

Department of Revenue Services
State of Connecticut
25 Sigourney St Ste 2
Hartford CT 06106-5032
R603 (Rev. 07/09)

Sales and Use Tax Permit



Use only at this location: Lic Nbr: 1049806

The person named below is licensed under the Sales and Use Tax Act.
This permit is good only for the named permittee and at the location shown.
If there is any change in ownership, the permit is null and void.

Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number
10/16/2013	12/31/2018	01/01/2014	60272952-001

MANSFIELD APOTHECARY PALLIATIVE MEDICINE
MANSFIELD APOTHECARY PALLIATIVE MEDICINE
1022 STORRS RD
STORRS MANSFIELD CT 06268-2639

|||||
MANSFIELD APOTHECARY PALLIATIVE MEDICINE L
MANSFIELD APOTHECARY PALLIATIVE MEDICINE L
PO BOX 223
MANSFIELD DEPOT CT 06251-0223

This license may not be transferred or assigned.

Kevin B. Sullivan
Commissioner of Revenue Services



Medical Marijuana Program

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

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



Appendix A Dispensary Facility License Information Form

Section A: Business Information

1. Applicant business type:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
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2. Legal Name of Applicant: Mansfield Apothecary Palliative Medicine LLC

3. Trade Name of Applicant: Mansfield Apothecary Palliative Medicine

4. Applicant's Business Address: 53 Old Turnpike Road

5. City: Storrs 6. State: CT Zip Code: 06268

8. Daytime Telephone Number: (860) 455-5637 9. E-mail Address: gregorycichowski@gmail.com

10. Applicant's Mailing Address (if different than business address): P.O. Box 223 11. City: Mansfield Depot

12. State: CT 13. Zip Code: 06251 14. Daytime Telephone Number: (860) 455-5637 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 F. Cichowski, R.Ph. 17. Primary Contact Title: Manager/Member

18. Primary Contact E-mail Address: gregorycichowski@gmail.com 19. Primary Contact Telephone Number: (860) 455-5637

20. OPTIONAL - Name of Alternate Contact: 21. Alternate Contact Title:

22. Alternate Contact E-mail Address: 23. Alternate Contact Telephone Number:

Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation: 10/10/2013 25. Place of Formation/Incorporation: Storrs, CT

26. Registered with the Connecticut Secretary of State: Yes No 27. Sale and Use Tax Permit Number: 60272952-001
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: 1022 Storrs Road		29. City: Storrs	
30. State: CT	31. Zip Code: 06268	32. Telephone Number: None at present	33. Fax Number: None at present
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: 1022 Storrs Road, LLC	

Section E: Business Association Information

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

Section F: Proposed Dispensary Department Hours

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

Monday	1PM	to	6PM	Friday	1PM	to	6PM
Tuesday	1PM	to	6PM	Saturday	1PM	to	6PM
Wednesday	1PM	to	6PM	Sunday	1PM	to	6PM
Thursday	1PM	to	6PM				

Section G: Proposed Dispensary Facility Hours

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

Monday	1PM	to	6PM	Friday	1PM	to	6PM
Tuesday	1PM	to	6PM	Saturday	1PM	to	6PM
Wednesday	1PM	to	6PM	Sunday	1PM	to	6PM
Thursday	1PM	to	6PM				



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Section H: Other Business Names & Addresses

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

43. Name: N/A	44. Time Period: N/A

List all addresses, other than those listed in response to Section A, that the applicant owns, has owned or from which it has conducted business during the previous five years and give the approximate time periods during which such locations were owned or utilized. Attach additional pages if necessary.

45. Address: N/A	46. Time Period: N/A

Section I: Dispensary Facility Backers

Provide the following information for each dispensary facility backer. A dispensary facility backer is any person (including any legal entity) with a direct or indirect financial interest in the applicant, except it shall not include a person with an investment interest provided the interest held by such person and such person's co-workers, employees, spouse, parent or child, in the aggregate, does not exceed five per cent of the total ownership or interest rights in the applicant and such person will not participate directly or indirectly in the control, management or operation of the dispensary facility if a license is granted.

Create additional copies of this page if necessary.

Each backer identified in response to this section must complete and sign Appendix B.

47. Name: N/A	48. Percentage of ownership: N/A



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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 F.Cichowski	Manager/Member	Dispensary facility
		owner; dispensary dept.
		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:
No expenses incurred greater than \$10,000	\$ 0.00	N/A
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Section L: Security System

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

55. Primary Security Company Name: Tyco Integrated Security, LLC	
56. Primary Security Company Address (including Apartment or Suite #): 1045 Crosspoint Blvd	57. City: Indianapolis

APPENDIX A. DISPENSARY FACILITY LICENSE INFORMATION FORM
SECTION L: SECURITY SYSTEM, ITEM #71 PROPOSED DISPENSARY FACILITY PLAN

Mansfield Apothecary Palliative Medicine, LLC, will be contracting with TYCO Integrated Security for its dispensary security alarm systems. A detailed description of the security plan proposed by TYCO is attached. The plan is more than adequate to prevent and detect diversion, theft, or loss of marijuana product, utilizing commercial grade equipment to provide the following protection.

1. A perimeter alarm.

Requirement addressed in the Burglar Alarm System Plan proposed by TYCO (attached)

2. Motion detector.

Requirement addressed in the Burglar Alarm System Plan proposed by TYCO (attached)

3. Video cameras.

As described in their CCTV Video System Plan (attached), TYCO will install video cameras in all areas that may contain marijuana, and at all points of entry and exit, which shall be appropriate for the normal lighting conditions of the areas under surveillance. The cameras will be directed at all approved safes, dispensing/sales areas. When installed at entry and exit points of the facility, the cameras will be angled so as to allow for the capture of clear and certain identification of any person entering and exiting the facility.

4. All dispensary facility video cameras will provide twenty-four hour recordings, which shall be made available to the Commissioner or the Commissioner's authorized representative upon request, and shall be retained for at least 30 days. If the dispensary facility permittee is aware of a pending criminal, civil, or administrative investigation or legal proceeding for which a recording may contain relevant information, the dispensary facility permittee will retain an unaltered copy of the recording until the investigation or proceeding is closed, or the entity conducting the investigation or proceeding notifies the dispensary facility manager that it is not necessary to retain the recording.

5. Duress Alarm.

The Burglar Alarm System Plan proposed by TYCO includes a Duress Alarm which will generate a silent security system alarm, generated by the entry of a designated code into an arming station in order to signal that the alarm user is being forced to turn off the system.

6. Panic Alarm.

The Burglar Alarm System Plan proposed by TYCO includes 7 panic alarms, generating an audible security alarm system generated the manual activation of a device intended to signal a life threatening or emergency situation requiring a law enforcement response.

7. Holdup Alarm

The Burglar Alarm System Plan proposed by TYCO includes 7 holdup alarm buttons that will generate a silent alarm signal generated by the manual activation of a device intended to signal a robbery in progress.

8. Automated Voice Dialer

The Burglar Alarm System Plan proposed by TYCO will provide an automatic voice dialer programmed to send a prerecorded voice message, when activated, over a telephone line, to a law enforcement agency requesting dispatch.

9. The Burglar Alarm System Plan proposed by TYCO will provide notification of any failure in the security system. The failure notification system will provide an alert to the dispensary facility manager within five minutes of the failure via telephone, email and text message.

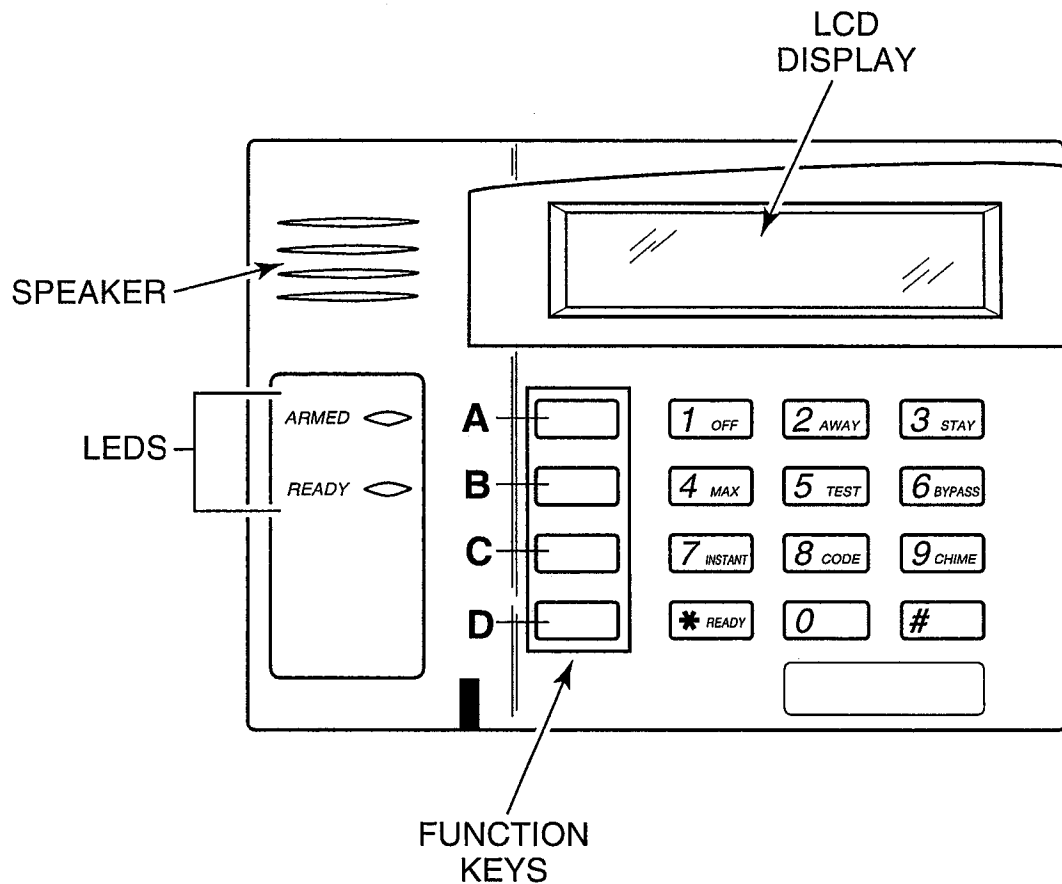
10. The CCTV Video System Plan proposed by TYCO has the ability to produce immediately a clear color still photo that is a minimum of 9600 dpi from any camera image (live or recorded).

11. The CCTV Video System Plan proposed by TYCO has the ability to embed a date and time stamp on all recordings. The date and time will be synchronized and set correctly, and will not significantly obscure the picture.

12. The security system plan proposed by TYCO has the ability to remain operational during a power outage

The dispensary facility will maintain all security system equipment in a secure location (the Electronics Room) so as to prevent theft, loss or destruction.

Functions of the Keypad



IMPORTANT! When using the keypad to enter codes and commands, sequential key depressions must be made within 3 seconds of one another. If 3 seconds elapses without a key depression, the entry is aborted and must be repeated from its beginning.

6160-00-003-1A

Functions of the Keypad (cont'd)

ALPHA DISPLAY WINDOW: A 2-line, 32-character Liquid Crystal Display (LCD) that displays protection point identification and system status, messages, and user instructions.

1 OFF : Disarms the burglary portion of the system, silences alarms and audible trouble indicators, and clears visual alarm trouble after the problem has been corrected.

2 AWAY : Completely arms both perimeter and interior burglary protection by sensing an intruder's movements through protected interior areas as well as guarding protected doors, windows, etc. Late arrivals can enter through an entry delay zone without causing an alarm if the system is disarmed before the entry delay time expires.

3 STAY : Arms the perimeter burglary protection, guarding protected doors, windows and other perimeter protection points, and sounds an alarm if one is opened. Also allows automatic bypassing of certain areas which permits movement within your house without causing an alarm. Late arrivals can enter through an entry delay zone without causing an alarm if the system is disarmed before the entry delay time expires. See *ARMING PERIMETER ONLY* for a full explanation of the STAY key.

4 MAXIMUM : Arms in manner similar to AWAY mode, but eliminates the entry delay period, thus providing maximum protection. An alarm will occur immediately upon opening any protection point, including entry delay zones.

5 TEST : Tests the system and alarm sounder if disarmed.

6 BYPASS : Removes individual protection zones from being monitored by the system. Displays previously bypassed protection zones.

7 INSTANT : Arms in manner similar to STAY mode, but turns off the entry delay period, offering greater security while inside and not expecting any late arrivals. An alarm will occur immediately upon opening any perimeter protection point, including entry delay zones.

8 CODE : Allows the entry of additional user codes that can be given to other users of the system.

Functions of the Keypad (cont'd)

9 CHIME : Turns on & off the CHIME mode. When on, any entry through a protected delay or perimeter zone while the system is disarmed will cause a tone to sound at the Keypad(s).

*** READY** : When depressed prior to arming the system, the keypad will display all open protection zones within the keypad's home partition. This key is also used to display all zone descriptors that have been programmed for your system, by holding the key down for at least 5 seconds.

: Permits ARMING of the system without use of a security code ("Quick Arm", if programmed).

KEYS 0-9: Used to enter your individual security access code(s).

LED READY INDICATOR: (GREEN) Lit indicates system is ready to be armed, while unlit indicates system not ready.

LED ARMED INDICATOR: (RED) Lit when the system has been armed (STAY, AWAY, INSTANT or MAXIMUM).

SPEAKER: Source of audible internal warning and confirmation sounds, as well as alarms (see "Summary of Audible Notifications").

FUNCTION KEYS: These keys can be used for Speedkey (macros) functions or panic keys. Refer to the SPEEDKEY (MACROS) and PANIC KEYS sections for descriptions of these functions.

Security Codes and Authority Levels

General Information

At the time of installation, you were assigned an authority level and a personal four-digit security code, known only to you and yours. The security code must be entered when arming and disarming the system. The authority level defines the system functions that you can perform.

As an additional safety feature, other users that do not have a need to know your code can be assigned different security codes, and each user can be given a different authority level. Users are identified by "user numbers", which are assigned when assigning a user's security code.

All codes can be used interchangeably when performing system functions within the limits of each code's authority level (a system armed with one user's code can be disarmed by another user's code), with the exception of the Operator Level C code. See **AUTHORITY LEVELS** on the following page for details regarding authority levels.

Important: Only users assigned for user numbers 001-050 can perform panel linking functions.

Duress Code

This feature is intended for use if you are forced to disarm or arm the system under threat. When used, the system will act normally, but can silently notify the central station of your situation, if that service has been provided. The duress code is pre-assigned by the installer during installation (authority level 6).

Important: This code is useful only when the system is connected to a central station.

Quick Arming

Note that if "Quick Arming" was programmed by the installer, the [#] key can be pressed in place of the security code when arming the system. The security code must always be used to disarm the system, however.

Panic Keys

(For Manually Activating Silent and/Or Audible Alarms)

Using Panic Keys

Your system may have been programmed to use special key combinations to manually activate panic functions. The functions that might be programmed are Silent Emergency, Audible Emergency, Personal Emergency, and Fire. See your installer for the function(s) that may have been programmed for your system.

Active Panic Functions

(Your installer should note which function(s) is active in your system.)

Keys	Zone	Function
1 and *	995	
3 and #	996	
* and #	999	
A	995	
B	999	
C	996	

To use a paired key panic function, simply press both keys of the assigned pair at the same time.

If your keypad(s) have lettered keys for panic functions, press the designated key and hold down for at least 2 seconds to activate the panic function.

A silent emergency sends a silent alarm signal to the central station, but there will be no audible alarms or visual displays.

An audible emergency sends an emergency message to the central station (if connected) and will sound a loud, steady alarm at your keypad **and** at any external sounders that may be connected (**ALARM** plus a zone number would also be displayed).

A personal emergency alarm sends an emergency message to the central station (*if connected*) and will sound at Keypads, but not at external bells or sirens. (**ALARM** plus a zone number would also be displayed.)

A fire alarm sends a fire alarm message to the central station and will uniquely sound external bells and sirens (**FIRE** plus a zone number would also be displayed).



