

**RELEAF WELLNESS
CENTER'S
MMP - RFA
"REDACTED"**

Releaf Wellness Center's
Application for Medical Marijuana
Dispensary Facility License



September 18, 2015

September 18, 2015

Department of Consumer Protection
Drug Control Division
Medical Marijuana Program
RFA #2015-109387
165 Capitol Ave, Room 145
Hartford, CT 06106
DCP.MMP@ct.gov

Re: Releaf Wellness Center's Application for Medical Marijuana Dispensary Facility License

To Whom It May Concern:

On behalf of Releaf Wellness Center, LLC (throughout the application, "Releaf"), we submit this application for a medical marijuana dispensary facility license. As detailed in the application, we have combined pharmacist experience serving Connecticut patients for over 40 years. We are confident that as the co-owners of a dispensary facility, we would continue to serve the State of Connecticut with sensitivity, integrity and efficiency.

At the outset, we wish to draw your attention to several sections of the application that are exempt from disclosure under the Freedom of Information Act ("FOIA"), Chapter 14 of the Connecticut General Statutes, and have been marked "Confidential – FOIA-Exempt." In particular, the following materials are exempt:

- Each of the marked pages in Section A1 is exempt for at least one of three reasons. First, the marked pages are exempt under Conn. Gen. Stat. § 1-210(b)(2) because they contain personal information including social security numbers and home addresses, the disclosure of which would constitute an invasion of privacy and are also exempt under Conn. Gen. Stat. § 1-210(b)(19) because disclosure of such information creates a safety risk by inviting identity theft. Second, the marked pages are exempt under Conn. Gen. Stat. § 1-210(b)(5)(A) and (B) because they contain commercial information regarding The Healing Corner and Releaf that derives value from not being generally known, is kept secret, and is being given in confidence and is not required to be given by statute. Third, the marked pages are exempt under Conn. Gen. Stat. § 1-210(b)(19) because they comprise security plans, the disclosure of which would result in a safety risk.
- Marked pages in Section A2 are exempt under Conn. Gen. Stat. § 1-210(b)(5)(A) and (B) because they contain commercial information regarding The Healing Corner that derives value from not being generally known, is kept secret, and is being given in confidence and is not required to be given by statute.

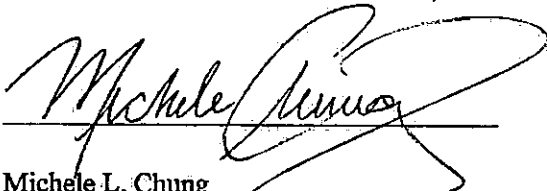
- Marked pages in Section A3 are exempt under Conn. Gen. Stat. § 1-210(b)(5)(A) and (B) because they contain commercial information regarding Releaf that derives value from not being generally known, is kept secret, and is being given in confidence and is not required to be given by statute.
- Marked pages in Section B8 are exempt under Conn. Gen. Stat. § 1-210(b)(19) because they comprise blueprints of a dispensary facility, the disclosure of which would result in a safety risk.
- Marked pages in Section C3, C6 and C8 are exempt under Conn. Gen. Stat. § 1-210(b)(19) because they comprise a security protocol, the disclosure of which would result in a safety risk.
- Marked pages in Section E3 are exempt under Conn. Gen. Stat. § 1-210(b)(2) because they comprise a part of a personnel file, the disclosure of which would constitute an invasion of privacy and are exempt under Conn. Gen. Stat. § 1-210(b)(5)(A) and (B) because they contain commercial information regarding The Healing Corner that derives value from not being generally known, is kept secret, and is being given in confidence and is not required to be given by statute.
- Marked pages in Section E5 are exempt under Conn. Gen. Stat. § 1-210(b)(5)(B) because they comprise financial information given in confidence and are exempt under Conn. Gen. Stat. § 1-210(b)(8) because they are statements of personal worth and of personal financial data required by a licensing agency.
- Marked pages in Section E6 are exempt under Conn. Gen. Stat. § 1-210(b)(5)(A) and (B) because they contain commercial information regarding Releaf that derives value from not being generally known, is kept secret, and is being given in confidence and is not required to be given by statute.
- Marked pages in Section E8 are exempt under Conn. Gen. Stat. § 1-210(b)(8) because they are statements of personal worth and of personal financial data required by a licensing agency and are exempt under Conn. Gen. Stat. § 1-210(b)(10) because they comprise tax returns.

Releaf reserves its right to assert other bases for FOIA exemption as to any part of this application, whether or not marked "Confidential – FOIA-Exempt."

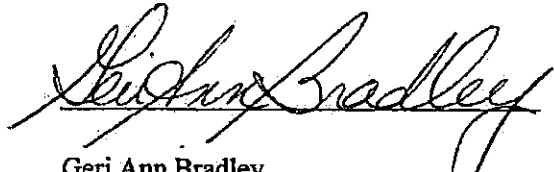
Please do not hesitate to contact us at 41 Crossroads Plaza, Suite 208, West Hartford, CT 06117 or by email at releafwellnesscenter@gmail.com if you have any questions or to provide additional materials in support of this application.

We look forward to hearing from you. Thank you for your consideration.

Very truly yours,



Michele L. Chung
Releaf Wellness Center, LLC Member



Geri Ann Bradley
Releaf Wellness Center, LLC Member

Relief Wellness Center's

Application for Medical Marijuana Dispensary Facility License

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A. BUSINESS INFORMATION OF APPLICANT

A1. Request: Complete the Dispensary Facility Information Form.

Response: Please see the completed Dispensary Facility Information Form and attachments on the pages that follow.

- Appendix A: Dispensary Facility License Information Form (Releaf Wellness Center, LLC)
 - Permit for Sale and Use Tax
 - Letter from landlord: The Pearl Corporation, Letter of Intent to Lease/Option, Executed Lease Option
 - Description of security plan
- Appendix B: Dispensary Facility Backer Information Form (Michele Chung and Geri Ann Bradley)
- Appendix C: Directors, Owners, Officers or Other High-Level Employees Background Information Form (Michele Chung and Geri Ann Bradley)
 - Statement of pharmacy business experience
 - Statement of marijuana business experience
- Appendix D: Dispensary Facility Manager Information Form (Michele Chung)
 - Statement of pharmacy business experience



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Appendix A

Dispensary Facility License Information Form

Section A: Business Information

1. Applicant business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Applicant: Releaf Wellness Center, LLC						
3. Trade Name of Applicant: Releaf						
4. Applicant's Business Address: 41 Crossroads Plaza, Suite #208						
5. City: West Hartford				6. State: CT	7. Zip Code: 06117	
8. Daytime Telephone Number: (860) 670-2535			9. E-mail Address: releafwellnesscenter@gmail.com			
10. Applicant's Mailing Address (if different than business address):					11. City:	
12. State:	13. Zip Code:	14. Daytime Telephone Number:		15. Fax Number:		

Section B: Contact Information

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

16. Name of Primary Contact: Michele Chung		17. Primary Contact Title: Owner/Dispensary Facility Manger	
18. Primary Contact E-mail Address: mchung11@gmail.com		19. Primary Contact Telephone Number: (860) 670-2535	
20. OPTIONAL - Name of Alternate Contact: Geri Ann Bradley		21. Alternate Contact Title: Owner/Dispensary	
22. Alternate Contact E-mail Address: gbradley@thehealingcorner.com		23. Alternate Contact Telephone Number: (860) 919-2714	

Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation: June 29, 2015	25. Place of Formation/Incorporation: Hartford, CT
26. Registered with the Connecticut Secretary of State: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Sale and Use Tax Permit Number: Provide a copy of your Sale and Use Tax permit with your application.



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Section D: Proposed Dispensary Facility Information

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

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	10am _____ to 6pm _____	Friday	10am _____ to 6pm _____
Tuesday	10am _____ to 6pm _____	Saturday	9am _____ to 1pm _____
Wednesday	10am _____ to 6pm _____	Sunday	_____ to _____
Thursday	10am _____ 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	10pm _____ to 6pm _____	Friday	10am _____ to 6pm _____
Tuesday	10am _____ to 6pm _____	Saturday	9am _____ to 1pm _____
Wednesday	10am _____ to 6pm _____	Sunday	_____ to _____
Thursday	10am _____ 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:	44. Time Period:

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

45. Address:	46. Time Period:

Section I: Dispensary Facility Backers

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

Create additional copies of this page if necessary.

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

47. Name: Michele Chung	48. Percentage of ownership: 51%
Geri Ann Bradley	49%



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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:
Michele Louise Chung	Owner	Dispensary Facility Manger
[REDACTED]	[REDACTED]	[REDACTED]

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:
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	\$	[REDACTED]
[REDACTED]	\$	[REDACTED]

Section L: Security System

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

55. Primary Security Company Name: Command Corporation	
56. Primary Security Company Address (including Apartment or Suite #): 59 Rainbow Road	57. City: East Granby



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58. State: CT	59. Zip Code: 06026	60. Telephone Number: (860) 653-1717	61. Fax Number: N/A
62. E-mail Address: john@cammandco.com			
63. Backup Security Company Name (if applicable):			
64. Backup Security Company Address (including Apartment or Suite #):			65. City:
66. State:	67. Zip Code:	68. Telephone Number:	69. Fax Number:
70. E-mail Address:			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.			

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:

Michelle Cheung

78. Date Signed:

9/10/15

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

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

79. Signature:

Michelle Cheung

80. Date Signed:

9/10/15



STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

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

Corr ID: 1500023909738

Date: 08/27/2015

Dear Taxpayer:

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

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

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

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

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

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

Department of Revenue Services
State of Connecticut
25 Sigourney St Ste 2
Hartford CT 06106-5032

R603 (Rev. 07/09)

Sales and Use Tax Permit



Use only at this location:

Lic Nbr:

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
08/26/2015	01/31/2021	02/01/2016	<input type="text"/>

RELEASE WELLNESS CENTER LLC
RELEASE
318 NEW HAVEN AVE STE B
MILFORD CT 06460-6661

RELEASE WELLNESS CENTER LLC
RELEASE
41 CROSSROADS PLZ STE 208
WEST HARTFORD CT 06117-2402

Kevin B. Sullivan
Commissioner of Revenue Services

This license may not be transferred or assigned.

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

September 8, 2015

Geri Ann Bradley and Michele Chung
Releaf Wellness Center, LLC
41 Crosswoods Plaza, Suite 208
West Hartford, CT 06117

Re: Confirmation of Understanding to Lease Property

Dear Ms. Bradley and Ms. Chung :

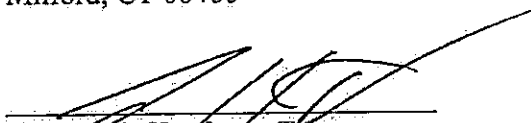
This letter confirms the understanding of The Pearl Corporation concerning your leasing of the property at 318 New Haven Avenue, Milford, CT, a 2,500 square foot building and associated parking spaces and driveways (the "property").



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

Very Truly Yours,

The Pearl Corporation
318 New Haven Avenue
Milford, CT 06460


By: Lewis Kauffman, Treasurer



LETTER OF INTENT TO
LEASE/OPTION

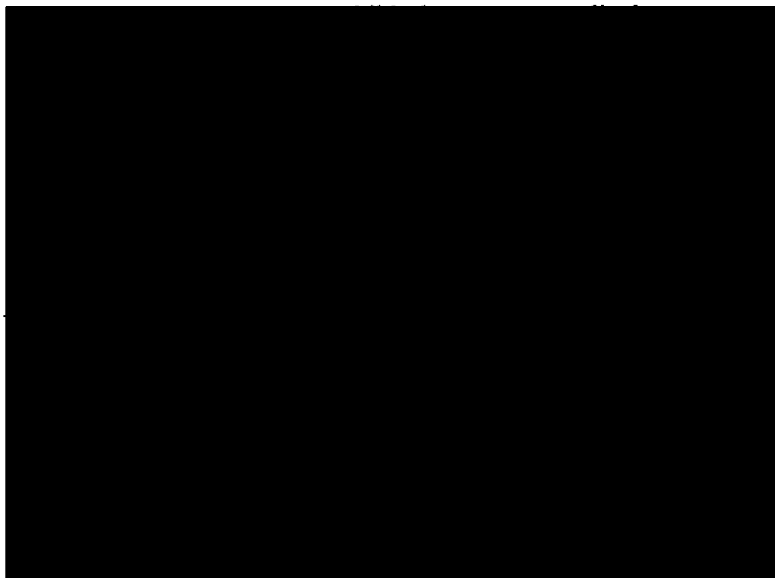
Monday, August 03, 2015

Mr. Lewis Kaufman
The Pearl Corporation
318 New Haven Ave.
Milford, CT 06460

RE: 318 New Haven Ave., Unit B, Milford, CT

Dear Lew:
On behalf of the client, Geri Ann Bradley, Releaf Wellness Center, I am pleased to present the following offer to lease:

- TENANT: Releaf Wellness Center
Geri Ann Bradley & Michele Chong
41 Crosswoods Plaza, Suite #208
West Hartford, CT 06117
- PREMISES: Unit "B" at 318 New Haven Ave., Milford, CT
- SIZE: 2,500 +/- rentable square feet
- USE: A Medical Marijuana Dispensary for the purpose of dispensing medical marijuana and all uses commonly associated therewith, No Recreational dispensary will be allowed.
- EXCLUSIVE USE:
- INITIAL TERM:
- EXTENSION OPTIONS:
- BASE RENT:
- BASE RENT INCREASE:
- ELECTRICITY, HEAT/AC, WATER/SEWER, TRASH:
- CAM, TAXES & INSUR.:



SECURITY DEPOSIT:

LEASE COMMENCEMENT:

RENT COMMENCEMENT:

DELIVERY CONDITION,

LANDLORD'S WORK:

TENANTS WORK:

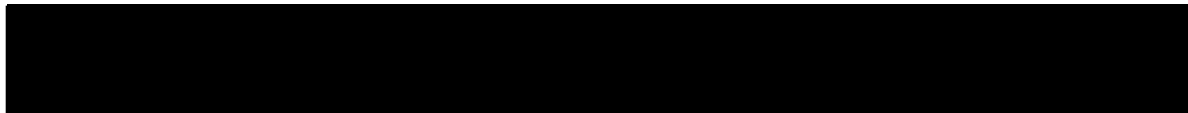
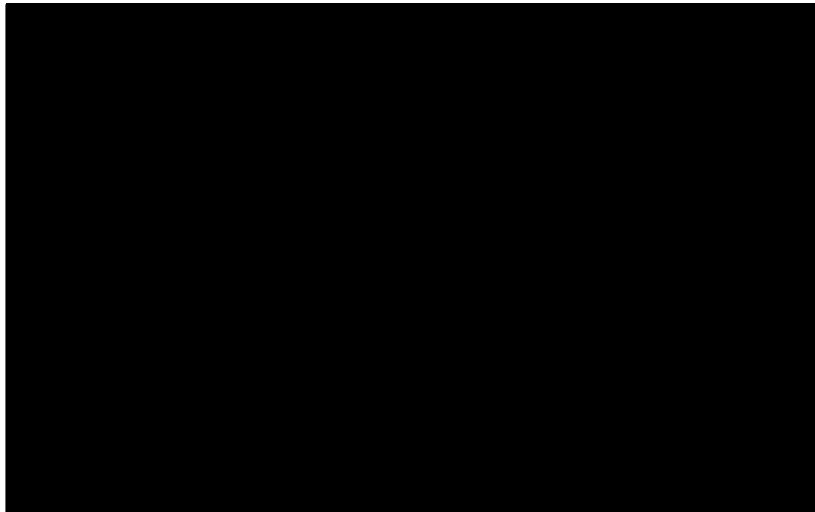
SIGNS:

PARKING

CONTINGENCIES:



GOVERNMENTAL
APPROVALS:

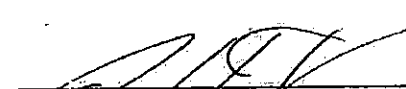


This offer is intended as an outline only to assist in the preparation of a definitive lease agreement and is not intended to create any binding obligations between the parties nor be deemed a memorandum or evidence of any other agreement between the parties. Neither party will be bound by any of the terms contained in this letter unless and until such terms are embodied in a lease which has been fully executed by and unconditionally delivered to both parties. Either party may terminate negotiations at any time for any reason without liability or obligation to the other party. This offer shall be subject to withdrawal at any time after August 5, 2015.

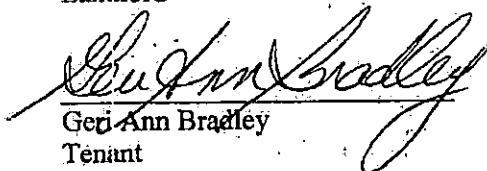
Please direct your response to my attention and call me if you have any questions.

Thank you for your consideration and look forward to your response.

Best Regards,
(Signed)
Mark J. Glassman, GRI,
Director of Commercial Real Estate Services
Arnold Peck's Commercial World

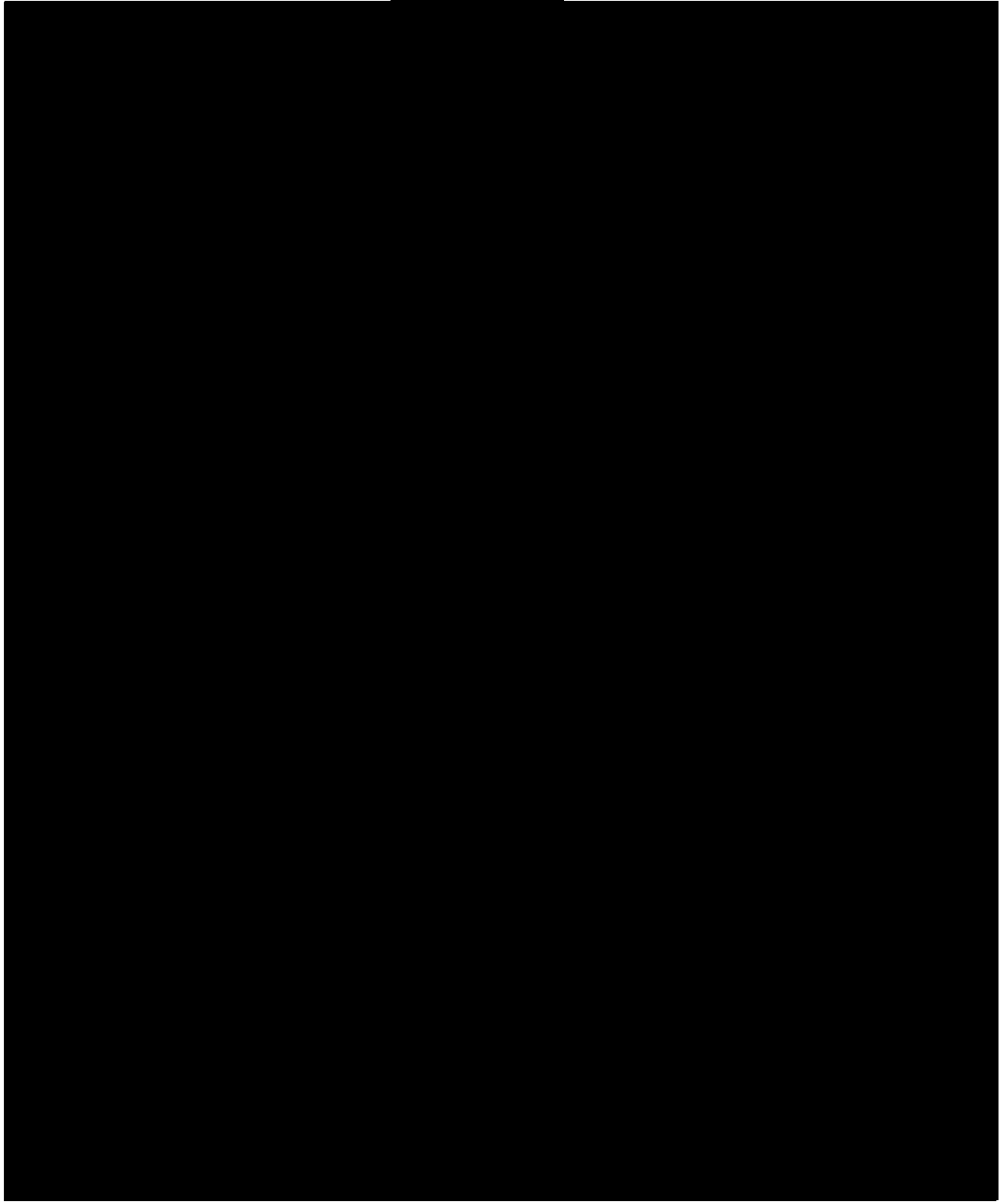

Lewis Kaufman, The Peal Corp.
Landlord

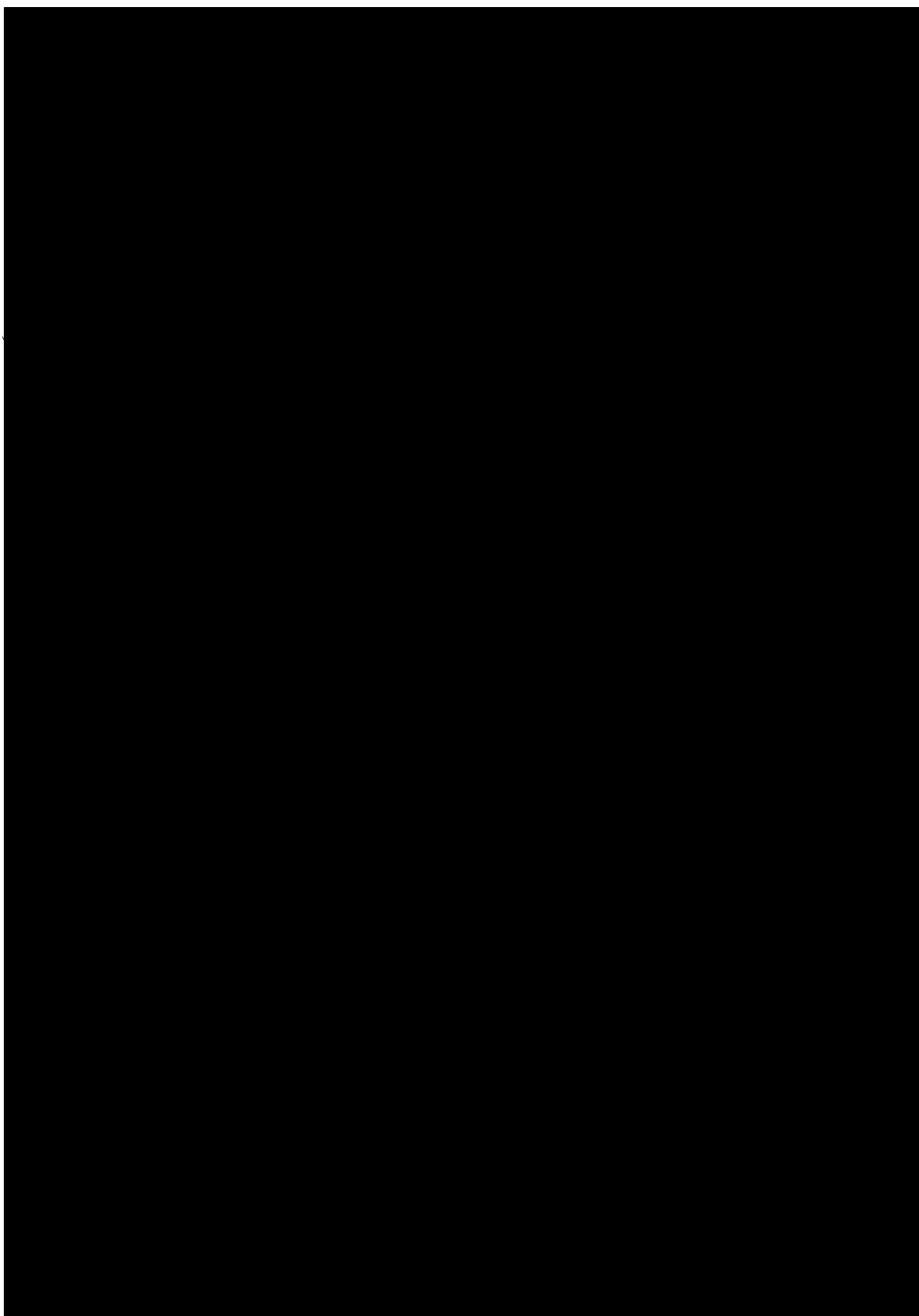
8/10/2015
Date

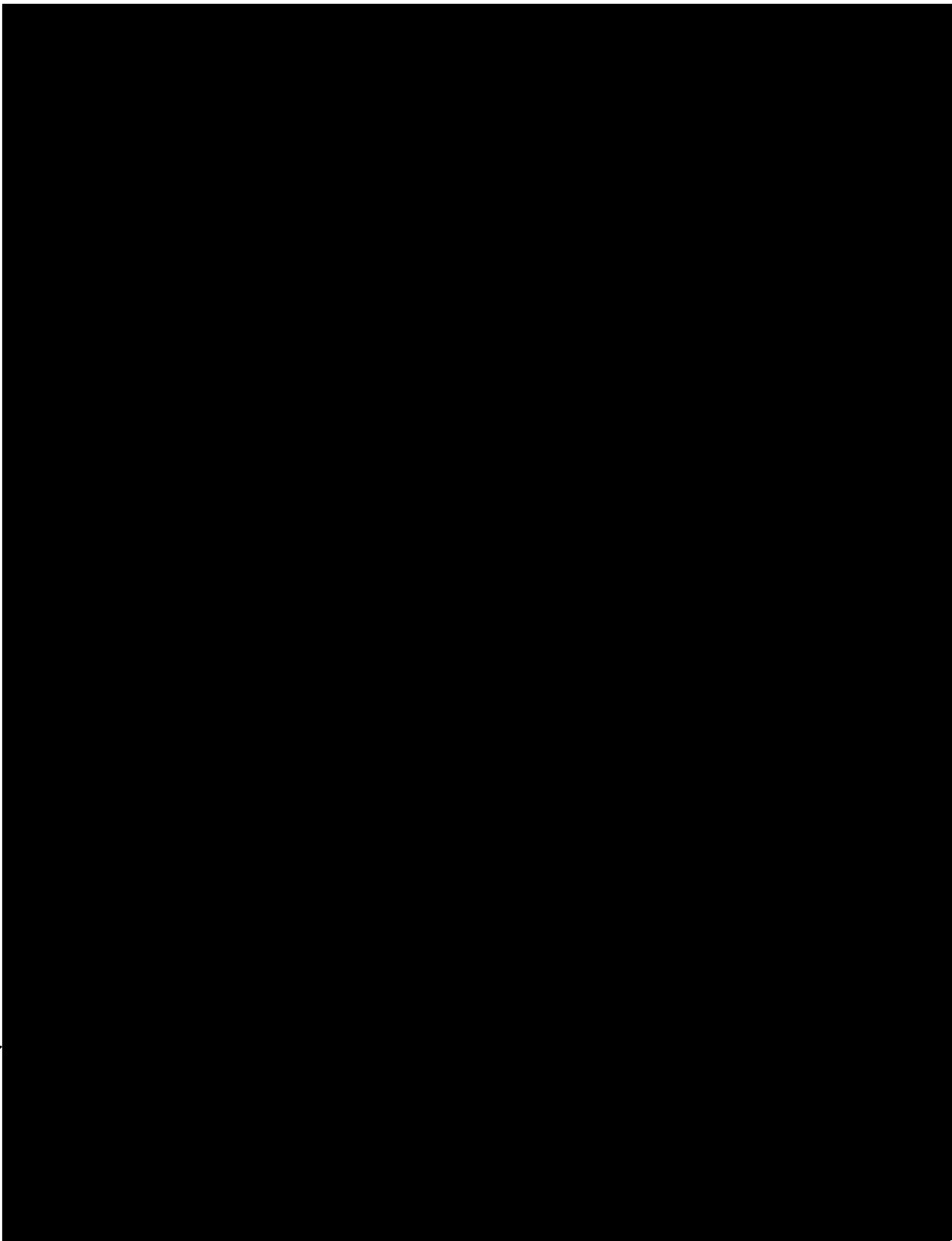

Geri Ann Bradley
Tenant

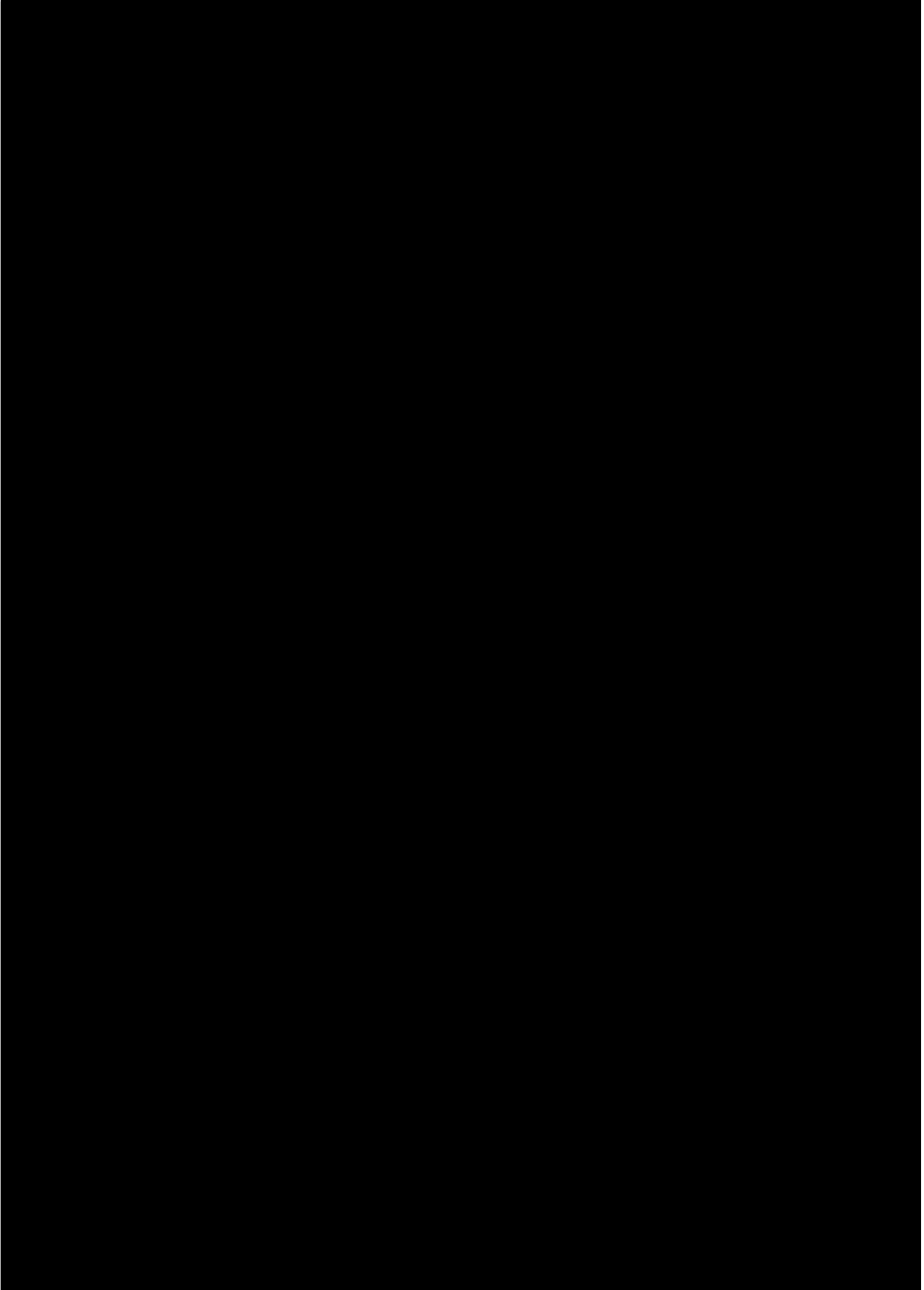
8/6/2015
Date

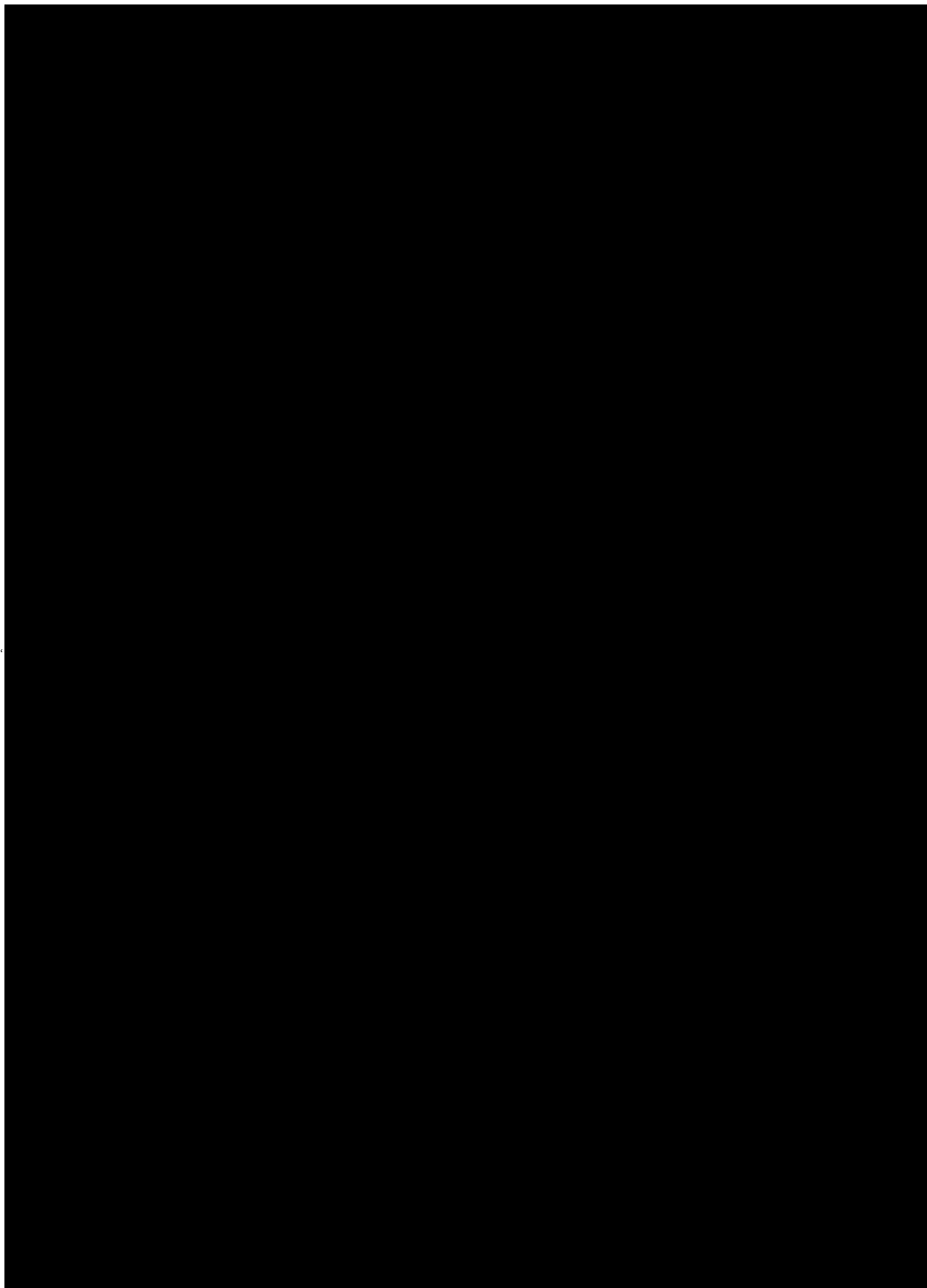
LEASE OPTION











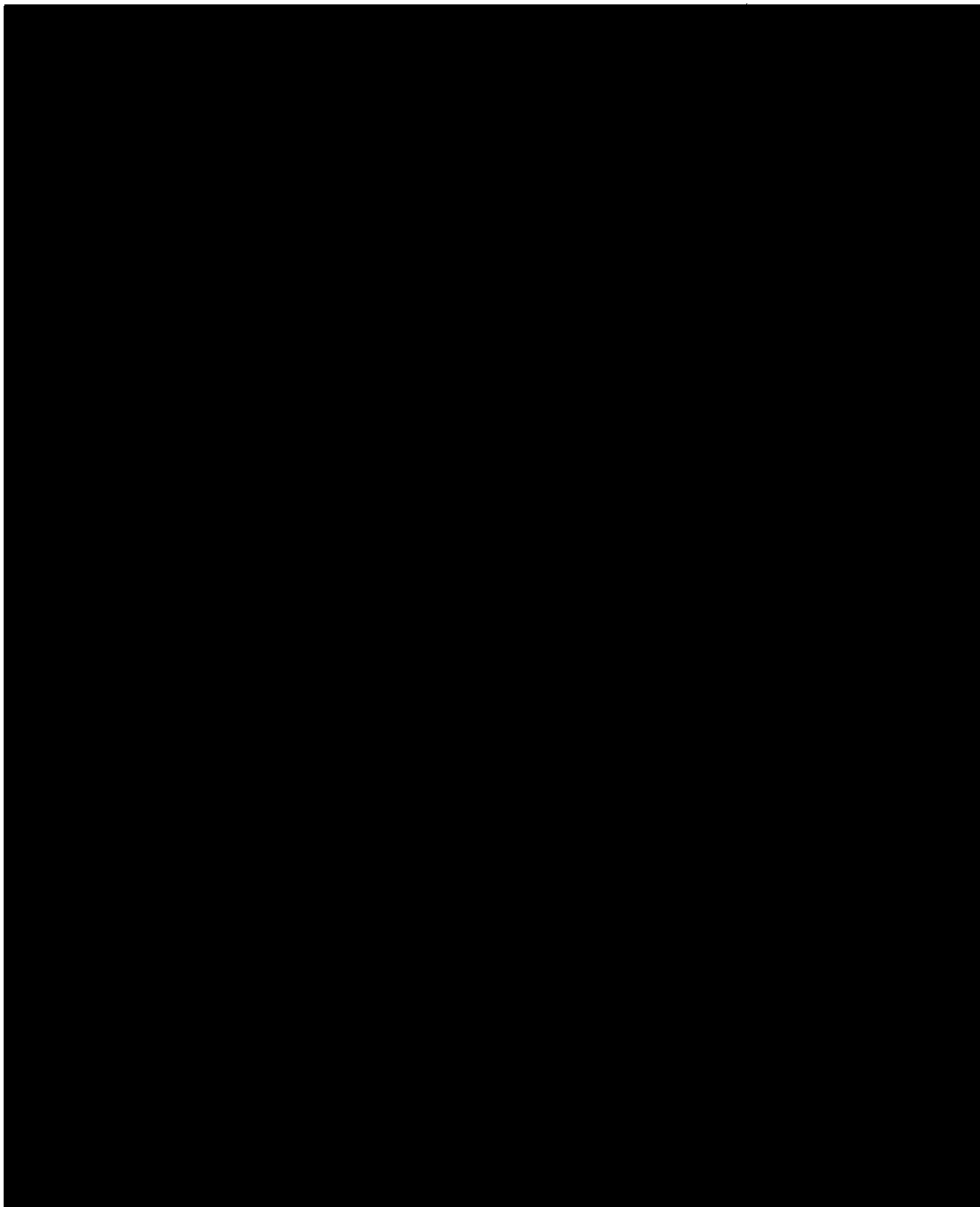


EXHIBIT A

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CONFIDENTIAL - FOIA EXEMPT - BUREAU OF INVESTIGATION



Confidential

A1

John A. Bazyk
(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026

To: Ms. Michele Chung
Releaf Wellness Center, LLC
41 Crossroads Plaza, Suite 208
West Hartford, CT 06117

Date: 9 / 11 / 15

From: John Bazyk

Subject: Proposal: Installation of Security and Video Surveillance System



Confidential

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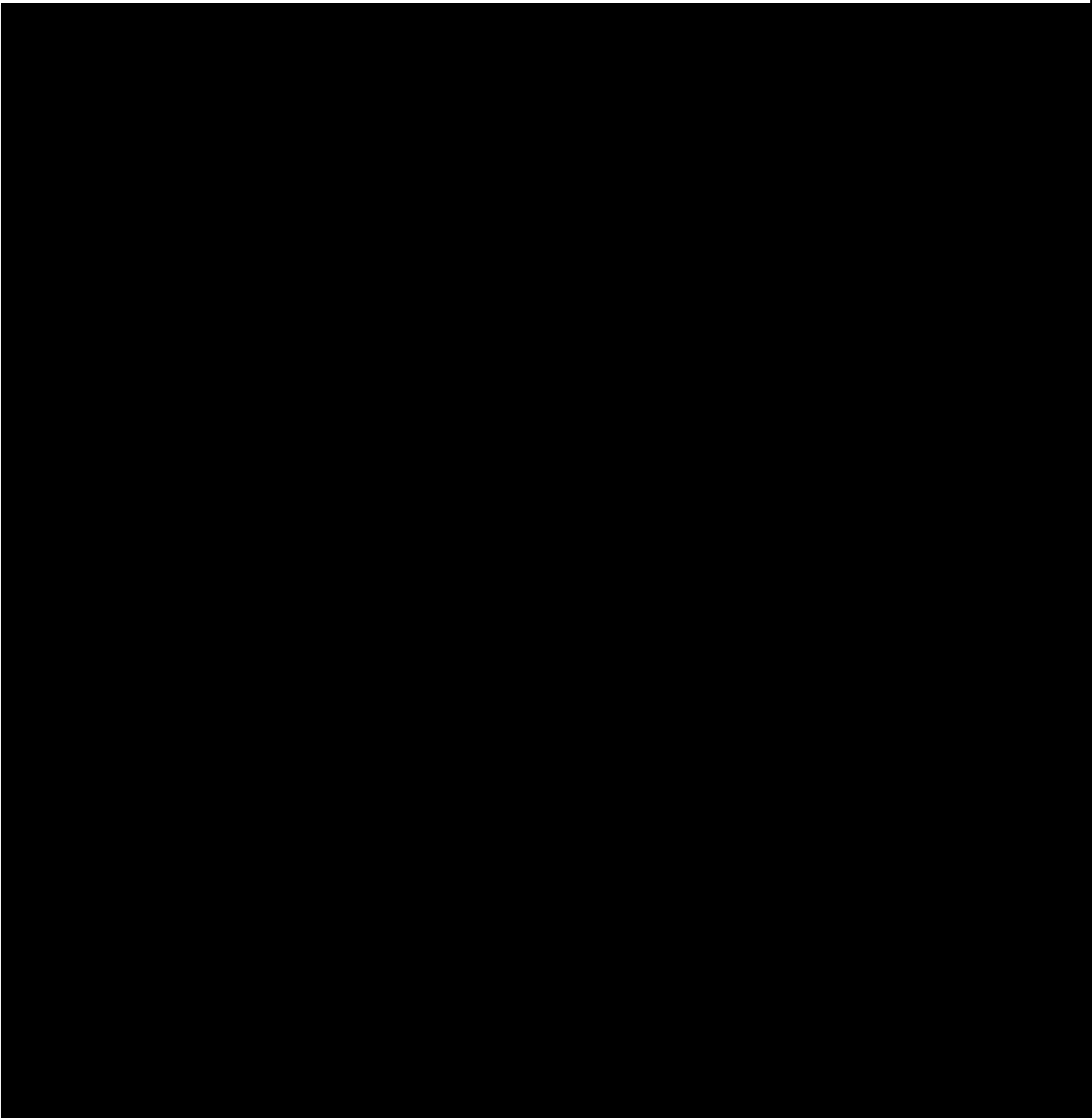
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(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026



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E. Granby, CT 06026





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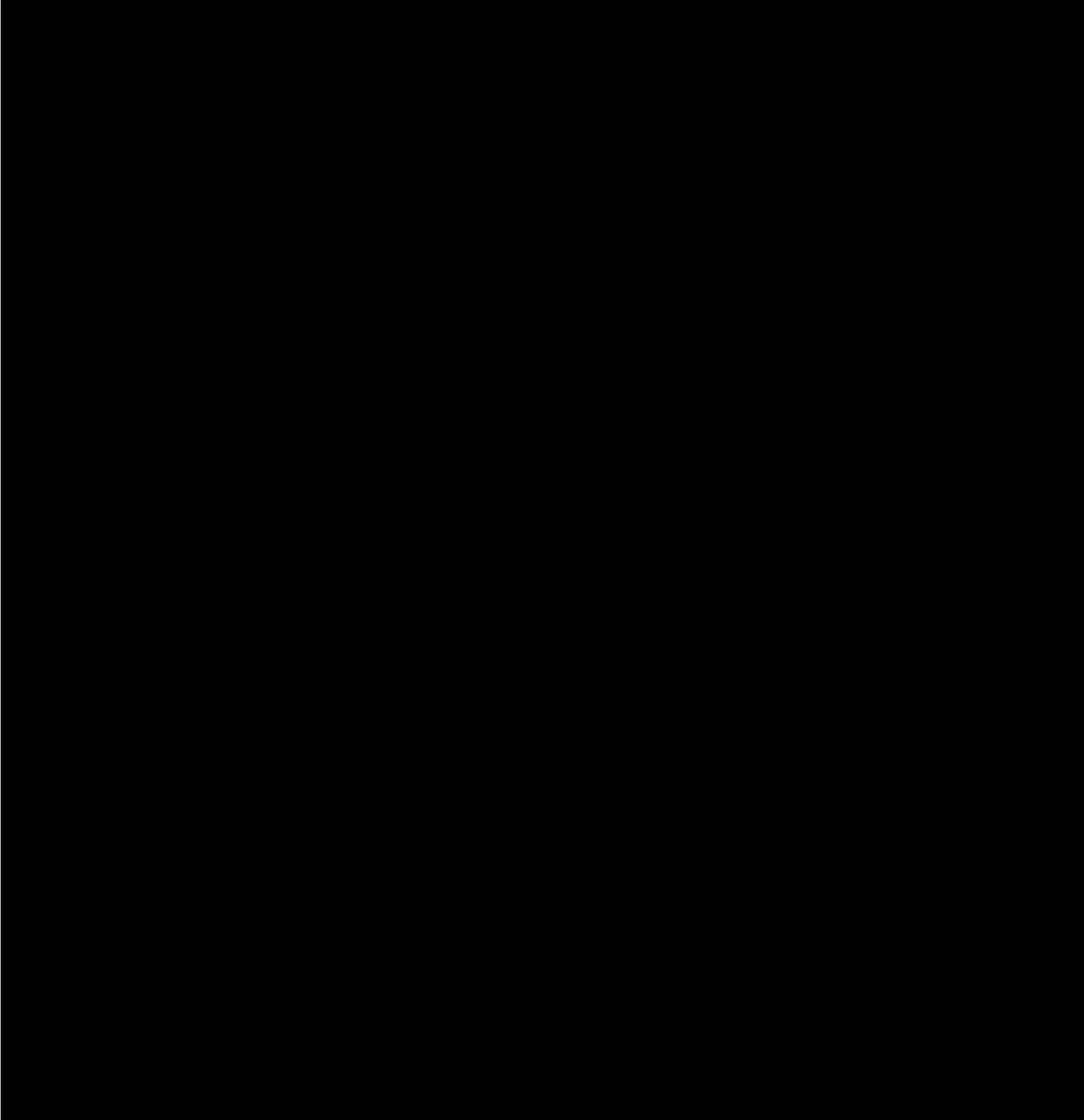
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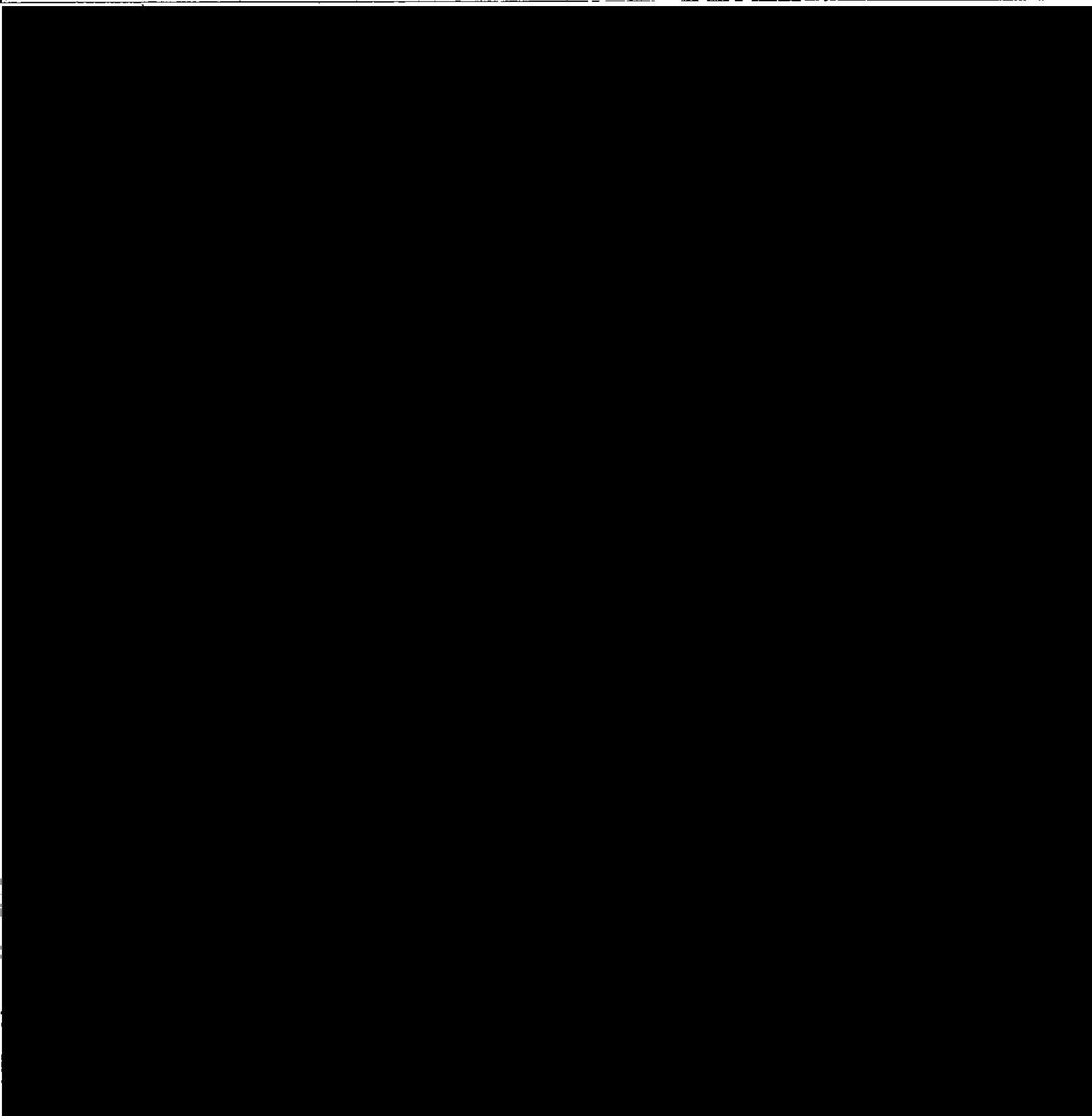
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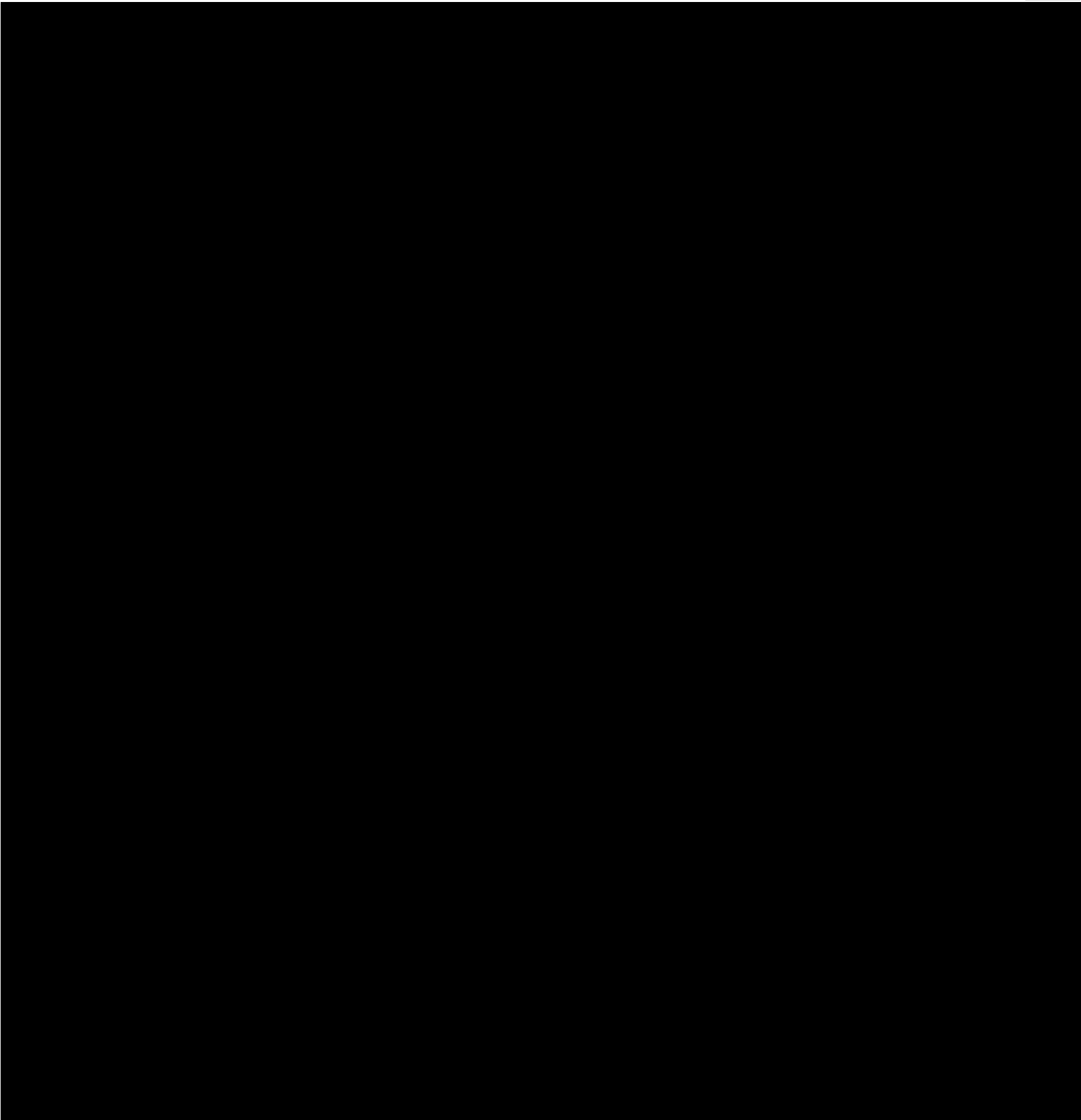
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Boston New York Bethesda Richmond Chicago

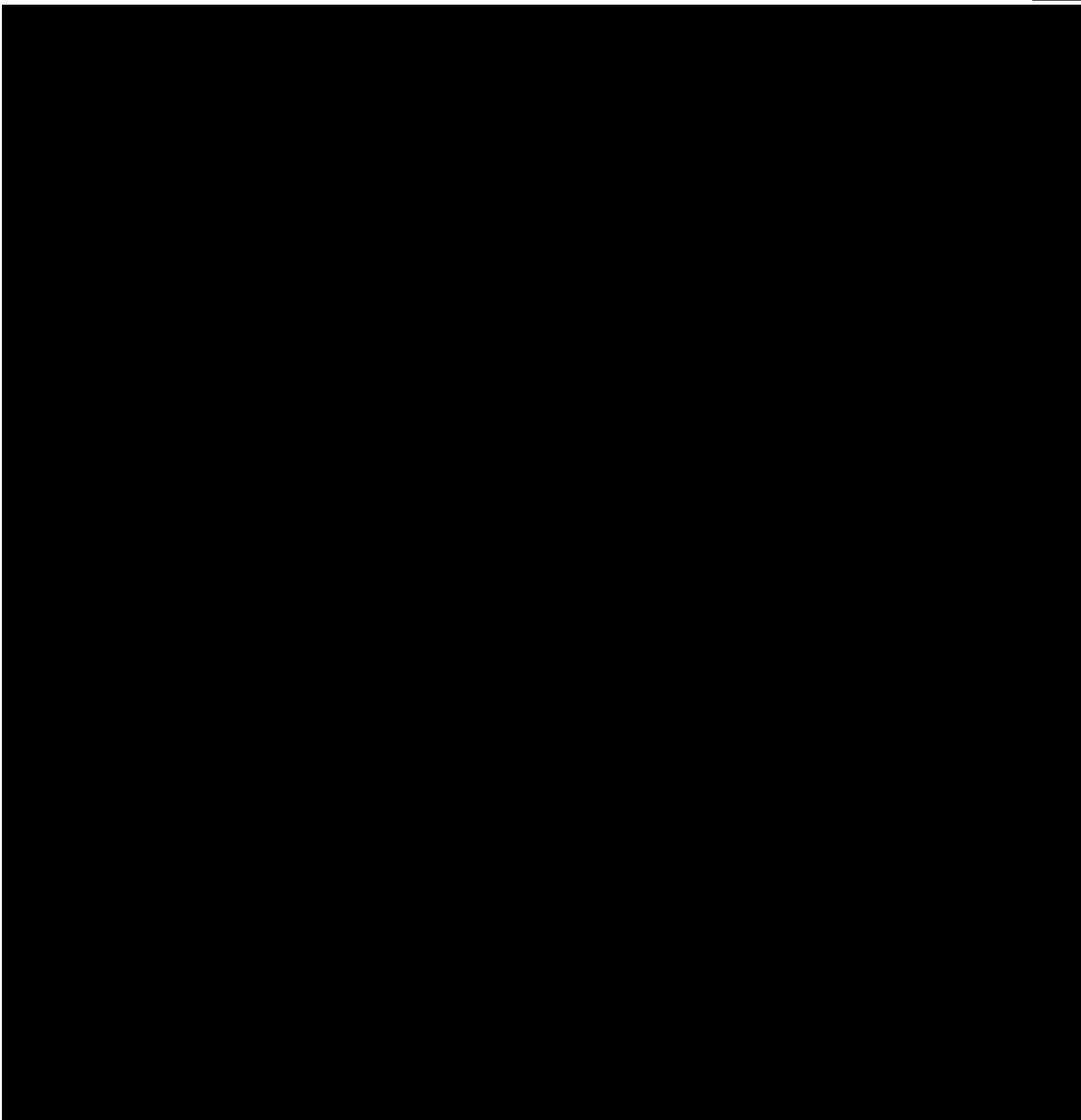
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Sample Image

A large, solid black rectangular redaction box covers the majority of the page's content, starting below the "Sample Image" text and extending nearly to the bottom of the page.



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(800) 851-6012
59 Rainbow Road
E. Granby, CT 06026

A1



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:						
<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other:
2. Legal Name of Backer: Michele Chung						
3. Trade Name of Backer (if applicable):						
4. Street Address (including Apartment or Suite #): 15 Amanda Lane						
5. City: West Hartford				6. State: CT	7. Zip Code: 06117	
8. Daytime Telephone Number: (860) 670-2535		9. Fax Number: N/A			10. E-mail Address: mchung11@gmail.com	

Section B: Backer Members

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

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

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

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



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Section C: Licenses, Permits and Registrations

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

13. State	14. Issue Date (month/year): 08/2003 Expiration Date (month/year): 01/2016	15. Type: Registered Pharmacist	16. Number:
17. State	18. Issue Date (month/year): 07/2015 Expiration Date (month/year): 07/2016	19. Type: Dispensary	20. Number:

Section D: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section E: Criminal Actions

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

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



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Section F: Criminal Background Check

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

26. Signature:

Michelle Quigg

27. Date Signed:

9/10/15

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

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

28. Signature:

Michelle Quigg

29. Date Signed:

9/10/15



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Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information						
1. Backer business type:						
<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Backer: Geri Ann Bradley						
3. Trade Name of Backer (if applicable):						
4. Street Address (including Apartment or Suite #): 61 Summerberry Road						
5. City: Bristol				6. State: CT	7. Zip Code: 06010	
8. Daytime Telephone Number: (860) 919-2714		9. Fax Number: N/A			10. E-mail Address: gbradley@thehealingcorner.com	

Section B: Backer Members	
<p>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.</p> <p>Each member of a backer identified in response to this section must complete either:</p> <ul style="list-style-type: none"> • Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or • Appendix E in all other instances. 	
11. Name (First, Middle, Last):	12. Percentage of ownership:



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Section C: Licenses, Permits and Registrations

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

13. State	14. Issue Date (month/year): 09/1985 Expiration Date (month/year): 01/2016	15. Type: Registered Pharmacist	16. Number:
17. State	18. Issue Date (month/year): 12/1996 Expiration Date (month/year): 08/2014	19. Type: Pharmacy	20. Number:

Section D: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

Section E: Criminal Actions

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

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



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Section C: Licenses, Permits and Registrations (additional page)

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): 08/2015 Expiration Date (month/year): 08/2016	15. Type: Dispensary	16. Number:
17. State	18. Issue Date (month/year): 04/2015 Expiration Date (month/year): 04/2016	19. Type: Dispensary Facility	20. Number:



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Section F: Criminal Background Check

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

26. Signature:



Stephen Bradley

27. Date Signed:

9/10/15

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

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

28. Signature:



Stephen Bradley

29. Date Signed:

9/10/15



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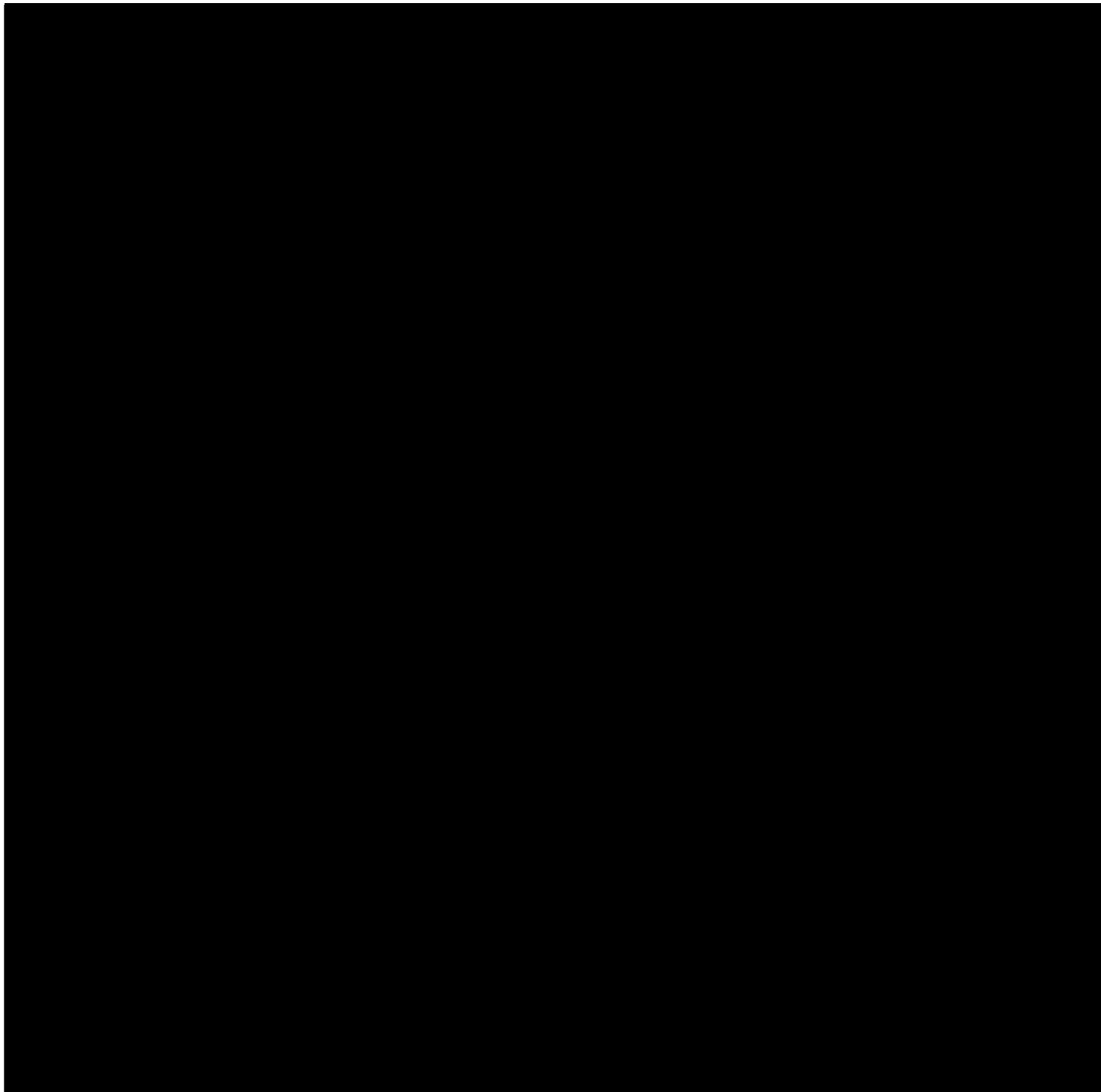


Appendix C

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.





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Section D: Marijuana Business Experience

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

Yes No

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

Yes No

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

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

Section E: Other Relevant Business Experience

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

Yes No

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

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

Section F: Licenses, Permits and Registrations

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

29. State	30. Issue Date (month/year): 08/2003 Expiration Date (month/year): 01/2016	31. Type: Registered Pharmacist	32. Number:
33. State	34. Issue Date (month/year): 07/2015 Expiration Date (month/year): 07/2016	35. Type: Dispensary	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:

43. Date Signed:

9/10/15



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

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

44. Signature:



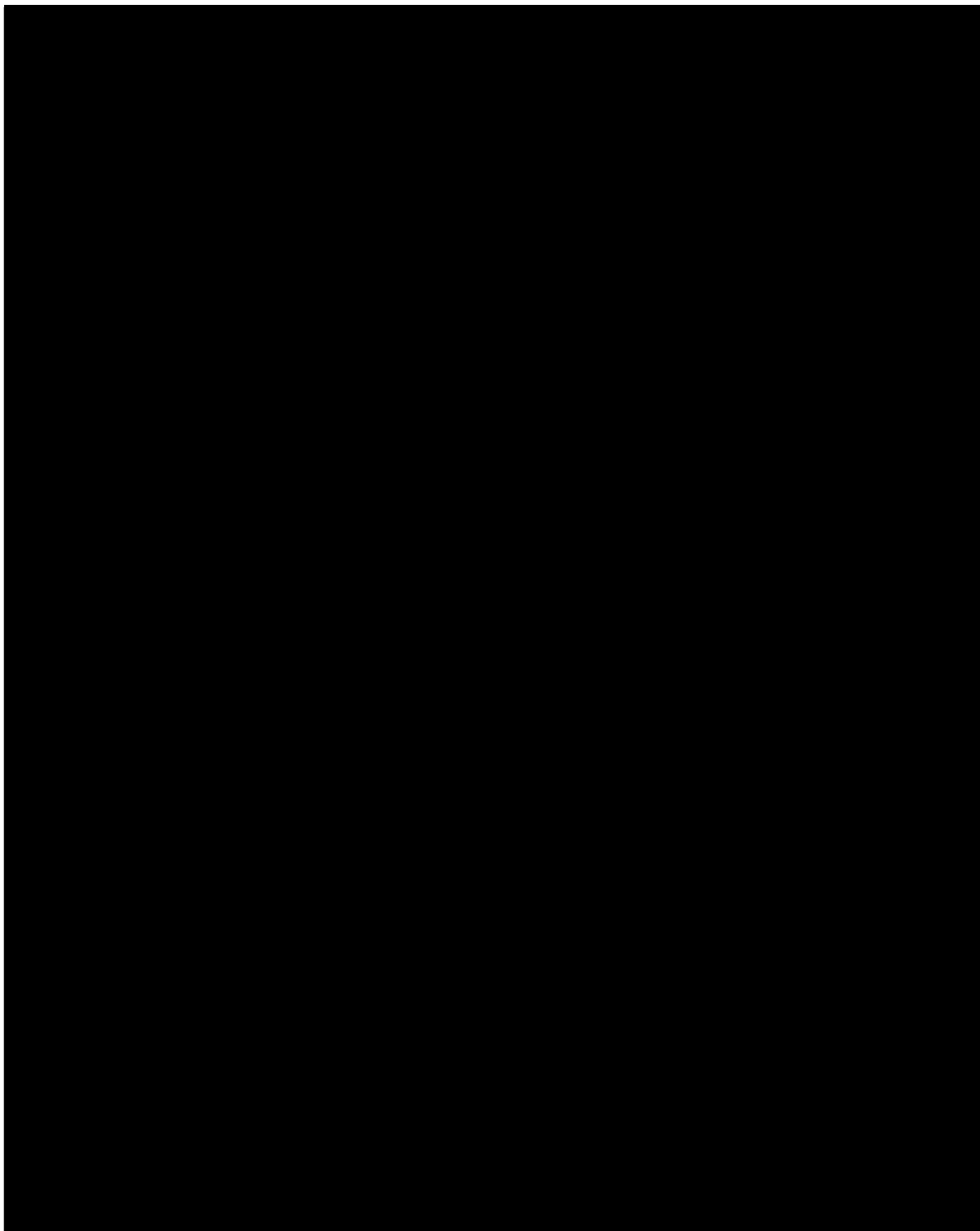
Michele Lewis

45. Date Signed:

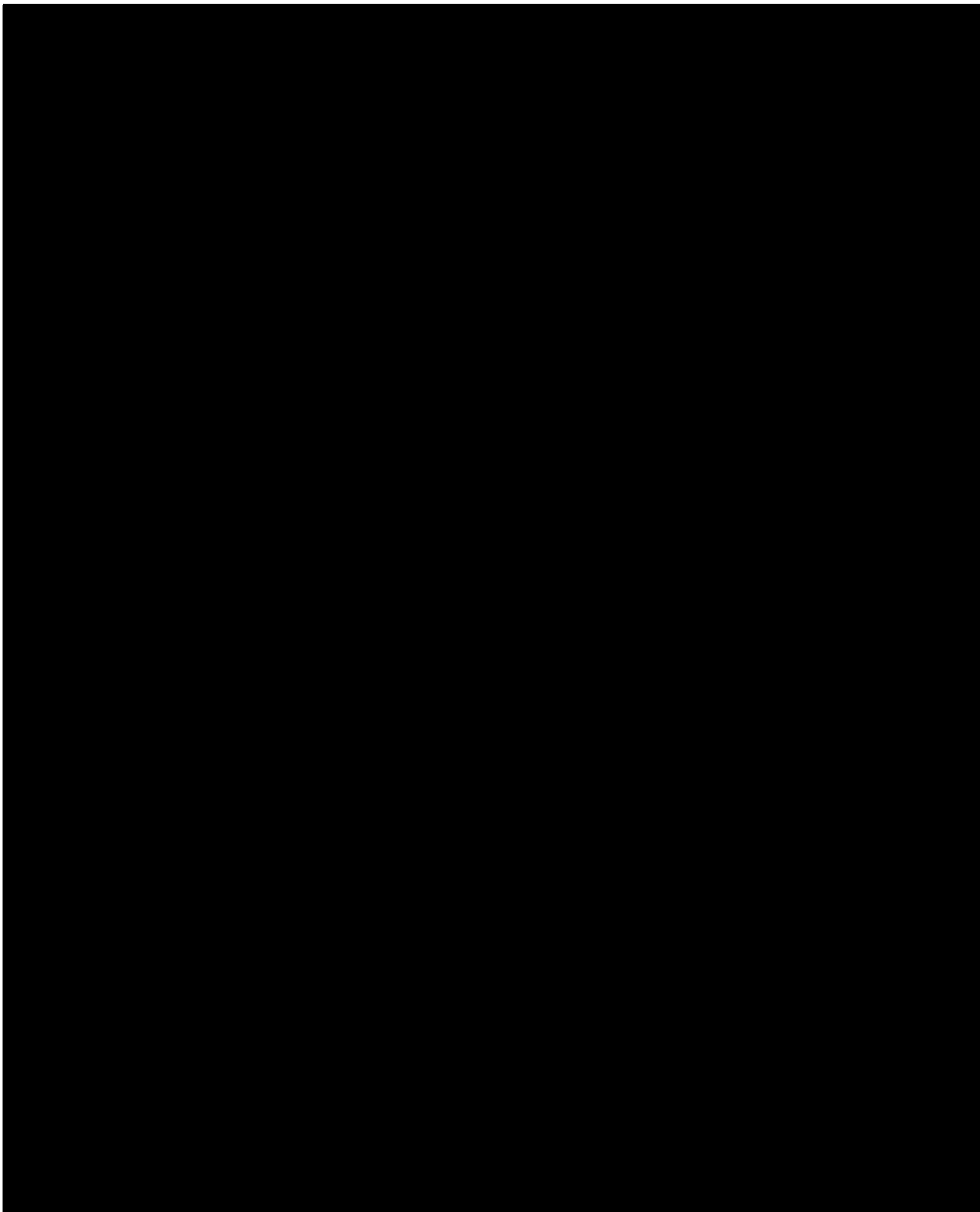
9/10/15

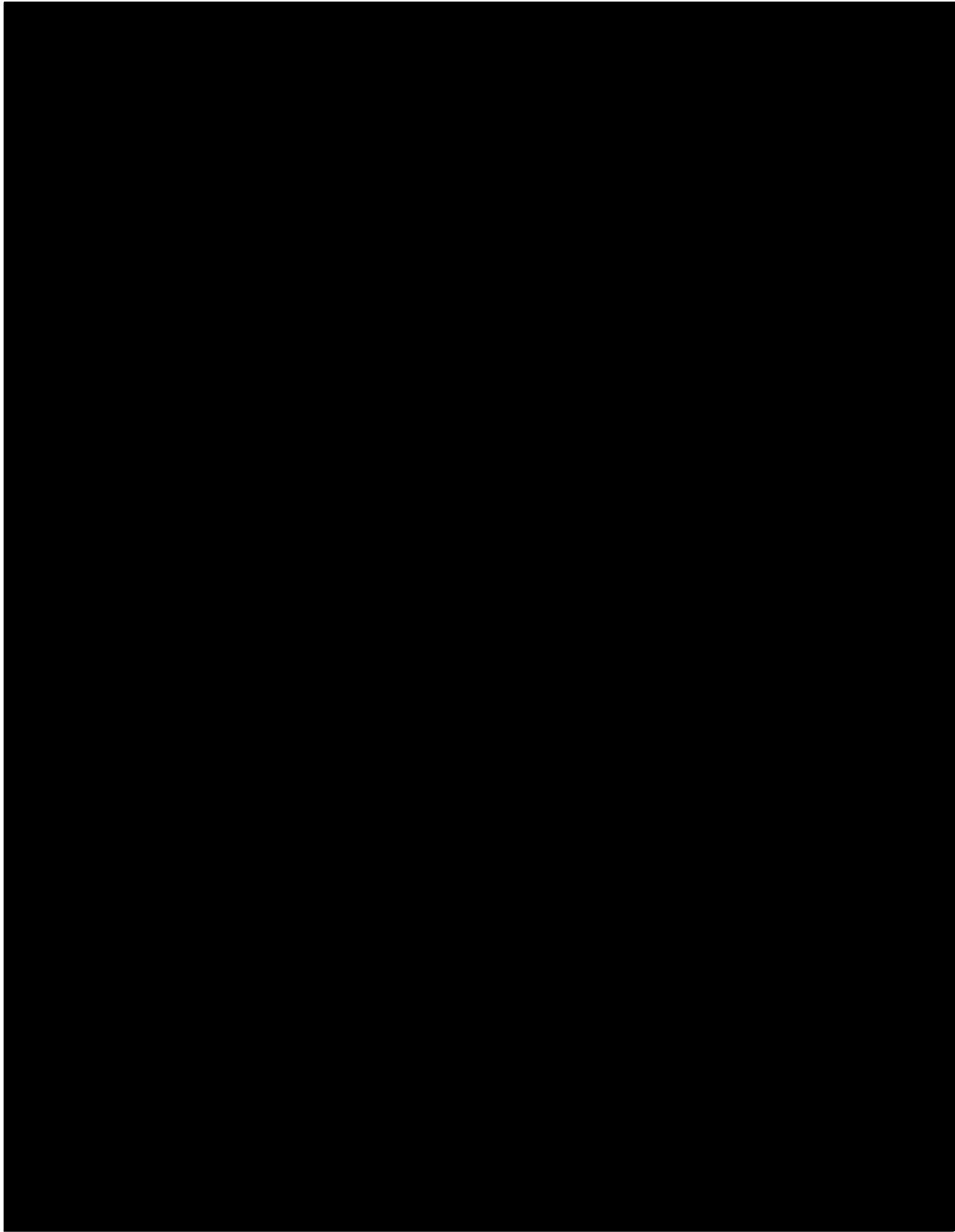
Appendix C, Section C: Pharmacy Business Experience (Michele Chung)

Request: A statement setting forth, for each pharmacy with which you have been associated, certain identified information.



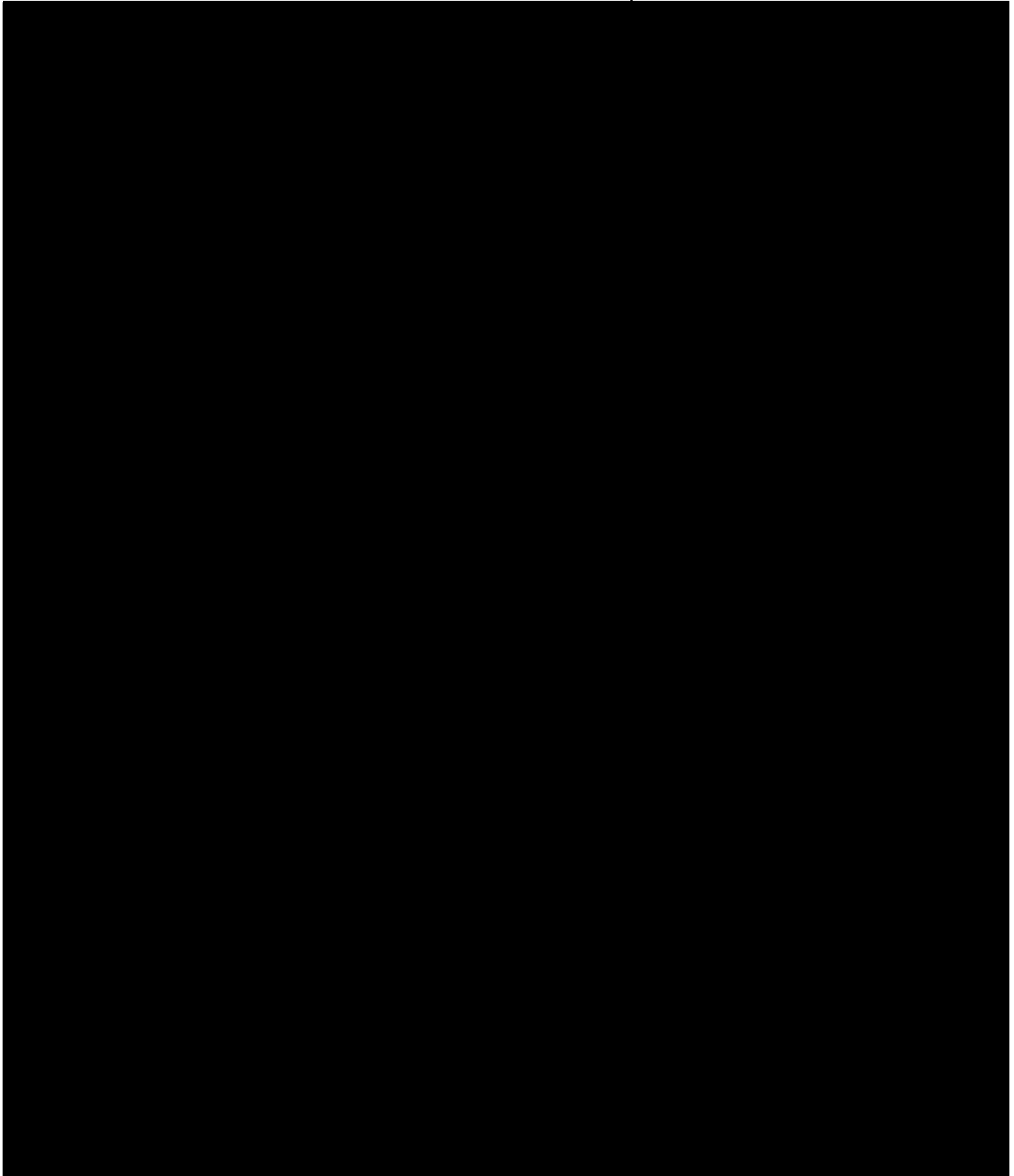
Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved:





Appendix C, Section D: Marijuana Business Experience (Michele Chung)

Request: A statement setting forth, for each marijuana business with which you have been associated, certain identified information.





