

*State of Connecticut*  
*Medical Marijuana Dispensary Facility License*  
*Request for Application Response*

**Thames Valley Apothecary**

*1100 Norwich-New London Turnpike*

*Uncasville, CT, 06382*

November 15, 2013

State of Connecticut  
Medical Marijuana Dispensary Facility License  
Request for Application Response

**Thames Valley Apothecary, LLC**  
1100 Norwich-New London Turnpike  
Uncasville, CT, 06382

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**Business Information of Applicant**



# Medical Marijuana Program

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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: Laurie Ann Zrenda

3. Trade Name of Applicant: Thames Valley Apothecary

4. Applicant's Business Address: 1100 Norwich-New London Turnpike (Route 32)

5. City: Uncasville      6. State: CT      Zip Code: 06382

8. Daytime Telephone Number:

[Redacted]

9. E-mail Address:

[Redacted]

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

[Redacted]

11. City:

[Redacted]

12. State:

[Redacted]

13. Zip Code:

[Redacted]

14. Daytime Telephone Number:

[Redacted]

15. Fax Number:

[Redacted]

### 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: Laurie Zrenda

17. Primary Contact Title: Pharmacist/Manager

18. Primary Contact E-mail Address:

[Redacted]

19. Primary Contact Telephone Number:

[Redacted]

20. OPTIONAL - Name of Alternate Contact:

[Redacted]

21. Alternate Contact Title:

[Redacted]

22. Alternate Contact E-mail Address:

[Redacted]

23. Alternate Contact Telephone Number:

[Redacted]

### Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation: September 26, 2013

25. Place of Formation/Incorporation: Hartford, CT

26. Registered with the Connecticut Secretary of State:

Yes    No

27. Sale and Use Tax Permit Number: 60345436

**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: 1100 Route Norwich-New London Turnpike (Route 32)			29. City: Uncasville
30. State: CT	31. Zip Code: 06382	32. Telephone Number: N/A	33. Fax Number: N/A
34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease <b>Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.</b>		35. Name of Property Owner: Elizabeth Sabilia, Administratrix for the State of John Papadatos, Sole Member of 1100 Norwich New London Turnpike, LLC	

## Section E: Business Association Information

36. Are you associated with any other dispensary facility license applicant or producer license applicant: <input checked="" type="checkbox"/> Yes <input 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	9am _____ to _____	6pm _____	Friday	9am _____ to _____	6pm _____
Tuesday	9am _____ to _____	6pm _____	Saturday	9am _____ to _____	3pm _____
Wednesday	9am _____ to _____	6pm _____	Sunday	_____ to _____	_____
Thursday	9am _____ 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	9am _____ to _____	6pm _____	Friday	9am _____ to _____	6pm _____
Tuesday	9am _____ to _____	6pm _____	Saturday	9am _____ to _____	3pm _____
Wednesday	9am _____ to _____	6pm _____	Sunday	_____ to _____	_____
Thursday	9am _____ 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:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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: Previous home address:

46. Time Period:

[REDACTED]

[REDACTED]

## Section I: Dispensary Facility Backers

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

Create additional copies of this page if necessary.

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

47. Name:

48. Percentage of ownership

Bruce Chandler

[REDACTED]

Ellen Chandler

[REDACTED]



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

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

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

Create additional copies of this page if necessary.

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

49. Name (First, Middle, Last):	50. Title:	51. Role:
Laurie Ann Zrenda	Pharmacist	Owner/Dispensary Manager
Meredith Ann Elmer	Pharmacist	Owner/Dispensary

## 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:
Denver Relief Consulting	\$ [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: ADP Security Alarm Security Protection Co. Inc.

56. Primary Security Company Address (including Apartment or Suite #):  
12 Industrial Drive, P.O. Box 236

57. City: Waterford





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58. State: CT	59. Zip Code: 06385	60. Telephone Number: (860) 442-2016	61. Fax Number: (860) 442-7131
62. E-mail Address: <a href="mailto:alarmsecure@sbcglobal.net">alarmsecure@sbcglobal.net</a>			
63. Backup Security Company Name (if applicable): Canna Security America (CSA)			
64. Backup Security Company Address (including Apartment or Suite #): 4704 Harlan St. Suite 511			65. City: Denver
66. State: CO	67. Zip Code: 80212	68. Telephone Number: (888) 929-4272	69. Fax Number: (720) 269-1410
70. E-mail Address: <a href="mailto:info@cannasecurity.com">info@cannasecurity.com</a>			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.			

## Section M: Legal Proceedings

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

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

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

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

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

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

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

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

## Section N: Criminal Actions

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

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



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## Section O: Criminal Background Check

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

77. Signature:

▶ [Redacted Signature]

78. Date Signed:

11/10/2013

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

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

79. Signature:

▶ [Redacted Signature]

80. Date Signed:

11/10/2013

# U.S. Properties, Inc.

5 Shaw's Cove, Suite 200, New London, CT 06320  
860-437-0101 Office 860-440-0721 Fax  
www.uspropinc.com

Elizabeth Sabilia  
Sabilia Law Firm, LLC  
P.O. Box 774  
Waterford, CT 06385

Re: Non binding Lease Proposal for 1,200 sq. ft. located at 1100 Route 32, Montville (Uncasville), CT.

Space: Approximately 1,200 sq. ft. at 1100 Route 32, Montville (Uncasville), CT.

Tenant: Thames Valley Apothecary.

Landlord: Elizabeth Sabilia, as Administratrix for the Estate of John Papadatos, Sole Member of 1100 Norwich New London Turnpike, LLC

Term: [REDACTED]

Use: Legal Medical Marijuana Dispensary.

Commencement: Contingent upon state licensure and local zoning regulations. Upon receipt of these conditions the lease will go into effect. State is scheduled to award Licensure in January 2014.

Rent: [REDACTED]

Option: [REDACTED]

Parking: Tenant will have use of the building parking lot. Tenant and customers will park in any open and unmarked space.

Building Access: Tenant will have access to the building 24/7.

Tenant's Work: Tenant agrees to take space "as is". Tenant will hire licensed contractors for build-out with Landlord's approval.

Lease Form: Standard Landlord Lease.

Right to Sublet:

[Redacted]

Option Fee:

[Redacted]

Brokerage: U.S. Properties, Inc., Susan Howard is representing the landlord and the tenant.

Non Binding: This Letter of Intent should not be construed as a formal agreement but as a way to start negotiations. This Letter is not contractually binding, creates no obligations and serves only to express interest to lease the said space.

Agreed by

[Redacted]

Landlord

Elizabeth A. Sabilla, as Administratrix

Date: 10/10/2013

Tenant

[Redacted]

Date: 10/10/13

By: \_\_\_\_\_



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## Appendix B

### Dispensary Facility Backer Information Form

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

#### Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:  
Bruce Ian Chandler

3. Trade Name of Backer (if applicable):  
N/A

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

5. City: [REDACTED] 6. State: [REDACTED] 7. Zip Code: [REDACTED]

8. Daytime Telephone Number: [REDACTED]

9. Fax Number:  
N/A

10. E-mail Address: [REDACTED]

#### 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
Bruce Ian Chandler	[REDACTED]



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## Section C: Licenses, Permits and Registrations

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

13. State CT	14. Issue Date (month/year): 07/01/2004 Expiration Date (month/year): 07/01/2009	15. Type: Professional/Educator	16. Number: N/A
17. State	18. Issue Date (month/year): Expiration Date (month/year):	19. Type:	20. Number:

## Section D: Legal Proceedings

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

## Section E: Criminal Actions

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

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



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## Section F: Criminal Background Check

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

26. Signature:



[Redacted Signature]

27. Date Signed:

11/10/2013

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

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

28. Signature:



[Redacted Signature]

29. Date Signed:

11/10/2013



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## Appendix B Dispensary Facility Backer Information Form

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

### Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Ellen Chandler

3. Trade Name of Backer (if applicable):

N/A

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

5. City: East Lyme

6. State:

7. Zip Code:

8. Daytime Telephone Number:

9. Fax Number:

N/A

10. E-mail Address:

### 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
Ellen Therese Chandler	





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## Section C: Licenses, Permits and Registrations

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

13. State CT	14. Issue Date (month/year): 08/2013 Expiration Date (month/year): 08/2014	15. Type: Dental Hygenist	16. Number: 001763
17. State	18. Issue Date (month/year): Expiration Date (month/year):	19. Type:	20. Number:

## Section D: Legal Proceedings

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

## Section E: Criminal Actions

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

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



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## Section F: Criminal Background Check

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

26. Signature:



[Redacted Signature]

27. Date Signed:

11-10-13

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

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

28. Signature:



[Redacted Signature]

29. Date Signed:

11-10-13



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## Appendix C

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

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

#### Section A: Personal Information

1. Name (First, Middle, Last): Laurie Ann Zrenda		
2. Street Address (including Apartment or Suite #): 252 North Bridebrook Road		
3. City: East Lyme	4. State: CT	5. Zip Code: 06333
6. Title: Pharmacist	7. Telephone Number: [REDACTED]	8. E-mail Address: [REDACTED]
9. Date of Birth: [REDACTED]	10. Social Security Number: [REDACTED]	11. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

#### Section B: Employment Information

12. Current or Most Recent Employer: Rite Aid Pharmacy	13. Date of Employment: Start Date: 6/1998 End Date: :	
14. Employer Address (including Apartment or Suite #): 601 Route 32		
15. City: Uncasville	16. State: CT	17. Zip Code: 06382
18. Telephone Number: [REDACTED]	19. Fax Number: [REDACTED]	20. E-mail Address: n/a

#### Section C: Pharmacy Business Experience

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

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

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

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



# Medical Marijuana Program

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## Section D: Marijuana Business Experience

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

Yes  No

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

Yes  No

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

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

## Section E: Other Relevant Business Experience

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

Yes  No

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

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

## Section F: Licenses, Permits and Registrations

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

29. State CT	30. Issue Date (month/year): 2/1/2012 Expiration Date (month/year): 01/31/2014	31. Type: Registered Pharmacist	32. Number: 6829
33. State	34. Issue Date (month/year): Expiration Date (month/year):	35. Type:	36. Number:



# Medical Marijuana Program

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## Section G: Legal Proceedings

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

## Section H: Criminal Actions

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

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

## Section I: Criminal Background Check

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

42. Signature:

43. Date Signed:

11/10/2013



# Medical Marijuana Program

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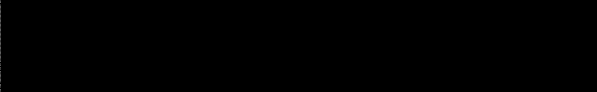
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**I hereby certify that the above information is correct and complete.**

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

44. Signature:



45. Date Signed:

11/10/2013

Appendix C, Section C: Pharmacy Business Experience  
 Laurie Ann Zrenda

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

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

**Rite Aid Pharmacy (formerly Brooks Pharmacy)**

Pharmacy Manager, Uncasville, CT

October 2006-present

Pharmacy Manager, Centerbrook, CT

June 2006-October 2006

Staff Pharmacist, East Lyme, CT

June 1998-June 2006

Responsibilities:

- Responsible for the operation and supervision of a retail chain drug store pharmacy department.
- Verify prescriptions and administer immunizations.
- Maintain inventory control and security of controlled substances.
- Train and supervise technician staff. Responsible for motivating staff to achieve monthly goals for prescription count, new customers, immunizations, and sales.
- Duties include: scheduling employees, ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

During the time period I have been associated with this pharmacy, the pharmacy has never been alleged to have violated the laws or regulations of Connecticut.

**Shaw's Supermarket, Arrow Prescription Center**

May 1997-June 1998

Per Diem Pharmacist

Responsibilities:

- Verify prescriptions
- Maintain inventory control and security of controlled substances.
- Duties include: ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

Left company June 1998 – accepted position with Brooks Pharmacy (now Rite Aid)

During the time period I was associated with this pharmacy, the pharmacy had never been alleged to have violated the laws or regulations of Connecticut.

**Edwards Super Food Store Pharmacy**  
Pharmacy Manager

May 1995-March 1996

Responsibilities:

- Verify prescriptions
- Maintain inventory control and security of controlled substances.
- Duties include: ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

Left company March 1996 – ceased employment after birth of child

During the time period I was associated with this pharmacy, the pharmacy had never been alleged to have violated the laws or regulations of Connecticut.

**Stop and Shop Supermarket Company**

Pharmacist, Clinton, CT

August 1994-May 1995

Pharmacist, Waterford, CT

November 1992-August 1994

Pharmacy Manager, Clinton, CT

July 1988-July 1991

Responsibilities:

- Verify prescriptions
- Maintain inventory control and security of controlled substances.
- Duties include: ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

Left company June 1995 – accepted position with Edwards Pharmacy

During the time period I was associated with this pharmacy, the pharmacy had never been alleged to have violated the laws or regulations of Connecticut.

**Brooks Pharmacy**

Staff Pharmacist, East Lyme, CT

July 1991-November 1992

Student Intern/Staff Pharmacist, Essex, CT

December 1986-February 1988

Responsibilities:

- Verify prescriptions
- Maintain inventory control and security of controlled substances.



- Duties include: ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

Left company November 1992 – accepted position at Stop and Shop Pharmacy

During the time period I have been associated with this pharmacy, the pharmacy has never been alleged to have violated the laws or regulations of Connecticut during the time period I have been associated with the pharmacy.

**Flanders Pharmacy**

Pharmacist

February 1988-July 1988

**Responsibilities:**

- Verify prescriptions and administer immunizations.
- Maintain inventory control and security of controlled substances.
- Duties include: ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

During the time period I was associated with this pharmacy, the pharmacy had never been alleged to have violated the laws or regulations of Connecticut.

Appendix C, Section C: Pharmacy Business Experience  
Meredith Ann Elmer

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

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

**Stop & Shop Pharmacy**  
Staff Pharmacist, Norwich, CT

April 2001-Present

**Responsibilities:**

- Verify prescriptions and administer immunizations.
- Maintain inventory control and security of controlled substances.
- Patient counseling and clinical interventions
- Maintain positive relationships with customers, pharmaceutical representatives, medical professionals, healthcare organizations and insurance providers.

During the time period I have been associated with this pharmacy, the pharmacy has never been alleged to have violated the laws or regulations of Connecticut.

**Arrow Prescription Center**  
Waterford, CT

February 1997-February 2001

**Responsibilities:**

- Verify prescriptions
- Maintain inventory control and security of controlled substances.
- Patient counseling and clinical interventions
- Maintain positive relationships with customers, pharmaceutical representatives, medical professionals, healthcare organizations and insurance providers.

Left company in February 2001 – location was closed.

During the time period I have been associated with this pharmacy, the pharmacy has never been alleged to have violated the laws or regulations of Connecticut.

- Duties include: ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

Left company November 1992 – accepted position at Stop and Shop Pharmacy

During the time period I have been associated with this pharmacy, the pharmacy has never been alleged to have violated the laws or regulations of Connecticut during the time period I have been associated with the pharmacy.

**Flanders Pharmacy**

Pharmacist

February 1988-July 1988

**Responsibilities:**

- Verify prescriptions
- Maintain inventory control and security of controlled substances.
- Duties include: ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

During the time period I was associated with this pharmacy, the pharmacy had never been alleged to have violated the laws or regulations of Connecticut.



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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): Meredith Ann Elmer

2. Street Address (including Apartment or Suite #): [REDACTED]

3. City: [REDACTED]

4. State: [REDACTED]

5. Zip Code: 06333

6. Title: Pharmacist, RPh

7. Telephone Number: [REDACTED]

8. E-mail Address: [REDACTED]

9. Date of Birth: [REDACTED]

10. Social Security Number: [REDACTED]

11. Gender:

Male  Female

#### Section B: Employment Information

12. Current or Most Recent Employer: 13.  
Stop & Shop Pharmacy

Date of Employment:

Start Date: 04/2001

End Date: :

14. Employer Address (including Apartment or Suite #): 42 Town Street

15. City: Norwich

16. State: [REDACTED]

17. Zip Code: [REDACTED]

18. Telephone Number: [REDACTED]

19. Fax Number: [REDACTED]

20. E-mail Address:  
N/A

#### Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?

Yes  No

22. Are you currently associated with a pharmacy in any state?

Yes  No

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

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



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## Section D: Marijuana Business Experience

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

Yes  No

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

Yes  No

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

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

## Section E: Other Relevant Business Experience

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

Yes  No

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

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

## Section F: Licenses, Permits and Registrations

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

29. State CT	30. Issue Date (month/year): 02/01/2012 Expiration Date (month/year): 01/31/2014	31. Type: Registered Pharmacist	32. Number: 08664
33. State	34. Issue Date (month/year): Expiration Date (month/year):	35. Type:	36. Number:



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## Section G: Legal Proceedings

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

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

Yes  No

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

## Section H: Criminal Actions

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

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

## Section I: Criminal Background Check

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

42. Signature:

43. Date Signed:

11/10/2013



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

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

44. Signature:

▶ [Redacted Signature]

45. Date Signed:

11/10/2013

Appendix C, Section C: Pharmacy Business Experience  
Meredith Ann Elmer

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

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

**Stop & Shop Pharmacy**  
Staff Pharmacist, Norwich, CT

April 2001-Present

Responsibilities:

- Verify prescriptions and administer immunizations.
- Maintain inventory control and security of controlled substances.
- Patient counseling and clinical interventions
- Maintain positive relationships with customers, pharmaceutical representatives, medical professionals, healthcare organizations and insurance providers.

During the time period I have been associated with this pharmacy, the pharmacy has never been alleged to have violated the laws or regulations of Connecticut.

**Arrow Prescription Center**  
Waterford, CT

February 1997-February 2001

Responsibilities:

- Verify prescriptions and administer immunizations.
- Maintain inventory control and security of controlled substances.
- Patient counseling and clinical interventions
- Maintain positive relationships with customers, pharmaceutical representatives, medical professionals, healthcare organizations and insurance providers.

Left company in February 2001 – location was closed.

During the time period I have been associated with this pharmacy, the pharmacy has never been alleged to have violated the laws or regulations of Connecticut.





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## Appendix D

### Dispensary Facility Manager Information Form

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

#### Section A: Dispensary Facility Manager Information

1. Name (First, Middle, Last): Laurie Ann Zrenda

2. Home Address (including Apartment or Suite #): [REDACTED]

3. City: [REDACTED]

4. State:  
CT

5. Zip Code: [REDACTED]

6. Date of Birth: [REDACTED]

7. Telephone Number: [REDACTED]

8. Social Security Number: [REDACTED]

9. Gender:

Male  Female

10. E-mail Address: [REDACTED]

11. Connecticut Pharmacist License Number:  
6829

#### Section B: Employment Information

12. Current or Most Recent Employer: 13.  
Rite Aid Pharmacy

Date of Employment:

Start Date: 06/01/1999

End Date: :

14. Employer Address (including Apartment or Suite #):  
601 Route 32

15. City: Uncasville

16. State: CT

17. Zip Code: 06382

18. Daytime Telephone Number: [REDACTED]

19. Fax Number: [REDACTED]

20. E-mail Address:

n/a

#### Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?

Yes  No

22. Are you currently associated with a pharmacy in any state?

Yes  No

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

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



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## Section D: Criminal Actions

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

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

## Section E: Criminal Background Check

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

25. Signature



[Redacted Signature]

26. Date Signed:

11/10/2013

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

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

27. Signature:



[Redacted Signature]

28. Date Signed:

11/10/2013



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## Appendix E Backer Members

### Authorization for Release of Personal History Form

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

#### Section A: Member Information

1. Name (First, Middle, Last): Bruce Ian Chandler		
2. Street Address (including Apartment or Suite #): [REDACTED]		
3. City: [REDACTED]	4. State: [REDACTED]	5. Zip Code: [REDACTED]
6. Daytime Phone Number: [REDACTED]	7. Fax Number: N/A	8. E-mail Address: [REDACTED]

#### 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: ▶ [REDACTED]	11. Date Signed: 11-12-13
--------------------------------	------------------------------

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

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

12. Signature: ▶ [REDACTED]	13. Date Signed: 11-12-13
--------------------------------	------------------------------



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## Appendix E Backer Members

### Authorization for Release of Personal History Form

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

#### Section A: Member Information

1. Name (First, Middle, Last):  
Ellen Therese Chandler

2. Street Address (including Apartment or Suite #):  
[REDACTED]

3. City:  
[REDACTED]

4. State:  
[REDACTED]

5. Zip Code:  
[REDACTED]

6. Daytime Phone Number:  
[REDACTED]

7. Fax Number:  
[REDACTED]

8. E-mail Address:  
[REDACTED]

#### 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:  
[REDACTED]

11. Date Signed:  
11-12-13

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

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

12. Signature:  
[REDACTED]

13. Date Signed:  
11-12-13

**2. Applicant Summary**

Laurie A. Zrenda

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

As a licensed pharmacist who has actively managed retail pharmacies and worked in the communities of Southeastern Connecticut for over twenty five years, I possess extensive knowledge of the management of a retail pharmacy environment. The management of a cannabis dispensary will be very similar to the management of a retail pharmacy department; I have a thorough understanding of state controlled substance regulations, and I have studied the marijuana regulations in Connecticut. My niece and partner, Meredith Elmer, has worked as a pharmacist in our community for over 12 years. We are connected to the medical community and patients in our area. Additionally, I have formed relationships with experienced medicinal marijuana industry leaders across the country.

As a manager at Rite Aid, I have years of experience with inventory control, dispensing of controlled substances, managing employees, and caring for my customers. I go out of my way for my patients to be sure they are well cared for. I know that my compassion and desire to help those in need will be an asset to owning a dispensary. I also have a history of effectively managing risk in my pharmacy; I take pride in protecting the company's assets and setting high standards of ethics for my employees.

After I decided to pursue a dispensary facility license, I took steps to research and understand the industry today. I attended the National Cannabis Industry Association CannaBusiness Symposium in Chicago, Illinois. There I met several industry leaders, including Kayvan Khalatbari of Denver Relief in Denver, Colorado, and Mark Passerini, owner of the Om of Medicine in Ann Arbor, Michigan.

I sought out a collaboration with Mr. Khalatbari and Denver Relief, and acquired him as a consultant for Thames Valley Apothecary. His expertise and sound business model provide an excellent template for my own work. He is highly respected in the medical marijuana industry. He has owned a dispensary since 2008, and it is the longest continually operating dispensary in Denver. He works to encourage change throughout the country in the perception of marijuana in an effort to normalize the industry and integrate it into our communities. After licensure, he will remain on as a consultant for Thames Valley Apothecary. He is also working with me to provide training for me and my employees. If licensed, I have secured arrangements with Denver Relief to travel to their dispensary to shadow Mr. Khalatbari's employees and train my own about the diversity of cannabis strains and their medical uses.

Additionally, I traveled to Ann Arbor, Michigan to visit Mark Passerini's dispensary, the Om of Medicine, in October of 2013. My partner and I spent time there and gained perspective on the retail aspects of dispensing medicinal marijuana. Mr. Passerini's dispensary model is quite similar to our model in Connecticut; he does not grow marijuana himself, but buys wholesale and sells it at his dispensary. I gained important perspective from Mark, especially concerning my financials and sales projections.

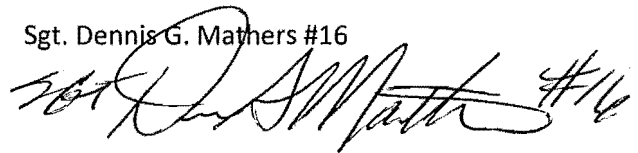
Our proposed dispensary, Thames Valley Apothecary, will be staffed and managed by a team of pharmacists who are experienced and well respected in the community, well-known by area doctors and patients, and prepared to provide compassionate care to those patients in need. I have researched many established dispensaries throughout the country, and my relationships with industry leaders makes me confident that our dispensary will be an asset to the state of Connecticut.

Department of Consumer Protection

Attention: Commissioner William Rubenstein,

This letter of recommendation is written to attest to the professionalism and due diligence Laurie Zrenda practices daily in her interaction with the general public. I have known Laurie on a professional basis for the past six years. During this time period Laurie has always been courteous and extremely knowledgeable in her capacity as a Pharmacist at Rite Aide Pharmacy located at 601 Rt32 Uncasville, Ct. Laurie adheres to all the current laws pertaining to the sell and distribution of pharmaceutical drugs and is always aware of any type of inconsistencies when dispensing such. Laurie meets every challenge with logical thinking and makes intelligent decisions based on the current laws of the State of Connecticut. Laurie does not waver when it comes to enforcing the law; she is polite to the general public but is also very stringent about her obligations and responsibilities. I would consider Laurie a dependable and trustworthy individual, therefore I would definitely recommend her for consideration to own and operate a dispensary for legalize marijuana in the state of Connecticut.

Sgt. Dennis G. Mathers #16

A handwritten signature in black ink, appearing to read "Sgt. Dennis G. Mathers #16", with a stylized flourish at the end.

Montville Town Police Department

911 Rt32, Uncasville Ct. 06382

(860-848-7510)





**Section B**  
**Location and Site Plan**

**1. Location and Site Plan – Thames Valley Apothecary**

*1. Please provide the location of the proposed dispensary facility*

- Town zoning has already been approved for this dispensary location in Uncasville, CT.
- Thames Valley Apothecary is centrally located in New London County at 1100 Norwich-New London Turnpike (Route 32) in Uncasville, CT.
- Route 32 is the main route that links the cities of Norwich and New London.
- The site is easy to locate, yet discreetly set in a strip mall consisting of several other businesses.
- There is a restaurant, a building company, a tanning salon, a hair salon, a dog groomer and H&R Block in the plaza as well.
- There are no places of religious worship, public or private school, convent, charitable institution, hospital, veterans' home or camp or military establishment within 1000 feet of the dispensary location.
- There is a VFW Post down a nearby street.
- There are two other strip malls within a quarter of a mile of the dispensary location.
- The public safety complex, which includes the police station, is 0.4 miles from the dispensary location.

# U.S. Properties, Inc.

5 Shaw's Cove, Suite 200, New London, CT 06320  
860-437-0101 Office 860-440-0721 Fax  
www.uspropinc.com


Elizabeth Sabilia  
Sabilia Law Firm, LLC  
P.O. Box 774  
Waterford, CT 06385

Re: Non binding Lease Proposal for 1,200 sq. ft. located at 1100 Route 32, Montville (Uncasville), CT.

Space: Approximately 1,200 sq. ft. at 1100 Route 32, Montville (Uncasville), CT.


Tenant: Thames Valley Apothecary.


Landlord: Elizabeth Sabilia, as Administratrix for the Estate of John Papadatos, Sole Member of 1100 Norwich New London Turnpike, LLC

Term: 

Use: Legal Medical Marijuana Dispensary.

Commencement: Contingent upon state licensure and local zoning regulations. Upon receipt of these conditions the lease will go into effect. State is scheduled to award Licensure in January 2014.

Rent: 

Option: 

Parking: Tenant will have use of the building parking lot. Tenant and customers will park in any open and unmarked space.

Building Access: Tenant will have access to the building 24/7.

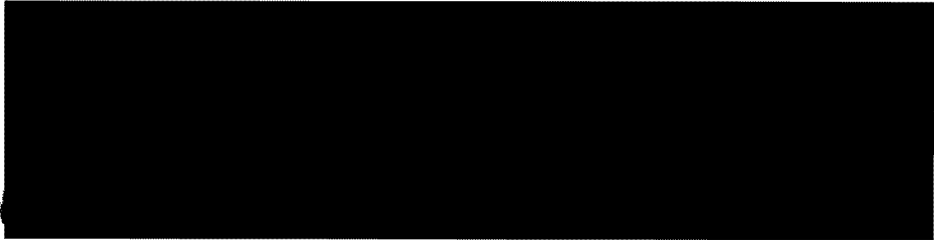
Tenant's Work: Tenant agrees to take space "as is". Tenant will hire licensed contractors for build-out with Landlord's approval.

Lease Form: Standard Landlord Lease.

Right to Sublet:



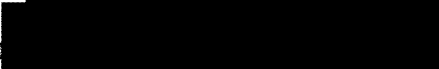
Option Fee:



Brokerage: U.S. Properties, Inc., Susan Howard is representing the landlord and the tenant.


Non Binding: This Letter of Intent should not be construed as a formal agreement but as a way to start negotiations. This Letter is not contractually binding, creates no obligations and serves only to express interest to lease the said space.

Agreed by 

Landlord  \_\_\_\_\_

Date: 10/10/2013

Elizabeth A. Sabilla, as Administratrix

Tenant  \_\_\_\_\_

Date: 10/10/13

By: \_\_\_\_\_

TOWN OF MONTVILLE  
**PLANNING DEPARTMENT**  
310 NORWICH-NEW LONDON TURNPIKE  
UNCASVILLE, CONNECTICUT 06382  
PHONE (860) 848-8549 Ext 379 - FAX (860) 848-2354  
Email: [planningdept@montville-ct.org](mailto:planningdept@montville-ct.org)

October 18, 2013

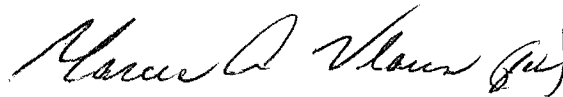
Department of Consumer Protection  
165 Capitol Avenue  
Hartford, Connecticut 06106-1630

Re: Dispensary Facility License  
Thames Valley Apothecary  
1100 Norwich-New London Tpke. (Route 32)  
Uncasville, CT 06382

To whom it may concern:

The above referenced property is located in a C-1 Zoning District (Commercial). Retail stores and customer service establishments are a permitted use. A Dispensary Facility will be a permitted use at this location. I am enclosing a copy of the C-1 section of the Town of Montville's Zoning Regulations.

Sincerely,



Marcia A. Vlaun  
Town Planner

MAV/jal  
Enclosure

## **SECTION 10.A COMMERCIAL-1 (C-1) DISTRICT**

### **10.A.1 PURPOSE**

This zone is intended for businesses that provide day-to-day convenience goods and services to nearby residents. Activities would be limited to those sites which are compatible in scale with the intensity of development in the surrounding area. It is the intention of the Commission to require traffic access management within this District.

### **10.A.2 PERMITTED USES**

The following uses shall be permitted within this district:

- 10.A.2.1          Retail stores
- 10.A.2.2          Customer service establishments
- 10.A.2.3          Business and professional offices
- 10.A.2.4          Restaurants, including drive-up or drive-thru facilities used for the delivery of food or beverages **AMENDED EFFECTIVE 12/15/11**
- 10.A.2.5          Post office, fire protection facilities
- 10.A.2.6          Public utility substation or equipment facility, utility right-of-way
- 10.A.2.7          Child day care center, 12 or more children
- 10.A.2.8          Accessory buildings and uses
- 10.A.2.9          **DELETED 10/11/97**

### **10.A.3 SPECIAL PERMITS**

- 10.A.3.1          Convenience gasoline sales establishments
- 10.A.3.2          **DELETED 10/11/97**
- 10.A.3.3          Apartments located in space not occupied by the primary commercial use on the property provided they are not at ground level

### **10.A.4 MINIMUM LOT SIZE**

The minimum lot size in this district is 10,000 square feet if the lot is served by public sewers. If the lot is not served by public sewers, minimum lot size is 40,000 square feet.

### **10.A.5 MINIMUM LOT FRONTAGE**

Each lot in this district shall have at least 150 feet of frontage on a street. The minimum frontage may be reduced to 100 feet by a vote of the Commission for contiguous commercial developments that combine driveways.

## **10.A.6 MINIMUM SETBACKS**

10.A.6.1	<b>FRONT YARD</b>	30 feet
10.A.6.2	<b>SIDE YARD</b>	15 feet
10.A.6.3	<b>REAR YARD</b>	30 feet (Commercial to Residential) 15 feet (Commercial to Commercial or Industrial)

**\*\*AMENDED: 10/11/97**

## **10.A.7 MAXIMUM BUILDING HEIGHT**

No building shall exceed thirty-five (35') feet in height. The maximum building height may be waived by a majority vote of the Commission.

## **10.A.8 ENVIRONMENTAL INFORMATION**

Any improvements proposed to be located within the wetlands buffer, as set by the Wetlands Commission, or have any impact on the wetlands shall require approval by the Wetlands Commission and meet the health code of the State of Connecticut.

## **10.A.9 OFF-STREET PARKING**

Off-street parking shall be provided for each lot in this district in accordance with the provisions of Section 19 of these Regulations.

## **10.A.10 SIGNS**

All signs in this district shall conform with the provisions of Section 20 of these Regulations.



**Town of Montville  
Building Department**

**310 Norwich-New London Tpke.  
Uncasville, Ct. 06382  
860-848-3030-Ext.382**

11/08/13

To Whom It May Concern;

I have reviewed the plans submitted by Thames Valley Apothecary for renovations at 1100 Norwich New London Turnpike, unit 7, and find them to be in substantial compliance with the 2005 Connecticut Building Code and supplements.

If you have any questions, you may contact me at the Town of Montville Building Department, during regular working hours.

Regards,

Vernon D. Vesey II  
Building Official



Raymond T. Occhialini  
Fire Marshal

**TOWN OF MONTVILLE**  
**Fire Marshal's Office**  
310 Norwich-New London Tpke  
Uncasville, CT 06382

(860) 848-3030 X-381  
(860) 848-4063 Fax

November 7, 2013

Re: Thames Valley Apothecary, 1100 Norwich-New London Turnpike, CT

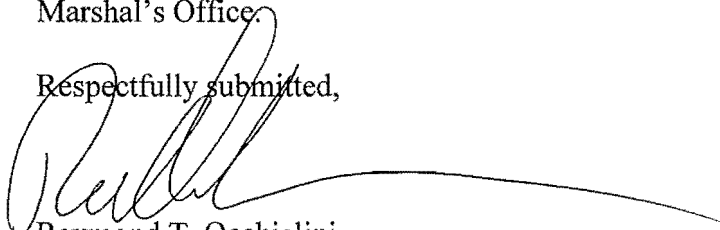
To Whom It May Concern:

The Town of Montville Fire Marshal's Office has received plans for Thames Valley Apothecary, 1100 Norwich-New London Turnpike, Uncasville, CT. The floor plan for this business is acceptable to the Connecticut Fire Safety Code. The only addition would be required emergency lights in accordance with sections 1006.1, 1006.2 and 1006.3 of the Connecticut Fire Code.

This letter is not a permit. A permit application must be filed and approved before any construction takes place.

If you should have any questions please feel free to contact the undersigned at the Montville Fire Marshal's Office.

Respectfully submitted,



Raymond T. Occhialini  
Fire Marshal  
Town of Montville

Cc: file

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

000284.385066.0005.001 1 MB 0.405 850  
[Barcode]

THAMES VALLEY APOTHECARY LLC  
LAURIE ZRENDA MBR  
252 N BRIDE BROOK RD  
EAST LYME CT 06333

Date of this notice: 11-07-2013

Employer Identification Number:  
36-4772371

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [redacted]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2014
Form 1065	04/15/2014
Form 940	01/31/2015

If you have questions about the form(s) or the due dates(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at [www.irs.gov](http://www.irs.gov) for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is THAM. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.

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

OCTOBER 5, 2013

MCNAMARA & MCNAMARA, P.C.  
100 PENNSYLVANIA AVE.  
NIANTIC, CT 06357

Re: Acceptance of Business Filing

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

Business Name:

JAMES VALLEY APOTHECARY, LLC

Work Order Number: 2013285990-001

Business Filing Number: 0004957383

Type of Request: ARTICLES OF ORGANIZATION

File Date/Time: SEP 26 2013 08:30 AM

Effective Date/Time:

Work Order Payment Received: 120.00

Payment Received: 120.00

Credit on Account: .00

Customer Id: 002319007

Business Id: 1119912

PATRICIA SHANAHAN

Commercial Recording Division

50-509-6003

WWW.CONCORD.SOTS.CT.GOV

BUSINESS FILING REPORT

WORK ORDER NUMBER:2013285990-001  
BUSINESS FILING NUMBER: 0004957383

BUSINESS NAME:

THAMES VALLEY APOTHECARY, LLC

BUSINESS LOCATION:

252 NORTH BRIDE BROOK ROAD  
EAST LYME, CT 06333

MEMBER INFORMATION FOR ONE MEMBER:

NAME:LAURIE A. ZRENDA  
TITLE:MEMBER

\*\* END OF REPORT \*\*



November 12, 2013

**VIA EMAIL ONLY [jeff@mcnamaralaw.net](mailto:jeff@mcnamaralaw.net)**

Attorney Jeffrey McNamara  
McNamara & McNamara, P.C.  
100 Pennsylvania Ave  
Niantic, CT 06357

RE: Pending Tenant: Thames Valley Apothecary  
1100 Norwich New London Turnpike, LLC  
Route 32 Plaza, Unit 7

Dear Attorney McNamara:

I am the Administratrix of the Estate of John Papadatos, which is the sole member of 1100 Norwich New London Turnpike, LLC. As such, I have entered into an Option to Lease the above-referenced unit to your client, Thames Valley Apothecary. I am aware that Thames Valley Apothecary intends operate a Legal Medical Marijuana Dispensary, should it receive all State, municipal and/or approval pursuant to laws, rules and regulations governing the same.

If you require further documentation or information, please do not hesitate to contact our office at (860) 444-0144 or [team@sabilialaw.com](mailto:team@sabilialaw.com).

Very truly yours,

*Elizabeth A. Sabilia*

Elizabeth A. Sabilia, Administratrix for  
The Estate of John Papadatos, sole owner of  
1100 Norwich New London Turnpike, LLC

Phone (860) 444-0144 ~ Fax (860) 201-1112 ~ [www.sabilialaw.com](http://www.sabilialaw.com)

18 in

16 in



# Thames Valley Apothecary

DESIGN PROPERTY OF SIGN CRAFT, & CANNOT BE USED, REPRODUCED IN ANY FORM, WITHOUT PURCHASE OR CONSENT.

**SIGN**craft  
BETTER by DESIGN

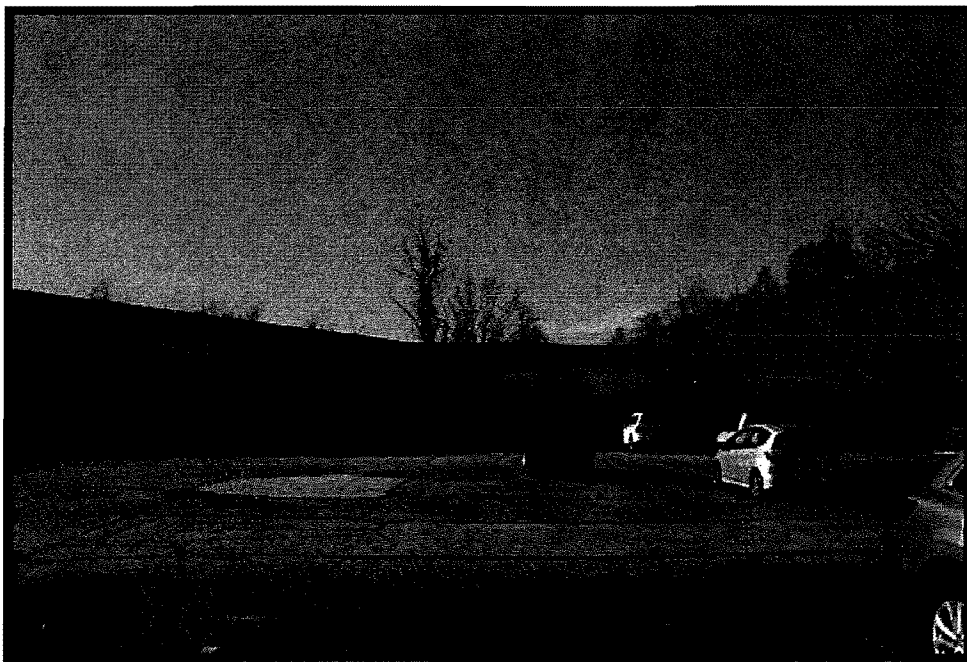
**John & Julie Wilson**  
5 Black Point Road Niantic, CT 06357  
(860) 739-2863 [info@signcraftsigns.com](mailto:info@signcraftsigns.com)

Photographs of facility and surrounding neighborhood – Thames Valley Apothecary

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

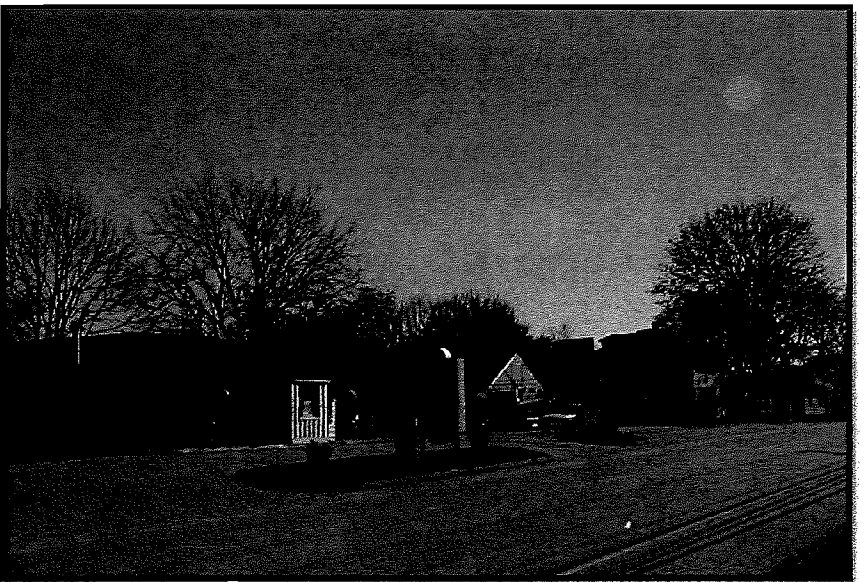
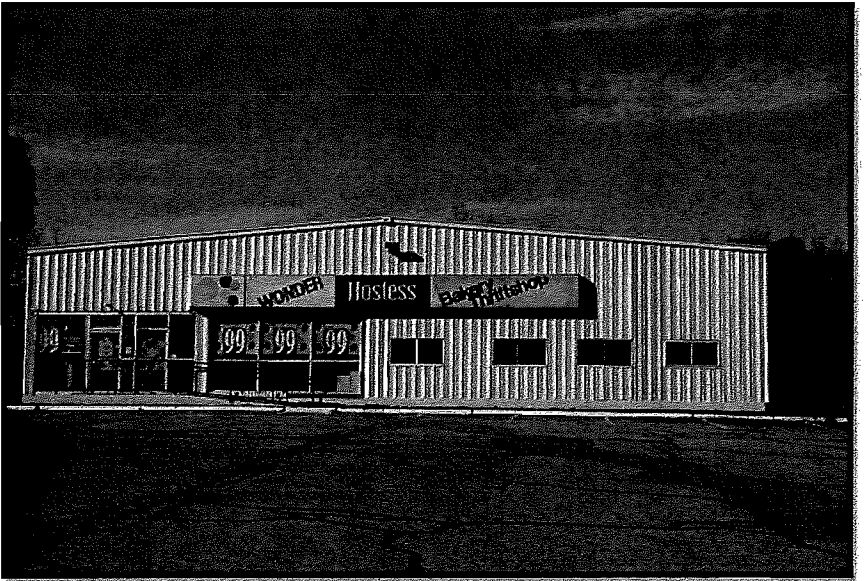
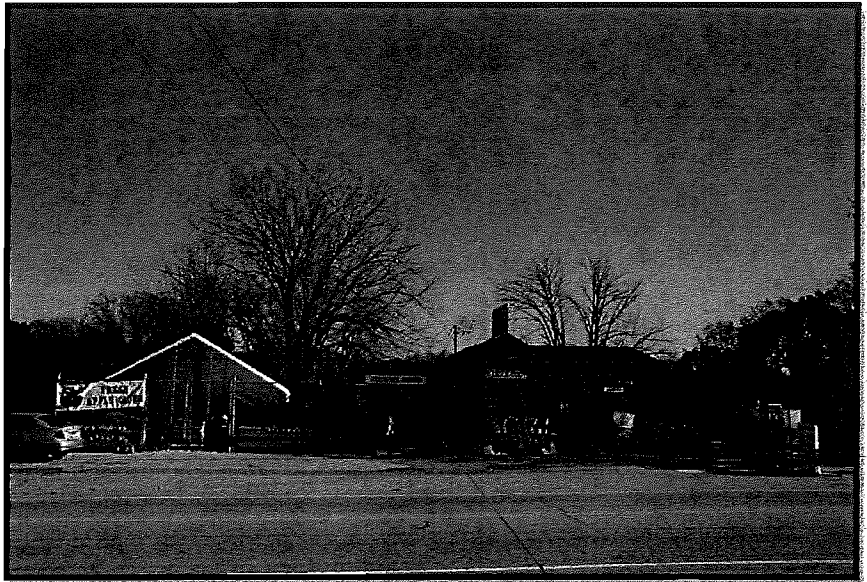


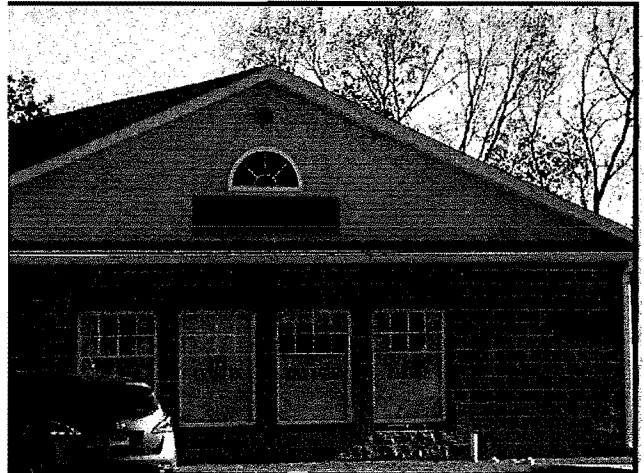
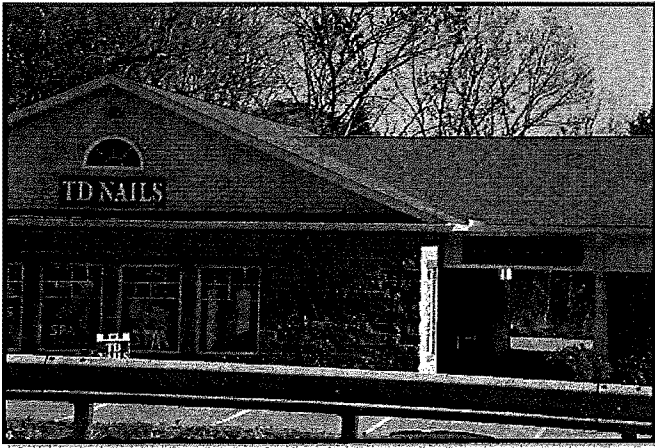
1100 Norwich-New London Turnpike & Plaza





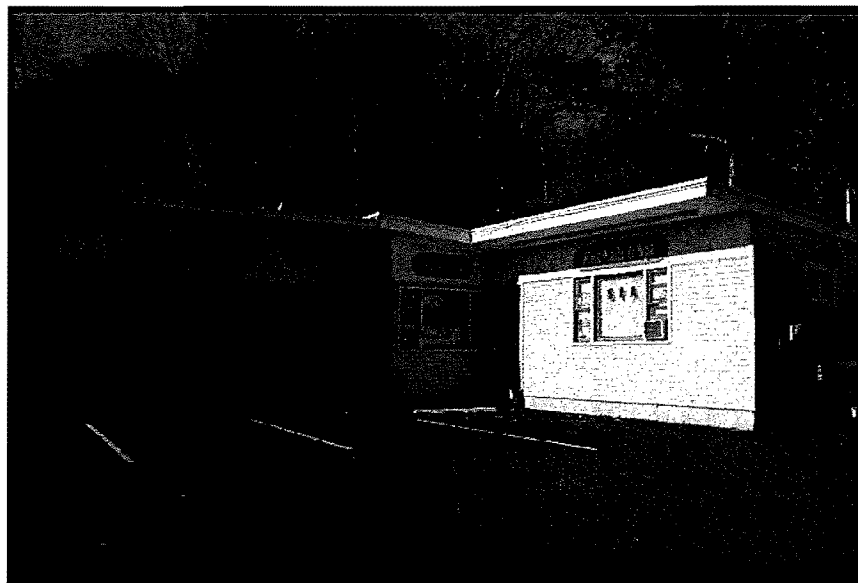
*Area Buildings & Businesses*





*Area Buildings & Businesses*

Area Buildings & Businesses



**6. Site Plan – Thames Valley Apothecary**

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

The site plan and map are attached to the back of this RFA Application Response.

**7. Area Map – Thames Valley Apothecary**

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

The site plan and map are attached to the back of this RFA Application Response.

**Section C**  
**Proposed Business Plan**

### C. Proposed Business Plan – Thames Valley Apothecary

1. *A detailed description of all products to be offered by the dispensary facility during the first year of operation.*

Thames Valley Apothecary is an independent dispensary operation. Product offerings will be limited by producer availability. We will provide the widest selection of products available based on an evaluation of each available product's value, quality, efficacy, and patient benefit. Consistent dosing is essential for all products carried. Thames Valley Apothecary will request compassionate need pricing agreements with producers and has a preliminary agreement with Greenbelt Management should they receive a license for a partnership discount program. Thames Valley will make every effort to stock the following products:

- Raw material including:
  - 10 – 15 medical marijuana products with a variety of cannabinoid profiles with a preference for high CBD brands when available
- Extractions in a variety of forms
- Transdermal patches
- Oral delivery methods in multiple strengths including:
  - extended release lozenges,
  - quick release sublingual tablets,
  - capsules,
  - oral sprays,
  - tinctures,
  - food items – including low sodium, organic, vegan, and gluten free options, and
  - cooking oil - for home use
- Topicals including:
  - salves,
  - creams,
  - lotions, and
  - oils
- Accessories and vaporizers including:

- pre-filled oil vaporizer pens,
- refillable oil vaporizer pens, and
- electric vaporizers.
- Miscellaneous smoking accessories

Thames Valley Apothecary shall not offer any product other than those allowed by regulations including:

- Raw material;
- Cigarettes;
- Extracts, sprays, tinctures or oils;
- Topical applications, oils or lotions;
- Transdermal patches;
- Baked goods; and
- Capsules or pills.

No product offered by Thames Valley Apothecary shall:

- Include alcoholic liquor, dietary supplements or any drug, except for pharmaceutical grade marijuana.
- Be sold as a beverage or confectionary;
- Be manufactured or sold in a form or with a design that:
  - Is obscene or indecent;
  - May encourage the use of marijuana for recreational purposes;
  - May encourage the use of marijuana for a condition other than a debilitating medical condition; or
  - Is customarily associated with persons under the age of eighteen;
- Have had pesticide chemicals or organic solvents used during the production or manufacturing process.

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

Thames Valley desires to create an integrative healthcare community environment for patients. It is our philosophy that patients should integrate medical marijuana use into their overall condition management plan. The dispensary and dispensary facility manager shall develop, implement, and maintain service offerings for patients and caregivers based on the specific needs of our patient community. The following services will be provided to all patients upon registration, additional programs will be added as needed:

- **Physician coordination calls**

Upon request, the dispensary shall schedule a conference call with the patient, their caregiver, and physician. This is recommended for patients who have questions on dosing or condition management.

- **New patient orientation**

A dispensary assistant must provide all new patients with a 30 min orientation. The new patient orientation shall cover:

- The Thames Valley Apothecary mission;
- Legal overview and patient responsibilities;
- Dispensary processes;
- Patient rights at the dispensary;
- Cannabis use and risks;
- Storage and diversion prevention;
- Dosing; and
- Understanding test results.

- **Healthcare coordination services**

Upon request, the dispensary shall assist patients with condition management planning and provide patients with referrals to partner health care providers in the community for



- **Cannabis education classes**

The dispensary shall provide a class semi-monthly providing information on a variety of topics for medical marijuana patients and their caregivers. Classes may cover any appropriate topic including scientific research, equipment and tools, edibles, topicals, concentrates, condition management, or policy and advocacy.

- **Informational materials**

The dispensary will develop and maintain information literature on medical marijuana use, condition management, legal issues, etc. This material must be translated for any patient population served by Thames Valley Apothecary that does not use English as their primary language or that is visually- or hearing-impaired.

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

Thames Valley is an independent, family owned and operated dispensary that is committed to providing access to medical marijuana products for all of Connecticut's authorized patients. Our Compassionate Need Program will address those with financial accessibility issues. The facility is ADA compliant and accessible to persons with physical limitations. We will provide services six days per week and will add operating hours as demand increases. Public transportation makes the facility accessible to those without regular transportation. Additionally, we will provide translation services through RxTran as needed.

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

- All medical marijuana products dispensed by Thames Valley Apothecary shall be pre-packaged and should not cause odor problems. We will not stock an item that is not completely sealed.
- Each facility compartment storing medical marijuana products will utilize in-line carbon filtration at the return point.
- The entire facility will be negatively pressured with an exhaust point at a high point in the rear of the facility which will use a carbon filter to scrub the exhaust.
- All area neighbors will be provided with contact information for the dispensary who will investigate and respond to complaints within 24 hours.

# **Section D**

## **Marketing Plan**

**Proposed Marketing Plan – Thames Valley Apothecary**

We will evaluate the proposed marketing plan on its ability to effectively educate patients, caregivers, and others on the medical use of marijuana and on the care that is taken to not promote the use of marijuana for recreational purposes or by persons under 18 years of age.

Thames Valley Apothecary seeks to reach multiple audiences including current registered patients, prospective patients and health care providers.

After licensure, representatives from Thames Valley Apothecary will begin visiting doctors' offices to introduce the staff and promote the medical marijuana program. They will talk to doctors about how to certify patients through the Connecticut Department of Consumer Protection website. Representatives will discuss the benefits of the drug for patients with qualifying health conditions.

Thames Valley Apothecary will employ print ads in local newspapers to inform qualifying patients of the services that will be available. The ads will state our business name, location, phone number, and hours of operation. The ad will list the qualifying conditions and instruct the reader to talk to their doctor for more information and about enrolling in the program.

Thames Valley Apothecary will instate a web presence, [www.tvapothecary.com](http://www.tvapothecary.com) (template attached) so patients can access information about products and services online. