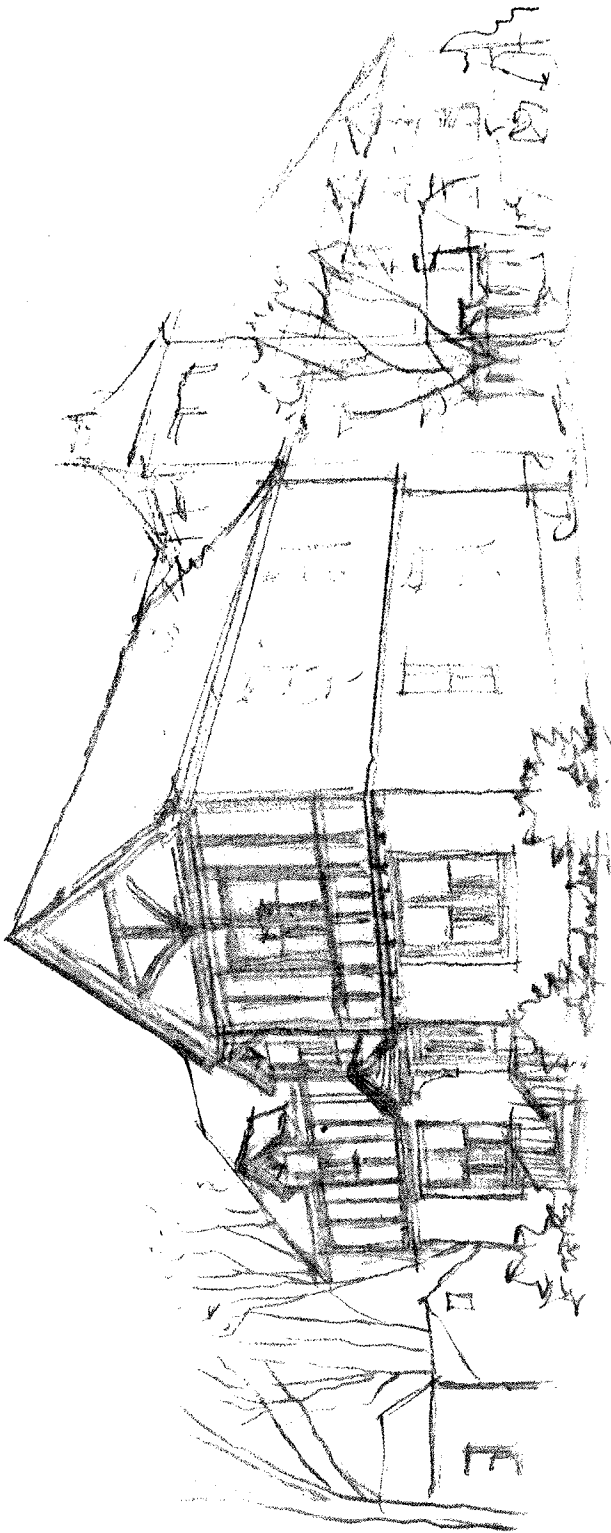
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To see all the details that are visible on the screen, use the "Print" link next to the map.