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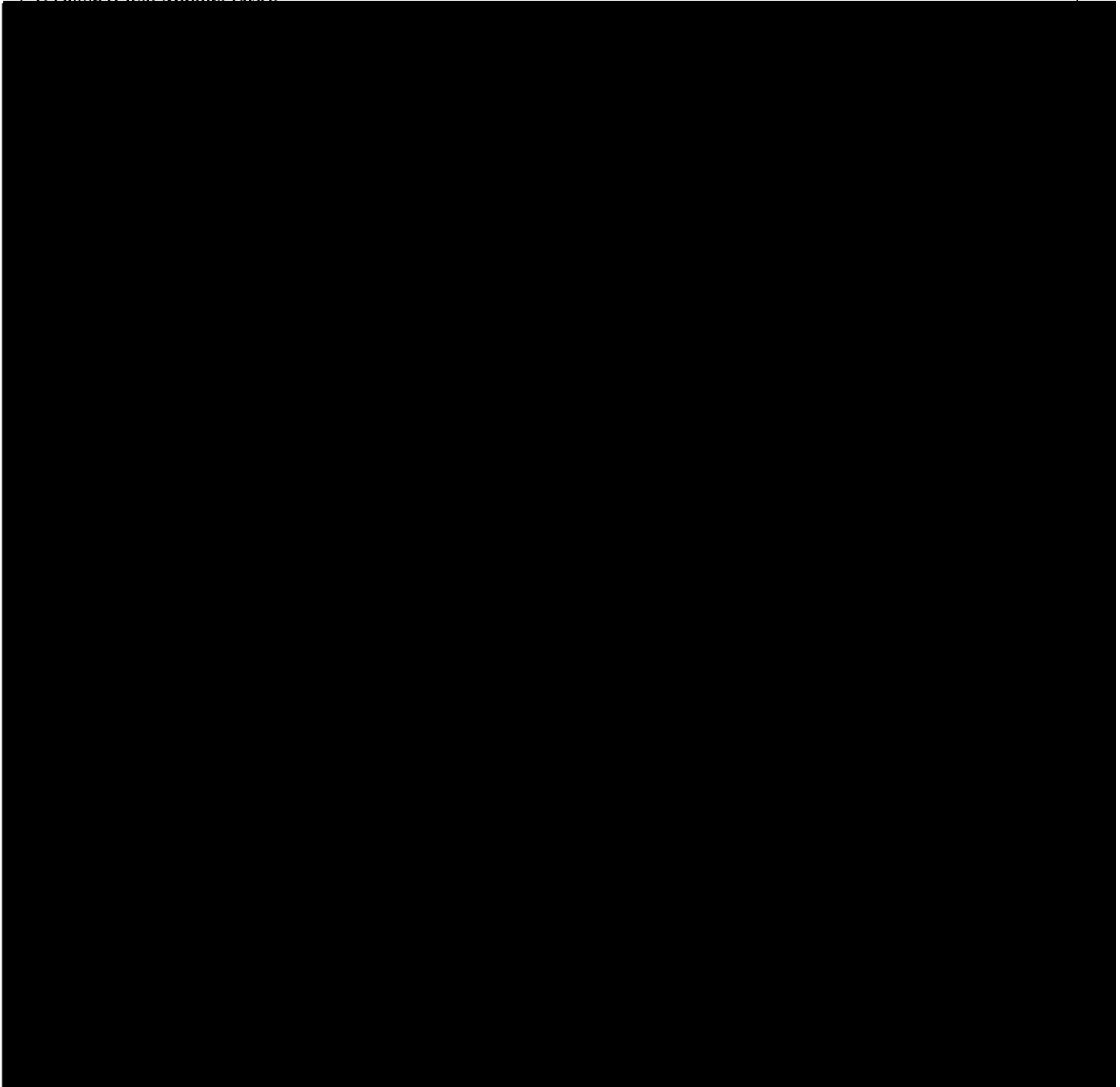
Appendix C

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):





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Section D: Marijuana Business Experience

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

Yes No

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

Yes No

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

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

Section E: Other Relevant Business Experience

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

Yes No

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

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

Section F: Licenses, Permits and Registrations

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

29. State	30. Issue Date (month/year): 09/1985 Expiration Date (month/year): 01/2016	31. Type: Registered Pharmacist	32. Number: _____
33. State	34. Issue Date (month/year): 12/1996 Expiration Date (month/year): 08/2014	35. Type: Pharmacy	36. Number: _____



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Section C: Licenses, Permits and Registrations (additional page)

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): 08/2015 Expiration Date (month/year): 08/2016	15. Type: Dispensary	16. Number: 6
17. State	18. Issue Date (month/year): 04/2015 Expiration Date (month/year): 04/2016	19. Type: Dispensary Facility	20. Number: 00000



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Section G: Legal Proceedings

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

Yes No

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

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

Yes No

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

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

Yes No

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

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

Yes No

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

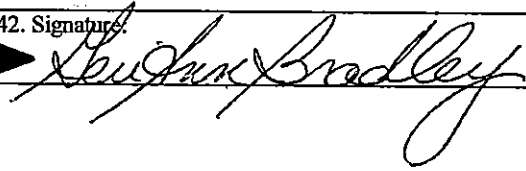
Section H: Criminal Actions

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

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

Section I: Criminal Background Check

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

42. Signature: 

43. Date Signed: 9/10/15



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

A1



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



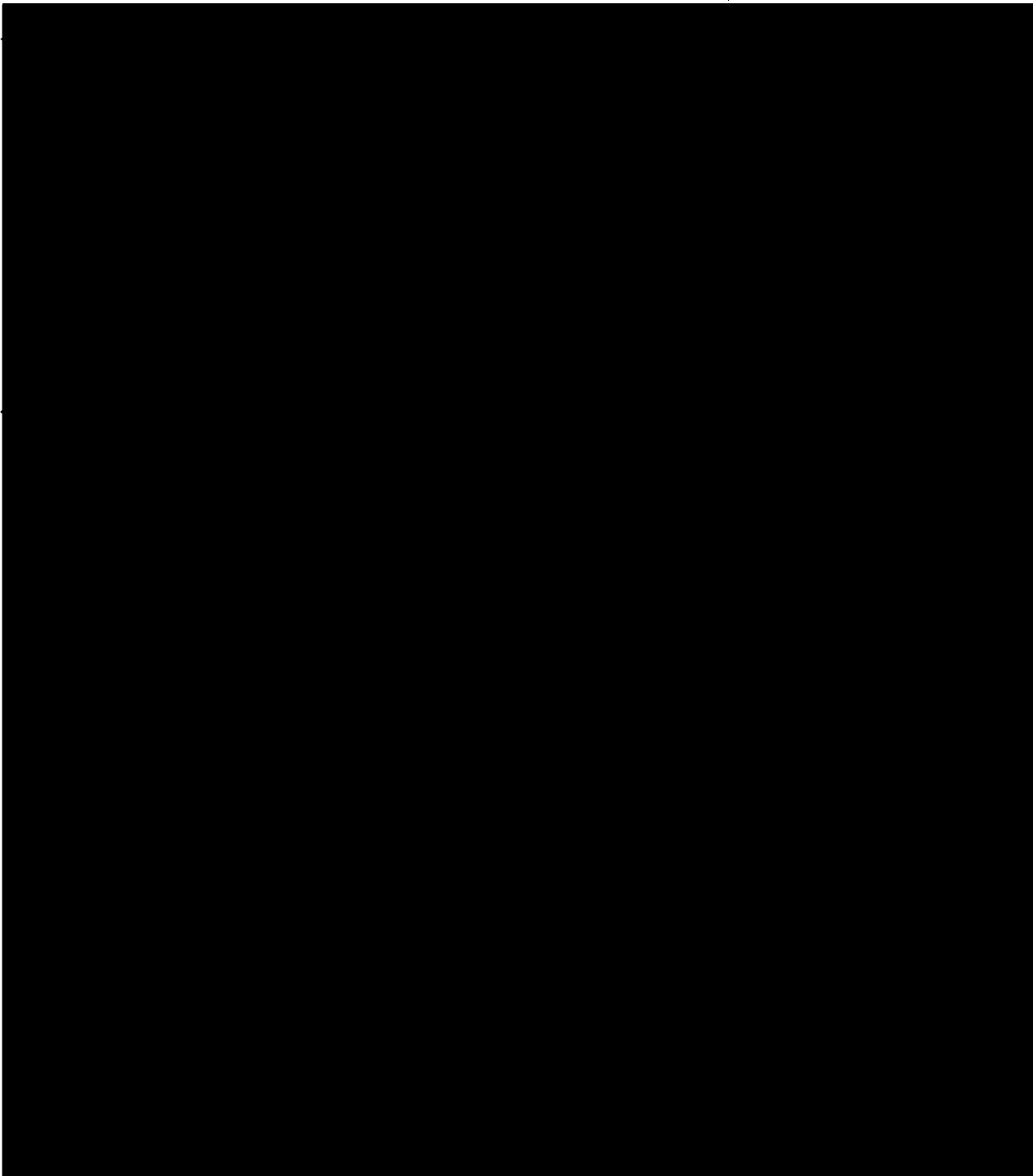
Stephen Bradley

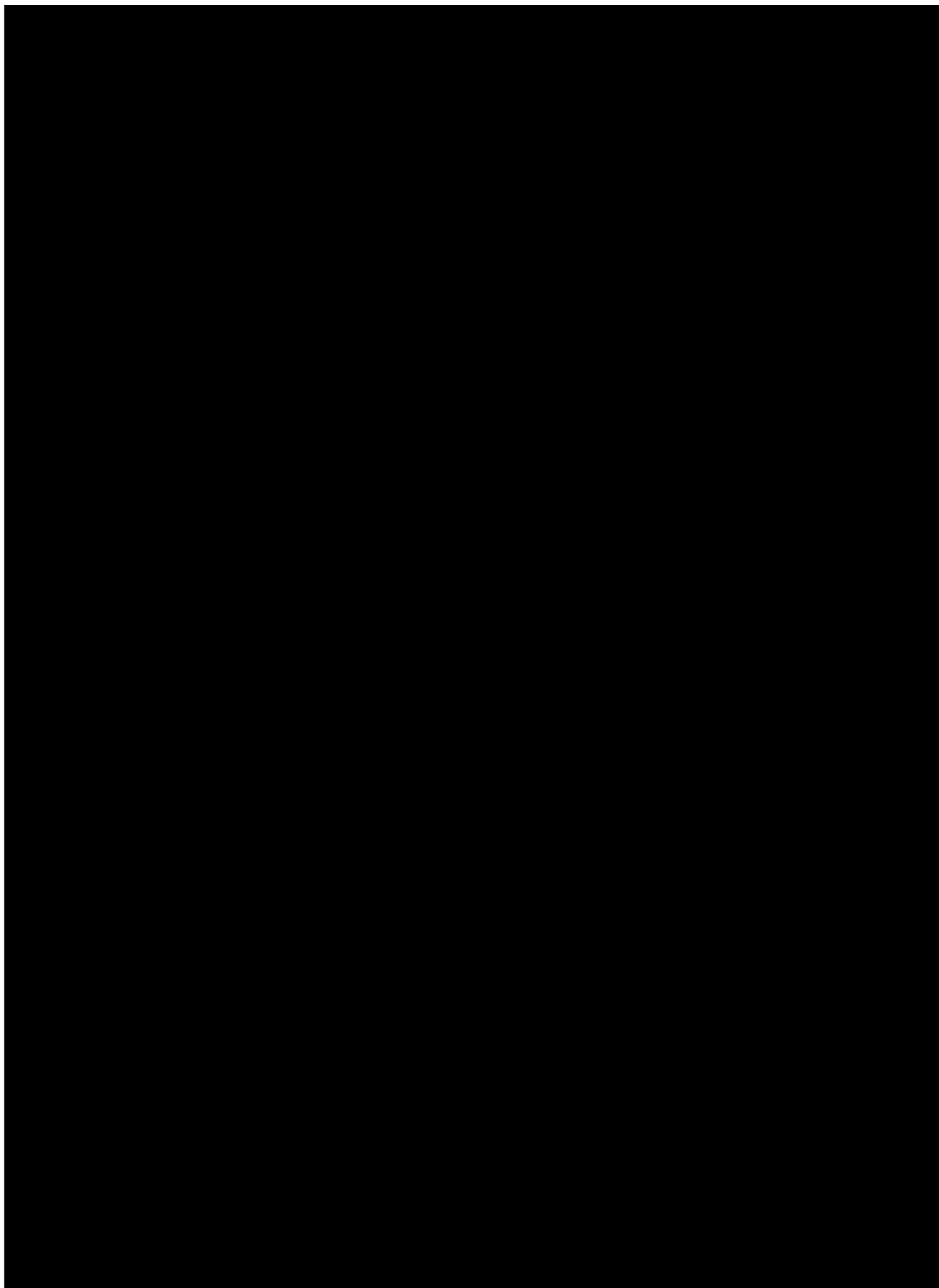
45. Date Signed:

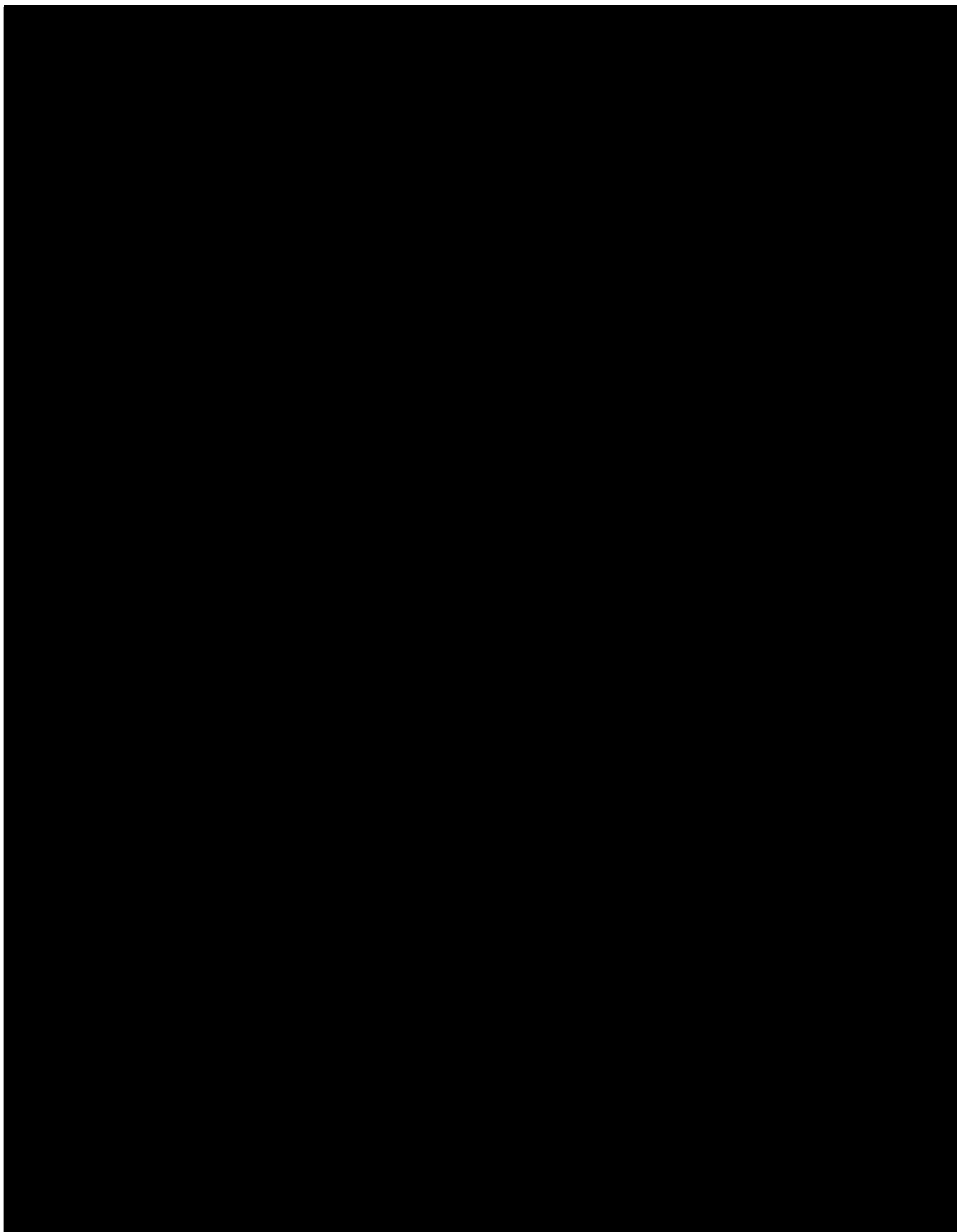
9/10/15

Appendix C, Section C: Pharmacy Business Experience (Geri Ann Bradley)

Request: A statement setting forth, for each pharmacy with which you have been associated, certain identified information.

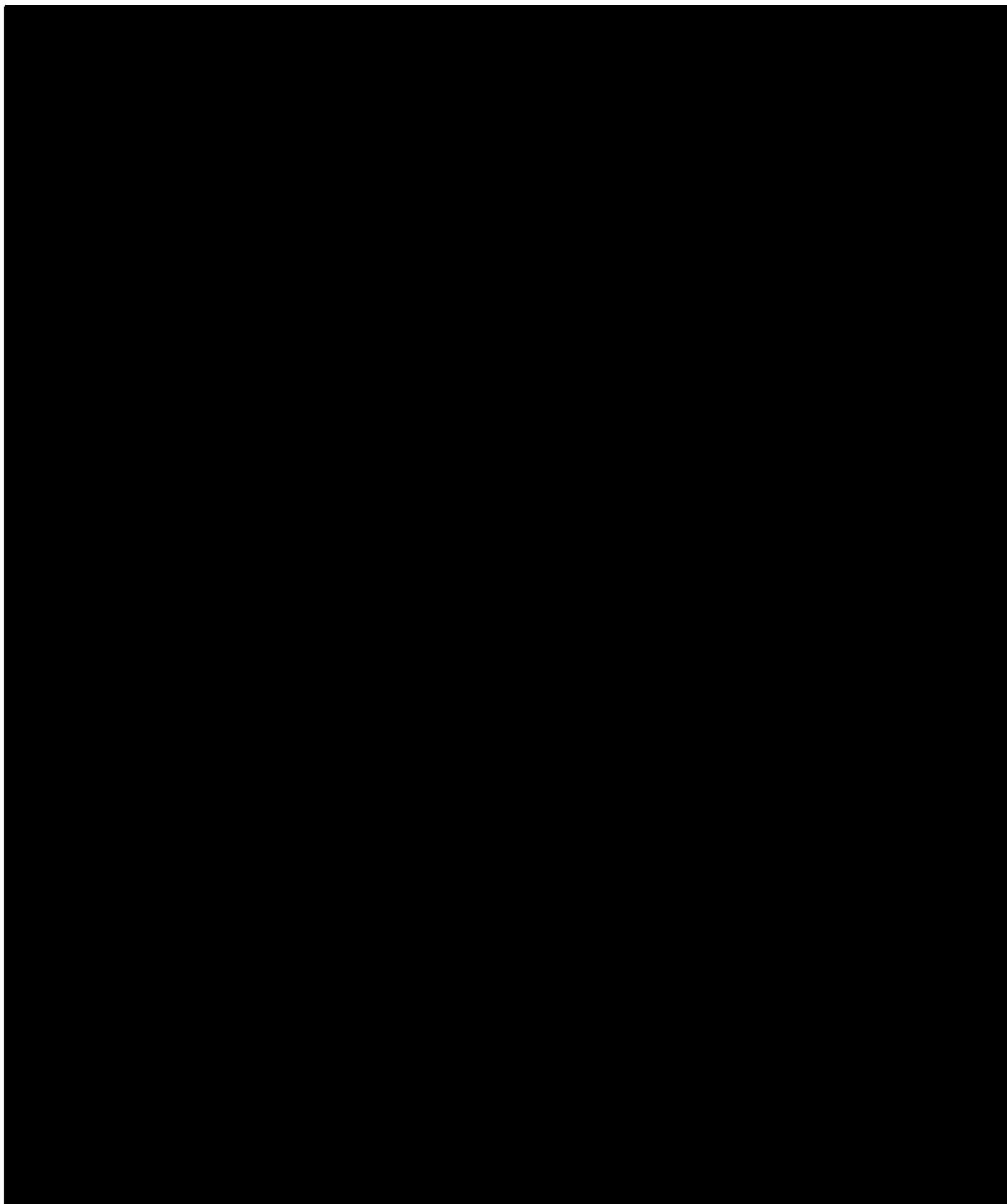






Appendix C, Section D: Marijuana Business Experience (Geri Ann Bradley)

Request: A statement setting forth, for each marijuana business with which you have been associated, certain identified information.





Medical Marijuana Program

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

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



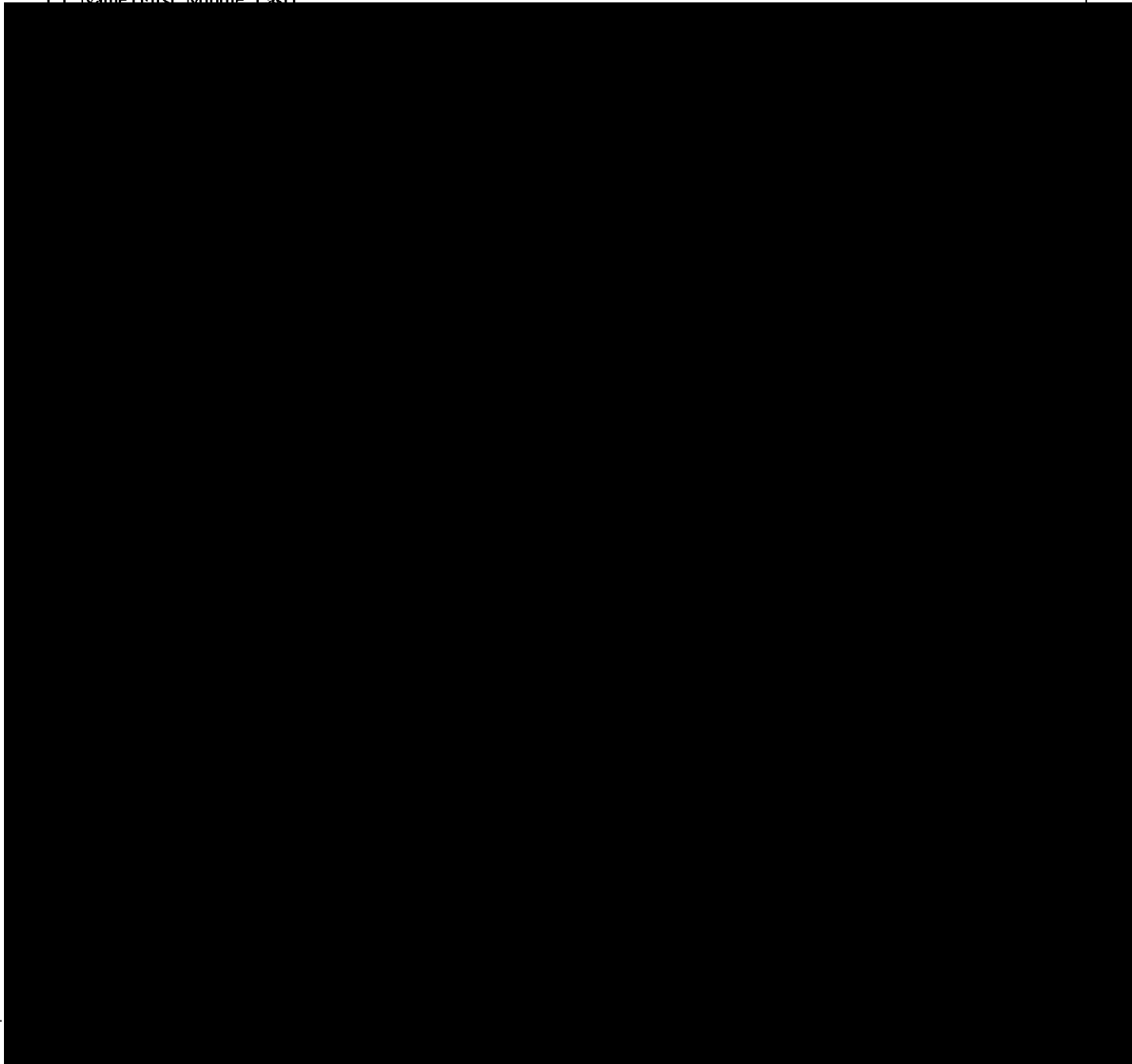
Appendix D

Dispensary Facility Manager Information Form

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

Section A: Dispensary Facility Manager Information

1. Name (First, Middle, Last):





Medical Marijuana Program

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

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



Section D: Criminal Actions

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

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

Section E: Criminal Background Check

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

25. Signature:



Michelle Chung

26. Date Signed:

9/10/15

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

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

27. Signature:



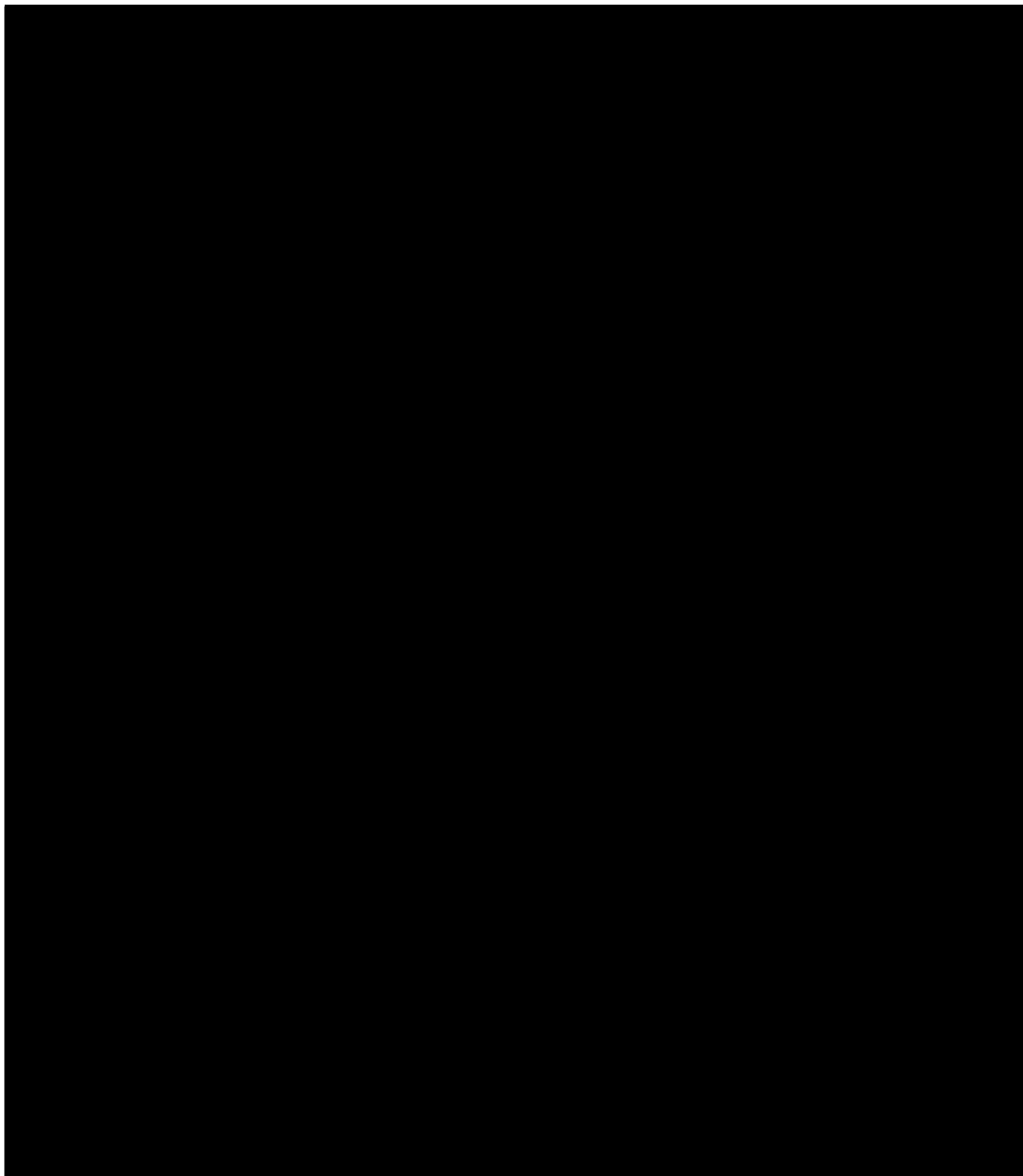
Michelle Chung

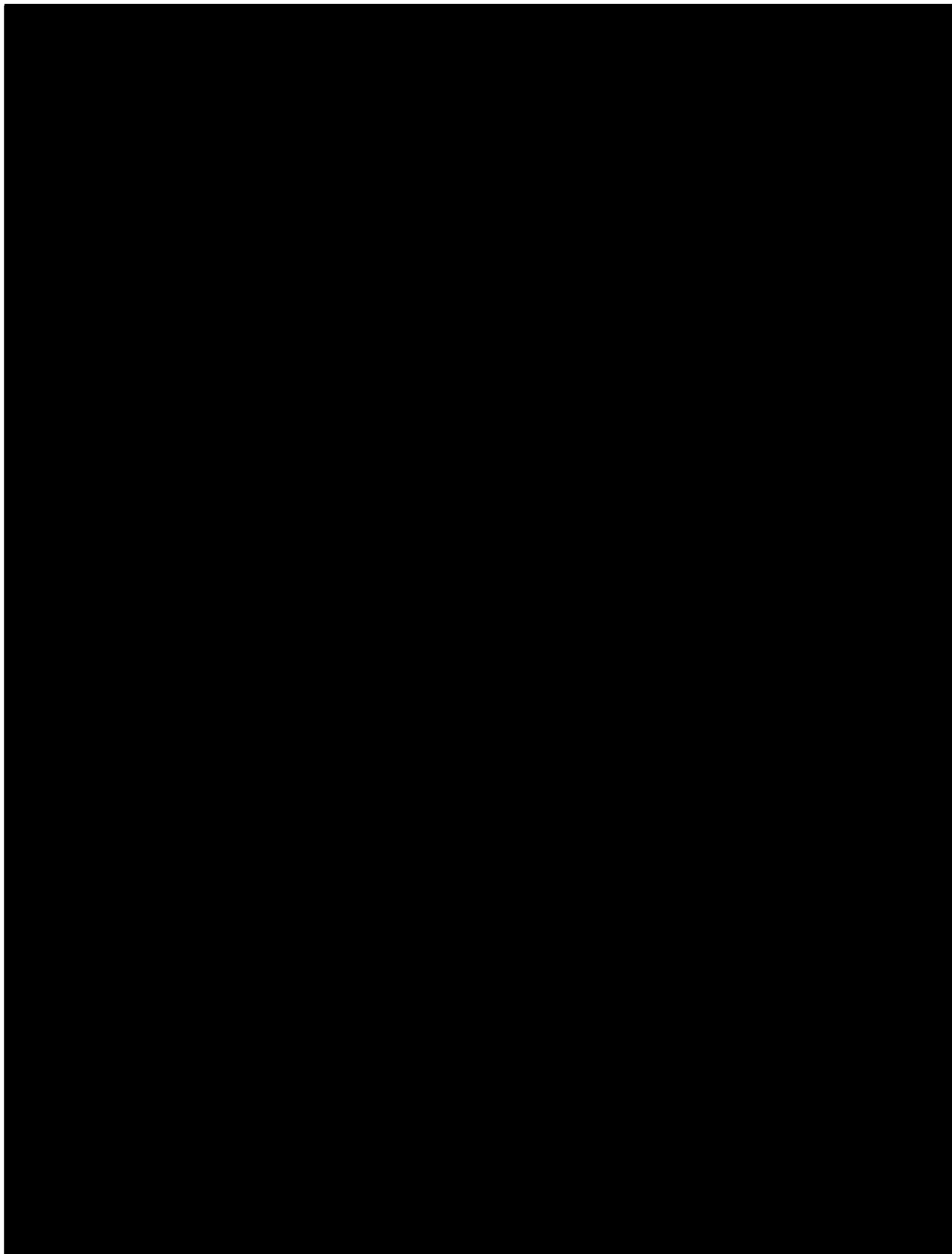
28. Date Signed:

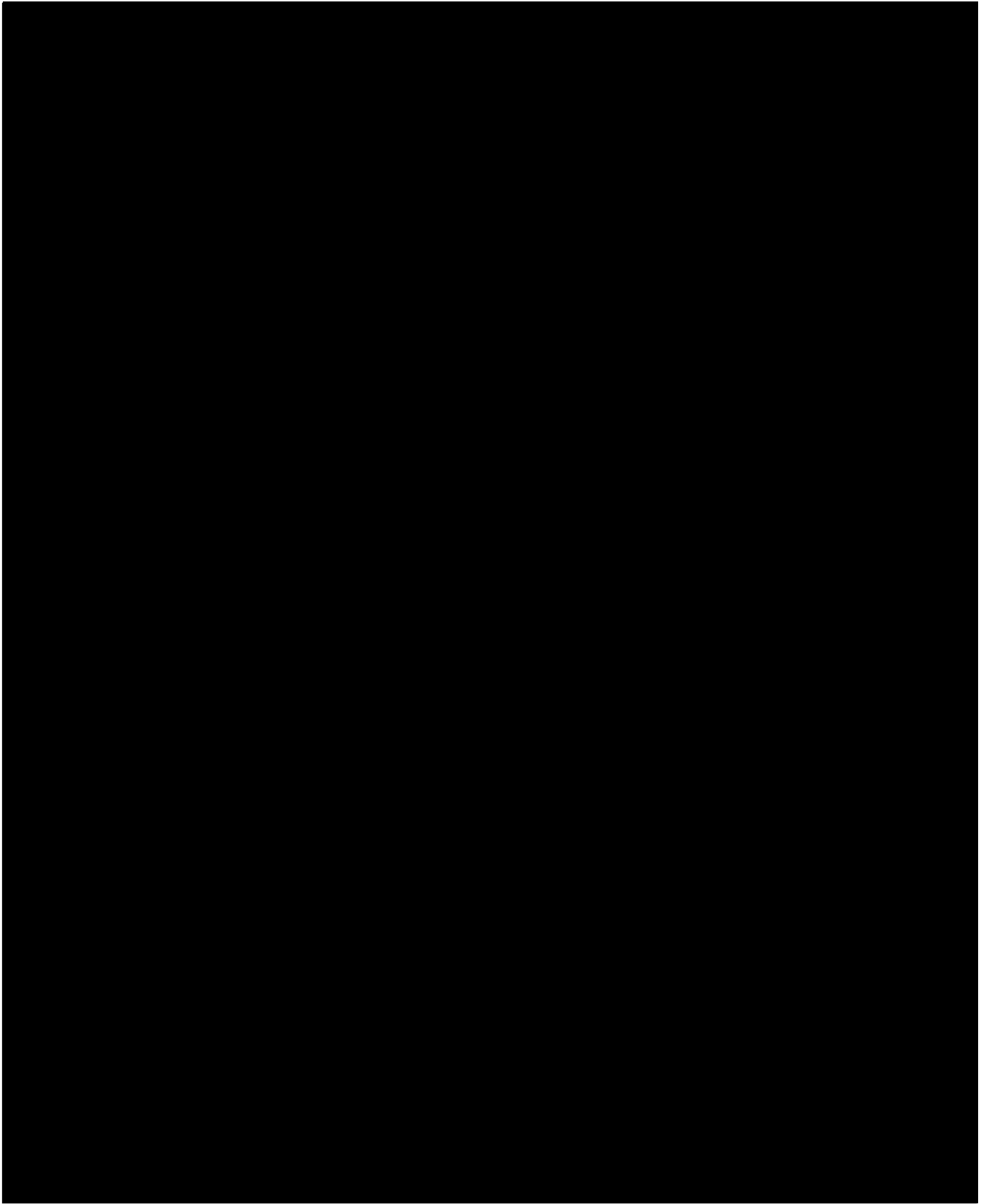
9/10/15

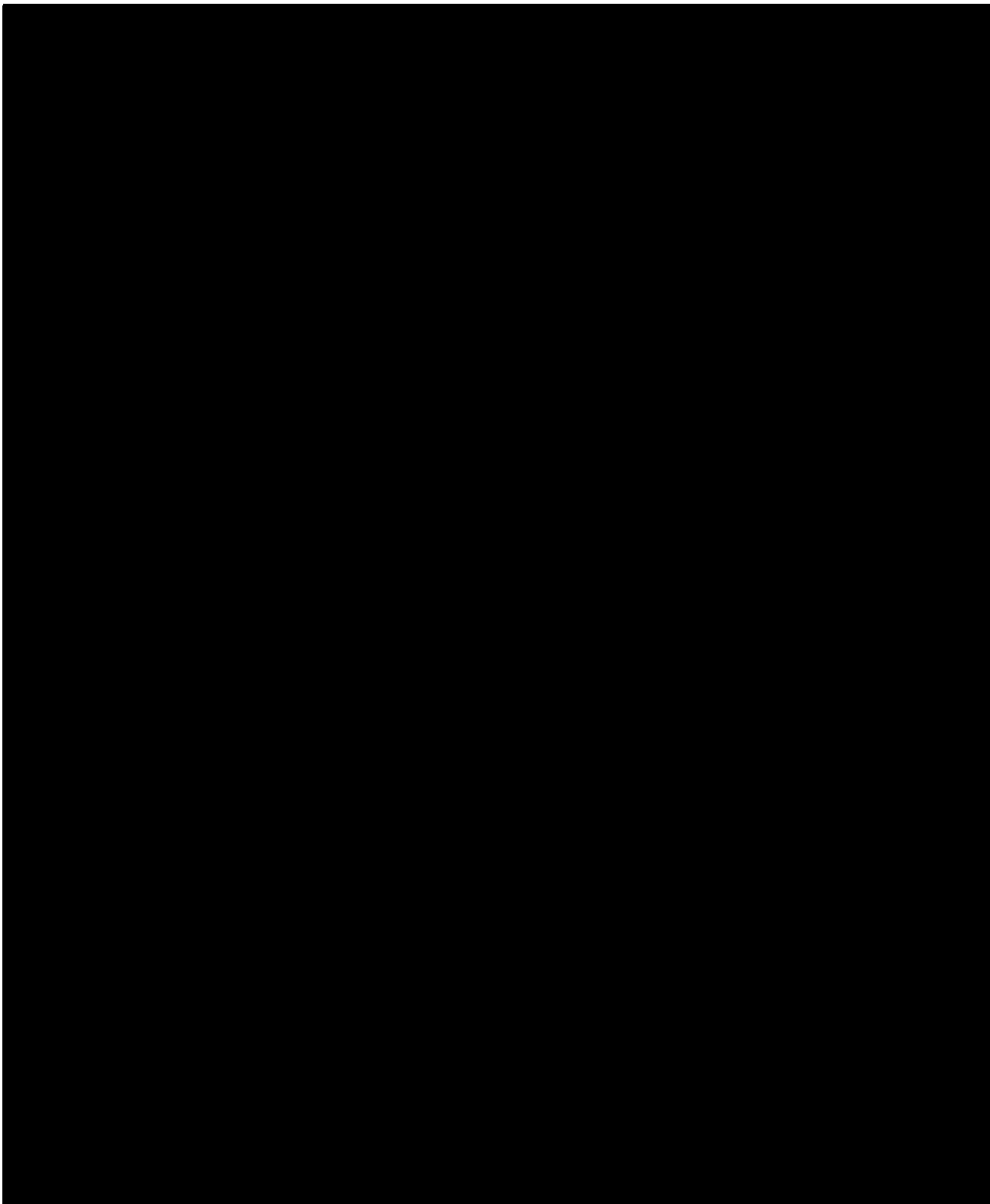
Appendix D, Section C: Pharmacy Business Experience (Michele Chung)

Request: A statement setting forth, for each pharmacy with which you have been associated, certain identified information.











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



A1

Appendix E Backer Members

Authorization for Release of Personal History Form

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

Section A: Member Information

1. Name (First, Middle, Last):		
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

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

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

Section C: Criminal Background Check

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

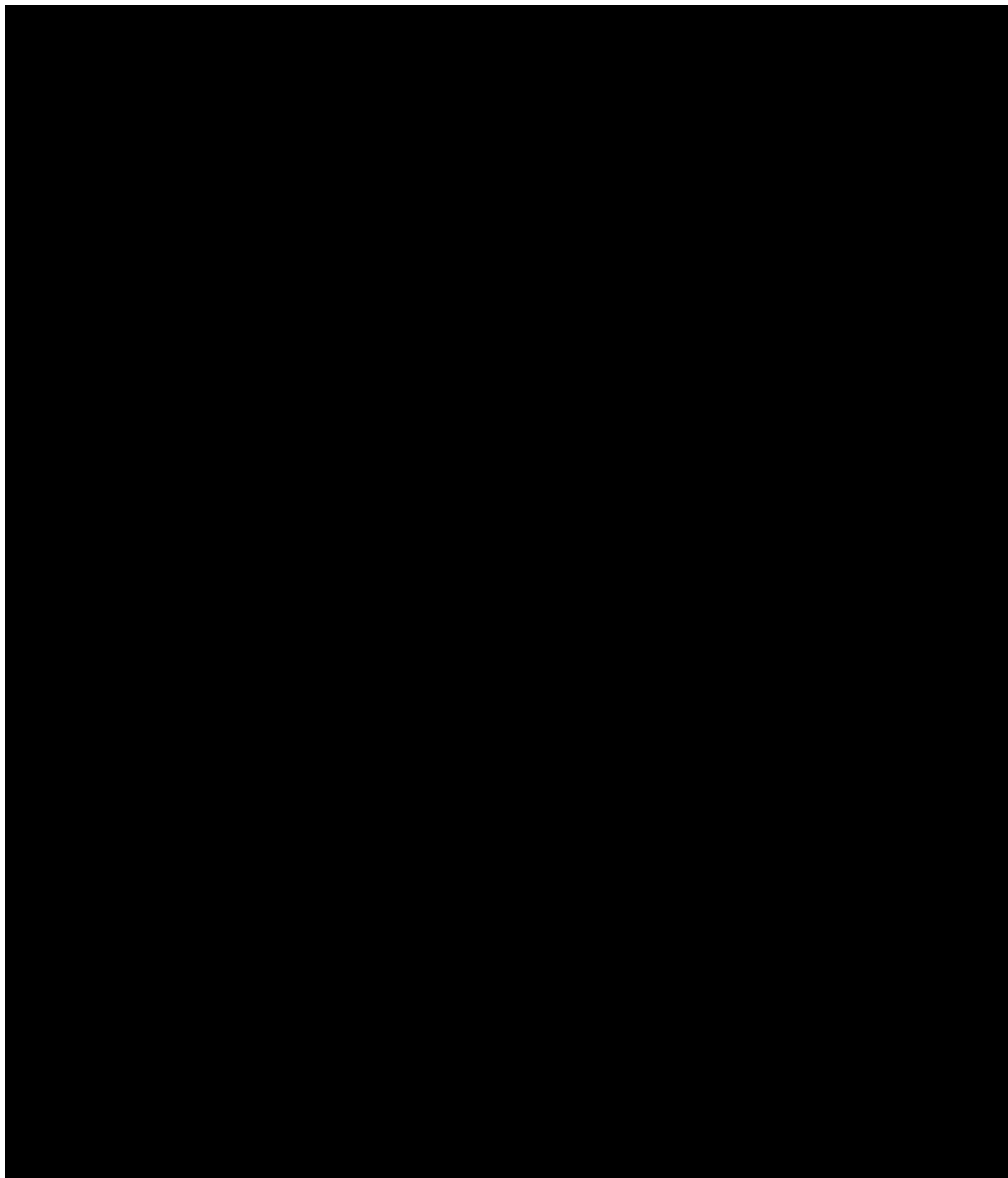
10. Signature: ▶	11. Date Signed:
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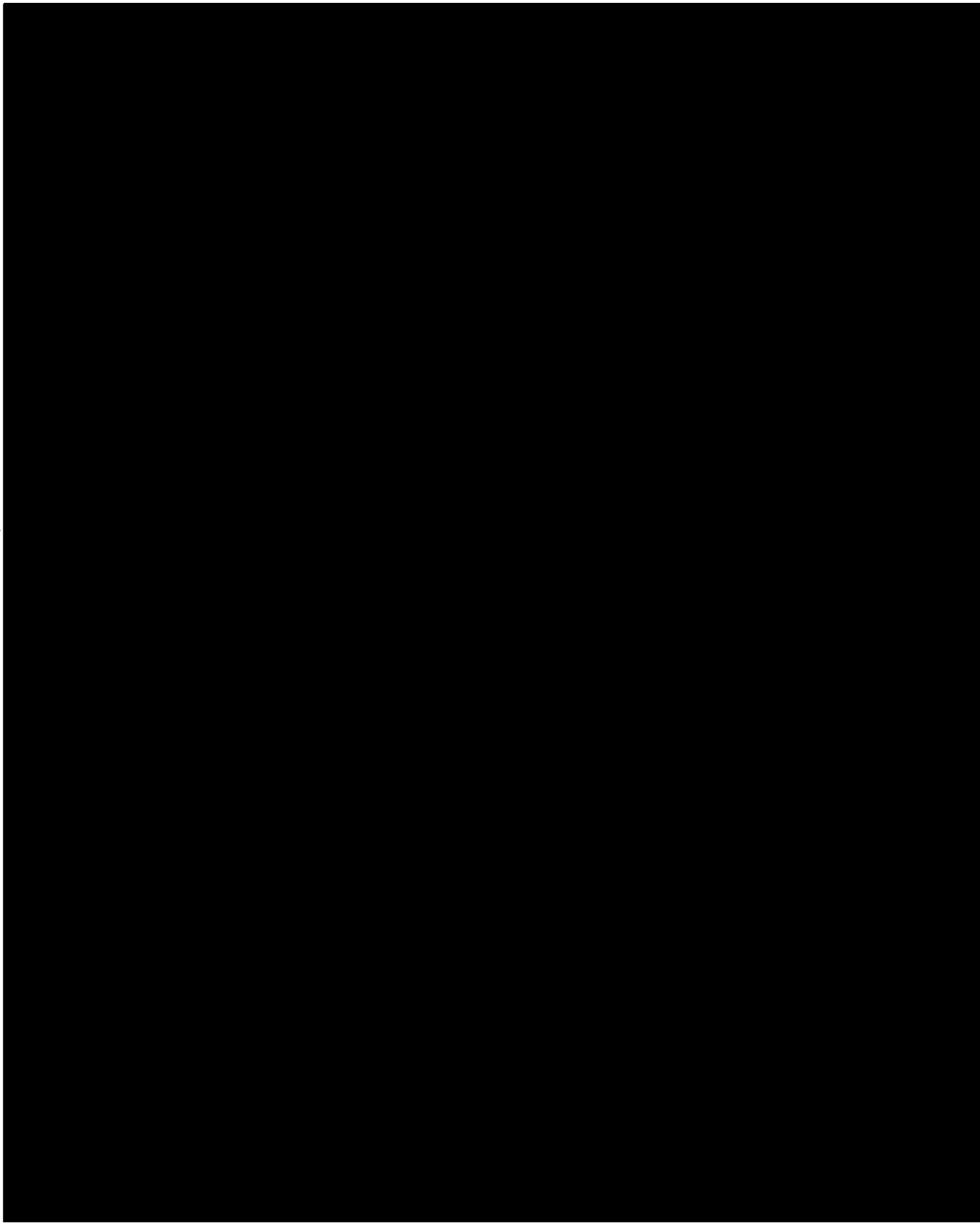
I hereby certify that the above information is correct and complete.

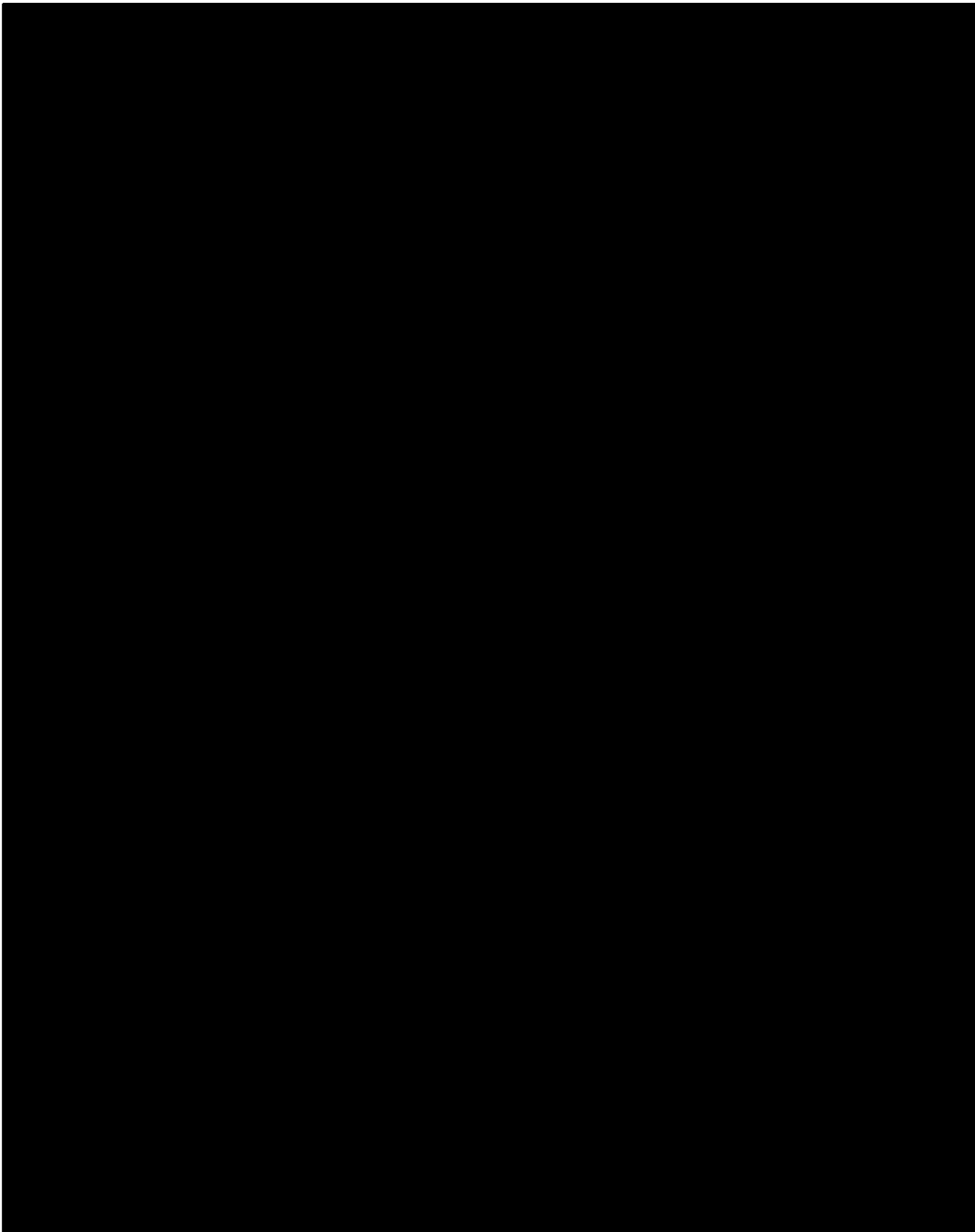
I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General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

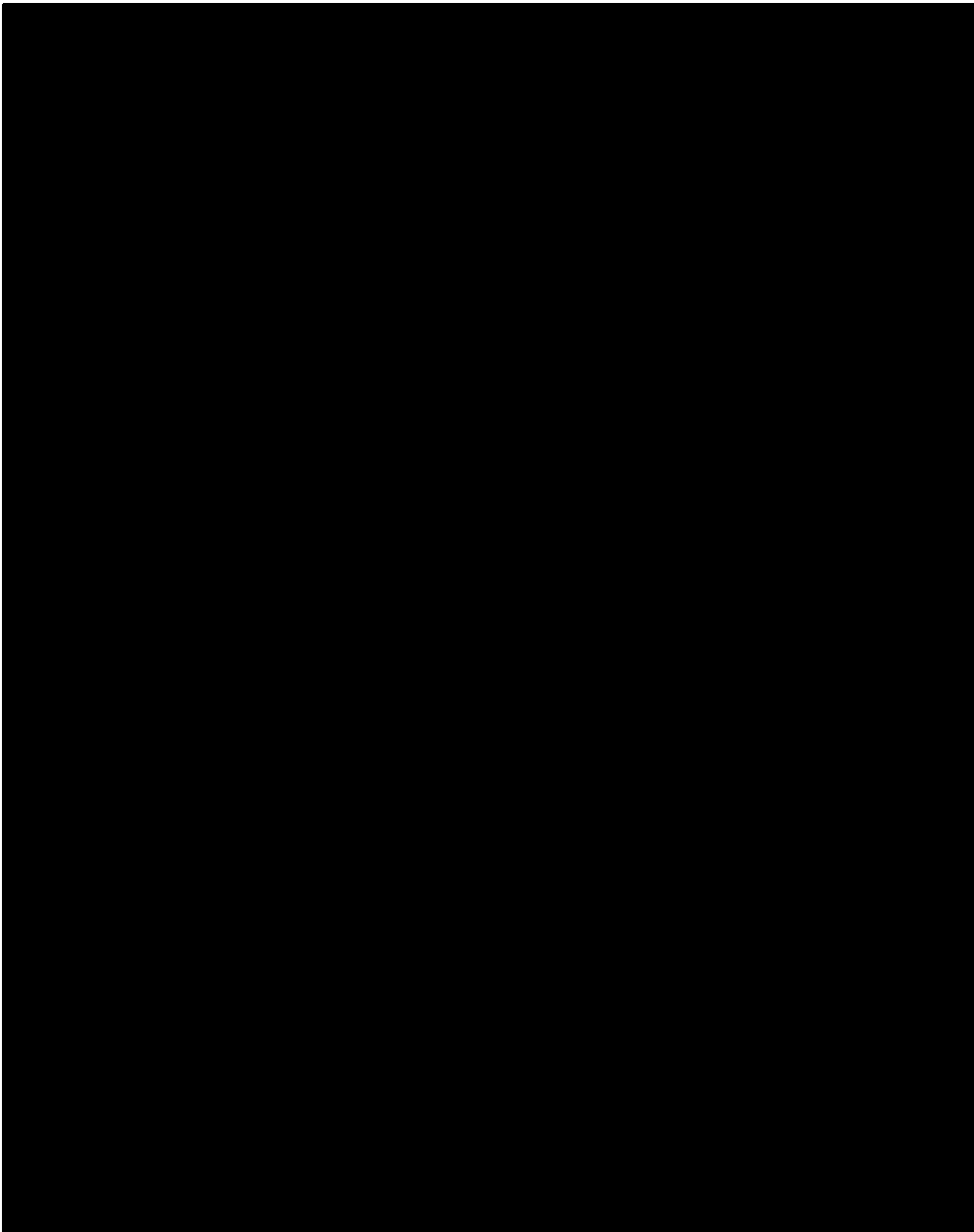
12. Signature: ▶	13. Date Signed:
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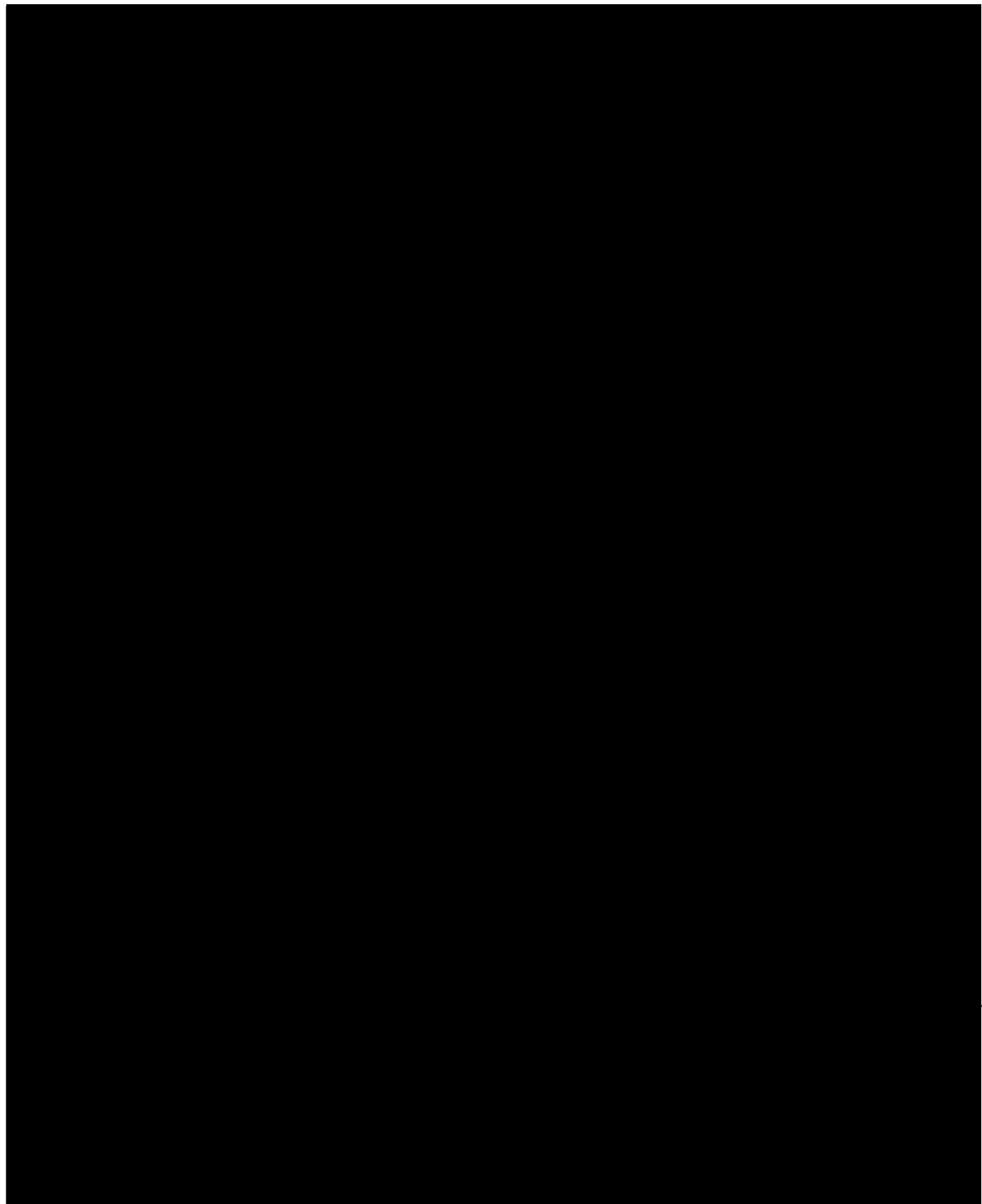
- A2. Request: Provide a brief summary (no longer than five double-spaced pages) of the applicant's qualifications, experience and industry knowledge relevant to the development and operation of a dispensary facility.



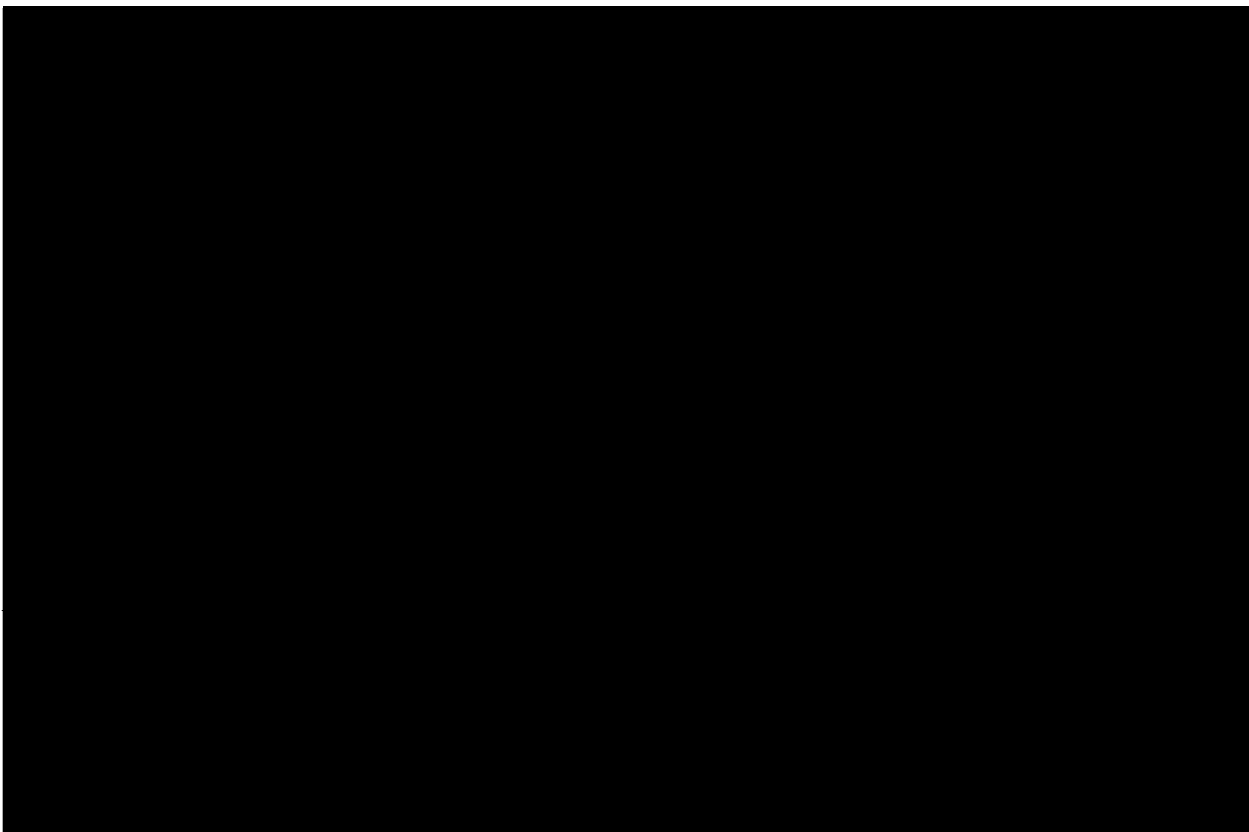




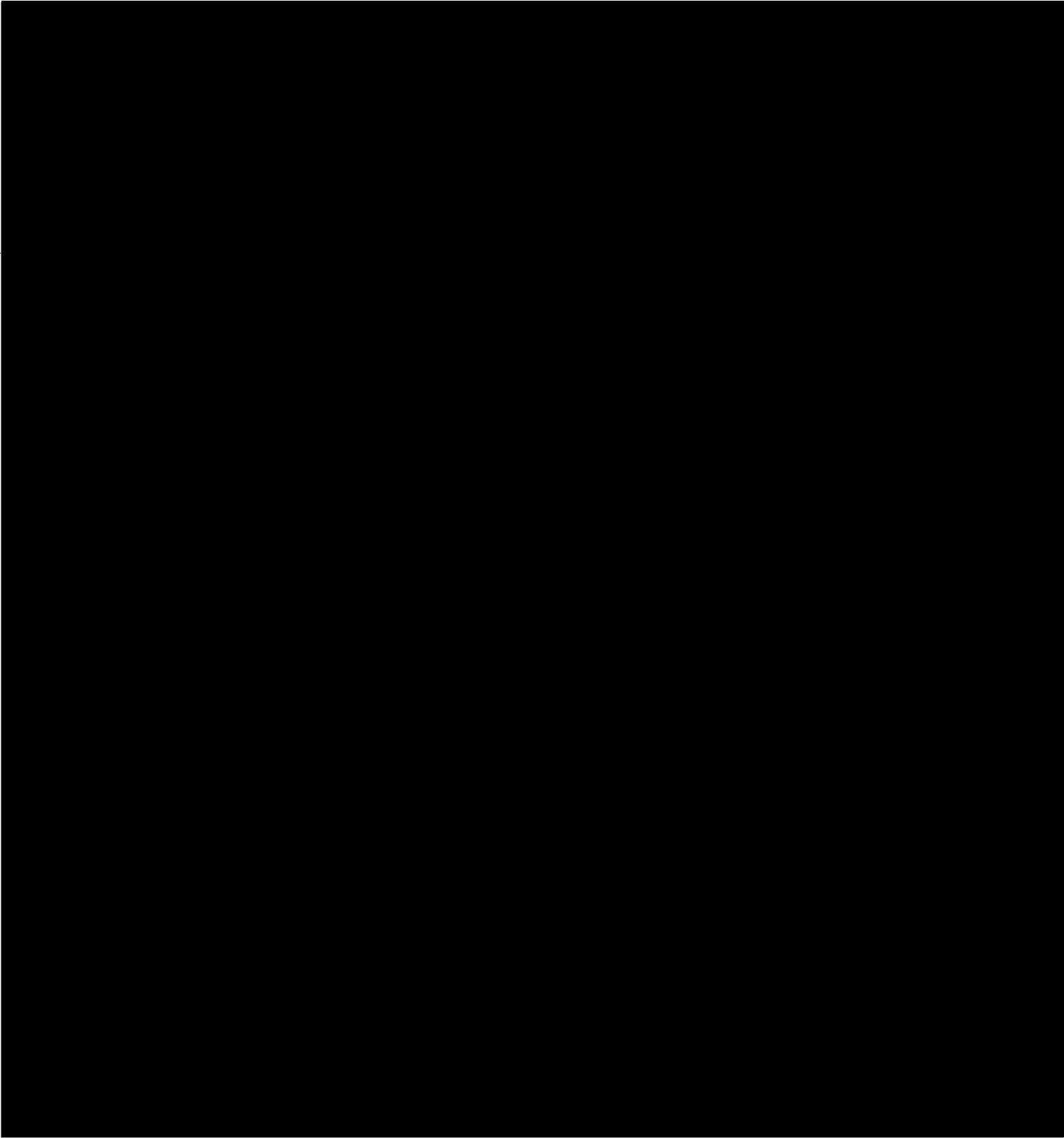




- A3. Request: Provide a financial statement setting forth the elements and details of all business transactions connected with your application.



**Releaf Wellness Center, LLC
Application for Dispensary License**

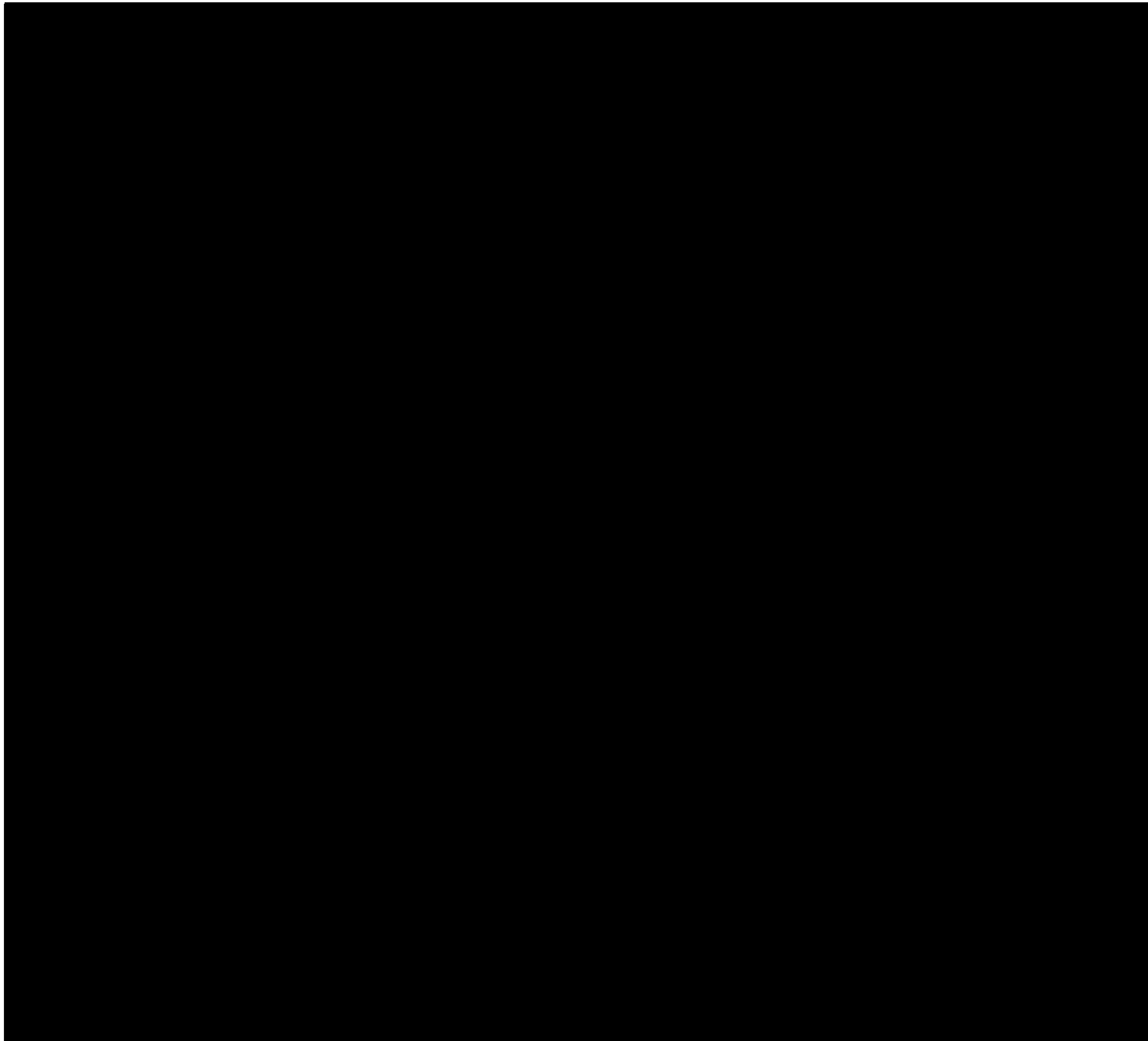


**Releaf Wellness Center, LLC
Application for Dispensary License**

The following information is presented in response to items:

A.3 Financial statement setting forth the elements and details of all business transactions connected with this application

E.7 Proforma financial information, including assumptions



B. LOCATION AND SITE PLAN

B1. Request: The location of the proposed dispensary facility.

Response: The proposed dispensary facility will be located at:

318 New Haven Avenue, Unit B
Milford, CT 06460

- Centrally located in Milford on Route 162; the dispensary facility is well positioned to serve patients throughout Southern Connecticut from both New Haven and Fairfield County. Statistically, as of August 27, 2015, New Haven and Fairfield County have the greatest number of registered patients.
- The proposed location is over 30 miles from Compassionate Care Center in Bethel and 18 miles from Bluepoint Wellness in Branford, thus making the location an optimal choice for adding accessibility for the underserved patients of both New Haven and Fairfield County without detrimentally affecting the existing dispensary facility locations.
- The proposed location is easily accessible by car. It is conveniently located 10 miles from the center of New Haven and 17 miles from the center of Fairfield. It is only 1.25 miles from Interstate 95 and just 3 miles from the Wilbur Cross Parkway (Route 15). The Milford Metro-North station is less than 1 mile away, which provides accessibility by train.
- The proposed location offers ample on-site parking for its patients, including convenient designated handicap parking spaces and wheelchair accessibility.
- The location serves as a business office building, ideal for a medical marijuana dispensary facility with two other building tenants in the medical profession, Milford Body Therapy and Connecticut Foot Surgery Center, making it ideal for patient apprehension and discretion.

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

Response: Please find on the following pages:

- The Articles of Organization for Releaf Wellness Center, LLC, as on record at the Office of the Secretary of State of the State of Connecticut
- A Certificate of Zoning Compliance for use of land or building issued by the City of Milford Planning and Zoning Office
- A plan review report for compliance of the Connecticut State Fire Safety Code and all applicable codes and standards issued by the Milford Fire Department Fire Marshal's Office

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

B2

07/01/2015

MICHELE CHUNG
41 CROSSROADS PLAZA
SUITE #208
WEST HARTFORD, CT 06117

RE: Acceptance of Business Filing **THIS IS NOT A BILL**

This letter is to confirm the acceptance of the following business filing:

Business Name:
RELEAF WELLNESS CENTER, LLC

Type of Request:
ARTICLES OF ORGANIZATION

Work Order Number	: 2015176686-001	Business Filing Number	: 0005359055
Filing Date/Time	: 06/29/2015 08:30 AM	Effective Date/Time	: 06/29/2015 08:30 AM
Work Order Payment Total	: \$120.00	Payment Received	: \$120.00
Credit on Account	: \$0.00	Customer ID	: 002637246
Business ID	: 1179998		

If you would like copies of this filing you must complete a Request for Corporate Copies and submit it with the appropriate fee.

ANNA GOLDBLATT
Commercial Recording Division
860-509-6003
www.concord-sots.ct.gov

**Planning and Zoning Office
City of Milford, Connecticut**

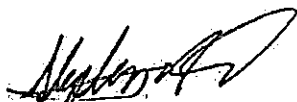
Certificate of Zoning Compliance for Use of Land or Building

August 21, 2015

Michele Chung
Releaf Wellness Centers, LLC
41 Crossroads Plaza, Suite 208
West Hartford, CT 06117

This is to certify that the existing building located at 318 New Haven Avenue has been researched and found to conform to Section 5.19 the zoning regulations of the City of Milford and may be used as a medical marijuana dispensary.

Signed: _____



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

THIS IS NOT A CERTIFICATE OF OCCUPANCY AS REQUIRED BY THE ZONING REGULATIONS

No building permit or certificate of occupancy shall be issued for a building, use or structure subject to the zoning regulation of a municipality without certification in writing by the official charged with the enforcement of such regulations that such building, use or structure is in conformity with such regulations or is a valid nonconforming use under such regulations. Such official shall inform the applicant any such certification that such applicant may provide notice of such certification by either (1) publication in a newspaper having substantial circulation in such municipality stating that the certification has been issued, or (2) any other method provided for by local ordinance. Any such notice shall contain (A) a description of the building, use or structure; (B) the location of the building, use or structure. (C) the identity of the applicant; and (D) a statement that an aggrieved person may appeal to the Zoning Board of Appeals in accordance with the provisions of Section 8-7, as amended by this act.

New Zoning Regulation Section Approved 9/16/2014

Section 5.19 Medical Marijuana Dispensaries and Production Facilities

Sec. 5.19.1 Definitions

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

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

5.19.2 Standards for Location

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

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

Effective Date: October 1, 2014



Milford Fire Department - Fire Marshal Office

72 New Haven Ave
Milford, Ct 06460



B2

Plan Review Report

Date: Thursday September 10, 2015

Applicant:

Michele Chung - 41 Crossroads Plaza
Suite 208
West Hartford, CT 06119

Occupancy:

VACANT
318 New Haven Ave
Milford, CT 06460

Project: Plan Review - Interior
Releaf Wellness Center, LLC

This office has reviewed the plans received on September 10, 2015.

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

The following items were noted and shall be addressed:

Provide Building Department with full submittal package for permitting.

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

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

The following inspections are required by this Office:

Above-ceiling prior to the closing of ceilings.

Fire-rated construction

Final Inspection

The following items require correction.

#1	III-1019.1	Interior exit stairways and interior exit ramps shall be enclosed with fire barriers. Exit enclosures shall have a fire-resistance rating of not less than 2 hours where connecting a total of four stories or more and not less than 1 hour where connecting less than four stories. The number of stories connected by the shaft enclosure shall include any basements but not any mezzanines. An exit enclosure shall not be used for any purpose other than means of egress. Enclosures shall be constructed as fire barriers in accordance with Section 706 of the State Building Code. Exceptions: 1. In buildings equipped throughout with an automatic sprinkler system in accordance with Section 903.3.1 with other than Group H and I occupancies, a stairway serving an occupant load of less than 10 not more than one story above the level of exit discharge is not required to be enclosed. 2. Exits in buildings of Group A-5 where all portions of the means of egress are essentially open to the outside need not be
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Milford Fire Department - Fire Marshal Office

72 New Haven Ave
Milford, Ct 06460



B2

Plan Review Report

Date: Thursday September 10, 2015

Applicant:

Michele Chung - 41 Crossroads Plaza
Suite 208
West Hartford, CT 06119

Occupancy:

VACANT
318 New Haven Ave
Milford, CT 06460

Project: Plan Review - Interior
Releaf Wellness Center, LLC

enclosed. 3. Stairways serving not more than three stories and contained within a single residential dwelling unit or sleeping unit in occupancies in Group R-2 or R-3 and sleeping units in occupancies in Group R-1 are not required to be enclosed. 4. Stairways that are not a required means of egress element are not required to be enclosed where such stairways comply with Section 707.2 of the State Building Code. 5. Stairways in open parking structures that serve only the parking structure are not required to be enclosed. 6. Stairways in occupancies in Group I-3 as provided for in Section 408.3.6 of the State Building Code are not required to be enclosed. 7. Means of egress stairways as required by Section 410.5.4 of the State Building Code are not required to be enclosed. 8. Stairways connecting the first and second floors of Group R-1 bed and breakfast establishments shall not be required to be enclosed. Stairways connecting the second and third floors in such occupancies shall be enclosed with fire separation assemblies having a fire resistance rating of not less than 1 hour. Stairways connecting the basement and the first floor in such occupancies shall be enclosed with fire partitions having a fire resistance rating of not less than 1/2 hour with 20-minute fire-resistance-rated door assemblies. Fire-resistance-rated assemblies at stairways in Group R-1 bed and breakfast establishments shall not be required to be supported by fire-resistance-rated construction.

ONE STAIRWAY FROM SECOND FLOOR MUST BE ONE HOUR FIRE RATED.

This plan has been : **APPROVED with Conditions**

THIS OFFICE HAS NO OBJECTION TO THE APPLICABLE BUILDING PERMIT BEING ISSUED.

This plan review does not relieve the architect, engineer, contractor and/or builder of meeting all the requirements of the Connecticut State Fire Safety Code and all other referenced Codes and Standards.

A Final inspection is required for a final Certificate of Occupancy and/or completion.

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

Reviewed By: Gary Baker

Office: 203-874-6321

Email:

Fax: 203-783-3744

B3. Request: If the property is not owned by the applicant, provide a written statement from the property owner and landlord certifying that they have consented to the applicant operating a dispensary facility on the premises.