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58. State: IN	59. Zip Code: 46256	60. Telephone Number: (203) 741-4052	61. Fax Number: (203) 294-1514
62. E-mail Address: info@tycois.com or kamarshall@tyco.com			
63. Backup Security Company Name (if applicable): N/A			
64. Backup Security Company Address (including Apartment or Suite #): N/A			65. City: N/A
66. State: N/A	67. Zip Code: N/A	68. Telephone Number:	69. Fax Number:
70. E-mail Address: N/A			
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 F. Lichowski

78. Date Signed:

10/23/2013

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

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

79. Signature:

Gregory F. Lichowski

80. Date Signed:

10/23/2013



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Appendix B N/A There are no dispensary facility backers

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

N/A

1. Backer business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Backer:						
3. Trade Name of Backer (if applicable):						
4. Street Address (including Apartment or Suite #):						
5. City:				6. State:	7. Zip Code:	
8. Daytime Telephone Number:		9. Fax Number:			10. E-mail Address:	

Section B: Backer Members

N/A

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

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

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

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



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Section C: Licenses, Permits and Registrations

N/A

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

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

Section D: Legal Proceedings

N/A

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

N/A

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.

N/A

26. Signature:



27. Date Signed:

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.

N/A

28. Signature:



29. Date Signed:



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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 Felix Cichowski		
2. Street Address (including Apartment or Suite #): 53 Old Turnpike Road		
3. City: Storrs	4. State: CT	5. Zip Code: 06268
6. Title: Manager/Member	7. Telephone Number: (860) 428-8269	8. E-mail Address: gregorycichowski@gmail.com
9. Date of Birth:	10. Social Security Number:	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Section B: Employment Information

12. Current or Most Recent Employer: 13. Mansfield Apothecary, Inc.		Date of Employment: Start Date: 10/09/1976 End Date: :	
14. Employer Address (including Apartment or Suite #): 53 Old Turnpike Road			
15. City: Storrs		16. State: CT	17. Zip Code: 06268
18. Telephone Number: (860) 429-8269	19. Fax Number:	20. E-mail Address:	

Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?
 Yes No

22. Are you currently associated with a pharmacy in any state?
 Yes No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

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

Section C: Pharmacy Business Experience

A. St. Francis Hospital

Woodland St., Hartford CT

From 1973-1974, I worked as a staff pharmacist at the hospital. My professional responsibilities included dispensing of oral and injectable drugs, and compounding of sterile parenteral admixtures. I left the employment of the hospital to take a better paying position at Mt. Sinai Hospital. The pharmacy never violated any State laws or regulations during the time I was employed there.

B. Mt. Sinai Hospital

Blue Hills Avenue, Hartford, CT

From 1974-1978, I worked as a staff pharmacist at the hospital. My professional responsibilities included dispensing of oral and injectable drugs; compounding of sterile parenteral admixtures; coordinating distribution of controlled drugs; drug information. I left the employment of the hospital in 1978 to join my wife (also a pharmacist) in running the Mansfield Apothecary, a pharmacy that we founded in 1976. The hospital never violated any State laws or regulations during the time I was employed there.

C. Mansfield Apothecary

Mansfield Shopping Plaza, Rt. 44, Storrs, CT

From 1976-1998, I opened, owned, managed and operated the Mansfield Apothecary, an independent retail pharmacy that specialized in prescriptions, sterile product compounding, and drug information. The pharmacy closed in 1998 due to my wife's illness. The pharmacy never violated any State laws or regulations during the time I was employed there.

D. Shaws/Arrow Prescription Center

60 Cantor Drive, Willimantic, CT

From 1999-2003, I worked as a staff pharmacist filling prescriptions. I left the employment of the pharmacy in 2003 to take a part-time position as a clinical pharmacist at Natchaug Hospital. During the time I was employed at the pharmacy, the pharmacy manager was arrested for stealing controlled substances. I cooperated with State of Connecticut Drug Control (Agent Gerard Destefano) to help resolve the case.

E. Windham Hospital

Mansfield Avenue, Willimantic, CT

From 2006-2008, I worked as a clinical pharmacist at the hospital. My professional responsibilities included drug information consultations, pharmacokinetic consultations, anticoagulant consultations antimicrobial surveillance, order entry and dispensing of medications, formulary interchange, and sample medication provision to indigent care patients. The pharmacy never violated any State laws or regulations during the time I was employed there.

F. Natchaug Hospital

189 Storrs Road, Mansfield Center, CT

From 2003 to present, I have worked as a clinical pharmacist in psychiatric medicine and substance abuse. My professional responsibilities include drug information consultations, anticoagulant consultations, antimicrobial surveillance, order entry and dispensing of medications, formulary interchange, and sample medication provision to indigent care patients. The pharmacy never violated any State laws or regulations during the time I was employed there.



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Section D: Marijuana Business Experience

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

Yes No

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

Yes No

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

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

Section E: Other Relevant Business Experience

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

Yes No

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

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

Section F: Licenses, Permits and Registrations

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

29. State CT	30. Issue Date (month/year): 02/01/2012 Expiration Date (month/year): 01/31/2014	31. Type: Pharmacist	32. Number: 0004837
33. State	34. Issue Date (month/year): Expiration Date (month/year):	35. Type:	36. Number:



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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 F. Lichowski

43. Date Signed:

10/23/2013



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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 F. Lichowski*

45. Date Signed:

10/23/2013



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Appendix D

Dispensary Facility Manager Information Form

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

Section A: Dispensary Facility Manager Information

1. Name (First, Middle, Last): Gregory Felix Cichowski			
2. Home Address (including Apartment or Suite #): 53 Old Turnpike Road			3. City: Storrs
4. State: CT	5. Zip Code: 06268	6. Date of Birth: [REDACTED]	7. Telephone Number: (860) 429-8269
8. Social Security Number: [REDACTED]			9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
10. E-mail Address: gregorycichowski@gmail.com		11. Connecticut Pharmacist License Number: 0004837	

Section B: Employment Information

12. Current or Most Recent Employer: 13. Mansfield Apothecary, Inc.		Date of Employment: Start Date: 10/09/1976 End Date: : presently employed	
14. Employer Address (including Apartment or Suite #): 53 Old Turnpike Road			
15. City: Storrs		16. State: Ct	17. Zip Code: 06268
18. Daytime Telephone Number: (860) 429-8269	19. Fax Number: None at present	20. E-mail Address: None at present	

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.

Section C: Pharmacy Business Experience

A. St. Francis Hospital

Woodland St., Hartford CT

From 1973-1974, I worked as a staff pharmacist at the hospital. My professional responsibilities included dispensing of oral and injectable drugs, and compounding of sterile parenteral admixtures. I left the employment of the hospital to take a better paying position at Mt. Sinai Hospital. The pharmacy never violated any State laws or regulations during the time I was employed there.

B. Mt. Sinai Hospital

Blue Hills Avenue, Hartford, CT

From 1974-1978, I worked as a staff pharmacist at the hospital. My professional responsibilities included dispensing of oral and injectable drugs; compounding of sterile parenteral admixtures; coordinating distribution of controlled drugs; drug information. I left the employment of the hospital in 1978 to join my wife (also a pharmacist) in running the Mansfield Apothecary, a pharmacy that we founded in 1976. The hospital never violated any State laws or regulations during the time I was employed there.

C. Mansfield Apothecary

Mansfield Shopping Plaza, Rt. 44, Storrs, CT

From 1976-1998, I opened, owned, managed and operated the Mansfield Apothecary, an independent retail pharmacy that specialized in prescriptions, sterile product compounding, and drug information. The pharmacy closed in 1998 due to my wife's illness. The pharmacy never violated any State laws or regulations during the time I was employed there.

D. Shaws/Arrow Prescription Center

60 Cantor Drive, Willimantic, CT

From 1999-2003, I worked as a staff pharmacist filling prescriptions. I left the employment of the pharmacy in 2003 to take a part-time position as a clinical pharmacist at Natchaug Hospital. During the time I was employed at the pharmacy, the pharmacy manager was arrested for stealing controlled substances. I cooperated with State of Connecticut Drug Control (Agent Gerard Destefano) to help resolve the case.

E. Windham Hospital

Mansfield Avenue, Willimantic, CT

From 2006-2008, I worked as a clinical pharmacist at the hospital. My professional responsibilities included drug information consultations, pharmacokinetic consultations, anticoagulant consultations antimicrobial surveillance, order entry and dispensing of medications, formulary interchange, and sample medication provision to indigent care patients. The pharmacy never violated any State laws or regulations during the time I was employed there.

F. Natchaug Hospital

189 Storrs Road, Mansfield Center, CT

From 2003 to present, I have worked as a clinical pharmacist in psychiatric medicine and substance abuse. My professional responsibilities include drug information consultations, anticoagulant consultations, antimicrobial surveillance, order entry and dispensing of medications, formulary interchange, and sample medication provision to indigent care patients. The pharmacy never violated any State laws or regulations during the time I was employed there.



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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:



Gregory F. Lichowski

26. Date Signed:

10/23/2013

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

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

27. Signature:



Gregory F. Lichowski

28. Date Signed:

10/23/2013



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Appendix E

N/A There are no backer members

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

N/A

1. Name (First, Middle, Last):				
2. Street Address (including Apartment or Suite #):				
3. City:			4. State:	5. Zip Code:
6. Daytime Phone Number:	7. Fax Number:		8. E-mail Address:	

Section B: Criminal Actions

N/A

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

N/A

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:
---	------------------

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

N/A

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:
---	------------------

APPENDIX A. BUSINESS INFORMATION OF APPLICANT

A.1 Dispensary Facility Information Form

Attached as Appendix A

A.2 Applicant Qualifications Relevant to Development and Operation of a Dispensary Facility

It is my opinion that the two most important qualifications of successfully developing a business are the abilities to organize and direct. While I have had no previous experience specifically in the development and operation of a medical marijuana dispensary facility, I do have a previous track record of being able to convert abstract ideas into physical realities. I cite here some specific examples.

In 1976, my wife and I (both pharmacists) had the idea of opening a pharmacy here in our town of Storrs. We had no previous business experience, and limited exposure to working in a retail pharmacy. Yet, we knew that there was a need for another pharmacy in town, and that we wanted to fill that need in a non-traditional way by opening a small “mom & pop” apothecary-style pharmacy. Thus was born the Mansfield Apothecary, which specialized in prescriptions and service. We filled mainly prescriptions, and complimentary over-the-counter cough-and-cold remedies, vitamins, and limited durable medical goods. We prided ourselves on service to our patients, whether in the form of prescription drug counseling, drug and disease state information, medical referrals, and often just listening and sharing someone's joy or suffering. The ability to LISTEN, and then where necessary, to organize the pharmacy's resources and direct them to where they were most needed for our patients. We did this successfully for 22 years until my wife's illness prompted us to listen once to our own needs and sadly close the pharmacy. We took great pride in what we did professionally during those 22 years, opening a business from scratch, with no experience and limited resources. We converted our life savings of \$12,000 over the period of 22 years into a profit of over \$500,000 when we sold our pharmacy to a large pharmacy chain. We educated our patients about the old fashioned meaning of the word Apothecary, and left with the knowledge that we did things “our way.”

In 1990, 1999, and again in 2010, I undertook the daring ventures of restoring three antique houses here in Storrs that were scheduled for demolition. While noteworthy for their local history, their conditions were so deplorable that no one could see any value in saving them. After all, old house restoration is notorious for its reputation as a money pit and a potential source of financial ruin. Working on old houses also required special knowledge in architecture, carpentry, and masonry, none of which I had as a pharmacist. What I did have, however, was this passion for saving the past, and using my skills of being able to organize and direct, I coordinated the skills and expertise of men and women in the trades to help me pursue my passion. I worked side by side with them, and they taught me many skills, none of which I ever became expert in doing (maybe masonry). Most importantly, I learned Patience, and developed a sense of appreciation for the special skills exhibited by the people I worked with. They taught me how to solve problems by “thinking outside of the box.” Above all, they taught me the importance of being flexible. The first house, an 1813 Federal Period home that my wife and I live in, took 6 years to restore. The second house, a circa 1732 period Saltbox, has taken me 13 years to restore, and was completed this past June. The third house, a circa 1806 Cape is a work in progress, to be completed with funding from the sale of the Saltbox. What old house restoration also taught me was never to approach a daunting project looking at it too long in its entirety, for to do so could lead to despair and hopelessness. Rather, the way to success in completing a project is to divide it into pieces, and then work on each of these components, taking satisfaction in what one accomplishes on them individually each day. This attitude carries over to my application for a medical marijuana dispensary license. The application process is DAUNTING, to say the least, but doable if approached in segments.

Like anything new, whether opening a pharmacy, restoring an old house, nurturing a marriage, or opening a dispensary, the key elements to success are organization, direction, hard work, patience, flexibility, and a positive attitude. But even with all these qualities, like everything in life, nothing is guaranteed.

"It's impossible," said Pride

"It's risky," said Experience

"It's pointless," said Reason

"Give it a try!", whispered the Heart

And that's what I'm doing: giving it a try in developing and operating a dispensary facility.

APPENDIX A. BUSINESS INFORMATION OF APPLICANT
A.3 FINANCIAL STATEMENT OF BUSINESS TRANSACTIONS CONNECTED WITH
DISPENSARY APPLICATION

The applicant, Mansfield Apothecary Palliative Medicine, LLC, was formed as a business entity on October 10, 2013. The business has no assets, and it has experienced considerable difficulty in establishing a checking account with a Connecticut bank. Therefore, all expenses (described below) that were incurred with the dispensary application have been paid for personally by Gregory Cichowski (myself) who has formed the LLC.

The following expenses were incurred with the dispensary application for the Mansfield Apothecary Palliative Medicine:

1.	Application fee to State of Connecticut for dispensary license	\$1000
2.	Website development fees	613
3.	Legal fees	800
4.	Lease option	2000
5.	Printing & copying charges	<u>300</u>
	TOTAL	\$4713

Approximately 1500 hours of time was invested in researching and processing this application.

Department of Revenue Services
State of Connecticut
25 Sigourney St Ste 2
Hartford CT 06106-5032
R603 (Rev. 07/09)

Sales and Use Tax Permit



Use only at this location: Lic Nbr: 1049806

The person named below is licensed under the Sales and Use Tax Act.
This permit is good only for the named permittee and at the location shown.
If there is any change in ownership, the permit is null and void.

Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number
10/16/2013	12/31/2018	01/01/2014	60272952-001

MANSFIELD APOTHECARY PALLIATIVE MEDICINE L
MANSFIELD APOTHECARY PALLIATIVE MEDICINE L
1022 STORRS RD
STORRS MANSFIELD CT 06268-2639

|||||
MANSFIELD APOTHECARY PALLIATIVE MEDICINE L
MANSFIELD APOTHECARY PALLIATIVE MEDICINE L
PO BOX 223
MANSFIELD DEPOT CT 06251-0223

This license may not be transferred or assigned.

Kevin B. Sullivan
Commissioner of Revenue Services



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.c

FILING [REDACTED] PG 01 OF 02 VOL B-01860
FILED 10/10/2013 08:30 AM PAGE 00613
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

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

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Samuel L. Schrager ADDRESS: 1733 Storrs Road PO Box 534 CITY: Storrs STATE: Connecticut ZIP: 06268		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) Mansfield Apothecary Palliative Medicine, LLC		
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED: ATTACH 8 1/2 X 11 SHEETS IF NECESSARY. The purpose of the limited liability company is to engage in any lawful act or activity for which limited liability company may be formed under the Connecticut Limited Liability Act.		
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: 1022 Storrs Road CITY: Storrs STATE: Connecticut ZIP: 06268		
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: PO Box 223 CITY: Mansfield Depot STATE: Connecticut ZIP: 06251		
5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: Gregory F. Cichowski		
BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"		CONNECTICUT RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE)
ADDRESS: 1022 Storrs Road CITY: Storrs STATE: Connecticut ZIP: 06268		ADDRESS: 53 Old Turnpike Road CITY: Storrs STATE: Connecticut ZIP: 06268
SIGNATURE ACCEPTING APPOINTMENT: <i>Gregory F. Cichowski</i>		

B. IF AGENT IS A BUSINESS:
 PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)
 ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Gregory F. Cichowski	Manager/Member	1022 Storrs Road Storrs, CT 06268	53 Old Turnpike Road Storrs, CT 06268

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

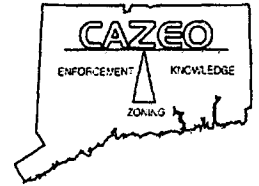
DATED THIS 8th DAY OF October, 2013

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Gregory F. Cichowski	<i>Gregory F. Cichowski</i>

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ www.concord-sofs.ct.gov
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO www.ct.gov/drs



Town of Mansfield



CURT B. HIRSCH
ZONING AGENT
HIRSCHCB@MANSFIELDCT.ORG

AUDREY P. BECK BUILDING
4 SOUTH EAGLEVILLE ROAD
MANSFIELD, CT 06268-2599
(860) 429-3341

October 9, 2013

Gregory Cichowski,
53 Old Turnpike Road
Storrs, CT 06268

Re: Mansfield Apothecary Palliative Medicine

Dear Mr. Cichowski:

I have reviewed your October 3, 2013 letter, describing the medical marijuana dispensary facility that you are proposing at 1022 Storrs Road, in the Town of Mansfield. I have discussed your proposal with the Director of Planning & Development and with the Chairman of the Mansfield Planning & Zoning Commission. We are in agreement that the proposed dispensary use is in compliance with the Mansfield Zoning Regulations at the proposed location.