Google







addition

40 x 80

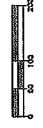
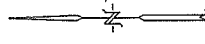
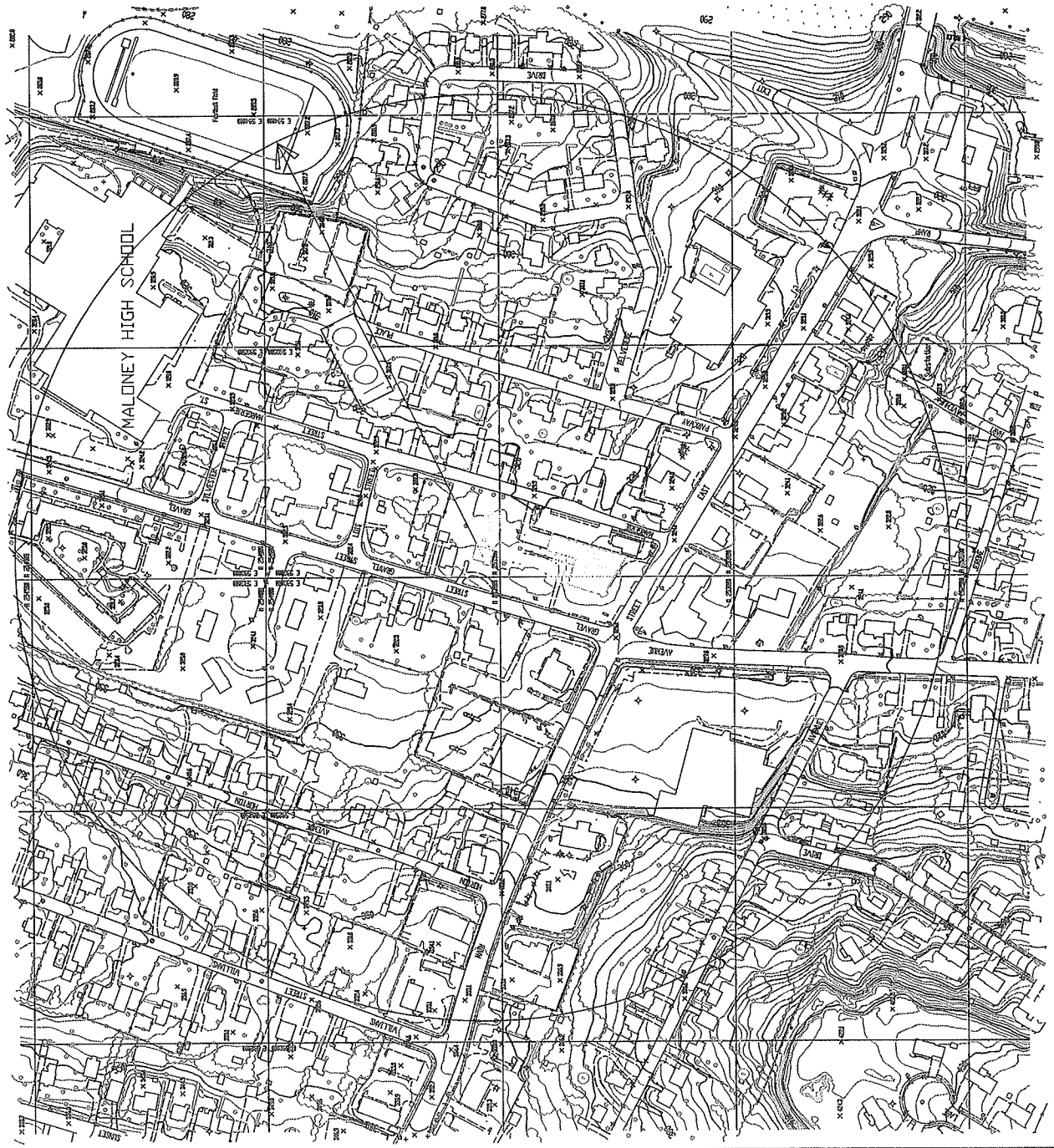
Hancock 1.24.13



HANCOCK DISPENSORY INC.