Response: Please see the letter from The Pearl Corporation on the following page.

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

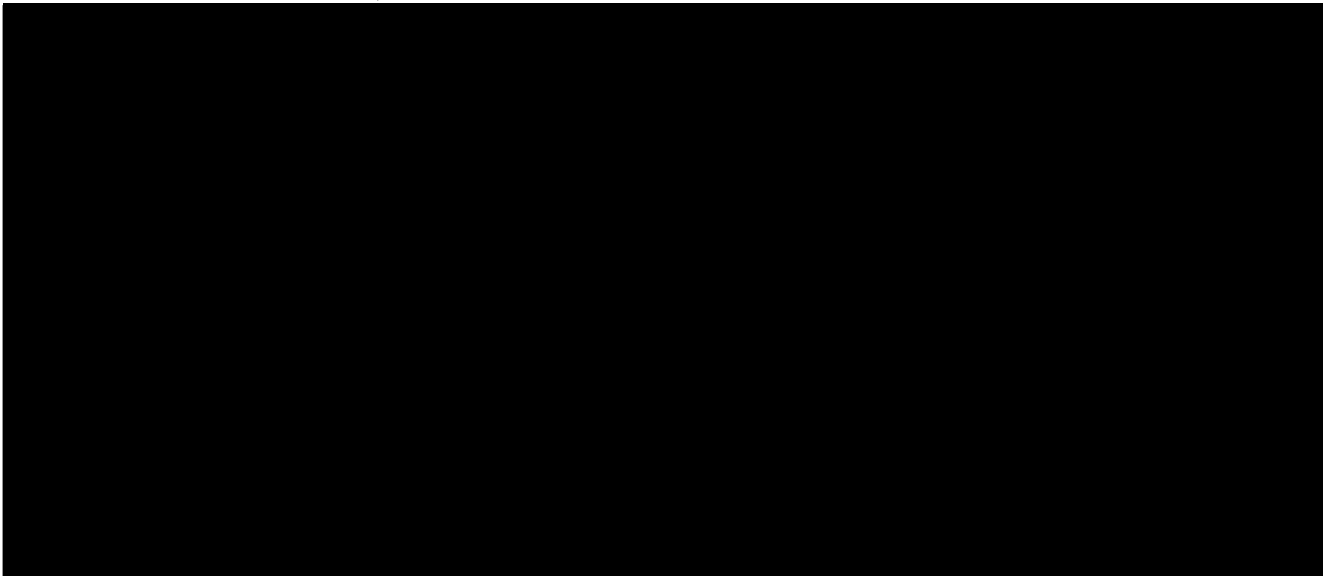
September 8, 2015

Geri Ann Bradley and Michele Chung
Releaf Wellness Center, LLC
41 Crosswoods Plaza, Suite 208
West Hartford, CT 06117

Re: Confirmation of Understanding to Lease Property

Dear Ms. Bradley and Ms. Chung :

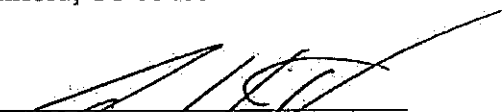
This letter confirms the understanding of The Pearl Corporation concerning your leasing of the property at 318 New Haven Avenue, Milford, CT, a 2,500 square foot building and associated parking spaces and driveways (the "property").



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

Very Truly Yours,

The Pearl Corporation
318 New Haven Avenue
Milford, CT 06460


By: Lewis Kaufman, Treasurer

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

Response:

- Releaf proposes to display the graphic reproduced below on a single sign on the exterior of the dispensary facility.
- The sign will be no larger than sixteen inches in height by eighteen inches in width.
- In addition, Releaf will post the hours of operation of the dispensary department at all public entrances to the dispensary facility in block letters of at least one-half inch in height.



- B5. Request: Photographs of the surrounding neighborhood and businesses sufficient to evaluate the proposed dispensary facility's compatibility with commercial or residential structures already constructed, or under construction, within the immediate neighborhood.

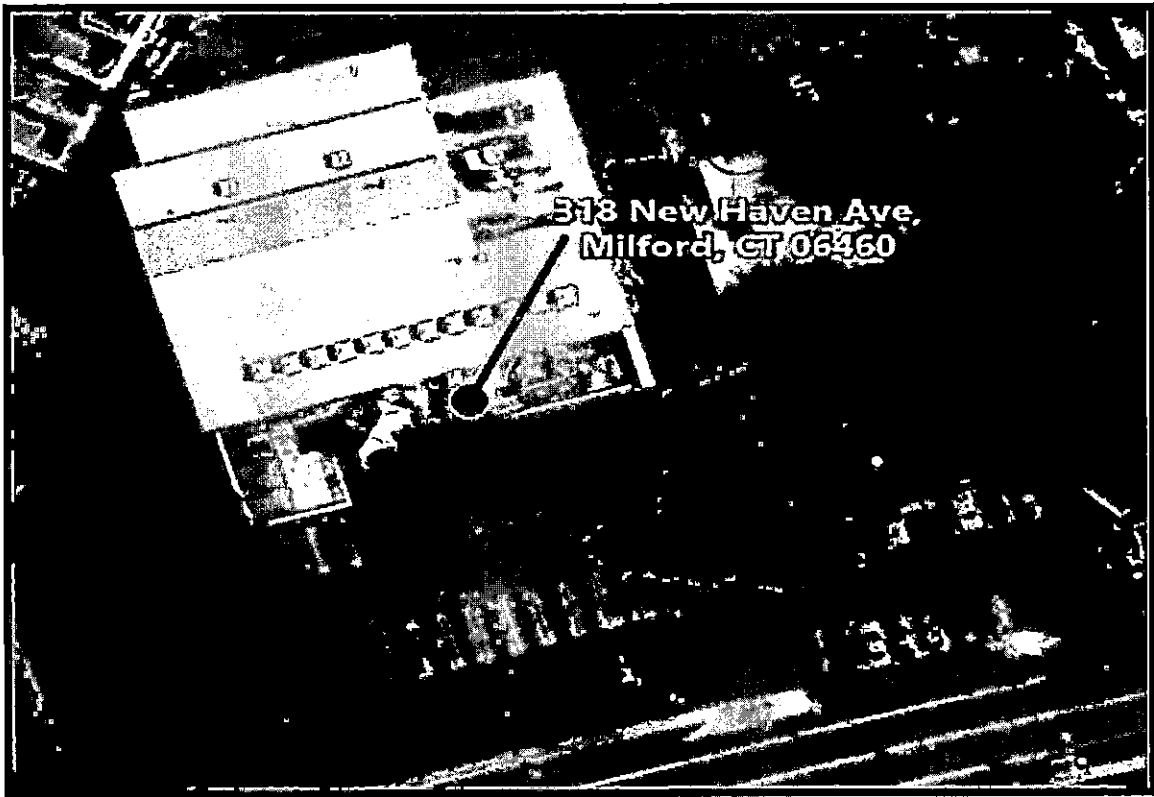
Response: Please find on the pages that follow photographs showing the site of the proposed dispensary facility and the surrounding neighborhood. The photographs are grouped as follows:

- Photographs of the proposed site, 318 New Haven Avenue, Milford, CT
- Photographs of the buildings to the east of the proposed site, on the opposite side of New Haven Avenue
- Photographs of the buildings to the west of the proposed site, on the opposite side of New Haven Avenue
- Photographs of the buildings to the east of the proposed site, on the same side of New Haven Avenue
- Photographs of the buildings to the west of the proposed site, on the same side of New Haven Avenue

Photographs of the proposed site of Releaf
318 New Haven Avenue, Milford CT



Photographs of the proposed site of Releaf
318 New Haven Avenue, Milford CT



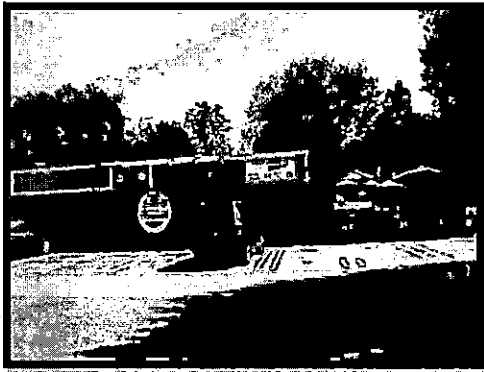
Buildings to the east of the proposed site, on the opposite side of New Haven Avenue
(Lower-numbered photographs are closer to the proposed site)



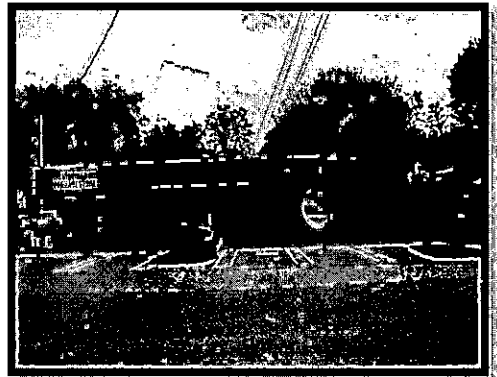
1. HOUSE



2. BEACHWOOD FLORIST



3. ANTHONY D'S BAR & GRILL



4. VINEYARD PACKAGE STORE



5. COMMERCIAL FISHERY AND SHIPPING COMPANY



6. BOWMAN SIGNS

Buildings to the west of the proposed site, on the opposite side of New Haven Avenue
(Lower-numbered photographs are closer to the proposed site)



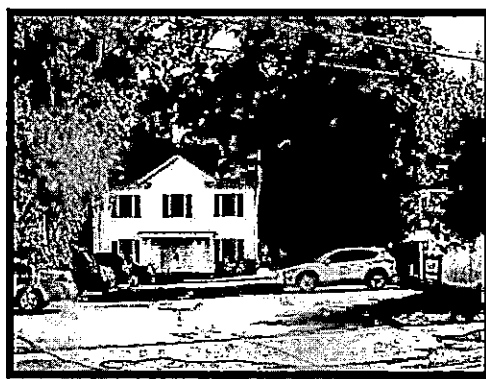
1. JIMMY'S APIZZA



2. GULF GAS STATION



3. RESIDENTIAL TOWNHOUSES



4. RESIDENTIAL CONDOMINIUMS

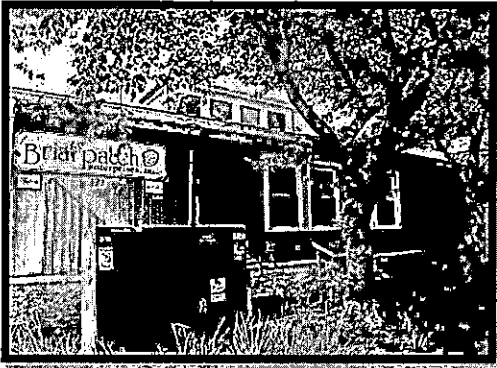


5. RESIDENTIAL TOWNHOUSES



6. HOUSE

Buildings to the east of the proposed site, on the same side of New Haven Avenue
(Lower-numbered photographs are closer to the proposed site)



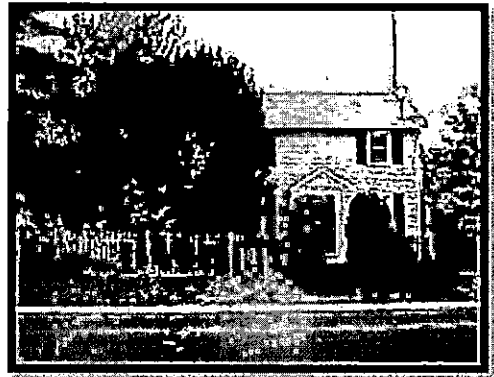
1. COMMERCIAL SEAFOOD
WHOLESALER



2. ACE AUTOMOTIVE



3. HOUSE



4. HOUSE



5. COMMERCIAL PLAZA
Bait and Tackle Shop
Beauty Salon
Woodworking Supply Store
Dance Studio



6. COMMERCIAL OFFICE BUILDING
Maintenance and Cleaning Company
Packing Supply Store
Dry Wall Contractor

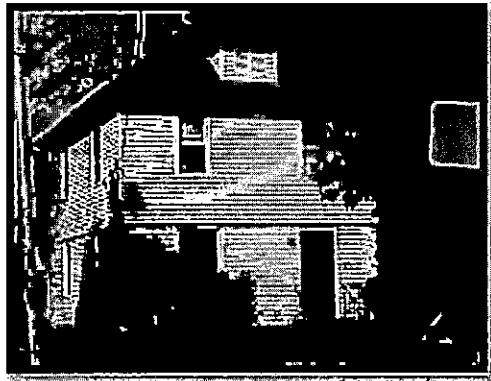
Buildings to the west of the proposed site, on the same side of New Haven Avenue
(Lower-numbered photographs are closer to the proposed site)



1. HOUSE



2. VACANT COMMERCIAL PROPERTY



3. HOUSE



4. HOUSE



5. MERRY MAIDS



6. MILFORD MONUMENT

- B6. Request: A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable, that are within the same block as the dispensary facility.
- B7. Request: A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1,000 feet of the proposed dispensary facility location.

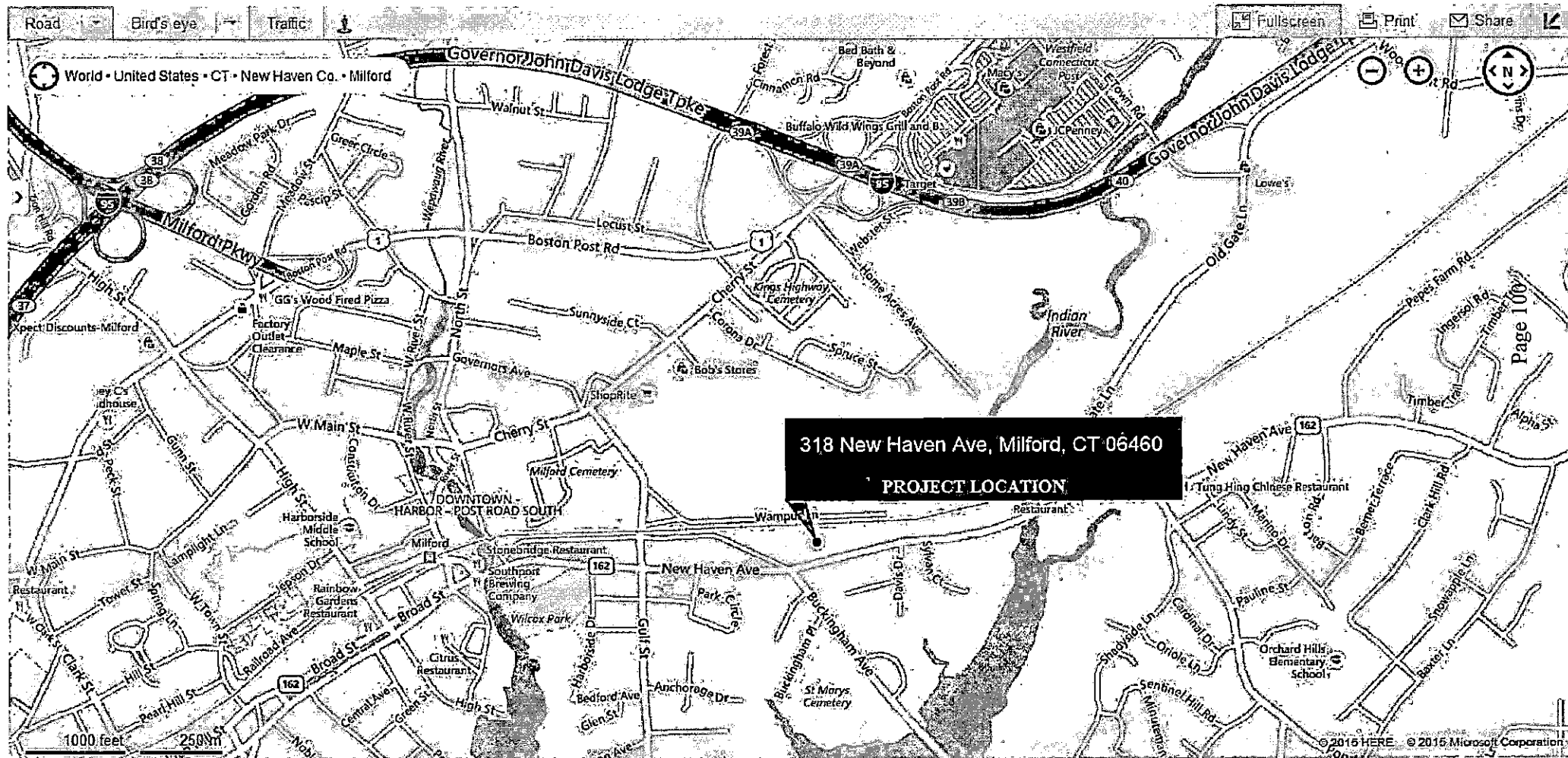
Response: Please see the site plan and maps on the following pages which address requests B6 and B7.

Attached are drawings marked SK1 thru SK3. These sketches are intended to comply with items 6 and 7 in the checklist for application to the State.

- SK1 is a location map at a small scale intended to show the roadway network to and from the proposed facility. The general project location is identified in the center of the drawing.
- SK2 is a vicinity map that indicates parcels within the 1,000 feet distance from any point of the property. There are approximately 159 parcels entirely or partially within the 1,000 feet setback. The parcels are primarily residential, with commercial and industrial uses more closely placed to the proposed dispensary. Review of the parcels indicates that there are no places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1,000 feet of the proposed dispensary facility location.
- SK3 is a site drawing prepared to a larger scale. It indicated the parcel property limits, the existing building, access to the site and available parking. The drawing is a portion of a map prepared for the present owner as part of site plan approval.

318 NEW HAVEN AVE MILFORD, CT

SK1 LOCATION MAP

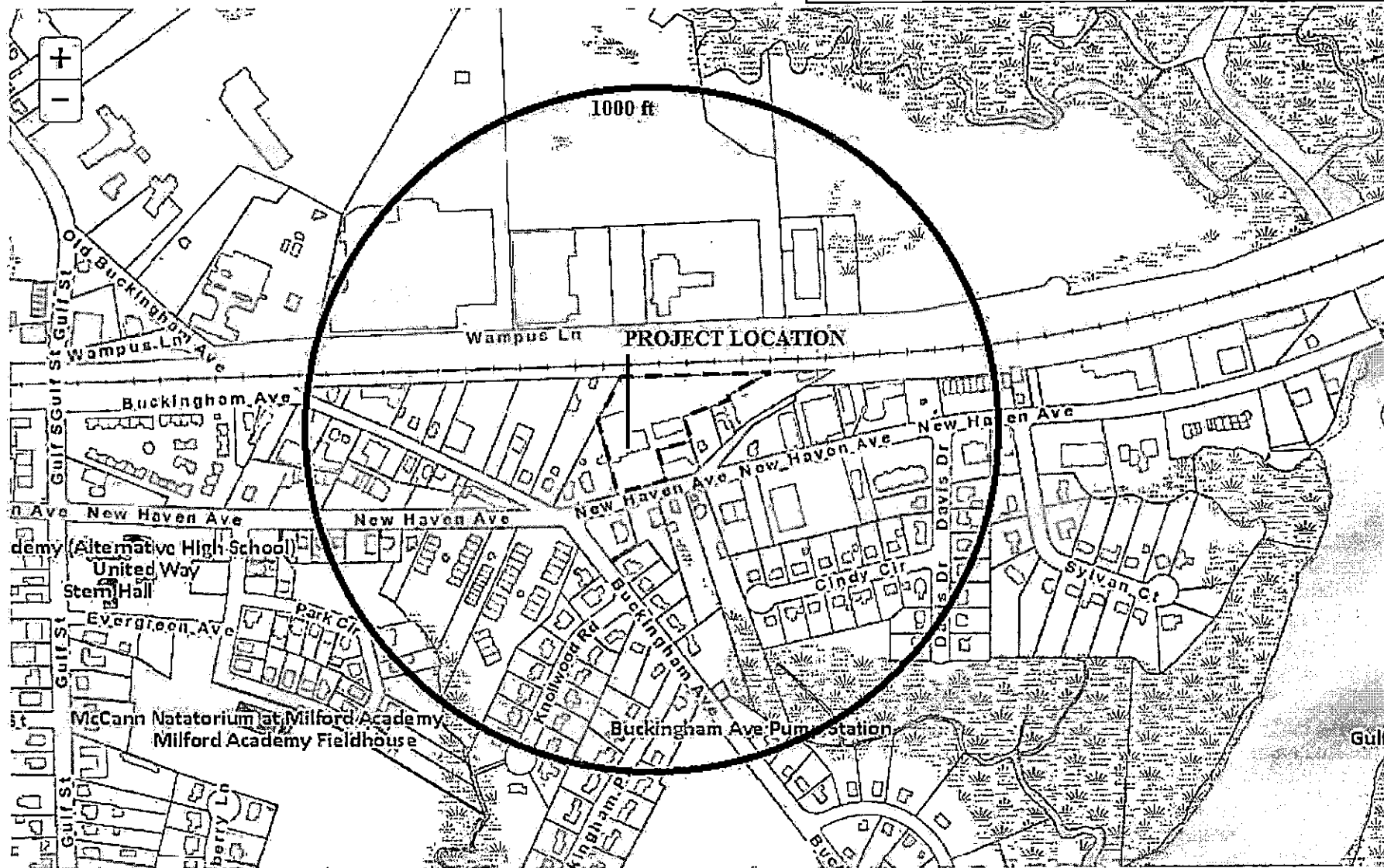


City of Milford

Geographic Information System (GIS)

SK2 VICINITY MAP

* There are no places for religious worship, public or private school, convent, charitable institution, hospital or veterans' home or any camp or military establishment that are within 1,000 feet of the project location.



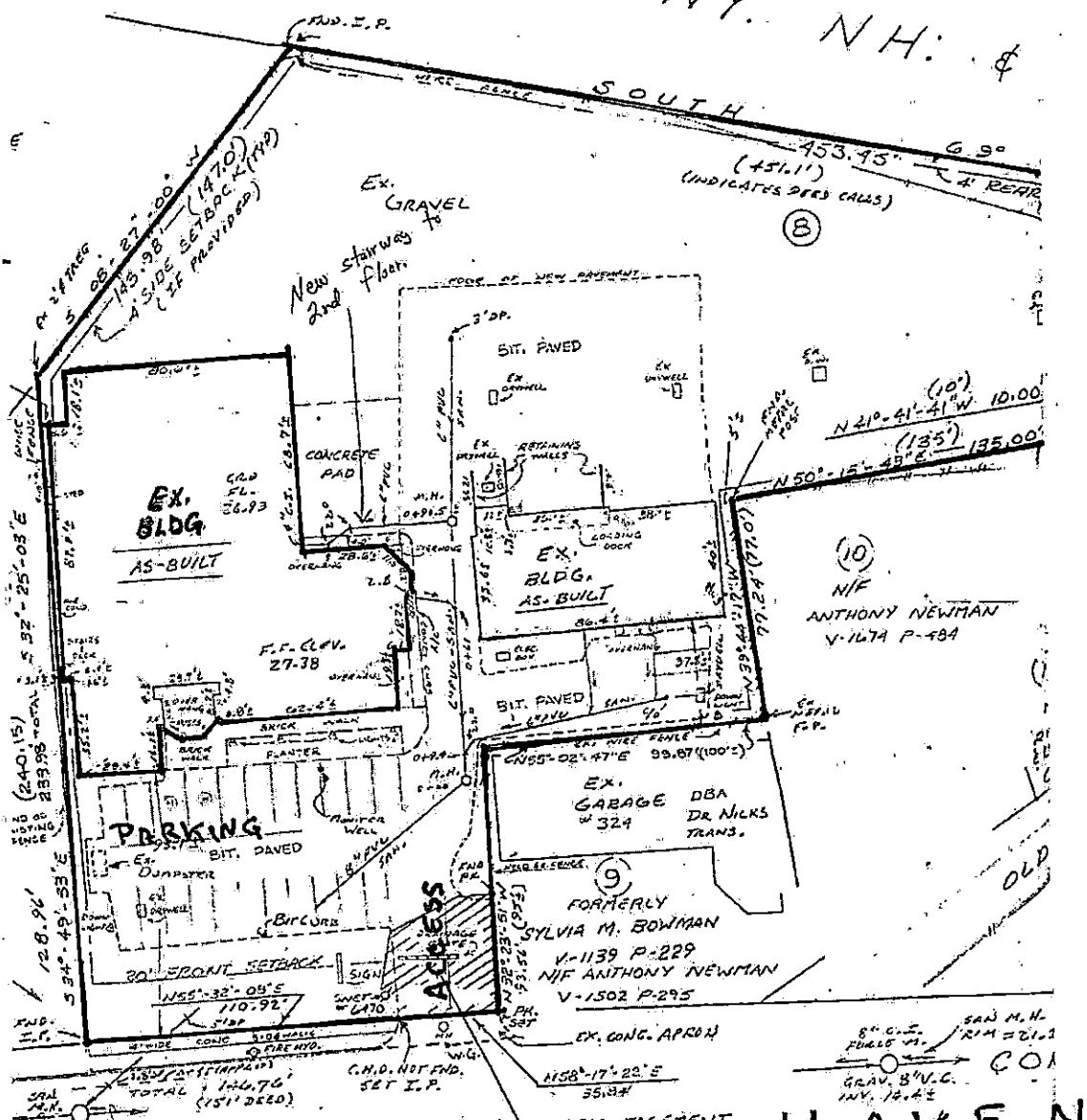
MAP DISCLAIMER - NOTICE OF LIABILITY

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

Approximate Scale: 1 inch = 400 feet.

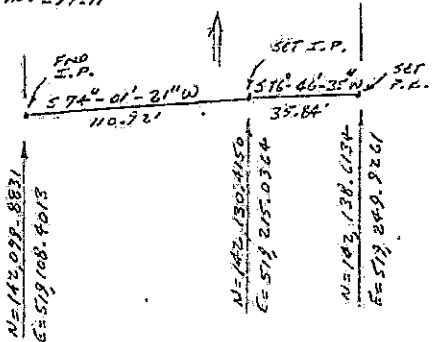


NY. NH. &



NEW HAVEN
 #318
 AVE
 ACCESS EASEMENT
 SEE DETAIL

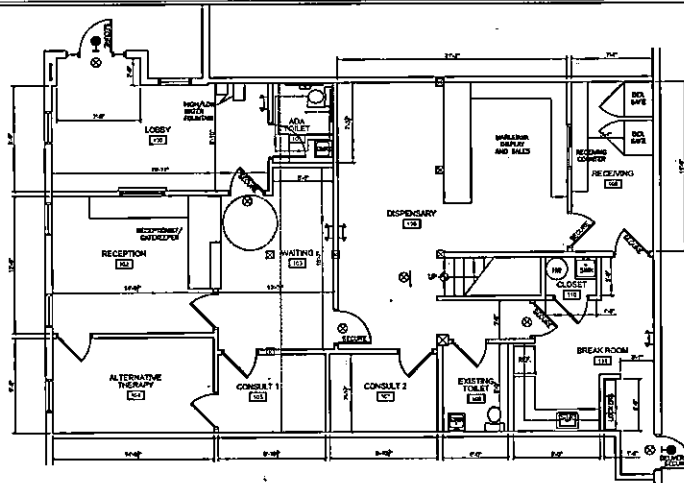
**SK3 SITE DRAWING
 AND
 LAYOUT PLAN**



MILWAUKEE TOLLAGE LANE
 MILWAUKEE COORDINATES
 N.T.S.
 RESOLVED FROM N.H. 9 & 10

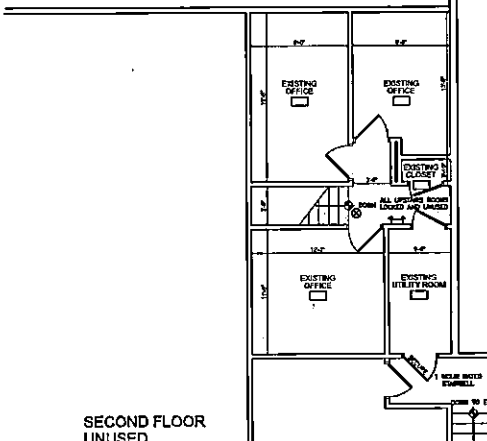
- B8. Request: A blueprint, or floor plan drawn to scale, of the proposed dispensary facility, which shall, at a minimum, show and identify the following:
- a. The location and square footage of the area which will constitute the dispensary department from which marijuana and marijuana products will be sold;
 - b. The square footage of the overall dispensary facility;
 - c. The square footage and location of areas used as storerooms or stockrooms within the dispensary department;
 - d. The size of the counter that will be used for selling marijuana and marijuana products within the dispensary department;
 - e. The location of the dispensary facility sink and refrigerator, if any;
 - f. The location of all approved safes and approved vaults that will be used to store marijuana and marijuana products;
 - g. The location of the toilet facilities;
 - h. The location of a break room and location of personal belonging lockers;
 - i. The location and size of patient counseling areas, if any;
 - j. The locations where any other products or services, in addition to marijuana and marijuana products, will be offered, if any;
 - k. The location of all areas that may contain marijuana and marijuana products showing the location of walls, partitions, counters and all areas of ingress and egress;

Response: Please see the blueprint on the following page.



FIRST FLOOR

FACILITY SQUARE FOOTAGE: 1,878 SF
 DEPARTMENT SQUARE FOOTAGE:
 RECEPTION 126 SF
 WAITING 126 SF
 STORAGE SQUARE FOOTAGE:
 RECEPTION 126 SF
 WAITING 126 SF
 STORAGE 126 SF
 MECHANICAL ROOM 126 SF
 BREAK ROOM 126 SF
 DISPENSARY 126 SF
 CONSULT 1 126 SF
 CONSULT 2 126 SF
 ALTERNATIVE THERAPY 126 SF
 MECHANICAL ROOM 126 SF
 WAITING 126 SF
 RECEPTION 126 SF
 BREAK ROOM 126 SF
 DISPENSARY 126 SF
 CONSULT 1 126 SF
 CONSULT 2 126 SF
 ALTERNATIVE THERAPY 126 SF



SECOND FLOOR
UNUSED

CONTRACTOR TO VERIFY ALL DIMENSIONS AND CONDITIONS IN FIELD. REPORT ANY DISCREPANCIES TO ARCHITECT/OWNER FOR RESOLUTION BEFORE PROCEEDING.

ISSUE LOG

RFA ISSUES: 00100015

Associated Architects, LLC
 OF CENTRAL CONNECTICUT
 ESTABLISHED 1981

315 New Haven Avenue
 Merford, Ct. 06460

PROPOSED FLOOR PLAN

Date: 06/04/2013
 Scale: 1/4" = 1'-0"
 Author: RFA
 Designer: RFA



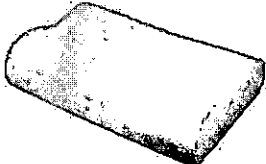

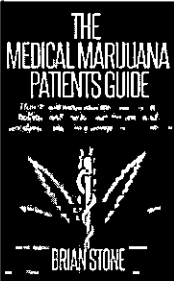
C. PROPOSED BUSINESS PLAN

- C1. Request: A detailed description of all products, aside from marijuana and marijuana products, intended to be offered by the dispensary facility during the first year of operation

Response: During its first year of operation, Releaf intends to offer the following products.

- Products that are neither paraphernalia nor contain marijuana, to be sold from not within the dispensary department, including:
 - Aromatherapy products such as essential oils, diffusers, candles, skin care, and bath products
 - Therapeutic lotions and creams
 - Therapeutic Pillows
 - Traditional Chinese herbal medicine and teas
 - Books on the subjects of medical marijuana, alternative healing, and physical fitness

Non-Medical Marijuana Products to be Offered by Releaf

PRODUCT TO BE OFFERED	DESCRIPTION OF PRODUCT	EXAMPLE OF PRODUCT
<p>Aromatherapy Products</p> 	<p>Aromatherapy uses plant materials and aromatic plant oils, including essential oils, and other aromatic compounds for the purpose of altering one's mood, cognitive, psychological or physical well-being. An alternative method of healing.</p>	<ul style="list-style-type: none"> -Essential oils -Diffusers -Candles -Skin care -Bath products
<p>Therapeutic Creams and Lotions</p> 	<p>A warm/cool therapeutic cream, lotion, or gel that temporarily helps break the pain cycle by stimulating specific sensory receptors in the skin, thereby blocking other receptors from sending pain signals to the brain.</p>	<ul style="list-style-type: none"> -Biofreeze -Arnica Gel -Sombra
<p>Therapeutic Pillows and Heating Pad</p> 	<p>Therapeutic neck pillows are designed to be heated or cooled and draped around the neck or over the back to alleviate pain and stress</p>	<ul style="list-style-type: none"> -Tempurpedic pillow -Herbal neck wrap
<p>Traditional Chinese Herbal Medicine and Teas</p> 	<p>Traditional Chinese herbs work to restore the body's natural balance. Chinese herbs and teas are used in many traditions as a preventative action to boost immune function and promote general well-being before any disease occurs.</p>	<ul style="list-style-type: none"> -Chinese Herb Direct -Gaia Herbs -Dragon Herbs: spring dragon longevity tea
<p>Books</p> 	<p>Various books that will provide information on the benefits and uses of medical marijuana, alternative healing, and fitness. These books will provide a library of resources to aid in the ongoing health and wellness for patients.</p>	<ul style="list-style-type: none"> -The Medical Marijuana Patients' Guide -Cannabis Pharmacy: The Practical Guide to Medical Marijuana -Concepts In Health and Wellness

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

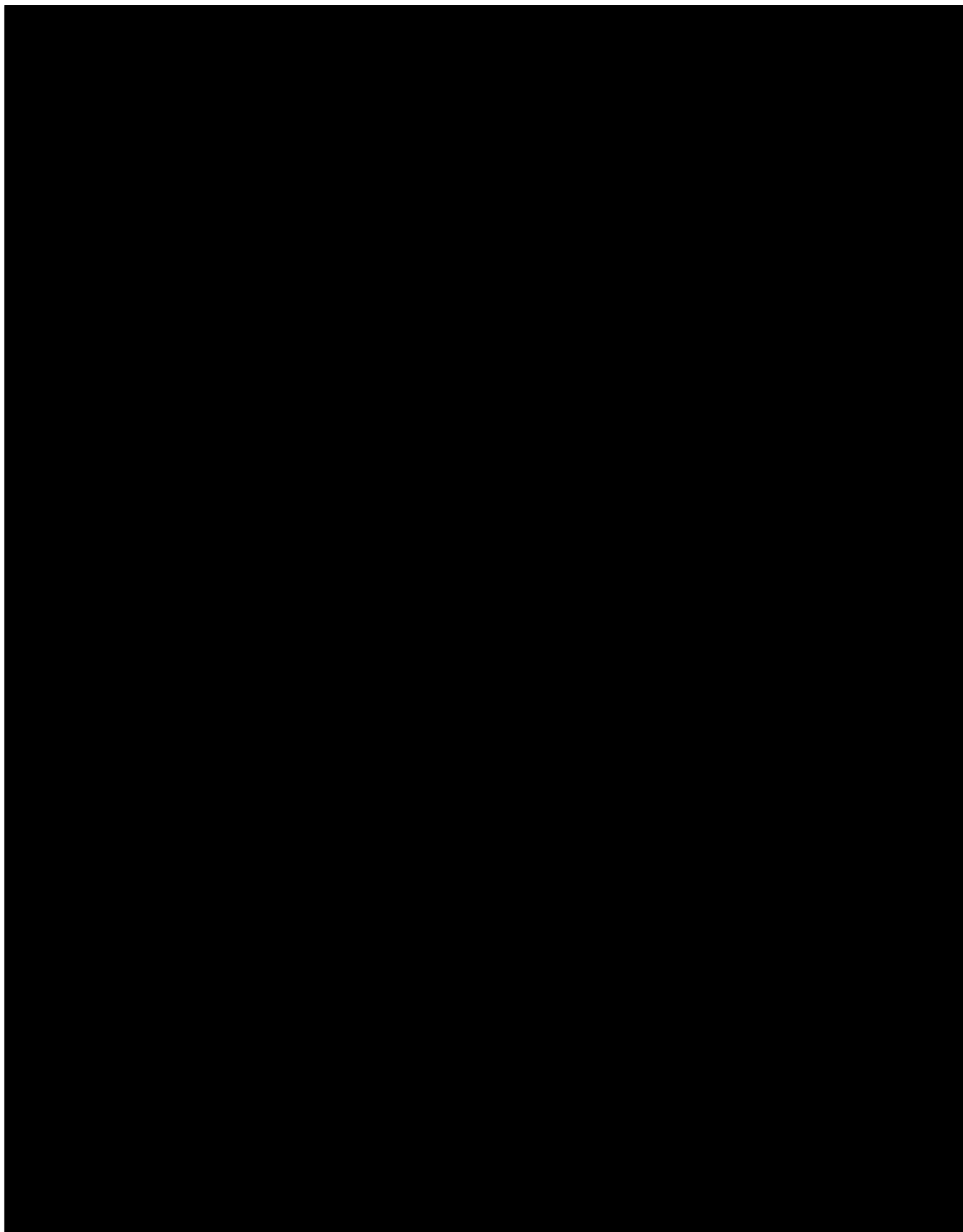
Response: During its first year of operation, Releaf intends to offer the following services:

- One-on-one and small-group dispensary-to-patient counseling, covering:
 - Risks, benefits, and side effects of medical marijuana
 - Proper usage of marijuana and paraphernalia-providing hands-on demonstrations with non-medicated devices and paraphernalia
 - Methods of marijuana administration-which methods are safest and how to determine dosage
 - Cannabinoid information-THC, CDB, and CBN and their effects
 - Medicinal strains characteristics- Indica, Sativa, and Hybrids
 - Teaching patients how to perform self-assessment of their symptoms
 - Signs and symptoms of marijuana abuse
 - Connecticut medical marijuana laws and regulations

- Services that may be offered, by appointment and in a space not within dispensary department, by subcontractors registered pursuant to Conn. Agencies Regs. § 21a-408-24:
 - Acupuncture – A key component of traditional Chinese medicine most commonly used to treat pain. Involves the insertion of thin needles into specific points along the body to stimulate nerves, muscles and connective tissue. It is believed that this stimulation boosts natural painkillers and increases blood flow.
 - Massage therapy – The manual manipulation of soft body tissues (muscle, connective tissue, tendon, and ligaments) for the purpose of normalizing those tissues and to reduce stress and anxiety, relax muscles, and enhance health and well-being.

- Tai Chi – Is an Ancient Chinese tradition practiced as a graceful form of gentle physical exercise and stretching to improve balance, reduce pain, and improve quality of life. It involves a series of movements performed in a slow, focused manner, and is accompanied by deep breathing.
 - Yoga – A Hindu spiritual and ascetic discipline including controlled breathing, simple meditation, and the adoption of specific bodily postures to attain bodily or mental control and well-being.
 - Reiki – A Japanese healing technique based on the principle that energy can be channeled by means of touch to activate the natural healing process of the body and restore physical and emotional well-being. It is often described as palm healing or hands-on-body healing.
 - Chiropractic – A health profession concerned with the diagnosis, treatment and prevention of disorders of the musculoskeletal system and the effects of these disorders on general health. This is an emphasis on manual treatments including spinal adjustments and other joint and soft-tissue manipulation.
-
- In addition to services offered at the dispensary facility, Releaf patients will have the option to receive email notifications informing them about Releaf news, events, cannabis news, and medical study findings. Patients, caregivers, and physicians will also have access to our website where they will find additional information and helpful resources regarding medical marijuana.

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



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

Response: Releaf dispensary facility will have the following features, which make it accessible to employees, patients and caregivers with disabilities, beyond what is required by the Americans with Disabilities Act.

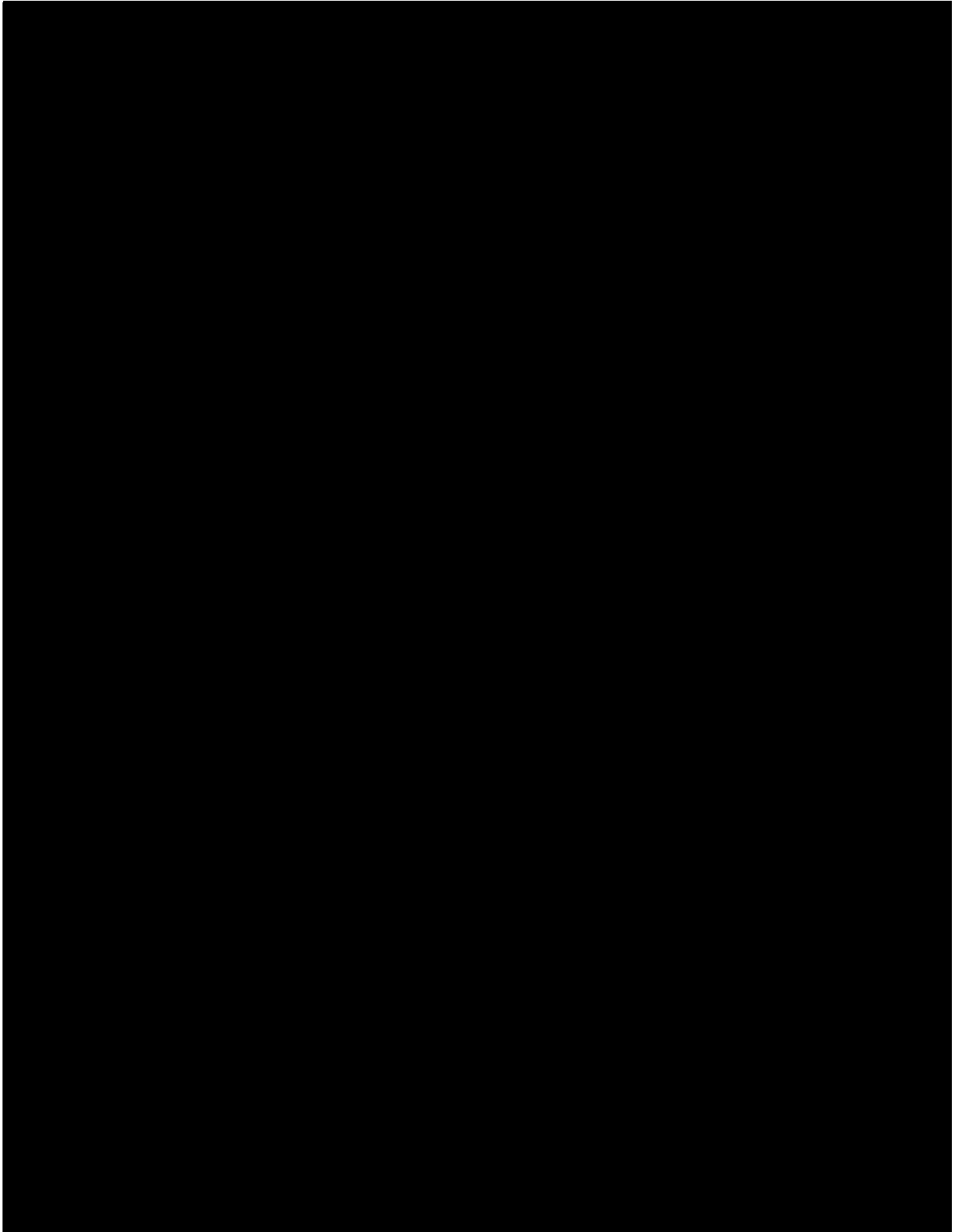
- The dispensary facility will be one ground-floor level. There will be no stairs or floor-height changes.
- All points of ingress and egress to be used by patients and caregivers will be handicap-accessible.
- All reach spans for door handles and counter tops will be accessible from a seated position.
- The doorways and passages in the facility will be wide enough to allow comfortable passage by those who use a wheelchair, scooter, or walker, or have other mobility disabilities.
- The facility will have a handicap-accessible rest room.
- There will be no significantly protruding objects on any walls in the facility.
- Handicap signs that clearly mark all areas that are accessible will be posted both outside and inside the facility.
- The facility will provide transport chairs for patients to use while at the facility, if necessary.
- Adequate handicap parking spots will be available directly in front of the main entrance to the facility.

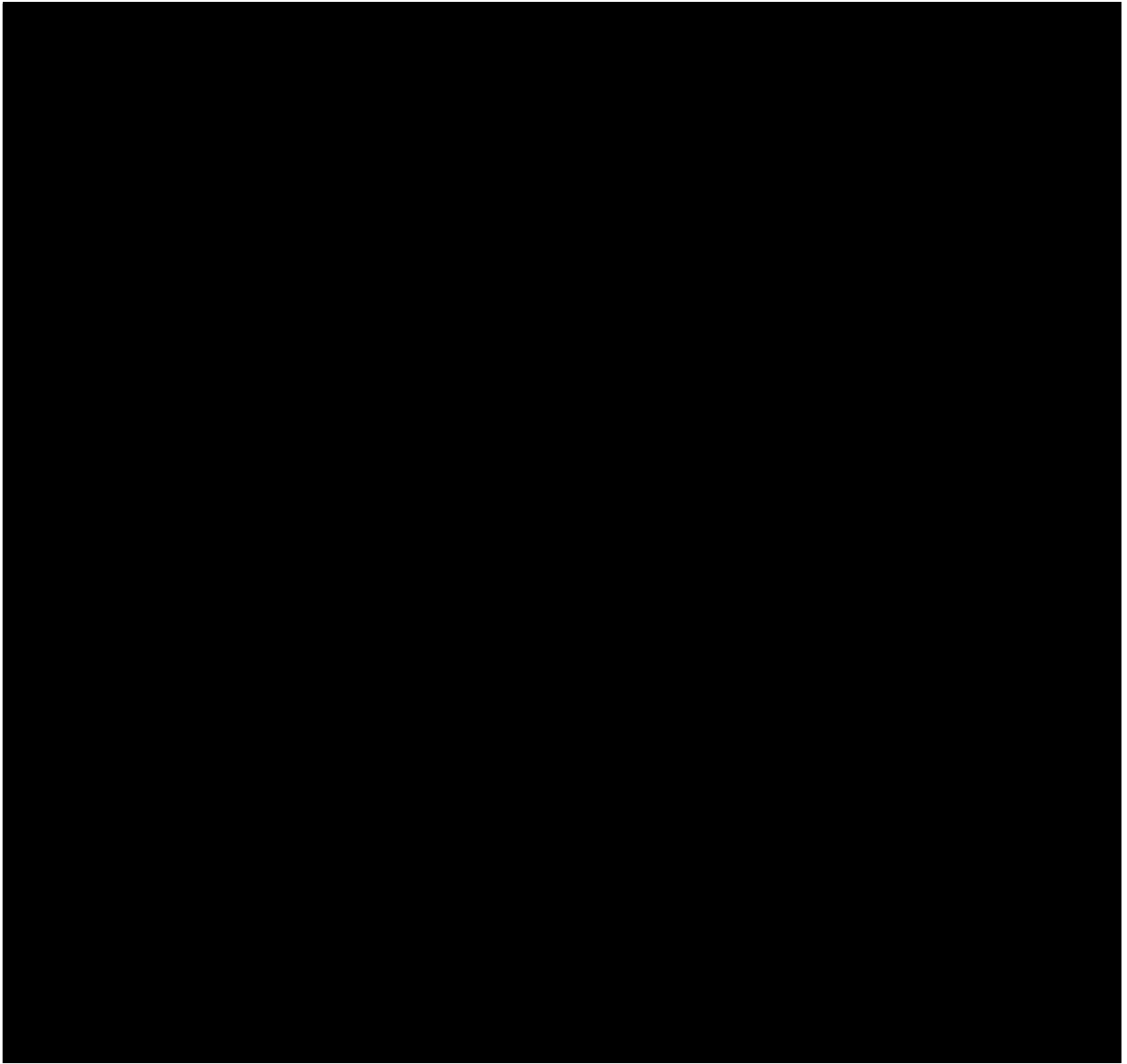
- C5. Request: A detailed description of any air treatment or other system that will be installed and used to reduce off-site odors.

Response:

- Releaf will be installing two Austin Air Healthmate Standard Model HM-400 air cleaners.
 - Each unit cleans spaces up to 1,500 square feet, which will be more than adequate to clean the dispensary facility's 2,500 square-foot space.
 - Each unit is indicated to have a quality high-efficiency particulate air filter drum that includes 15 pounds of chemical absorbing activated carbon and natural zeolite mix that cleans the air of allergens and outgassing chemicals for approximately 5 years before the high-efficiency particulate air filter drum needs to be replaced.
- In addition, as required by regulation, no dispensary facility employee, including the facility manager, will break the producer's seal on any marijuana product; and no marijuana will be consumed or smoked on the premises. The marijuana will thus be minimally exposed to air.
- In all events, inventory will be strictly controlled, in accordance with regulation, so no more marijuana will be on hand than necessary to accommodate patient demand.

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





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

Response:

In order to provide the highest standard of service to our patients, all dispensary facility employees shall receive extensive formal training in the following areas before the commencement:

- Professional conduct and ethics
- The proper use of security measures and controls that have been adopted for the prevention of diversion, theft or loss of marijuana, including delivery, medical-marijuana-program identification and registration verification, and real- and cyber-security protocols
- Safety procedures and instructions for responding in an emergency
- State and federal statutes and regulations regarding patient confidentiality, including HIPAA and patient privacy
- Connecticut medical marijuana law and regulations governing dispensary facility operations

In addition to the training listed above, dispensary technicians shall receive on-the-job and related education before they regularly perform the tasks about which they are trained. They shall also be trained at minimum on the following subjects:

- Developments in the field of the medical use of marijuana
- Product knowledge, including methods of administration, proper dosing and dosing techniques
- Point-of-sale operations
- Customer service and patient interactions, including recognizing signs of abuse and/or misuse of medication
- Accurate record keeping
- Procedures for ensuring quality of dispensing and for rectifying dispensing errors

In addition to the training provided to dispensary technicians, dispensaries shall be provided with training materials on the clinical use of marijuana. These materials shall include at minimum the following presentations and resources:

- Medical Marijuana: A Pharmacologic Perspective (Powerpoint presentation) by Richard H. Alper PhD, Department of Pharmaceutical Sciences, University of St. Joseph

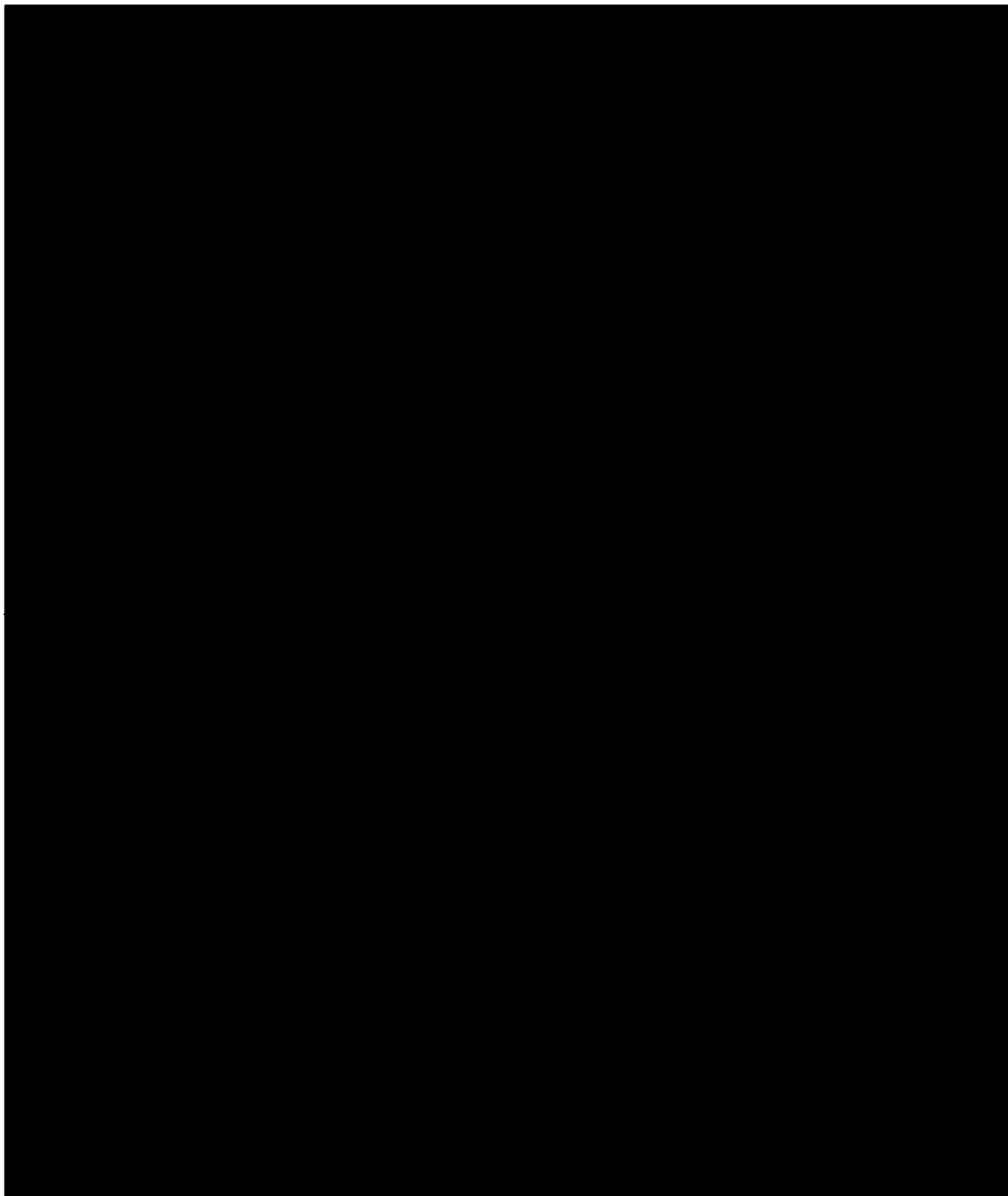
- State of Connecticut Medical Marijuana Program, Department of Consumer Protection, Drug Control Division (PowerPoint presentation) by John Gadea Jr., RPh, Director
- Laying the Foundation for Medical Cannabis (PowerPoint presentation) by Mark A. Ware MBBS MRCP (UK) MSc Family Physician, Associate Professor in Family Medicine and Anesthesia, McGill University
- US Pharmacist – Medical Marijuana: Therapeutic Uses and Legal Status (PowerPoint presentation) by Gerald Gianutsos PhD, JD, Associate Professor of Pharmacology, University of Connecticut
- Marijuana and the Cannabinoids (reference book) by Mahmoud A. ElSohl, PhD the School of Pharmacy, University of Mississippi
- Marijuana and Medicine: Accessing the Science Base (reference book) by Janet E. Joy, Stanley J. Watson, Jr., and John A. Benson, Institute of Medicine Division of Neuroscience and Behavioral Health
- The Answer Page (electronic resource) jointly sponsored by the Massachusetts Medical Society, which includes programs “The Pharmacology of Cannabis and Cannabinergic Medicines”; “Medicinal Cannabis in the Treatment of Chronic Pain Syndromes”; “Federal Marijuana Laws”; “Medical Marijuana Primer Week”; “Medical Marijuana Basics Week 2” ; and “Cannabis as a Substitute for Alcohol and Other Drugs”

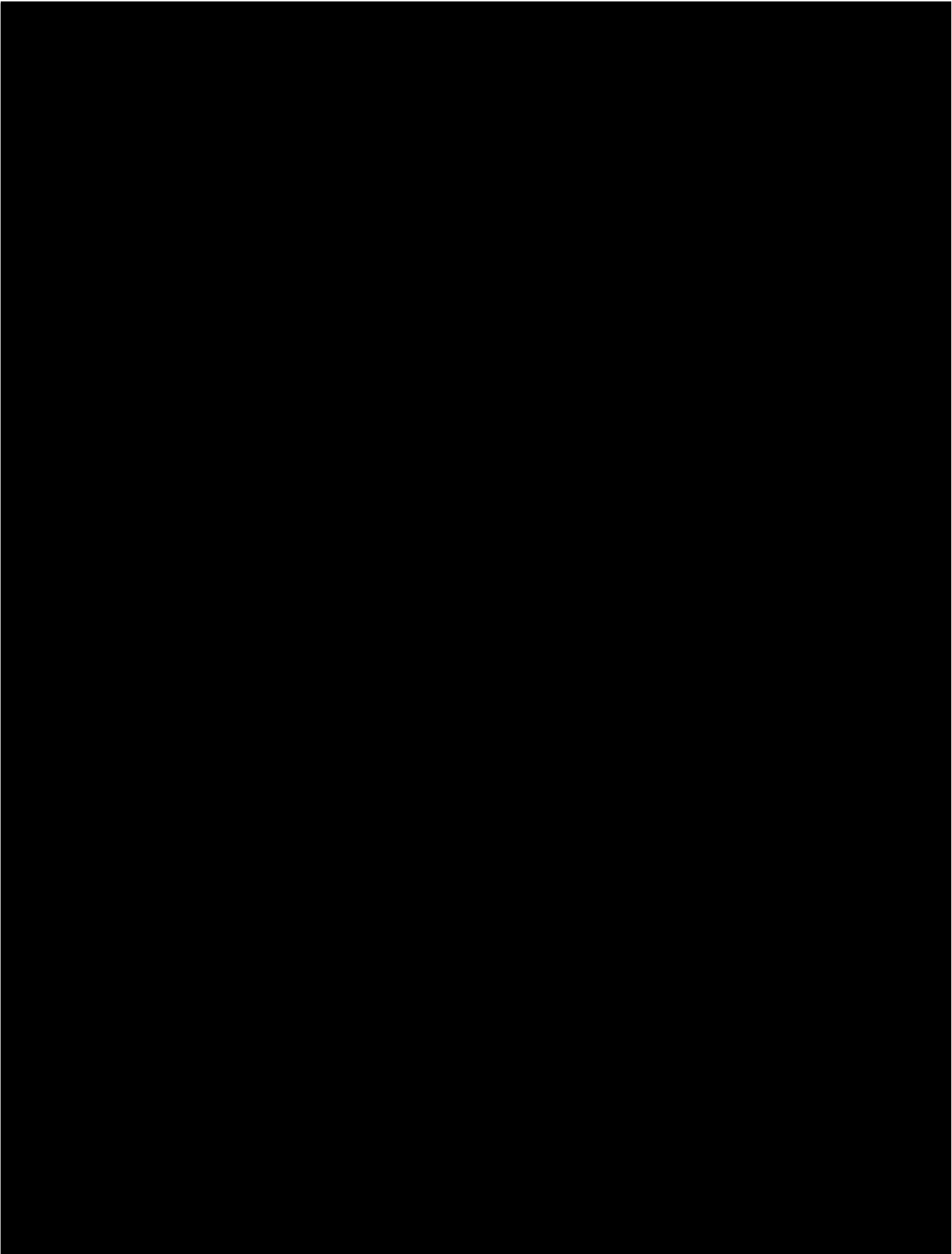
Dispensaries shall also receive skills training in the following areas:

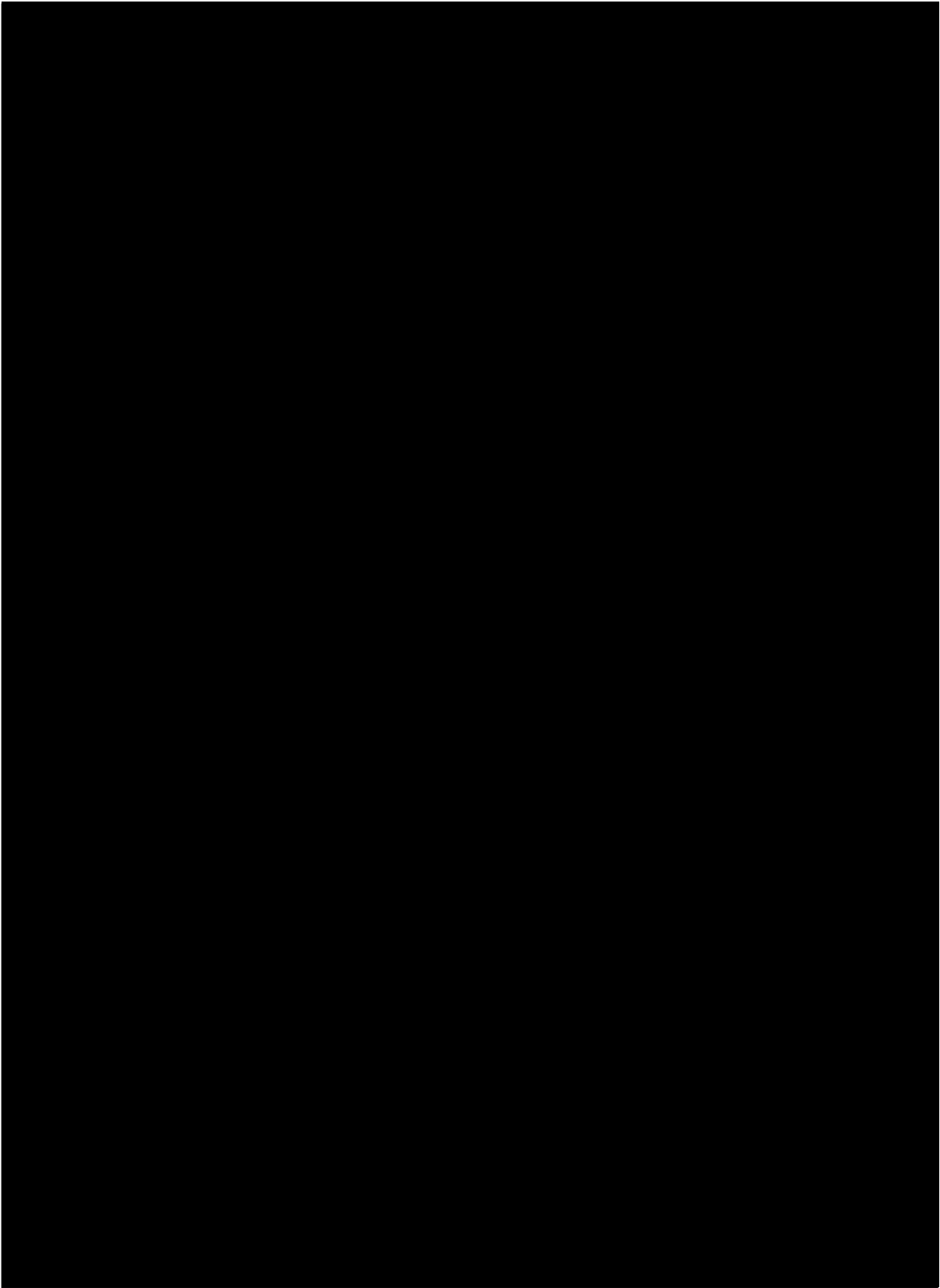
- Counseling patients about risks, benefits and side effects of medical marijuana
- Alternative types of administration
- Proper dosing and dosing techniques
- Teaching patients how to perform self-assessment of their symptoms
- How to recognize patients who appear to be impaired or abusing marijuana
- Ongoing developments in the field of medical marijuana

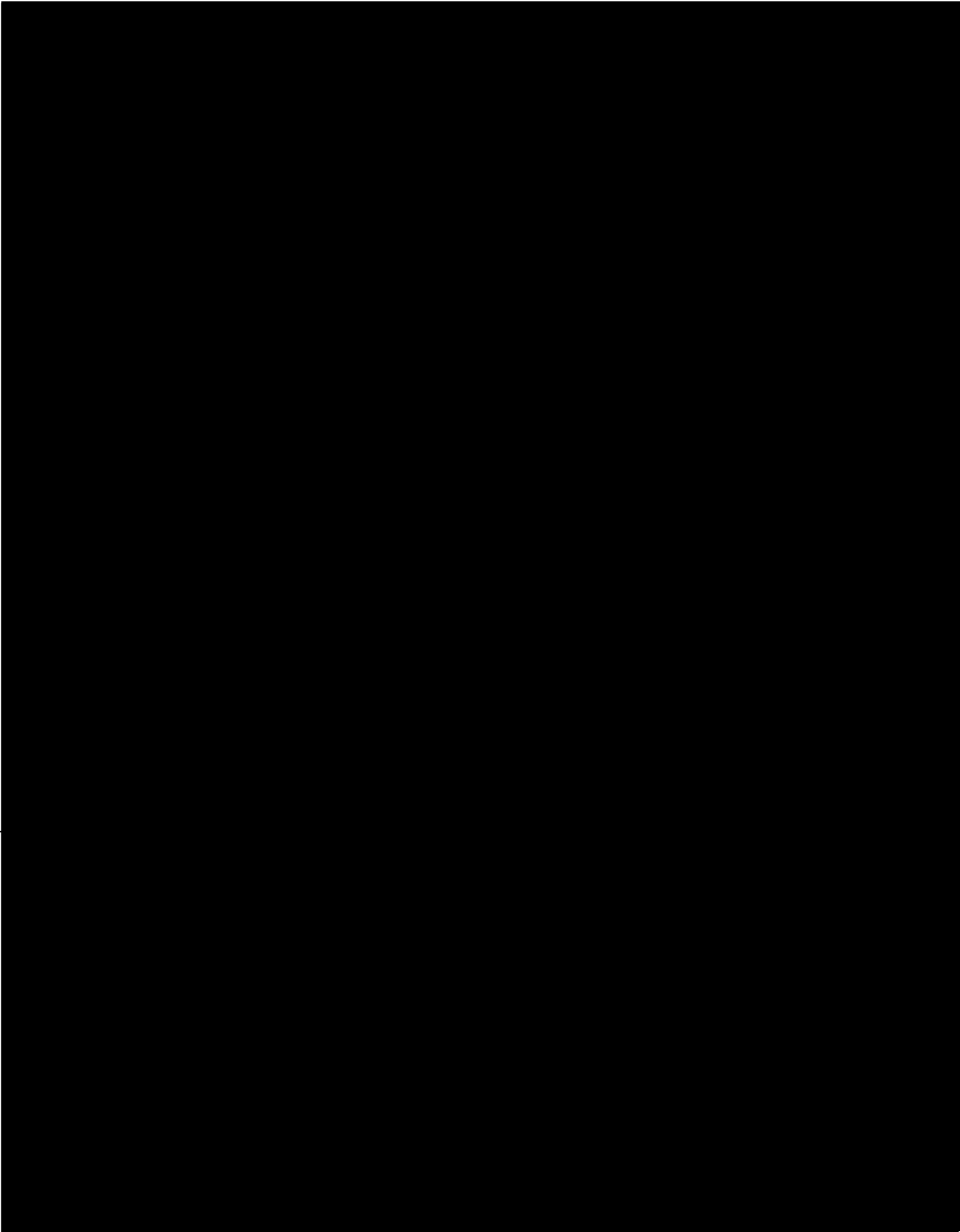
As to all employees, it shall be the policy of Releaf to encourage continuing education and attendance at seminars, workshops or lectures relevant to medical marijuana care.

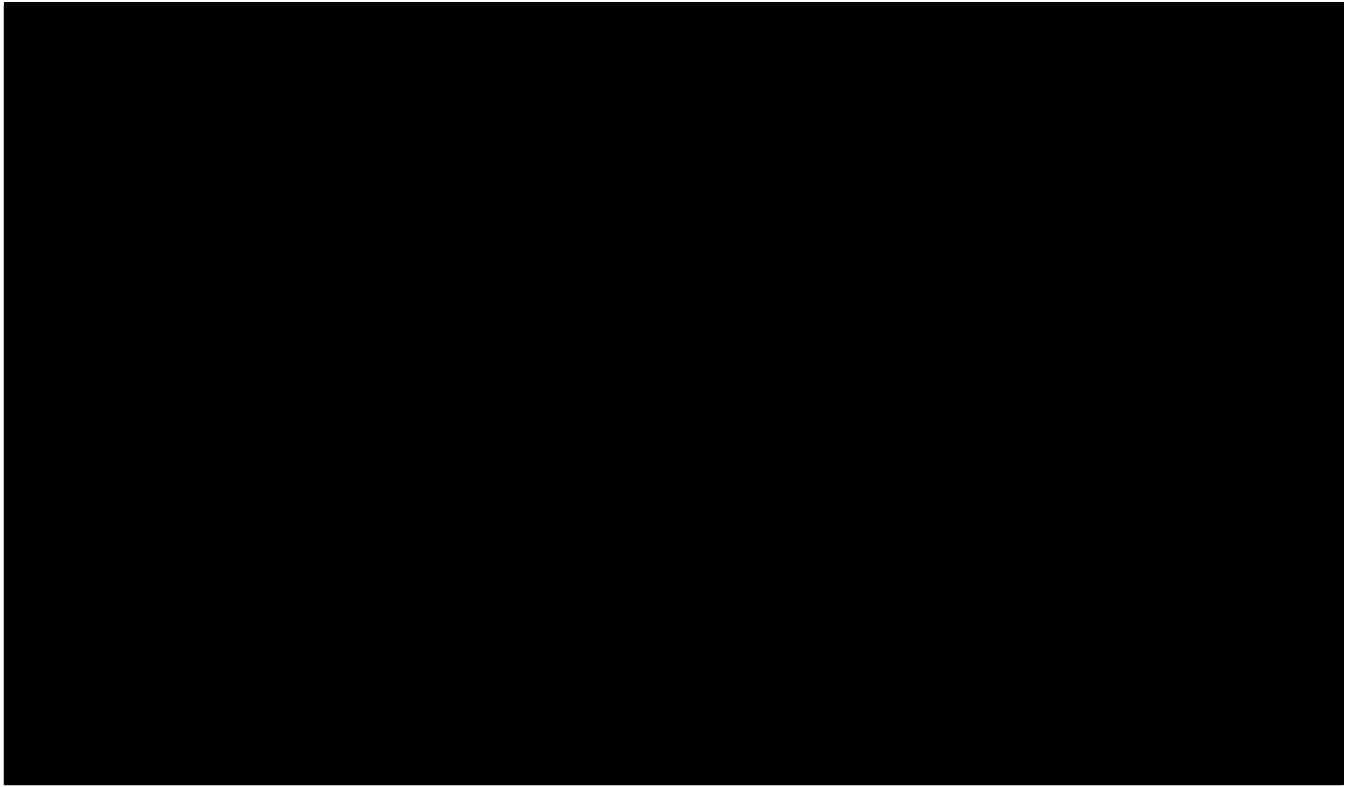
C8. Request: A detailed description of any processes or controls that will be implemented to prevent the diversion, theft or loss of marijuana.











D. PROPOSED MARKETING PLAN

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

Response:

- Releaf intends to focus its marketing efforts solely on certifying physicians, certified patients, and prospective patients with qualifying conditions. Releaf will accomplish this through grass roots efforts, brochures that explain the services available at Releaf, and a web presence concentrating on information for those three audiences. Releaf's website will be committed to providing information on a wide variety of cannabis topics. It will provide:
 - Relevance – Medical benefits, qualifying conditions, safety of usage, and management and maintenance of cannabis. Educational topics include breaking health news; recalls, and alerts; laws and regulations; and expert commentary on managing use.
 - Accessibility – Guides to registration/enrollment, available medical dispensary products to order, and a direct patient/dispensary communication portal.
 - Clinical Resources – The latest medical findings and research studies published in peer-reviewed medical journals.
- Releaf intends to reach out to physicians and medical groups who specialize in the debilitating medical conditions that Connecticut has approved for the use of marijuana. Releaf's Education and Training Director Geri Ann Bradley will continue to hold informational seminars and lectures for hospital associations and other interested healthcare groups and organizations. Ms. Bradley will visit Connecticut doctor's offices to educate the physicians and their staff on the certification process, the States regulations, and the benefits of medical marijuana for qualifying patients. Please see attached pages:
 - Educational and Professional Presentations by Geri Ann Bradley
 - Patient Informational Handouts
 - Physician Handouts on the Medical Benefits of Cannabis
- Releaf believes that marketing to the general public would adversely, rather than positively, affect public perception and acceptance of the use of medical marijuana. Marketing to the general public might also increase security risk. For these reasons, Releaf will refrain from general public marketing campaigns.

- Releaf is aware of the regulations governing advertising and, should it opt in the future to advertise in any medium, will submit any proposed advertisement to the Commissioner of Consumer Protection prior to or at the same time as dissemination, as required by regulation.
- Releaf is also aware of and will comply with its obligation under Conn. Agencies Regs. § 21a-408-34(o) to provide certain informational material to qualifying patients and physicians and, before providing this material, to submit the material to the Commissioner of Consumer Protection.

Educational and Professional Presentations by Geri Ann Bradley

September 15, 2015; Hartford Healthcare; “What the Clinician Needs to Know Regarding Medical Marijuana in CT”; Speaker: Geri Ann Bradley

June 23, 2015; CT Health Advocacy Forum; Speaker: Geri Ann Bradley with Commissioner Harris, Department of Consumer Protection and Ethan Ruby, owner of Theraplant

June 19, 2015; WNPR Radio Station, Where We Live Broadcast; “Medical Marijuana in Our State”; Speaker: Geri Ann Bradley with Commissioner Harris, Department of Consumer Protection and Thomas Schultz, Owner of Connecticut Pharmaceutical Solutions

June 18, 2015; Connecticut EAPA Chapter; “Medical Marijuana: Clearing the Smoke on Fact from Fiction”; Speaker: Geri Ann Bradley

June 17, 2015; CT Pharmacists Association, Second Annual Medical Cannabis Symposium; “Roundtable Discussion: Inside the Dispensary”, Speaker: Geri Ann Bradley with other dispensary owners

May 14, 2015; Hartford Hospital Pain Symposium; “Medical Marijuana: Dispel the Myths, Put Aside the Bias, and Learn the Facts”; Speaker: Geri Ann Bradley

April 29, 2015; Bristol Mayor’s Task Force on HIV/AIDS; HIV Educational Forum; “Medical Marijuana: Use for Medical Illness”; Speaker: Geri Ann Bradley

October 8, 2014; Connecticut Academy of Family Physicians; “Medical Marijuana”; Speaker: Geri Ann Bradley with Jonathan Kost MD, John Gadea RPh, Andrew Selinger MD

Administration Methods

There are multiple methods to use medical marijuana. The effects often vary with each method, sometimes affecting the length of time it takes for the medicine to take effect, or the length of time that it remains effective. Patients may find that one method is more effective than another. Your dispensary at The Healing Corner will be able to help you to pick which dosage form is best for you and your condition.

Smoking

Smoking is the most traditional form of ingestion. The effects of smoking marijuana are felt almost immediately, but soon begin to diminish. Regularly smoking any plant material can have a negative impact so we recommend patients use vaporizers when the inhalation method is preferred. Burning the plant material not only reduced the amount of THC and other cannabinoids that are absorbed in to your body, but also introduced carcinogens into your lungs.

Vaporizing

A vaporizer is a device used for inhalation of the active ingredients found in cannabis. They work by heating the plant material or extracted oil to a temperature that is less than the burning point of the material, which causes the THC and other cannabinoids to be released as a vapor. This allows patients to inhale the active ingredients as a vapor instead of smoke. Patients who are used to smoking may not feel like they are "getting anything" at first because it does not "burn" the throat. It is advised to use caution and wait a few minutes to feel the full effects.

Edibles

Edibles are cooked food products that are made with butter or oil that has been infused with marijuana. Edibles usually take longer to take effect than smoking or vaporizing, often 20 minutes to an hour. The therapeutic effects from eating cannabis last much longer than other consumption methods, often up to four hours or more, and then slowly begin to wear off. Caution should be taken when driving or operating heavy machinery after consumption of this product. Your dispensary at The Healing Corner will be able to help to select a proper dose of an edible for you, based on the amount of marijuana that you typically inhale through the course of a day.

Topicals

Topical marijuana medicines are applied directly to the skin. They include lotions, salves, balms, sprays, oils, and creams.

Tinctures

A tincture is a concentrated form of marijuana in a solvent. Tinctures are highly concentrated and require careful dosage levels, starting out small and waiting to feel the effects before adding more. They can be taken under the tongue or mixed into water or other beverages.



A NEW
DIRECTION



for
SUCCESSFUL
HEALING

Where am I allowed to use my medical marijuana?

Connecticut Law allows for the use of your medical marijuana in your home, away from anyone under the age of 18.

Connecticut law prohibits the use of medical marijuana:

- in a bus, school bus or any moving vehicle
- in the workplace
- on any school grounds or any public or private school, dormitory, college or university property
- in any public place
- in the presence of anyone under the age of 18

Medical marijuana is also prohibited if it endangers the health or well-being of another person, other than the patient or primary caregiver.

Can I lose my job for using medical marijuana? Can an employer decide not to hire me for using medical marijuana?

No, but employers may prohibit the use of intoxicating substances during work hours, or discipline employees for being intoxicated while at work.

Can my landlord refuse to rent to me or take action against me solely because I am qualified to use medical marijuana?

No, the law prohibits this.

Can a school refuse to enroll me solely because I am qualified to use medical marijuana?

No, the law prohibits this.

Basic Guidelines for safe medical marijuana use:

1. Your medical marijuana is MEDICINE

As a patient, treat your marijuana as you would treat any other medications. Your medication is for you and only you. As per Connecticut Law, it is important to keep your medical marijuana away from children.

2. Properly store your medical marijuana.

As with any medication, it is important to store your medical marijuana in its original airtight container when not in use. Keeping your medicine out of direct light will also help to maintain its freshness

3. Don't Use Too Much

Talk to your Dispensary to make sure you are using a safe and effective dosage that works for you. Don't overuse your medication; instead, follow your Dispensary's recommendations to ensure that you're not using more than you need.

4. Keep track of your doses

Documenting the amount of medical marijuana you use, along with the symptom relief you obtain, and any possible undesirable that you experience. This is all important information so share with your Dispensary, so that they can help you to make the appropriate product and dosage form choice, along with which delivery device to use.

5. Use your Medical Marijuana Discretely

Medical Marijuana is to be used in the privacy of your home, away from minors under the age of 18. Use of your medicine anywhere else is not in compliance with Connecticut Law.

Addiction

As with the use of many drugs, prolonged use can lead to addiction in some people. Unfortunately, there's no way to predict who is at risk. If addicted, people cannot control their urges to seek out and use marijuana, even though it negatively affects their family relationships, school performance, and recreational activities.

Did you know?

-Regular use of Medical Marijuana can create a physical tolerance, which means more of the drug is needed to feel the same effects.

-If a person is dependent and suddenly stops using it, they can experience withdrawal symptoms. Marijuana (cannabis) withdrawal symptoms may include:

- ✓ irritability, anxiety and nervousness
- ✓ anger and aggression
- ✓ loss of appetite
- ✓ excessive sweating (particularly at night)
- ✓ disturbed and restless sleep with strange nightmares.

If you, or someone you know who uses Medical Marijuana, and is experiencing any of these symptoms, please come to us and we will help to identify and refer services offering treatment for drug abuse.

**Substance Abuse and Addiction Services
Addiction Treatment Helpline**

1.877.340.0184

CT Department of Mental Health and Services
www.ct.gov/dmhas

National Substance Abuse Index
www.nationalsubstanceabuseindex.org



CO2 Extract Consumption Experience [NON-Decarboxylated] (Not For Oral Sublingual Use = Do Not Eat Directly)

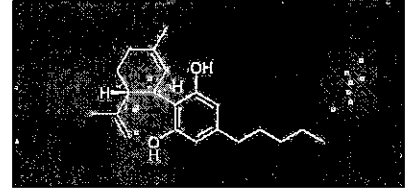
Notes on how to consume your CO2 Extract (Vaporization Device – Pen Style)

- ▶ Push down and turn the childproof top of the MMJ packaging and remove the silicone cup containing the CO2 extract inside. Open the lid of the silicone cup and prepare to load your vaporization device that is confirmed suitable for use with solid extraction (the instructions of your device will clearly specify if it's suitable for use with solid extraction).
- ▶ Using an extract tool, scoop out a small portion of the extract to load into your device. (We always recommend starting off small to gauge one's tolerance of the effects – i.e. a small dollop the size of a single un-cooked lentil, to start).
- ▶ Following the instructions of your particular vaporization device, load the extract into the heating chamber of your device. Re-assemble your vaporization device and prepare to commence vapor consumption.
- ▶ Hold down the button on your vaporization device to start heating up the heating chamber, wait 1-2 seconds for your coil to heat up sufficiently before drawing/inhaling the vapor produced by your device (keep the button held down during the entire duration of your inhalation, and release when done). Repeat as needed until desired effects have been achieved.

Notes on the experience of what's happening while you're vaporizing the CO2 Extraction – the Sights, Sounds & Smells

- ▶ Initial Inhales [draws # 1 thru 4]: You may notice that through your first roughly 3-4 inhales on each fresh loading of your device that you'll hear a sizzling water kind of a sound, along with an extremely pungent aroma of the plant material, but when you exhale you will hardly notice that any visual vapor is actually leaving your body.
 - ▶ What is happening with the sizzling sound is that the more volatile terpenes (responsible for the flavor and taste pungency of the plant itself) that are more watery in their natural form are vaporizing at a lower temperature than the cannabinoids present in the extract. Therefore, your first draws # 1 thru 4 will be extremely flavorful and pungent due to the vaporizing of mainly terpenes for the initial first few draws. This is also why you won't notice hardly any vapor leaving your lungs during these first few draws of consuming only terpenes.
- ▶ Cannabinoid Inhales [draws # 5 thru ...]: You will start to notice that after the first several draws have vaporized off the extremely flavorful and volatile terpenes contained in the CO2 extract, the sizzling sound will start to cease and you will begin to consume and exhale clouds of cannabinoid vapor generated from your device. Repeat draws as needed, but please stop when the desired effects have been achieved.

4 Must-Know Facts About Cannabidiol (CBD)



1. CBD is a key ingredient in cannabis

CBD is one of over 60 compounds found in cannabis that belong to a class of molecules called cannabinoids. Of these compounds, CBD and THC are usually present in the highest concentrations, and are therefore the most recognized and studied. CBD and THC levels tend to vary among different plants. Marijuana grown for recreational purposes often contains more THC than CBD. However, by using selective breeding techniques, cannabis breeders have managed to create varieties with high levels of CBD and next to zero levels of THC. These strains are rare but have become more popular in recent years.

2. CBD is non-psychoactive

Unlike THC, CBD does not cause a high. While this makes CBD a poor choice for recreational users, it gives the chemical a significant advantage as a medicine, since health professionals prefer treatments with minimal side effects. CBD is non-psychoactive because it does not act on the same pathways as THC. These pathways, called CB1 receptors, are highly concentrated in the brain and are responsible for the mind-altering effects of THC. A 2011 review published in *Current Drug Safety* concludes that CBD “does not interfere with several psychomotor and psychological functions.” The authors add that several studies suggest that CBD is “well tolerated and safe” even at high doses.

3. CBD has a wide range of medical benefits

Although CBD and THC act on different pathways of the body, they seem to have many of the same medical benefits. According to a 2013 review published in the *British Journal of Pharmacology* studies have found CBD to possess the following medical properties:

Medical Properties of CBD	Effects
Antiemetic	Reduces nausea and vomiting
Anticonvulsant	Suppresses seizure activity
Antipsychotic	Combats psychosis disorders
Anti-inflammatory	Combats inflammatory disorders
Anti-oxidant	Combats neurodegenerative disorders
Anti-tumoral/Anti-cancer	Combats tumor and cancer cells
Anxiolytic/Anti-depressant	Combats anxiety and depression disorders

Unfortunately, most of this evidence comes from animals, since very few studies on CBD have been carried out in human patients. But a pharmaceutical version of CBD was recently developed by a drug company based in the UK. The company, GW Pharmaceuticals, is now funding clinical trials on CBD as a treatment for schizophrenia and certain types of epilepsy. Likewise, a team of researchers at the California Pacific Medical Center, led by Dr. Sean McAllister, has stated that they hope to begin trials on CBD as a breast cancer therapy.

4. CBD reduces the negative effects of THC

CBD seems to offer natural protection against the marijuana high. Numerous studies suggest that CBD acts to reduce the intoxicating effects of THC, such as memory impairment and paranoia. CBD also appears to counteract the sleep-inducing effects of THC, which may explain why some strains of cannabis are known to increase alertness. Both CBD and THC have been found to present no risk of lethal overdose. However, to reduce potential side effects, medical users may be better off using cannabis with higher levels of CBD.

Types of Cannabinoids & their Health Benefits



Pain & Sleep Problems	CBD	CBDA	THCA	THC	CBC	CBG	CBN	THCV	CBDV
Analgesic									
Anti-Inflammatory									
Anti-Insomnia									
Anti-Sleep Apnea									

Psychiatric and Neurological Disorders	CBD	CBDA	THCA	THC	CBC	CBG	CBN	THCV	CBDV
Antidepressant									
Anxiolytic									
Antipsychotic									
Antispasmodic									
Antiepileptic									
Neuroprotective									

Eating and Digestive Disorders	CBD	CBDA	THCA	THC	CBC	CBG	CBN	THCV	CBDV
Intestinal Anti-Prokinetic									
Antiemetic									
Appetite Stimulant									
Appetite Suppressant									
Anti-Bacterial									
Antimicrobial									
Antioxidant									

Specific Disease and Other Benefits	CBD	CBDA	THCA	THC	CBC	CBG	CBN	THCV	CBDV
Anti-Diabetic									
Antipsoriatic									
Bone Stimulant									
Antiproliferative									
Immunosuppressive									
Anti-Ischemic									
Vasoconstriction									
Vasorelaxant									
Allograft Stimulant									
Intraocular Eye Pressure									

CBD: Cannabidiol
 CBDA: Cannabidiolic Acid
 THCA: Tetrahydrocannabinolic Acid

THC: Tetrahydrocannabinol
 CBC: Cannabichromene
 CBG: Cannabigerol

CBN: Cannabinol
 THCV: Tetrahydrocannabivarin
 CBDV: Cannabidivarin

What Is the Medical Professional's Role?

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

- Completing an in-person medically reasonable assessment of the patient's medical history and current medical condition;
- Diagnosing the patient as having a debilitating medical condition as defined in the law;
- Prescribing, or determining it is not in the patient's best interest to prescribe, prescription drugs to address the symptoms or effects for which the certification is being issued.
- Concluding that, in the physician's professional opinion, the potential benefits of the palliative use of marijuana would likely outweigh the health risks to the patient; and
- Explaining the potential risks and benefits of the palliative use of marijuana to the patient or, where the patient lacks legal capacity, to the parent, guardian or other person having legal custody of the patient.

How Much Marijuana Can Patients Possess?

Currently, the maximum allowable monthly amount is 2.5 ounces unless your physician indicates a lesser amount is appropriate. Any changes to the allowable amount will be based on advice from the Board of Physicians.

Patient Qualifications for a Registration Certificate:

- Qualifying patient must be a Connecticut resident.
- Qualifying patient must be at least eighteen (18) years of age or older.
- Qualifying patient cannot be an inmate confined in a correctional institution or facility under the supervision of the Connecticut Department of Corrections.

Caregiver Qualifications for a Registration Certificate:

- Patient's physician has certified the need for a caregiver;
- Caregiver agrees to be responsible for managing the well-being of a registered patient with respect to their palliative use of marijuana.
- Caregiver must be at least eighteen (18) years of age or older;
- Not the patient's physician;
- Not convicted of a law pertaining to the illegal manufacture, sale or distribution of a controlled substance;
- Where the adult patient lacks legal capacity, must be a parent, guardian or legal custodian; and
- Can only be responsible for one patient unless there is a parental, guardianship, conservatorship or sibling relationship with each patient.

Connecticut Medical Marijuana Program



How to Certify a Patient for a Medical Marijuana Registration Certificate



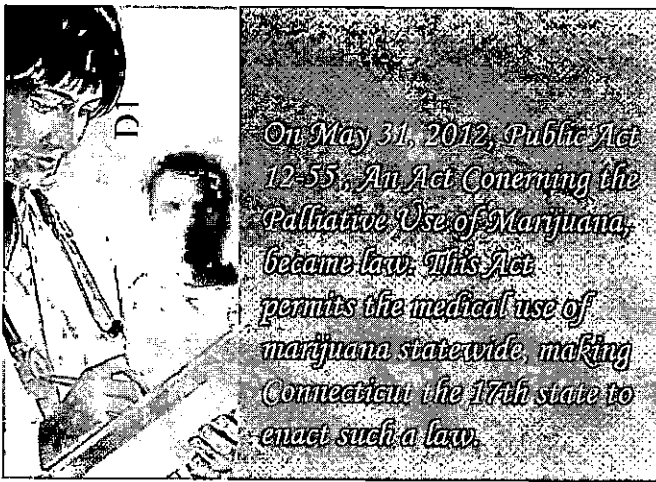
Scan this QR code with your smart phone to visit our Medical Marijuana Program website.



Connecticut Department of Consumer Protection
Medical Marijuana Program
165 Capitol Avenue, Room 145 • Hartford, CT 06106
860.713.6066 • www.ct.gov/dcp/mmp



860.713.6066 • www.ct.gov/dcp/mmp



On May 31, 2012, Public Act 12-55, An Act Concerning the Palliative Use of Marijuana, became law. This Act permits the medical use of marijuana statewide, making Connecticut the 17th state to enact such a law.

Connecticut's medical marijuana registration certificates are available only to Connecticut residents being treated for a specific debilitating medical condition.

Debilitating Medical Conditions:

- Cancer
- Glaucoma
- Positive Status for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome
- Parkinson's Disease
- Multiple Sclerosis
- Damage to the Nervous Tissue of the Spinal Cord with Objective Neurological Indication of Intractable Spasticity
- Epilepsy
- Cachexia
- Wasting Syndrome
- Crohn's Disease
- Post-Traumatic Stress Disorder



Physician Requirements for Issuing Written Certifications

The Department will only accept written certifications from physicians for the palliative use of marijuana when the physician:

- Possesses an active Connecticut medical license issued by the Connecticut Department of Public Health.
- Practices within the State of Connecticut.
- Possesses an active controlled substances registration issued by the Connecticut Department of Consumer Protection that is not subject to limitation.
- Possesses an active Drug Enforcement Administration (DEA) controlled substance registration that is not subject to limitation.
- Is registered with, and able to access, the Connecticut Prescription Monitoring Program.
 - If you are not registered, please go to www.ctpmp.com.

Connecticut Registration Certificate - Application Process

Physicians may certify qualified patients for the palliative use of marijuana through an online registration system that the Department of Consumer Protection has developed.

A physician will have to register for a Biznet account at:

<https://www.biznet.ct.gov/dcp-mmprp>

After registering, the system will provide three (3) options in the center of the page:

- Option 1: "I am a Physician"
- Option 2: "I am a Patient"
- Option 3: "I am a Caregiver"

A physician will select the "I am a Physician" option and the system will prompt the physician to provide identifying information to begin the qualifying patient registration process.

During the registration process, physicians will be able to either include a patient's e-mail address or create a temporary e-mail address and password for their patient.

This will allow a patient to complete their portion of the registration process and submit all the required documents and payment fees.



Smoked cannabis for spasticity in multiple sclerosis: a randomized, placebo-controlled trial

Jody Corey-Bloom MD PhD, Tanya Wolfson MA, Anthony Gamst PhD, Shelia Jin MD MPH, Thomas D. Marcotte PhD, Heather Bentley BA, Ben Gouaux BA

ABSTRACT

Background: Spasticity is a common and poorly controlled symptom of multiple sclerosis. Our objective was to determine the short-term effect of smoked cannabis on this symptom.

Methods: We conducted a placebo-controlled, crossover trial involving adult patients with multiple sclerosis and spasticity. We recruited participants from a regional clinic or by referral from specialists. We randomly assigned participants to either the intervention (smoked cannabis, once daily for three days) or control (identical placebo cigarettes, once daily for three days). Each participant was assessed daily before and after treatment. After a washout interval of 11 days, participants crossed over to the opposite group. Our primary outcome was change in spasticity as measured by patient score on the modified Ashworth scale. Our secondary outcomes included patients' perception of pain (as measured using a visual analogue scale), a timed walk and changes in cognitive function (as measured by patient performance on the

Paced Auditory Serial Addition Test), in addition to ratings of fatigue.

Results: Thirty-seven participants were randomized at the start of the study, 30 of whom completed the trial. Treatment with smoked cannabis resulted in a reduction in patient scores on the modified Ashworth scale by an average of 2.74 points more than placebo ($p < 0.0001$). In addition, treatment reduced pain scores on a visual analogue scale by an average of 5.28 points more than placebo ($p = 0.008$). Scores for the timed walk did not differ significantly between treatment and placebo ($p = 0.2$). Scores on the Paced Auditory Serial Addition Test decreased by 8.67 points more with treatment than with placebo ($p = 0.003$). No serious adverse events occurred during the trial.

Interpretation: Smoked cannabis was superior to placebo in symptom and pain reduction in participants with treatment-resistant spasticity. Future studies should examine whether different doses can result in similar beneficial effects with less cognitive impact.

Competing interests: None declared.

This article has been peer reviewed.

Correspondence to: Dr. Jody Corey-Bloom, jcoreybloom@ucsd.edu

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Spasticity is a common and disabling symptom that remains a substantial problem for many patients with multiple sclerosis. Some patients have adverse effects from conventional antispasticity medications; for others, spasticity persists despite treatment. A report from the Institute of Medicine in the United States concluded that the active compounds of cannabis (marijuana) are potentially effective in treating neurologic conditions and "should be tested rigorously in clinical trials."¹ There is evidence that the cannabinoid receptors CB₁ and CB₂ may be involved in the control of spasticity in multiple sclerosis² and that the endogenous ligand of CB₁, anandamide, is itself an effective antispasticity agent.³ CB₁ receptors are primarily presynaptic; their activation inhibits calcium influx and glutamate release, and reduces neuronal excitability by activating somatic and dendritic potassium channels.⁴

Although many patients with multiple sclerosis endorse smoking cannabis as therapy, evidence that it relieves spasticity is largely anecdotal, as most trials focus on orally administered cannabinoids. We sought to assess the safety and efficacy of smoked cannabis versus placebo in patients with multiple sclerosis who have treatment-resistant spasticity.

Methods

Participants

We recruited participants from a regional multiple sclerosis clinic and by referral from specialists. Our eligibility criteria were spasticity and at least moderate increase in tone (score ≥ 3 points on the modified Ashworth scale⁵ at the elbow, hip or knee). Participants were allowed to continue other treatments for spasticity, with the exception of benzodiazepines, if they had been



Cannabis in painful HIV-associated sensory neuropathy

A randomized placebo-controlled trial

D.I. Abrams, MD; C.A. Jay, MD; S.B. Shade, MPH; H. Vizoso, RN; H. Reda, BA; S. Press, BS; M.E. Kelly, MPH; M.C. Rowbotham, MD; and K.L. Petersen, MD

Abstract—Objective: To determine the effect of smoked cannabis on the neuropathic pain of HIV-associated sensory neuropathy and an experimental pain model. **Methods:** Prospective randomized placebo-controlled trial conducted in the inpatient General Clinical Research Center between May 2003 and May 2005 involving adults with painful HIV-associated sensory neuropathy. Patients were randomly assigned to smoke either cannabis (3.56% tetrahydrocannabinol) or identical placebo cigarettes with the cannabinoids extracted three times daily for 5 days. Primary outcome measures included ratings of chronic pain and the percentage achieving >30% reduction in pain intensity. Acute analgesic and anti-hyperalgesic effects of smoked cannabis were assessed using a cutaneous heat stimulation procedure and the heat/capsaicin sensitization model. **Results:** Fifty patients completed the entire trial. Smoked cannabis reduced daily pain by 34% (median reduction; IQR = -71, -16) vs 17% (IQR = -29, 8) with placebo ($p = 0.03$). Greater than 30% reduction in pain was reported by 52% in the cannabis group and by 24% in the placebo group ($p = 0.04$). The first cannabis cigarette reduced chronic pain by a median of 72% vs 15% with placebo ($p < 0.001$). Cannabis reduced experimentally induced hyperalgesia to both brush and von Frey hair stimuli ($p \leq 0.05$) but appeared to have little effect on the painfulness of noxious heat stimulation. No serious adverse events were reported. **Conclusion:** Smoked cannabis was well tolerated and effectively relieved chronic neuropathic pain from HIV-associated sensory neuropathy. The findings are comparable to oral drugs used for chronic neuropathic pain.

NEUROLOGY 2007;68:515-521

HIV-associated sensory neuropathy (HIV-SN) is the most common peripheral nerve disorder complicating HIV-1 (HIV) infection.¹⁻³ The dominant symptom in HIV-SN is pain, most often described as “aching,” “painful numbness,” or “burning.” Hyperalgesia and allodynia are common, while weakness is rare and usually confined to the intrinsic foot muscles.

Anticonvulsant drugs have been shown to be effective, specifically lamotrigine and gabapentin, but some patients fail to respond or cannot tolerate these agents.^{4,5} Adverse drug-drug interactions with anti-retrovirals limit the utility of other antiepileptic drugs used for neuropathic pain, such as carbamazepine.⁶ Peptide T, mexiletine, acupuncture, and capsaicin cream were no more effective than placebo in relieving pain from HIV-SN.⁷⁻¹¹ Similarly, tricyclic antidepressants also were no more beneficial than placebo in relieving pain in controlled trials for HIV-SN.^{9,10}

Extensive preclinical research has demonstrated analgesic effects of exogenous cannabinoids as well as an endogenous cannabinoid system involved in

pain and analgesia.^{12,13} The need for a greater variety of effective therapeutic options has led to heightened interest in evaluating smoked cannabis as a treatment for chronic neuropathic pain. Incorporating an experimental pain model into the assessment of smoked cannabis in patients with chronic pain from HIV-SN provides a standardized reference point for each patient's subjective ratings of ongoing chronic pain. The Long Thermal Stimulation procedure tests for acute analgesia by measuring the painfulness of a 1-minute heat stimulus.¹⁴ The heat/capsaicin sensitization model tests for anti-hyperalgesic effects.¹⁵ By simultaneously evaluating acute experimentally induced pain and hyperalgesia and ongoing neuropathic pain, we sought to determine the effect of smoked cannabis on the neuropathic pain of HIV-SN, and to determine if cannabinoids have a more general analgesic and anti-hyperalgesic effect.

Methods. Study patients. Patients were adults with HIV infection and symptomatic HIV-SN with an average daily pain score of

From the Community Consortium, Positive Health Program (D.I.A., S.B.S., H.V., M.E.K.), Hematology-Oncology (D.I.A., M.E.K.), and Neurology (C.A.J.), Divisions at San Francisco General Hospital; and Departments of Medicine (D.I.A., S.B.S., H.V., M.E.K.) and Neurology (C.A.J., H.R., S.P., M.C.R., K.L.P.), and the UCSF Pain Clinical Research Center (H.R., S.P., M.C.R., K.L.P.), University of California San Francisco.

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Address correspondence and reprint requests to Dr. Donald I. Abrams, San Francisco General Hospital, Ward 84, 995 Potrero Avenue, San Francisco, CA 94110; e-mail: dabrams@php.ucsf.edu

Cannabidiol as potential anticancer drug

Paola Massi,¹ Marta Solinas,² Valentina Cinquina² & Daniela Parolaro²

¹Department of Pharmacology, Chemotherapy and Toxicology, University of Milan, Via Vanvitelli 32, 20129 Milan and ²Department of Theoretical and Applied Sciences, Biomedical Division, University of Insubria, Via A. da Giussano 10, 21052 Busto Arsizio (VA), Italy

Correspondence

Professor Daniela Parolaro, Department of Theoretical and Applied Sciences, Biomedical Division, Center of Neuroscience, University of Insubria, Via A. da Giussano 10, 21052 Busto Arsizio (VA), Italy.

Tel.: +39 03 3133 9417.

Fax: +39 03 3133 9459

E-mail: daniela.parolaro@uninsubria.it

Keywords

cancer cells, cannabidiol, invasion, metastasization, proliferation

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Over the past years, several lines of evidence support an antitumorigenic effect of cannabinoids including Δ^9 -tetrahydrocannabinol (Δ^9 -THC), synthetic agonists, endocannabinoids and endocannabinoid transport or degradation inhibitors. Indeed, cannabinoids possess anti-proliferative and pro-apoptotic effects and they are known to interfere with tumour neovascularization, cancer cell migration, adhesion, invasion and metastasization. However, the clinical use of Δ^9 -THC and additional cannabinoid agonists is often limited by their unwanted psychoactive side effects, and for this reason interest in non-psychoactive cannabinoid compounds with structural affinity for Δ^9 -THC, such as cannabidiol (CBD), has substantially increased in recent years. The present review will focus on the efficacy of CBD in the modulation of different steps of tumourigenesis in several types of cancer and highlights the importance of exploring CBD/CBD analogues as alternative therapeutic agents.

The endocannabinoid system: a brief overview

The endocannabinoid system (eCB) is a recently discovered signalling system comprising the cannabinoid CB₁ and CB₂ receptors, their intrinsic lipid ligands, endocannabinoids (eCBs), such as the N-arachidonylethanolamide (anandamide, AEA) and the 2-arachidonoylglycerol (2-AG), and the associated enzymatic machinery (transporters, biosynthetic and degradative enzymes).

The cannabinoid CB₁ and CB₂ receptors are both G protein-coupled receptors: CB₁ receptors are highly distributed in the central nervous system (CNS), with low to moderate expression in periphery, whereas CB₂ receptors are high in the immune system, with much lower and more restricted distribution in the CNS [1, 2].

Endogenous ligands for the cannabinoid receptors were discovered soon after their characterization. The two major known endogenous ligands are anandamide (AEA) and 2-AG [3–6]. Both are arachidonic acid derivatives produced from phospholipid precursors through activity-dependent activation of specific phospholipase enzymes [7]. Later on, a number of other eCB ligands have been

discovered, including N-arachidonoyldopamine, N-arachidonoylglycerolether and O-arachidonylethanolamine [8].

AEA and 2-AG do not share the same biosynthetic or metabolic pathways. Different pathways can produce AEA from the phospholipid precursor N-arachidonoylphosphatidylethanolamine, the most important being a direct conversion catalyzed by an N-acyl-phosphatidylethanolamine-selective phosphodiesterase. 2-AG is mainly synthesized through activation of phospholipase C and subsequent production of diacylglycerol, which is converted to 2-AG by diacylglycerol lipase. After its re-uptake, AEA is hydrolyzed by the enzyme fatty acid amide hydrolase (FAAH), producing arachidonic acid and ethanolamine, while 2-AG is primarily metabolized by monoacylglycerol lipase, leading to the formation of arachidonic acid and glycerol [9]. Apart from their binding to CB₁ and CB₂ receptors, eCBs may bind to other receptors. For example, AEA may intracellularly activate the potential vanilloid receptor type 1 (TRPV1) [10]. Moreover, other putative cannabinoid receptors are the 'orphan' G protein-coupled receptor, GPR55 [11], and the peroxisome proliferator-activated receptor, PPAR [12, 13]. However, CB₁ and CB₂ receptors are certainly the most known targets for

E. FINANCIAL STATEMENTS AND
ORGANIZATIONAL STRUCTURE

E1. Request: Documents such as the articles of incorporation, articles of association, charter, by-laws, partnership agreement, agreements between any two or more members of the applicant that relate in any manner to the assets, property or profit of the applicant or any other comparable documents that set forth the legal structure of the applicant or relate to the organization, management or control of the applicant.

Response: Releaf is a recently formed Limited Liability Company owned by Michele Chung and Geri Ann Bradley. On the following pages please find:

- The Articles of Organization for Releaf Wellness Center, LLC, as on record at the Office of the Secretary of State of the State of Connecticut
- Releaf Wellness Center, LLC Operating Agreement

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

E1

07/01/2015

MICHELE CHUNG
41 CROSSROADS PLAZA
SUITE #208
WEST HARTFORD, CT 06117

RE: Acceptance of Business Filing **THIS IS NOT A BILL**

This letter is to confirm the acceptance of the following business filing:

Business Name:
RELEAF WELLNESS CENTER, LLC

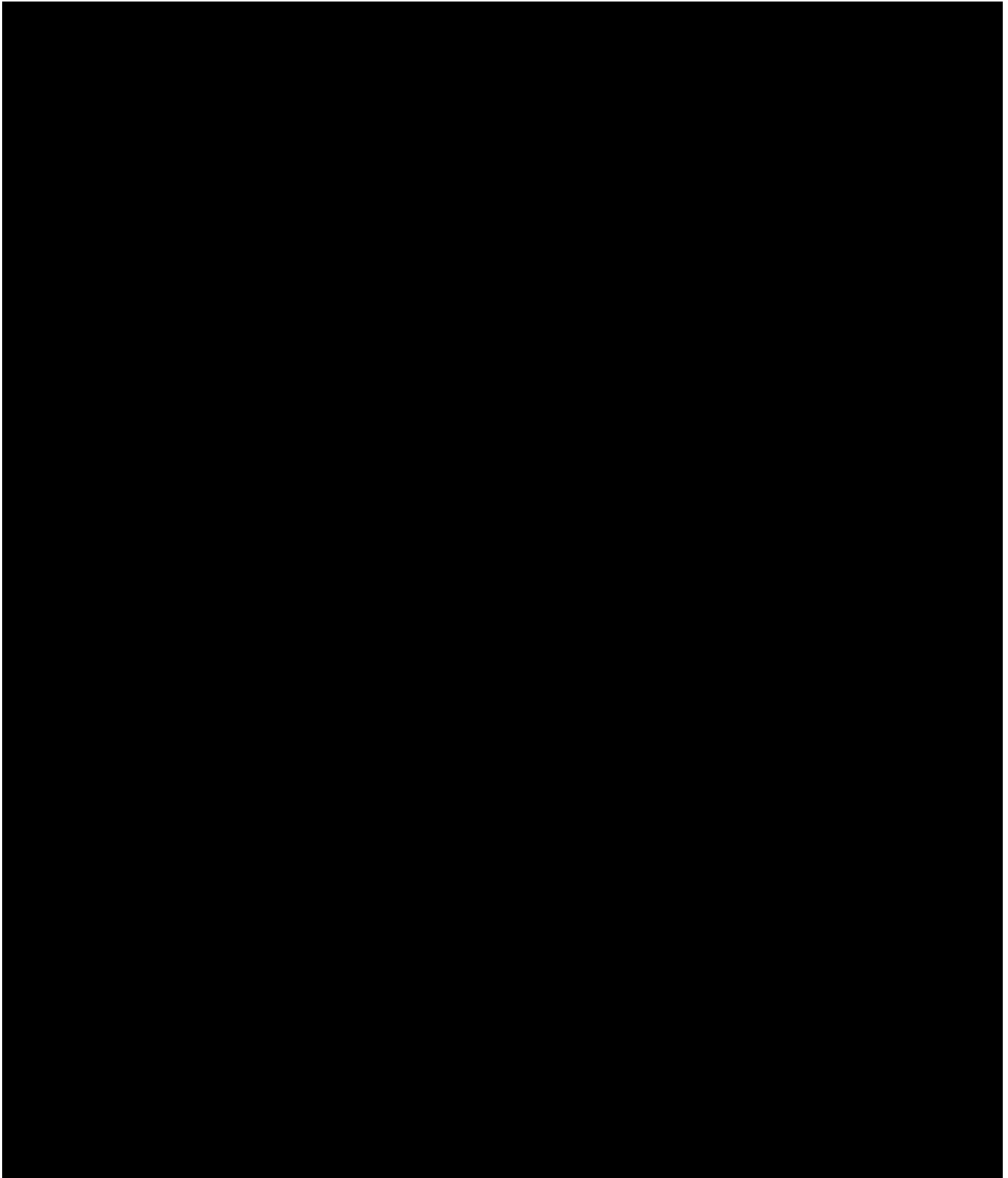
Type of Request:
ARTICLES OF ORGANIZATION

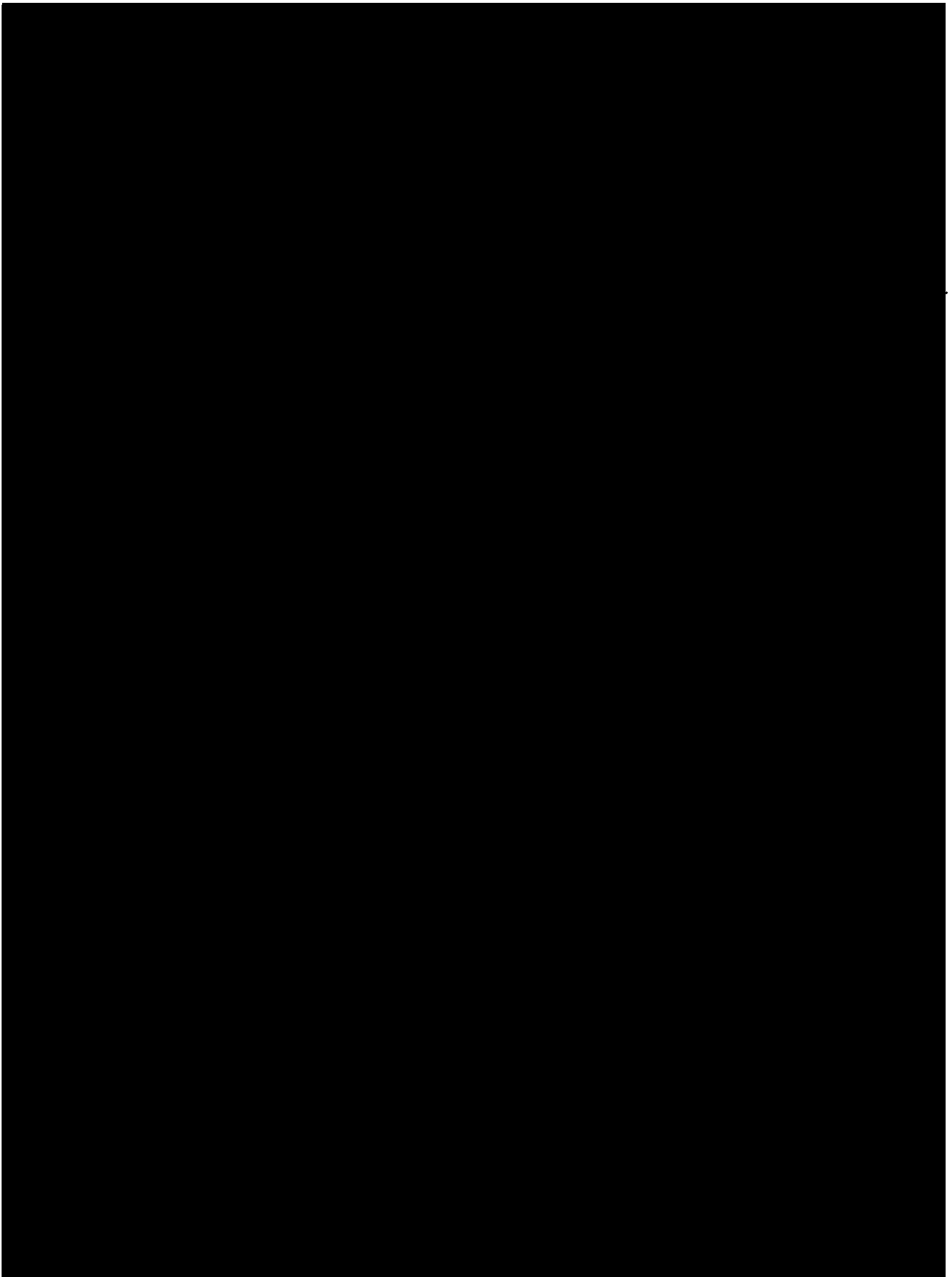
Work Order Number	: 2015176686-001	Business Filing Number	: 0005359055
Filing Date/Time	: 06/29/2015 08:30 AM	Effective Date/Time	: 06/29/2015 08:30 AM
Work Order Payment Total	: \$120.00	Payment Received	: \$120.00
Credit on Account	: \$0.00	Customer ID	: 002637246
Business ID	: 1179998		

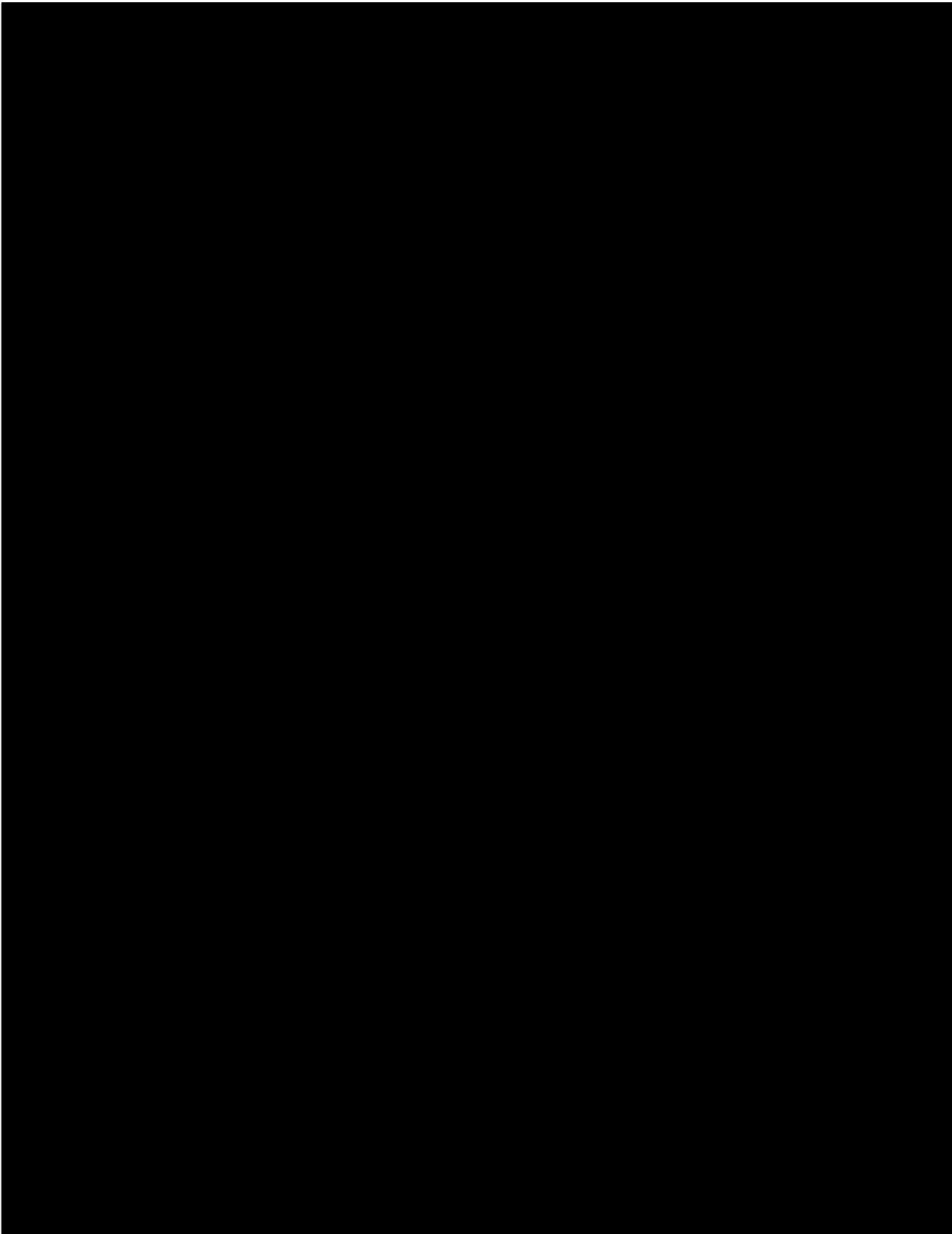
If you would like copies of this filing you must complete a Request for Corporate Copies and submit it with the appropriate fee.

ANNA GOLDBLATT
Commercial Recording Division
860-509-6003
www.concord-sots.ct.gov

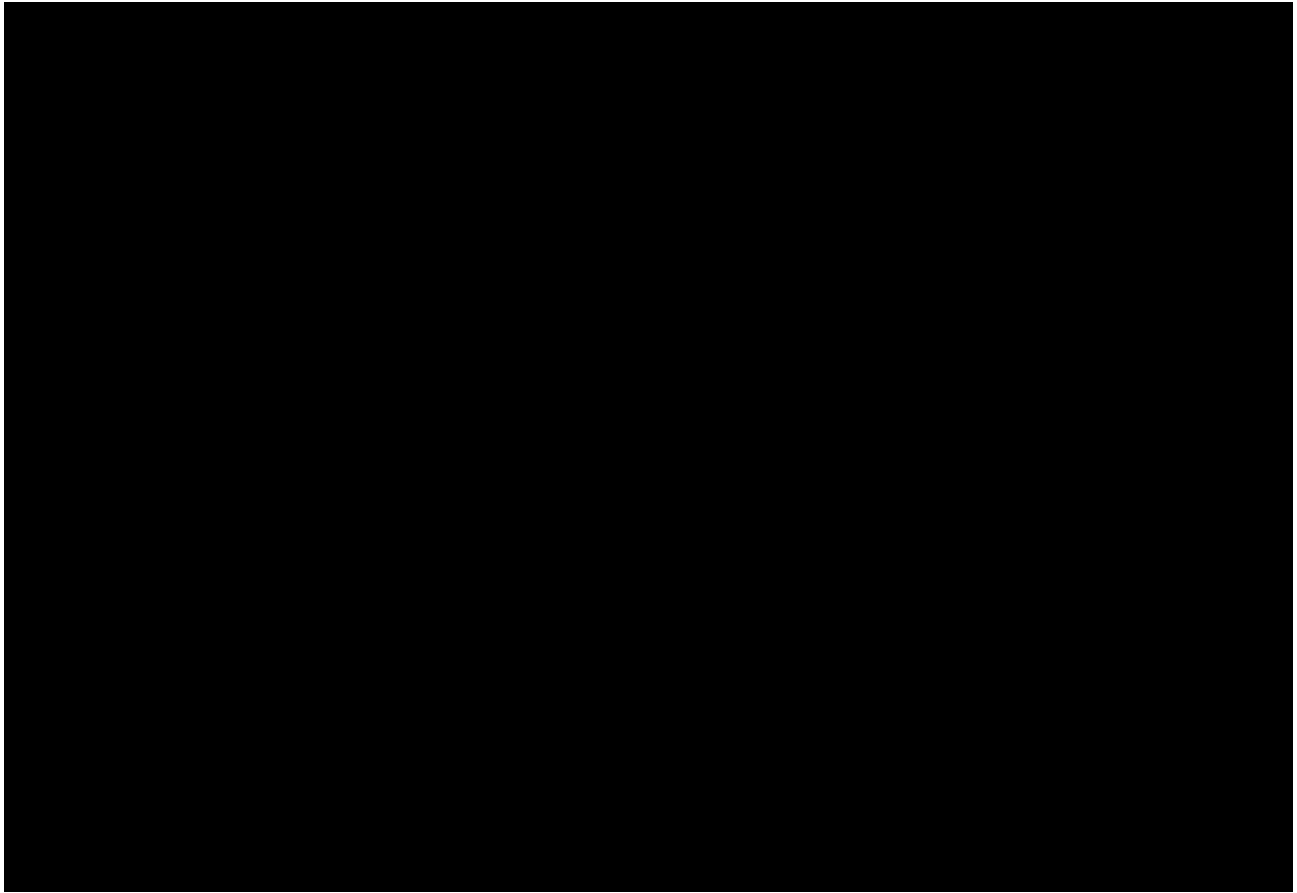
**OPERATING AGREEMENT
RELEAF WELLNESS CENTER, LLC**



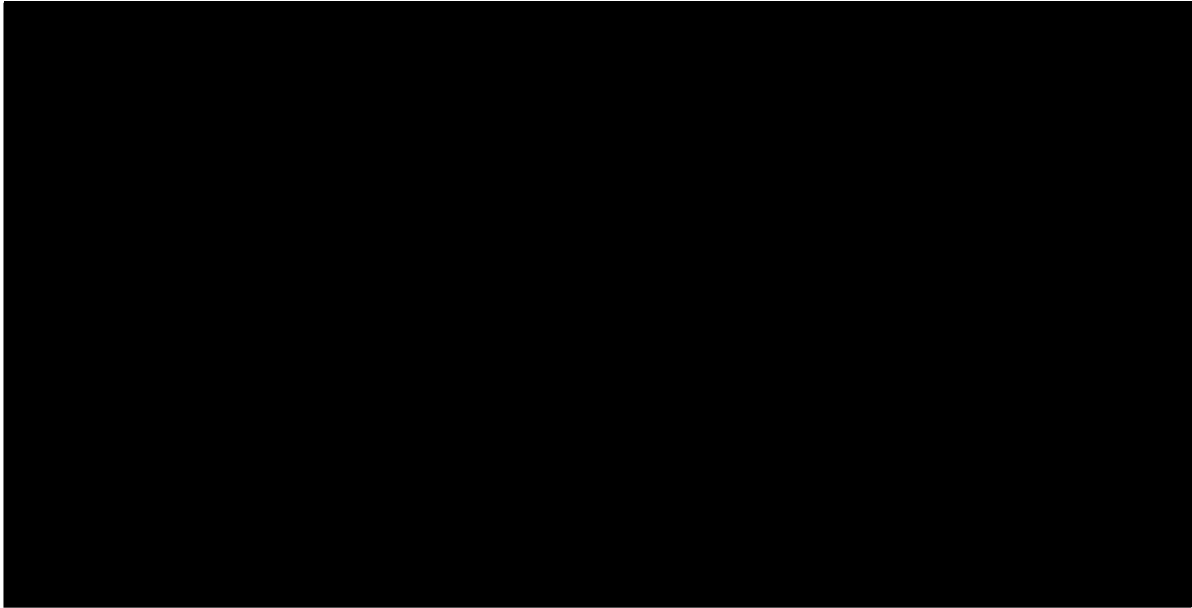








Schedule A

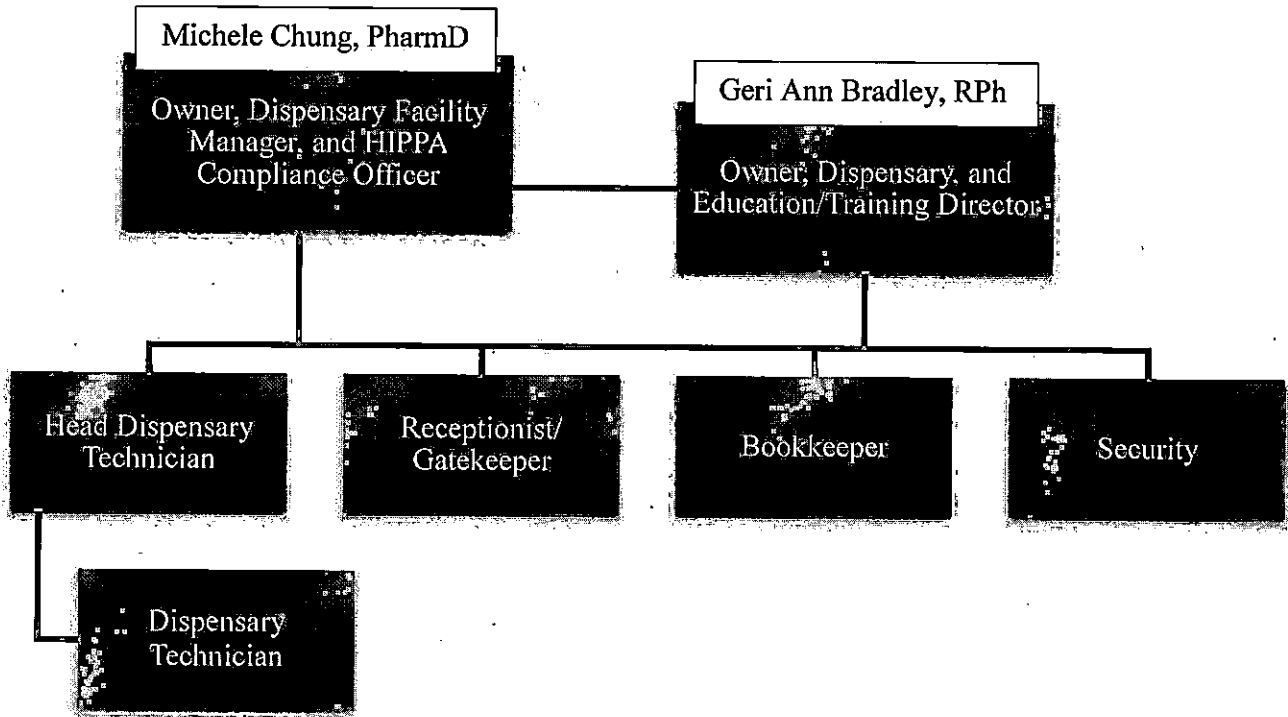


E2. Request: A current organizational chart that includes position descriptions and the names and resumes of persons holding each position to the extent such positions have been filled. To the extent such information is not revealed by their resume, include additional pages with each resume setting out the employee's particular skills, education, experience or significant accomplishments that are relevant to owning or operating a dispensary facility.

Response: Please find on the following pages:

- Releaf's current organizational chart
- A description of Releaf's organizational structure
- A description of Releaf's employee positions
- Michele Chung's and Geri Ann Bradley's resumes

Organizational Chart



Organization

At present, Releaf has identified its principal employees, Michele Chung and Geri Ann Bradley.

Ms. Chung will serve as:

- Owner, Dispensary Facility Manager, and HIPAA Compliance Officer

Ms. Bradley will serve as:

- Owner, Dispensary, and Education and Training Director

Releaf anticipates hiring five more employees, namely:

- Dispensary Technicians (2)
- Receptionist
- Security
- Bookkeeper

Michele Chung will have managerial authority. Because Releaf will be a relatively small-scale operation, all employees will answer to Ms. Chung, and, if/when a Staff Dispensary is on duty, to the Staff Dispensary.

Position Descriptions

As Owner, Michele Chung will perform general executive and directorial functions.

Ms. Chung will also serve as Dispensary Facility Manager and HIPAA Compliance Officer, and will have the following responsibilities:

Dispensary Facility Manager:

- Overall operation of the dispensary in compliance with state regulations
- Inventory control and documentation
- Ensuring the security of deliveries
- Overall management of day to day operations
- Hiring and scheduling of staff and other HR responsibilities
- Also all staff dispensary responsibilities listed below

HIPAA Compliance Officer:

- Implementation of HIPAA policies and patient-information security
- Training employees in HIPAA compliance and patient-information security
- Reporting incidents relating to privacy

As Owner, Geri Ann Bradley will perform general executive and directorial functions.

Ms. Bradley will also serve as Dispensary and Education and Training Director, and will have the following responsibilities:

Education and Training Director:

- Physician Outreach and Office Visits
- Presentations, Lectures, Speaking Engagements for all interested organizations, i.e. hospitals, physician groups, employee assistance programs, etc.
- Outreach to National Associations for Qualifying Conditions
- Employee Continuing Education and Training
- Substance Abuse Training

Staff Dispensary:

- Patient counseling
- Selection of strain, proper use, warnings, risks and all other aspects of using medical marijuana
- Proper handling and labeling of products
- Patient's medical history
- Receiving deliveries
- Review Prescription Monitoring Program for every patient

The other employees of Releaf will have the following responsibilities:

Dispensary Technician:

- Inputting patient orders into POS system
- Pulling and labeling of marijuana products
- Record keeping
- Sales to patients

Receptionist:

- Greet and screen patients for entry
- Verify licensing credentials and monthly usage
- Scan patient documents into POS system
- Pass verification to dispensary on duty

Security:

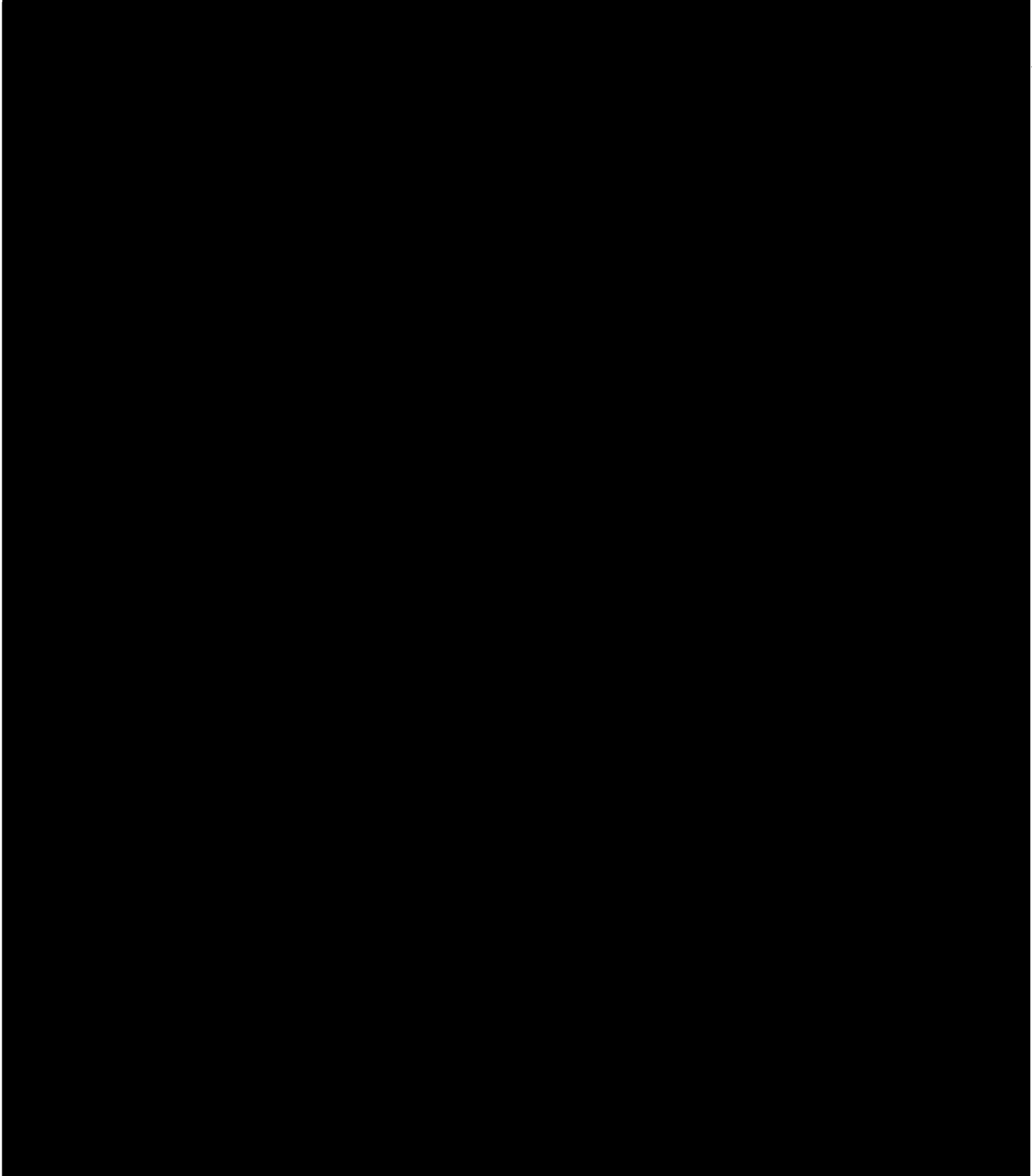
- Protect dispensary facility, staff, and property
- Monitor security monitoring systems and points of entry
- Facilitate incoming deliveries protocol
- Parking enforcement
- Resolve inquiries from law enforcement as well as code enforcement.

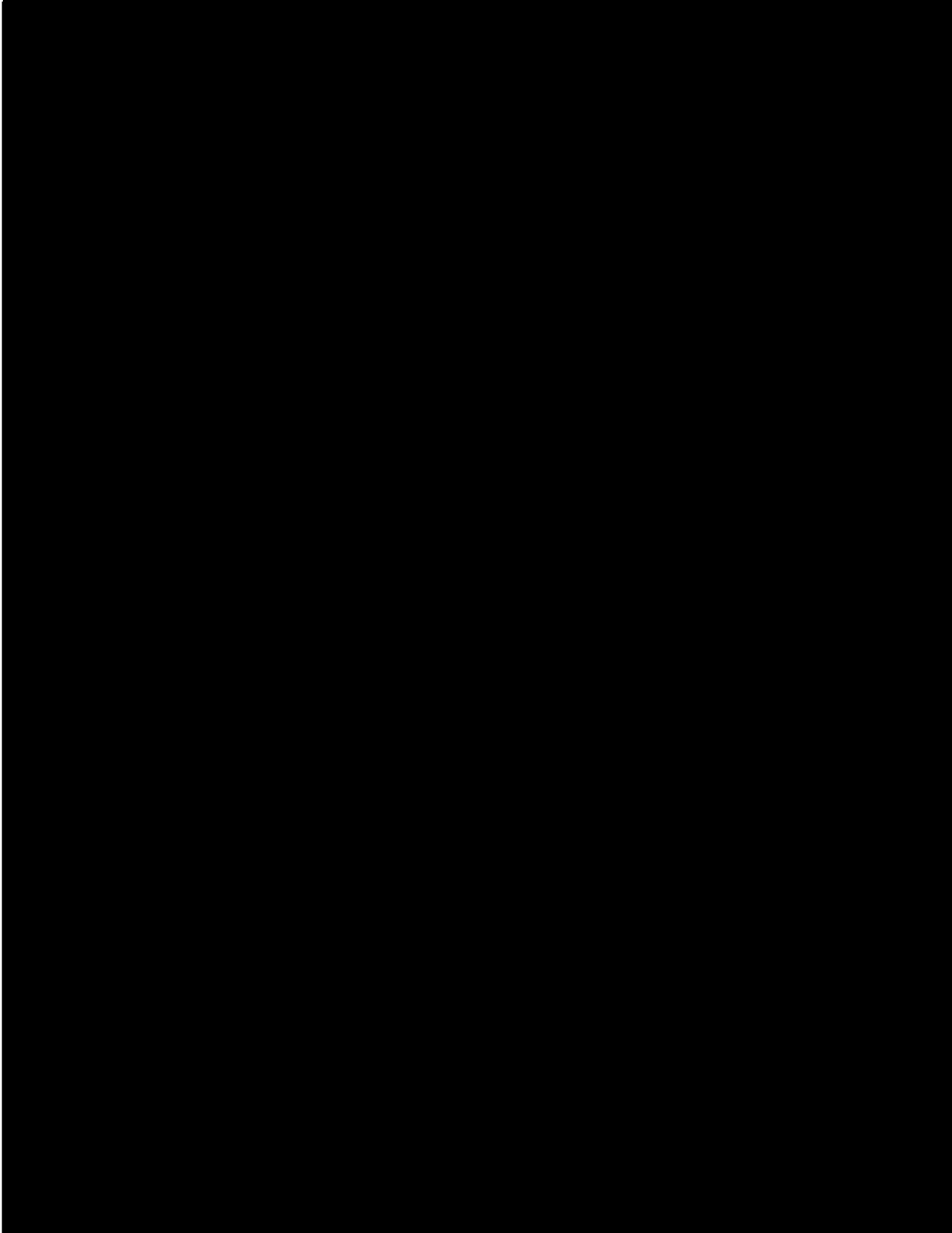
Bookkeeper:

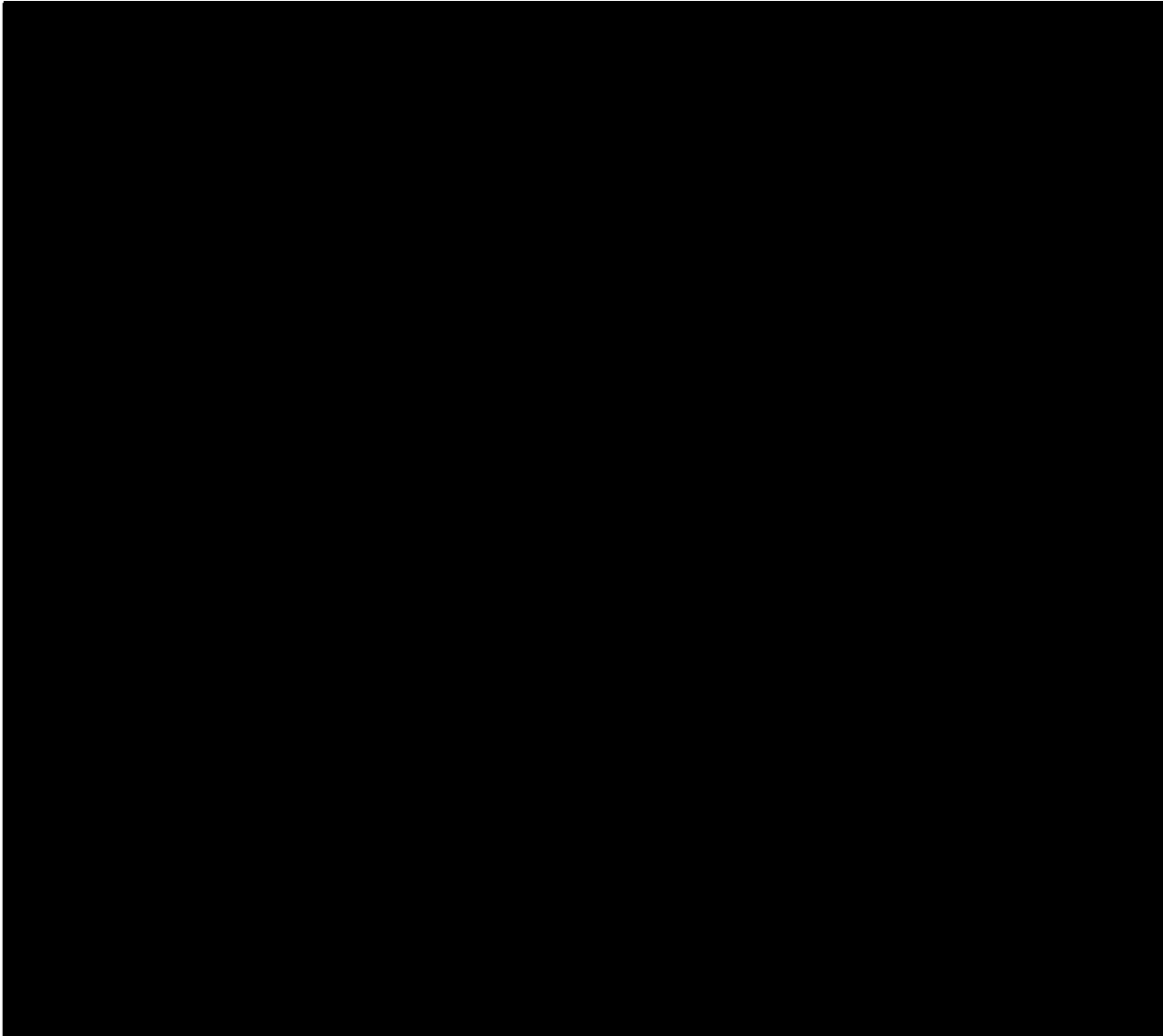
- maintain financial records

Michele L. Chung

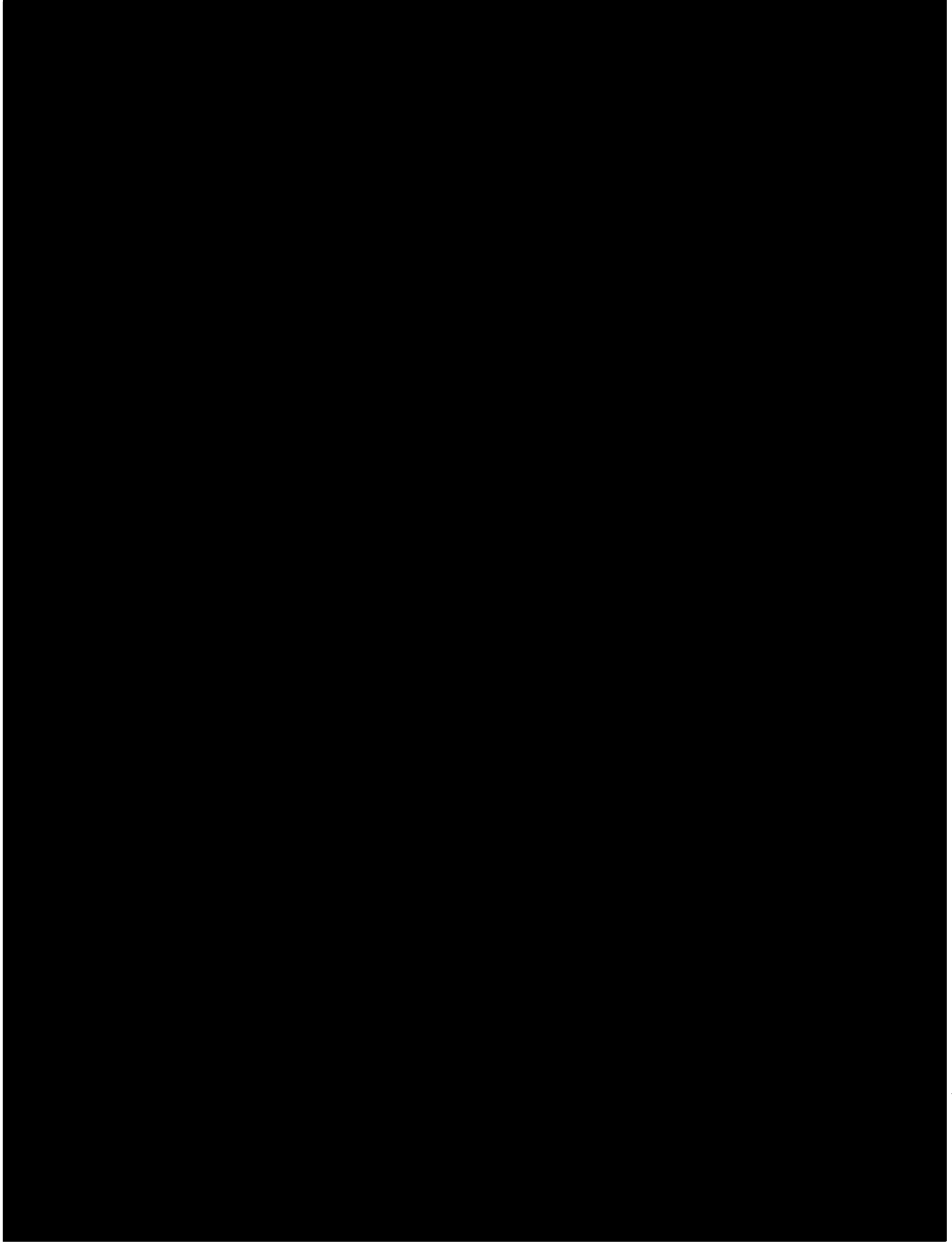
PROFESSIONAL SUMMARY:

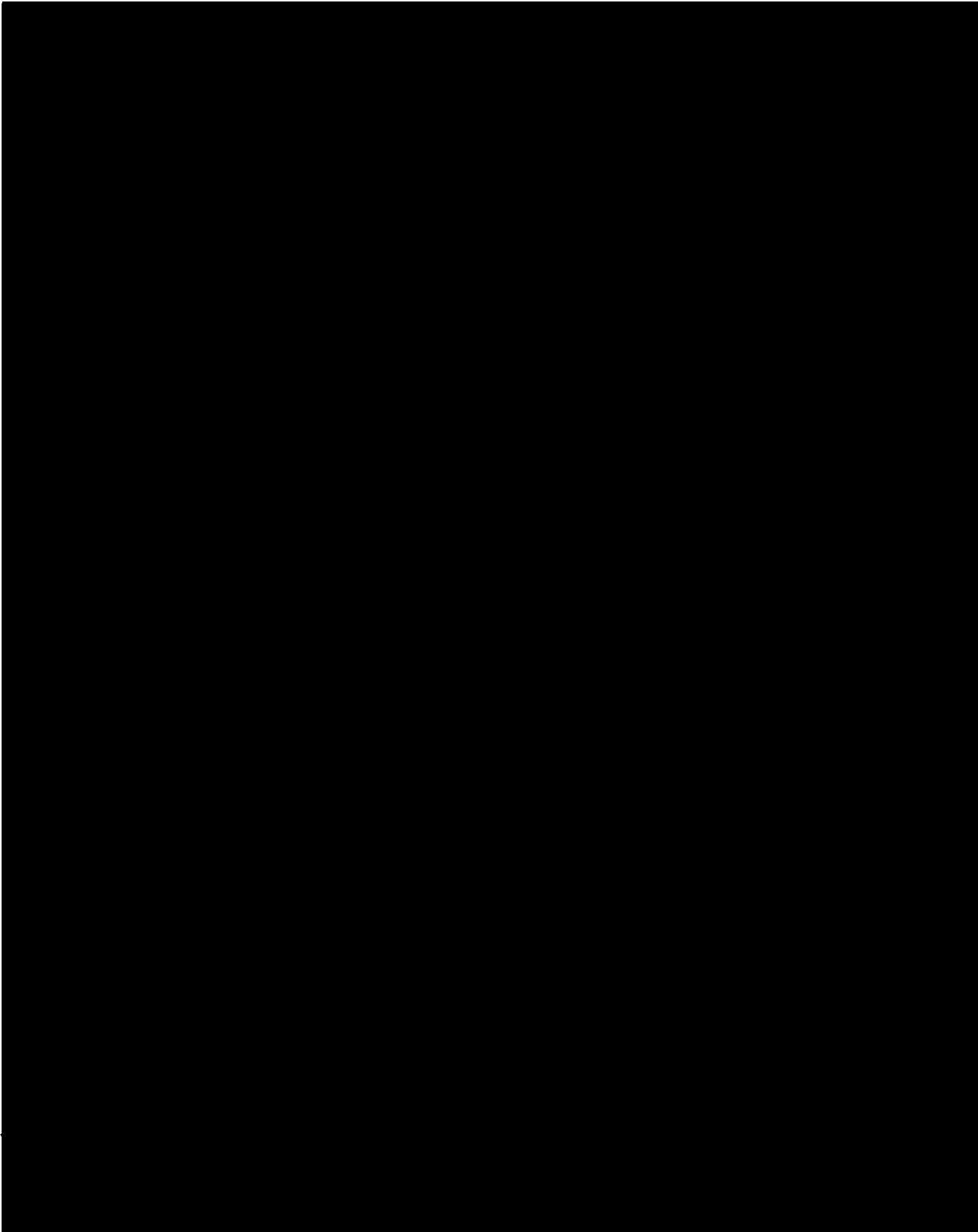






Geri Ann Bradley



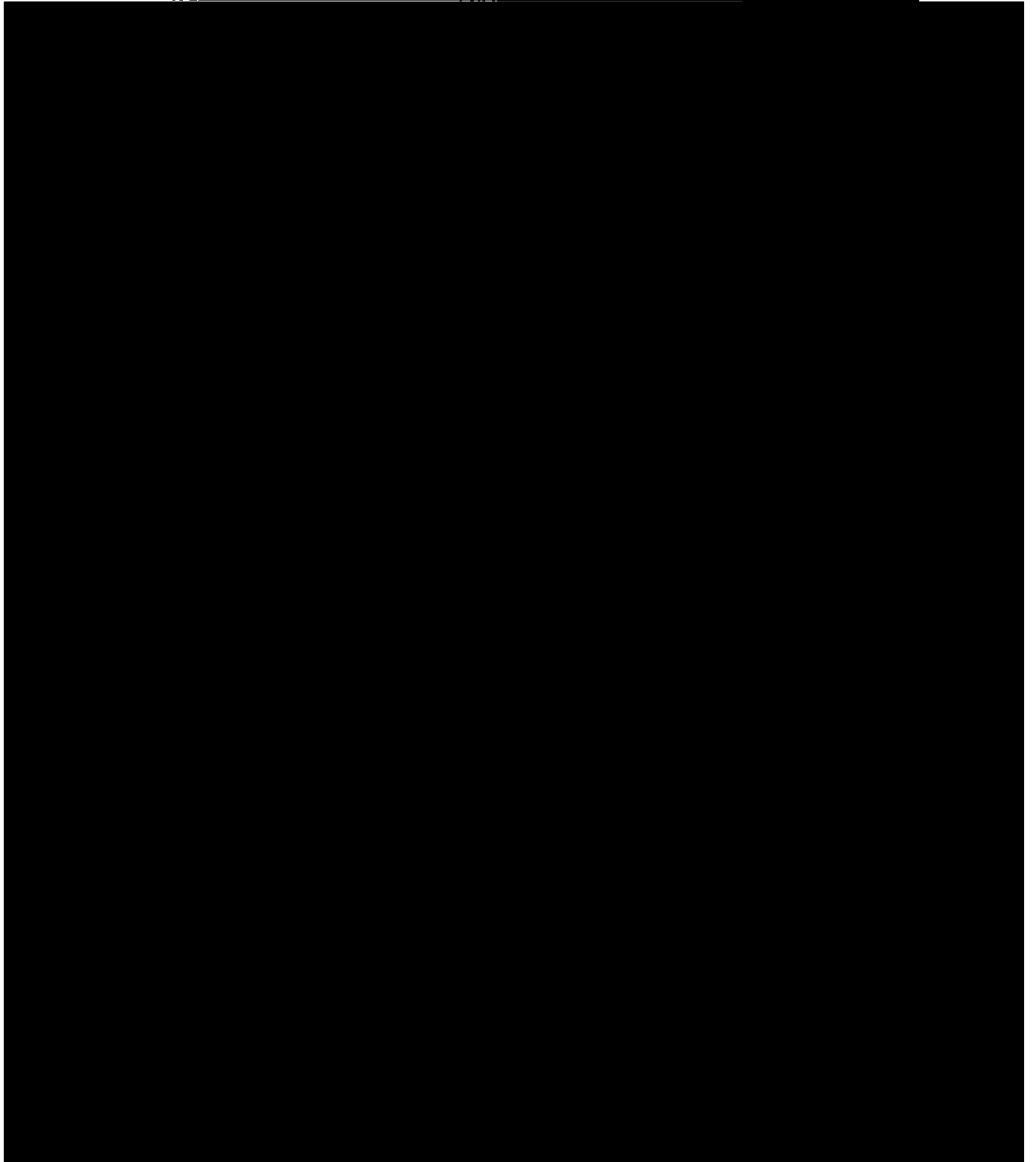


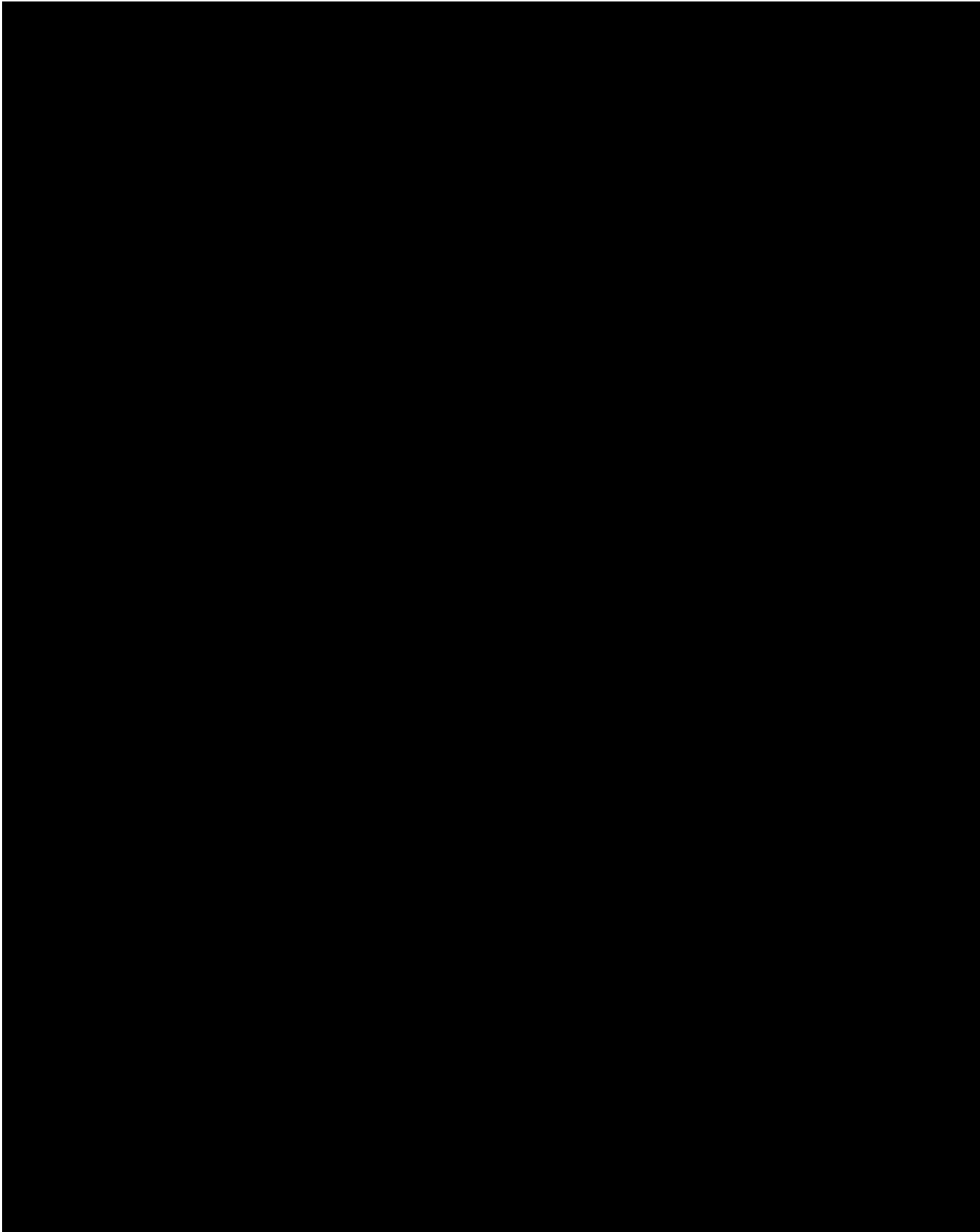
E3. Request: The name, title and a copy of the resume of the person who will be responsible for all information security requirements, including the requirement that patient information remain confidential.

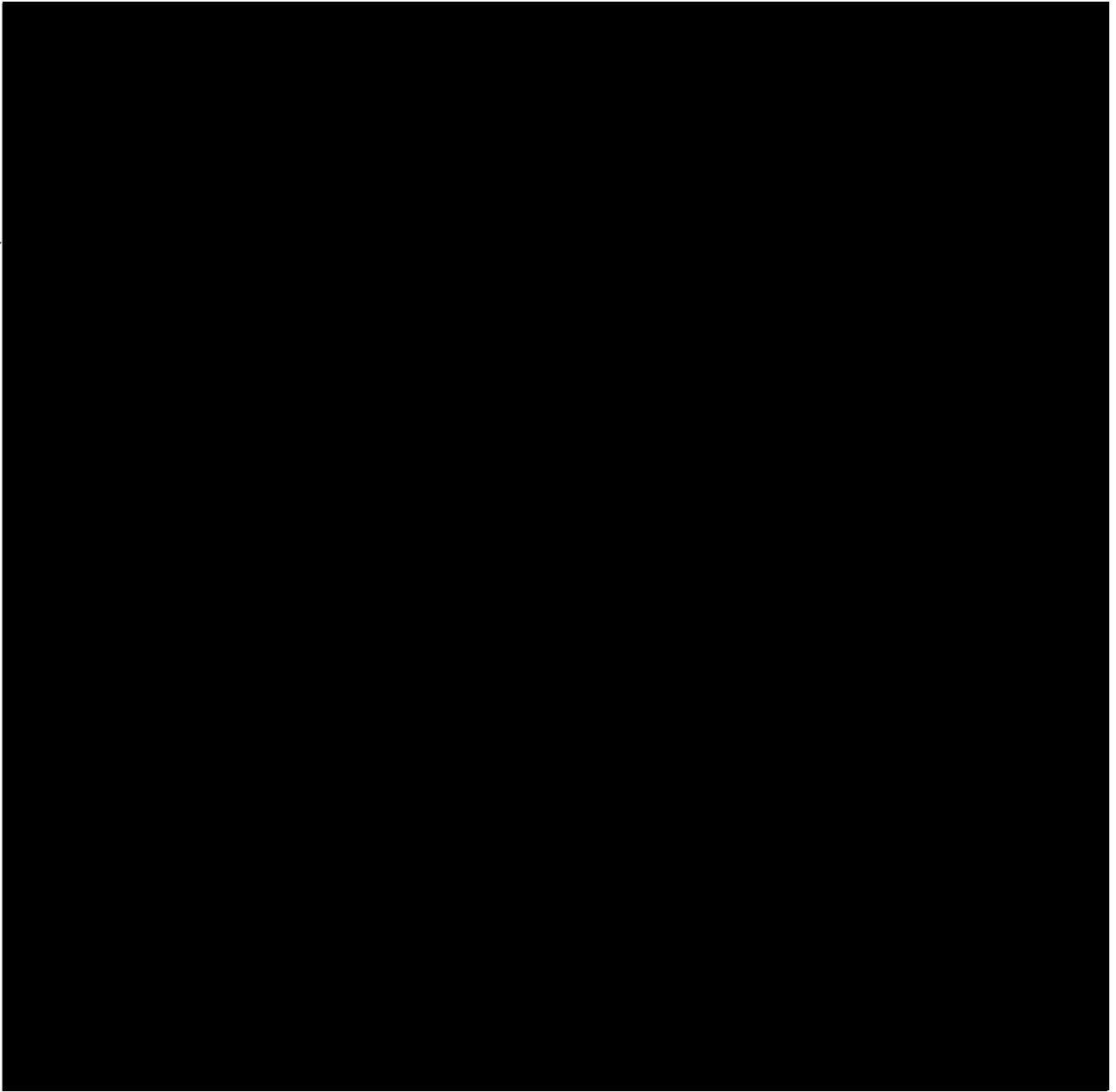
Response: Michele Chung will be responsible for all information security requirements. Ms. Chung will serve as Owner, Dispensary Facility Manager and HIPAA Compliance Officer. Ms. Chung's resume is on the following page.