1022 Storrs Road is located in a Professional Office – 1 Zone. Per Article VII, Section T.2.a of the zoning regulations, offices for medical and counseling services are a permitted use in the subject zone. Due to the existing medical office use of the premises, there will be no new or additional approvals required through the zoning office. Any proposed identity signage however, will require a sign permit through this office.

Sincerely,

Curt Hirsch
Zoning Agent

B-3

We, the property owners/landlord of 1022 Storrs Road, Storrs, CT, consent to Mansfield Apothecary Palliative Medicine LLC, opening and operating a medical marijuana dispensary facility, as sanctioned and licensed by the State of Connecticut, at 1022 Storrs Road, Storrs, CT.

OWNER/LANDLORD:

Louis Cano, DDS

Louis Cano

Matthew Raynor, DMD

Date: 10-22-13

REAL ESTATE LEASE

This Lease Agreement ("Lease") is made effective as of October 1, 2013 by and between 1022 Storrs Road, LLC ("Landlord") located at 1022 Storrs Road, Storrs, CT 06268, and Mansfield Apothecary Palliative Medicine, LLC. ("Tenant") having a mailing address at PO Box 223, Mansfield Depot, CT 06251. The parties agree as follows:

PREMISES. Landlord, in consideration of the lease payments provided in this Lease, leases to the Tenant the agreed upon and designated portion of the 1022 Storrs Road building (the "Premises") in Storrs, CT (approximately 1000 square feet), as shown to Gregory Cichowski on September 23, 2013.

TERM. The lease term will begin on January 1, 2014 and expires on December 31, 2018. If Landlord and Tenant wish to continue their business lease arrangement, a new lease agreement will be constructed by the Landlord to explain all of the details. Tenant shall be granted the first option to renew this lease for 3 additional 5 year periods at the then fair market rates for commercial rental space. Tenant can renew the lease each 5 years, if it so chooses. Tenant shall give notice of intent to renew 90 days before the expiration of the initial term.

OPTION HOLDING FEE. Tenant agrees to pay \$2000 as a non-refundable option fee, subject to Tenant obtaining licensure to operate a state of Connecticut licensed medical marijuana dispensary. Should Tenant obtain state licensure, the said option fee will be applied toward the first month's rent.

SECURITY DEPOSIT. Tenant shall pay \$2400 as a security deposit upon receipt of licensure to be a dispensary with the state of Connecticut for leasing of said Premises. If Tenant is in default under this Lease, Landlord may use this security deposit to pay the rent or any other money that is owed under this Lease. If all agreements are fulfilled under this Lease, the security deposit will be returned to Tenant within thirty (30) days after the Lease ends. Landlord will pay interest on the security deposit as required by law.

LEASE PAYMENTS. Tenant shall pay to Landlord the first day of every month in advance monthly lease payments as follows (which includes \$900 per year for normal professional office electricity usage and air conditioning – any increase may be surcharged to Tenant): \$1320 for first 12 months (Jan 1, 2014-Dec 31, 2014), \$1386 for year 2 (Jan 1, 2015-Dec 31, 2015), \$1455 for year 3 (Jan 1, 2016-Dec 31, 2016), \$1528 for year 4 (Jan 1, 2017-Dec 31, 2017), and \$1604 for year 5 (Jan 1, 2018-Dec 31, 2018). Tenant will also be responsible to pay for the costs associated with oil heat based on

occupying approximately 1000 square feet out of a total space of approximately 2550 square feet, or 39% of the space. Payments made after the 10th day of the then current rental month shall be subject to a late fee of 10% of the monthly rental installment due. Lease payments shall be made to Landlord at 1022 Storrs Road, Storrs, CT 06268.

STRUCTURAL REMODELING/RENOVATIONS. Landlord will install a new front door entry door and partition off said Premises from the larger space to retrofit the area per the needs of Tenant. Any interior renovation of the building space to be known as the Premises that is requested by the Tenant must be preapproved by the Landlord.

POSSESSION. Tenant shall be entitled to possession on the first day of the term of this Lease (January 1, 2014), and shall yield possession to the Landlord on the last day of the term of this Lease (December 31, 2018), unless otherwise agreed by both parties in writing. At the expiration of the term, Tenant shall remove its goods and effects and peaceably yield up the Premises to Landlord in as good a condition as when delivered to Tenant, ordinary wear and tear expected.

USE OF PREMISES. Tenant shall occupy and use the Premises for conducting business only, as a medical marijuana dispensary facility as sanctioned and licensed by the state of Connecticut. The property owners/Landlord consent to this usage of the Premises as stated. Tenant shall notify Landlord of any anticipated extended absence from the Premises not later than the first day of the extended absence.

SANITATION. Tenant agrees to keep the Premises clean and sanitary, free from trash and other objectionable material. All trash must be removed from the Premises and placed in the designated trash shed located between the two parking areas, with recyclables separated out.

PETS. Pets are not permitted on the Premises.

PARKING. Tenant shall be entitled to and expected to use no more than 5 parking spaces in the unpaved "employee parking lot" for all people affiliated with the daily business conducted by said Tenant. Visitors doing business on the Premises are entitled to park in the paved common parking area.

PROPERTY INSURANCE. Landlord and Tenant shall each be responsible to maintain appropriate insurance for their respective interests in the Premises and property located on the Premises.

MAINTENANCE. Landlord shall have the responsibility to maintain the exterior Premises in good repair at all times and perform all repairs necessary to satisfy any implied warranty of habitability. Utilities, refuse collection and removal from the shed (with the exception of biomedical waste), snow removal, and cleaning and maintenance

of the property grounds shall be paid by Landlord. Any interior cleaning service of the Premises that is required for the Tenant is an expense to be covered by the Tenant.

SIGNS. The Tenant shall not install any lights or signs which are visible from the outside of the Leased Premises without preapproval to do so from the Landlord. Consent will not be unreasonably withheld. Tenant shall be permitted to have 3 exterior signs (made at Tenant's expense): a roadside sign on Storrs Road, a building mounted sign, and a directional sign on the property grounds to assist patrons of the Tenant's business. Signage must be consistent with the 1022 Storrs Road building decor, and final approval of design and size will be by the Landlord. Roadside signage must also be consistent with the new Storrs Family Dentistry signage, meet the rules set forth by the Town of Mansfield, and be approved by the Landlord.

EQUIPMENT INSTALLATION, ALTERATIONS, AND IMPROVEMENTS. The Tenant shall have the right to install, at its expense, professional equipment and fixtures to the Leased Premises, provided that said installations do not cause any structural damages to the Leased Premises. The Tenant shall not make or cause to be made any additional alterations or improvements to the Leased Premises without first obtaining written consent from the Landlord, which shall not be unreasonably withheld. Tenant shall not place anything on the exterior of the 1022 Storrs Road building, except a Landlord approved sign stating the business name of the Tenant.

LIABILITY INSURANCE. The Tenant shall keep the Leased Premises sufficiently covered with insurance for general liability in the amount of at least one million/three million dollars (\$1,000,000/\$3,000,000) personal injury and one hundred thousand dollars (\$100,000) insurance policies, and shall, upon request, provide copies of said policies to Landlord. Tenant shall deliver appropriate evidence to Landlord that adequate insurance is in force.

TAXES. Taxes attributable to the Premises or the use of the Premises shall be allocated as follows:

Real Estate: Landlord shall pay all real estate taxes and assessments for the Premises.

Personal: Tenant shall pay all personal taxes and any other charges which may be levied against the Premises and which are attributable to Tenant's use of the Premises, along with all sales and/or use taxes that may be due in connection with lease payments.

DESTRUCTION OR CONDEMNATION OF PREMISES. If the Premises are partially destroyed by fire or other casualty to an extent that prevents the conducting of Tenant's use of the Premises in a normal manner, and if the damage is reasonably repairable

within sixty days after the occurrence of the destruction, and if the cost of repair is less than \$100,000, Landlord shall repair the Premises and the lease payments shall abate during the period of the repair, according to the extent to which the Premises have been rendered untenantable. However, if the damage is not repairable within sixty days, or if the cost of repair is \$100,000 or more, or if Landlord is prevented from repairing the damage by forces beyond Landlord's control, or if the property is condemned, this Lease shall terminate upon twenty days written notice of such event or condition by either party and any unearned rent paid in advance by Tenant shall be apportioned and refunded to it. Tenant shall give Landlord immediate notice of any damage to the Premises.

HABITABILITY. Tenant has inspected the Premises and fixtures and acknowledges that the Premises are in a reasonable and acceptable condition of habitability for its intended use, and the agreed lease payments are fair and reasonable. If the condition changes so that, in Tenant's opinion, the habitability and rental value of the Premises are adversely affected, Tenant shall promptly provide reasonable notice to Landlord.

DEFAULTS. Tenant shall be in default of this Lease if Tenant fails to fulfill any lease obligation or term by which Tenant is bound. Subject to any governing provisions of law to the contrary, if Tenant fails to cure any financial obligation within 5 days (or any other obligation within 10 days) after written notice of such default is provided by Landlord to Tenant, Landlord may elect to cure such default and the cost of such action shall be added to Tenant's financial obligations under this Lease. All sums of money or charges required to be paid by Tenant under this Lease shall be additional rent, whether or not such sums or charges are designated as "additional rent." The rights provided by this paragraph are cumulative in nature and are in addition to any other rights afforded by law.

CUMULATIVE RIGHTS. The rights of the parties under this Lease are cumulative, and shall not be constructed as exclusive unless otherwise required by law.

NON-SUFFICIENT FUNDS. Tenant shall be charged \$100.00 for each check that is returned to Landlord for lack of sufficient funds.

ASSIGNABILITY/SUBLETTING. Tenant may not assign or sublease any interest in the Premises, nor assign, mortgage or pledge this Lease, without the prior written consent of Landlord, which shall not be unreasonably withheld.

NOTICE. Notices under this Lease shall not be deemed valid unless given or served in writing and forwarded by mail, postage prepaid, addressed to the party at the appropriate address set forth below. Such addresses may be changed from time to time by either party by providing notice as set forth below. Notices mailed in

accordance with these provisions shall be deemed received on the third day after posting.

LANDLORD: 1022 Storrs Road, LLC at 1022 Storrs Road in Storrs, CT

TENANT: Mansfield Apothecary Palliative Medicine, LLC at PO Box 223 in Mansfield Depot, CT

Such addresses may be changed from time to time by either party by providing notice as set forth above.

GOVERNING LAW. The Lease shall be construed in accordance with the laws of the State of Connecticut.

ENTIRE AGREEMENT/AMENDMENT. This Lease contains the entire agreement of the parties and there are no other promises, conditions, understandings or other agreements, whether oral or written, relating to the subject matter of this Lease. This Lease may be modified or amended in writing, if the writing is signed by the party obligated under the amendment.

SEVERABILITY. If any portion of this Lease shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable. If a court finds that any provision of the Lease is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as so limited.

WAIVER. The failure of either party to enforce any provisions of this Lease shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Lease.

BINDING EFFECT. The provisions of this Lease shall be binding upon and inure to the benefit of Landlord and Tenant and their respective legal representatives, successors and assigns.

LANDLORD:

Louis Cano, DDS

Louis Cano

Matthew Raynor, DMD

TENANT:

Gregory Cichowski

Gregory J. Cichowski

**Mansfield Apothecary
Palliative Medicine**

B-4



Future home of Mansfield Apothecary Palliative Medicine

B.5



Looking at commercial businesses south of proposed dispensary



Looking at vacant wooded property to the west of proposed dispensary



Looking at residential property east of the proposed dispensary



Looking at vacant wooded property with house in the distance, to the north of the proposed dispensary



Block map of dispensary location at 1022 Storrs Road, Storrs, CT
Scale 1 in = 372 ft

B-6

A

47, Hc

B

85.0

TYPE
CAT
BAS
TF=18
18"
INV.
15"
INV.

STORRS ROAD

TY
CA
BA
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15
IN

(CONNECTICUT ROUTE 195)

TY
CAT
BAS
TF=15
15"
INV.
15"
INV.
4"
INV.

UNI
GRO
PO
TO

TYPE-CL
CATCH
BASIN
TF=89.17
15" CMP
NW-83.8
15" CMP
INV.=83.8
15" RCP
INV.=84.0

MAP REFERENCE

- 1.) LAND OF TOWN OF MANSFIELD, 1973, PREPARED BY JOHN W. COOK, 1970, SCALE: 1"=40'
- 2.) PLAN OF TOWN OF MANSFIELD, BAPTIST CHURCH, SCALE: 1"=40', SHEET NO. 1 OF 1
- 3.) ZONE CHANGE, DENTISTRY, CONDATE: 10/19/00, 1 OF 1, JOB NO. SOUTH WINDHAM
- 4.) A-2 BOUNDARY, STORRS ROAD (CONNECTICUT ROUTE 195), 6/14/2000, SHEET NO. 1 OF 1, CME ASSOCIATES

APPENDIX C. PROPOSED BUSINESS PLAN

C1. Description of Products Intended to be Offered During First Year of Dispensary Operation

It is difficult to know with certainty the specific product offerings by the dispensary at the Mansfield Apothecary Palliative Medicine during its first year of operation. One can only surmise what Connecticut medical marijuana producers will offer for products based on what is being offered in other states. One prospective applicant for a Connecticut producer license opined the following product offerings:

1. Dried Medical Marijuana. The number of strains will vary depending on how many dispensary facility applications are approved. Regardless of final total number, we plan to offer 5 to 10 high CBD/low THC strains. Most of these strains will be used in the manufacturing of other items.
2. In addition to dried MMJ, we will supply dispensaries with:
 - a. Hash (CO2)
 - b. Honey Oil (BHO and SCCO2)
 - c. Tinctures (made with vegetable glycerin): in bottles with orifice reducers; sprays for sublingual delivery (probably available in at least two flavorings); prefilled cartomizers for “pen” style vaporizers (probably in two different weight increments); and at a later date, a canna infused oil for cooking.
 - d. Rolled joints, in two different gram weights. These will be packaged as singles, 2, 3, and 5 joints.
 - e. Topical crème/lotion, probably one unscented, and one or two scented.

The dispensary at the Mansfield Apothecary Palliative Medicine would be offering all of the above products if manufactured by producers. In addition, this dispensary would encourage producers to manufacture medical marijuana transdermal patches, and capsules or tablets in order to provide the maximum product selection for patients. The dispensary has no plans to offer any perishable baked goods or other food products containing medical marijuana.

In addition to the sale of medical marijuana, the dispensary at the Mansfield Apothecary Palliative Medicine will make available to its patients the necessary paraphernalia for proper dosing and administration of medical marijuana. Such paraphernalia includes vaporizers, rolling paper and cigarette rollers, bud grinders, e-cigarette and cartridge type vaporizers. Reference books and magazine publications related to the topic of medical marijuana will also be available for purchase.

APPENDIX C. PROPOSED BUSINESS PLAN

C.2 Dispensary Services

In addition to dispensing medical cannabis, many dispensaries in other states offer other services including massage, acupuncture, as well as opportunities for social interaction through activities such as arts and crafts, yoga, cooking classes, etc. It is not the intention of the Mansfield Apothecary Palliative Medicine to provide services such as these that can be readily obtained out in the community through established programs. Services provided at this dispensary will be relevant to the unique product being offered: medical marijuana and associated dosing paraphernalia. Services will focus on education and counseling of patients, in keeping with the professional environment of a medical office practice. Education is a continual process and is vital to improving our understanding of this medicine. Sharing what we know with others, our patients and their physicians, our colleagues, and the State is an important role.