29 GRAVEL STREET
MERIDEN, CONNECTICUT

NOV. 2013

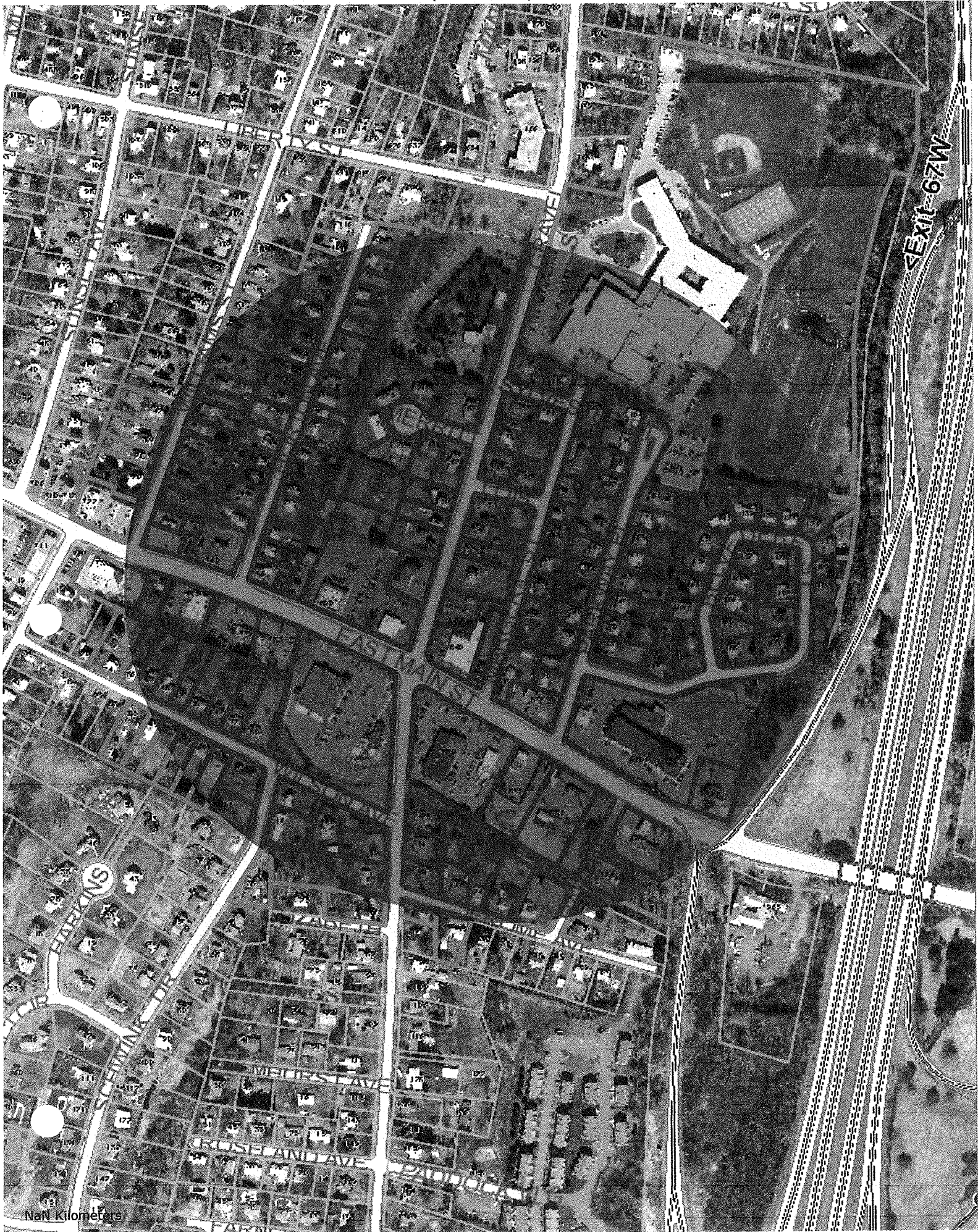
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MAP SHOWING
AREA WITHIN 1000 FEET