Michele L. Chung

PROFESSIONAL SUMMARY:



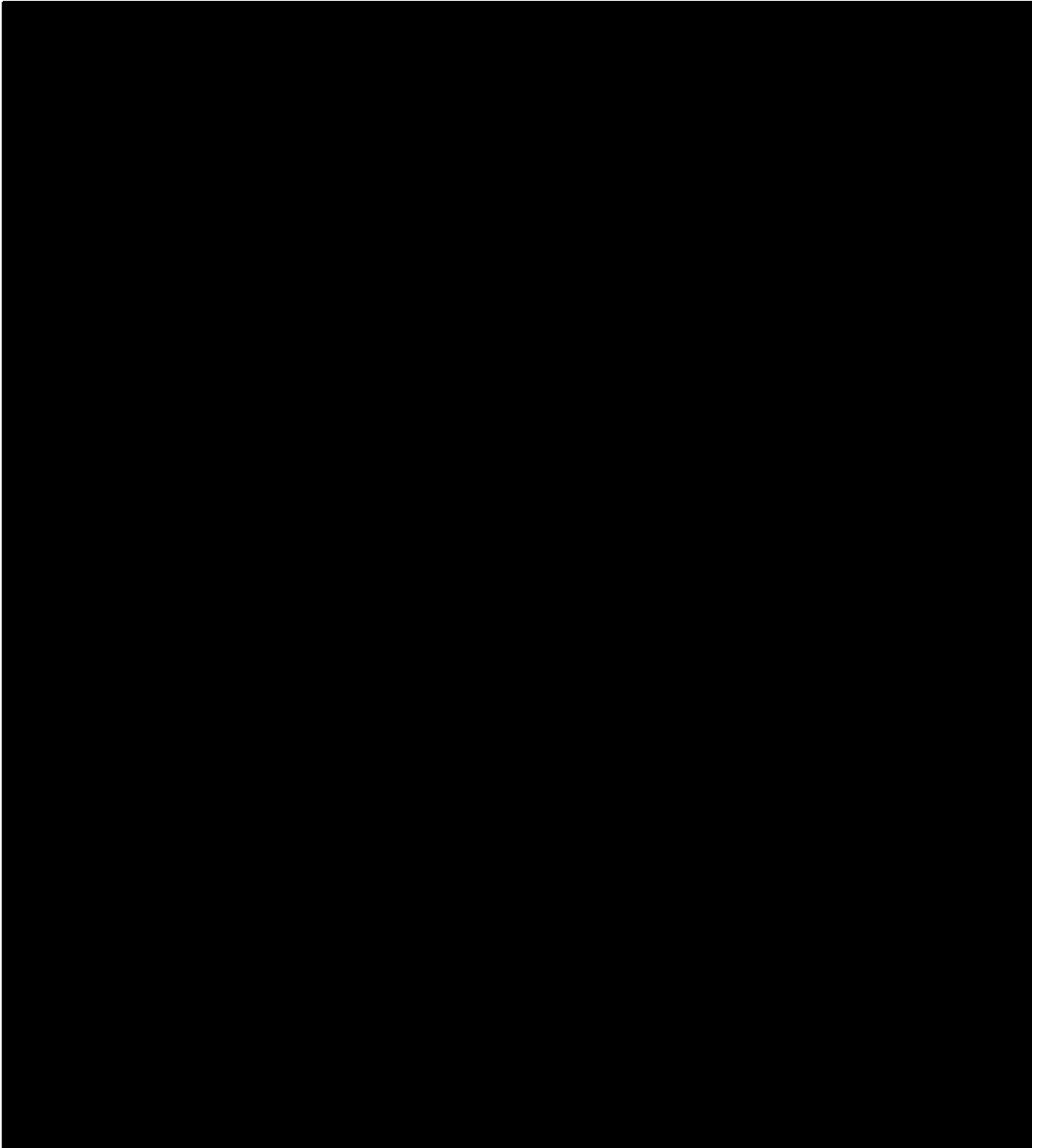


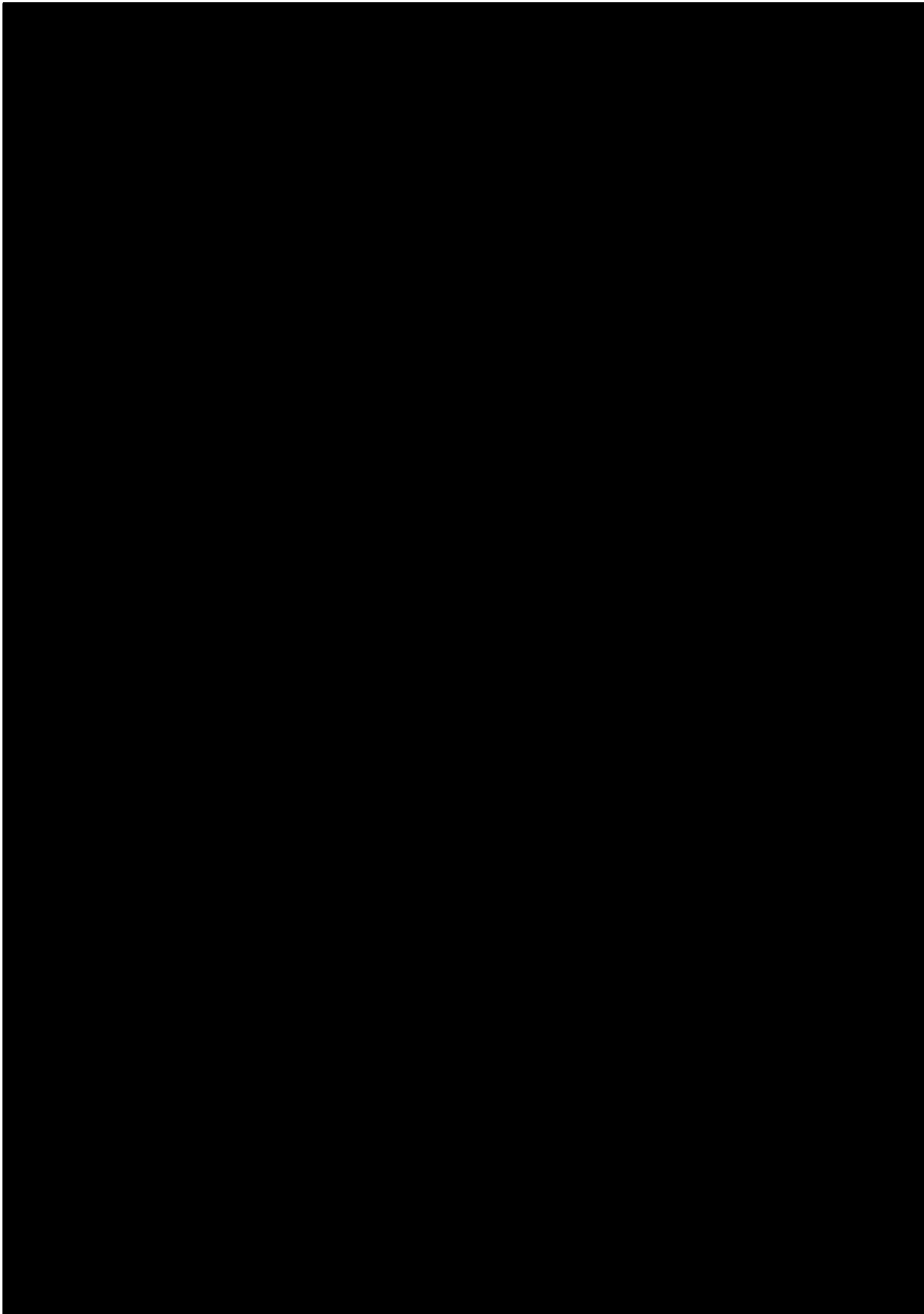


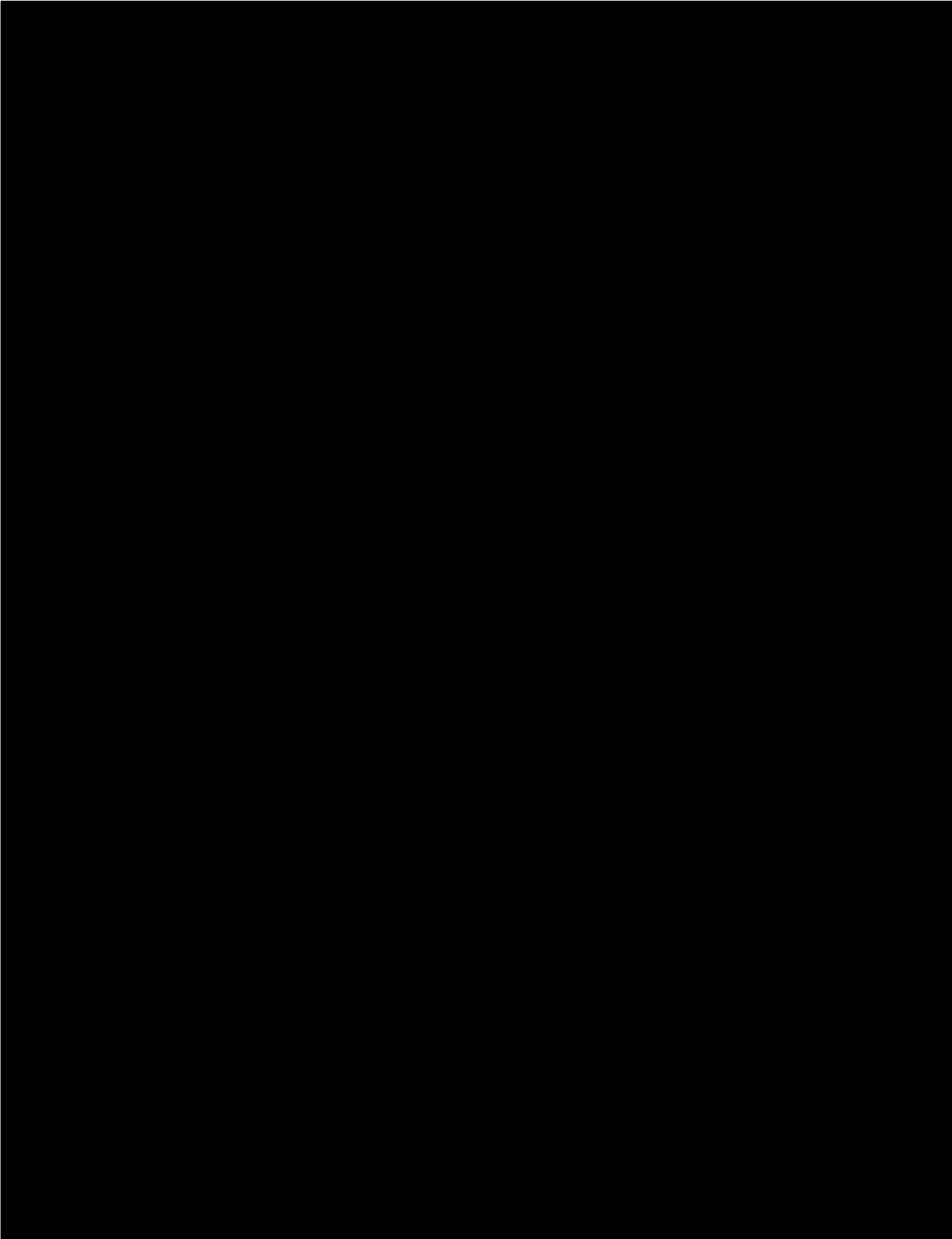
E4. Request: A copy of all compensation agreements with dispensary facility backers, directors, owners, officers, other high-level employees or any other person required to complete Appendices B, C or E. For purposes of this RFA, a compensation agreement includes any agreement that provides, or will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

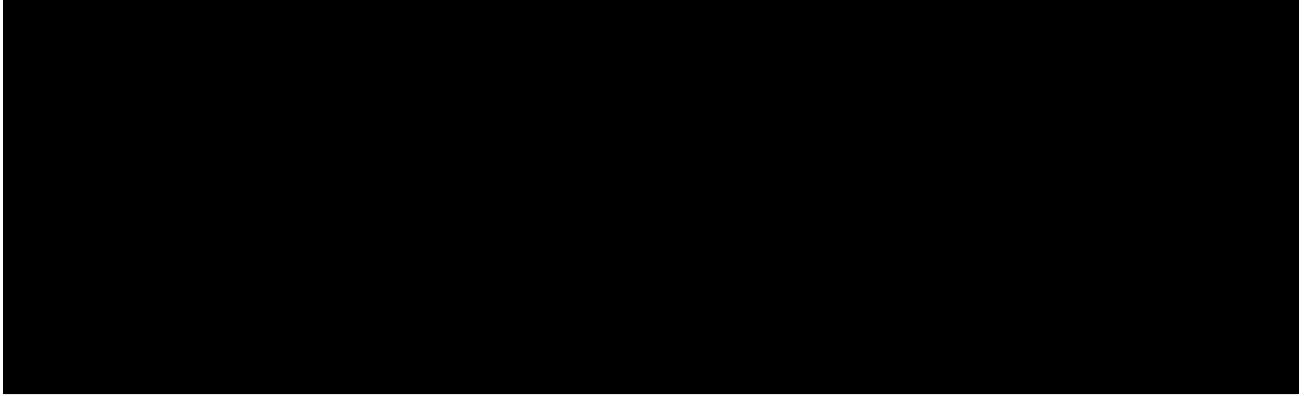
Response: At this time Releaf has not yet identified any employees other than Michele Chung and Geri Ann Bradley. Please see Releaf's Operating Agreement on the following page for membership interest.

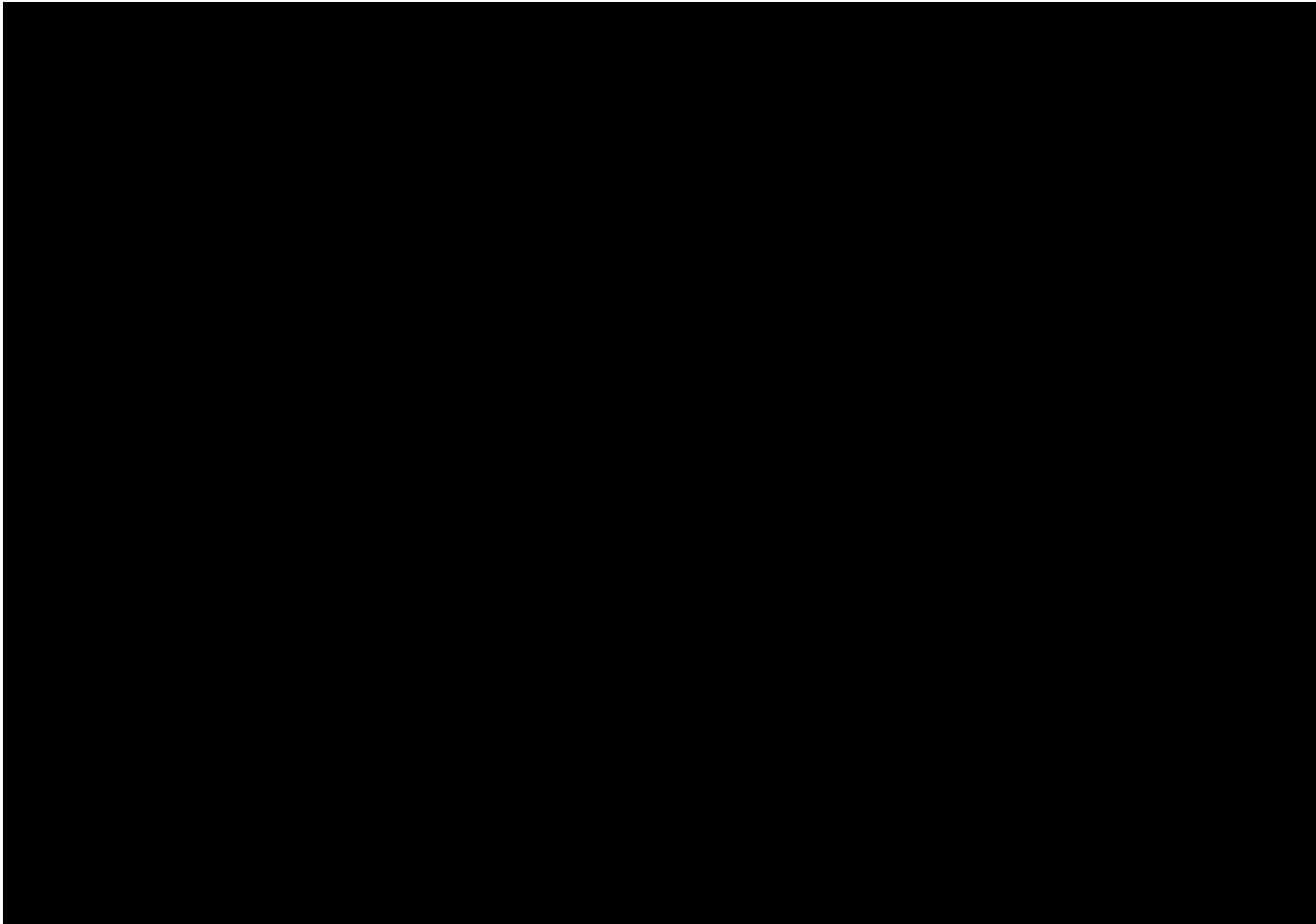
OPERATING AGREEMENT
RELEAF WELLNESS CENTER, LLC



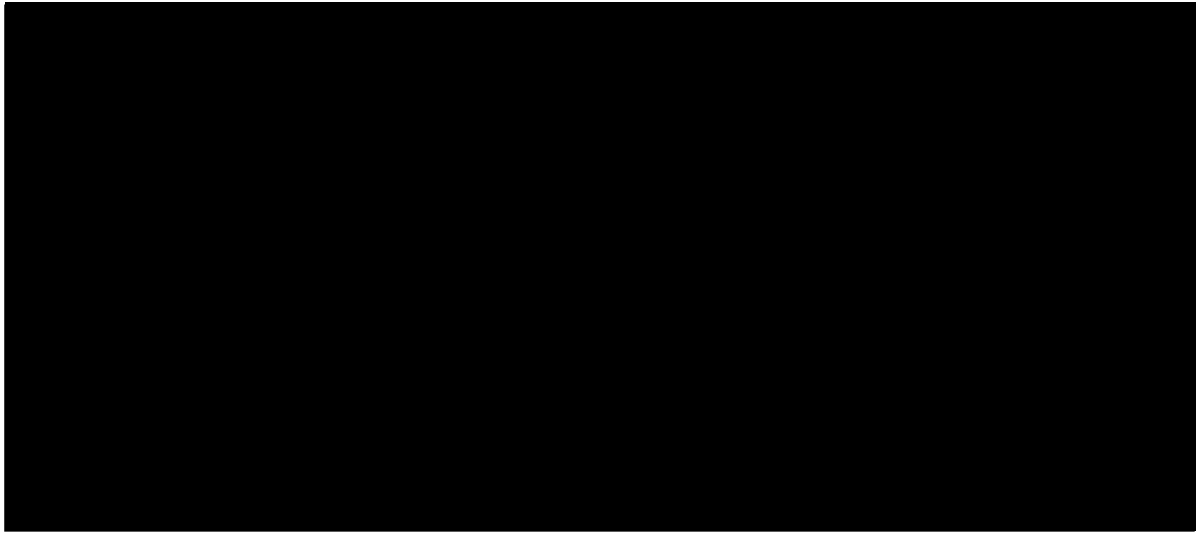








Schedule A



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

Response: Releaf has not received loans or entered into similar arrangements. Releaf will be funded by capital investments made by Michele Chung and Geri Ann Bradley, the company's 100% owners. On the following pages please find documents showing:

- Releaf's financial bank statement

And some of Ms. Bradley's liquid assets, namely:

- Ms. Bradley's most recent personal public-equities account statement



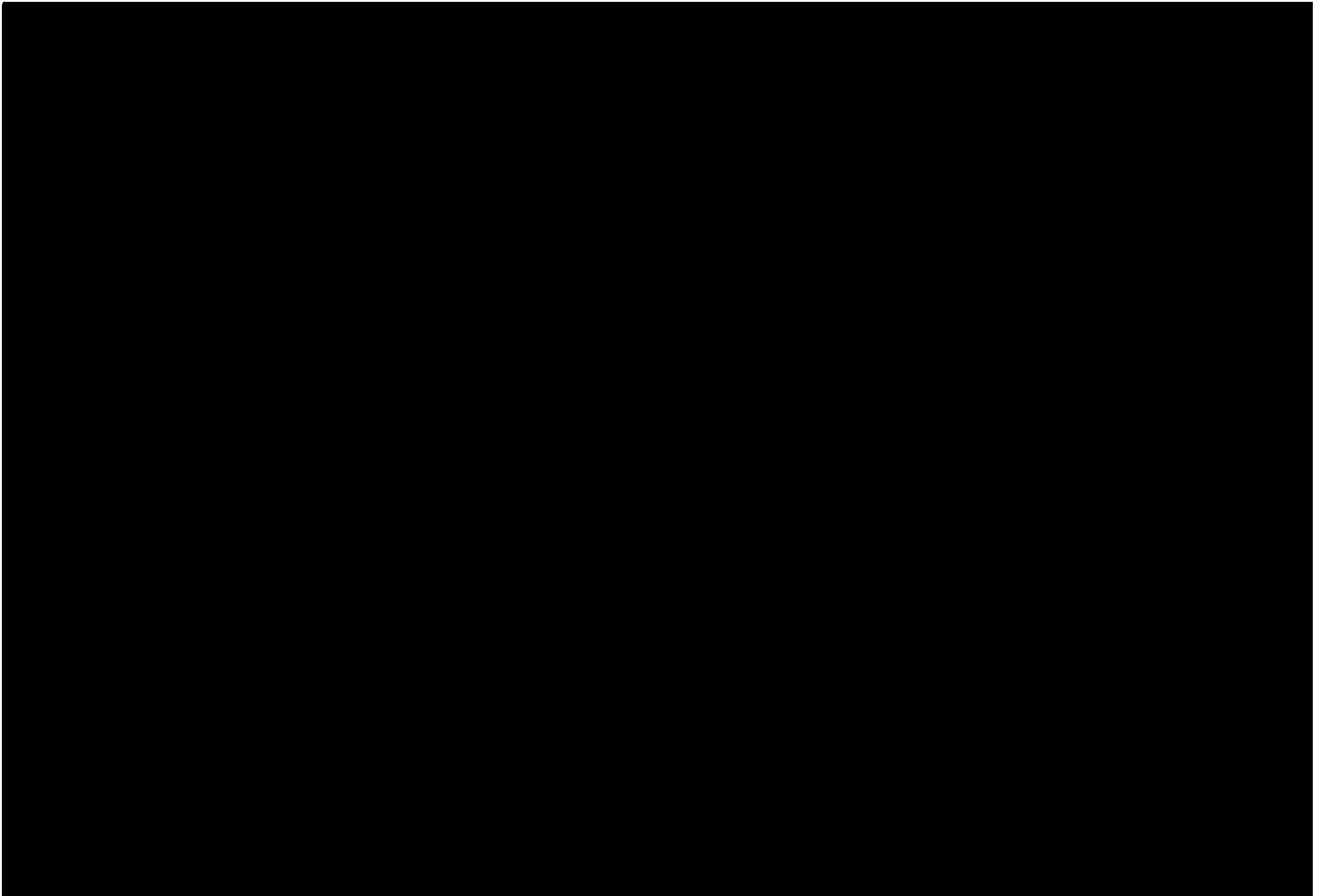
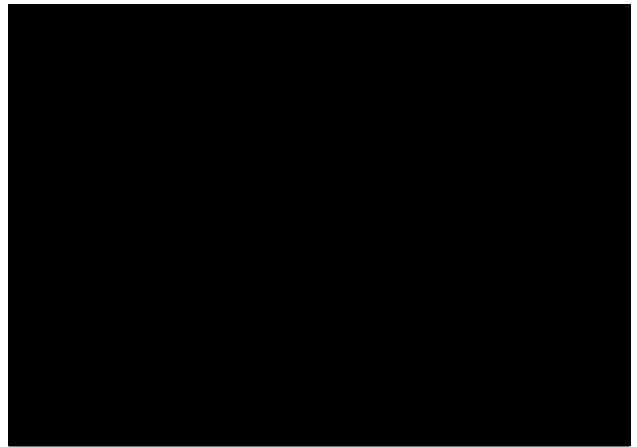
FARMINGTON BANK

One Farm Glen Boulevard
Farmington, CT 06032

Customer Service
Local 860-676-4600
Toll-free 877-376-2265
farmingtonbankct.com

007256

RELEAF WELLNESS CENTER LLC
41 CROSSROADS PLAZA SUIT #208
W HARTFORD CT 06117



Are You Ready to Accept Chip Cards?

Credit and debit card chip technology will help reduce fraud.

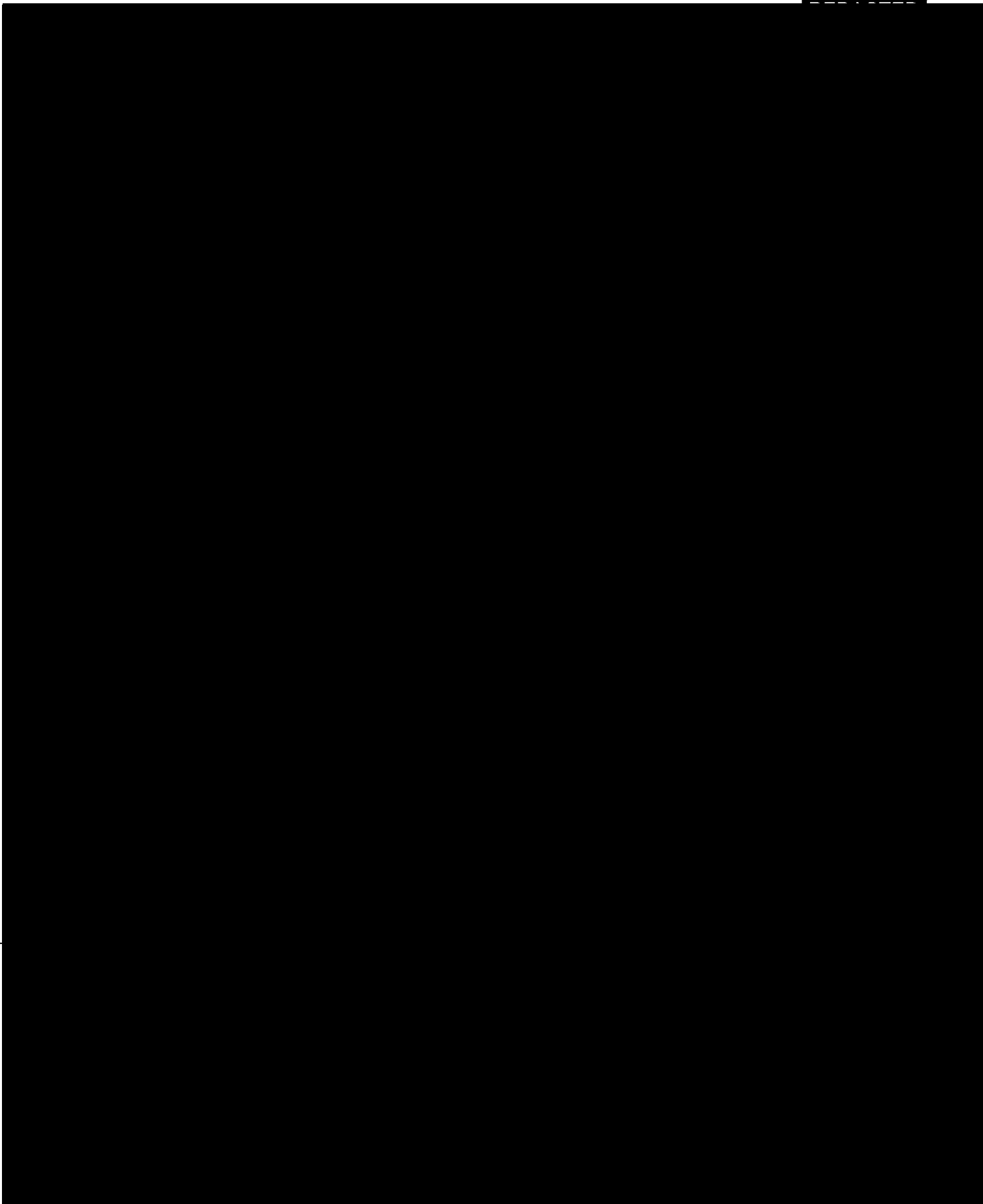
As a merchant, it's important to upgrade your Point-of-Sale equipment by October 1, 2015 to avoid potential liability for fraudulent transactions involving "card-present" fraud.

A complete selection of Payment Card Industry (PCI) compliant terminals and equipment are available.* Visit your local Farmington Bank branch or contact a small business specialist at toll-free 877-376-2265.

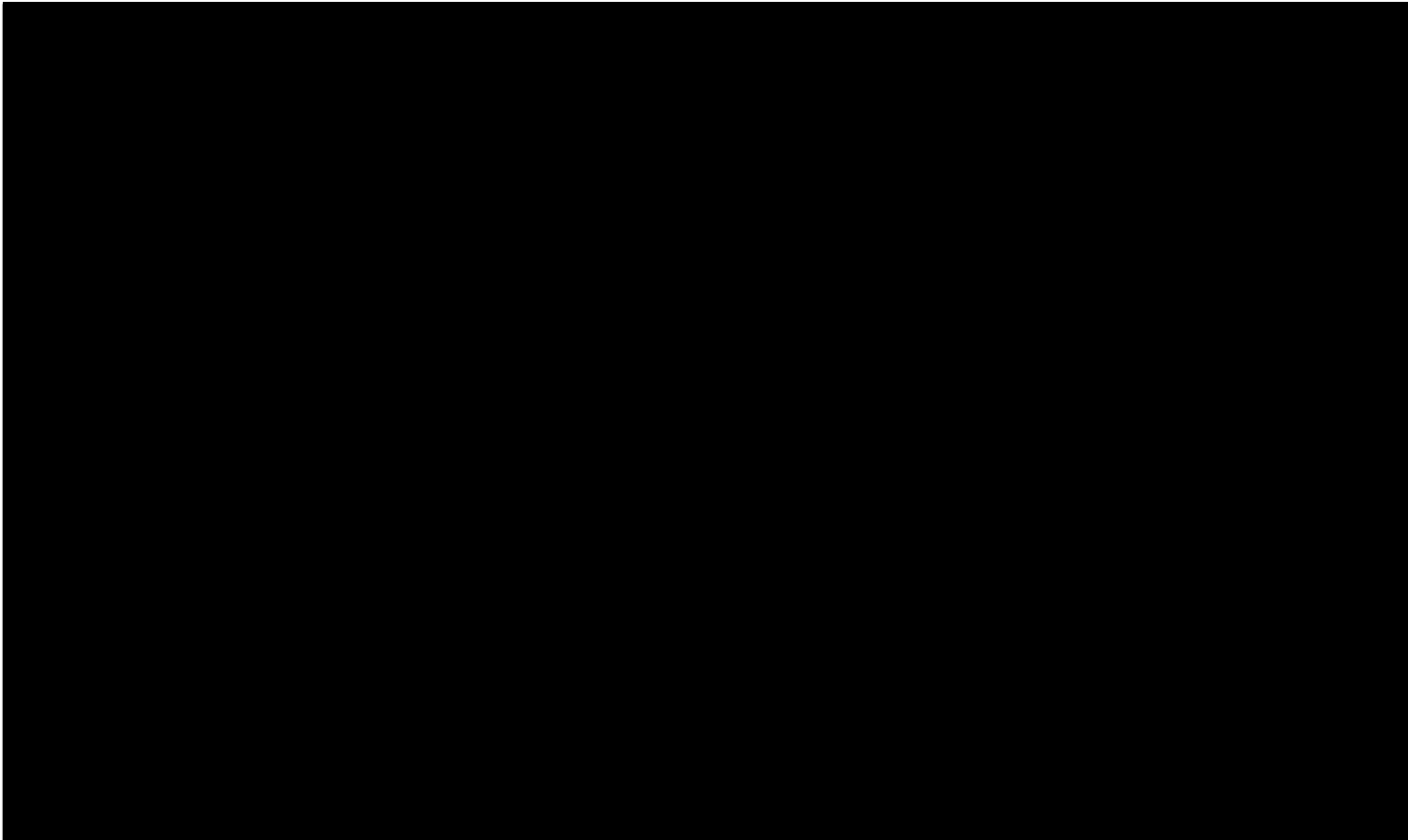
* Merchant services offered through Capital Bankcard. Application and credit approval required.



023Y6A BK 154EM0001 M03B
CONFIDENTIAL - FOIA-EXEMPT



Account Number: [REDACTED]
Statement Date: Aug 07, 2015 thru Aug 31, 2015



Free Personal Checking

No fees or minimum balance requirement with Better Than Free Checking.¹

FREE: Mobile App with Mobile Deposit, Debit Card, eStatements and Online Banking & Bill Pay

(1) No minimum balance requirement or monthly service fee to open or maintain your account. No maintenance or activity fees. Future check printing charges apply and vary depending on style and quantity ordered. Member FDIC.

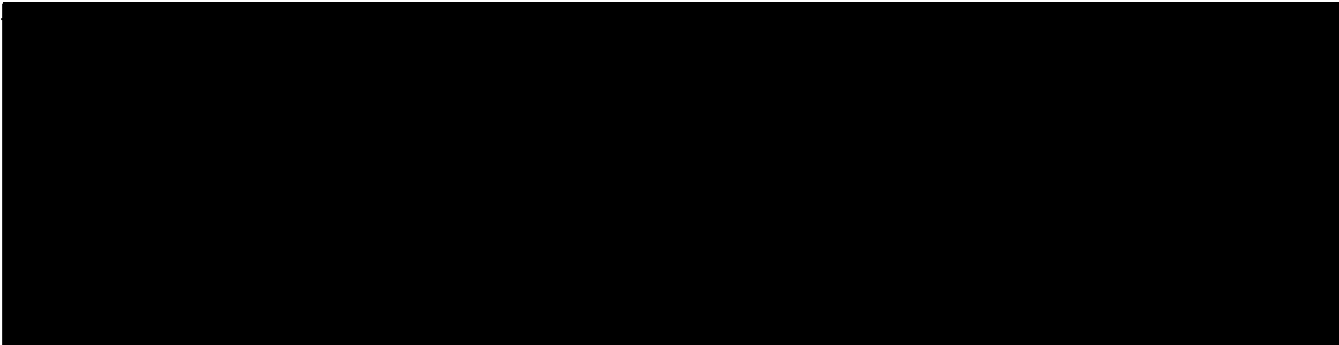


FARMINGTON BANK

September 4, 2015

Michele Chung
Releaf Wellness Center LLC
41 Crossroads Plaza Suite #208
West Hartford, CT 06117-2402

Dear Ms. Chung,

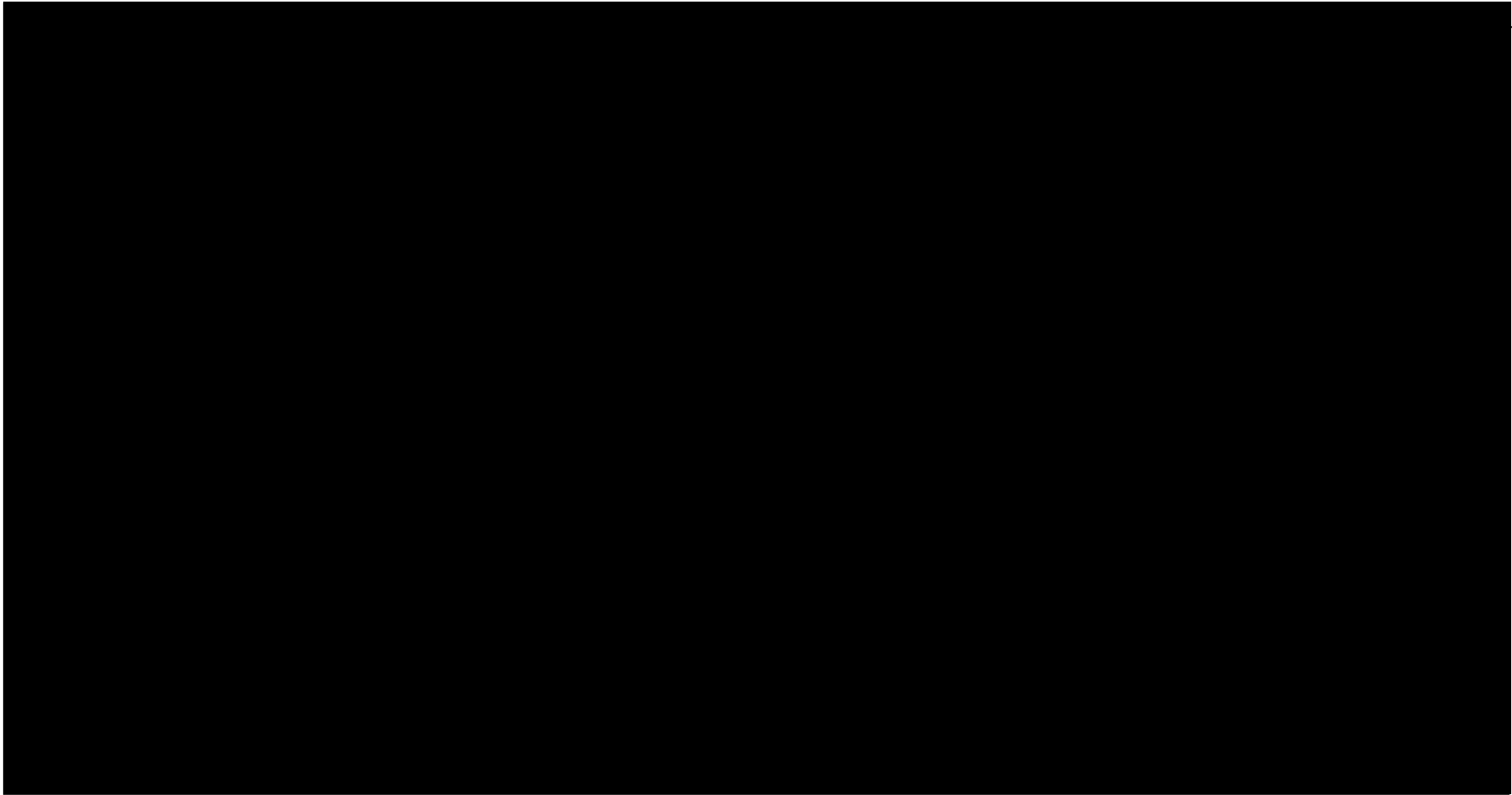


Thank you for banking at Farmington Bank!

Sincerely,

A handwritten signature in cursive script that reads "Robert Bruzas".

Robert Bruzas
Personal Banker I
West Hartford Office

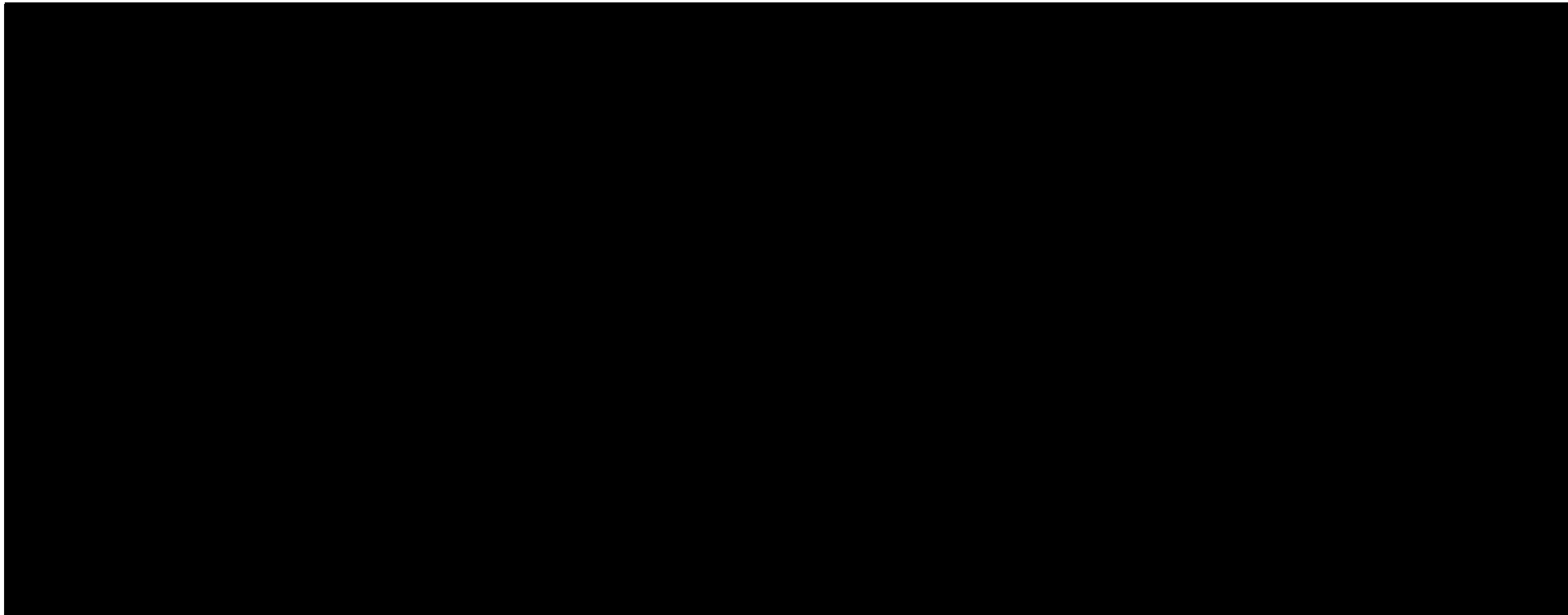


Client Service Center (24 Hours a Day; 7 Days a Week): 800-869-3326

Access Your Accounts Online: www.morganstanley.com/online

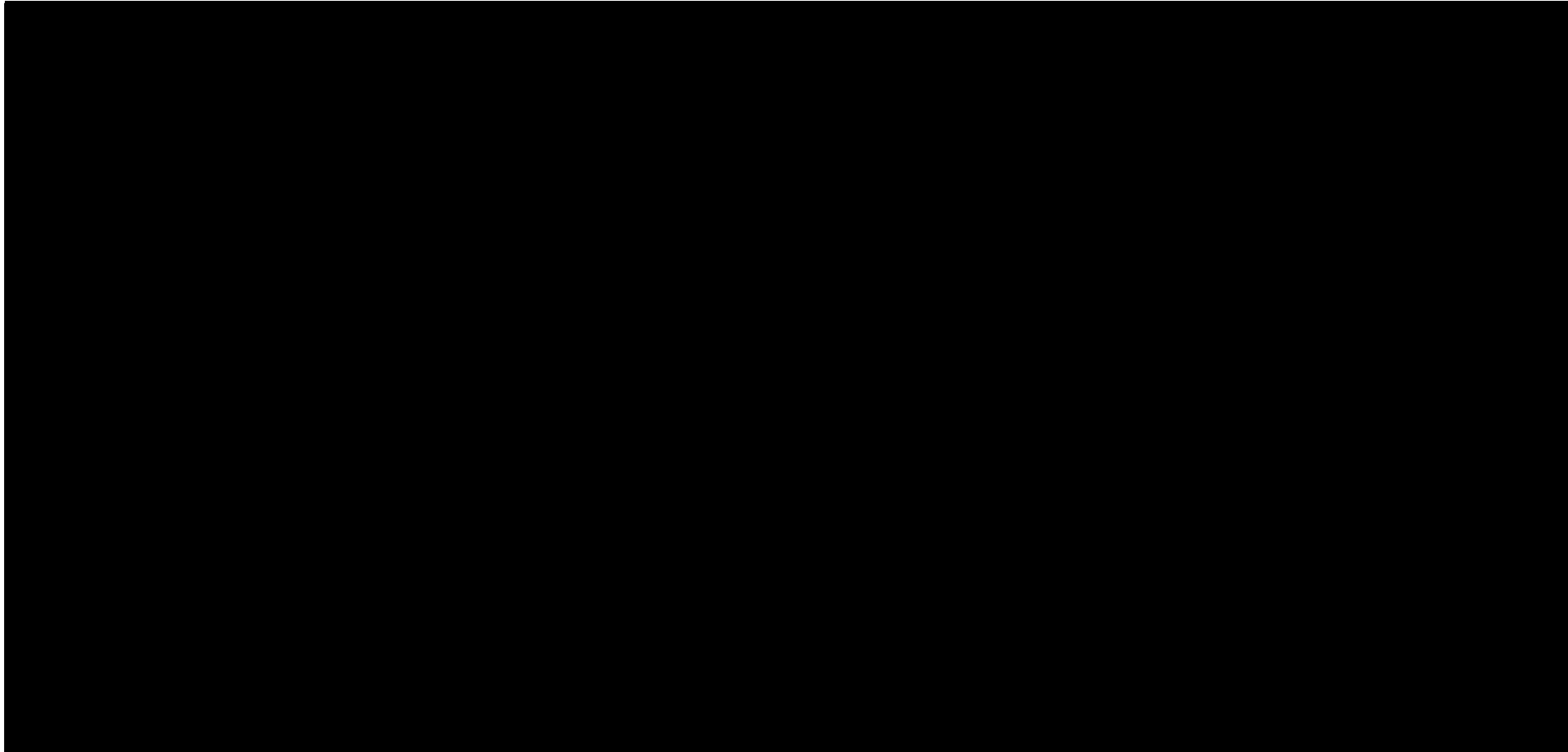
REDACTED

Consolidated Summary



This summary may include assets held in either brokerage and/or advisory accounts. Visit <http://www.morganstanley.com/ourcommitment> to understand the differences between brokerage and advisory accounts. Refer to individual Account Gain/(Loss) Summary and Expanded Disclosures for additional information. Accounts with no balances, holdings or activity year-to-date are not displayed on this page. eDel: This account is enrolled in eDelivery.

Consolidated Summary

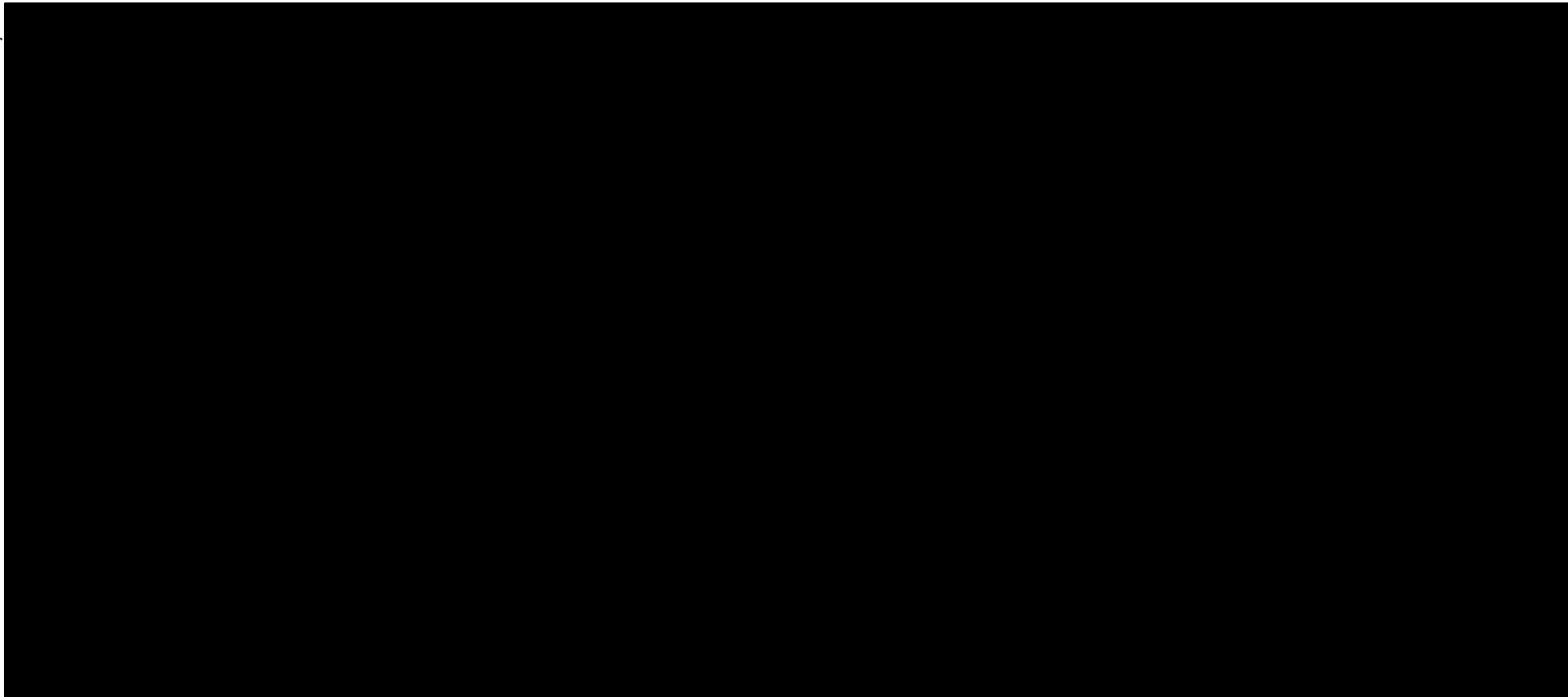


*This allocation represents holdings on a trade date basis, and projected settled Cash/ BDP and MMF balances. These classifications are not intended to serve as a suitability analysis. * FDIC rules apply and Bank Deposits are eligible for FDIC insurance but are not covered by SIPC. Cash and securities (including MMFs) are eligible for SIPC coverage. See Expanded Disclosures.*

CONSOLIDATED SUMMARY	PERSONAL ACCOUNTS	RETIREMENT ACCOUNTS	EDUCATION ACCOUNTS	TRUST ACCOUNTS	BUSINESS ACCOUNTS
-----------------------------	-------------------	---------------------	--------------------	----------------	-------------------

CONFIDENTIAL

Consolidated Summary



Standard Disclosures

The following Disclosures are applicable to the enclosed statement(s). Expanded Disclosures are attached to your most recent June and December statement (or your first Statement if you have not received a statement for those months). The Expanded Disclosures are also available by selecting Account Documents when you log on to www.morganstanley.com/online or, call 800-869-3326.

Questions?

Questions regarding your account may be directed to your Financial Advisor or the Branch Manager for the branch office where you maintain your account. If you require further assistance, call Client Service Center at (800) 869-3326 or for account-related concerns call our Client Advocate at (866) 227-2256.

Errors and Inquiries

It is your responsibility to review your statement promptly and to seek immediate clarification about entries that you do not understand or believe were made in error by contacting the Branch Manager of the office where you maintain your account. Oral communications regarding any inaccuracy or discrepancy in this statement should be re-confirmed in writing to further protect your rights, including rights under the Securities Investor Protection Act (SIPA). Your statement will be deemed correct unless we receive a written inquiry of a suspected error. See your account documentation for special rules regarding your rights and responsibilities with respect to erroneous electronic fund transfers, including a description of the transfers covered.

Availability of Free Credit Balances and Financial Statements

Under the customer protection rules of the SEC [17 CFR §240.15c3-3], we may use funds comprising free credit balances carried for customer accounts here, provided that these funds are payable to customers on demand (i.e., are free of a lien or right of set-off in our favor or on behalf of some third party to whom you have given control). A financial statement of this organization is available for your personal inspection at its offices, or a copy will be mailed to you upon your written request.

Listed Options

Information with respect to commissions and other charges related to the execution of options transactions has been included in confirmations of such transactions previously furnished to you and such information will be made available to you promptly at your request. Promptly advise us of any material change in your investment objectives or financial situation.

Important Information if you are a Margin Customer (not available for certain retirement accounts)

If you have margin privileges, you may borrow money from us in exchange for pledging assets in your accounts as collateral for any outstanding margin loan. The amount you may borrow is based on the

value of the eligible securities in your margin accounts. If a security has eligible shares, the number of shares pledged as collateral will be indicated below the position.

Margin Interest Charges

We calculate interest charges on margin loans as follows: (1) multiply the applicable margin interest rate by the daily close of business net settled debit balance, and (2) divide by 360 (days). Margin interest accrues daily throughout the month and is added to your debit balance at month-end. The month-end interest charge is the sum of the daily accrued interest calculations for the month. We add the accrued interest to your debit balance and start a new calculation each time the applicable interest rate changes and at the close of every statement month. For current margin loan interest rates, go to www.morganstanley.com/online/MIRates.

Information regarding Special Memorandum Account

If you have a Margin Account, this is a combined statement of your Margin Account and Special Memorandum Account maintained for you under Section 220.5 of Regulation T issued by the Board of Governors of the Federal Reserve System. The permanent record of the Special Memorandum Account as required by Regulation T is available for your inspection at your request.

Important Information About Auction Rate Securities

Due to market conditions, certain Auction Rate Securities experience no or limited liquidity. Therefore, the price(s) for any Auction Rate Securities shown on this statement may not reflect the price(s) you would receive upon a sale at auction or in a secondary market transaction, and are not an indication of any offer to purchase at such price.

Structured Products

Structured Products are complex products and may be subject to special risks. Investors should consider the concentration risk of owning the related security and their total exposure to any underlying asset. Structured Products may not perform in a manner consistent with the statement product category in which they appear and therefore may not satisfy portfolio asset allocation needs for that category.

Security Measures

This statement features several embedded security elements to safeguard its authenticity. One is a unique security mark—a blue rectangle printed in heat-sensitive ink on the back of every page. When exposed to warmth, the blue rectangle will disappear, and then reappear.

SIPC Protection

We are a member of Securities Investor Protection Corporation (SIPC), which protects securities of its customers up to \$500,000 (including \$250,000 for claims for cash). An explanatory brochure is available

upon request or at www.sipc.org. Losses due to market fluctuation are not protected by SIPC and assets not held with us may not be covered by SIPC protection. To obtain information about SIPC, including an explanatory SIPC brochure, contact SIPC at 1-202-371-8300 or visit www.sipc.org.

Transaction Dates and Conditions

Upon written request, we will furnish the date and time of a transaction and the name of the other party to a transaction. We and/or our affiliates may accept benefits that constitute payment for order flow. Details regarding these benefits and the source and amount of any other remuneration received or to be received by us in connection with any transaction will be furnished upon written request.

Equity Research Ratings Definitions and Global Investment Manager Analysis Status

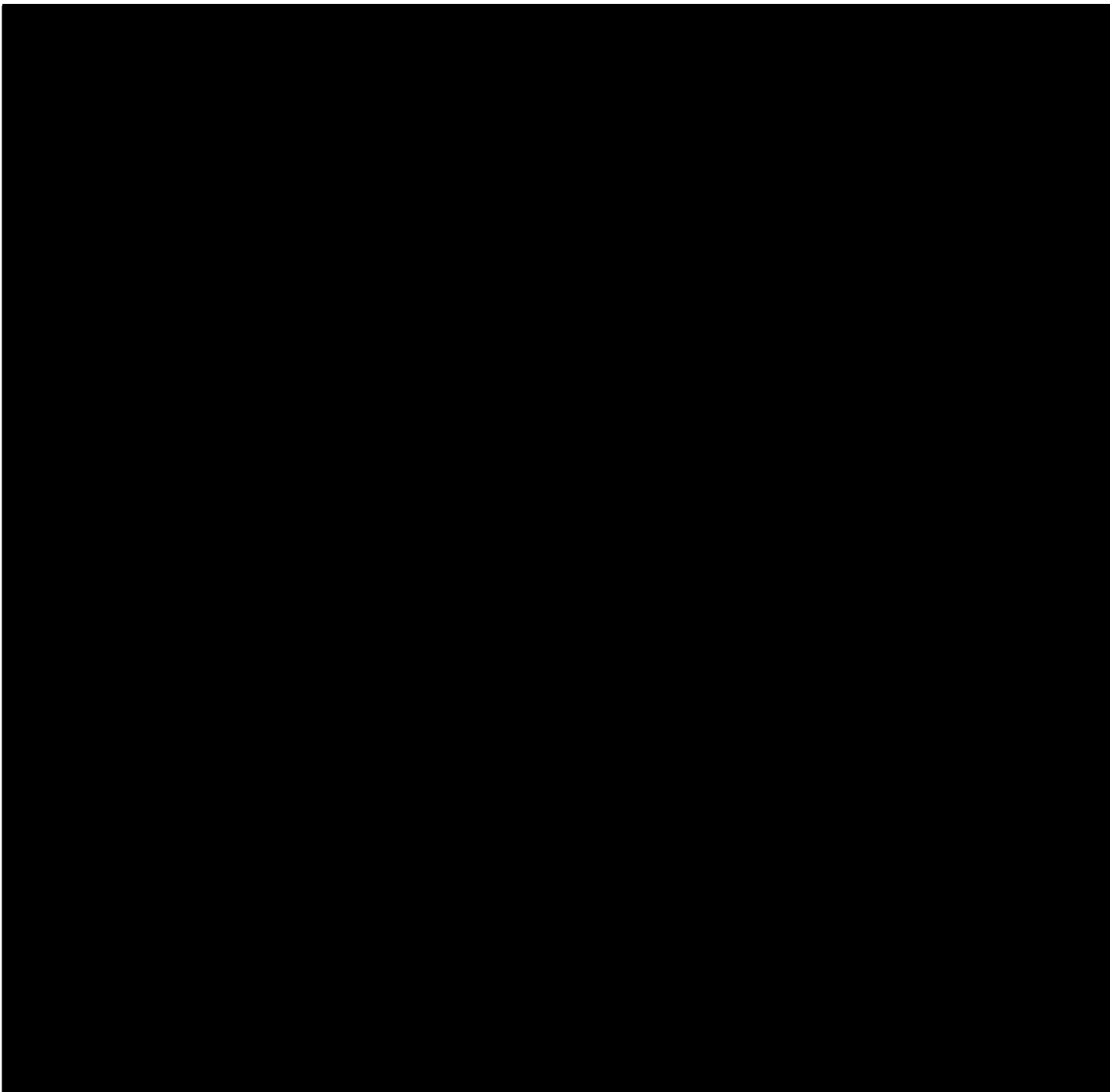
Some equity securities may have research ratings from Morgan Stanley & Co. LLC or Standard & Poor's. Research ratings are the research providers' opinions and not representations or guarantees of performance. For more information about each research provider's rating system, see the Research Ratings on your most recent June or December statement (or your first statement if you have not received a statement for those months), go to www.morganstanley.com/online or refer to the research provider's research report. Research reports contain more complete information concerning the analyst's views and you should read the entire research report and not infer its contents from the rating alone. If your account contains an advisory component or is an advisory account, a GIMA status will apply.

Credit Ratings from Moody's Investors Service and Standard & Poor's
The credit rating from Moody's Investors Service and Standard & Poor's may be shown for certain securities. All credit ratings represent the opinions of the provider and are not representations or guarantees of performance. Your Financial Advisor will be pleased to provide you with further information or assistance in interpreting these credit ratings.

Revised 01/2015

- E6. Request: Provide audited financial statements for the previous fiscal year, which shall include, but not be limited to, an income statement, balance sheet, statement of retained earnings or owners' equity, statement of cash flows, and all notes to such statements and related financial schedules, prepared in accordance with generally accepted accounting principles, along with the accompanying independent auditor's report. If the applicant was formed within the year preceding this application, provide certified financial statements for the period of time the applicant has been in existence.

Response: On the following page please find a letter from a certified public accountant regarding Releaf's recent incorporation.



E7. Request: Provide any pro forma financials used for business planning purposes.

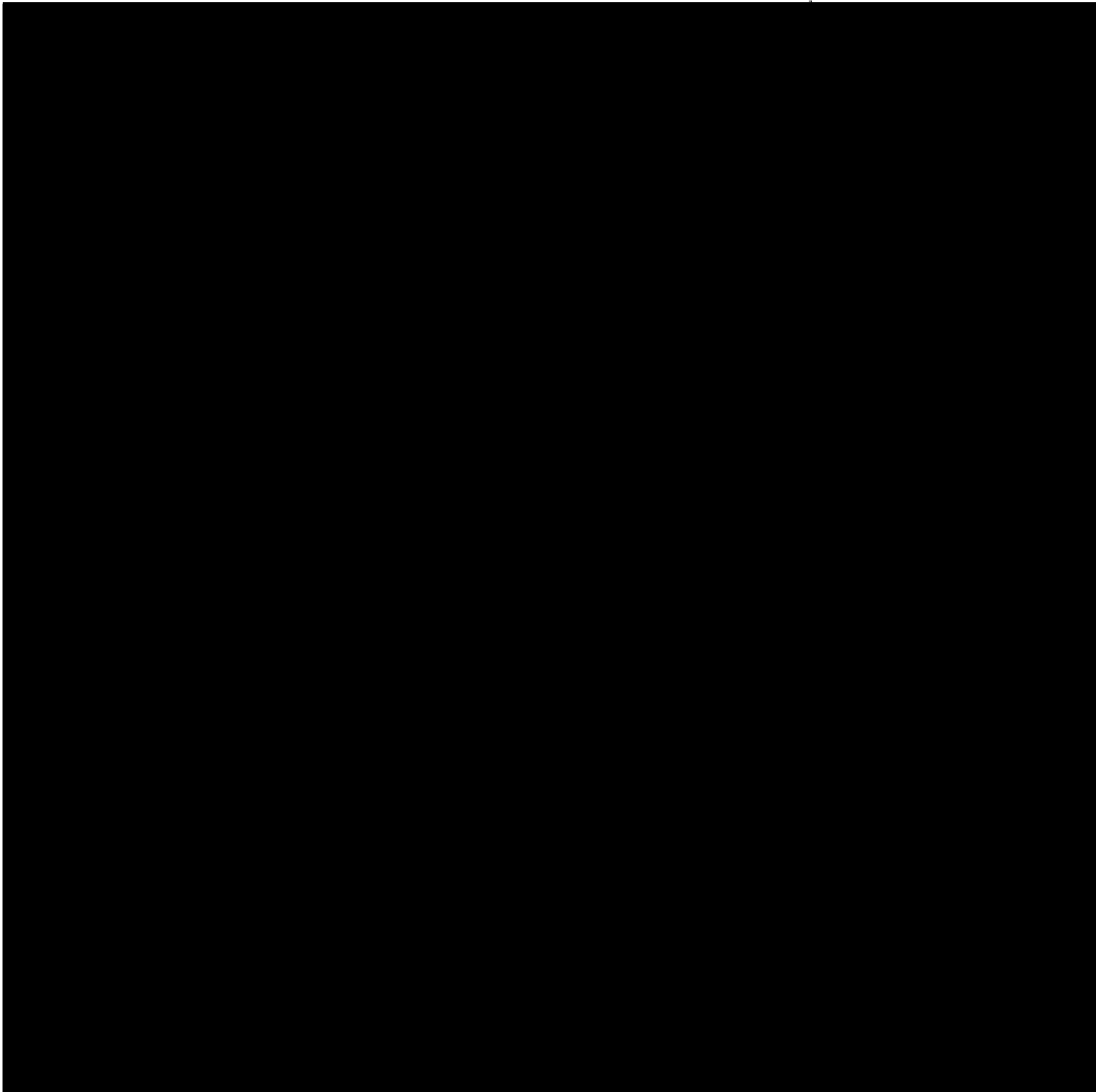
Response: Please find on the following pages a pro forma financial statement used for business planning purposes.

**Releaf Wellness Center, LLC
Application for Dispensary License**

The following information is presented in response to items:

A.3 Financial statement setting forth the elements and details of all business transactions connected with this application

E.7 Proforma financial information, including assumptions



**Releaf Wellness Center, LLC
Application for Dispensary License**

The following information is presented in response to items:

- A.3 Financial statement setting forth the elements and details of all business transactions connected with this application
- E.7 Proforma financial information, including assumptions

ASSUMPTIONS FOR PROFORMA FINANCIAL STATEMENTS

E8. Request: Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.

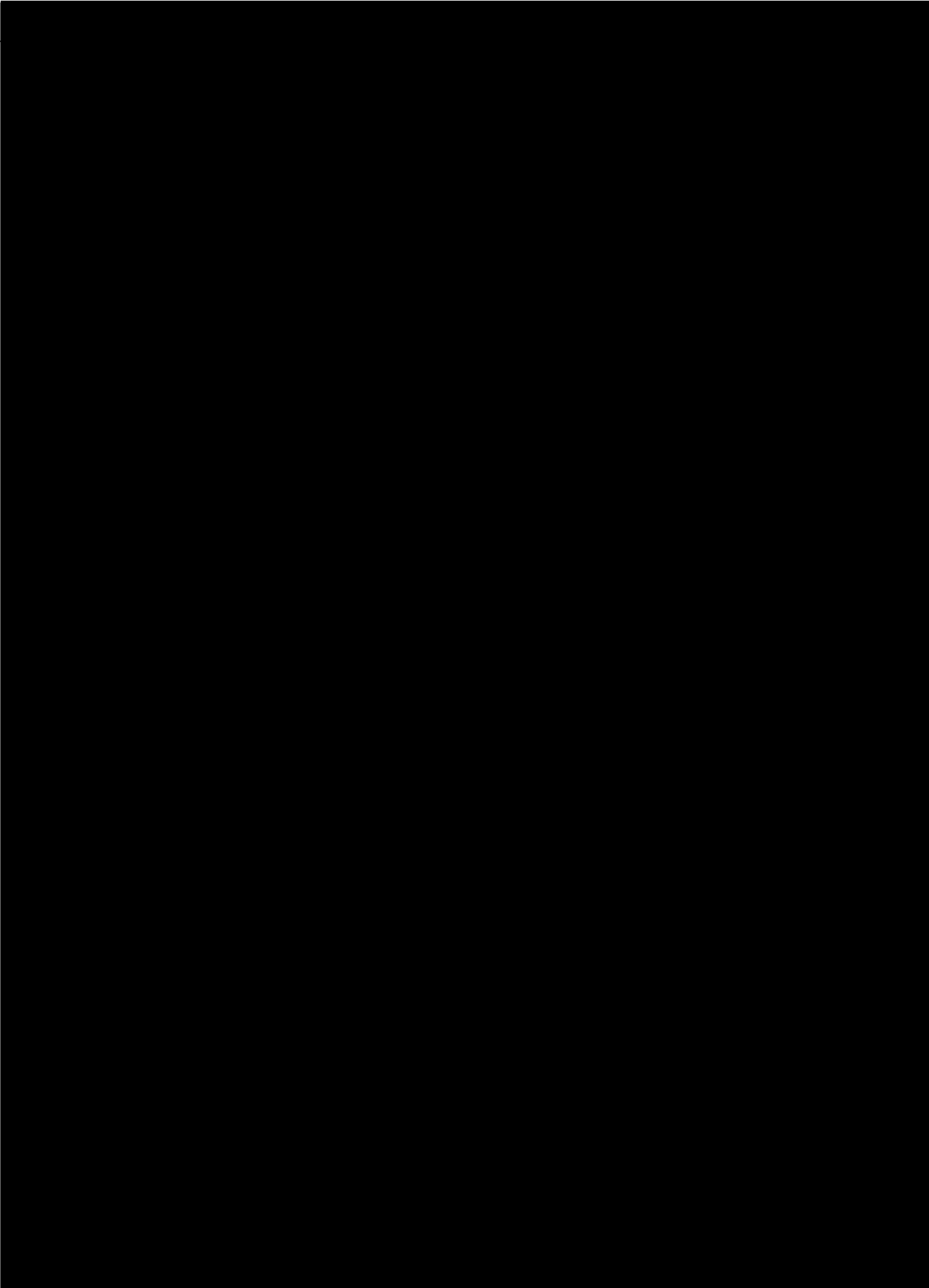
Response: Releaf was formed within the same year of this application, and has not yet filed any tax returns.

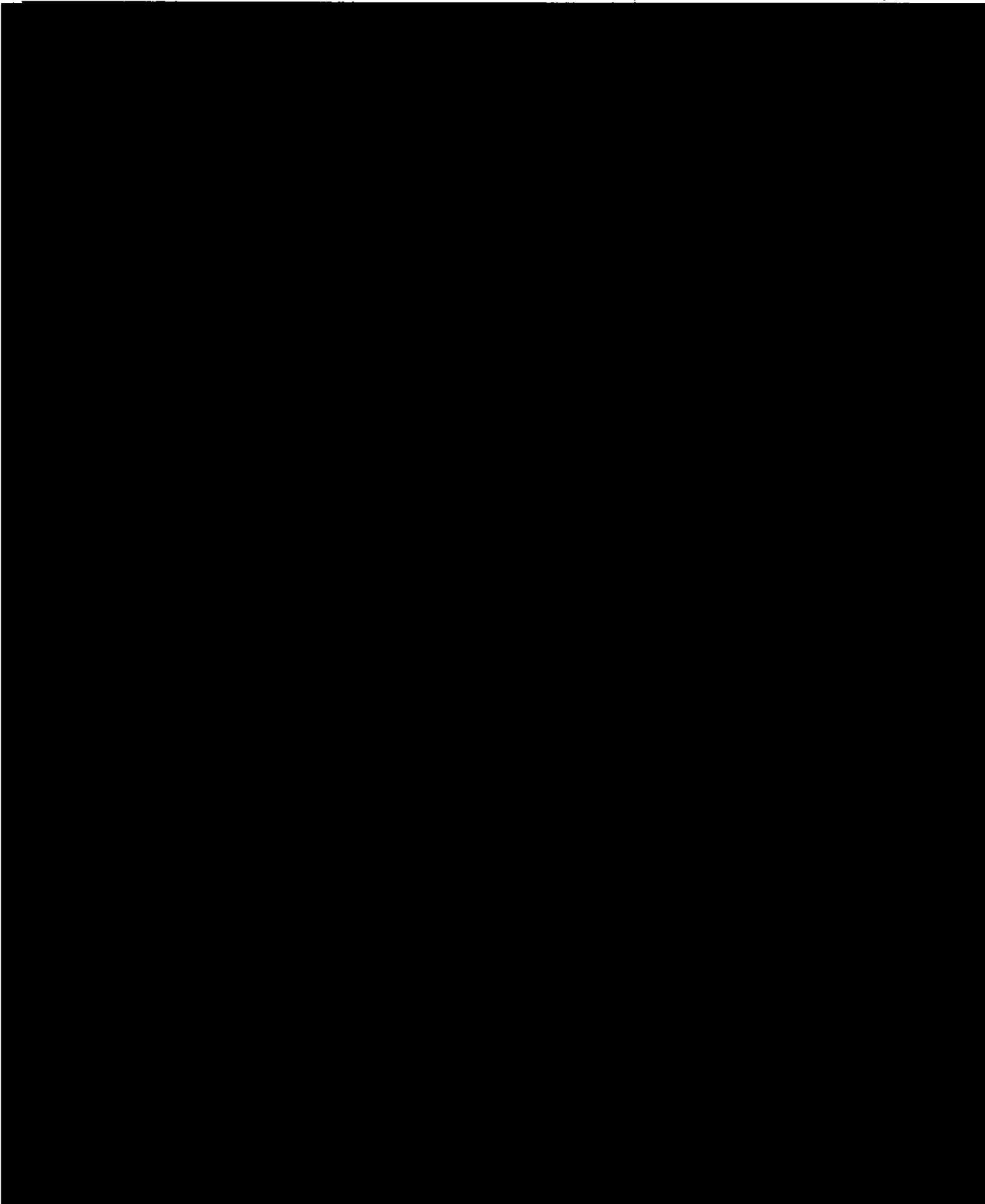
- E9. Request: Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) dispensary facility backer; and (ii) each backer member identified in Section B of Appendix B.

Response: Please find on the following pages:

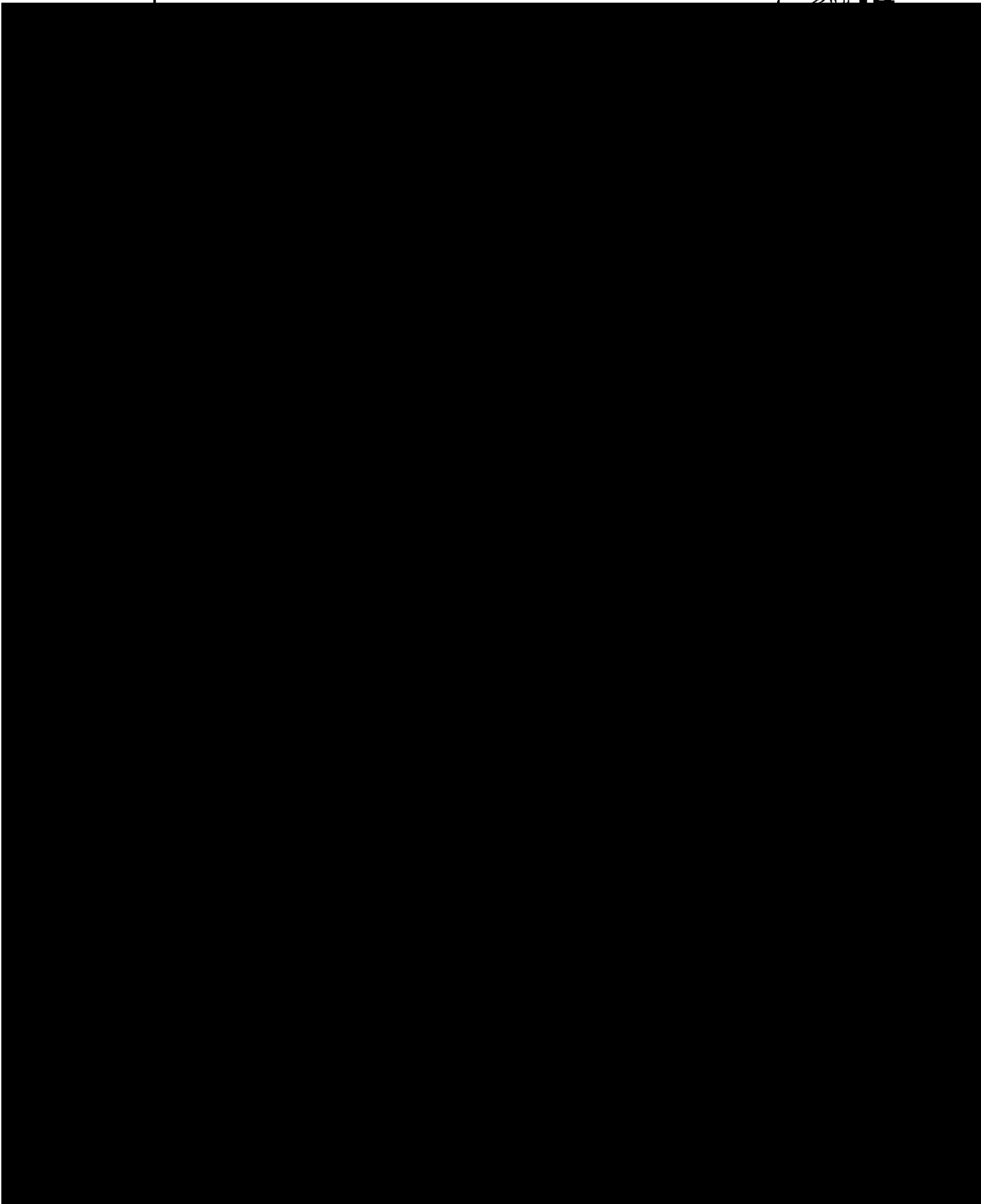
- Michele Chung's 2014 tax returns.
- Geri Ann Bradley's 2013 tax returns.

Ms. Bradley's 2014 tax return is not completed yet as a result of her request for extension due to the sale of her previous corporation GAB Prescriptions, Inc.



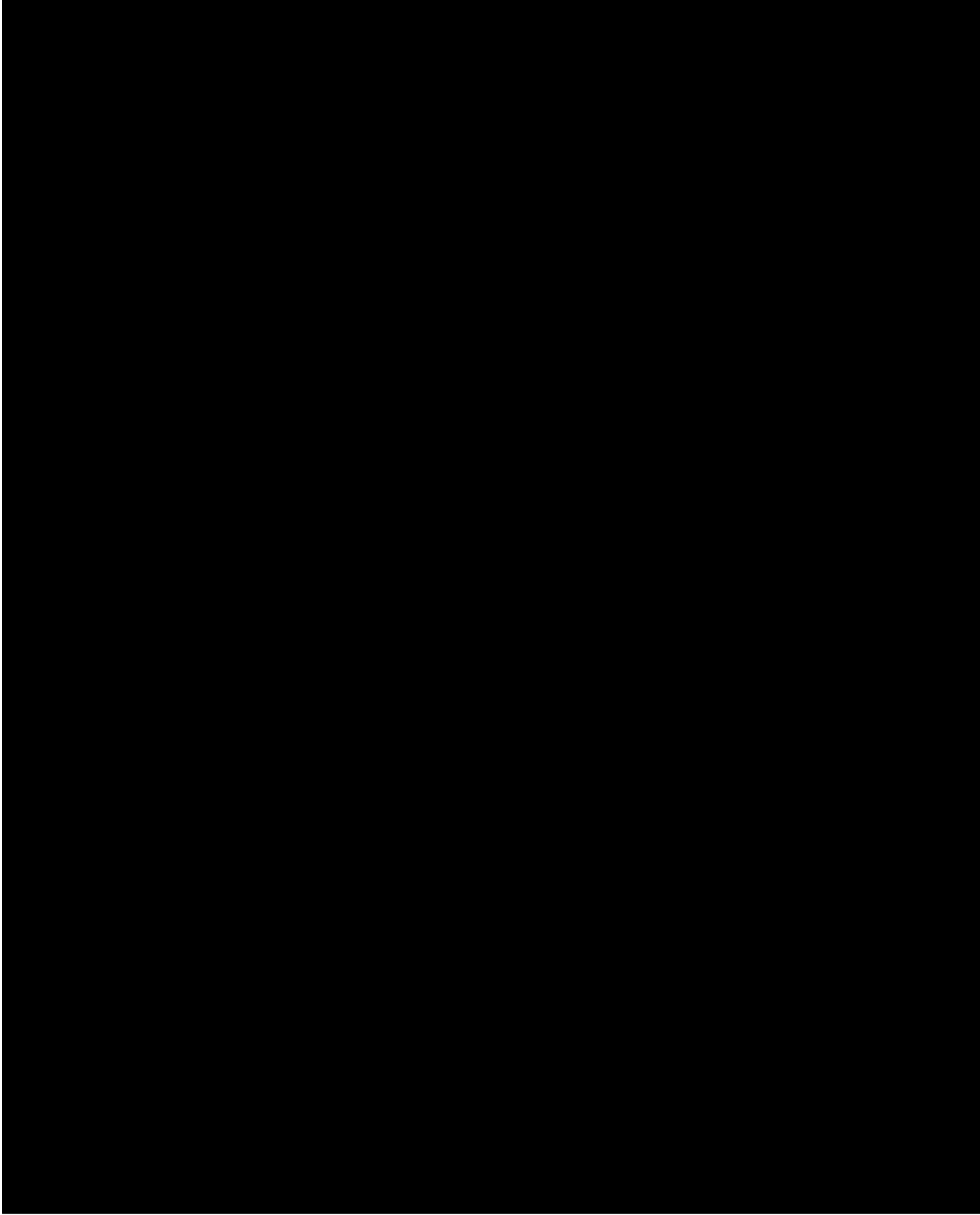


Itemized Deductions



Interest and Ordinary Dividends

2014



**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2014
Attachment
Sequence No. 12

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.
▶ Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

Michele L Chung

Your social security number

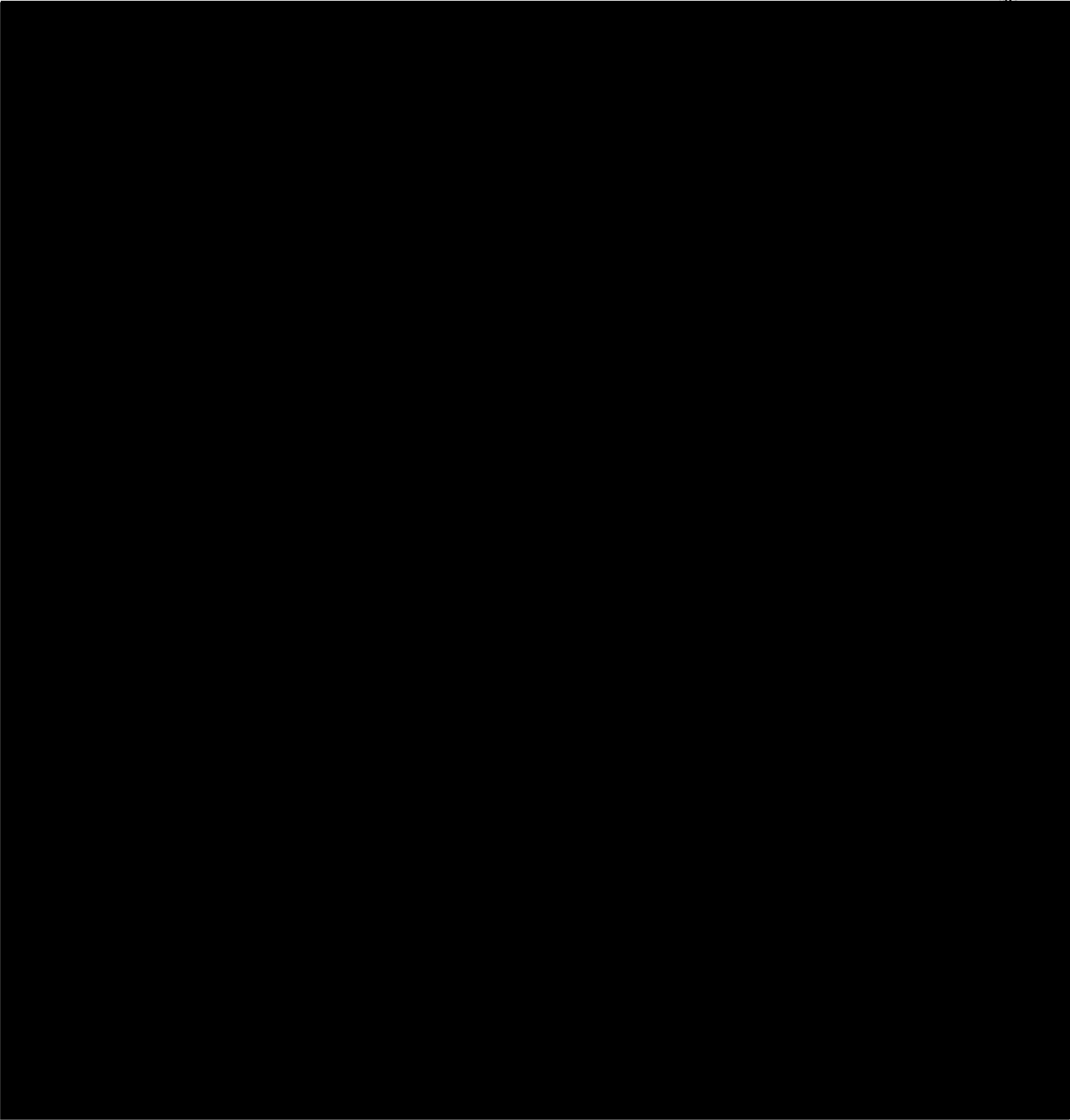
REDACTED

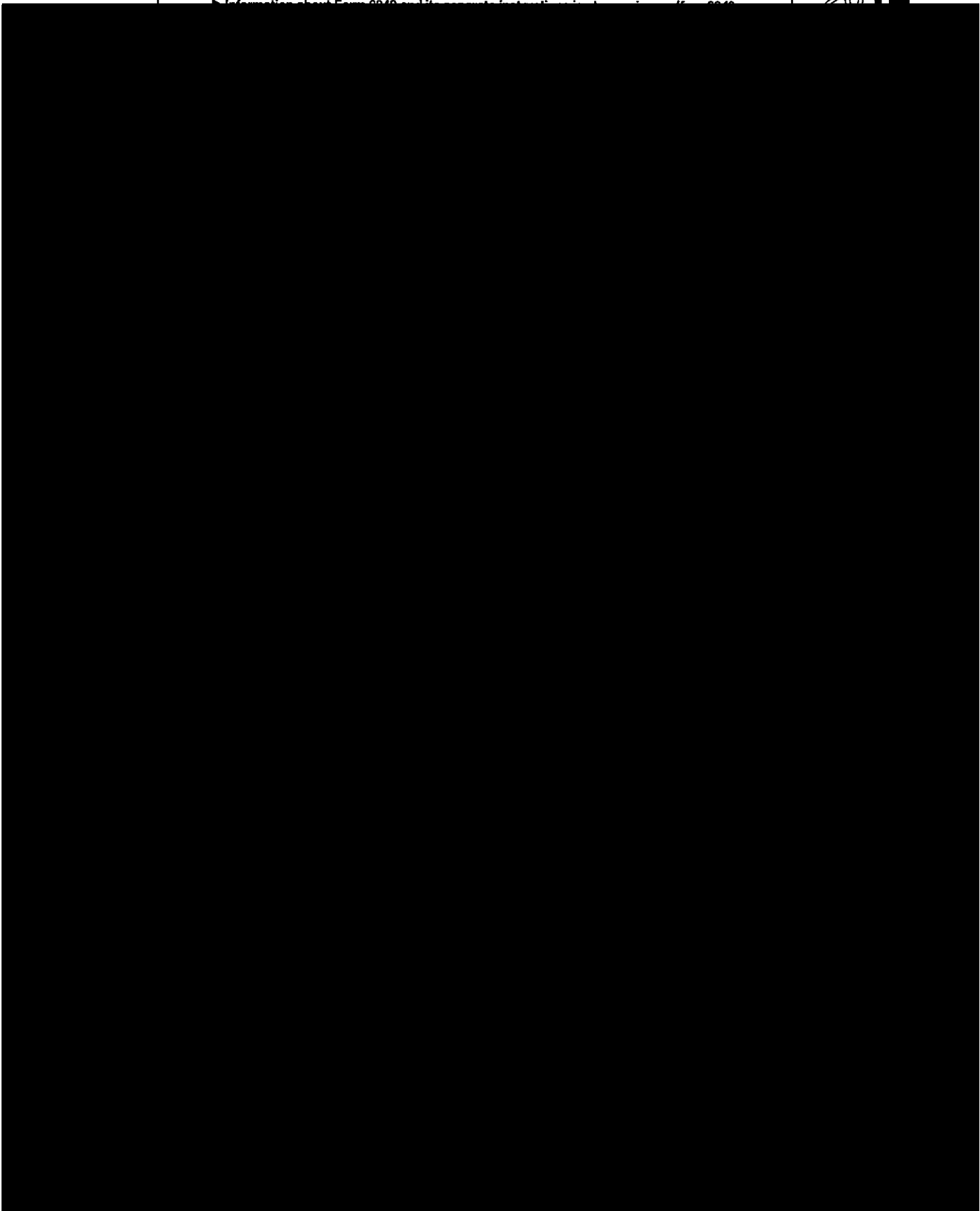
Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 0.

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

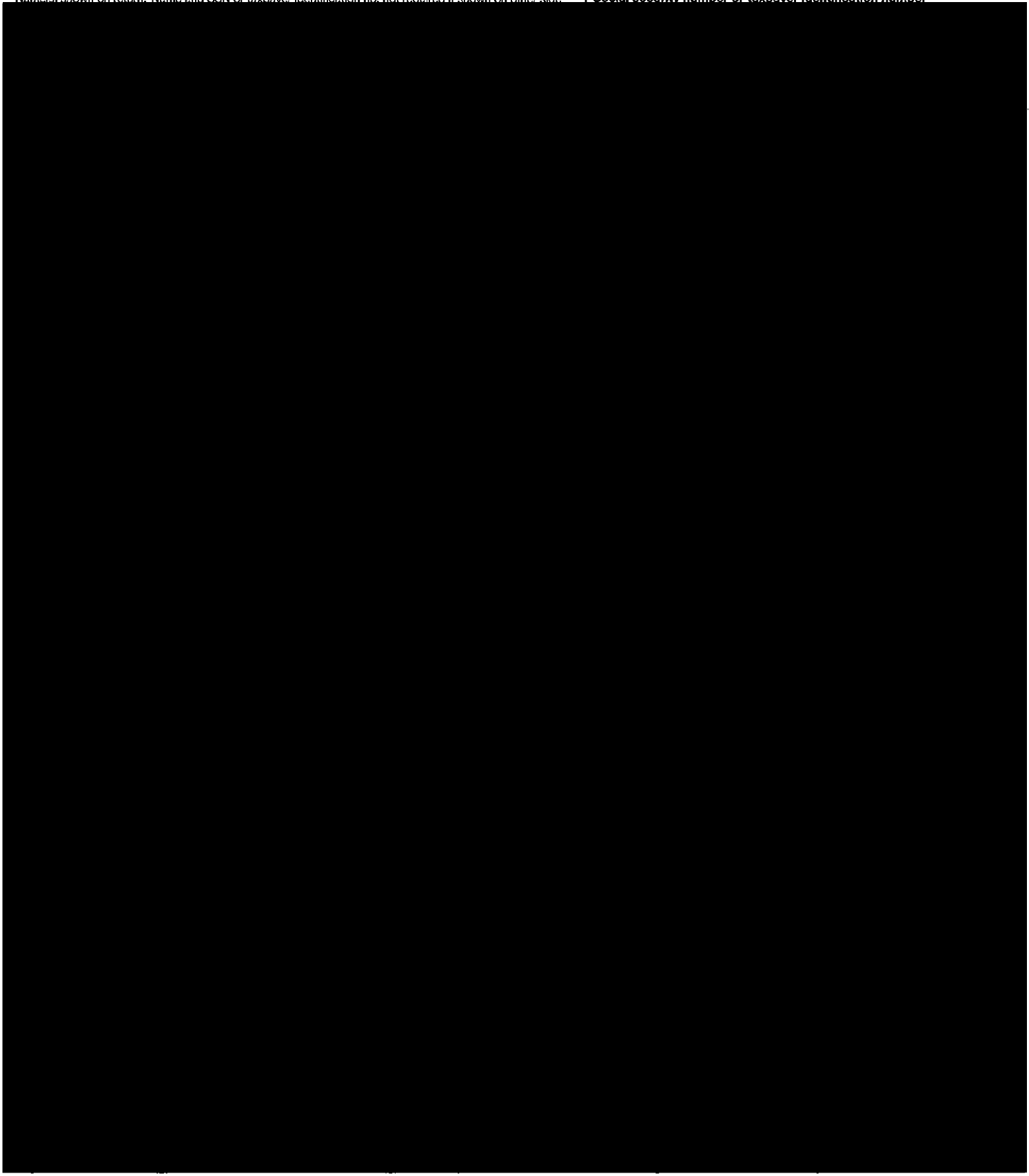
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back				15





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

Social security number or taxpayer identification number



Form **1116**

Foreign Tax Credit

OMB No. 1545-0121

Department of the Treasury
Internal Revenue Service (99)

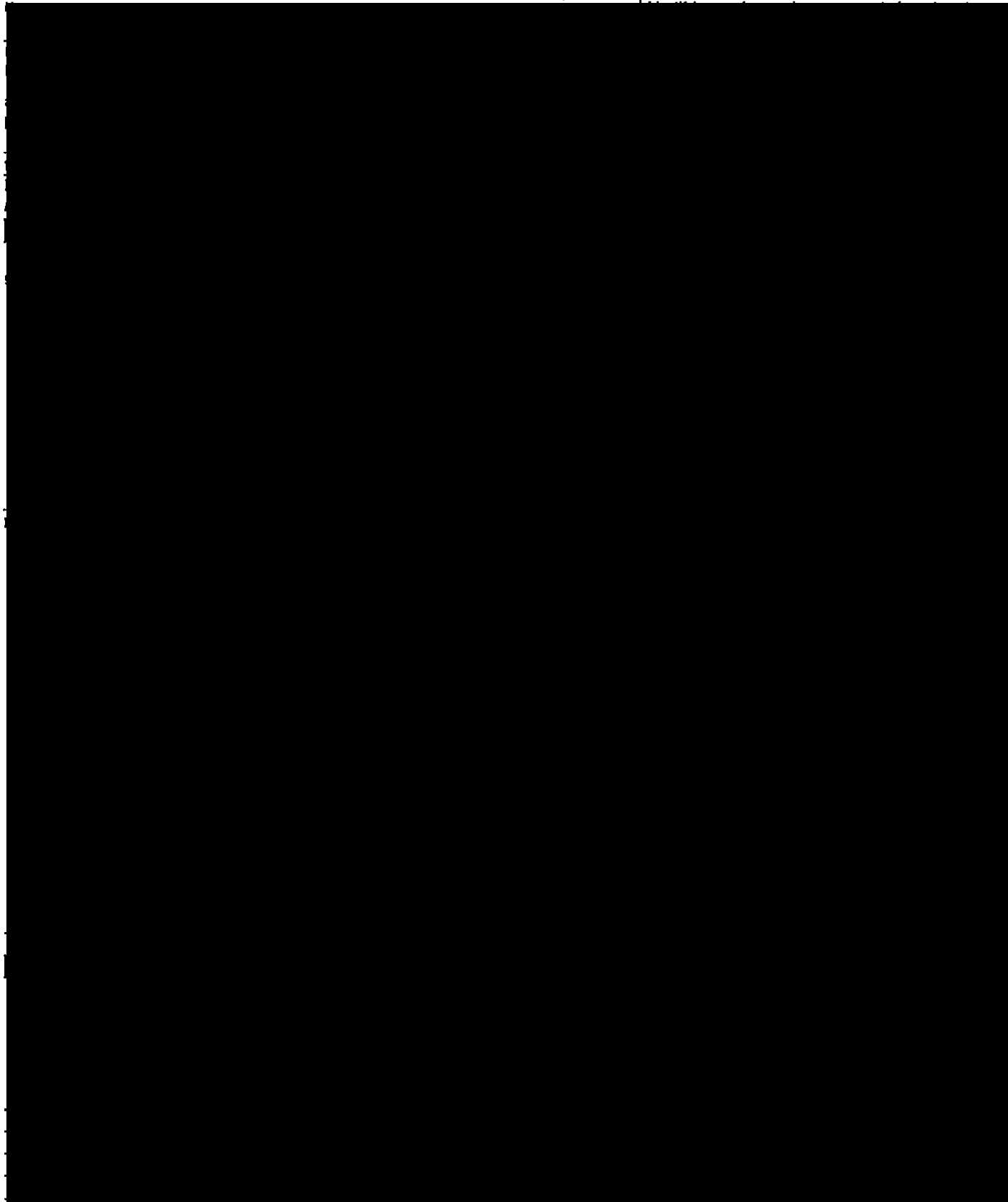
(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T. COPY 1

2014

Attachment
Sequence No. 19

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



Form **8606**

Department of the Treasury
Internal Revenue Service (99)

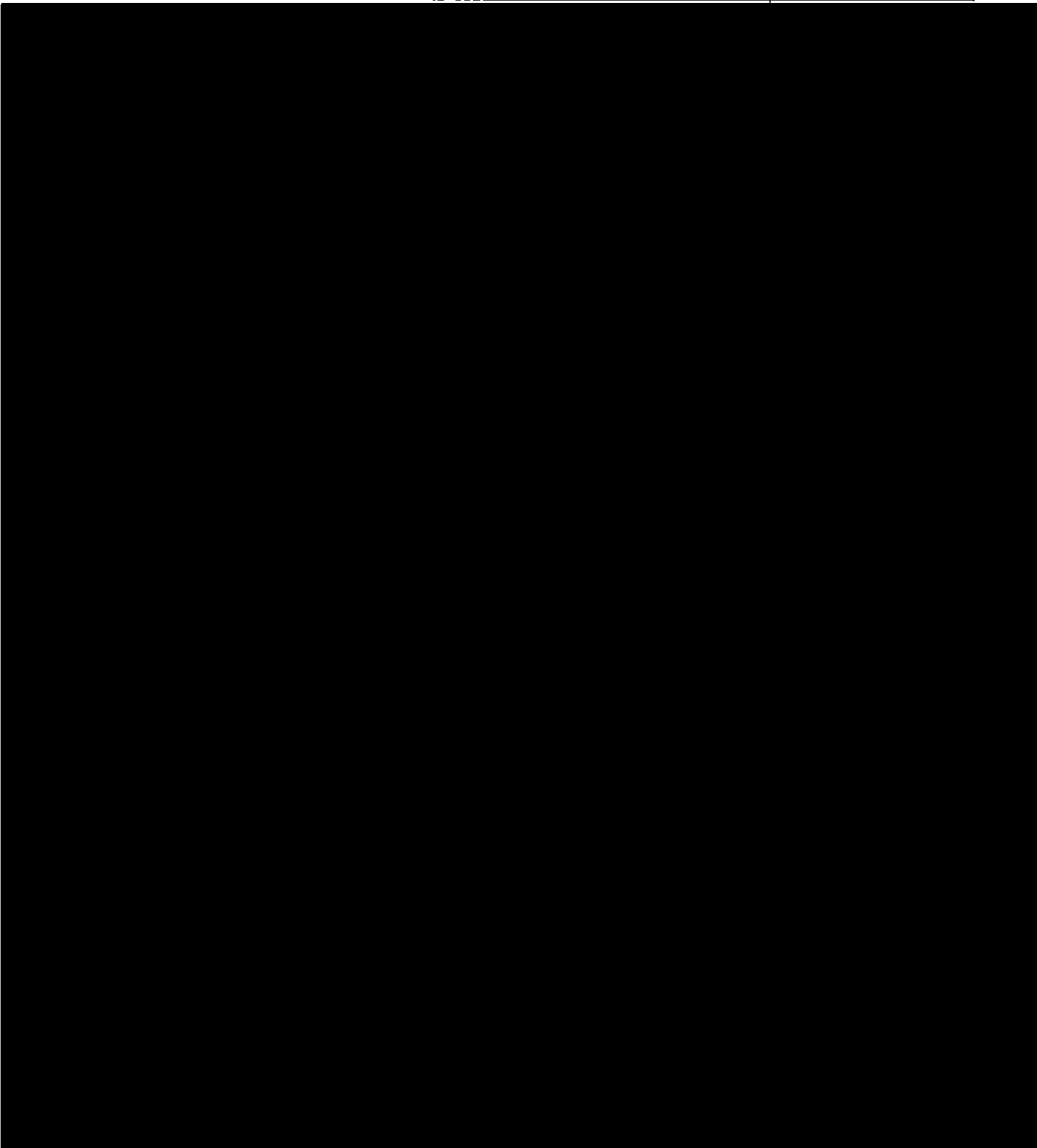
Nondeductible IRAs

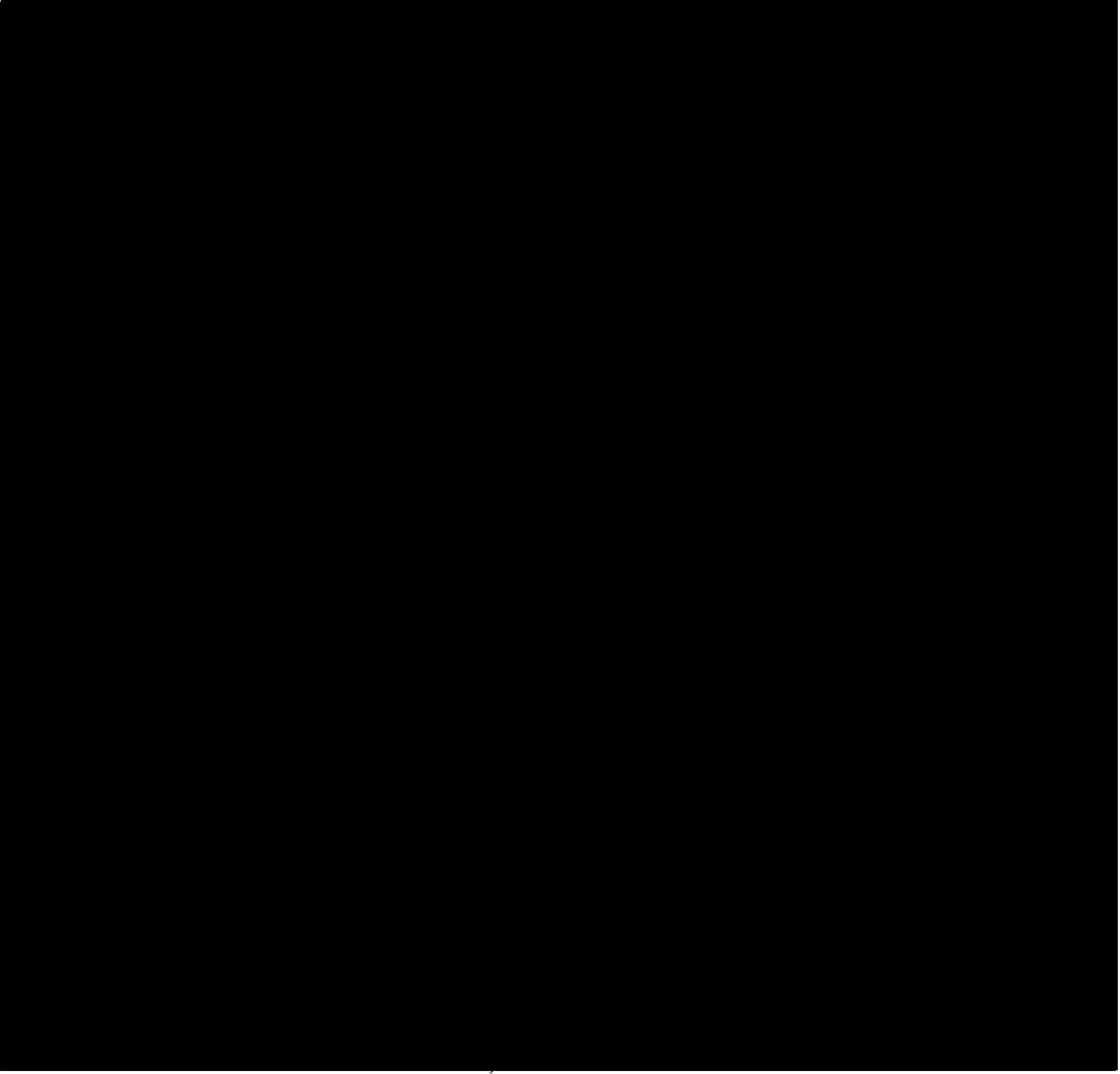
▶ Information about Form 8606 and its separate instructions is at www.irs.gov/form8606.

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

OMB No. 1545-0074

2014
Attachment
Sequence No. **48**





Form **8283**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

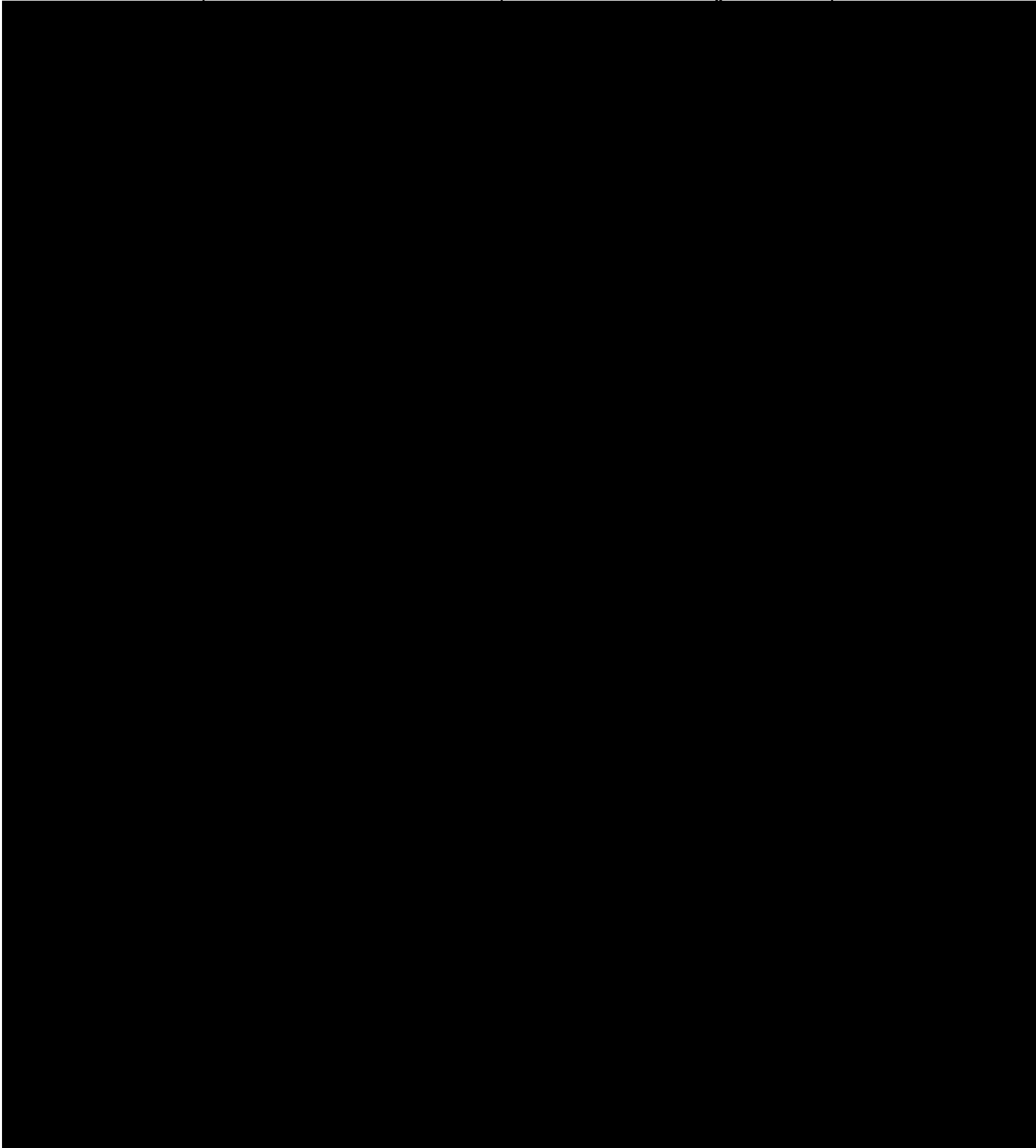
Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

OMB No. 1545-0908

Attachment
Sequence No. **155**

▶ Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

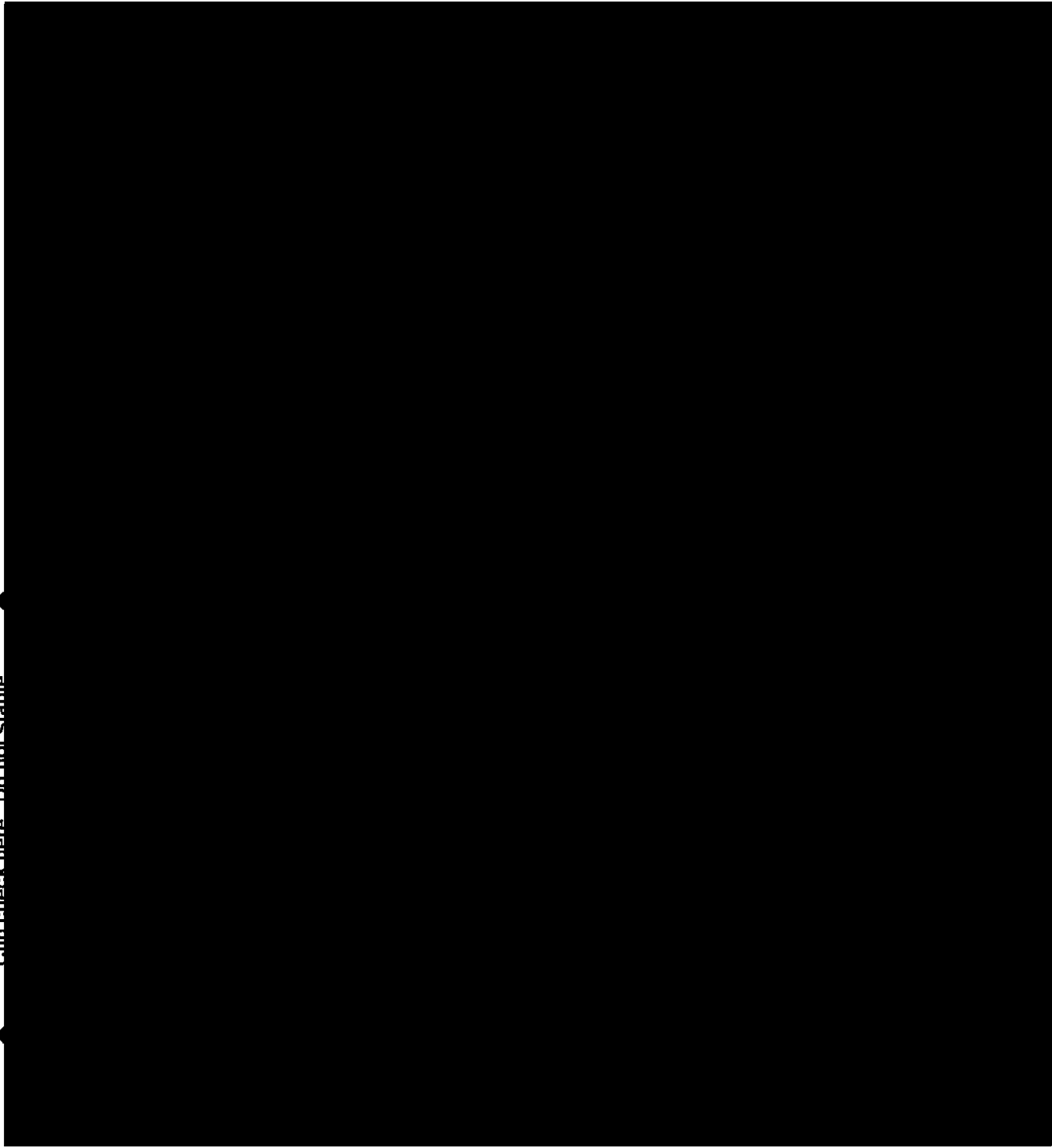


20

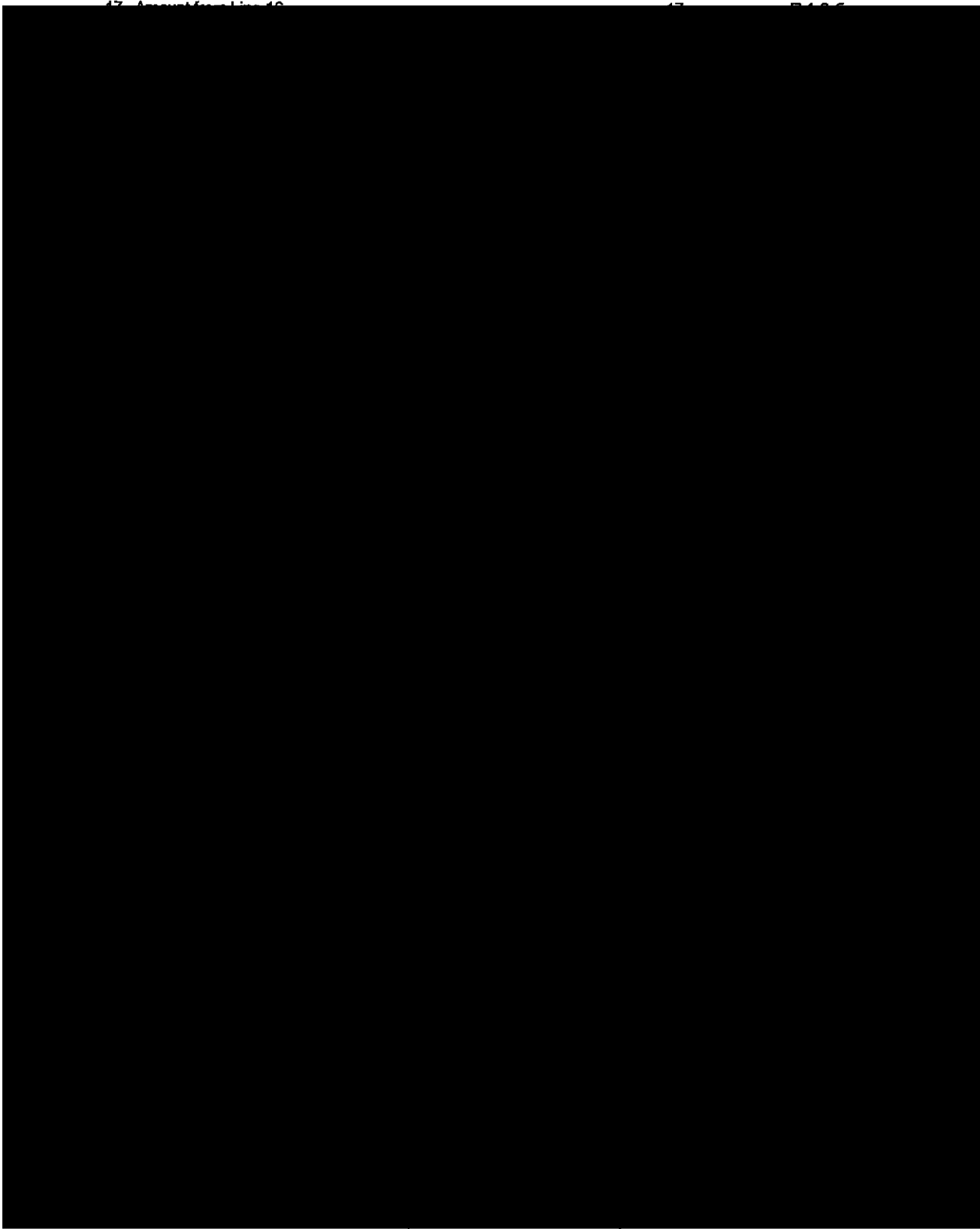
1401115553

Form CT-1040 - 2014, Page 1 of 4
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2014 and ending:

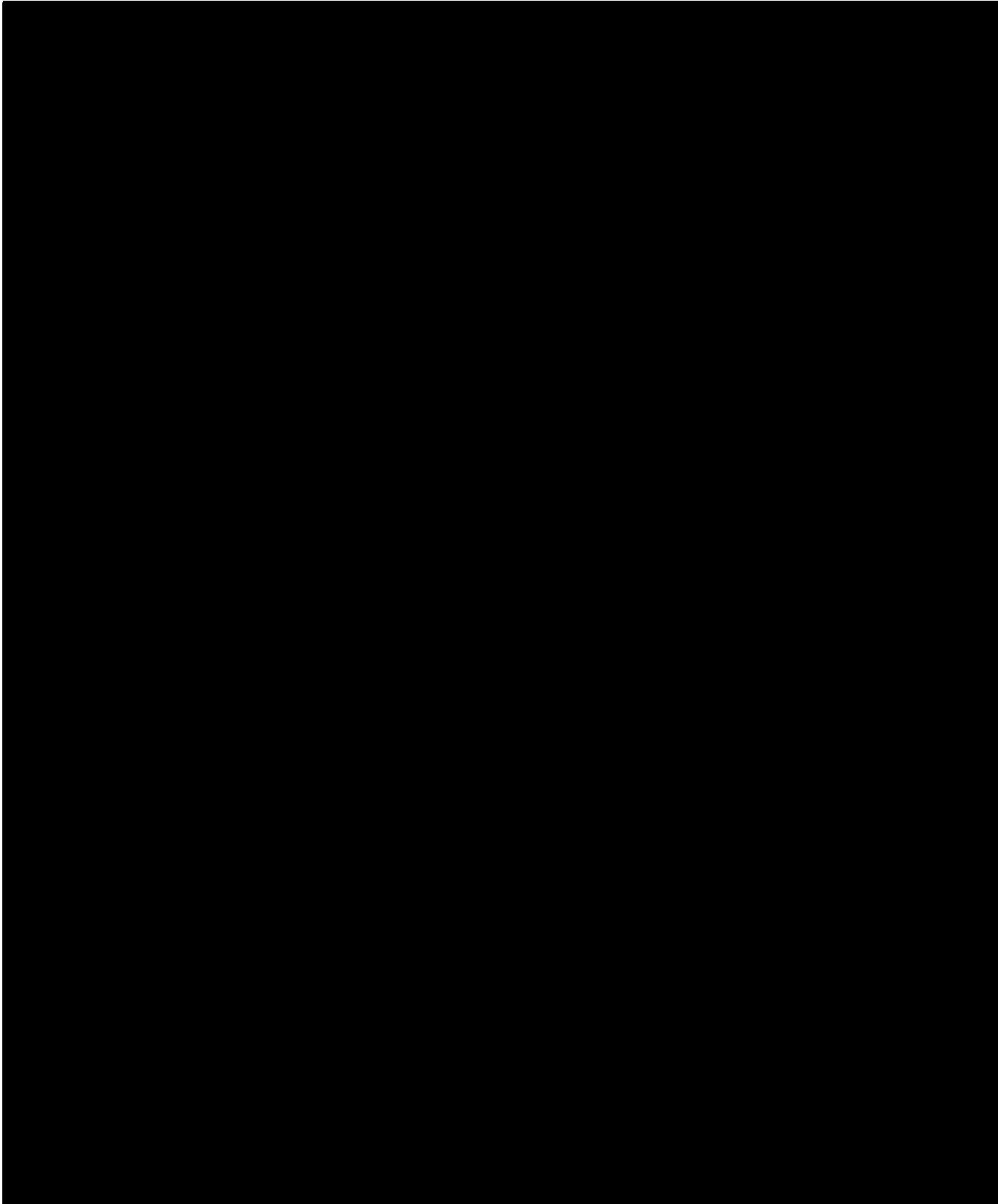


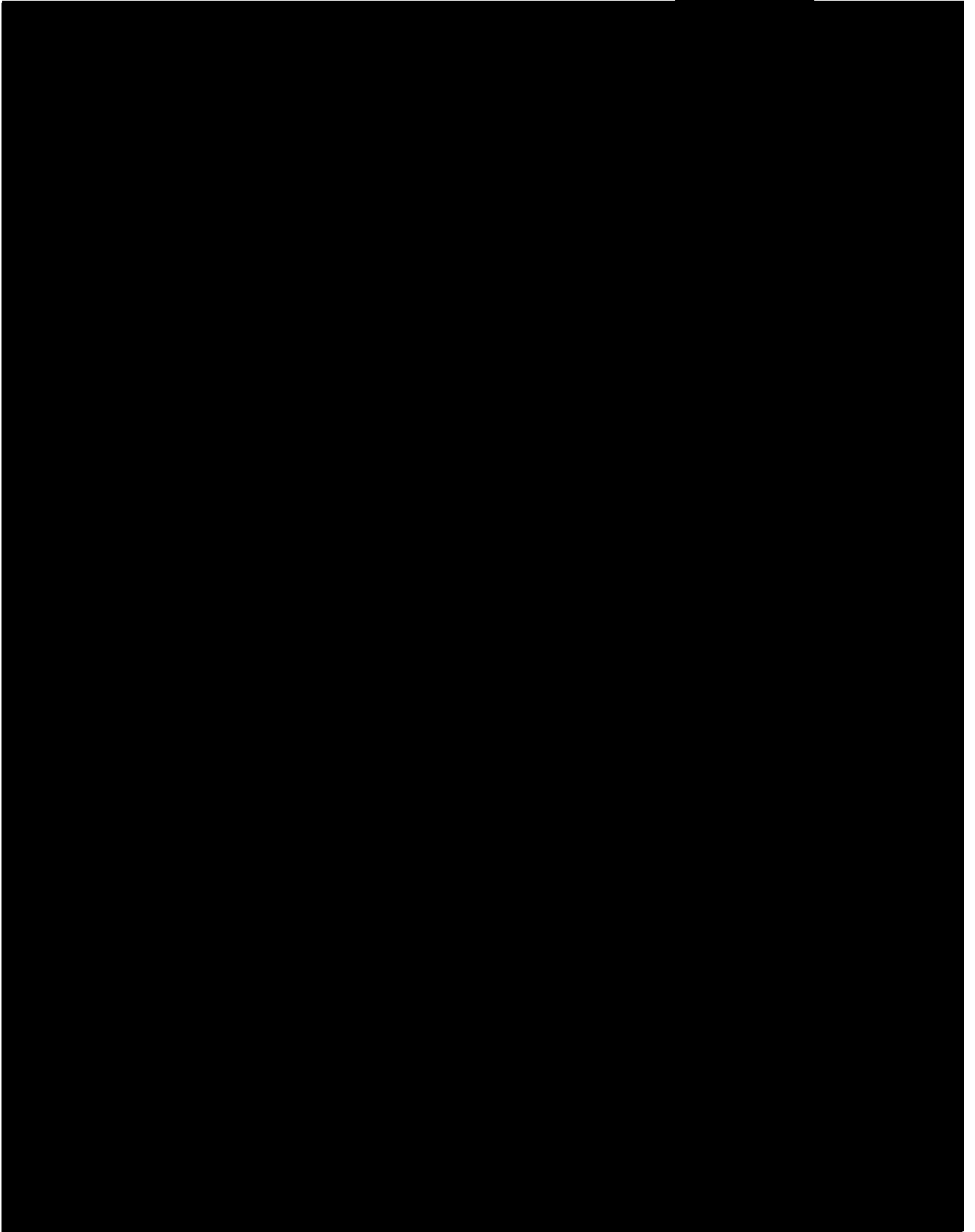
Click check here. Do not staple



Sign Here
Keep a copy for your records.

• REDACTED





Form

1040

U.S. Individual Income Tax Return ⁽⁹⁹⁾

2013

OMB No. 1545-0074

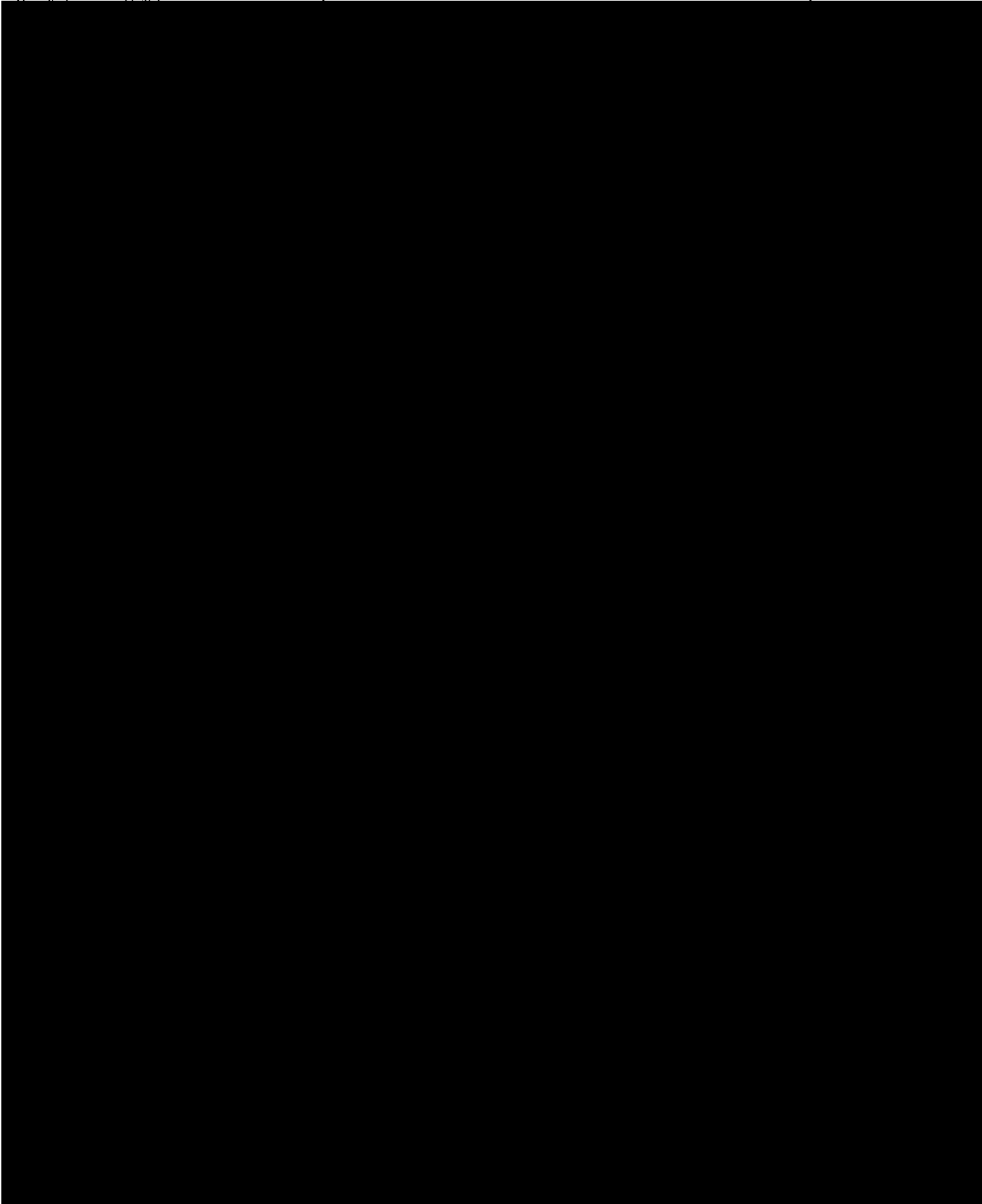
IRS Use Only - Do not write or staple in this space.

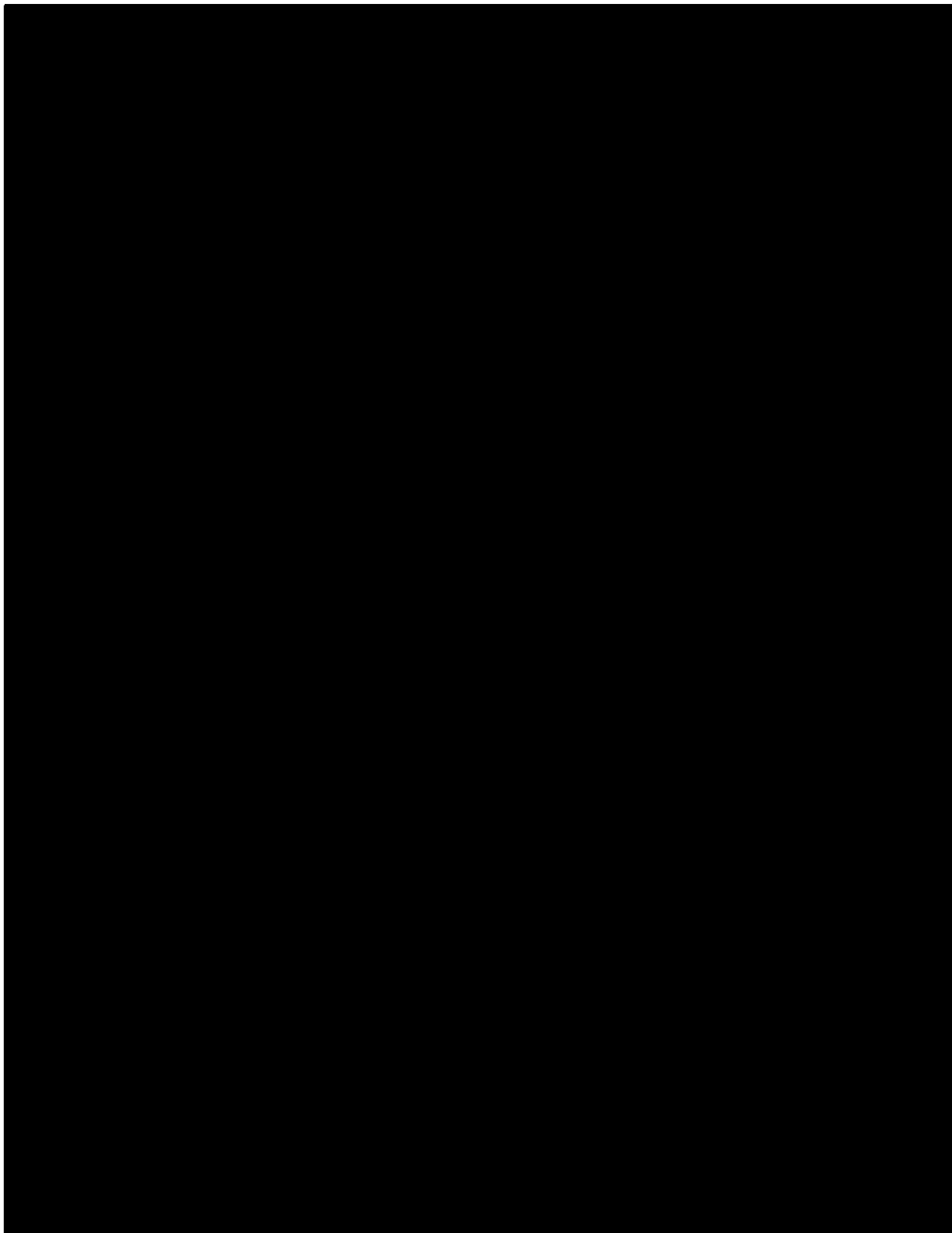
For the year Jan. 1-Dec. 31, 2013, or other tax year beginning

, 2013, ending

.20

See separate instructions.





**SCHEDULE A
(Form 1040)**

Itemized Deductions

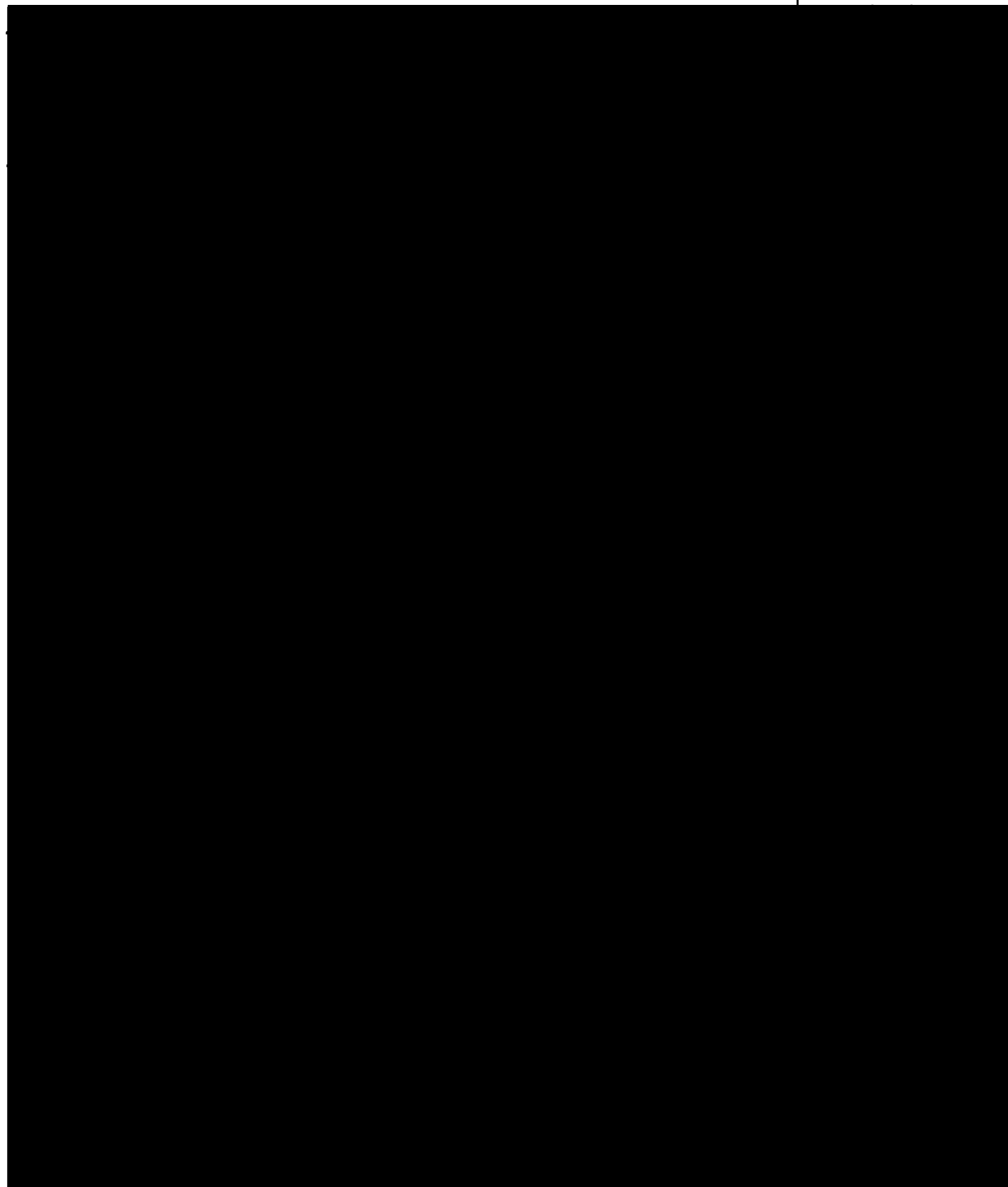
2013
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number



check here

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

E9
OMB No. 1545-0074
2013
Attachment
Sequence No. **08**

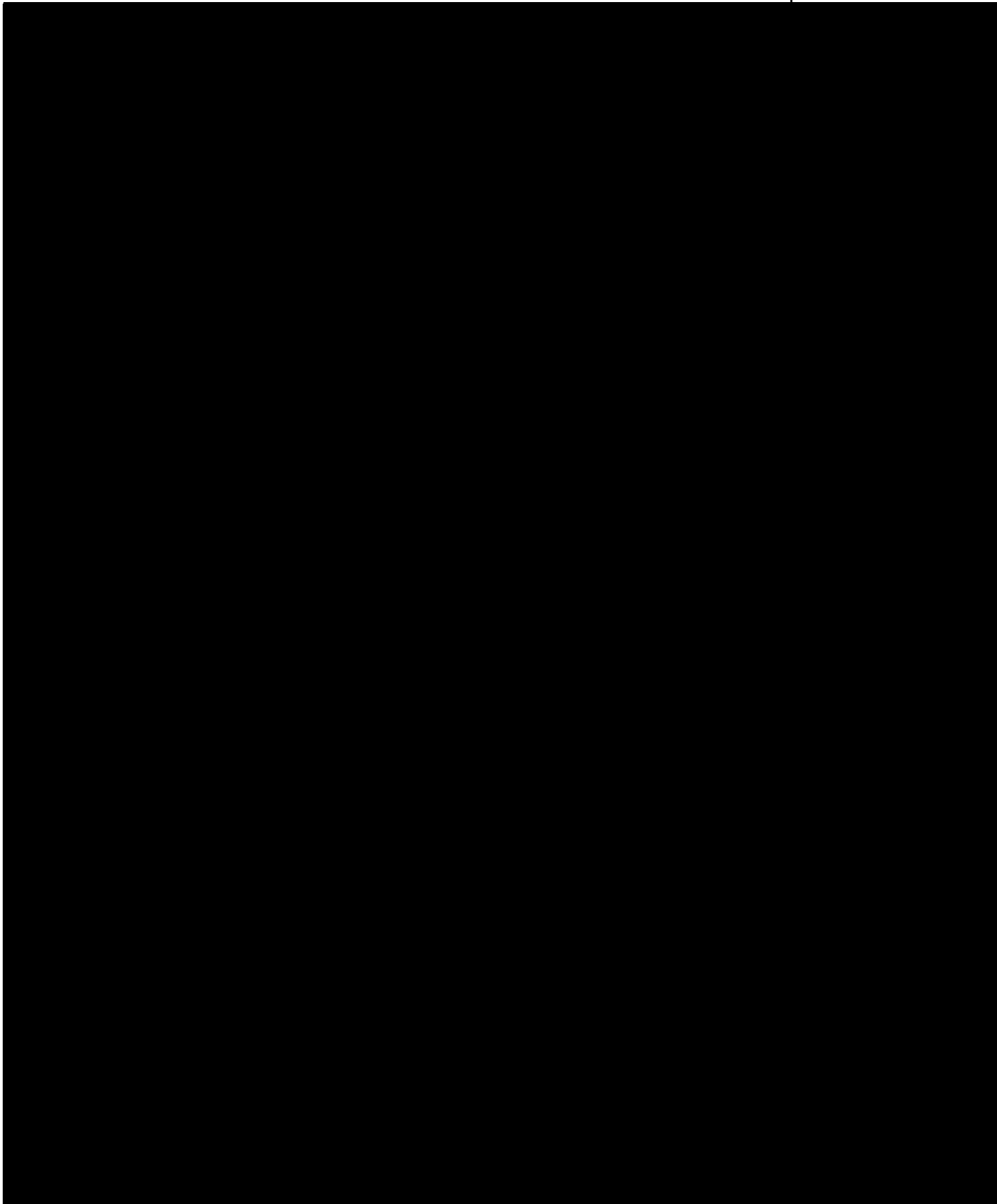
Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B (Form 1040A or 1040) and its instructions is at www.irs.gov/scheduleb.

Name(s) shown on return

Your social security number



For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2013

E9

Interest and Dividend Summary

Name: RICHARD & GERI ANN BRADLEY

FEIN/SSN:

Payer	Interest	Interest on U.S. Savings Bonds	Tax-Exempt Interest	Private Activity Interest	Original Issue Discount (OID)	Ordinary Dividends	Qualified Dividends	Capital Gain Distributions	Federal Income Tax Withheld	State Tax Withheld	Foreign Tax Paid

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2013

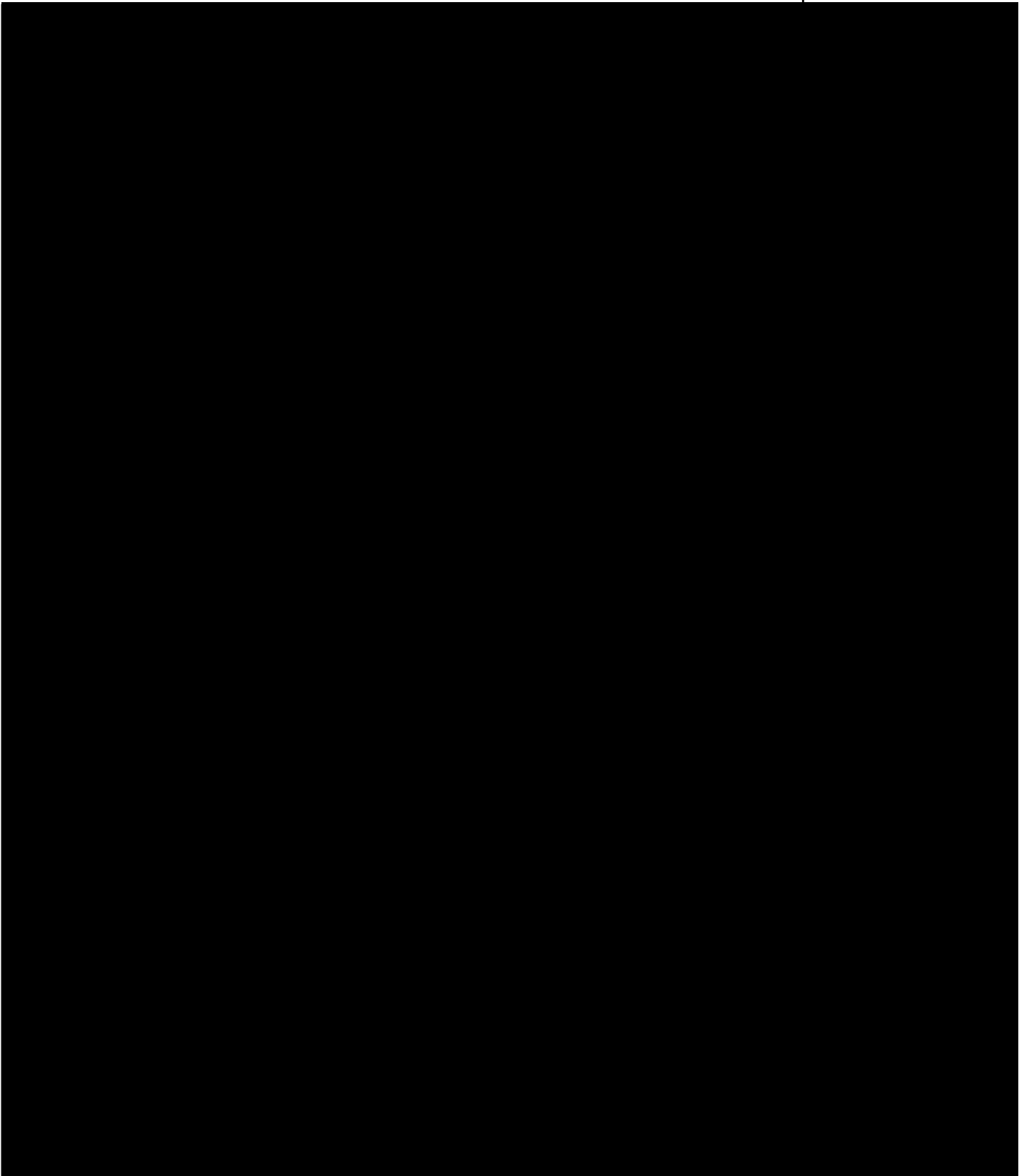
Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

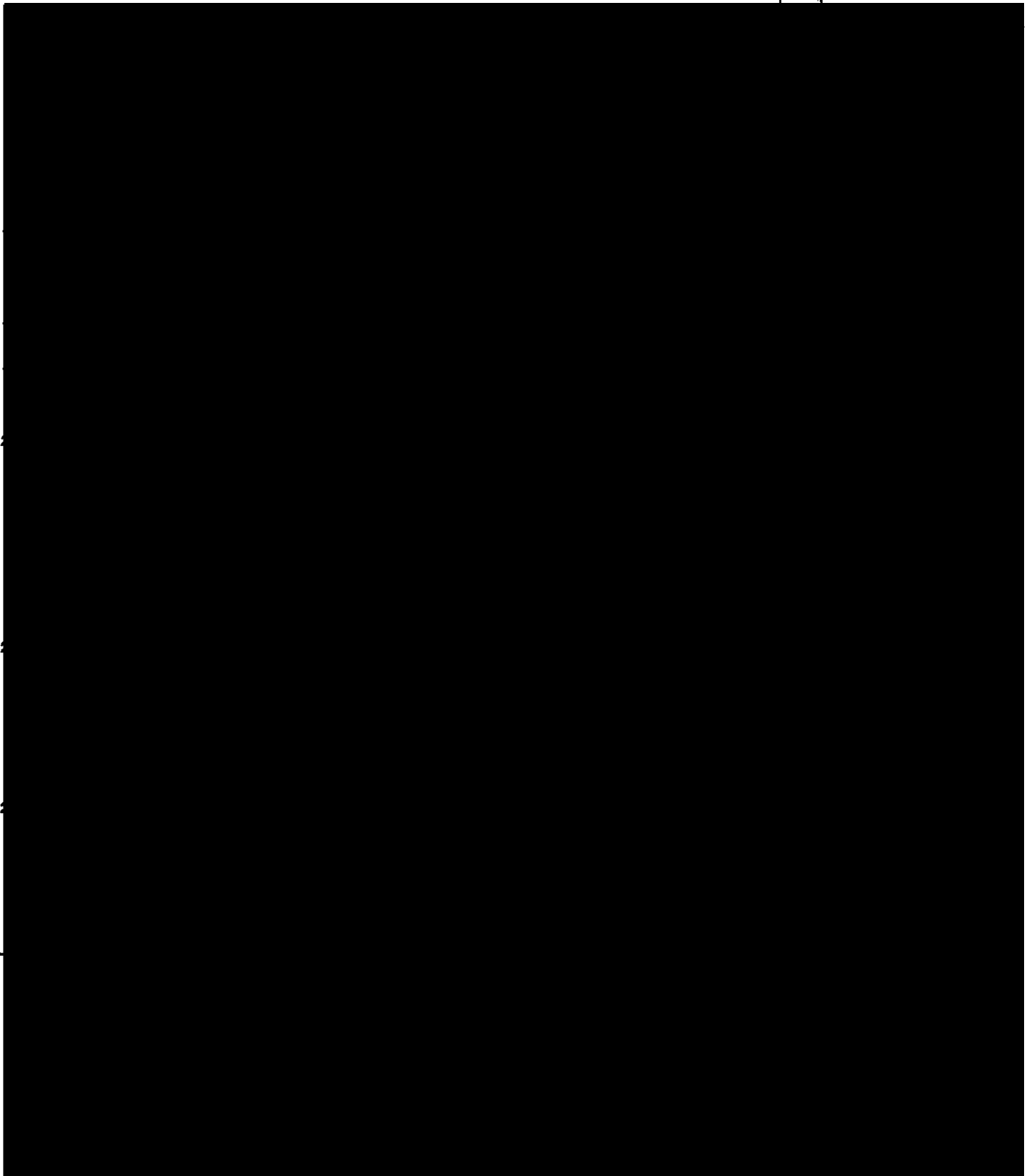
▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Information about Schedule D and its separate instructions is at www.irs.gov/scheduled**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

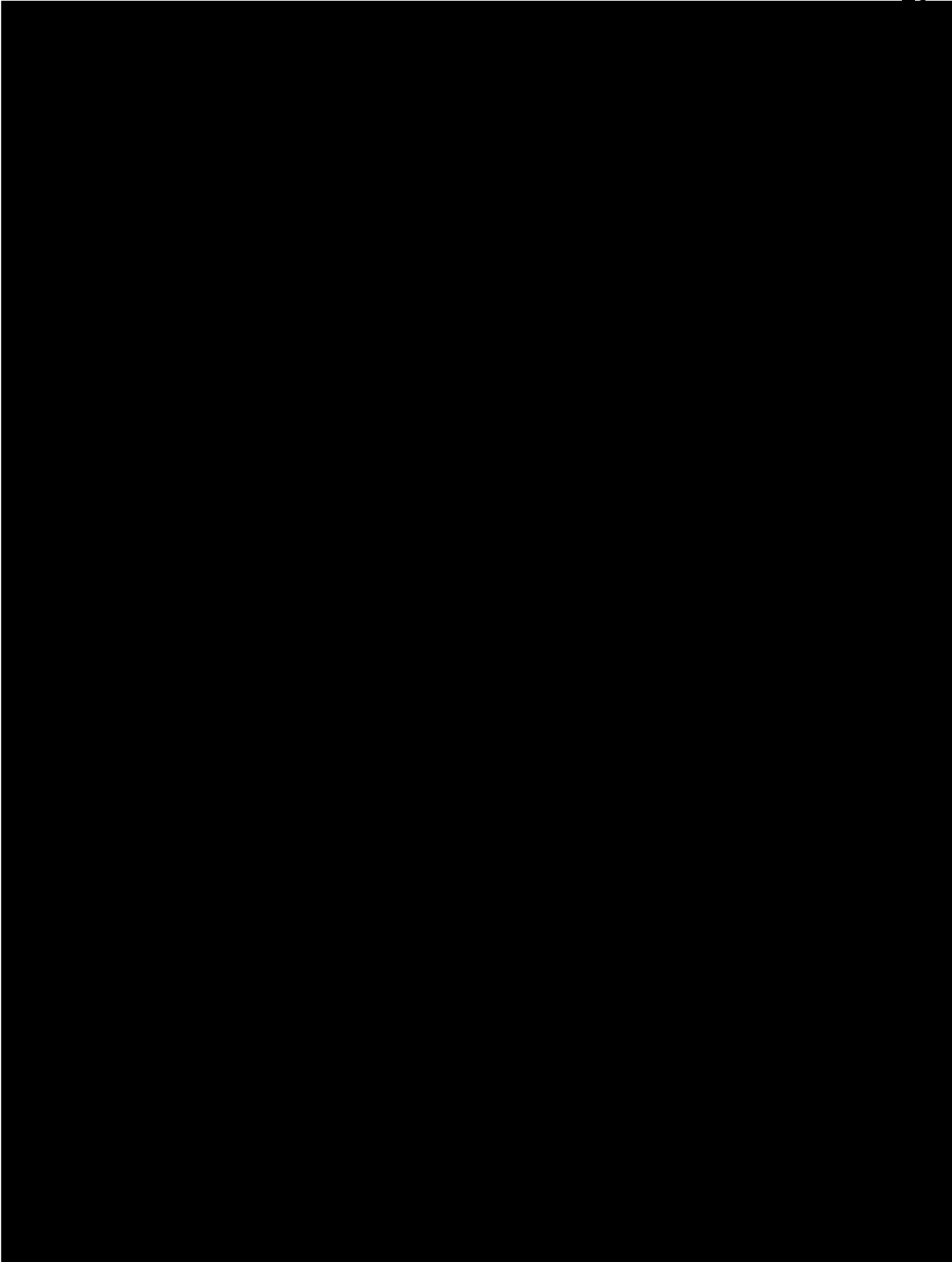
Name(s) shown on return

Your social security number



Part III Summary





Form **8949**

Sales and Other Dispositions of Capital Assets

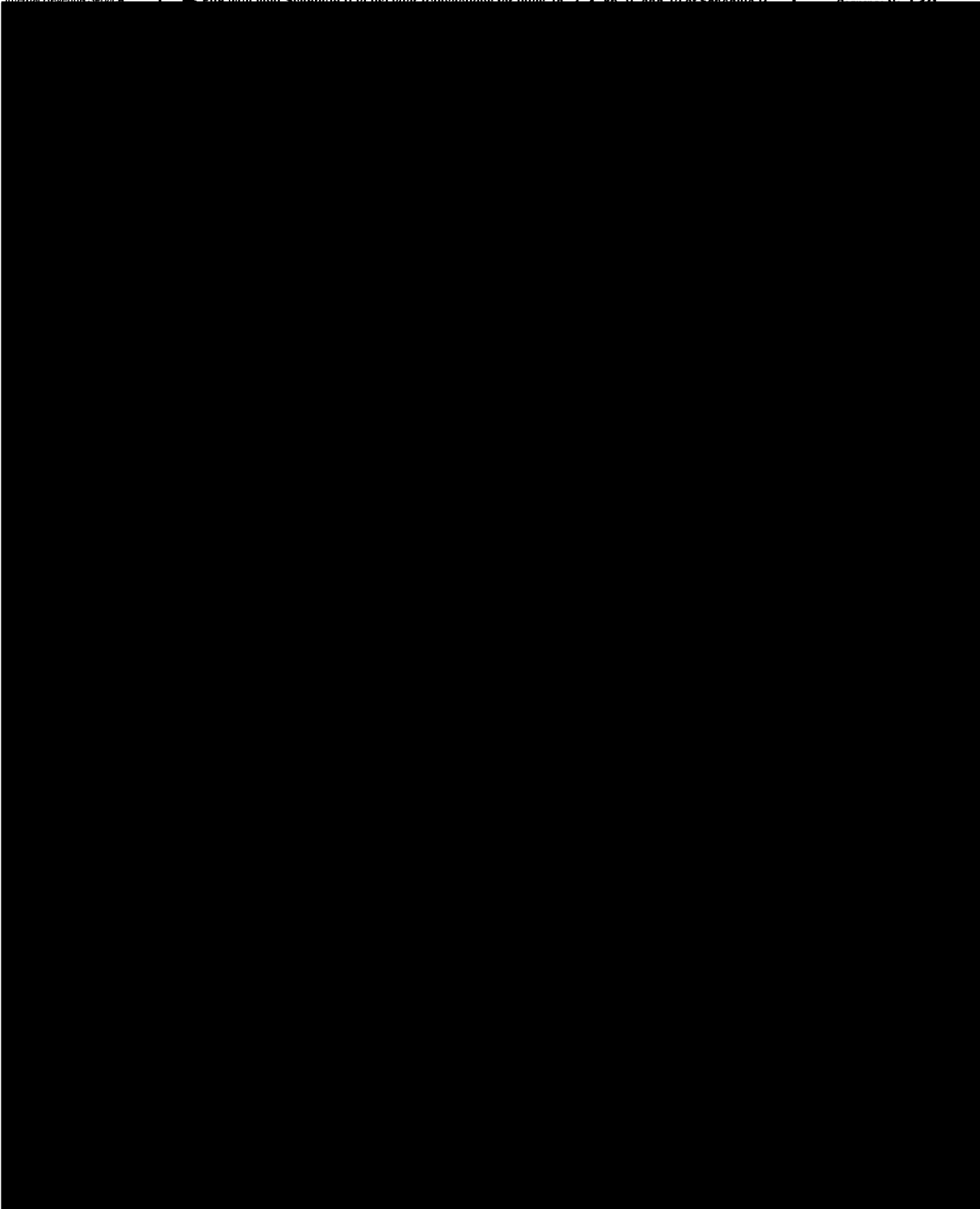
OMB No. 1545-0074 ^{E9}

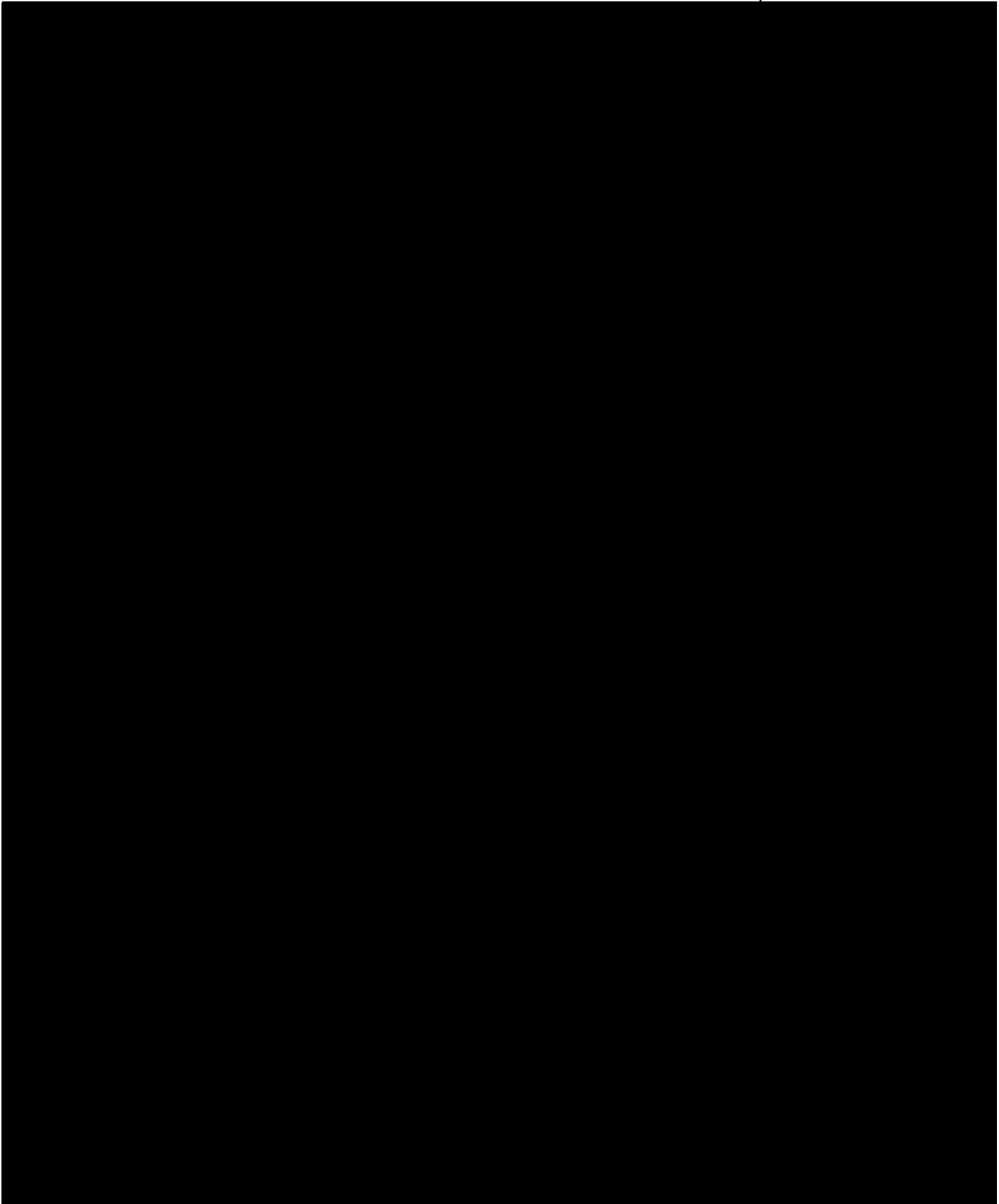
2013

Department of the Treasury
Internal Revenue Service

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

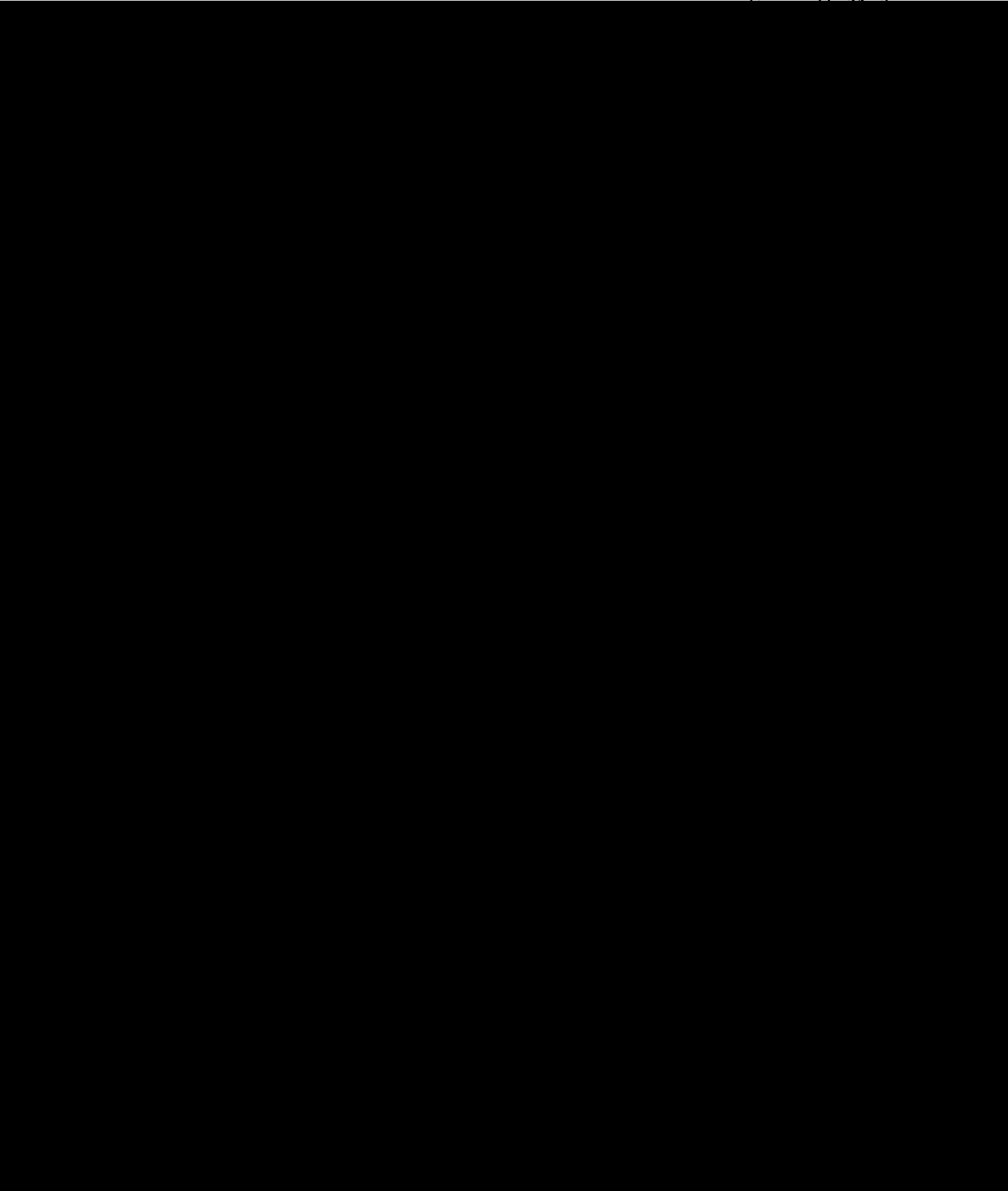
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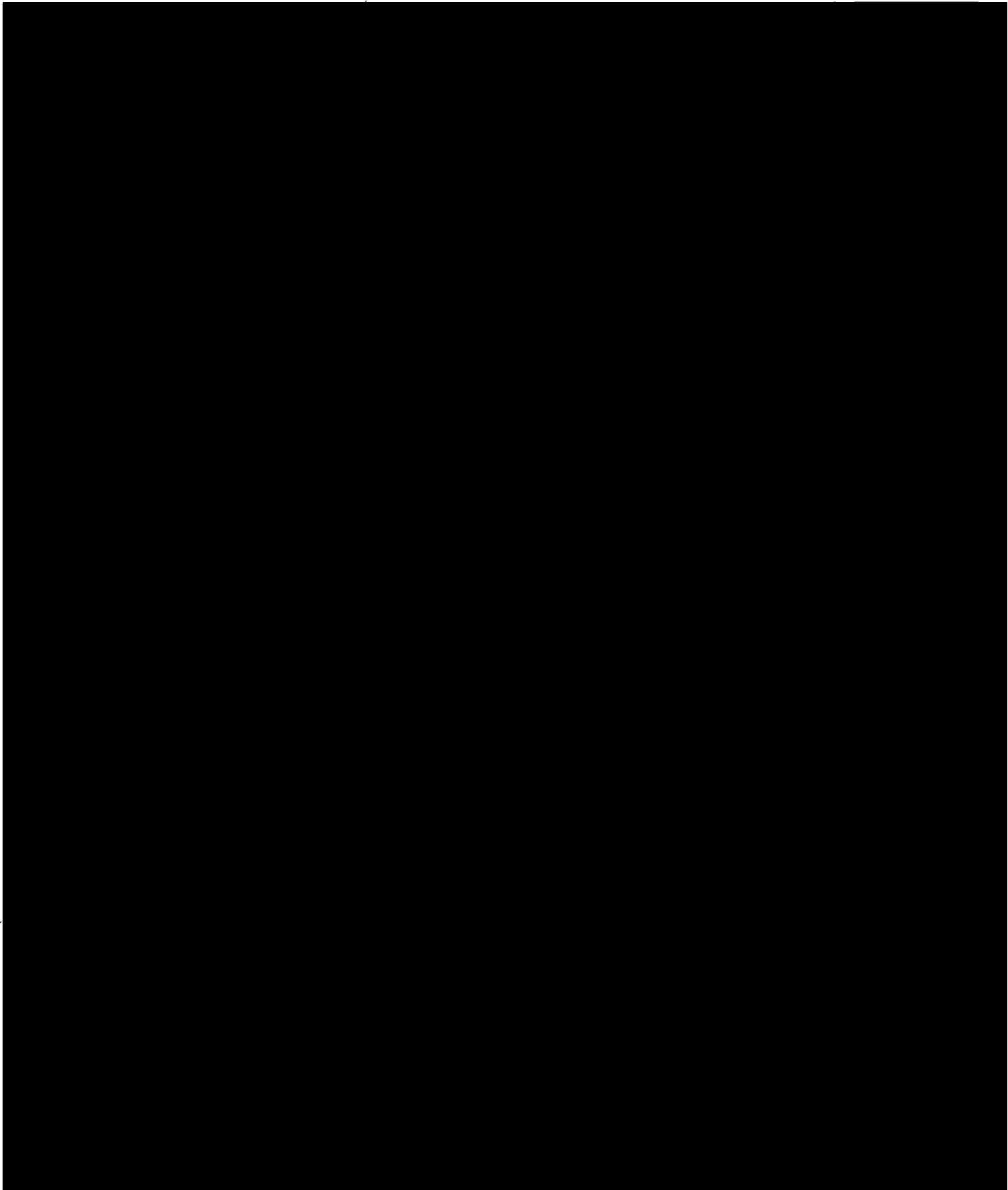




Name(s) shown on return. (Name and SSN or taxpayer identification no. not required if shown on other side.)

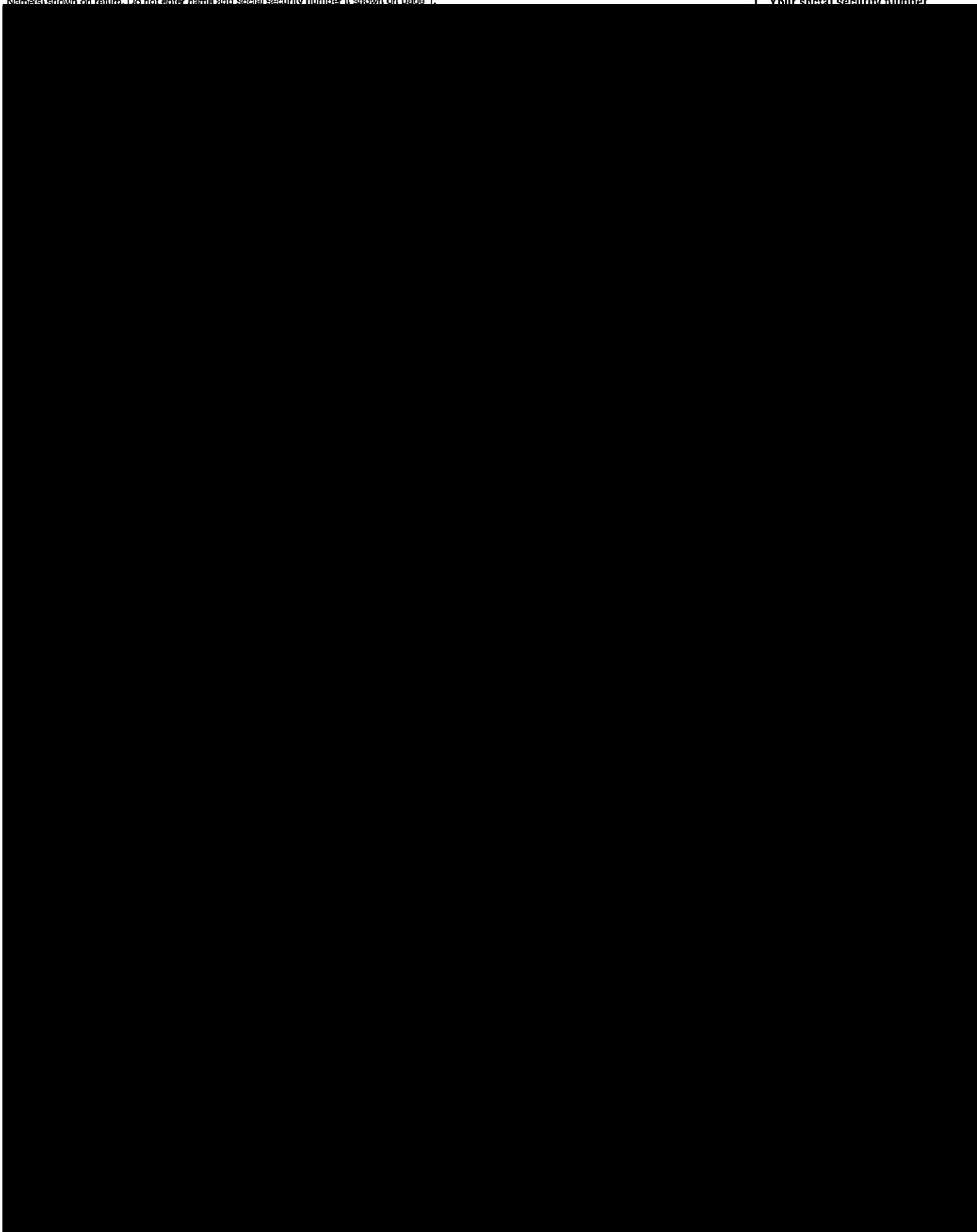
Social security number or

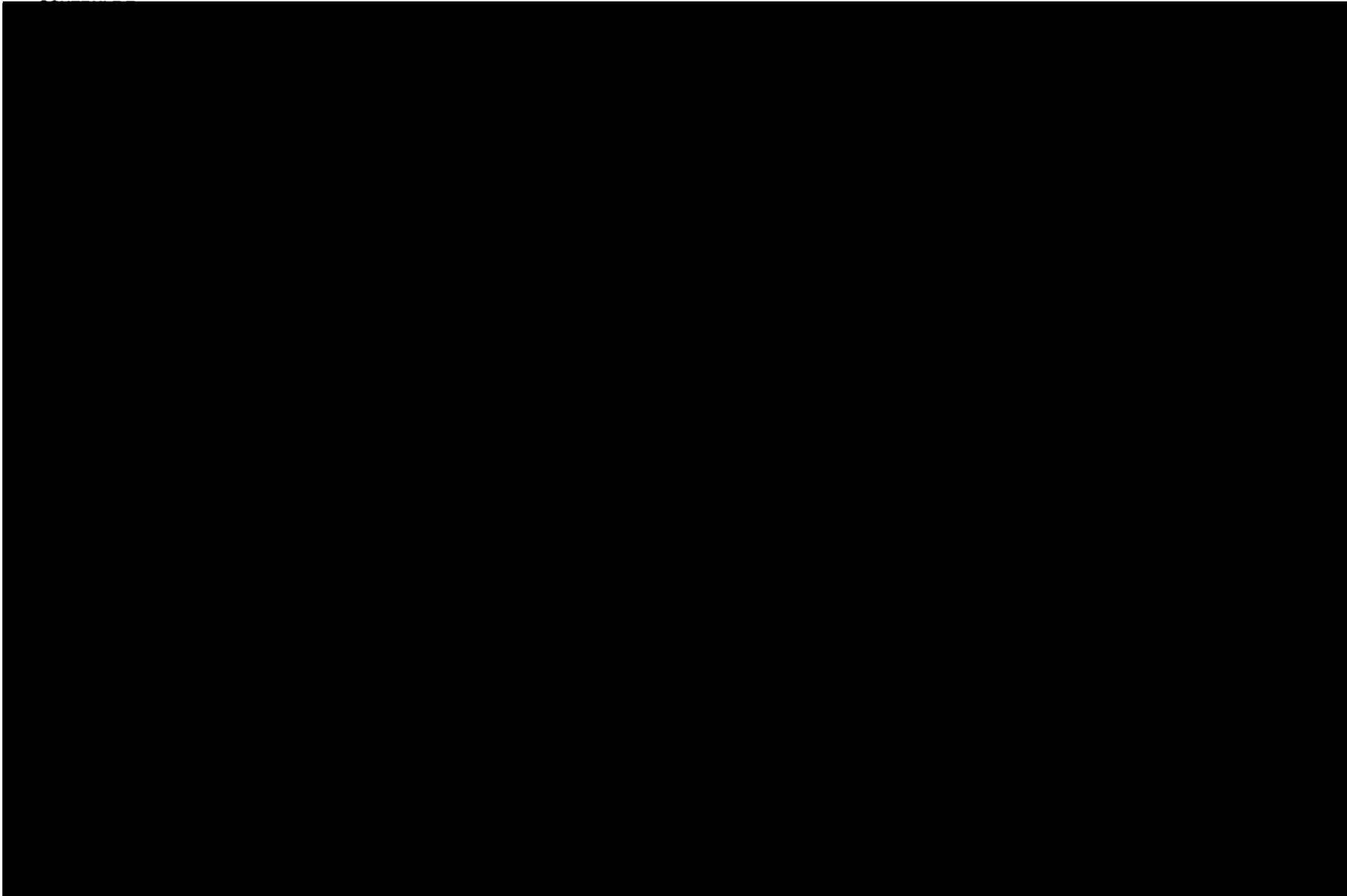




Name(s) shown on return. Do not enter name and social security number if shown on page 1.

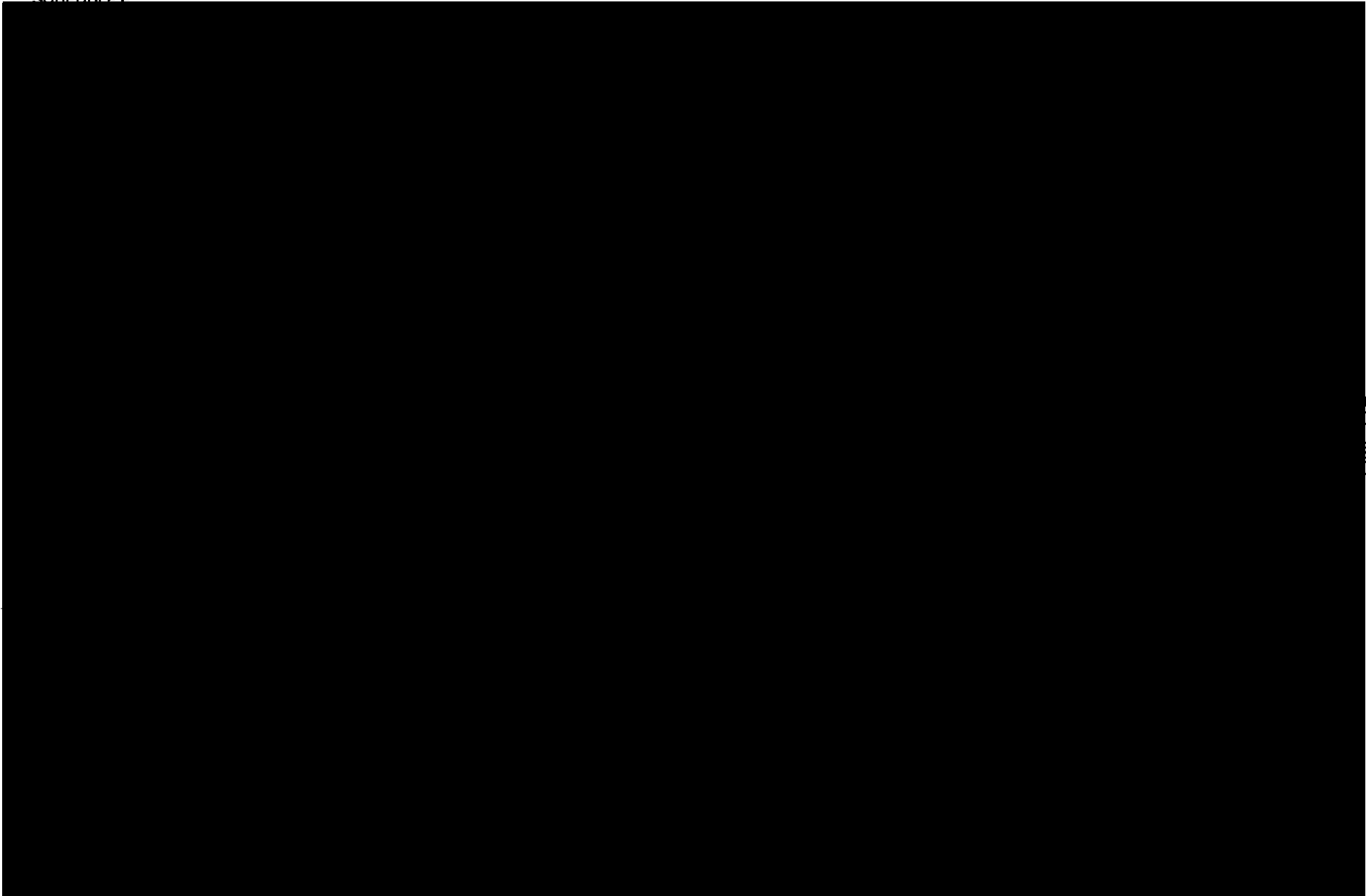
Your social security number





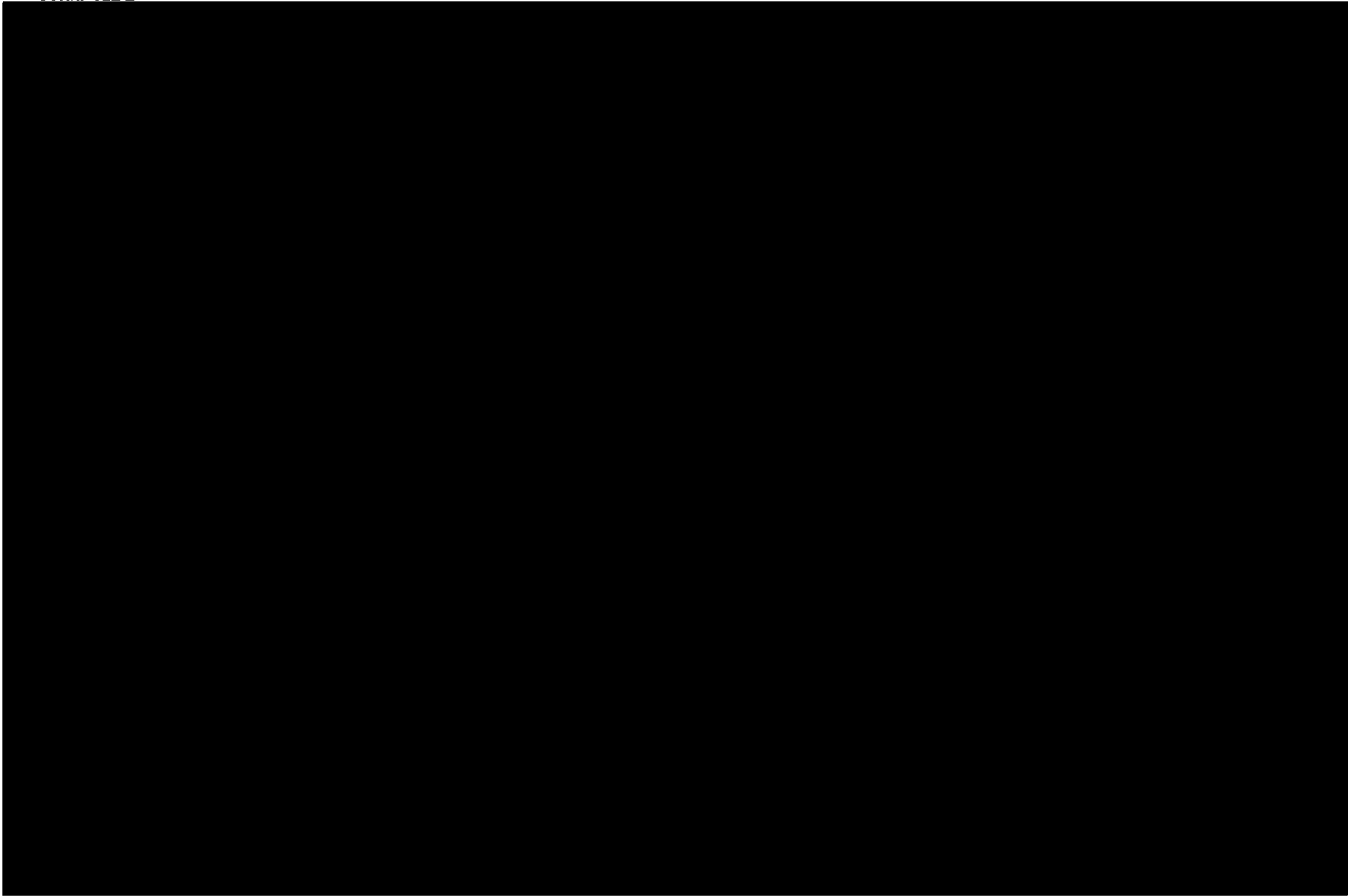
Page 213

CONFIDENTIAL - FOIA-EXEMPT

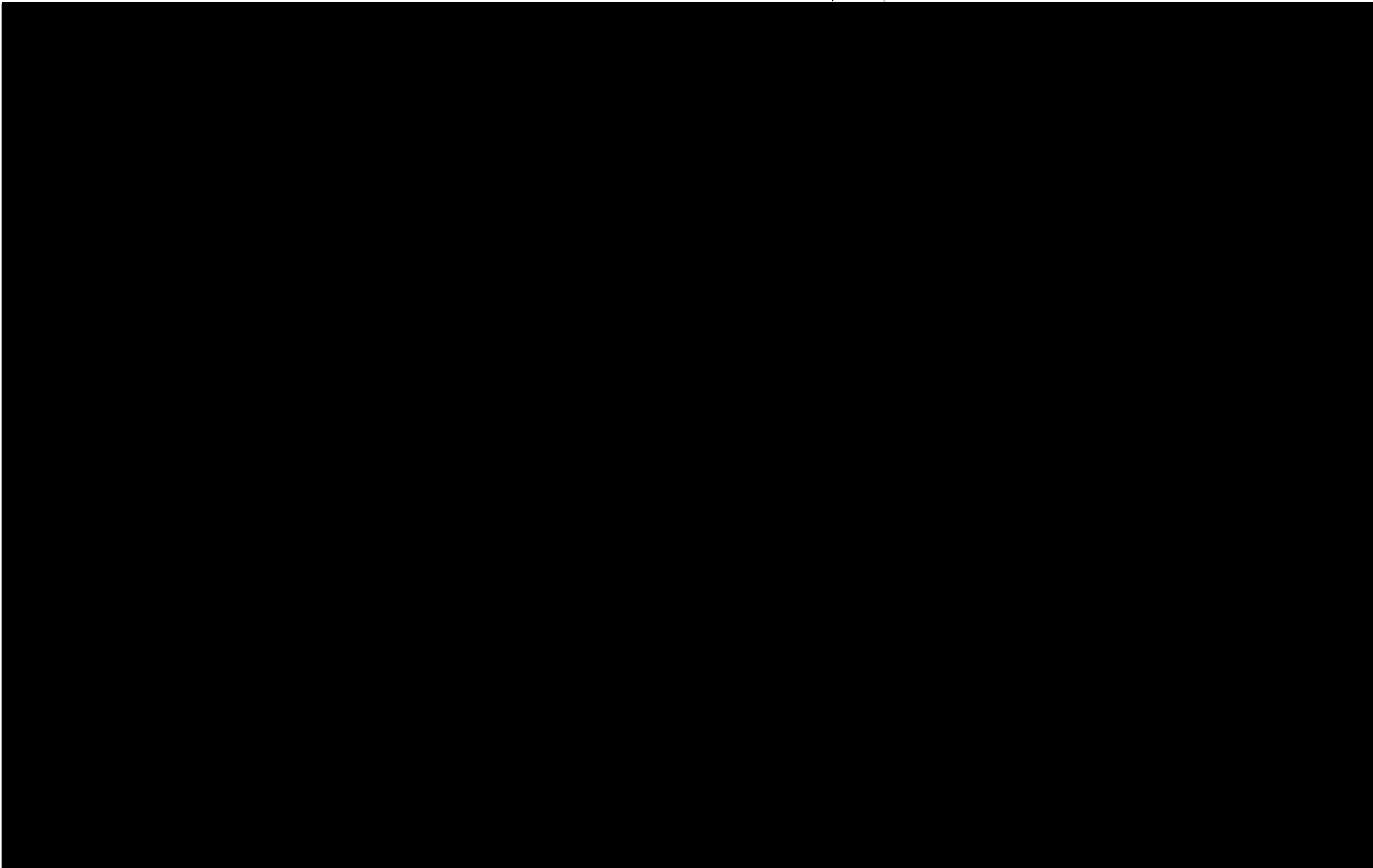


CONFIDENTIAL - FOIA-EXEMPT

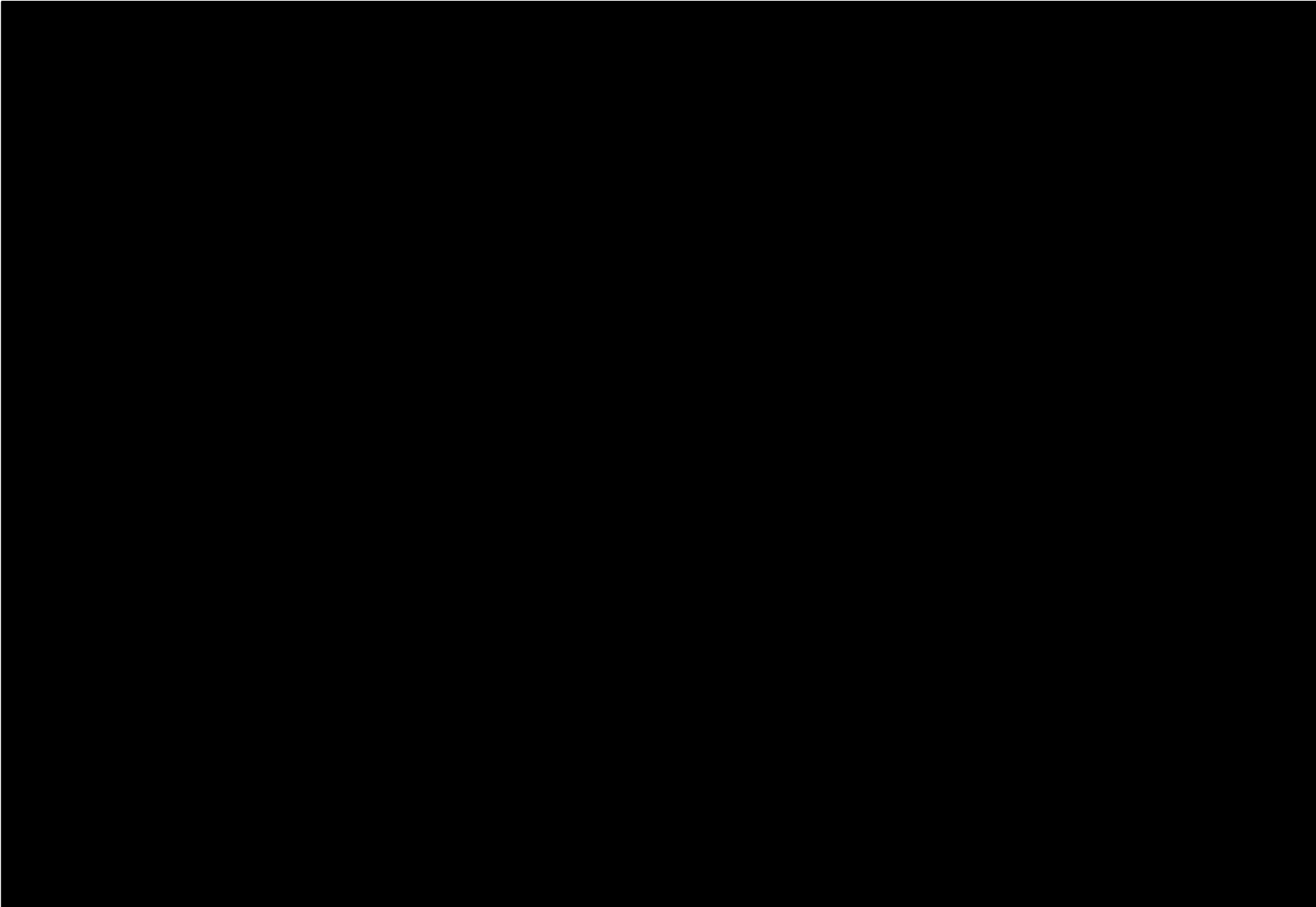
SCHEDULE E



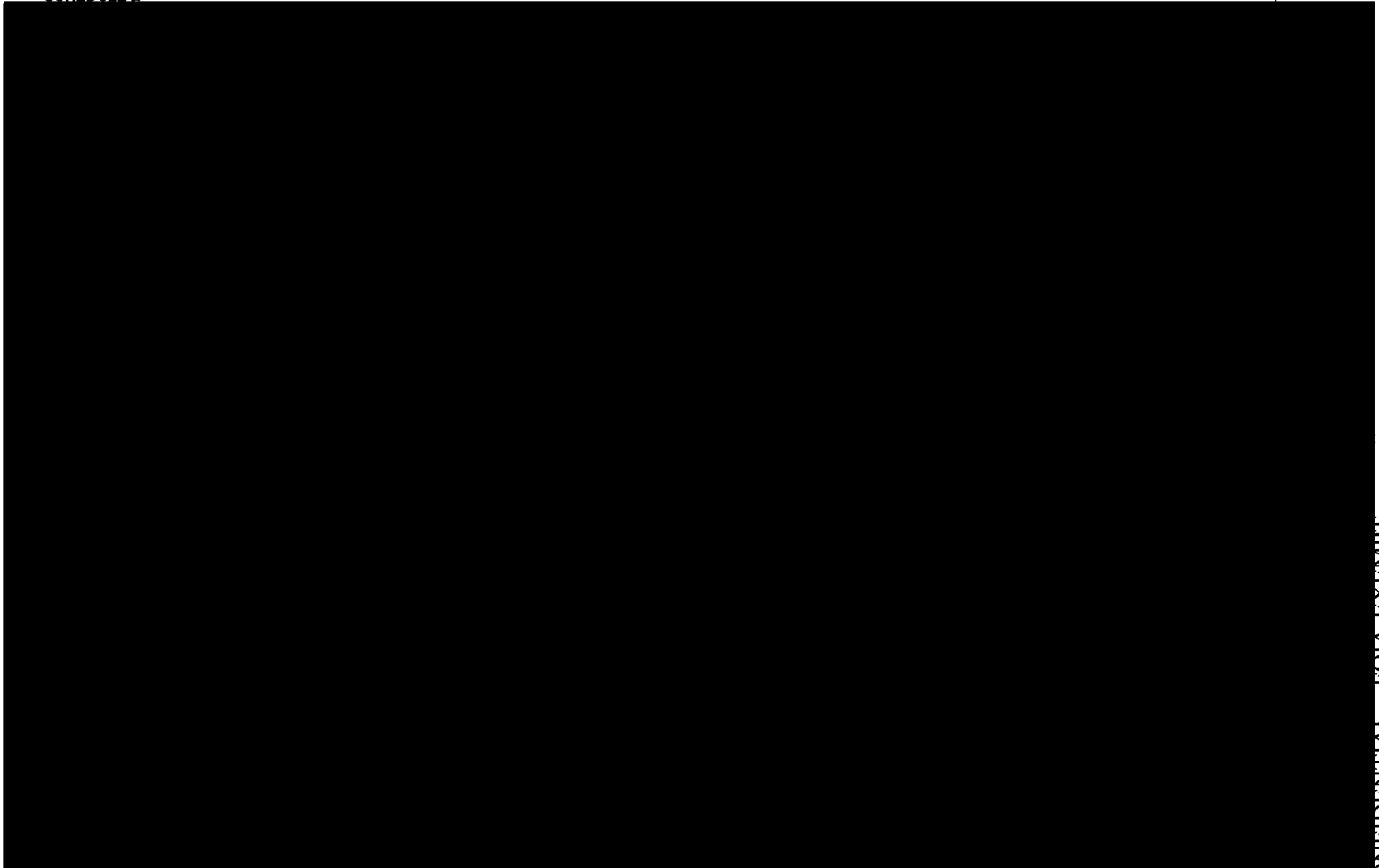
Page 215
CONFIDENTIAL - FOIA-EXEMPT



CONFIDENTIAL -- FOIA-EXEMPT



SCHEDULE E



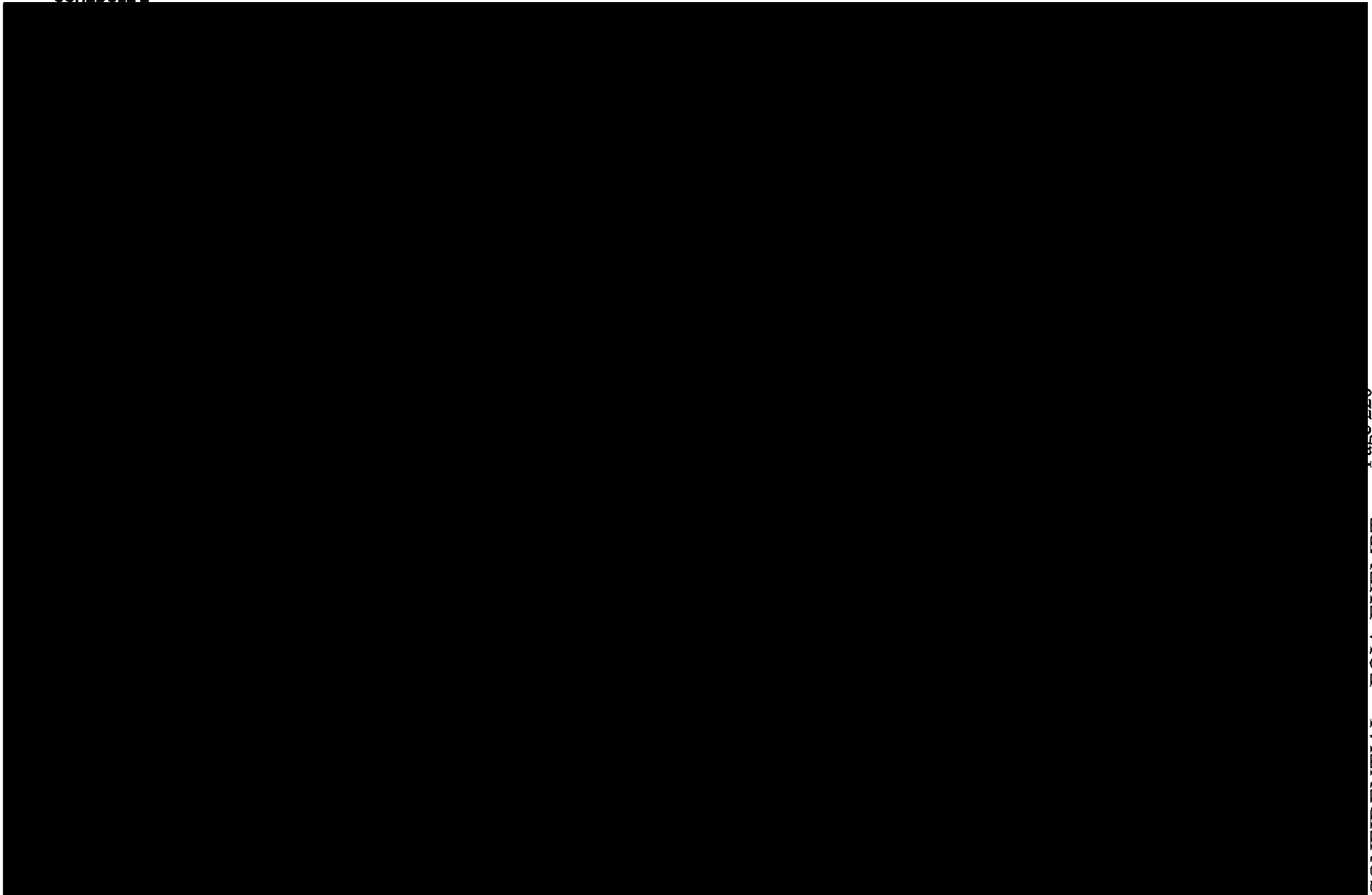
CONFIDENTIAL - FOIA-EXEMPT

SCHEDULE E



CONFIDENTIAL -- FOIA-EXEMPT

SCHEDULE F



CONFIDENTIAL - FOIA-EXEMPT

Form **1116**

Foreign Tax Credit

(Individual, Estate, or Trust)

2013

Attachment
Sequence No. **19**

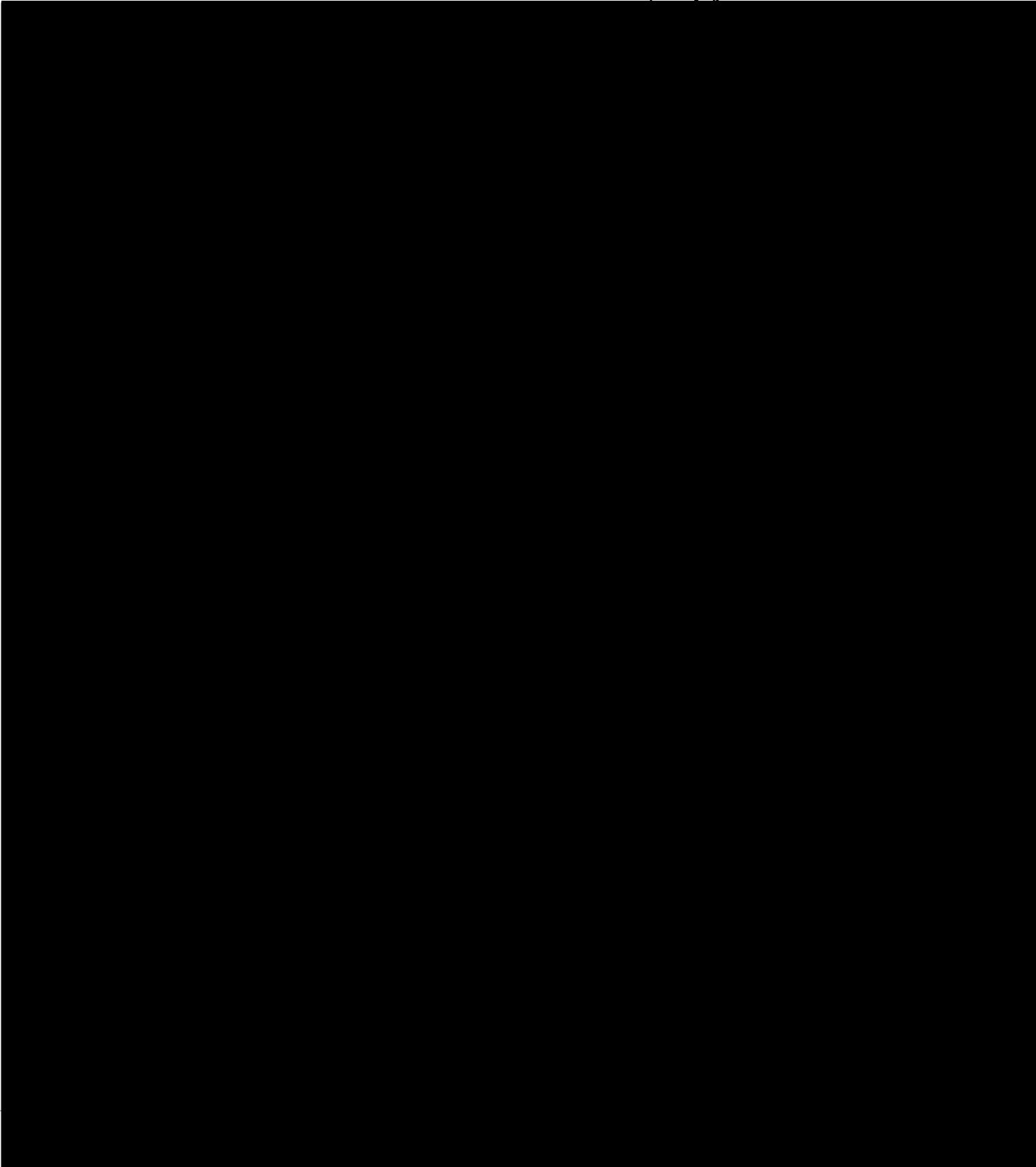
Department of the Treasury
Internal Revenue Service (99)

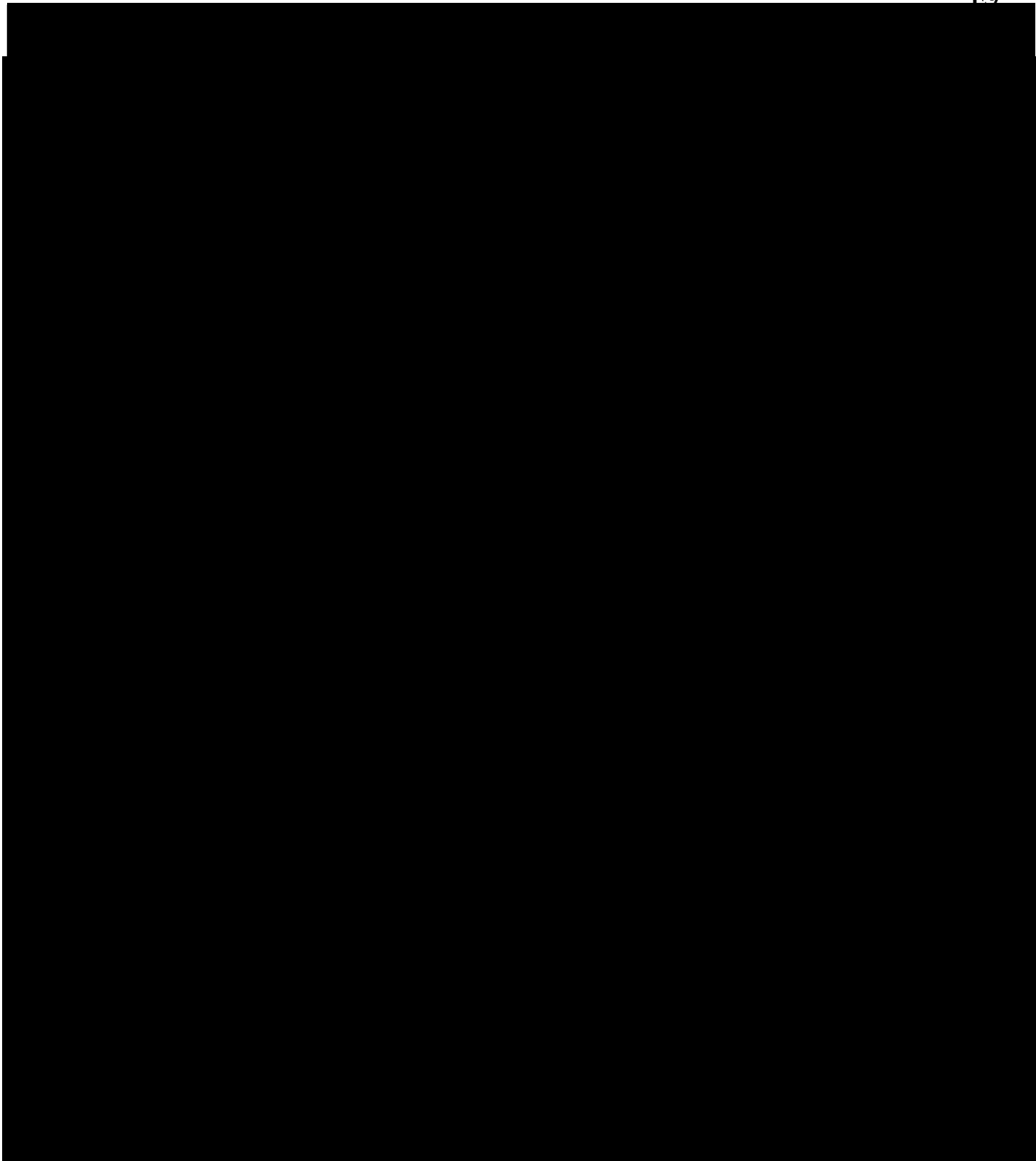
▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

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

Name

Identifying number as shown on page 1 of your tax return





311511
11-05-13

Form **6251**

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

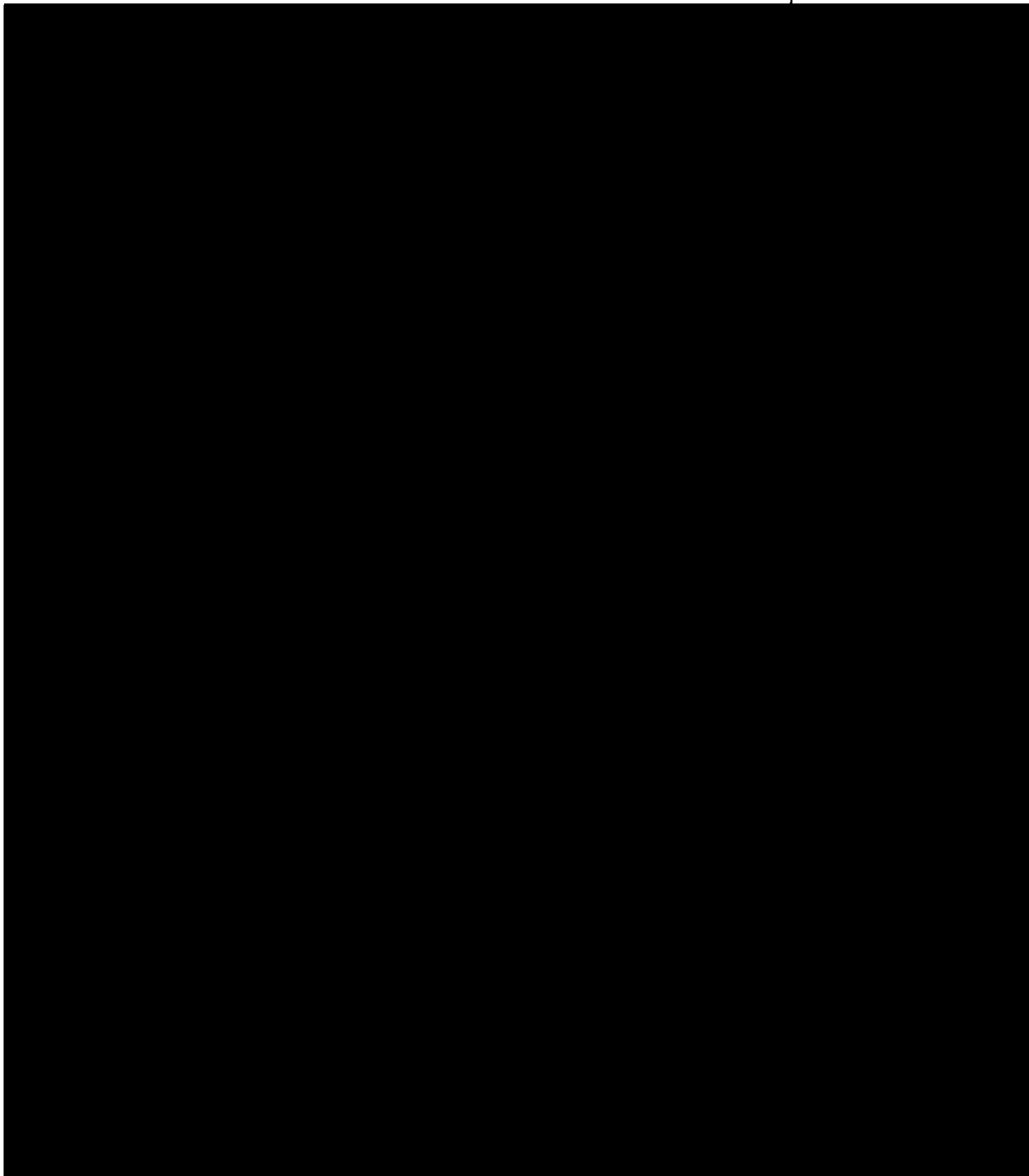
▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

2013
Attachment
Sequence No. **32**

▶ Attach to Form 1040 or Form 1040NR.

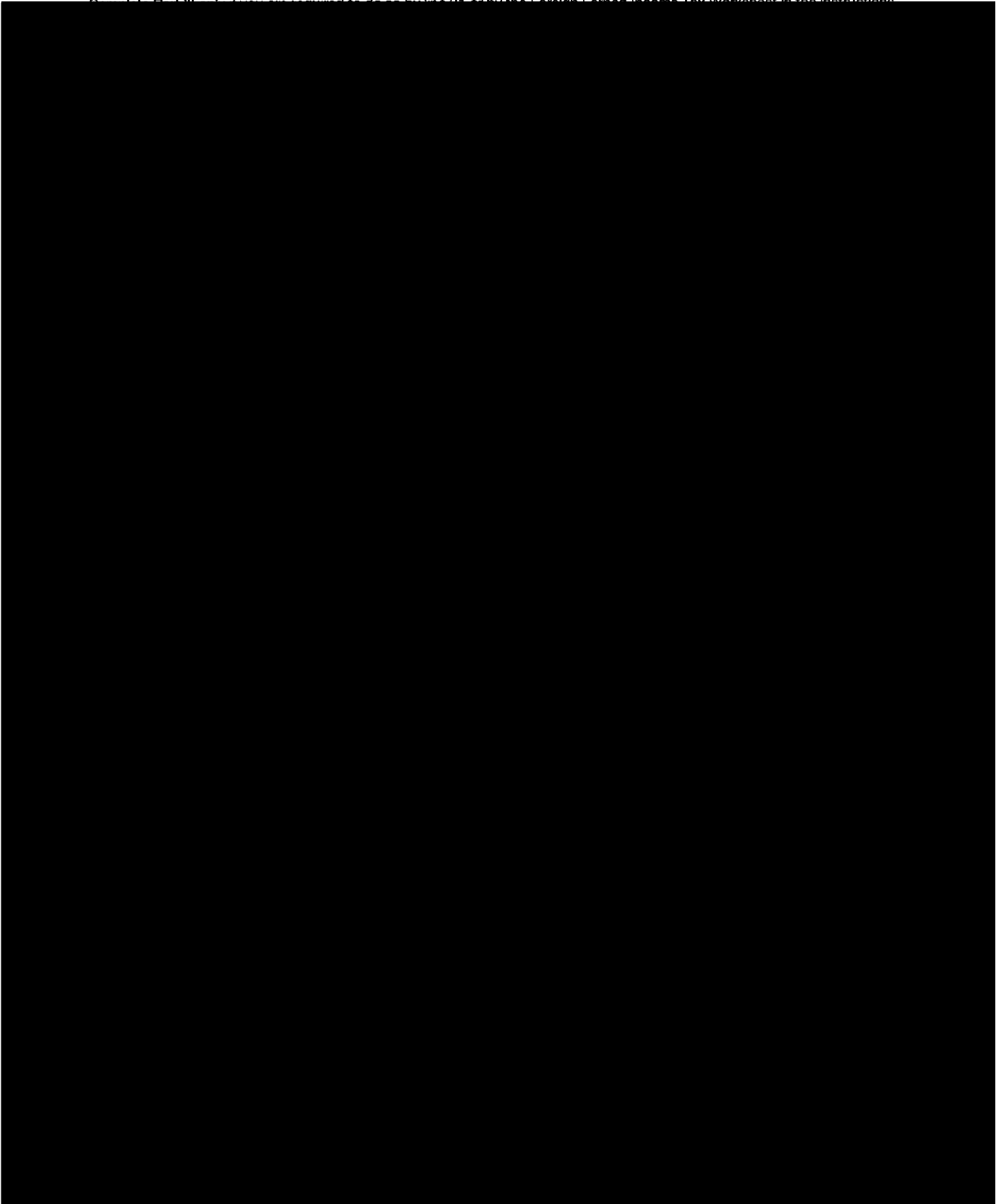
Name(s) shown on Form 1040 or Form 1040NR

Your social security number



Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III if you are required to pay tax on line 21 on the Foreign-Source Income Tax Worksheet in the instructions.



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

Social Security Number

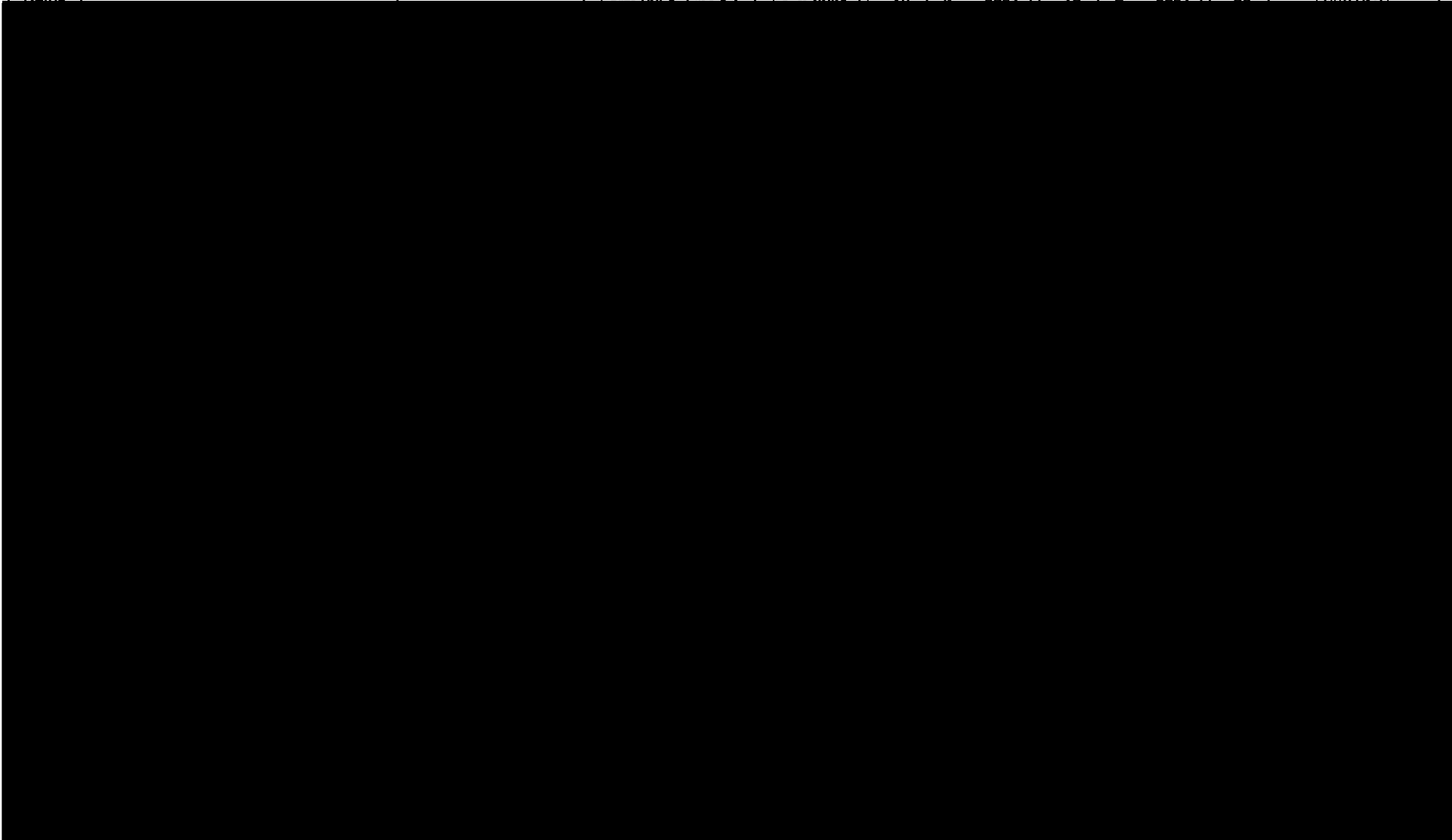
Form Name

Description

Income

Adjustment

Form 6251



CONFIDENTIAL - FOIA-EXEMPT

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121 **E9**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

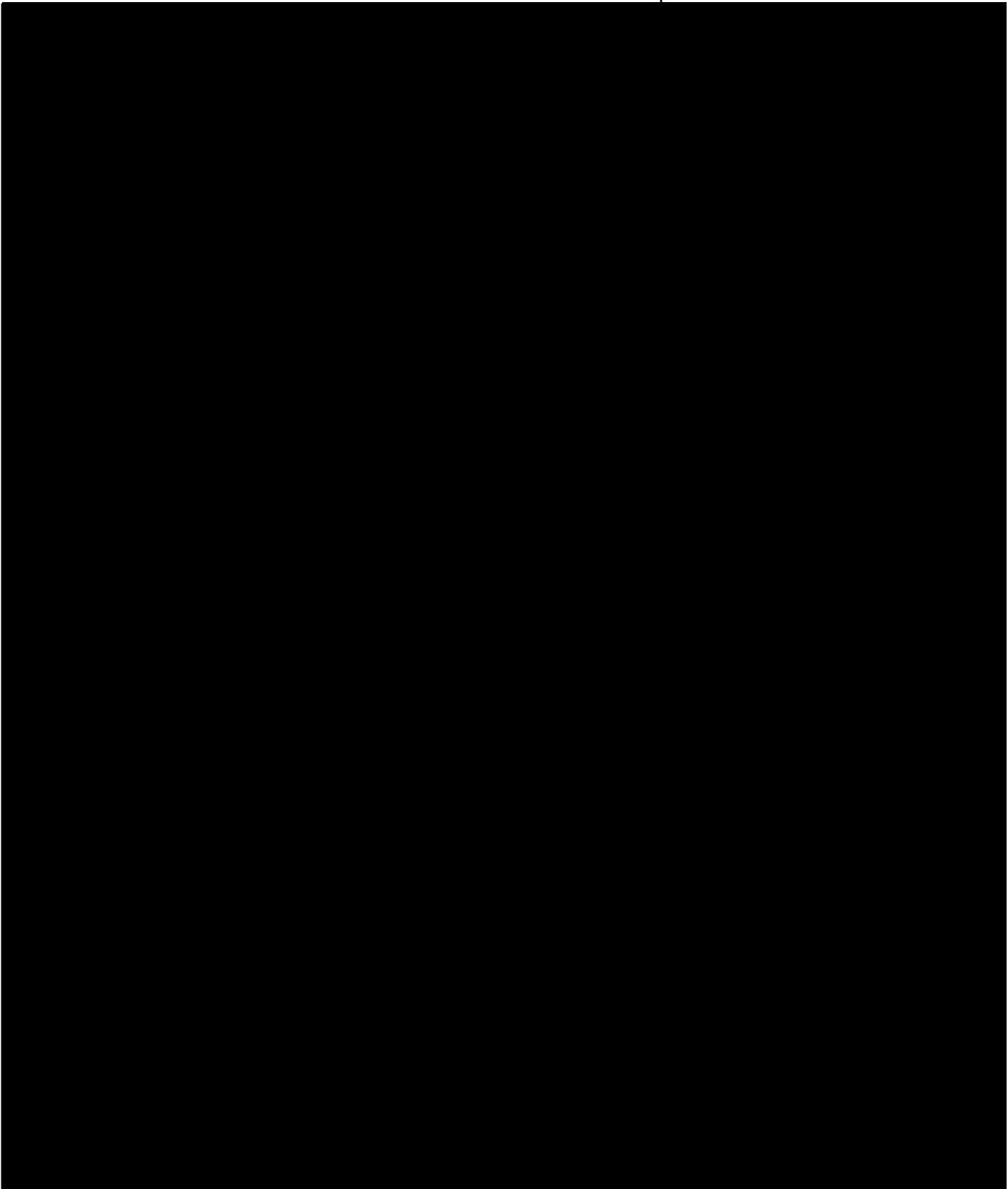
▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116

2013

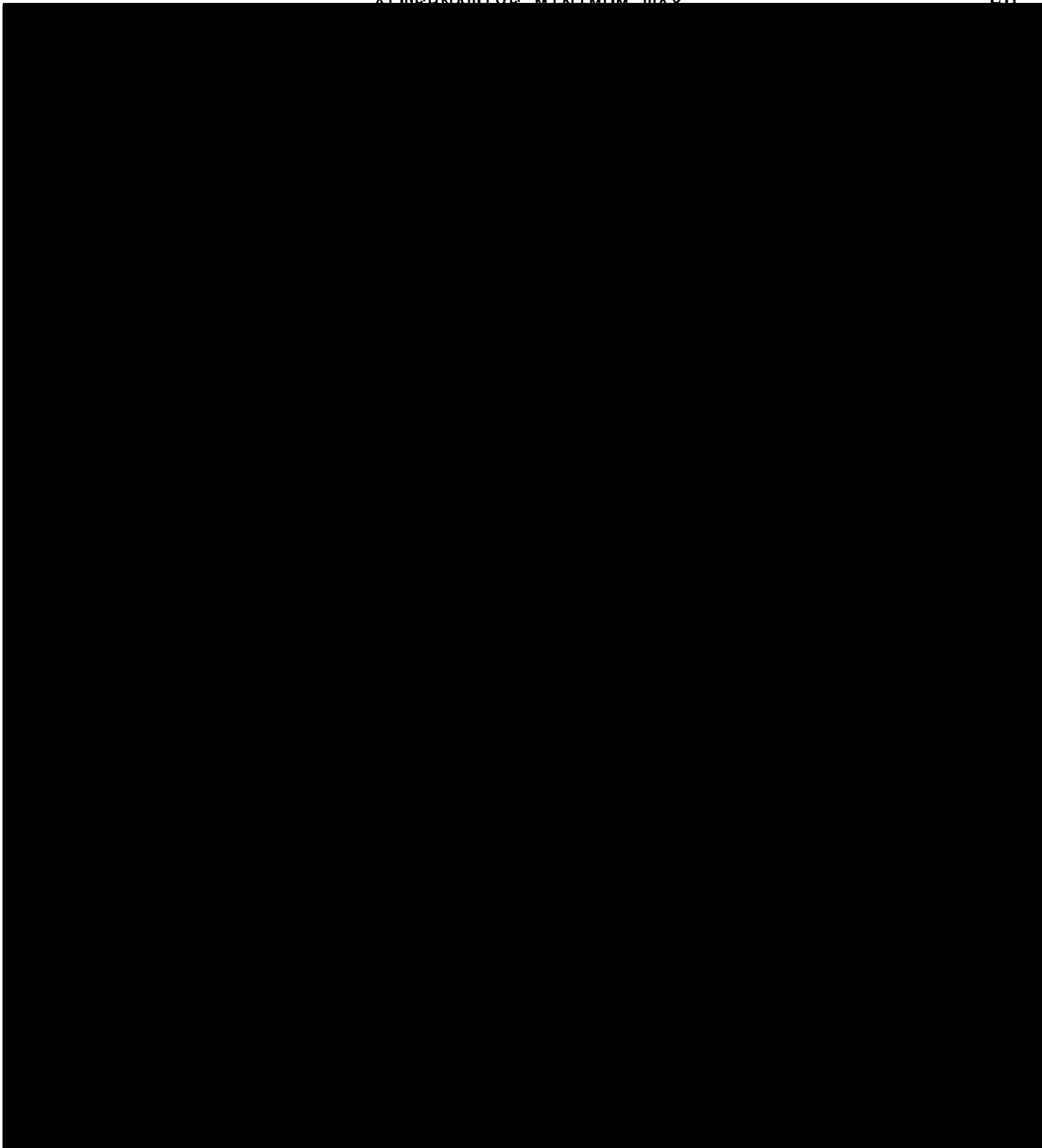
Attachment
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return



11-05-13



311511
11-05-13

Form **8959**

Additional Medicare Tax

2013

Department of the Treasury
Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions.

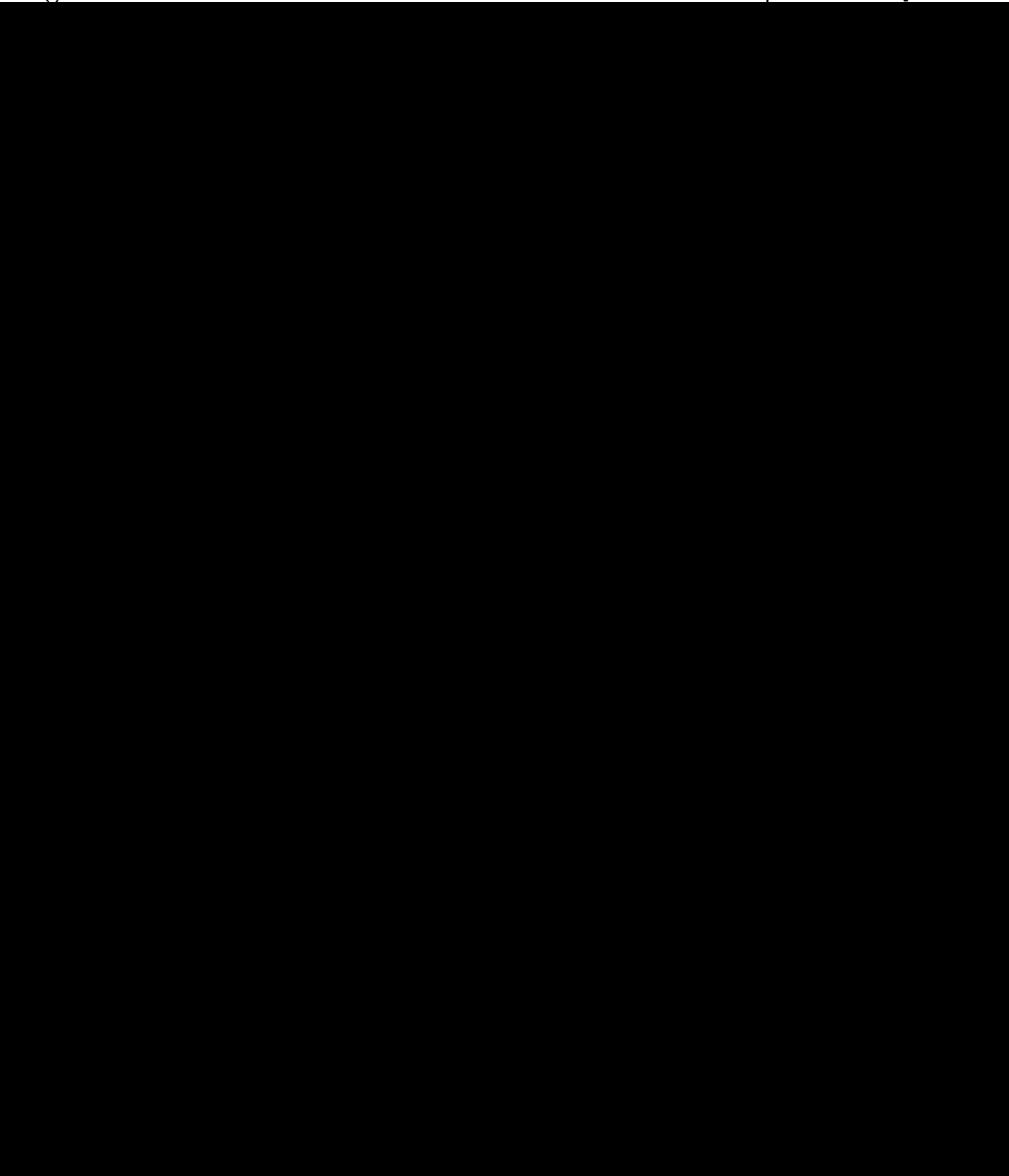
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

Attachment
Sequence No. 71

▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959

Name(s) shown on Form 1040

Your social security number



Net Investment Income Tax - Individuals, Estates, and Trusts

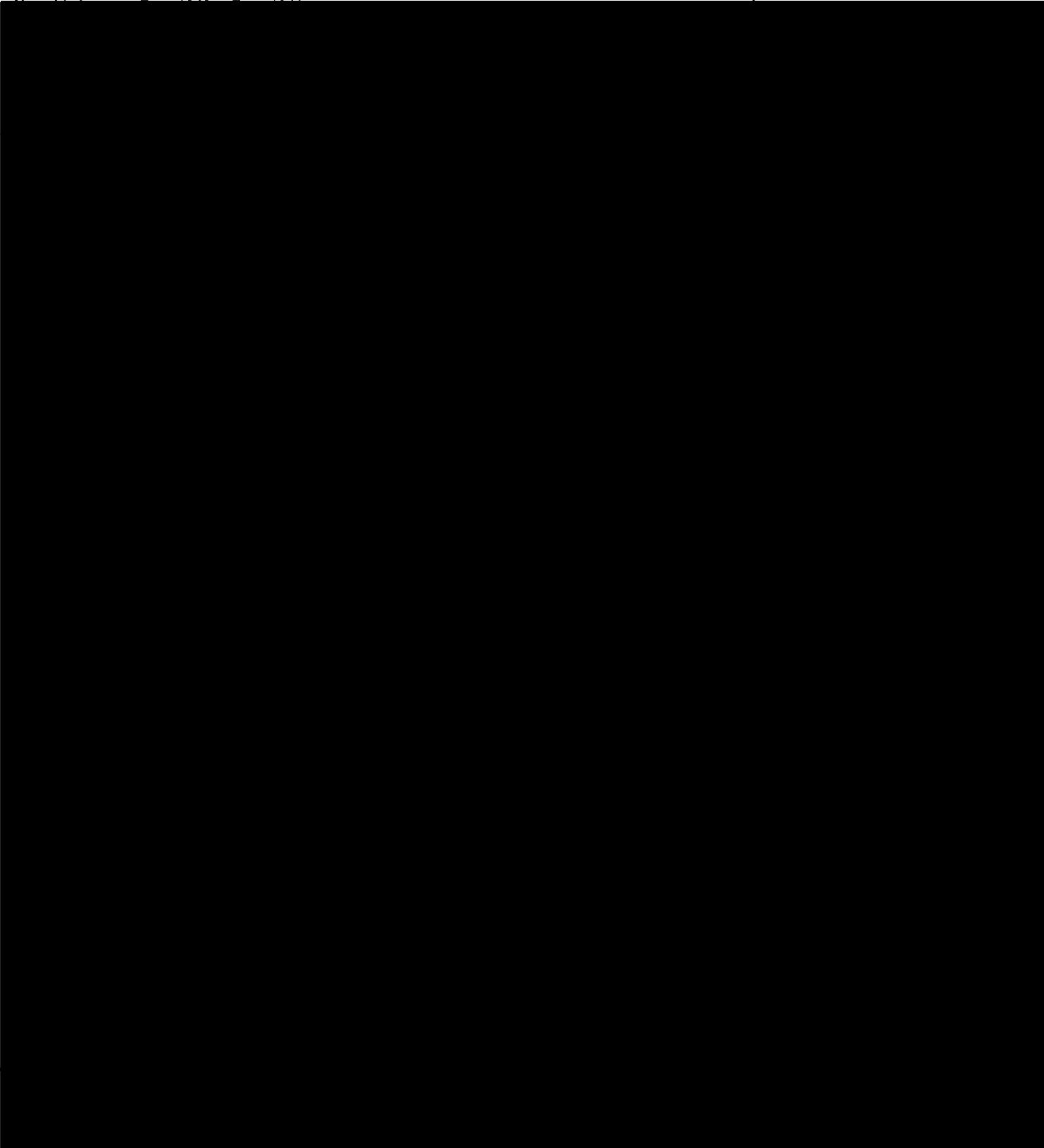
2013

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1041.

Attachment
Sequence No. **72**

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



LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8960 (2013)

323121
01-17-14

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property) SUMMARY

2013
Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

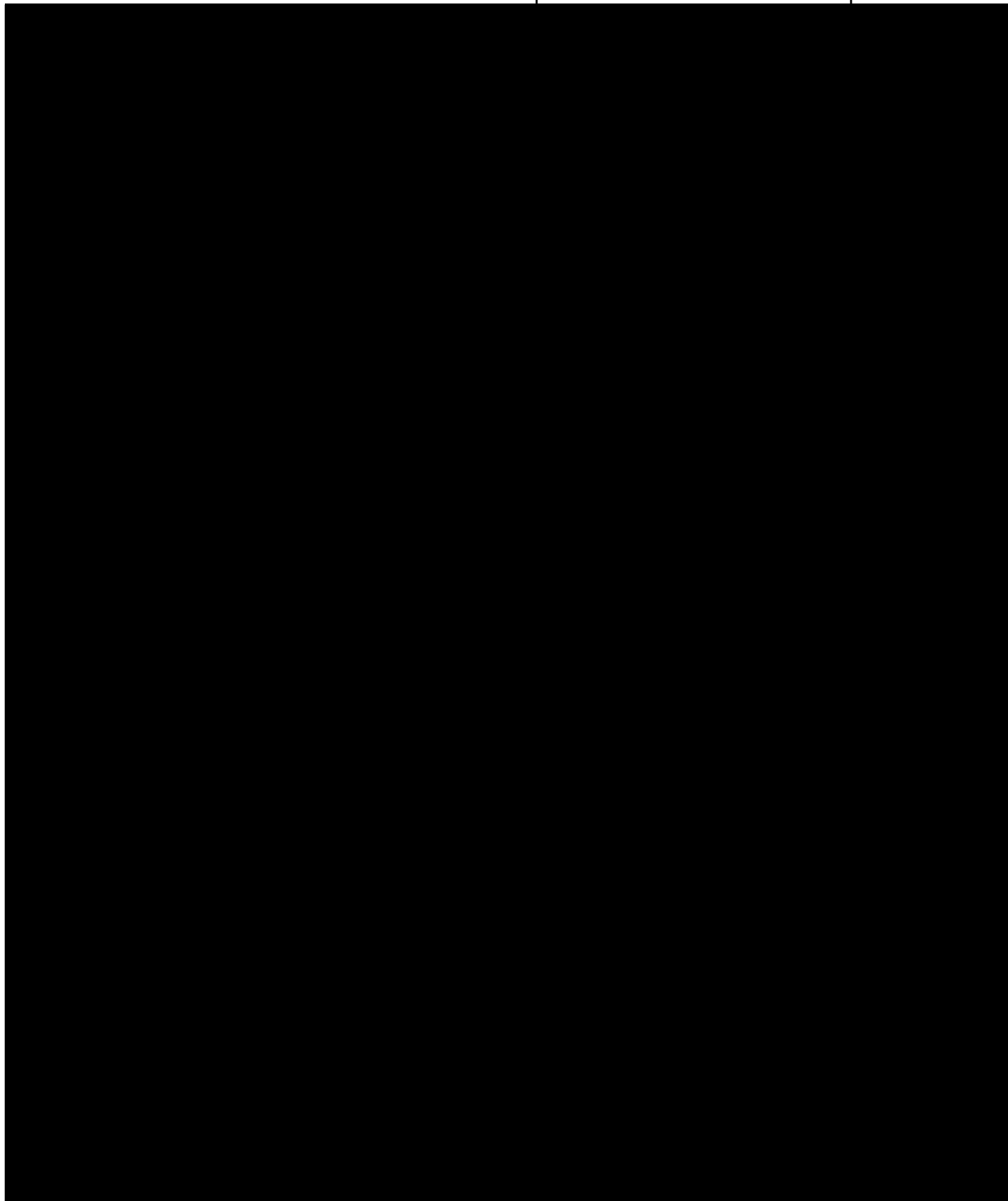
▶ See separate instructions.

▶ Attach to your tax return.

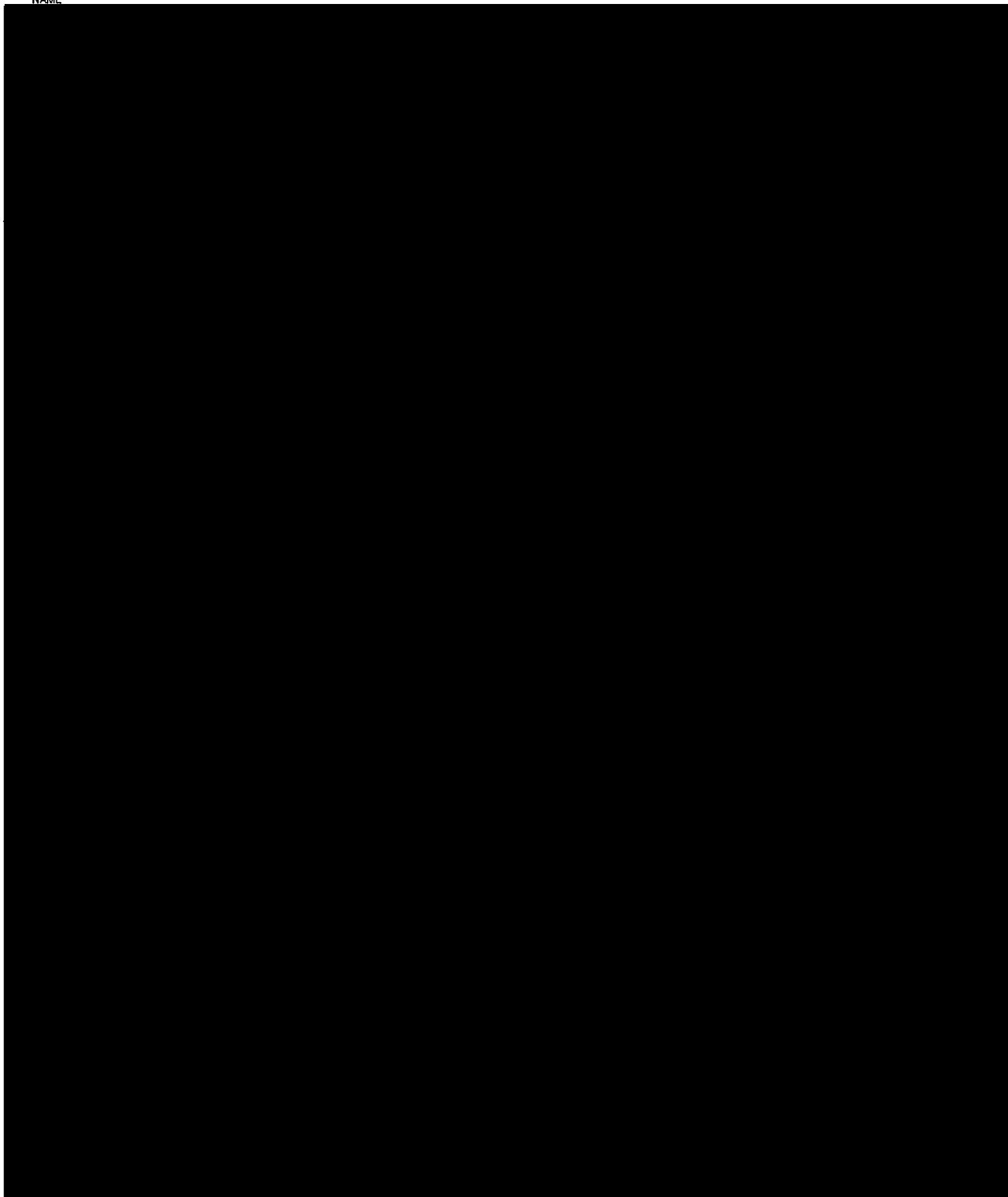
Name(s) shown on return

Business or activity to which this form relates

Identifying number



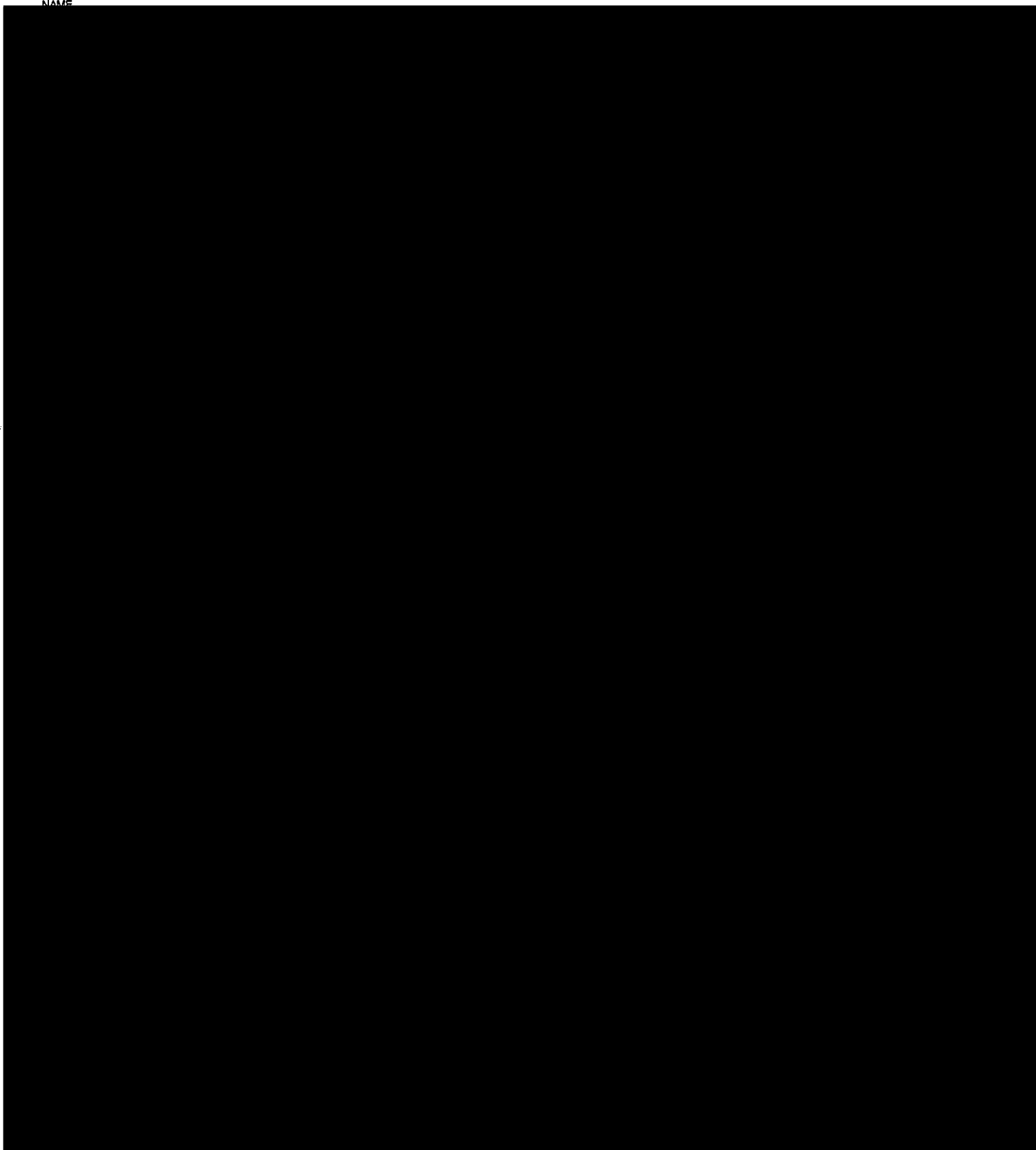
NAME



Form 1116

Allocation of Itemized Deductions

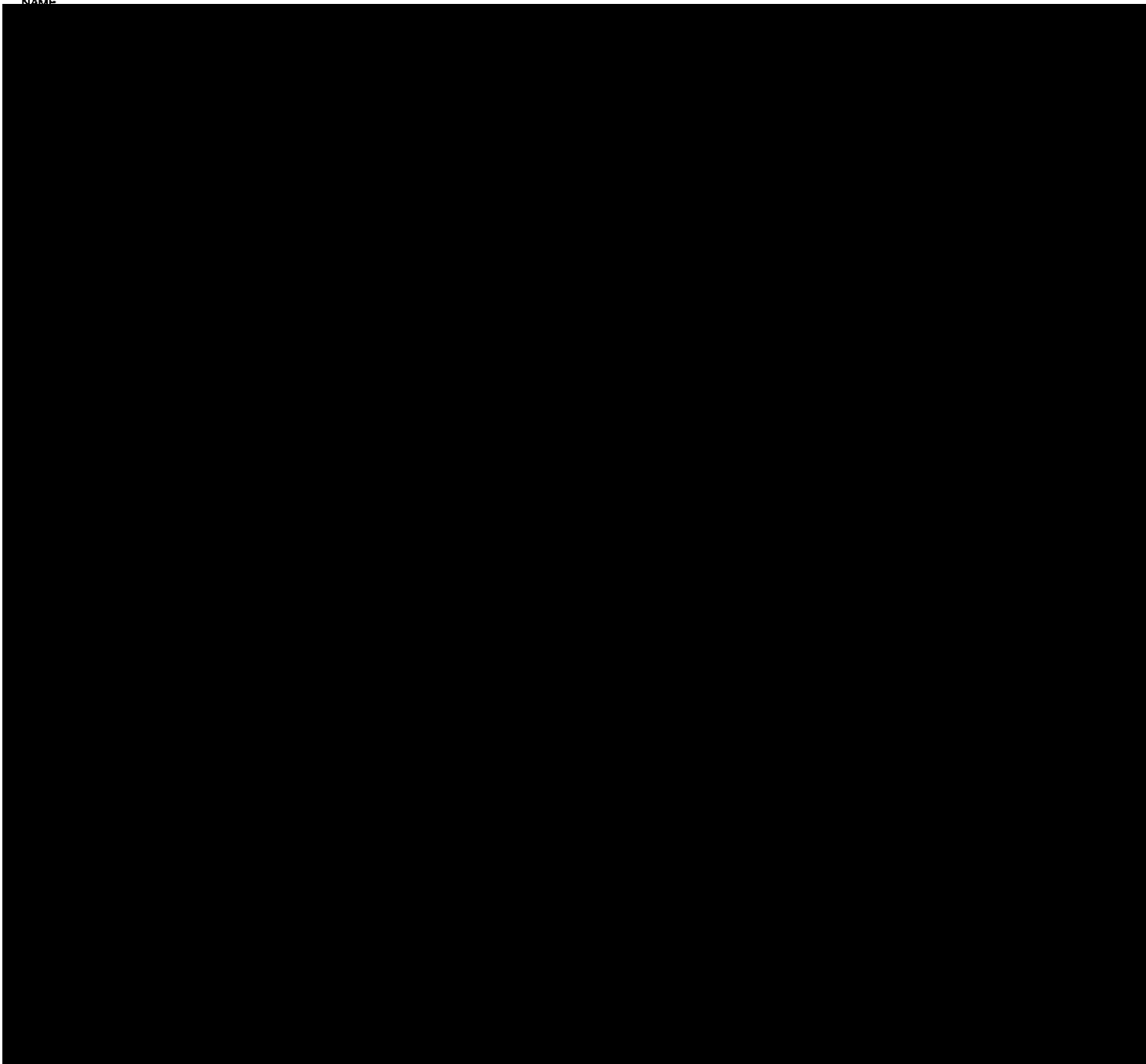
NAME



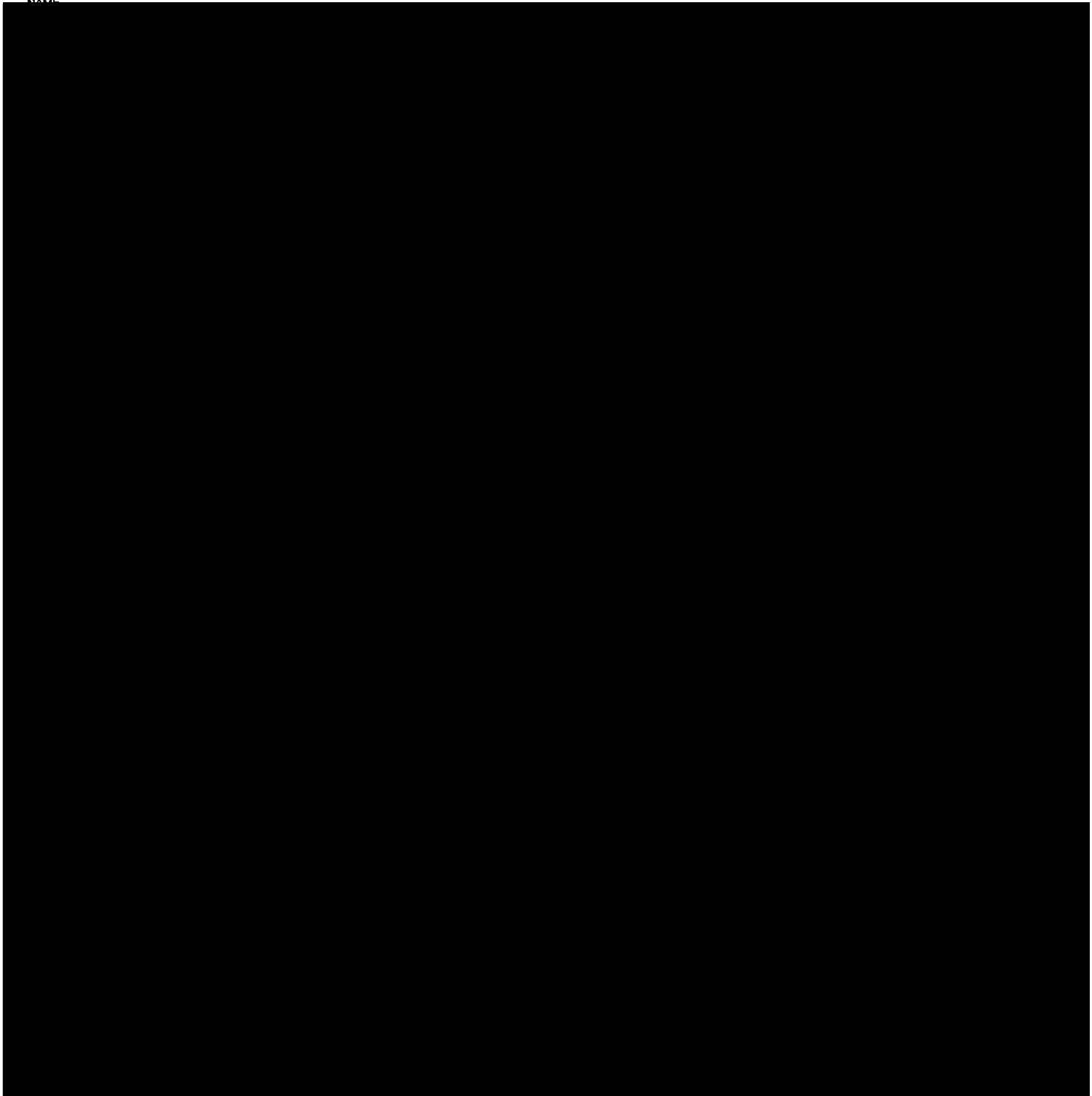
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10-31-13

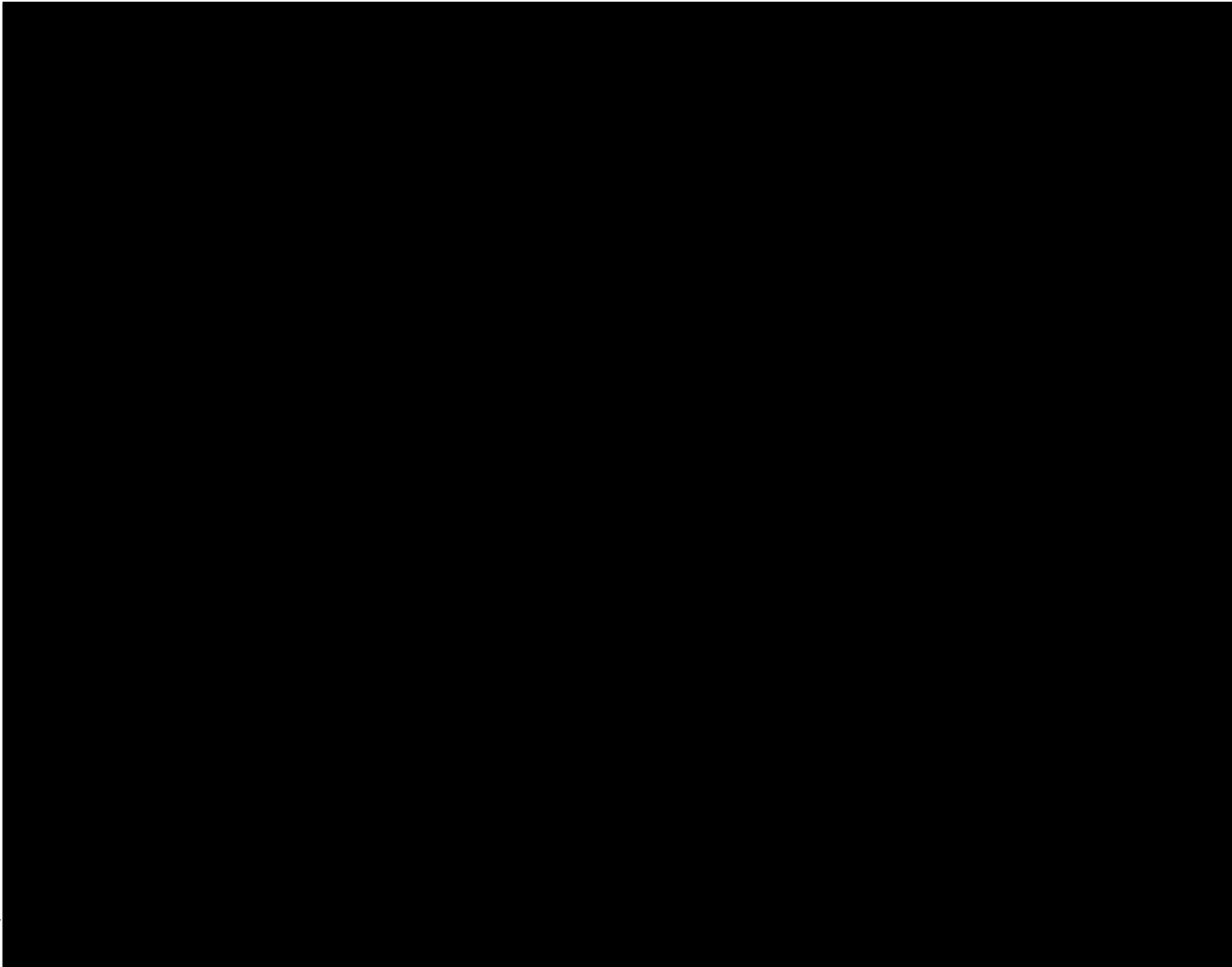
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NAME

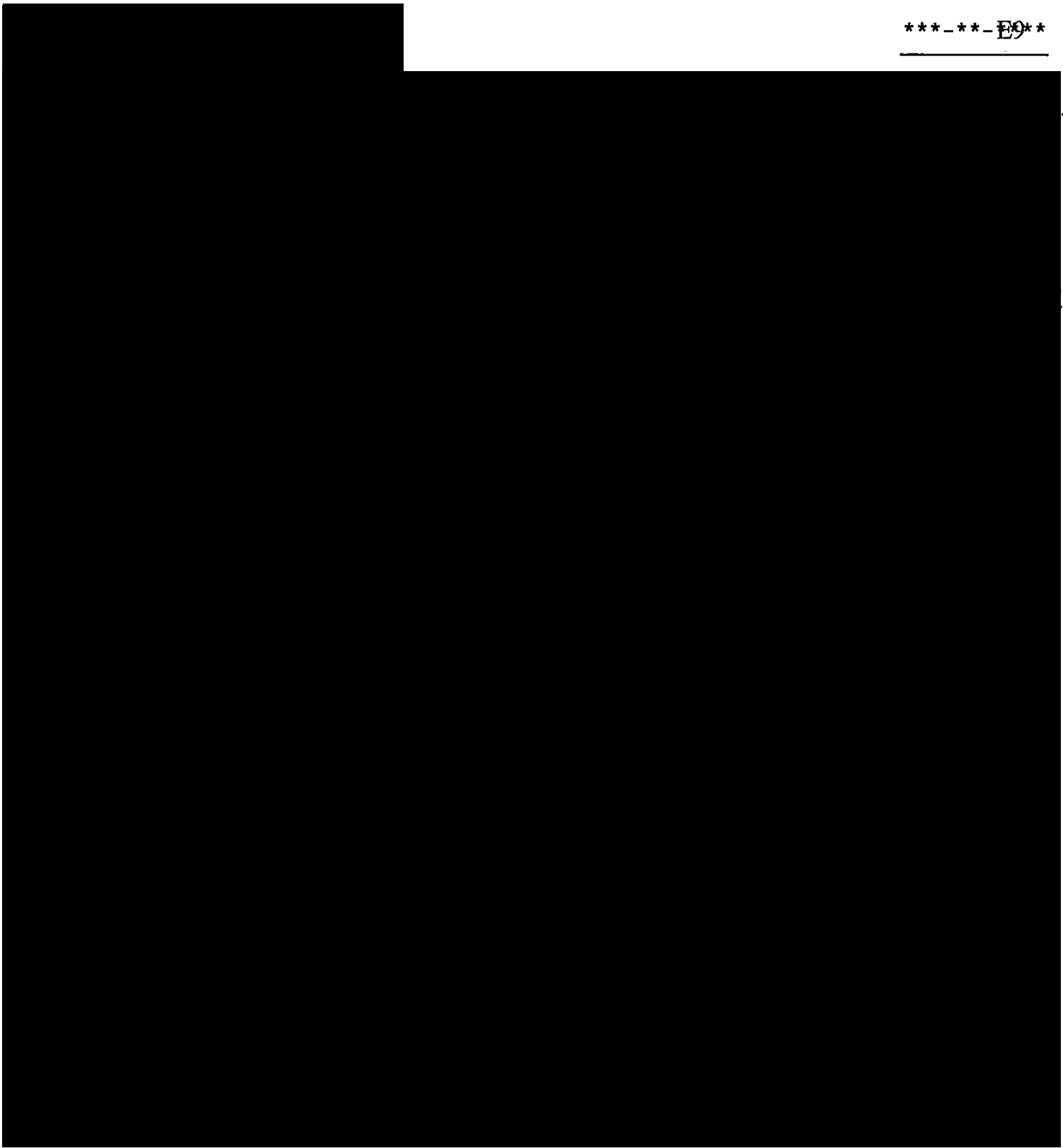


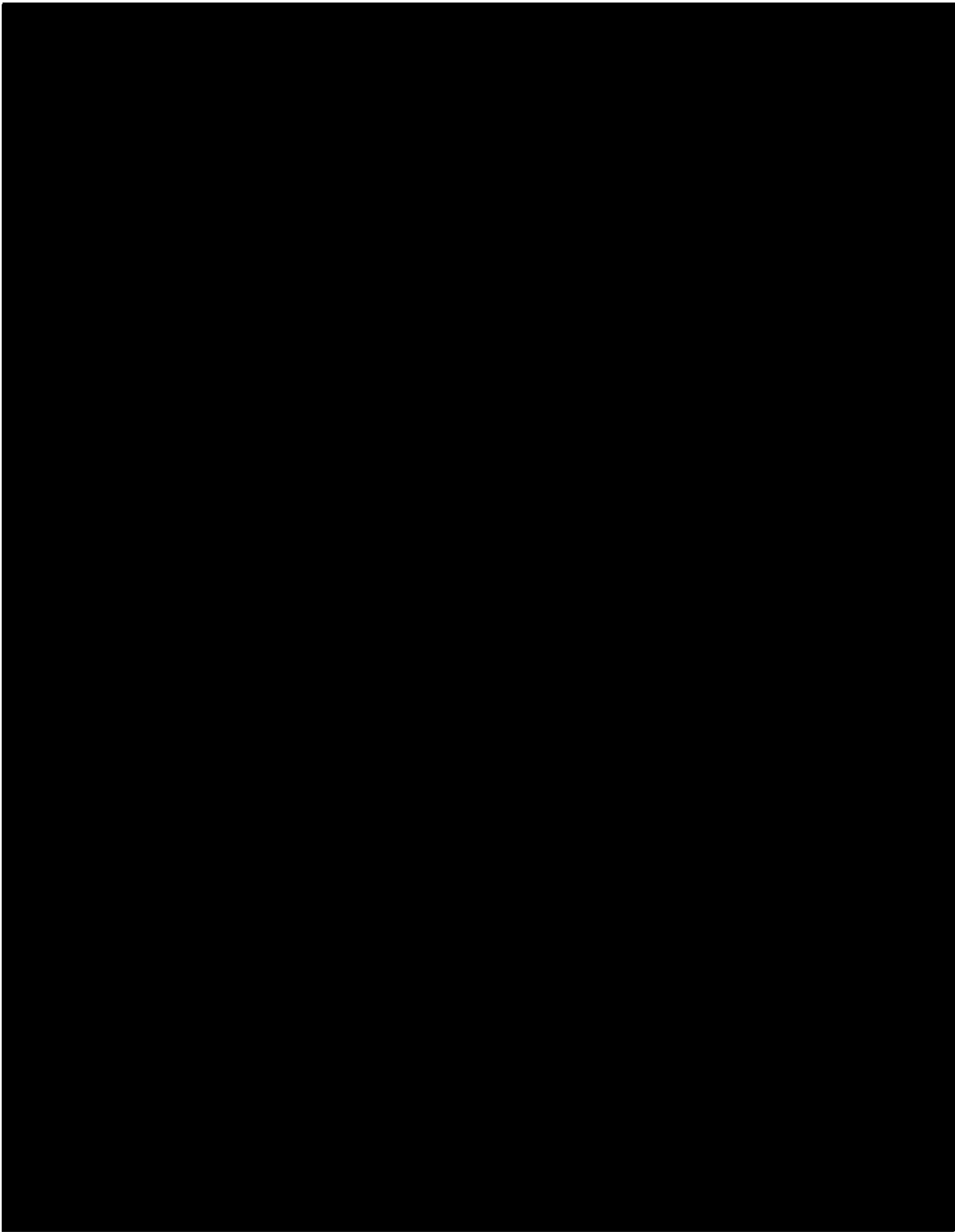
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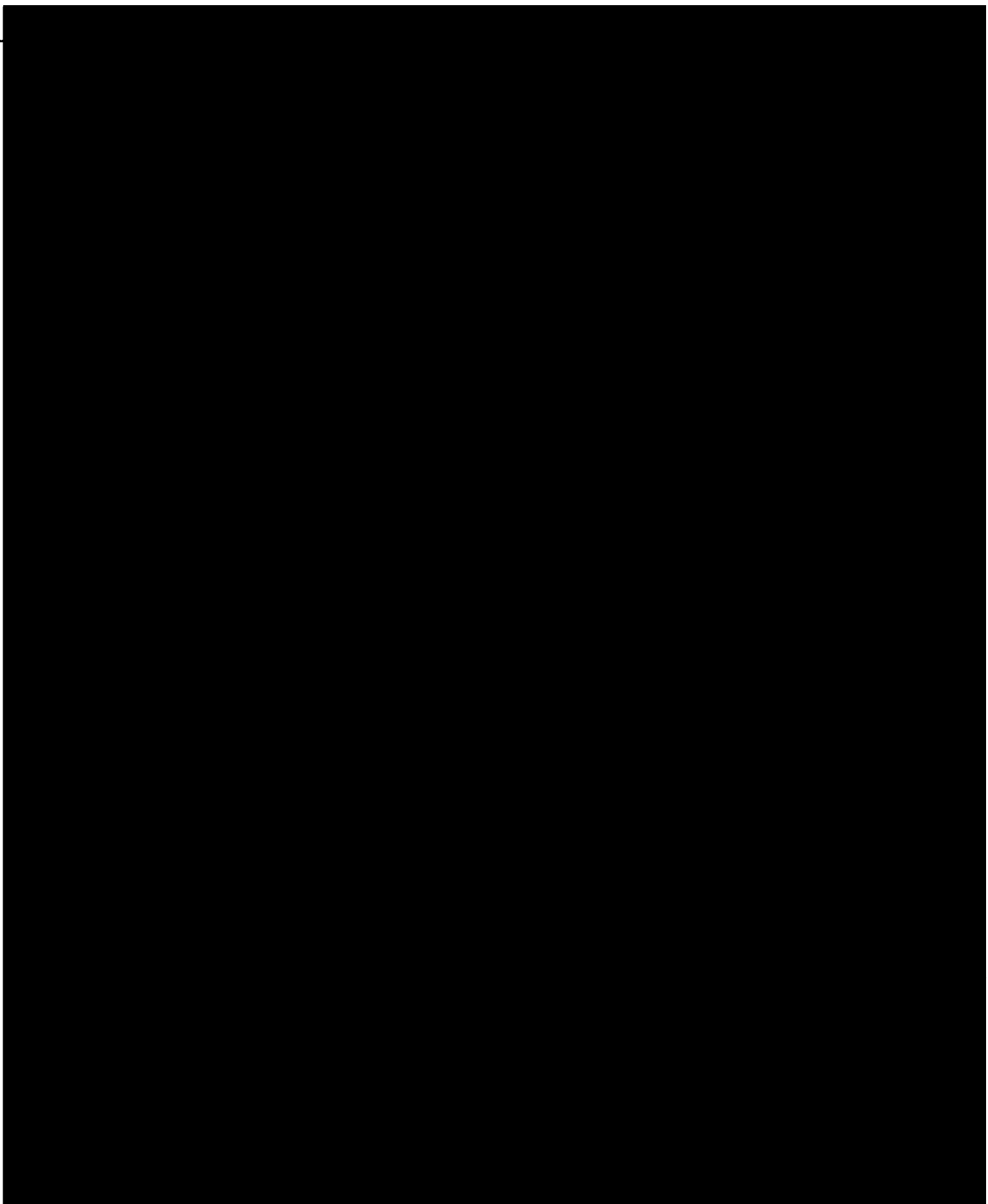


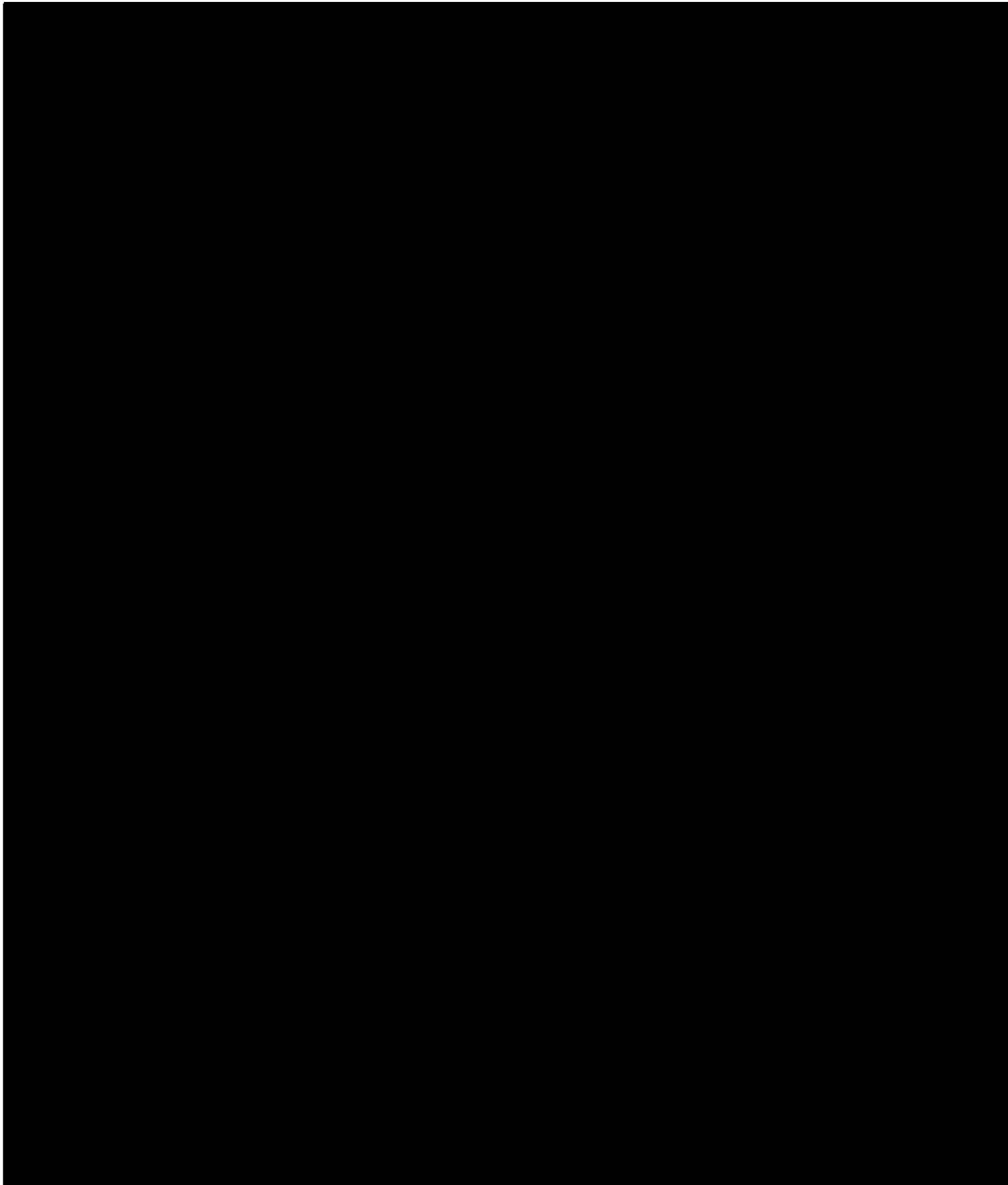


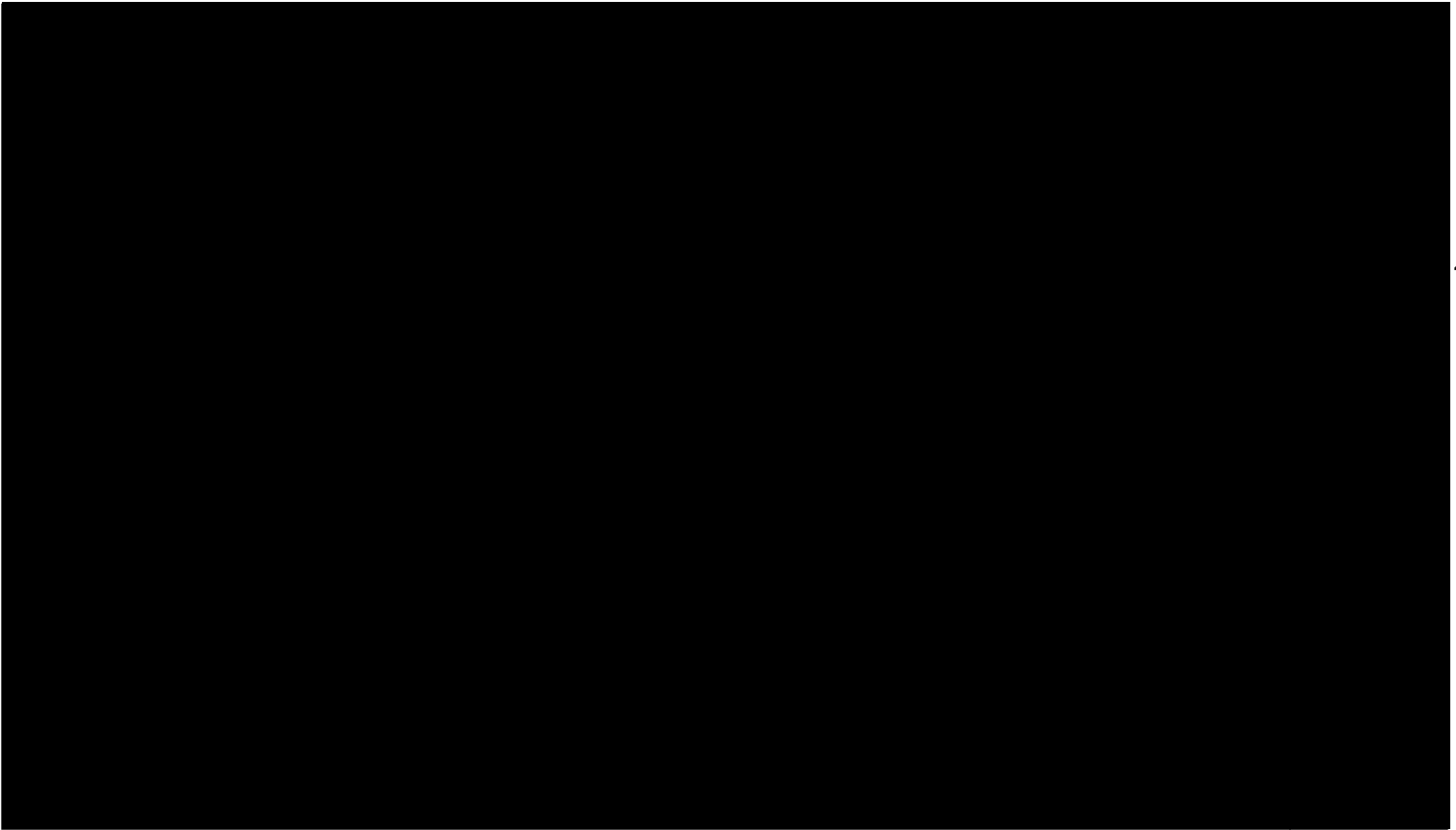
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05-01-13

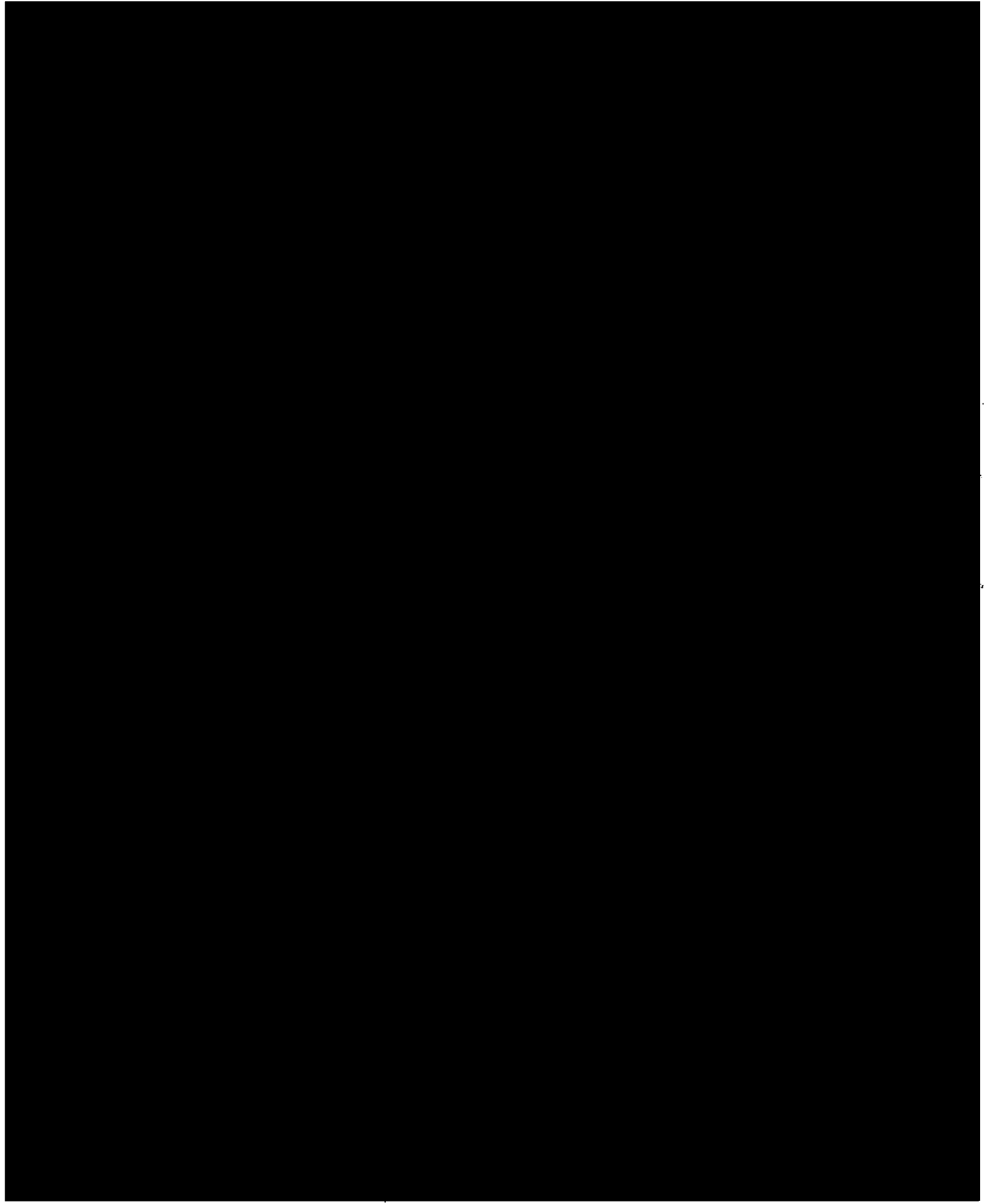


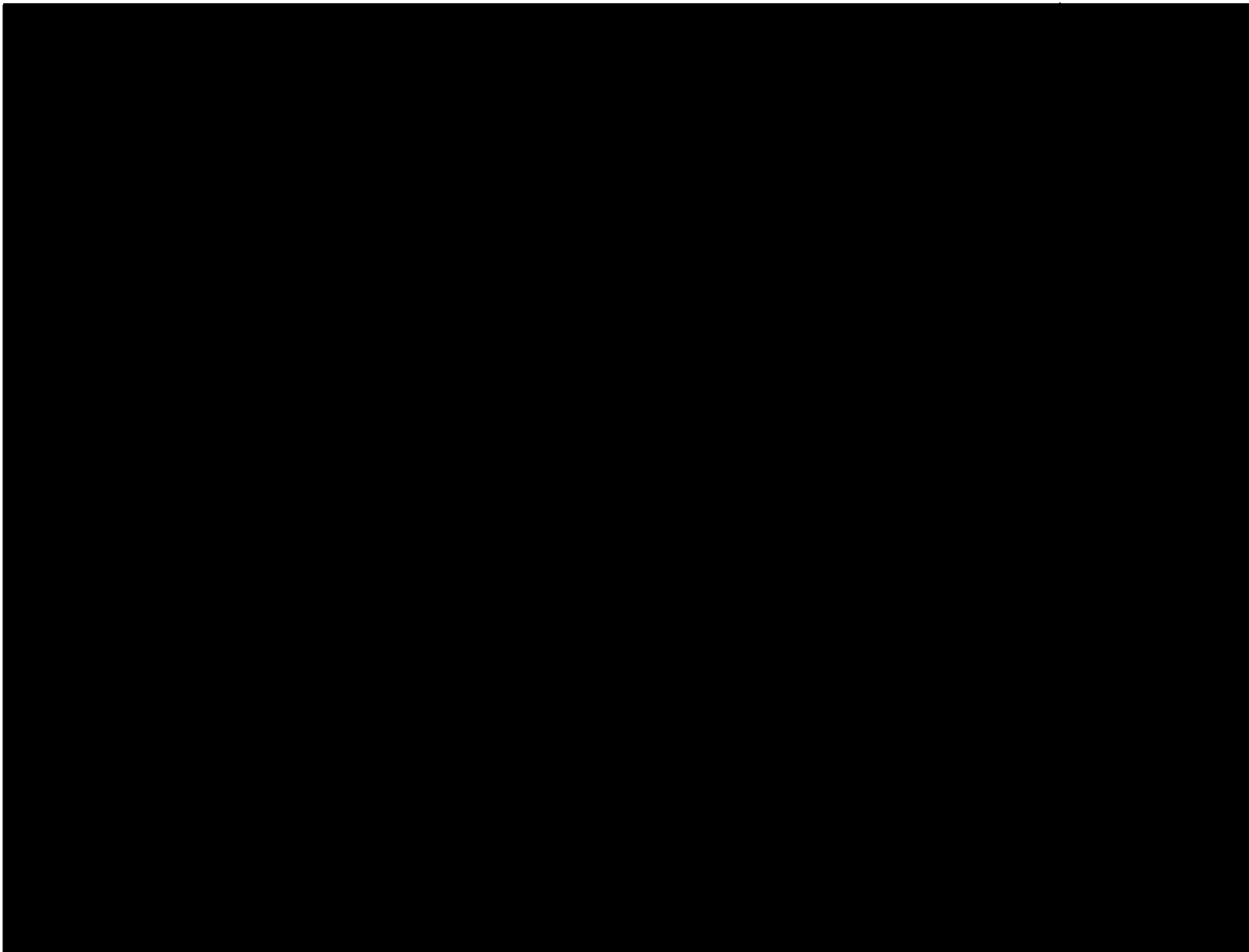


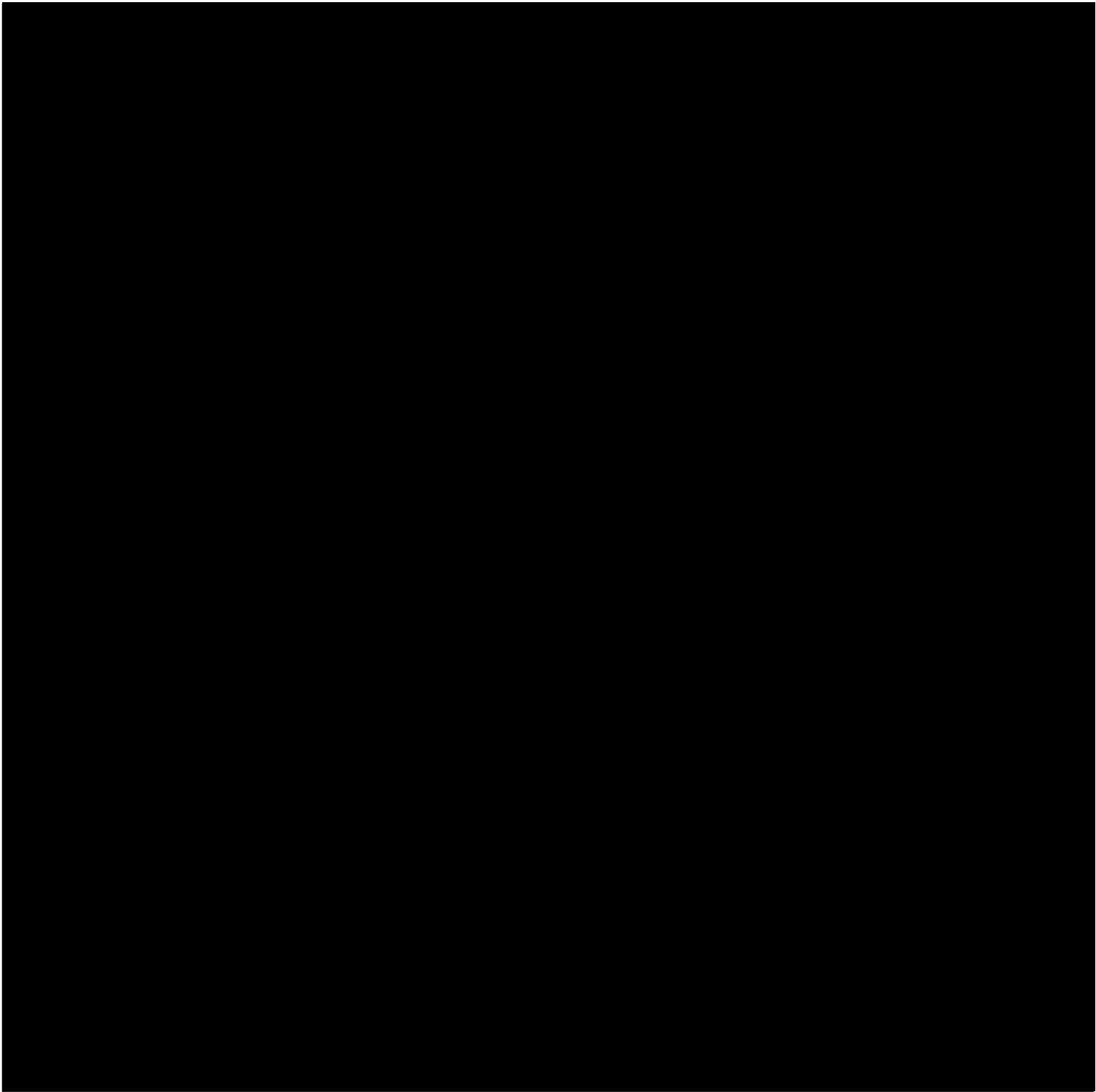


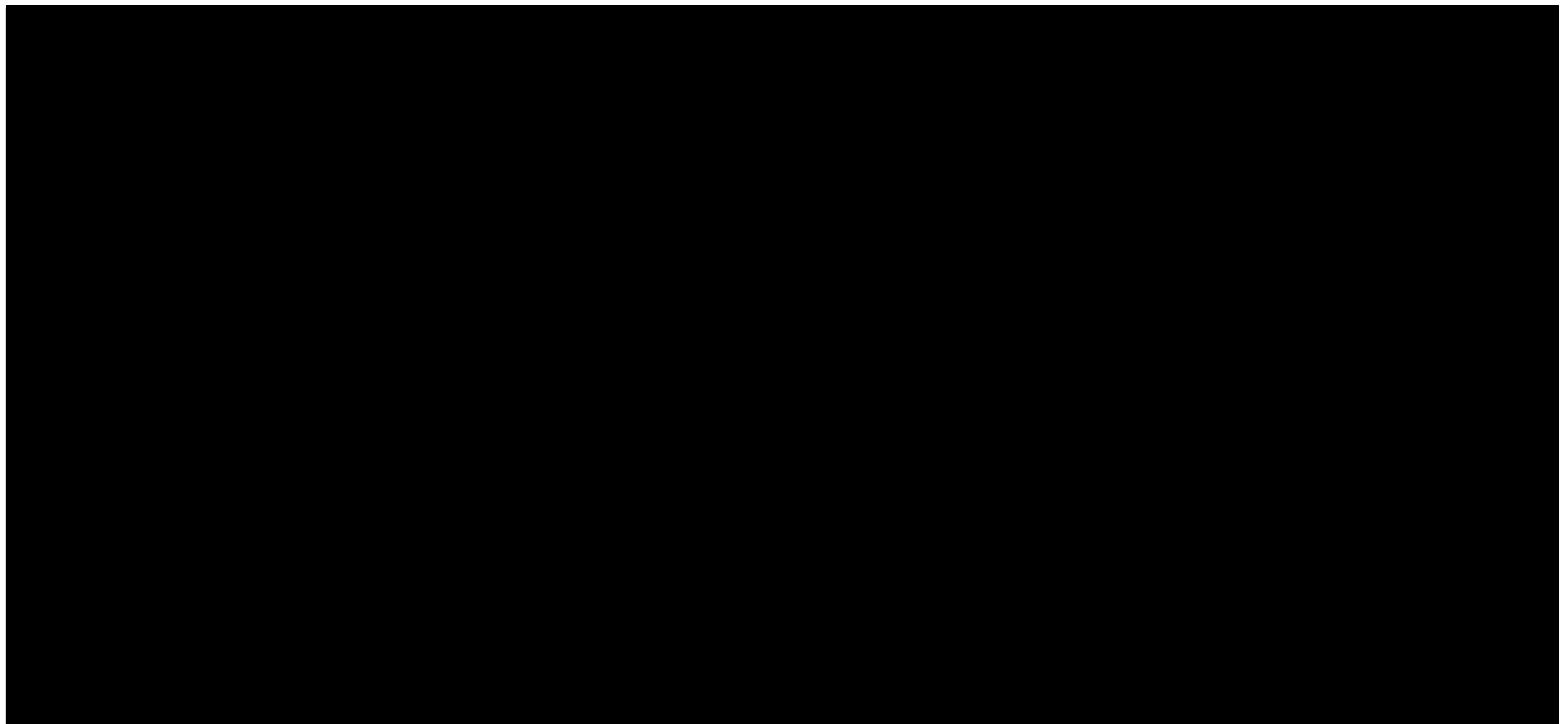


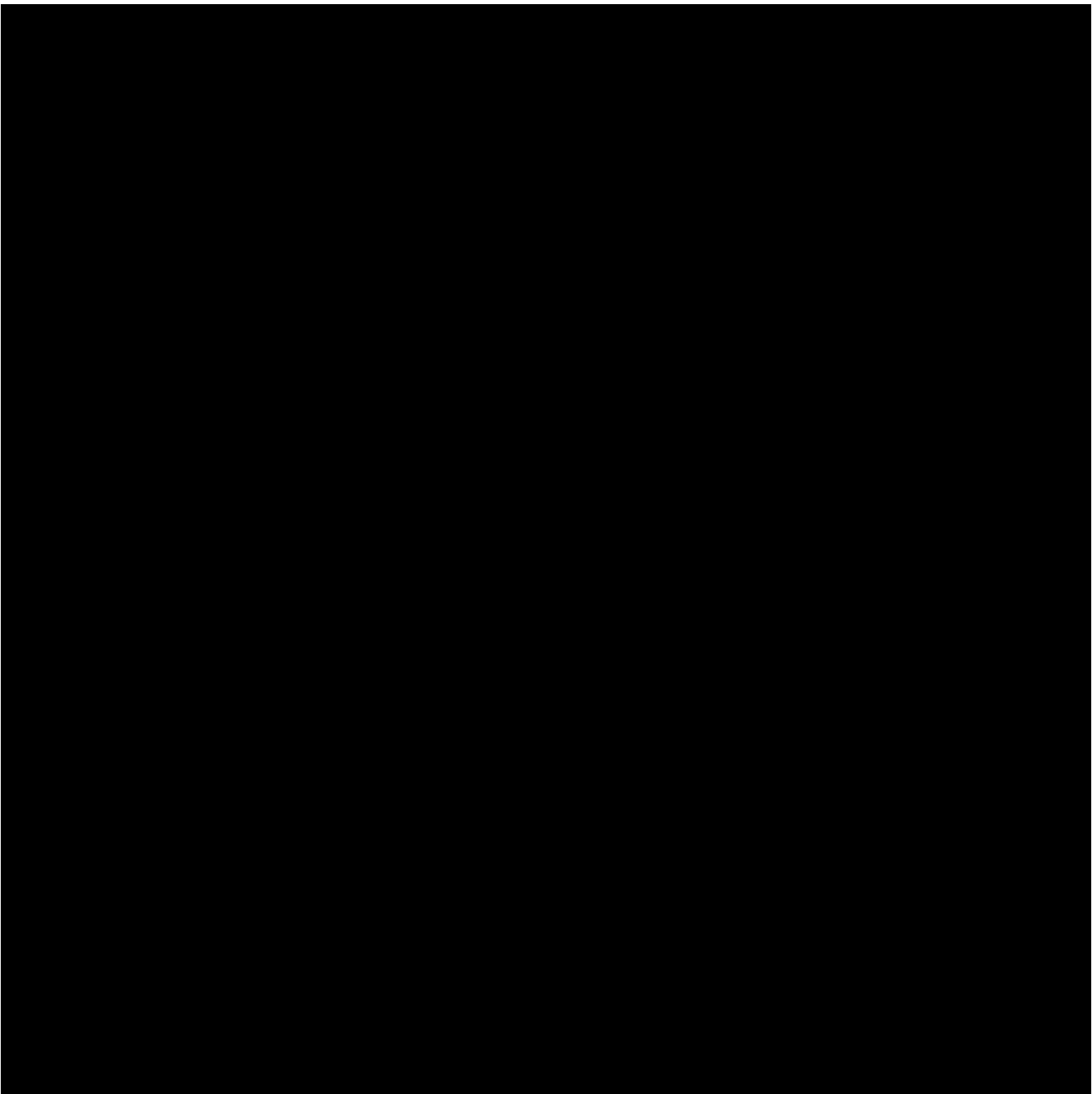


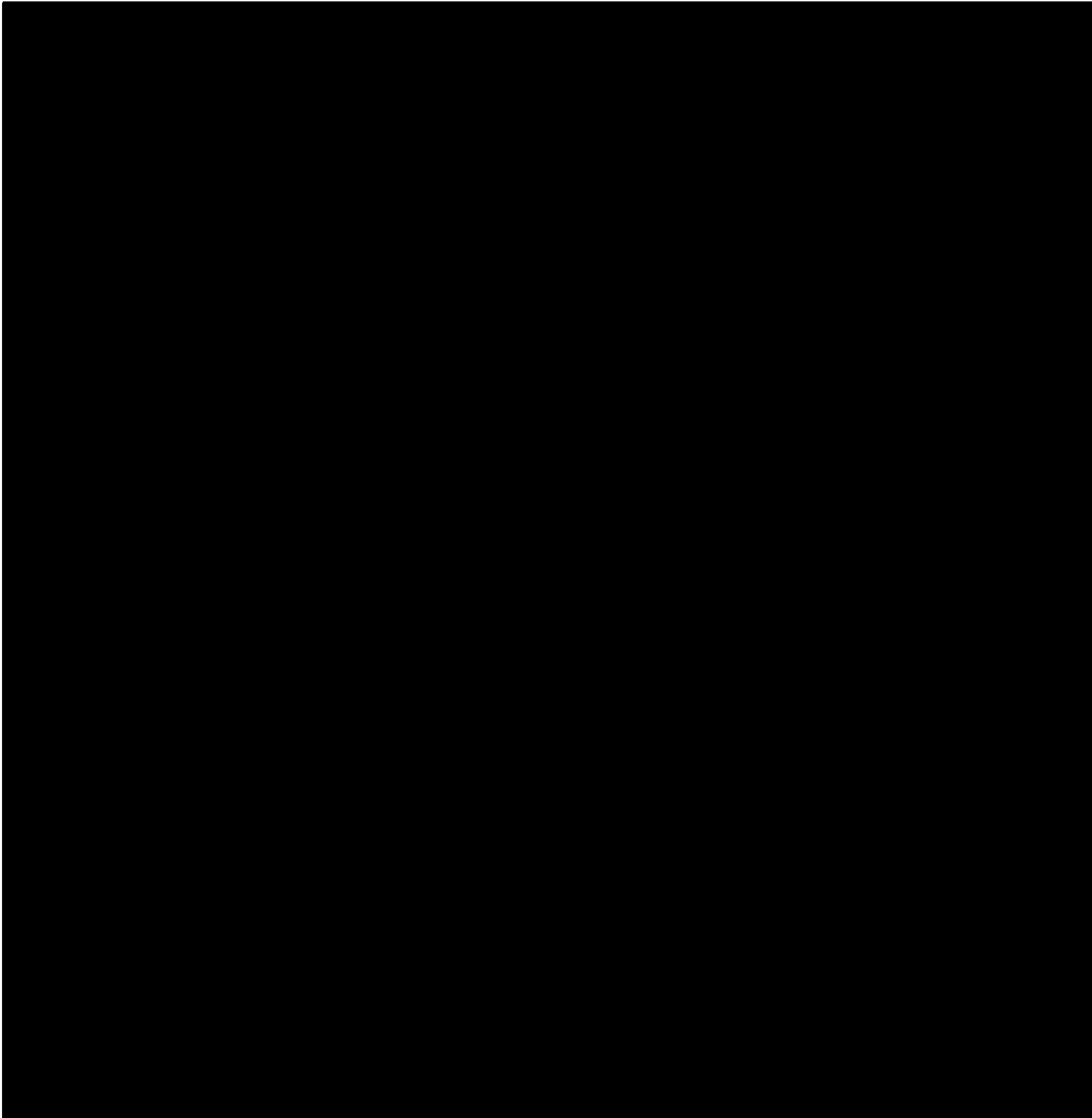


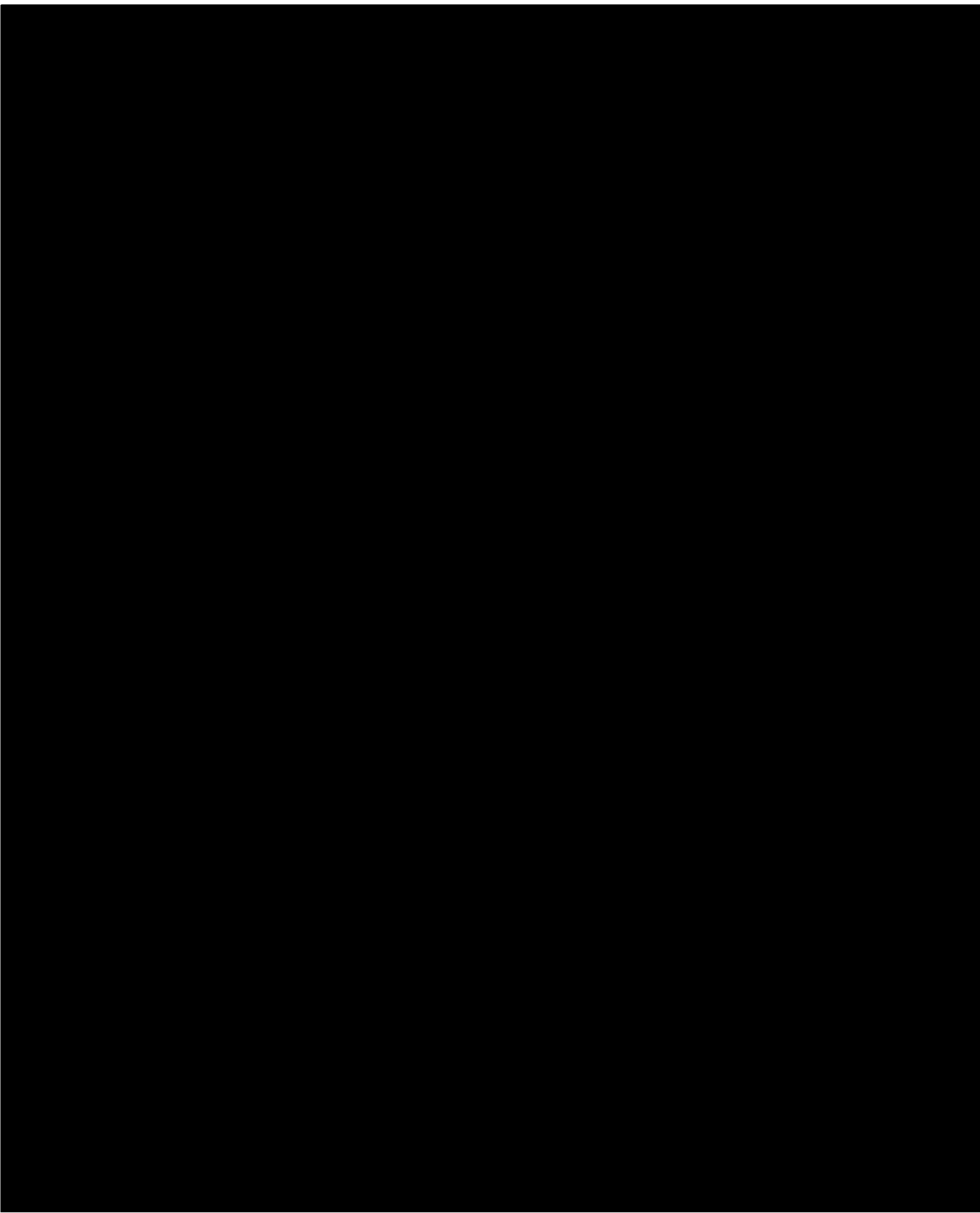


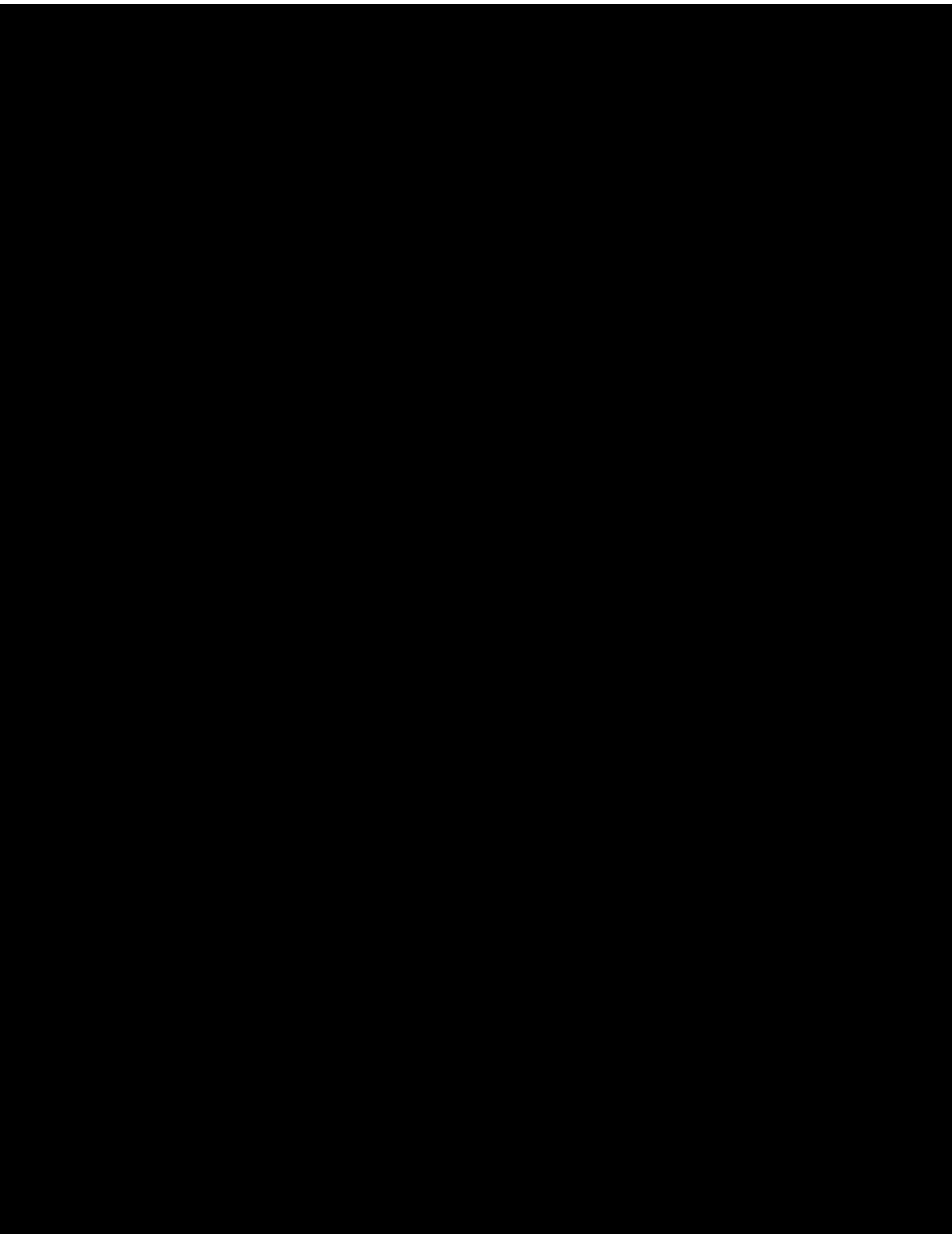


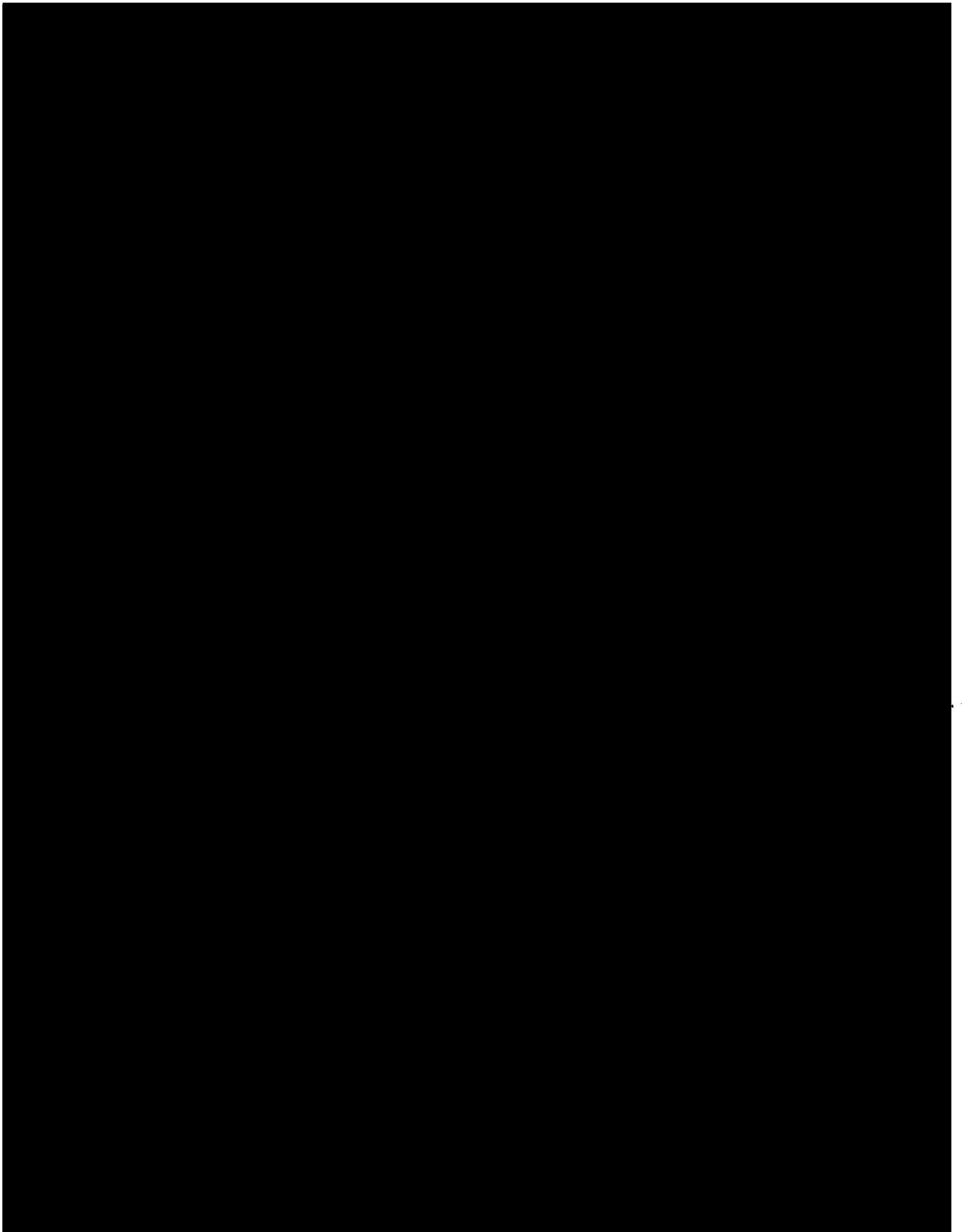


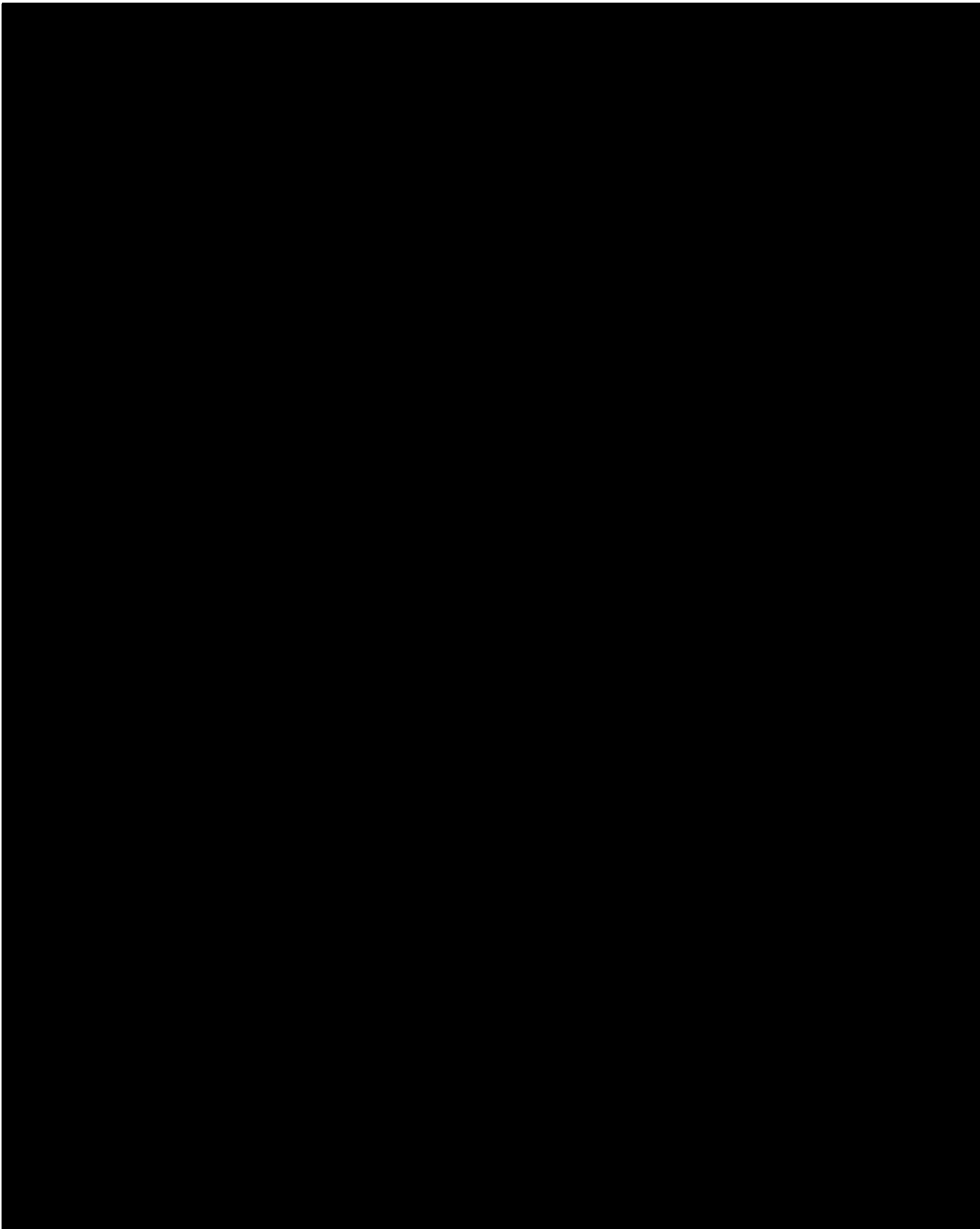












F. BONUS POINTS

F1. Request: Employee Working Environment Plan: Describe any plans you have to provide a safe, healthy and economically beneficial working environment for your employees, including, but not limited to, your plans regarding workplace safety and environmental standards, codes of conduct, healthcare benefits, educational benefits, retirement benefits, and wage standards.

Response: In order to provide a positive working environment, Releaf will take the following steps:

- Releaf will comply with OSHA guidelines regarding safety health in the workplace and provide periodic training in OSHA-related topics including general safety issues, labor laws, sexual harassment, workplace violence, slips, trips, and falls, HIPAA, first aid, electrical safety, emergency planning, and drug and alcohol abuse.
- Releaf will be an alcohol-free, smoke-free, drug-free facility that promotes a healthy environment.
- Releaf will provide free annual flu shots to all employees.
- Releaf will be environmentally conscious by minimizing paper consumption, recycling, using energy efficient lighting, using an automatic thermostat to lower heating and cooling demands for evenings and weekends, and conserving water.
- Releaf will provide a full benefits package to full-time employees, including paid holidays and vacations, bereavement leave, jury duty leave, sick leave, leave of absence (including pregnancy), military leave of absence, health insurance benefits, worker's compensation benefits, unemployment insurance, profit sharing, and a 401K retirement savings plan.
- Releaf will offer employees continuing education and training as detailed in section C7 of this RFA.
- Releaf will cultivate happy employees by recognizing and rewarding them and by giving them a voice.
- On the following pages please find a copy of Releaf's General Principles of Conduct, which are to be observed by all employees.

Releaf's General Principles of Conduct

While our general principles of conduct cannot possibly cover every situation we may encounter, it does outline key responsibilities in critical areas to guide us. In many cases, our principles and corporate policies establish minimum standards for complying with federal and state laws and regulations. However, by focusing only on compliance with the law, we miss a much broader goal and benefit: as employees, we share a duty to make Releaf a better place for all of us. Annually, we renew our commitment to this shared responsibility.

Our greatest strength is our workforce. We recognize and value every individual's unique skills and perspectives. We treat each other with dignity and respect, and foster a workplace free of discrimination and harassment. We extend our respect for individuals and their contributions to all our business relationships – with employees, vendors, patients, and caregivers. We demonstrate good corporate citizenship by working to fulfill Releaf's mission.

1. Value and Respect Others
 - a) Build relationships and work effectively
 - b) Foster a sense of teamwork
 - c) Treat others with respect and value their time
 - d) Support diversity and inclusion in all aspects of our business.
 - e) Commit to nondiscrimination and equal opportunity for all employees
 - f) Be mindful of the impact of my words and actions on the morale of others.
 - g) Follow policies on the prevention of sexual harassment, harassment based on race, age, national origin, and other harassing behavior.

2. Foster a Productive, Healthy, and Safe Workplace
 - a) Create and maintain a safe working environment. Observe safety regulations and exercise due care and good judgment.
 - b) Foster an environment free from harassment, intimidation, physical altercation, or destruction of property.
 - c) Take appropriate steps to prevent accidents and eliminate hazards likely to cause accidents.
 - d) Follow policies on substance abuse with respect to the use of alcohol or any illegal drug (or any prescription drug not authorized for my use).

3. Be Trustworthy in all Transactions, Recordkeeping, Reporting, and Communications
 - a) Committed to reflecting all transactions properly and accurately.
 - b) Be familiar with any professional ethics, regulatory requirements, and internal procedures that affect my work.
 - c) Retain records in accordance with sound business practices and applicable legal and regulatory requirements.
 - d) Be truthful and transparent in all dealings.

4. Protect Releaf's assets
 - a) Protect intangible assets – even when no longer employed. These assets include confidential information that is not generally known to the public about Releaf's

- products, services, patients, caregivers, business or other activities.
- b) Protect the confidentiality, security, and integrity of the personal information of others, such as personal information about fellow employees, patients, and caregivers.
- c) Understand that Releaf's physical assets are provided for conducting Releaf business. The equipment and supplies given to me are for Releaf's work.
- d) Make limited use of Releaf's technology resources for personal use (such as telephones, computers, e-mail and internet access). I understand that I have no right to privacy when using Releaf's assets, and that Releaf reserves the right to monitor my use, make use of anything found, and disclose my wrongdoing.
- e) Recognize inefficiencies and not waste resources

5. Follow our Principles and Policies

- a) Recognize that compliance and ethics are shared responsibilities
- b) Follow our principles and our policies.
- c) Understand that violation of our principles or a policy can result in disciplinary action up to and including termination of employment.
- d) Compliance with our principles and policies is a condition of employment.
- e) When objectives conflict, negotiate the path forward that is ethical and best for Releaf.

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

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

Response: Please see the following pages for Releaf's Compassionate Need Plan

Releaf
Compassionate Need Program

After Releaf secures sufficient reserves for the ongoing stability of its business, a Compassionate Need Plan (CNP) will be implemented as a subsidy for patients who require further assistance. This CNP will be available for low-income individuals who are registered for medical marijuana. The program will be administered by Releaf utilizing the eligibility standards below and a uniform application (draft attached) to collect the pertinent information to approve or deny eligibility into the program.

Releaf CNP

Financial Eligibility:

- Releaf will administer a two-tiered discount program with the discount varying on the level of eligibility. The tiered eligibility provides a discount to individuals with gross incomes at or below 120% of the Federal Poverty Level (FPL), with greater discounts for those individuals at or below 100% of the FPL.
- Releaf will determine financial eligibility upon receipt of the CNP application and substantiating income documentation.

Eligibility Substantiation:

- Interested patients will be required to complete an application for the CNP.
- To cover the cost of the time spent reviewing the application, determining the eligibility and recording the information there will be an annual application fee of \$20.
- For those patients determined eligible for CNP, the \$20 application fee will be credited towards their next purchase.
- Individuals in the CNP may be terminated from the CNP if it is determined the financial information submitted for eligibility was falsified.
- All CNP applicants will be required to submit their state or federal tax return for the previous calendar year for eligibility determination purposes. Use of alternative documents for income eligibility will be subject to the approval of the dispensary manager.

Discounts:

- A patient determined eligible for Tier 1 CNP (their gross income is at or below 100% of the FPL) would be provided a discount of 20% off of the purchase of their first ounce and 15% off the purchase of their second ounce of medical marijuana.
- A patient determined eligible for Tier 2 CNP (their gross income is at or below 120% of the FPL) would be provided a discount of 15% off of the purchase of their first ounce and 10% off the purchase of their second ounce of medical marijuana.
- No more than a 2-week supply of medical marijuana will be dispensed at one time not to exceed the equivalent of 1 ounce of flower.



MMJ Compassionate Need Program Application

Identification Information

Patient Name: _____
Home Address: _____
Registration Certificate Number: _____

Financial Documentation Submitted: (Check Applicable)

Recent Tax Return Other- Write in Below
Date Received: _____
Computed Annual Income: _____ Household Size: _____

Patient Agreement

I attest that the financial information and documentation I provided is accurate. I understand that if this information is determined to be false, my enrollment in the Compassionate Need Program will be terminated.
I understand that if it is determined that my income exceeds the eligibility standard of 120% of the federal poverty level (FPL) I will not be enrolled in the Compassionate Need Program and will not be refunded the application fee. I understand that as an enrollee of the Compassionate Need Program I will be eligible for discounts on the medical marijuana I purchase. The discounts provided will vary based on my eligibility category, at or under 100% of the FPL or at or under 120% of the FPL. I understand that the dispensary will charge a \$20 application fee that will be credited back to me if I qualify. It is my responsibility to notify Releaf if a change in income occurs.
I understand that enrollment in the Compassionate Need Program does not guarantee availability of the product I am requesting. In the event that the requested product is not available or eligible, the dispensary reserves the right to dispense an alternate product, if the patient agrees to use the alternate product.

Patient Signature: _____ Application Date: _____
Employee Signature: _____ Review Date: _____

Manager Approval

Approved At or below 100% FPL (Gross Income) At or below 120% FPL (Gross Income)
 Denied Reason : _____
Manager Signature: _____ Approval Date: _____

If determined eligible, enrollment in the Compassionate Need Program is granted for a one year period from the approval date of application.

- F3. Request: Research Plan: Provide the Department with a detailed proposal to conduct, or facilitate, a scientific study or studies related to the medicinal use of marijuana. To the extent it has been determined, include in your proposal, a detailed description of:
- The methodology of the study;
 - The issue(s) you intend to study;
 - The method you will use to identify and select study participants;
 - The identify of all persons or organizations you intend to work with in connection with the study, including the role of each;
 - The duration of the study,
 - The intended use of the study results.

Response:

As an affiliate of The Healing Corner, an established dispensary facility in Bristol, CT, Releaf will contribute to the assessment and the collection of data to be prepared for research opportunities in accordance with CPA's research program as well as future clinical studies. Working with Connecticut Pharmacists Association (CPA) and the Canadian Consortium for the Investigation of Cannabinoids (CCIC), Releaf has committed to facilitate a scientific study about the safety and efficacy of herbal cannabis used for medical purposes.

The objective of this study will be to quantify the doses and modes of the cannabis administration and to explore the associations between cannabis products and patient phenotypes. The CPA and the CCIC plan to systematically collect long-term data on the safety and efficacy of herbal cannabis used for medical purposes and compare data collected in the United States with data collected internationally.

The CPA and the CCIC expect that the results and data gleaned from the study will be used to inform policy-makers and regulatory agencies about safety aspects of medical cannabis; clinicians will be better informed about best practice guidelines and safety issues, and the medical cannabis producers will receive beneficial information about the efficacy of their products in real world situations. The dispensaries, who are an integral piece to both the data collection and dispensing activities, will have a comprehensive and data-driven approach when educating patients about their medical use of cannabis.

Releaf expects to provide data for this study for as long as the research is ongoing. All data provided will be secure, and patient-identifying information will be removed to protect privacy

The National Institutes of Health (NIH) Office of Extramural Research and Yale University's Researcher's Guide to HIPPA have certified Geri Ann Bradley for training in conducting medical research and patient privacy. These certifications allow Releaf to pursue future research possibilities conducted independently or in partnership with other cannabis studies.

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

Response:

Releaf is committed to philanthropic goals and once financial stability is maintained, Releaf expects to give 1% of its revenue to charity. Some of the charities Releaf intends to support are:

- AIDS Connecticut (ACT)
- National Spinal Cord Injury Association
- Multiple Sclerosis Foundation
- American Cancer Society
- American Parkinson Disease Association
- Disabled American Veterans (DAV)
- PAWS (Pets are Wonderful Support)
- Boys & Girls Club of Milford
- United Way of Milford
- American Legion

Community is important to Releaf. Releaf believes that it has a responsibility to be a steward of generosity in our community. Its donations of time and money will go directly toward supporting other members of our community. Michele Chung and Geri Ann Bradley, owners and dispensaries of Releaf, currently serve their community with great pride and look forward to further service through Releaf.

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

Response:

Releaf will partner with the Community Mental Health Affiliates Substance Abuse Action Council of Connecticut ("SAAC"), a partnership of community members from fourteen municipalities advocating on behalf of substance abuse prevention, treatment, and recovery. SAAC acts as a liaison between Department of Mental Health and Addiction Services and local prevention councils in Berlin, Bristol, Burlington, Harwinton, New Britain, Northwest, Plainville, Plymouth, Southington, and Torrington. It also holds twice monthly meetings on substance abuse prevention and treatment and recovery.

Michele Chung and Geri Ann Bradley, as Releaf's owners and dispensaries, will attend the SAAC Prevention Committee and Treatment & Recovery Committee meetings to stay educated on resources available for patients who may be struggling with addiction or abuse.

Releaf will also offer optional educational resources to patients who are concerned about the dangers of substance abuse, including CMHA's video "The Truth about Substance Abuse," various fact sheets, and referrals to substance abuse professionals when necessary.

Releaf will take addiction and substance abuse very seriously and will handle these issues in a confidential and professional manner.