During the first year of operation, the dispensary at the Mansfield Apothecary Palliative Medicine will offer the following services:

1. Initial patient visit will be comprehensive in collecting demographics of patient history, including disease states, drug and food allergies, current and past prescription and over-the-counter medications, as well as the specific medical condition for which the patient is certified to use medical marijuana.
2. The dispensary will provide information to qualifying patients and primary caregivers regarding the possession and use of medical marijuana. Such information will include material related to:
 - a. The limitations on the right to possess and use marijuana pursuant to the Act and sections 21a-408-1 to 21a-408-70, inclusive of the Regulations of Connecticut State Agencies.;
 - b. The patient will be educated about the risks and benefits of medical marijuana, as well as safe techniques and alternative dosing methods for proper use of marijuana and paraphernalia (smoking, vaporizing, topically, orally, etc.);
 - c. The current medications that the patient is taking will be reviewed for potential interactions with medical marijuana. If interactions are discovered, the patient will be counseled and appropriate physician contacted regarding possible changes in drug regimen to reduce or eliminate drug interactions.
 - d. Signs and symptoms of substance abuse and opportunities to participate in substance abuse programs.
3. The dispensary will document a qualifying patient's self-assessment of the effects of marijuana in treating the patient's debilitating medical condition or the symptoms thereof. Data will be collected (measured objectively wherever possible) from patients regarding the efficacy of different strains of cannabidiols. The dispensary will be contracting with a computer software company (MJ Freeway), and use the company's Symptom Tracker module as a mechanism to review with patients their symptoms and self-assess the effects of marijuana on those symptoms and conditions. This self-assessment is attached electronically to the patient record, and such documentation maintained electronically for three years following the date the patient ceases to designate the dispensary facility. The intent of the self-assessment is to ensure the communication of the dispensary with patients and their physicians about symptoms and conditions on a regular basis.
4. The dispensary will cooperate with the State in establishing an adverse event monitoring and reporting program to collect data in reference to the use of medical marijuana. Such a program could be patterned after the existing FDA Medwatch Reporting Form 3500 (copy attached).

Cannabis Strains Tracking Sheet

Use this handy sheet to keep track of the various strains you have tried and their effects.
Learn which ones work best for you!

Strain Name:

Strain species: Indica-dominant Sativa-dominant Hybrid

Medicine form: Dry Flower Tincture Topical

Dosage (how much did you use):

How and when did you use the medicine? *(ex. 2 puffs 3x/day)*

Describe the effects of the medicine? How did it make you feel? *(circle all that apply)*

happy sleepy nervous relaxed talkative motivated focused hungry
uncomfortable anxious energetic slow foggy creative inspired busy emotional
pain-free social distracted uplifted amused sedated calm intoxicated depressed

Other effects *(describe):*

How effective was the medicine in treating your symptoms?

Overall impression: Like Dislike Would use again Would not use again

APPENDIX C. PROPOSED BUSINESS PLAN

C.3 Plan to Limit Access to Dispensary Facility to Employees, Qualifying Patients and Caregivers

The dispensary at the Mansfield Apothecary for Palliative Medicine will limit access to the dispensary facility premises only to employees, qualifying patients and their primary caregivers, and production facility employees who are delivering marijuana products. Access will be only to qualifying patients and their caregivers who have registered with the Commissioner of the Department of Consumer Protection that the Mansfield Apothecary Palliative Medicine is the patient's designated dispensary facility. Patients and their designated caregivers will be required to make appointments with the dispensary in order to gain access. Walk-in patients will not be allowed. Upon arrival at the dispensary facility, a patient/caregiver will announce arrival via a buzzer-intercom system at the entryway, which will be monitored via cameras. When the appointment is confirmed via an appointment-made password, the entryway door will be electronically unlocked by a dispensary employee, allowing access to the patient waiting area for further processing.

Access to production facility employees who are delivering marijuana products will be solely through the delivery entry of the dispensary facility. Deliveries will be coordinated between the dispensary manager and production facility, with deliver dates and times randomized, and details provided in a shipping manifest (to be transmitted securely to the dispensary facility at least twenty-four hours prior to transport), to include sending and receiving party information and vehicle description. Upon arrival at the dispensary, the producer delivery team member will announce arrival via a buzzer-intercom system at the entryway, which will be monitored via cameras. All deliveries from producers will be carried out under the direct supervision of a dispensary who will be present to accept the delivery. The delivery team member will confirm delivery by a password assigned in the manifest, and the delivery door will be electronically unlocked by the dispensary manager, allowing access to the dispensary department. The delivery team member will present a Department-issued identification card to the dispensary manager.

All persons not permitted on the premises of the dispensary facility, but who have been authorized, in writing, to enter the facility by the Commissioner or the Commissioner's authorized representative, will obtain via mail a visitor's identification badge from a dispensary facility employee. Prior to entering the dispensary facility. A dispensary will escort or monitor such a visitor at all times a visitor is in the dispensary department. A visitor will be required to display the visitor identification badge at all times the visitor is in the dispensary facility, and will return the visitor identification badge to a dispensary facility employee upon exiting the dispensary facility. All visitors will log in and out. The dispensary facility will maintain the visitor log, which will include the date, time, and purpose of the visit, and which will be available to the Commissioner in accordance with section 21a-408-70 of the Regulations of Connecticut State Agencies.

If an emergency requires the presence of a visitor and makes it impractical for the dispensary facility to obtain a written waiver from the Commissioner, the dispensary facility will provide will provide written notice to the Commissioner as soon as practicable after the onset of the emergency. Such notice will include the name and company affiliation of the visitor, the purpose of the visit, and the date and time of the visit. A dispensary facility will monitor the visitor and maintain a log of such visit as described above.

Members of the Department of Consumer Protection, local law enforcement, or other federal, State of Connecticut or local government officials may enter any area of a dispensary facility if necessary to perform their governmental duties.

APPENDIX C. PROPOSED BUSINESS PLAN

C.4 Accessibility to Patients and Primary Caregivers Under the Americans with Disabilities Act.

The location of the proposed dispensary of Mansfield Apothecary Palliative Medicine at 1022 Storrs Road, Storrs, is currently being utilized as a medical office by the current tenant, Storrs Family Medicine. The location meets accessibility under the Americans with Disabilities Act. The entry ways are on ground floor level, have wheelchair ramps, and doorways and passageways to patient care areas are wheelchair accessible.

APPENDIX C. PROPOSED BUSINESS PLAN

C.5 Proposed Air Treatment System

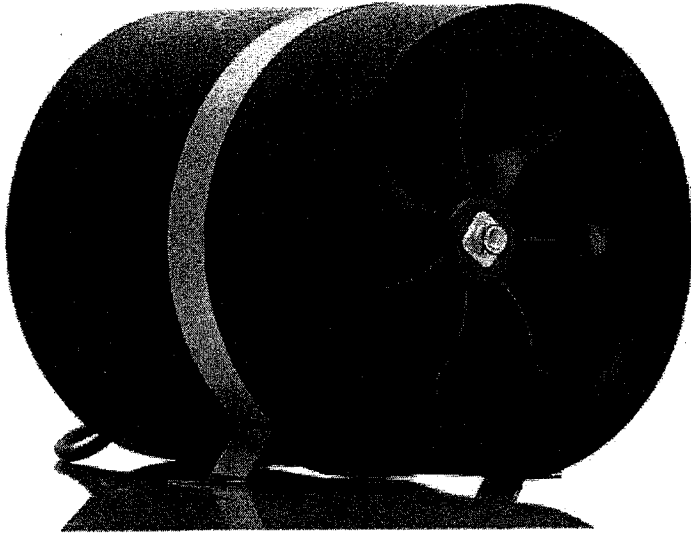
Marijuana has a pungent odor, and some form of odor control system is necessary in order to eliminate off-site odors. The main location of product odor will be in the dispensary department storeroom where marijuana is kept locked in the safe. A carbon based air filtration system will be installed in the storage room that will “scrub” the air in the 480 cubic feet of space once every hour. This technique involves circulating ambient air through activated carbon to filter out odors. Specifically, the system would include a Can-Lite 6 inch carbon filter with pre-filter, coupled with a Can-Lite inline fan, capable of filtering 334 cubic feet of air per minute. The system would be hooked to a timer to activate the system for a 15 minute cycle once every hour. This system's design would be flexible enough to allow the air to be filtered and deodorized more frequently if conditions warranted.



Can Lite Carbon Filter, 6-Inch



Can Max Fan Mixed Flow Inline Fan, Inch 334 Cubic Feet Per Minute Can Fan



Price: \$137.84 *Prime*

new from \$129.61

Up to 3,305 rpm

- Max watts - 75
- 6-inch duct diameter
- Manufactured in Germany
- 5-year manufacturer warranty

APPENDIX C. PROPOSED BUSINESS PLAN

C.6 Process of Delivery of Marijuana/Marijuana Products from Producer to Dispensary Facility

The Mansfield Apothecary Palliative Medicine will implement the following delivery process by which marijuana and marijuana products will be delivered to the dispensary facility from the producer in order to avoid any diversion, theft, or loss of product.

1. Prior to transporting any marijuana or any marijuana product to the dispensary, the producer will be required to complete a shipping manifest using a form prescribed by the Commissioner.
2. Securely transmit a copy of the manifest to the dispensary facility, as well as to the Department, at least twenty-four hours prior to transport. The manifest will also be required to have a delivery password, to be confirmed by the dispensary manager at the time of producer delivery.
3. The producer will be required to transport marijuana products in a locked, safe, and secure storage compartment that is part of the vehicle transporting the marijuana, and that the compartment not be visible from outside the vehicle. A GPS locator in the vehicle will actively track its location.
4. Production facility employees, when transporting marijuana, shall travel directly from the producer facility to the dispensary facility, and not make any stops in between, except to other dispensary facilities.
5. A producer shall ensure that all delivery times and routes are randomized.
6. A producer shall staff all transport vehicles with a minimum of two employees. At least one delivery team member will remain with the vehicle at all times that the vehicle contains marijuana.
7. A delivery team member shall have access to a secure form of communication with the production facility at all times that the vehicle contains marijuana.
8. Delivery team members will possess a Department-issued identification card at all times when transporting or delivering marijuana.
9. Access to production facility employees who are delivering marijuana products will be solely through the delivery entry of the dispensary facility. Deliveries will be coordinated between the dispensary manager and production facility, with deliver dates and times randomized, and details provided in a shipping manifest (to be transmitted securely to the dispensary facility at least twenty-four hours prior to transport), to include sending and receiving party information and vehicle description. Upon arrival at the dispensary, the producer delivery team member will announce arrival via a buzzer-intercom system at the entryway, which will be monitored via cameras. All deliveries from producers will be carried out under the direct supervision of a dispensary who will be present to accept the delivery. The delivery team member will confirm delivery by a password assigned in the manifest, and the delivery door will be electronically unlocked by the dispensary manager, allowing access to the dispensary department. The delivery team member will present a Department-issued identification card to the dispensary manager. Product will be delivered in a locked, secure box/bag containing a GPS locator. The dispensary counts and verifies receipt of all items listed on the manifest. Upon confirmation, the dispensary signs off on the manifest. If there are any discrepancies, the dispensary will contact the production facility immediately to resolve the discrepancy.
10. The marijuana products delivered are date and time stamped by the dispensary receiving the product, are recorded and entered into inventory, and immediately placed in the approved safe within the storage room of the dispensary department where the marijuana is stored.

APPENDIX C. PROPOSED BUSINESS PLAN

C.7 Dispensary Facility Employee Training

The dispensary facility at the Mansfield Apothecary Palliative Medicine will provide to each dispensary employee, prior to the employee commencing work at the facility, training in the following:

1. The proper use of security measures and controls that have been adopted for the prevention of diversion, theft, or loss of marijuana;
2. Procedures and instructions for responding to an emergency;
3. Professional conduct, ethics, State and federal statutes and regulations (HIPPA) regarding patient confidentiality ;
4. On-the-job and other related education, including continuing in-service training, as determined by the dispensary facility manager, involving developments in the field of the medical use of marijuana. The following texts will be utilized as training references by staff as part of dispensary's program to educate staff about the field of cannabis therapeutics:
 - a. *Handbook of Cannabis Therapeutics : From Bench to Bedside*; Ethan Russo, MD, and Franjo Grotenhermen, MD, editors
 - b. *The New Prescription: Marijuana as Medicine*; by Martin Martinez, edited by Frances Podrebarac, MD
5. The dispensary facility manager will maintain a written record documenting the initial and continuing training of dispensary facility employees, and will include the following:
 - a. The name of the person receiving the training;
 - b. The dates of the training;
 - c. The general description of the topics covered;
 - d. The name of the person supervising the training;
 - e. The signatures of the person receiving the training and the dispensary facility manager,
6. When a change of dispensary facility manager occurs, the new manager will review the training record and sign it, understanding that the new manager understands its contents.
7. The dispensary facility will maintain the record documenting all employee training and make it available in accordance with section 21a-408-70 of the Regulations of Connecticut State Agencies.

Handbook of Cannabis Therapeutics *From Bench to Bedside*

Ethan B. Russo, MD
Franjo Grotenhermen, MD
Editors



The Haworth Press
New York • London • Oxford

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THE NEW PRESCRIPTION MARIJUANA AS MEDICINE

Martin Martinez

Edited by Francis Podrebarac, M.D.

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APPENDIX C. PROPOSED BUSINESS PLAN

C.8 Loss Control Prevention Plan

Prevention of loss, theft, or diversion of product is an important element of any business, especially for a pharmacy which handles controlled substances, or a dispensary, which handles marijuana products. The dispensary at the Mansfield Apothecary Palliative Medicine will implement the following controls to prevent the diversion, theft, or loss of marijuana.

1. The dispensary will not maintain an inventory of marijuana in excess of the quantity required for normal, efficient operation. Prior to commencing business, the dispensary will conduct an initial comprehensive inventory, and thereafter, conduct ongoing inventory controls and procedures which will enable the facility to detect any diversion, theft, or loss in a timely manner. Specifically, the dispensary will conduct a weekly inventory of marijuana stock, which will include, at a minimum, the date of the inventory; a summary of inventory findings; the name, signature, and title of the individual(s) who conducted the inventory; the date of receipt of marijuana, including the name and address of the producer from whom received, and the kind and quantity of marijuana received. The record of all marijuana sold, dispensed, or otherwise disposed of shall show the date of sale; the name of the dispensary facility, qualifying patient, or primary caregiver to whom the marijuana was sold, including the address of such person; and the brand and quantity of marijuana sold. In addition, a complete and accurate record of stocks or brands of marijuana on hand will be prepared annually by the dispensary on the anniversary of the initial inventory or such other date that the dispensary facility manager may choose (not more than one year following the prior year's inventory).

2. All marijuana will be stored in an approved safe in such a manner as to prevent diversion, theft, or loss. The safe will conform to or exceed all of the following standards:

- a. Underwriters Laboratories, Inc. certified with a minimum of a B Burglary rate;
- b. Underwriters Laboratories, Inc. certification as being equipped with a locking device;
- c. Weight of 750 pounds or more, or rendered immobile by being securely anchored to a permanent structure of the building;
- d. Adequate interior space to store all marijuana products.

An example of an approved safe that may be purchased is attached.

3. Marijuana will be stored in an approved safe which will be located the dispensary department storeroom (the Safe Room) accessible only to the dispensary (or in the future, specifically authorized employees). Access to the Safe Room will be restricted to authorized personnel by the installation of an Access Control System utilizing badge readers that are programmed to restrict access.

4. The safe and Safe Room storeroom will be kept securely locked and protected from entry as described above in (3), except for the actual time required to remove or replace marijuana. The Safe Room storeroom will be continually monitored by an interior dome camera. The safe will be wired with a safe contact.

5. All locks and security equipment will be kept in good working order via a security maintenance contract with the facility security vendor, Tyco Integrated Security.

6. No keys will be left in locks, nor will keys or access control badge cards be accessible to persons other than specifically authorized employees.

7. All other security measures, such as combination numbers, passwords, or electronic security systems, will not be accessible to persons other than specifically authorized employees. Only a dispensary will have the authority to deactivate the alarm system.

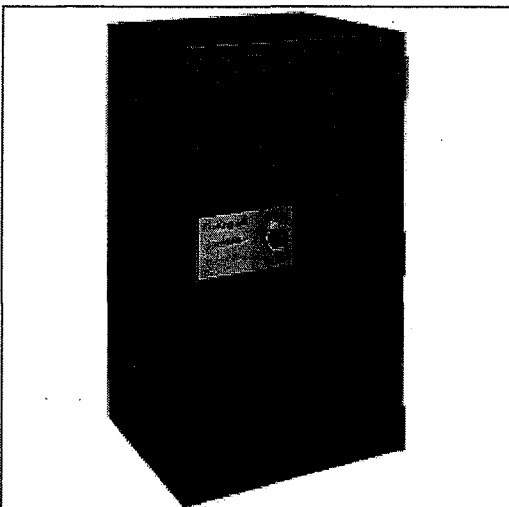
8. The dispensary department will be kept securely locked and protected from entry by unauthorized employees. Access to the dispensary department will be only by employees with specifically programmed access control badge cards. All doors and windows in the dispensary department will include window/door contacts and glass break detectors. All areas in the dispensary department will be protected from unauthorized access by motion detectors and monitored with interior dome cameras.

9. Signs will be posted at all entry ways into any area of the dispensary facility containing marijuana, including the Safe Room storeroom with an approved safe, which sign will be a minimum of 12 inches in height and 12 inches in width which shall state: **“Do Not Enter – Limited Access Area – Access Limited to Authorized Employees Only”** in lettering no smaller than one-half inch in height.

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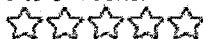
Item No: 34322
Brand: Fire King

PRODUCT SNAPSHOT:

- ▶ Dimensions: 34.5"W x 29.125"D x 60.25"H
- ▶ Weight: 1240 lbs.
- ▶ Lifetime Guarantee

Availability:

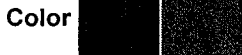
All colors are Made to Order and ship within 6 to 8 weeks.



Be the first to [write a review](#)

Share this product:

▶ 1 Hour Fire Safes Collection



More Information

Product Description

Drill-resistant steel hardplate protects the combination lock. Vertical and horizontal bolts resist prying. Bolt-O-Matic door guard automatically extends the 1" bolts when the door is closed. UL-rated Group II combination lock is standard with over 1,000,000 combinations. UL Class 1-hour fire rating and a UL RSC burglary rating offer peace of mind. Safes are constructed using today's most advanced technology making them secure yet affordable. UL-listed relocking device offers extra security.

Available in seven sizes and two colors (graphite or taupe).

- ▶ Dimensions: 34.5"W x 29.125"D x 60.25"H
- ▶ Weight: 1240 lbs.

BACK TO TOP ▲

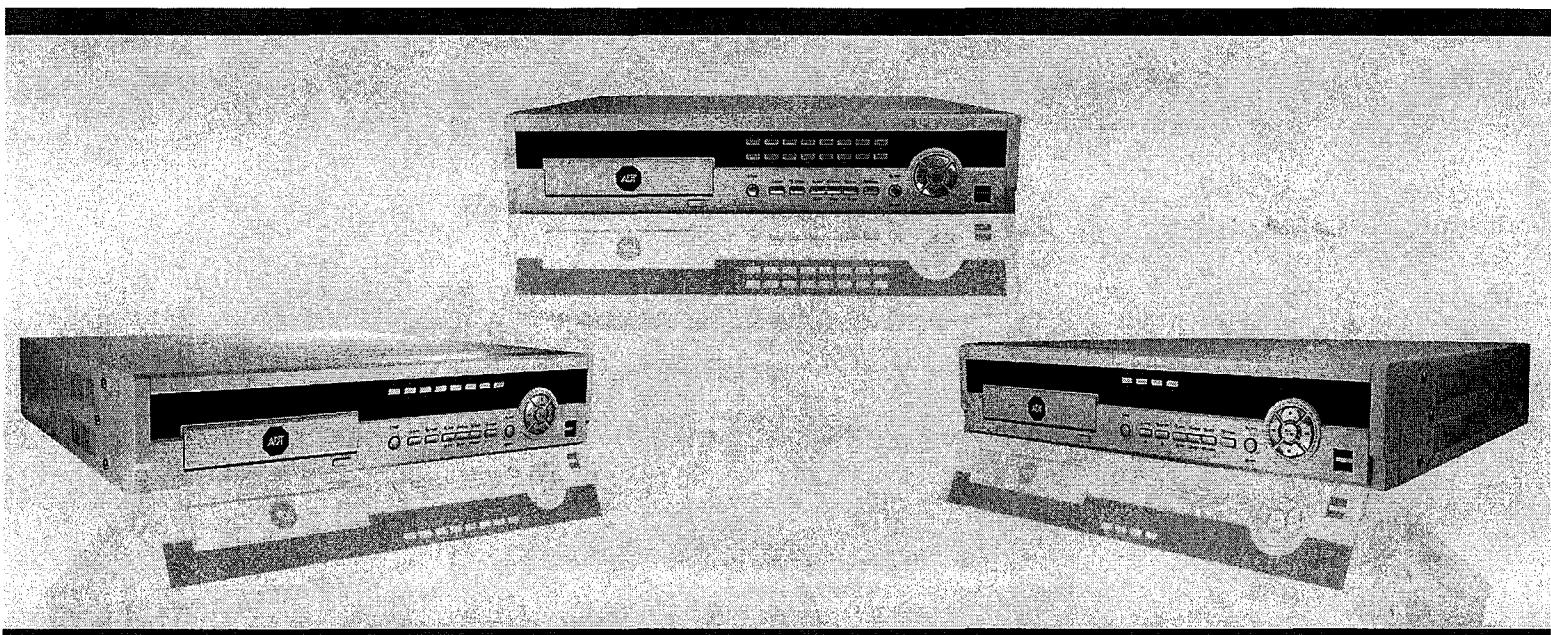
Delivery Information

This item includes free tailgate delivery (see description below). Inside delivery services are available for an additional charge. This item ships in 1 carton. Allow 6-8 weeks for delivery.

This product ships via tailgate truck - our fastest delivery method. You will be required to take the product off the tailgate of the truck. If you need inside delivery, please call us at 800-558-1010 or type a message in the shipping instructions/order comments area during checkout. Additional charges may apply for extra delivery services.

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More Views



H.264 Multi-Channel Digital Video Recorders w/ DVD-RW

KEY FEATURES AND BENEFITS

- 4-, 8- and 16-channel looping BNC inputs
- 4-channel audio recording / 1-channel audio playback
- H.264 compression with Real Time 120/240-ips at 2-CIF resolution on the 4/8 channel units; 480-ips at CIF resolution on the 16 channel units
- Internal DVD-RW and two USB 2.0 ports
- Concurrent BNC / VGA video outputs and 1-spot monitor output
- Powerful search modes by calendar, time-date, event, motion, museum, text-in
- 2X Digital Zoom, 1-Touch / 2-Touch Clip/Copy archiving
- Temperature Check, SMART Diagnosis, Auto Recovery, Auto Deletion and Network Time Sync
- Programmable Video Motion Detection (VMD), Video Obscuration Detection (VOD) and Video Blind Detection (VBD)
- Multiple recording modes -Time-Lapse, Event, Text, Pre-event, Panic and Continuous
- Programmable record options -Schedule, Record Rate, Image Quality for each input
- Up to 30 minute pre-event / 15 minute post event recording
- Remote Administration Software (RASPlus) features Monitoring, Playback, Recording, Setup, PTZ, Upgrade, Map integration, Multi-Site System Health Monitoring, and the capability to burn video clips to the units DVD-drive remotely.
- IR remote and USB mouse included

ORDERING INFORMATION

SCN#	Item
A-ADT400HD2-500	4-Ch DVR, H.264, 2CIF, 120-ips, IR, mouse, DVD, 500GB
A-ADT400HD2-1TB	4-Ch DVR, H.264, 2CIF, 120-ips, IR, mouse, DVD, 1TB
A-ADT800HD2-1TB	8-Ch DVR, H.264, 2CIF, 240-ips, IR, mouse, DVD, 1TB
A-ADT800HD2-2TB	8-Ch DVR, H.264, 2CIF, 240-ips, IR, mouse, DVD, 2TB
A-ADT800HD2-3TB	8-Ch DVR, H.264, 2CIF, 240-ips, IR, mouse, DVD, 3TB
A-ADT1600HD-1TB	16-Ch DVR, H.264, 480-ips, IR, mouse, DVD, 1TB
A-ADT1600HD-2TB	16-Ch DVR, H.264, 480-ips, IR, mouse, DVD, 2TB
A-ADT1600HD-3TB	16-Ch DVR, H.264, 480-ips, IR, mouse, DVD, 3TB
A-ADT1600HD-5TB	16-Ch DVR, H.264, 480-ips, IR, mouse, DVD, 5TB
A-ADT1600HD-6TB	16-Ch DVR, H.264, 480-ips, IR, mouse, DVD, 6TB



Video Solutions

H.264 Multi-Channel Digital Video Recorders w/ DVD-RW

Product Specifications

Video
 Video Input 4-, 8-, 16-BNC looping inputs, auto terminating
 Main Monitor Output BNC Composite: 1 output
 VGA 15 pin D connector RGB; 1 output
 Spot Monitor BNC Composite: 1 output

General
 Display Mode (main) 1, 4, 6, 8, 9, 16, Sequence, PIP, and Digital 2X Zoom
 Display Mode (spot) Full-screen, Sequence
 Display Resolution 720 x 480 NTSC
 Record Resolution CIF: 352 x 240, 2CIF: 704 x 240, D1: 704 x 480
 Playback/Record Rate 480/480 images/second, 16-Ch (CIF)
 240/240 images/second, 16-Ch (2CIF)
 120/120 images/second, 16-Ch (D1)
 240/240 images/second, 8-Ch (CIF)
 240/240 images/second, 8-Ch (2CIF)
 120/120 images/second, 8-Ch (D1)
 120/120 images/second, 4Ch (CIF)
 120/120 images/second, 4Ch (2CIF)
 60/60 images/second, 4Ch (D1)
 Guaranteed Full-Duplex – no record rate reduction
 H.264

Compression
 Operating System (OS) Embedded Linux
 Storage Max 4 HDD without DVD-RW, Max 3 HDD with DVD-RW
 Data Export Medium Internal DVD-RW, USB (HDD, CD-RW, Flash-Drive),
 IDE (CD-RW, DVD-RW)

Alarm Inputs
 Alarm Outputs 4/8/16 TTL, NC or NO, push terminal
 Alarm Reset 1/2/2 Relay Out, terminal block
 Alarm Reset 1 TTL w/ground, terminal block

Network Interface
 Network Protocols RJ-45 Network Interface card, 10/100 Base T Ethernet,
 Static IP, ADSL, DHCP, DVRNS (Enhanced DDNS)
 Remote Connections Admin: 2 / Watch 10 / Search: 2
 Remote Software Webguard: Monitoring, Playback, Recording, Setup, PTZ,
 Upgrade, DVR Status

Remote Data Export
 Remote Transmission Rate RASPlus: Triplex operation, (User defined 64-channel view),
 I/O Control Map integration, Multi-Site System Health Monitoring
 PTZ Control Clip-Player, AVI, JPEG, BMP
 Audio Inputs/Outputs Maximum 120-ips, with Bandwidth Control
 USB Port RS232C Serial Port
 2 - (USB 2.0) front panel
 1 - RS485 Serial connection (two wire half duplex)
 4/1 - line level (RCA connectors)

Environmental
 Operating Temp 41°F ~ 104°F (5°C ~ 40°C)
 Operating Humidity 0% - 90% (non condensing)
 Power Requirements 100 - 240 VAC, 4-2A, 60/50 Hz, 100W
 Dimensions (W x H x D) 16.9" x 3.5" x 15.9" (430mm x 88mm x 405mm),
 2U, Rack mount hardware included
 Weight 16.1 lbs (7.3kg)

Approvals FCC, UL*, CB, CE

*CAUTION: Risk of Explosion if Battery is replaced by an Incorrect Type.
 Dispose of Used Batteries According to the Instructions.

Specifications are subject to change without notice.

Storage Duration

The A-ADT400HD records up to 120-ips and the A-ADT800HD records up to 240-ips at 2-CIF resolution; and the A-ADT1600HD records up to 480-ips at standard resolution (30-ips per channel). The tables below illustrate a typical recording duration for CIF, 2CIF and D1 record resolutions with a single video input, with continuous video recording on a 500-GB hard disk drive. The actual storage duration will vary depending on the number of cameras recorded, the image quality selected, the recording speed, recording schedule, motion content of the images and the number of stored events.

500-GB HDD					500-GB HDD					500-GB HDD				
CIF (ips)	Basic Days	Standard Days	High Days	Very High Days	2CIF (ips)	Basic Days	Standard Days	High Days	Very High Days	D1 (ips)	Basic Days	Standard Days	High Days	Very High Days
30	96.5	48.2	32.2	24.1	30	48.2	24.1	16.1	12.1	30	24.1	11	8.6	6.3
20	144.7	72.3	48.2	36.2	15	96.5	48.2	32.2	24.1	20	36.2	18.1	12.1	9
15	192.9	96.5	64.3	48.2	10	144.7	72.3	48.2	36.2	10	72.36	36.2	24.1	18.1
5	578.7	289.4	192.9	144.7	5	289.4	144.7	96.5	72.3	5	144.7	72.3	48.2	36.2
1	2893.5	1446.8	964.5	723.4	1	1446.8	723.4	482.3	361.7	1	723.4	361.7	241.1	180.8

Storage is for one input; divide by number of cameras used.

For more information visit www.ADT-Matrix.com

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Front Panel

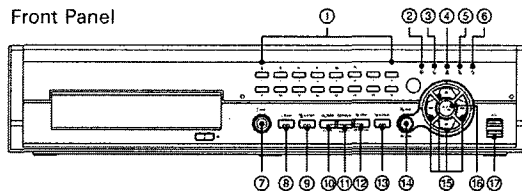


Figure 3 — 16-Channel DVR front panel.

- ① Camera Buttons
- ② HDD LED
- ③ Alarm Out LED
- ④ Network LED
- ⑤ Clip Copy LED
- ⑥ Power LED
- ⑦ Panic Button
- ⑧ Alarm Button
- ⑨ Clip Copy Button
- ⑩ Zoom/PTZ Button
- ⑪ Display/SPOT Button
- ⑫ Group/Sequence Button
- ⑬ Playback Mode Button
- ⑭ Menu/Cameo Button
- ⑮ Arrow Buttons
- ⑯ Play/Pause Button
- ⑰ USB Connector

Rear Panel

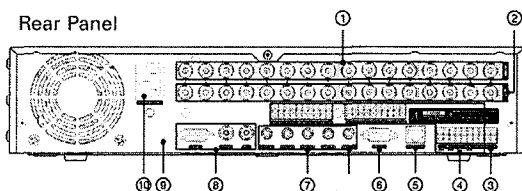
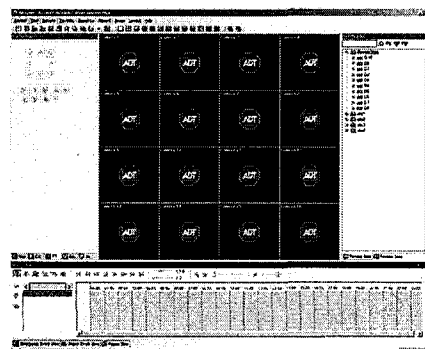


Figure 2 — 16-Channel DVR rear panel.

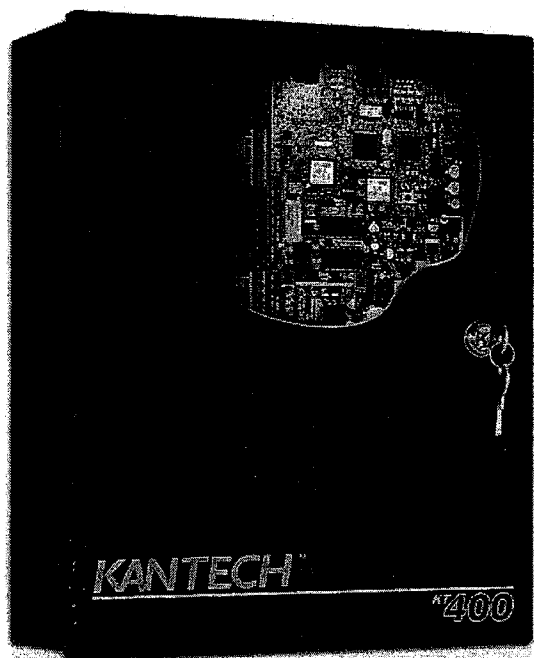
- ① Video Input
- ② Video Loop Through
- ③ RS485 Port
- ④ Alarm Input/Output
- ⑤ Network Port
- ⑥ RS232C Port
- ⑦ Audio In/Out
- ⑧ Video Out
- ⑨ Factory Reset Switch
- ⑩ Power Cord Connector



RASPlus Client Software



ADT Always There®



KT-400

Powerful, Ethernet-Ready Four-Door Controller

Features That Make a Difference

- Supports four readers and expand inputs, outputs, and relays with the addition of expansion modules
- Onboard Ethernet 128-bit AES-encrypted communication with the EntraPass system ensures a high degree of network security
- Control the occupancy level in a defined location with the anti-passback feature
- 100,000 card capacity and provides up to 20,000 concurrent events in stand-alone mode
- Removable terminal blocks help expedite installation and enhance serviceability
- 256 inputs (16 onboard with high security double end-of-line resistor configuration) and 256 outputs (four onboard) provide scalability
- Communicates with the EntraPass Gateway only when an event has occurred, ensuring low network bandwidth consumption (Special and Corporate Editions only)
- Verify and configure IP settings with a built-in web configuration page
- Supervised door lock outputs with internal or external power supply
- LEDs provide important controller status and diagnostic information
- Additional battery supervision and monitoring help ensure controller functionality

Kantech™ KT-400 is an Ethernet-ready four-door controller that provides 128-bit AES-encrypted communication with the EntraPass system and is a highly secure solution for any security-conscious business. KT-400 can easily be integrated into an existing EntraPass system with other Kantech controllers (KT-100 and KT-300) or can provide the foundation for a brand new security installation. With an embedded Ethernet port, IP connectivity is effortless.

Initially available with 16 onboard inputs and four onboard outputs, KT-400 is easily expandable to 256 inputs and relay outputs. The expansion modules are added using removable SPI cables with built-in connectors for quick connectivity.

KT-400 works with any EntraPass system (Special, Corporate, and Global Editions) to provide customers with a solution they can use across their entire corporation, even in the most challenging types of applications. With a card capacity of 100,000 and up to 20,000 concurrent events in stand-alone mode, KT-400 is the perfect solution whether installed at the corporate headquarters with thousands of employees or at regional locations with only a few employees. You are ensured that the same security policies and procedures are implemented across the entire corporation.

LED status indicators help you to diagnose or react to controller issues quickly. With a variety of status indicators, you can view and quickly handle system duress. These security features significantly reduce the risk of system downtime by alerting you to controller issues, power status, and network and outputs activity.

features

Easy Network Connectivity

You can save valuable time and money with the addition of the KT-400 Ethernet port. With embedded IP connectivity, an external IP device is no longer required to connect to the network. In addition, the 10/100Base-T Ethernet port provides faster connectivity. The onboard port is dual-sensing which means the system senses whether the connection is 10Base-T or 100Base-T and adjusts automatically.

Easy Setup with Removable Terminal Blocks

In order to expedite installation and facilitate serviceability, KT-400 features removable terminal blocks that are simple to connect and are color-coded for quick identification. This prevents an installer from wasting valuable time figuring out where to attach each wire.

Built-in Web Configuration

Use the built-in web configuration page, which is accessible through any Internet browser, to quickly verify and configure the IP settings of KT-400. For enhanced security, once KT-400 is configured and settings are accepted, the web page cannot be accessed again. If a configuration error is made, the board can be reset to factory default and the web page will be available again through the Internet browser.

Control Occupancy Levels with Anti-Passback

KT-400 supports occupancy restrictions for four local areas at the controller level with the anti-passback feature. This feature allows you to define a particular area that may have capacity limitations, such as an auditorium, conference room, or laboratory. You can configure KT-400 to limit the amount of people permitted into this area. Once the limit has been reached, no additional personnel will be allowed to enter the defined location. This prevents overcrowding or violation of capacity regulations.

Low Bandwidth Consumption

Unlike similar real-time devices, KT-400 manages network polling and communicates with the EntraPass Gateway only when an event has occurred. Communication integrity is ensured through a heartbeat signal which is sent at regular intervals to the EntraPass

system. This asynchronous communication significantly reduces the amount of bandwidth required to manage your access control system over the network. The communication link is monitored by KT-400 for enhanced security. If there is communication failure between KT-400 and EntraPass, an alarm will be triggered in the EntraPass system for immediate repair.

Supervised Lock Power for Added Flexibility

KT-400 receives 12 to 24 VDC for up to 3 amps of supervised lock power with an external power source for added flexibility.

Choose a Controller Configuration That Makes Sense for Your Application

KT-400 provides multiple controller configurations to suit your specific access control needs. These configurations provide communication with any device on the network for more connection options. You can choose any of the following options:

- IP (Ethernet)
- RS-485 (COM1) for communication between EntraPass Gateway and KT-100, KT-200 (on a separate loop), KT-300, and KT-400
- RS-232 (COM3) for direct connection to the EntraPass Gateway

More Flexibility with Expansion Modules

There are 16 onboard inputs on KT-400. Up to 240 more can be added through the addition of expansion modules for a total of 256 inputs. Each input can be individually used for a variety of applications including door contact, request to exit detectors, external alarm system zones, and more.

Additionally, there are four onboard relay outputs, and up to 256 relay or open drain outputs can be supported through the addition of expansion modules. For quick service and troubleshooting, the modules can be added using SPI cables with built-in connectors.

Configurable Reader Outputs for Added Security

There are four different outputs for each of the four onboard reader interfaces for a total of 16 programmable outputs. The reader outputs provide a user with visual and/or audible feedback (from the buzzer on the reader) on ongoing access events.

End-of-Line Resistors Provide an Added Layer of Security

The 16 onboard inputs can be individually configured with or without single or double end-of-line resistors to monitor more states associated with a customer's installation, significantly increasing the level of security.

Model Numbers

KT-400

KT-400	KT-400 four-door controller, IP-ready, accessory kit (KT-400-ACC), metal cabinet (KT-400-CAB) with lock (KT-LOCK)
KT-400-EU	KT-400 four-door controller, IP-ready, accessory kit (KT-400-ACC), metal cabinet (KT-400-CABEU) with lock (KT-LOCK), European Union model
KT-400-PCB	KT-400 four-door controller (PCB only), IP-ready, accessory kit (KT-400-ACC)

Expansion Modules

KT-MOD-INP16	KT-400 Expansion Module, 16 zone input with SPI cable (KT-MOD-SPI-16)
KT-MOD-REL8	KT-400 Expansion Module, eight-relay with SPI cable (KT-MOD-SPI-16)
KT-MOD-OUT16	KT-400 Expansion Module, 16-output with SPI cable (KT-MOD-SPI-16)
KT-MOD-CAB	KT-400 Expansion Module cabinet, black, with 92 cm (36 in) SPI cable (KT-MOD-SPI-36) and lock (KT-LOCK)
KT-MOD-CABEU	KT-400 Expansion Module cabinet, black, with 92 cm (36 in) SPI cable (KT-MOD-SPI-36) and lock (KT-LOCK), European Union model
KT-MOD-SPI-16	Expansion Modules SPI cable 41 cm (16 in)
KT-MOD-SPI-36	Expansion Modules SPI cable 92 cm (36 in)

KT-400 Starter and Expansion Kit

SK-CE402	KT-400 Starter Kit includes: EntraPass Corporate Edition software CD ROM, KT-400 controller (1), P225XSF reader (4), USB-485 converter (1), TR1675 transformer (1), KT-BATT-12 battery (1), and P40KEY keyfob (5)
SK-CE403	KT-400 Starter Kit includes: EntraPass Corporate Edition software CD ROM, KT-400 controller (1), P325XSF reader (4), USB-485 converter (1), TR1675 transformer (1), KT-BATT-12 battery (1), and P40KEY keyfob (5)
EK-400	KT-400 Expansion Kit includes: KT-400 controller (1), TR1675 transformer (1), and KT-BATT-12 battery (1)
EK-402	KT-400 Expansion Kit includes: KT-400 controller (1), P225XSF reader (4), TR1675 transformer (1), and KT-BATT-12 battery (1)
EK-403	KT-400 Expansion Kit includes: KT-400 controller (1), P325XSF reader (4), TR1675 transformer (1), and KT-BATT-12 battery (1)

Accessories

KT-400-ACC	KT-400 Accessory Kit includes: Four 1.0 K ohm, 32/5.6 K ohm resistors, ground wire, and screwdriver
KT-400-CAB	KT-400 black metal cabinet with lock (KT-LOCK)
KT-400-CON	KT-400 removable terminal block spare kit
KT-ACPW-LED	UL AC power LED indicator
KT-3LED-PLATE	UL-listed alarm, three-color LED indicator mounted on single gang plate
KT-TAMPER	Tamper switch for KT-NCC-CAB, KT-300CAB, and KT-4051CAB metal cabinets
KT-LOCK	Lock for KT-NCC-CAB, KT-300CAB, and KT-4051CAB metal cabinets, and two keys

Power Supply

TR1675	KT-400 transformer, wire-in, 120 VAC/16.5 VAC (75 VA), UL approved
KT-SW1224	KT-400 power supply, 12 VDC, 2 A
KT-BATT-12	KT-400 gel cell battery, 12 V, 7 Ah
KT-BATT-1212	KT-400 gel cell battery, 12 V, 12 Ah

Physical

Cabinet Dimensions
(H x W x D) 37.59 x 30.48 x 12.57 cm
(14.8 x 12.0 x 4.95 in)

PCB Dimensions 22.86 x 13.97 x 5.20 cm
(9.0 x 5.5 x 2.04 in)

Cabinet Weight
KT-400 4.0 kg (8.82 lb)
KT-400-EU 4.8 kg (10.6 lb)

Environmental

Operating Temperature 2° to 49° C (35° to 120° F); indoor use only
Humidity Level 0 to 85% relative humidity non-condensing

Electrical

Power Input
KT-400 16.5 VAC, 75 VA, Class 2 transformer
KT-400-EU 240 VAC IN/ 16.5 VAC, 100 VA, transformer included

Battery Backup 12 VDC/ 7 or 12 Ah battery supervised; up to 12 hours of operation

Reader Power Output Maximum 500 mA @ 12 VDC, typical 125 mA per reader or 400 mA @ 5 VDC, typical 100 mA per reader, protected and supervised. The combined reader current cannot exceed 500 mA @ 12 VDC or 400 mA @ 5 VDC.

Operational

Reader Types Wiegand, proximity, ABA clock and data, bar code, magnetic, integrated keypad, smart card

Monitored Points (Inputs) 16 monitored points, single end-of-line (EOL), double EOL

Points Maximum Wiring AWG #22 – 600 m (2,000 ft)

Door Strike Power 12 VDC, 250 mA maximum each, supervised

Reader Outputs 16 outputs, 25 mA maximum each, open collector outputs

Auxiliary Outputs LEDs (door 1, door 2, door 3, door 4, LED, OUT1 and OUT2) and buzzers (Buz, door 1, door 2, door 3, door 4) 25 mA each, open collector outputs

Controlled Output Relay Four onboard Form C controlled outputs relay, 30 VDC, 3 amp max each

Communication Ports RS-232 (1) with RJ-12, RS-485 (1), Ethernet 10/100Base-T with RJ-45 (1)

Expansion Port SPI 6-pin connector (1), bi-directional data exchange supported. Supplies 12 VDC, 500 mA maximum shared with 12 VDC auxiliary port

Auxiliary Port Auxiliary 12 VDC (1), 500 mA maximum shared SPI expansion port

Communication Speed Up to 115,200 baud (automatic detection) over RS-232 and RS-485; 10/100Base-T over Ethernet

Flash Memory 16 MB for application storage

RAM 64 MB for application loading and running, protected by a Lithium-Ion battery for a minimum of 75 hours

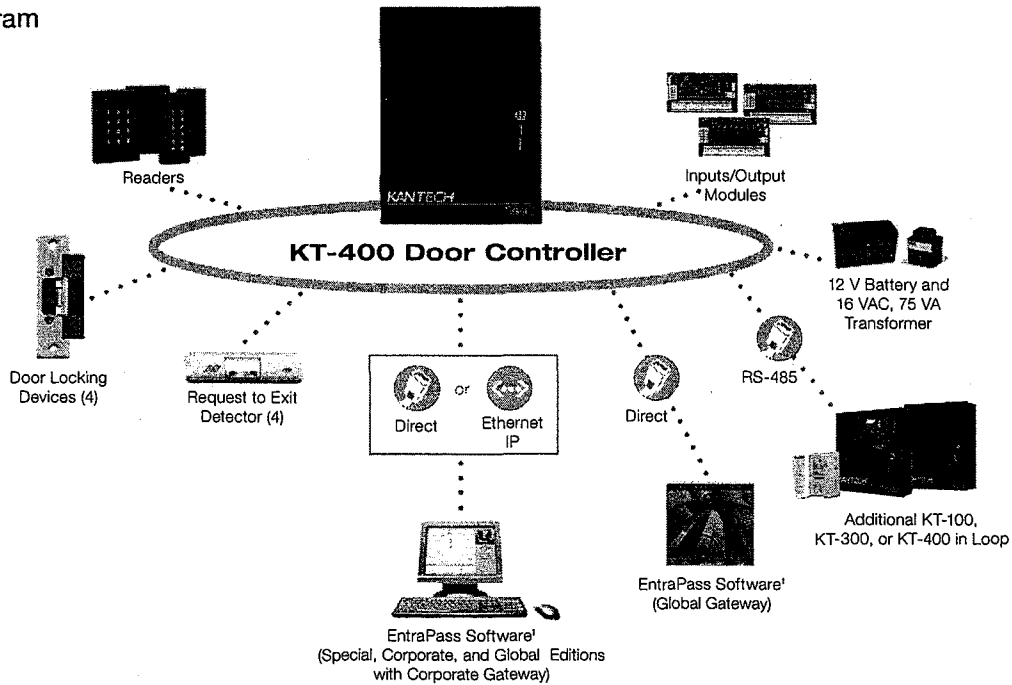
Network Autonomy Distributed data and processing

External Lock Power 12 or 24 VDC (up to 28 VDC) supply up to 750 mA per lock for a total of 3 amp

Regulatory

EN61000-6-1, EN61000-6-2, EN55022
FCC Class A
UL-294, UL-1076
RoHS
WEEE

Basic System Diagram



(1) KT-400 is only available with Entrapass v4.01

Product offerings and specifications are subject to change without notice. Actual products may vary from photos. Not all products include all features. Availability varies by region; contact your sales representative. Certain product names mentioned herein may be trade names and/or registered trademarks of other companies.

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APPENDIX D. PROPOSED MARKETING PLAN

The Mansfield Apothecary Palliative Medicine plans to promote itself as an office based medical practice in the operation of its dispensary. As such, marketing of its products and services would be limited to the following areas:

1. Marketing through its website: mansfieldapothecary.com
2. Locator services: *LEAFLY* and *WEEDMAP*
3. Marketing to physicians

No other educational material such as brochures have been developed as yet.

Pricing information, as well as information about marijuana product strains, dosing appliances, and counseling services being offered at Mansfield Apothecary Palliative Medicine, will be provided on the dispensary website which is currently under development. Hours of operation, 1PM-6PM Monday through Sunday, would be posted on the website as well. Copies of the website templates are provided.

Enrollment with locator services such as *LEAFLY* and *WEEDMAP* would allow exposure of Mansfield Apothecary Palliative Medicine to qualifying patients and their caregivers, as well as to physicians who are licensed to certify patients for the use of medical marijuana.

Marketing to physicians would be via letter, announcing the availability of its services to the physicians and their patients.

All marketing material would be submitted to the Commissioner for approval prior to being provided to qualifying patients, primary caregivers, and certifying physicians.

MANSFIELD APOTHECARY

Palliative Medicine

1022 Storrs Road, Storrs, CT 06268
Phone Number



[Welcome](#) | [About](#) | [Goods & Services](#) | [Location/Contact](#)
[Patients](#) | [Physicians](#) | [Renewals](#) | [Primary Caregivers](#)

ABOUT Mansfield Apothecary Palliative Medicine

Mansfield Apothecary Palliative Medicine is a Connecticut based healthcare entity created to provide alternative therapy options for medical cannabis patients to access their medication in a safe and legal environment. Founded after the passage of Connecticut's Palliative Use of Marijuana Act of 2012, the dispensary offers a combination of over 40 years of professional experience in pharmacy with a thorough understanding of Connecticut and federal law as applied to the specific needs of the State's medical cannabis patients. The Founder and Director of the dispensary is Gregory Cichowski, B.S., RPh, locally known and respected in his areas of expertise, having owned and operated the Mansfield Apothecary as a pharmacy for 23 years, afterwards practicing pharmacology in general medicine at a local hospital, and working as a clinical pharmacist in psychiatric medicine. A long term advocate for the palliative use of medical cannabis, Mr. Cichowski testified in favor of its legalization before Connecticut's state legislature in 2005, and is proud now to be in the forefront of such a practice.

Mansfield Apothecary Palliative Medicine provides:

- The highest quality pharmaceutical grade marijuana
- Drug interaction screening with other medications that the patient may be taking
- Information on the safe techniques for proper use of marijuana and paraphernalia
- Alternative methods and forms of consumption or inhalation by which one can use marijuana

Mansfield Apothecary Palliative Medicine strives for a compassionate and holistic approach in providing comfort and care to its patients.

Mansfield Apothecary *Palliative Medicine*

Hours of Operation
1022 Storrs Road, Storrs, CT 06268
Phone Number

mansfieldapothecary@gmail.com

MANSFIELD APOTHECARY

Palliative Medicine

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Phone Number



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GOODS & SERVICES

Goods Available strains, tinctures, appliances

Services

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WELCOME TO PATIENTS, PHYSICIANS & PRIMARY CAREGIVERS

Patients:

DRAFT TEXT: I am a patient looking for alternative relief and I need information on the effectiveness of mm. I need to know that you are duly licensed in Connecticut, that your dispensary is reputable and safe. Is your product affordable and highest quality? Do you offer discounts? Do you support patient wellness in ways other than the sale of mm? What quality will be discovered at Mansfield Apothecary Palliative Medicine in terms of service, products, reliability, safety?

Please see

- [Mansfield Apothecary Palliative Medicine Patient Information](#)
- [CT government site Patients' Qualifications](#)

Physicians:

DRAFT TEXT: I am a physician seeking details on prescribing mm. I need to know that mm will be effective and safe. I need to know that I am sending patients to a reputable dispensary. What are your credentials as a healthcare provider? What are your licenses?

Please see

- [Mansfield Apothecary Palliative Medicine Physician Information](#)
- [CT gov Physician requirements and Eligibility](#)
- [CT gov Physician Certification Process](#)

Primary Caregivers:

DRAFT TEXT: Text specific to MAPM primary caregivers

- [Mansfield Apothecary Palliative Medicine Primary Caregivers Information](#)
- [CT gov site Primary Caregivers](#)

MANSFIELD APOTHECARY

Palliative Medicine

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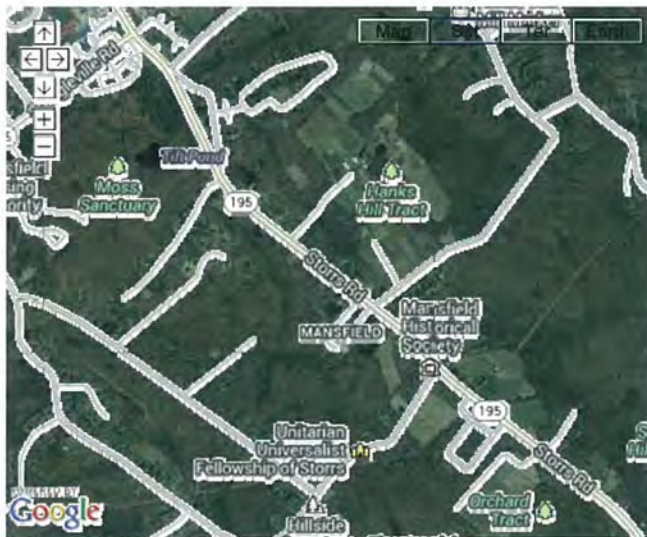


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[Patients](#) | [Physicians](#) | [Renewals](#) | [Primary Caregivers](#)

LOCATION/CONTACT

Phone number
1022 Storrs Road, Storrs, CT 06268

mansfieldapothecary@gmail.com



[View Larger Map](#)

Mansfield Apothecary

Palliative Medicine

Hours of Operation

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Palliative Medicine

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PATIENT INFORMATION

DRAFT TEXT: rules specific to Mansfield Apothecary Palliative Medicine procedures. For instance, what do I need to bring to Mans Apoth Dispensary in order to obtain mm. How do I prove I am qualified to receive it? On the first intake visit, should I drop in or make an appointment? On subsequent visits, do I need to make an appointment? What documents do I need, and do I always have to bring them with me?

What are the qualifications for receiving mm?

- [CT gov Patients Qualifications](#)
- [CT gov Patients FAQs](#)

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PHYSICIAN INFORMATION

DRAFT TEXT: Very general introduction, welcome to physicians, anything specific to Mansfield Apothecary Palliative Medicine.

For instance, does the process involve monitoring and/or counseling? Is there an ongoing doctor-patient relationship?

- [CT gov Physician's FAQ's](#)
- [CT gov How to certify](#)
- [CT gov Qualifications/Elligible illnesses](#)

Provide links to studies of interest to physicians?

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PRIMARY CAREGIVER INFORMATION

DRAFT TEXT: Info about primary caregivers specific to Mansfield Apothecary Palliative Medicine
If a physician concludes that a patient whom he or she has certified for the palliative use of marijuana is in need of a caregiver, then the patient may identify one person to serve as their primary caregiver. All primary caregivers must register with the Connecticut Medical Marijuana Program and must pass a criminal background check before they will be issued a registration certificate. (This is from CT gov site.)

- [CT gov Primary Caregivers FAQs](#)
- [CT gov Registration process](#)

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[Patients](#) | [Physicians](#) | [Renewals](#) | [Primary Caregivers](#)

RENEWALS

DRAFT TEXT: Any renewal info specific to Mansfield Apothecary Palliative Medicine

- [CT gov Patient/Caregiver Renewals](#)
- [CT gov Renewal FAQs](#)

Mansfield Apothecary

Palliative Medicine

Hours of Operation
1022 Storrs Road, Storrs, CT 06268
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mansfieldapothecary@gmail.com

APPENDIX E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

E.1 Articles of Organization for Mansfield Apothecary Palliative Medicine, LLC



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.c

FILING [REDACTED] PG 01 OF 02 VOL B-01860
FILED 10/10/2013 08:30 AM PAGE 00613
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY - DOMESTIC

C.G.S. §§34-120; 34-121

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

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Samuel L. Schrager ADDRESS: 1733 Storrs Road PO Box 534 CITY: Storrs STATE: Connecticut ZIP: 06268		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) Mansfield Apothecary Palliative Medicine, LLC		
2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED: ATTACH 8 1/2 X 11 SHEETS IF NECESSARY. The purpose of the limited liability company is to engage in any lawful act or activity for which limited liability company may be formed under the Connecticut Limited Liability Act.		
3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: 1022 Storrs Road CITY: Storrs STATE: Connecticut ZIP: 06268		
4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE. ADDRESS: PO Box 223 CITY: Mansfield Depot STATE: Connecticut ZIP: 06251		
5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH) <input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: Gregory F. Cichowski		
BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"		CONNECTICUT RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE)
ADDRESS: 1022 Storrs Road CITY: Storrs STATE: Connecticut ZIP: 06268		ADDRESS: 53 Old Turnpike Road CITY: Storrs STATE: Connecticut ZIP: 06268
SIGNATURE ACCEPTING APPOINTMENT: 		

B. IF AGENT IS A BUSINESS:

PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)

ADDRESS:

CITY:

STATE:

ZIP:

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

PRINT NAME & TITLE OF PERSON SIGNING:

6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)
 ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
Gregory F. Cichowski	Manager/Member	1022 Storrs Road Storrs, CT 06268	53 Old Turnpike Road Storrs, CT 06268

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES

MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS 8th DAY OF October, 2013

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Gregory F. Cichowski	Gregory F. Cichowski

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ www.concord-sots.ct.gov
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO www.ct.gov/drs

APPENDIX E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

E.2 Mansfield Apothecary Palliative Medicine, LLC Organizational Chart and Employee Resume

At present, the sole member and employee of Mansfield Apothecary Palliative Medicine, LLC is Gregory F. Cichowski, acting as company manager and whose resume is herein attached.

53 Old Turnpike Road, Storrs, CT
06268

860-429-8269 Home
860-455-5637 Cell
gregorycichowski@gmail.com

Gregory F. Cichowski, R.Ph.

Experience

2006-2008	Windham Hospital	Willimantic, CT
2003-present	Natchaug Hospital	Mansfield Center, CT

Clinical Pharmacist

Professional responsibilities at both hospitals include drug information consultations, pharmacokinetic consultations, anticoagulation consultations, antimicrobial surveillance, order entry and dispensing of medications, formulary interchange, and sample medication provision to indigent care patients.

2000-2003	Co-participant with Dr. David L. Simon in the research and formulation of sustained-release injectable form of Nalmefene to enhance compliance and reduce rate of recidivism in heroin addiction	
-----------	--	--

1999-2003	Shaws/Arrow Prescription Center	Willimantic, CT
-----------	---------------------------------	-----------------

Staff Pharmacist

1976-1998	Mansfield Apothecary, Inc.	Storrs, CT
-----------	----------------------------	------------

Founder/President

Opened, owned, and operated a retail pharmacy that specialized in prescriptions and sterile product compounding.

1974-1978	Mt Sinai Hospital	Hartford, CT
-----------	-------------------	--------------

Staff Pharmacist

Professional responsibilities included dispensing of oral and injectable products; compounding of sterile parenteral admixtures; coordinating distribution of controlled drugs; drug information

1973-1974	St. Francis Hospital	Hartford, CT
-----------	----------------------	--------------

Staff Pharmacist

Professional responsibilities included dispensing of oral and injectable products; compounding of sterile parenteral admixtures.

1971-1973 Pfizer Laboratories, Inc. Groton, CT

Research Pharmacist

Conducted research in the company's biopharmaceutics program in the areas of drug particle-size analysis, drug dissolution studies; microscopic analysis of drug polymorphs; development of an automated drug dissolution apparatus; and formulation of long-acting parenteral products.

Education

2003 Certificate of completion for Suboxone/Buprenorphine Training Program

2001 Professional Compounding Centers of America Houston, TX
Certificate of completion for week-long primary compounding course

1998-2000 Massachusetts College of Pharmacy & Allied Health Services Boston, MA
Post-graduate work towards Doctor of Pharmacy degree

1966-1971 University of Connecticut Storrs, CT
Bachelor of Science, Pharmacy

Professional Memberships

- Connecticut Pharmacist Association
- National Community Pharmacist Association
- American Society of Hospital Pharmacists

Community Activities

- Served as a commissioner on the Town of Mansfield Planning & Zoning Commission for 14 years.
- Served as a commissioner on the Town of Mansfield Inland Wetland Agency for 14 years
- Served as a member of the Town of Mansfield Transportation Advisory Committee
- Served two terms as a corporator at Windham Community Memorial Hospital
- Served two terms as a member of the local chapter of the American Cancer Society
- Served on Board of Directors of Community Prevention and Addiction Services, Inc.
- Served as trustee on Joshua's Trust
- Rescued from demolition and restored three antique houses from the 1700's and 1800's

V.1. *Management.*

V.1.1. *Manager.* The Company shall be managed by a Manager, who may, but need not, be a Member. Gregory F. Cichowski is hereby designated to serve as the initial Manager (hereinafter referred to as "Manager").

V.1.2. *General Powers.* The Manager shall have full, exclusive, and complete discretion, power, and authority, subject in all cases to the other provisions of this Agreement and the requirements of applicable law, to manage, control, administer, and operate the business and affairs of the Company for the purposes herein stated, and to make all decisions affecting such business and affairs, including without limitation, for Company purposes, the power to:

V.1.2.1. acquire by purchase, lease, or otherwise, any real or personal property, tangible or intangible;

V.1.2.2. construct, operate, maintain, finance, and improve, and to own, sell, convey, assign, mortgage, or lease any real estate and any personal property;

V.1.2.3. sell, dispose, trade, or exchange Company assets in the ordinary course of the Company's business;

V.1.2.4. enter into agreements and contracts and to give receipts, releases, and discharges;

V.1.2.5. purchase liability and other insurance to protect the Company's properties and business;

V.1.2.6. borrow money for and on behalf of the Company, and, in connection therewith, execute and deliver instruments authorizing the confession of judgment against the Company.

V.1.2.7. execute or modify leases with respect to any part or all of the assets of the Company;

V.1.2.8. prepay, in whole or in part, refinance, amend, modify, or extend any mortgages or deeds of trust which may affect any asset of the Company and in connection therewith to execute for and on behalf of the Company any extensions, renewals, or modifications of such mortgages or deeds of trust;

V.1.2.9. execute any and all other instruments and documents which may be necessary or in the opinion of the Manager desirable to carry out the intent and purpose of this Agreement, including, but not limited to, documents whose operation and effect extend beyond the term of the Company;

V.1.2.10. make any and all expenditures which the Manager, in its sole discretion, deems necessary or appropriate in connection with the management of the affairs of the Company and the carrying out of its obligations and responsibilities under this Agreement, including, without limitation, all legal, accounting and other related expenses incurred in connection with the organization and financing and operation of the Company;

V.1.2.11. enter into any kind of activity necessary to, in connection with, or incidental to, the accomplishment of the purposes of the Company; and

V.1.2.12. invest and reinvest Company reserves in short-term instruments or money market funds.

APPENDIX E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

E.3 Gregory F. Cichowski, Manager of Mansfield Apothecary Palliative Medicine, LLC, will be the person responsible for all information security requirements, including the requirement that patient information remain confidential. His resume is attached above in APPENDIX E.2.

APPENDIX E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

E.4 There are no compensation agreements. As the sole member of Mansfield Apothecary Palliative Medicine, all profit/loss will be incurred by Gregory F. Cichowski

E.5 There are no outstanding bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening of operating of the proposed dispensary facility. The dispensary opening and operation will be financed exclusively with the personal savings of the sole member Gregory F. Cichowski.

APPENDIX E. FINANCIAL STATEMENT AND ORGANIZATION STRUCTURE

E.6 PRO FORMA FINANCIALS

The following *pro forma* financial statement has been used for business planning purposes for the Mansfield Apothecary Palliative Medicine. Unlike many *pro forma* statements which are projected out more than one year, this statement covers only the fiscal year 01/01/14 – 12/31/14. Connecticut's newly budding medical marijuana industry has many unknown variables, making any projections more than a year rather difficult. My projections will be on the optimistic side, optimism being one of the requirements necessary to work through this difficult dispensary application.

This *pro forma* relies on the basis of several assumptions:

Assumption 1. Although the Mansfield Apothecary Palliative Medicine dispensary is not located in one of the five preferred Connecticut counties (the dispensary would be located in Tolland county), it still has the ability to service the 76 certified (as of 11/04) patients in these two counties, which geographically cover most of northeastern Connecticut. The proposed dispensary location in Storrs is within 15 miles of New London County which (as of 11/04) has an additional 78 patients that could be serviced by their traveling not more than 45 minutes. Hartford County, with its additional 239 certified (as of 11/04) patients, is within 30 minutes travel time of the proposed dispensary. For the purposes of this application, the Mansfield Apothecary Palliative Medicine will consider the 76 patients in the Tolland and Windham counties to be its immediate target market.

Assumption 2. The Commissioner has stated that it is his intention to have selected the three to five dispensaries and three producers “by the end of the year.” Assuming this to be the approximate timing, I have framed my *pro forma* for the fiscal year 01/01/14 – 12/31/14. The biggest unknown factor is WHEN Connecticut dispensaries will have medical marijuana available from the three producers to service their patients. One prospective producer I spoke with said it was unlikely any producer could have a crop harvested and processed much before June 2014. Accordingly, I have based my calculations on my dispensary's first marijuana sales to occur not earlier than 07/01/14.

Assumption 3. Based on the patient statistics being posted on the State's Medical Marijuana website, the Tolland and Windham counties have (as of 11/04) 78 certified patients.. The growth trend for patients in these two counties appears to be at a rate of about 5 patients a month. Projecting forward to 07/01/14, I project an enrollment of about 121 patients.

Assumption 4. The State will allow a certified patient or caregiver to purchase a maximum of 2.5-oz. of medical marijuana each month. Anticipating an unsatisfied pent-up demand for medical marijuana by patients across the State, I project that patients will purchase the maximum monthly amount of 2.5-oz, and base my sales projections on this figure.

Assumption 5. Pricing is difficult and totally speculative. For example, there is a huge range of pricing across the country. For example in Colorado, raw cannabis sells for between \$160 to \$175 per oz. In Washington, DC, it sells for between \$375 to \$400 per oz. Pricing is variable, and how much to charge is really dependent on what wholesale pricing will be from the producer. Since I don't know what the wholesale pricing will be from producers for raw product, or what other marijuana products (and their prices) they will offer, I have to hedge what I am saying about pricing. I could be spot on with my projections, or way off. A lot depends on what the market will bear, and also how much value patients will give to service oriented patient education and drug counseling.

Assumption 6. I have expensed out for each month a 1% assessment of net operating income to be set

aside for substance abuse contributions at the end of the fiscal year. I have also expensed out for each month approximately 4% of net operating income for my dispensary's compassionate needs program.

The specifics of the *pro forma* are attached on the following sheet. I regret I don't have a "crystal ball" to tell the future with more certainty. Even if I did, in this smoky market, it would still be difficult to see clearly through the smoky haze.

All Federal and State tax returns submitted but not included as they are not subject to FOIA.

Dispensary Start-Up Cost Estimates

Estimated Funds Needed:
(Excluding property options paid during application process)

Description	
Build-Out:	\$2,500.00
Fixtures:	\$350.00
Electrical:	\$0.00
Carbon Air Scrubbers:	\$283.46
Engineer/Architect	\$0.00
Dispensary License	\$5,000.00
Application Fee	\$1,000.00
Owners, Manager, & Employees and License	\$100.00
Alarm System (2)	\$2,500.00
UPS Back-Up	\$0.00
Furniture:	\$1,000.00
Tools and Small Equipment:	\$0.00
Safe/Vault	\$2,559.00
Telecommunications	\$250.00
Software	\$949.00
Office Equipment	\$4,480.00
Surveyor and Zoning Costs	\$0.00
Legal	\$800.00
Brochures/Website/ Advertising	\$913.00
	<hr/> \$22,684.46

Dispensary - Connecticut
Pro forma Profit and Loss Statement
Monthly - First 12 Months

	January	February	March	April	May	June	July	August	September	October	November	December	
Security	0	0	0	606	606	606	606	606	606	606	606	606	5,454
Software	0	199	199	199	199	199	199	199	199	199	199	199	2,189
Telephone/Internet	164	164	164	164	164	164	164	164	164	164	164	164	1,968
Transportation	0	0	0	0	0	0	0	0	0	0	0	0	0
Travel	0	0	0	0	0	0	0	0	0	0	0	0	0
Utilities	175	175	175	175	175	175	175	175	175	175	175	175	2,100
Wages	0	0	0	0	0	0	0	0	0	0	0	0	0
Website Maintenance	30	30	30	30	30	30	30	30	30	30	30	30	360
Total Expenses	1,862	2,061	2,061	2,667	2,667	2,667	2,677	2,677	2,677	2,677	2,677	8,377	35,747
Net Operating Income	(1,862)	(2,061)	(2,061)	(2,667)	(2,667)	(2,667)	52,273	54,523	56,773	59,023	61,273	57,823	327,703
Other Expenses:													
Compassionate Needs Contributions	0	0	0	0	0	0	2,198	2,288	2,378	2,468	2,558	2,648	14,538
Substance Abuse Contributions	0	0	0	0	0	0	523	545	568	590	613	578	3,417
	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Expenses	0	0	0	0	0	0	2,721	2,833	2,946	3,058	3,171	3,226	17,955
Net Income (Loss)	0	(2,061)	(2,061)	(2,667)	(2,667)	(2,667)	49,552	51,690	53,827	55,965	58,102	54,597	311,610
Cumulative Net Income (Loss)⁵	0	(2,061)	(4,122)	(6,789)	(9,456)	(12,123)	37,429	89,119	142,946	198,911	257,013	311,610	###

APPENDIX E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

E.7 The Applicant, Mansfield Apothecary Palliative Medicine, LLC was formed as a business entity on 10/10/2013, and as such, has not filed any federal, state, or foreign tax returns. Although not required for this application, Gregory F. Cichowski, as the founder and sole member of the Mansfield Apothecary Palliative Medicine, LLC, has provided, for the sake of transparency and evidence of fiscal solvency, the attached copies of his personal federal tax returns for the past three years.

E.8 Since the proposed dispensary facility has no backers, this section is not applicable and no tax returns are required or provided.

APPENDIX F. BONUS POINTS

F.1 Employee Working Environment Plan

For the immediate future, Gregory Cichowski will be the sole employee of Mansfield Apothecary Palliative Medicine. As such, there is no specific employee working environmental plan that has been formulated other than to provide a safe, healthy, and economically beneficial working environment for myself and any future employees. My motto as a previous business owner and employer has always been “to treat others as you yourself would want to be treated.”

F.2 Compassionate Need Plan

See attached plan

F.3 Research Plan

See attached plan

F.4 Community Benefits Plan

See attached plan

F.5 Substance Abuse Prevention Plan

See attached plan

MANSFIELD APOTHECARY PALLIATIVE MEDICINE

COMPASSIONATE NEED PLAN FOR PATIENT ASSISTANCE

Mansfield Apothecary Palliative Medicine (MAPM) will offer a compassionate need plan for individuals who can not afford their medication. MAPM will provide medical marijuana at reduced cost to patients that have an income under 200% of the Federal Poverty Level. All applications will be reviewed on a case-by-case basis, with re-application providing new financial information every 12 months.

Without actual pricing data from producers with whom the Mansfield Apothecary Palliative Medicine would partner or coordinate in connection with the compassionate need program, the actual discounts available to patients are yet to be determined. One prospective producer states that dispensaries would be allowed “to purchase a yet to be determined amount of MMJ at a below wholesale price for their compassionate needs program. Dispensaries will be required to prove that they have patients that qualify for their compassionate needs program and provide us with their guidelines so we can make a final determination as to their qualification.”

The attached application form will be utilized to determine eligibility for patient assistance under MAPM's compassionate need plan, and as a document of proof of patient need to partnering producers.

MANSFIELD APOTHECARY PALLIATIVE MEDICINE

Compassionate Needs Patient Assistance Application

HEALTHCARE PROVIDER INFORMATION

DEA Number: _____ Physician Name: (First) _____ (Last) _____
Address: _____ City: _____ State: _____ Zip: _____
Email address: _____ Phone: _____ Fax: _____

Patient Diagnosis (ICD.9 code): _____

1. Authorization for Release of Health Information: By signing this form, I represent that I have obtained all necessary Federal and State authorizations and consents from my patient to allow me to release health information to Mansfield Apothecary Palliative Medicine (MAPM)
2. Physician/Care Coordinator Verification: I verify that the information provided is current, complete, and accurate to the best of my knowledge. I verify that my State license is currently in good standing. I certify that treatment with medical marijuana is medically necessary.

Signature of Physician: _____

PATIENT INFORMATION

(Please complete to fullest extent possible. If an item does not apply, please mark N/A on that line)

Social Security ID #: _____ Patient Name: (First) _____ (Last) _____
Address: _____ Home Phone: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____
Date of Birth: ___/___/___ Gender: ___ Male ___ Female
Veteran: ___ Yes ___ No Disabled: ___ Yes ___ No
Financial Information – Please attach a copy of household's most recent year tax returns (1040, 1040EZ, 1099, etc.)
Total # of people in household (include self): _____ Total Assets per Household: \$ _____
(Includes bank accounts, IRA, annuity, stocks, bonds, etc.)

<u>List All Sources of Gross Monthly Amounts per Household</u>			
Salary/Wages (All Sources)	\$ _____	Disability	\$ _____
Pension/Retirement	\$ _____	Alimony/Child Support	\$ _____
Social Security	\$ _____	Unemployment Compensation	\$ _____

ATTACH PROOF OF INCOME FOR ALL SOURCES ABOVE

Total Gross Monthly Household Income: \$ _____

APPLICANT DECLARATION

I understand that any assistance in the form of medical marijuana at reduced cost is contingent on my ability to meet the eligibility for Mansfield Apothecary Palliative Medicine (MAPM). In the event that I am eligible for patient assistance, I acknowledge that this assistance is temporary and that I will be asked to reapply every 12 months. I also understand that patient assistance may change or be discontinued at any time without notice to me. I certify that the information I have provided in this form is accurate and complete. I understand that by completing this form, I am not guaranteed eligibility to receive medication from MAPM. I agree that I will notify MAPM if my financial situation changes. The MAPM will my information for purposes of determining patient assistance eligibility, and shall be valid for 1 year from the date of signature on this form.

Signature of Patient or Caregiver: _____

MANSFIELD APOTHECARY PALLIATIVE MEDICINE RESEARCH PLAN

ABSTRACT

There are risks to be considered in assessing the potential of cannabinoid therapeutics. This concern was reflected in a question that was asked at a recent meeting by one of the members of the Medical Marijuana Board of Physicians. The question was: "Do cannabis dependence and an associated withdrawal syndrome exist, and if so, where and how can it be treated in existing addiction medicine programs?" A review of the literature reveals the limitations of current knowledge and controversy surrounding this topic, as well as the need for advancing research and clinical intervention. Although some people question the concept of marijuana dependence, there is increasing evidence that the condition exists. Research and anecdotal evidence suggests that there is a neurobiological basis for a marijuana withdrawal syndrome via an endogenous cannabinoid system in the central nervous system. Cannabis dependence, and an observable but relatively mild withdrawal syndrome, manifests common symptoms that include anxiety and nervousness, anger and aggression, irritability, restlessness, depression, sleep difficulty and strange dreams. Symptoms have been reported to occur within 24 to 48 hours of abstinence, that peak within the first week, and may last between 1 and 3 weeks, although significant individual differences occur in withdrawal expression.

Treatment admissions for cannabis use disorders have risen considerably in recent years. Unfortunately, the substance abuse services delivery system continues to lag far behind research advances that delineate effective treatment approaches. Serious challenges related to access, as well as cost, impede adoption of important scientific advances in drug dependence treatment in general. One method of improving clinical outcomes for patients seeking treatment for cannabis use disorders is to identify medications that exhibit clinical benefit and could be added to existing psychosocial treatments. There is evidence that a combination of pharmacotherapy and psychosocial therapy can significantly improve treatment outcomes relative to psychosocial treatments alone. Medications can aid in the treatment of marijuana dependence and associated withdrawal syndrome in several ways. One approach is to identify medications that attenuate symptoms of marijuana withdrawal.

There are currently no accepted pharmacological treatment interventions for cannabis use disorders such as withdrawal syndrome. As a patient's medical condition progresses over time, the need for medical marijuana as part of the treatment regimen may change. For example, a patient being treated for cancer with chemotherapy may be using medical marijuana to control nausea and vomiting not relieved by traditional prescription drugs. When chemotherapy stops, so too may the associated nausea and vomiting, eliminating the further need for medical marijuana. How will the physician treat the marijuana withdrawal syndrome in this patient for whom he is no longer certifying the need for medical marijuana?

Another area that needs to be researched is the possibility that marijuana withdrawal syndrome might induce a recurrence of a prior psychiatric disorder. A patient who is using medical marijuana is cannabis dependent may also have a coexisting psychiatric problem such as depression or schizophrenia. Thus, it is important to learn whether the cannabis withdrawal syndrome can precipitate relapse of a prior psychiatric disorder.

PROPOSAL

Mansfield Apothecary Palliative Medicine will conduct research related to the medical use of marijuana in the following areas:

1. Research pharmacological treatment interventions (existing and potential) for marijuana withdrawal syndrome for the purpose of establishing treatment protocols that can be shared with and utilized by certified medical marijuana providers for the benefit of their patients.
2. Collect patient data to study the possibility that cannabis withdrawal syndrome can precipitate or contribute to the relapse of a prior psychiatric disorder, for the purpose of alerting the certifying prescriber of the potential for such a possible complication.

The study would be conducted by the dispensary pharmacist, with the assistance of a pharmacy student, and would last for 2 years, at the conclusion of which a report would be issued and shared with other dispensaries and physicians associated with the State's Medical Marijuana Program. There is also the possibility of the research leading to a journal publication.

Data would be collected from the profiles of patients enrolled at the Mansfield Apothecary Palliative Medicine dispensary, and a yet-to-be approved collaboration with a psychiatric hospital where the dispensary pharmacist also works. The methodology and parameters of the study have not yet been developed, but will be fully defined if this dispensary application is approved.

MANSFIELD APOTHECARY PALLIATIVE MEDICINE COMMUNITY BENEFITS PLAN

There is an old saying that “It takes a village to raise a child.” I have always been a firm believer of the truth of this saying, which is that every member of the community needs to have a role in the education of our youth, for the future benefit of Mankind. I believe that education is the key to opening the door to a better world. I believe in “investing” in our youth in the form of education, for the future benefit of my community. Several years ago, I “put my money where my mouth is” and helped finance a neighbor's son through a two year associate degree program in the School of Agriculture at the University of Connecticut. It was my hope that a college education would provide this good ole boy's son the opportunity to learn how to think smart, and that there just might be a “better way” of farming. I retain this same philosophy as it pertains to the concept of medical marijuana: that sometimes, there is a “better way” of treating patients when traditional medicine and prescriptive measures are inadequate and may need to be complemented. Unfortunately, neither physicians nor pharmacists are trained in the medical use of marijuana. Instead, we are taught the federal government's political position that marijuana is a Schedule 1 drug having no medical use whatsoever, and that marijuana is a dangerous, highly addictive “gateway” drug leading to a downward spiral of drug abuse. Even at a recent meeting of Connecticut's Medical Marijuana Board of Physicians, concern was expressed about a lack of physician education and knowledge about the medical use of marijuana in their patients, and the “lack of a mechanism for getting information out there.” Furthermore, very little is being taught to students in pharmacy schools about the medical use of marijuana. How will our future drug “experts” counsel their patients about the drug?

Mansfield Apothecary Palliative Medicine proposes the following community benefits program. In their final professional year, pharmacy students participate in rotations in various clinical settings. For example, at Natchaug Hospital, where I work as a clinical pharmacist, students from the University of Connecticut School of Pharmacy can enroll in a 30 day clinical rotation in psychiatric and substance abuse medicine. Beginning in September 2014, Mansfield Apothecary Palliative Medicine will offer, at no charge, a 30 day clinical rotation to pharmacy students from the University of Connecticut and St. Joseph's College, in the medical use of marijuana (after first obtaining all necessary approvals from the Department of Consumer Protection). The program would include education on the history, pharmacology and pharmacokinetics, and medicinal uses of marijuana. The goal of this program is to educate our future pharmacists about medical marijuana, allowing them to give their patients access to an effective, palliative treatment that can improve their quality of life and provide benefit to the community.

MANSFIELD APOTHECARY PALLIATIVE MEDICINE SUBSTANCE ABUSE PREVENTION PLAN

I am presently working as a clinical pharmacist in psychiatric medicine and substance abuse at Natchaug Hospital. I am involved in the inpatient treatment of patients suffering from mental illness that is often accompanied by co-morbid substance abuse. Natchaug Hospital's network of care includes a variety of inpatient and ambulatory treatment programs designed to service the mental health needs of patients throughout the State. Among these programs is a substance abuse program that employs Suboxone (Buprenorphine, an opiate agonist) to help people withdraw safely and abstain from opiate abuse. This outpatient ambulatory program causes minimal disruption to a patient's normal day-to-day life, and includes regular monitoring and group therapy. The Drug Addiction Treatment Act of 2000 authorizes a Buprenorphine certified physician to treat up to 30 patients, with the option to treat up to 100 patients. The existing outpatient Buprenorphine program at the main hospital campus currently serves only 20 patients, and due to lack of staff and funding, is unable to develop to its full potential of 100 patients. Throughout the State, there is a demand by opiate dependent patients for enrollment in Buprenorphine treatment programs, including the program offered at Natchaug Hospital.

It is my intention, if awarded a dispensary facility license, to partner with Natchaug Hospital with its existing Buprenorphine substance abuse program, and work to develop it to its full potential of 100 patients. As the Mansfield Apothecary Palliative Medicine develops and grows, I will work with Natchaug Hospital to combat substance abuse in Connecticut by providing financial support for this program yearly in the amount of 1% of my business's net profits.