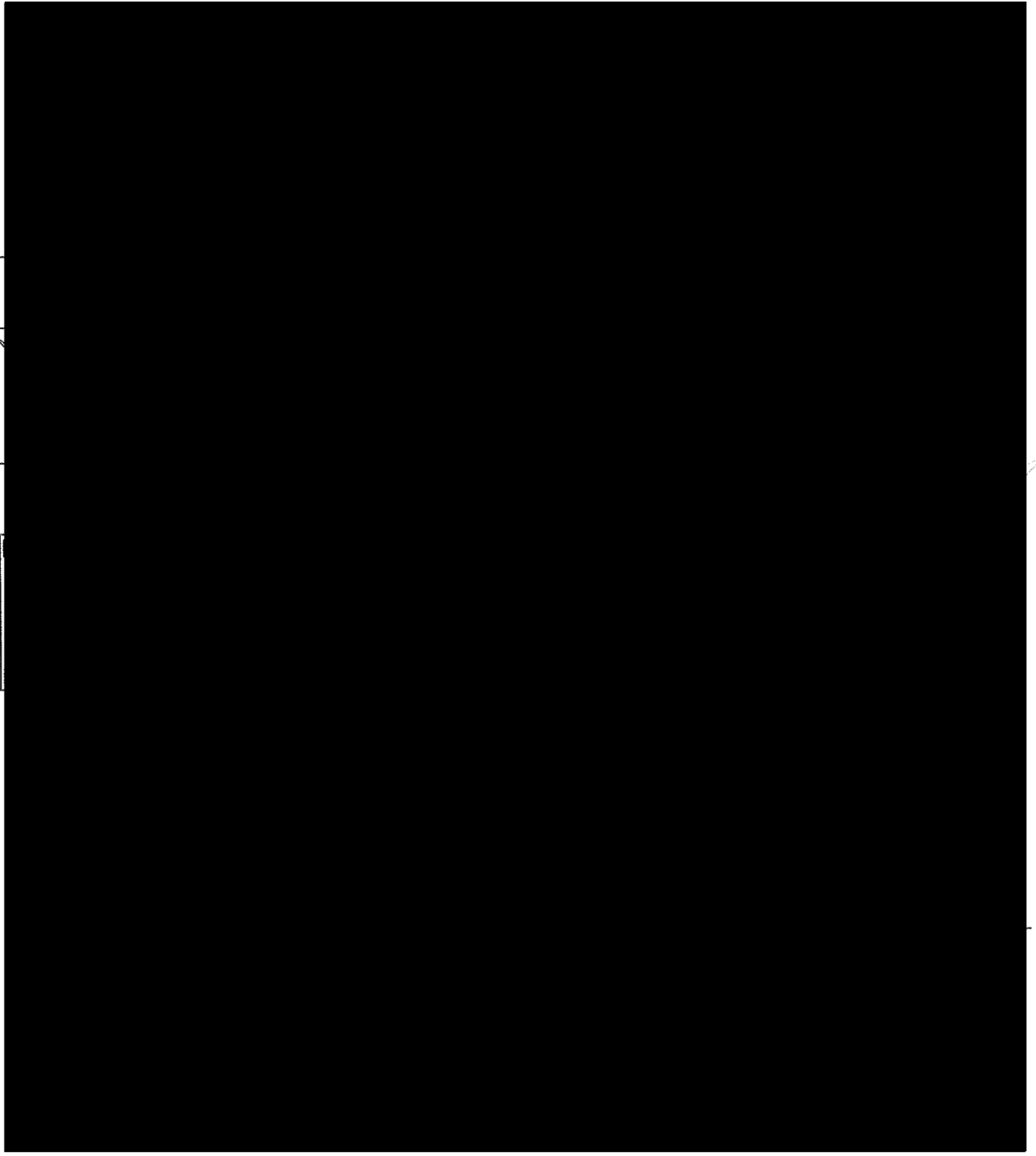
PROPOSED
HANCOCK DISPENSORY INC.,
29 GRAVEL STREET
MERIDEN, CONNECTICUT

NOV. 2013 SCALE 1"=100'



NaN Kilometers





PROPOSED
HANCOCK DISPENSORY INC.
29 GRAVEL STREET
MERIDEN, CONNECTICUT
NOV. 2013 SCALE 1"=4'-0"



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

CERTIFICATE OF INCORPORATION STOCK CORPORATION

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): NAME: Ariana F. Ceneviva, Esq. ADDRESS: 721 Broad Street CITY: Meriden STATE: CT ZIP: 06450		FILING FEE: \$250 INCLUDES FRANCHISE TAX UP TO 20,000 SHARES MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
1. NAME OF CORPORATION: HANCOCK DISPENSARY, INC.		
2. TOTAL NUMBER OF AUTHORIZED SHARES: 5,000 shares of Common Stock		
<i>IF THE CORPORATION HAS MORE THAN ONE CLASS OF SHARES, IT MUST DESIGNATE EACH CLASS AND THE NUMBER OF SHARES AUTHORIZED WITHIN EACH CLASS BELOW.</i>		
CLASS:	NUMBER OF SHARES PER CLASS:	
3. TERMS, LIMITATIONS, RELATIVE RIGHTS AND PREFERENCES OF EACH CLASS OF SHARES AND SERIES THEREOF PURSUANT TO CONN. GEN. STAT. SECTION 33-665: NONE		

4. APPOINTMENT OF REGISTERED AGENT: (PLEASE SELECT ONLY ONE A. OR B AND PRINT OR TYPE NAME OF AGENT.)

A. INDIVIDUAL'S AGENT NAME: Gregory L. Hancock

<p>BUSINESS ADDRESS: (P.O. BOX UNACCEPTABLE)</p> <p>ADDRESS: 29 Gravel Street Suite B</p> <p>CITY: Meriden</p> <p>STATE: CT ZIP: 06450</p>	<p>RESIDENCE ADDRESS: (P.O. BOX UNACCEPTABLE)</p> <p>ADDRESS: 189 Mile Creek Road</p> <p>CITY: Old Lyme</p> <p>STATE: CT ZIP: 06371</p>
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B. BUSINESS ENTITY:

ADDRESS: (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE: ZIP:

ACCEPTANCE OF APPOINTMENT

Gregory L Hancock

5. OTHER PROVISIONS: **SIGNATURE OF AGENT**

6. EXECUTION: CERTIFICATE MUST BE SIGNED BY EACH INCORPORATOR

DATED THIS 13 DAY OF November, 20 13

NAME OF INCORPORATOR(S) (print or type)	ADDRESS	SIGNATURE(S)
Gregory L. Hancock	ADDRESS: 29 Gravel Street Suite B CITY: Meriden STATE: CT ZIP: 06450	<i>Gregory L Hancock</i>
	ADDRESS: CITY: STATE: ZIP:	
	ADDRESS: CITY: STATE: ZIP:	



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

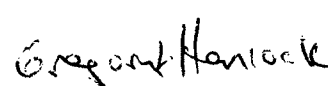
PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

ORGANIZATION AND FIRST REPORT STOCK OR NON-STOCK CORPORATIONS

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): NAME: Ariana F. Ceneviva, Esq. ADDRESS: 721 Broad Street CITY: Meriden STATE: CT ZIP: 06450		FILING FEE: \$150 EXCEPTION: \$50.00 FILING FEE FOR NONSTOCK (NONPROFIT) CORPORATIONS. MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF CORPORATION: HANCOCK DISPENSARY, INC.		
2. DATE OF ORGANIZATION MEETING: November 8, 2013		
3. ADDRESS OF PRINCIPAL OFFICE: (P.O. BOX UNACCEPTABLE) ADDRESS: 29 Gravel Street Suite B CITY: Meriden STATE: CT ZIP: 06450		
4. MAILING ADDRESS (IF OTHER THAN PRINCIPAL OFFICE ADDRESS): ADDRESS: CITY: STATE: ZIP:		
5. OFFICERS:		
A. OFFICER'S NAME: Gregory L. Hancock		TITLE: President
RESIDENCE ADDRESS: (P.O. BOX UNACCEPTABLE) ADDRESS: 189 Mile Creek Road CITY: Old Lyme STATE: CT ZIP: 06371		BUSINESS ADDRESS: (P.O. BOX UNACCEPTABLE) ADDRESS: 29 Gravel Street Suite B CITY: Meriden STATE: CT ZIP: 06450

B. OFFICER'S NAME:		TITLE:	
RESIDENCE ADDRESS: (P.O.BOX UNACCEPTABLE)		BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE)	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
C. OFFICER'S NAME:		TITLE:	
RESIDENCE ADDRESS: (P.O.BOX UNACCEPTABLE)		BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE)	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
6. DIRECTORS:			
A. DIRECTOR'S NAME: Gregory L. Hancock			
RESIDENCE ADDRESS: (P.O.BOX UNACCEPTABLE)		BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE)	
ADDRESS:	189 Mile Creek Road	ADDRESS:	29 Gravel Street
CITY:	Old Lyme	CITY:	Suite B Meriden
STATE:	CT ZIP: 06371	STATE:	CT ZIP: 06450
B. DIRECTOR'S NAME:			
RESIDENCE ADDRESS: (P.O.BOX UNACCEPTABLE)		BUSINESS ADDRESS: (P.O.BOX UNACCEPTABLE)	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
7. ELECTRONIC MAIL (EMAIL) ADDRESS: NONE			
8. EXECUTION:			
DATED THIS <u>13</u> DAY OF <u>November</u> , 20 <u>13</u>			
NAME OF SIGNATORY (print/type)		CAPACITY/TITLE OF SIGNATORY	SIGNATURE
Gregory L. Hancock		President	

—

BY-LAWS

of

HANCOCK DISPENSARY, INC.

ARTICLE I.

MEETINGS OF SHAREHOLDERS.

Sec. 1. ANNUAL MEETING. The annual meeting of shareholders shall be held on the 8th day of November of each year. If the day so designated falls upon a Sunday or a legal holiday, then the meeting shall be held upon the first business day thereafter.

Sec. 2. QUORUM. The presence, in person or by proxy, of the holders of 51% of the outstanding stock entitled to vote on the subject matter shall be necessary to constitute a quorum for the transaction of business, but a lesser number may adjourn to some future time not less than 1 nor more than 5 days later, and the Secretary shall thereupon give at least 5 days notice by mail to each shareholder entitled to vote who was absent from such meeting.

Sec. 3. SPECIAL MEETINGS. Special meetings of shareholders may be called at any time by the President. The President shall call a special meeting of shareholders whenever so requested in writing by a majority of Directors or by one or more shareholders representing not less than 10% of the total number of shares of the issued and outstanding capital stock entitled to vote at said meeting. No business other than that specified in the call for the meeting shall be transacted at any such special meeting of the shareholders.

Sec. 4. VOTING. At all meetings of the shareholders all questions, the manner of deciding which is not specifically regulated by statute, shall be determined by a majority vote of the shareholders present in person or by proxy. Each shareholder present, in person or by proxy, shall be entitled to cast one vote for each share of stock owned or represented by him.

Sec. 5. NOTICE. Written notice of the time and place and general purposes of all annual and special meetings shall be mailed or otherwise given as provided by law by the Secretary to each shareholder not less than 5 days prior to the date thereof. Annual and special meetings of shareholders may be held at such time and place within or without this State as the Directors shall determine.

Sec. 6. UNANIMOUS CONSENT. In lieu of a meeting and vote of shareholders, the unanimous written consent of all shareholders who would have been entitled to vote upon the action if such meeting were held, or their duly authorized attorneys or proxies, may be filed with the Secretary of the corporation as to any action taken or to be taken by the shareholders, and said consents, when filed, shall have the same force and effect as a unanimous vote of the shareholders.

ARTICLE II.

DIRECTORS.

Sec. 1. NUMBER. The affairs and business of this Corporation shall be managed by a Board of Directors elected by the Shareholders at their annual meeting. The number of directorships at any time shall be fixed by resolution, first, of the incorporators, and thereafter of the shareholders.

Sec. 2. TERM OF OFFICE. The term of office of each of the Directors shall be one year, and thereafter until his successor has been elected.

Sec. 3. DUTIES OF DIRECTORS. The Board of Directors shall have the control and general management of the affairs and business of the corporation.

Sec. 4. DIRECTORS' MEETINGS. Regular meetings of the Board of Directors shall be held immediately following the annual meeting of the shareholders, and at such other times as the Board of Directors may determine. Special meetings of the Board of Directors may be called by the President at any time, and shall be called by the President or the Secretary upon the written request of two (2) Directors. Any and all meetings may be held within or without this State as the Directors shall determine.

Sec. 5. QUORUM. At any meeting of the Board of Directors, a majority of the Board shall constitute a quorum for the transaction of business; but in the event of a quorum not being present, a lesser number may adjourn the meeting to some future time, not more than 7 days later. The act of a majority of the Directors present at a meeting at which there is a quorum shall be the act of the Board of Directors.

Sec. 6. VOTING. At all meetings of the Board of Directors, each director is to have one vote, irrespective of the number of shares of stock that he may hold.

Sec. 7. VACANCIES. Vacancies in the Board occurring between annual meetings shall be filled for the unexpired portion of the term by the concurring vote of a majority of the remaining Directors.

Sec. 8. REMOVAL OF DIRECTORS. Any one or more of the Directors may be removed, either with or without cause, at any time by a vote of the shareholders holding 66% of the stock, at any special meeting called for the purpose.

Sec. 9. NOTICE. Written notice of all regular and special meetings shall be mailed to each director by the Secretary not less than 5 days prior to the date fixed for such meeting.

Sec. 10. UNANIMOUS CONSENT. In lieu of any regular or special meeting and vote of the Directors the unanimous written

consent of all Directors may be filed with the Secretary with respect to any action taken or to be taken by the Directors, and said consents shall, when filed, have the same force and effect as a unanimous vote of the Directors.

Sec. 11. EXECUTIVE COMMITTEE. The Board of Directors may by resolution designate two or more Directors as an executive committee which shall have and may exercise all such authority of the Board as shall be provided in such resolution.

ARTICLE III.

OFFICERS.

Sec. 1. NUMBER. The officers of this corporation shall be a President, Secretary and a Treasurer, and such other officers as are designated by the Board of Directors.

Sec. 2. ELECTION. The Board of Directors, at its annual meeting held immediately after the annual meeting of shareholders, shall elect from among their number a President, and those other officers enumerated above, all of whom shall serve for the term of one year and until their successors are duly elected and qualified. Any two offices may be held by the same person, except the offices of President and Vice-President or President and Secretary.

Sec. 3. DUTIES OF OFFICERS. The duties and powers of the officers of the corporation shall be as follows:

PRESIDENT.

The President shall preside at all meetings of the Board of Directors and shareholders.

He shall present at each annual meeting of the shareholders and Directors a report of the condition of the business of the corporation.

He shall cause to be called regular and special meetings of the shareholders and Directors in accordance with these By-laws.

He shall appoint and remove, employ and discharge, and fix the compensation of all servants, agents, employees and clerks of the corporation other than the duly appointed officers, subject to the approval of the Board of Directors.

He shall sign and make all contracts and agreements in the name of the corporation.

He shall see that the books, reports, statements and certificates required by the statutes are properly kept, made and filed according to law.

He shall sign all certificates of stock.

He shall have general direction and management of the affairs of the corporation.

He shall enforce these By-laws and perform all the duties incident to the office of President.

SECRETARY.

The Secretary shall keep the minutes of the meetings of the Board of Directors and of the shareholders in appropriate books.

He shall give and serve all notices of the corporation.

He shall be custodian of the records and of the seal, and affix the latter when authorized and required.

He shall keep the stock and transfer books in the manner prescribed by law.

He shall sign all certificates of stock.

He shall present to the Board of Directors at their stated meetings all communications addressed to him officially by the President or any officer or shareholder of the corporation.

He shall attend to all correspondence and perform all the duties incident to the office of Secretary.

TREASURER.

The Treasurer shall have the care and custody of and be responsible for the funds and securities of the corporation, and deposit all such funds in the name of the corporation in such bank or banks, trust company or trust companies or safe deposit vaults as the Board of Directors may designate.

In the absence of a resolution of the Directors to the contrary, he shall sign, make and endorse in the name of the

corporation, all checks, drafts, notes and other evidences of debt.

He shall exhibit at all reasonable times his books and accounts to any director or stockholder of the corporation upon application at the office of the corporation during business hours.

He shall render a statement of the condition of the finances of the corporation at each regular meeting of the Board of Directors, and at such other times as shall be required of him.

He shall present a full financial report at the annual meeting of the shareholders.

He shall keep, at the office of the corporation, correct books of account of all its business and transactions and such other books of account as the Board of Directors may require.

He shall perform all duties incident to the office of Treasurer.

Sec. 4. VACANCIES, HOW FILLED. All vacancies in any office shall be filled by the Board of Directors without undue delay, at its regular meeting, or at a meeting specially called for that purpose.

Sec. 5. COMPENSATION OF OFFICERS. The officers shall receive such salary or compensation as may be determined by the Board of Directors.

Sec. 6. REMOVAL OF OFFICERS. The Board of Directors
may remove any officer, by a majority vote, at
any time, with or without cause.

ARTICLE IV.
CERTIFICATES OF STOCK.

Sec. 1. DESCRIPTION OF STOCK CERTIFICATES. The certificates of stock shall be numbered and registered in the order in which they are issued. They shall be signed by the President and by the Secretary and sealed with the seal of the corporation.

Sec. 2. TRANSFER OF STOCK. The stock of the corporation shall be assignable and transferable on the books of the corporation only by the person in whose name it appears on said books, or his legal representatives. In case of transfer by attorney, the power of attorney, duly executed and acknowledged, shall be deposited with the Secretary. In all cases of transfer, the former certificate must be surrendered up and cancelled before a new certificate can be issued. No transfer shall be made upon the books of the corporation within ten days next preceding the annual meeting of the shareholders.

ARTICLE V.

DIVIDENDS.

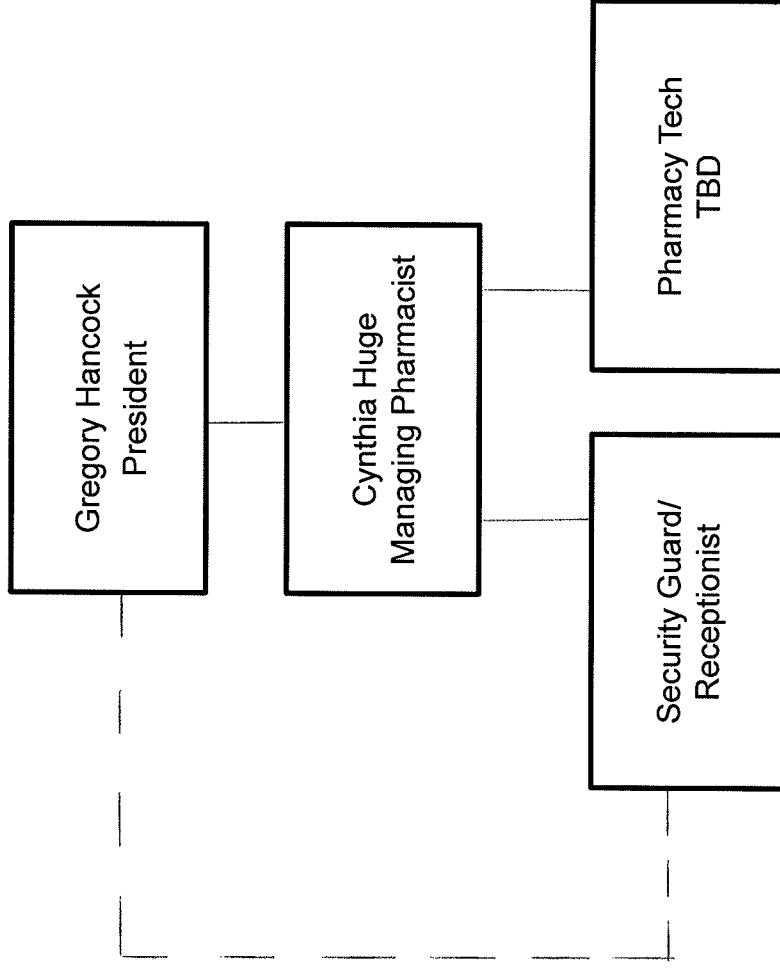
Sec. 1. WHEN DECLARED. The Board of Directors shall by vote declare dividends from the unsecured and unrestricted surplus of the corporation whenever, in their opinion, the condition of the corporation's affairs will render it expedient for such dividends to be declared, pursuant to law. No dividend shall be paid that will impair the capital of the corporation.

ARTICLE VI.

AMENDMENTS.

Sec. 1. HOW AMENDED. These By-laws may be amended by an affirmative vote of the shareholders representing a majority of the capital stock entitled to vote, at an annual meeting or at a special meeting called for that purpose, provided that written notice shall have been sent to each shareholder entitled to receive such notice, which notice shall state the amendments which are proposed to be made in such By-laws. Only such changes as have been specified in the notice shall be made. If, however, all the shareholders shall be present at any regular or special meeting, these By-laws may be amended by a unanimous vote, without any previous notice; and furthermore, these By-laws may be amended by unanimous consent action of the shareholders as provided in these By-laws.

Hancock Dispensary Inc.





Gregory L. Hancock R. Ph.

Multi-Business Owner

Hancock's Pharmacy and Surgical, Inc.

Hancock Pharmacy at Long Wharf, Inc.

Hancock Realty Corporation

Hancock LTC, Inc.

Profile: Greg Hancock has been a part of Hancock's Pharmacy for over 29 years, and began working in many capacities with his father Stanley J. Hancock Jr. who opened the pharmacy in 1959. Upon graduation, Greg immediately began putting his vision of creating a progressive pharmacy that maintained family values. In 1986, Greg took over the business and has made major renovations to the physical plant and numerous technological advances. From a small pharmacy to one that services retail customers and Long Term Care Facilities throughout the State of Connecticut, Hancock's is relied upon to provide all pharmaceutical services. Hancock's is the largest Independent Pharmacy in CT utilizing 18 vehicles for statewide delivery. The updated technology, state of the art equipment and Greg's knowledge of pharmaceuticals, makes him and Hancock's Pharmacy one of the most innovative and thriving pharmacies in the state even with competition of chain pharmacies that surround him. Greg's dedication to his community exemplifies him leadership in the Meriden area as well as the Pharmacy Industry.

Areas of Expertise: Retail Pharmacy, Long Term Care Pharmacy, Pharmacy Consulting Services, Home Care Medical Equipment, IV Services, Ostomy and Diabetic Specialties, Healthcare and Surgical Equipment

Education

1984 University of Rhode Island, B.S. Pharmacy

1979 Xavier High School, Middletown, CT

Professional Organizations

The Hundred Club

The Masons

The Meriden Chamber of Commerce

The New Haven Chamber of Commerce

The Shriners Directors Staff

Connecticut Pharmacist Association

American Society of Consultant Pharmacists

Awards

2013 Connecticut Pharmacist Association Bowl of Hygeia Award

2010 Sphinx Temple Shriners Appreciation Award

2003 St. Francis Xavier Award, Xavier High School

Accreditations

Accreditation Commission For Health Care, Inc.

Hancock's Pharmacy and Surgical, Inc. 840 East Main Street, Meriden, CT 06450

203-235-6323 800-499-6323 FAX 203-235-2411 FAX 800-603-2411

E-mail: info@hancockpharmacy.com

Hancock Pharmacy at Long Wharf, Inc. 1 Long Wharf Drive, New Haven, CT 06511

203-787-9908 FAX: 203-776-0240 E-mail: info@hancockpharmacy.com

Coming Soon: Hancock LTC, Inc. Closed Shop Pharmacy, located in Meriden, CT

Cynthia Huge – employment history

2002-present Pharmerica Pharmacy

77 Old Brickyard Lane Berlin, CT

Pharmacist Supervisor – 2009 to present

Scheduling, disciplining and reviewing all pharmacists. Educating pharmacists about and implementing any changes in corporate policies.

Staff Pharmacist – 2002 – 2009

While at I was at Netcare, Pharmerica had a diversion issue which they reported to the Drug Control Division of the DCP. Drug Control in conjunction with the DEA arrested and prosecuted the individual. New policies regarding the controlled substance room were instituted and are followed to this day. Pharmerica paid a \$25,000 fine.

2000-2002 Netcare Pharmacy

Middletown, CT

Pharmacy Manager – Supervised, hired, disciplined all employees (pharmacists and technicians), determined corporate policies in tandem with the pharmacy owners, determined product mix, set up an IV service. Pharmacy closed in 2002.

- 1994-2000 Reliance/ Alliance/ Pharmacy Corp of America/
Pharmerica
Portland, CT then Berlin, CT
Staff Pharmacist. Left to go to Netcare Pharmacy.
- 1992-1994 Seymour Street Pharmacy
85 Seymour Street Hartford, CT
Pharmacist Manager
Opened a for-profit pharmacy for Hartford Hospital
in their new medical office building. Hired and
supervised all employees (pharmacists, techs and
cashiers), chose product mix, determined pharmacy
layout, interacted with practitioners in the building,
compounded specialty items for those doctors,
serviced a LTC facility associated with Hartford
Hospital. Pharmacy sold to Arrow in 1994
- 1978-1992 Genovese Drugs/ Fay's Drug
Bloomfield, CT and E. Hartford, CT
Pharmacist Manager
Performed all duties of a dispensing pharmacist. I
was the licensee for these two locations. Left when I
took the position at Seymour Street Pharmacy.
- 1976 - 1978 Relief Pharmacist
ShopRite Pharmacies, Genovese Drugs and 7 independent
pharmacies
Filled in as a dispensing pharmacist when and
where needed. Left to take position at Genovese

All Federal and State Tax returns submitted but not included as they are not required for FOIA.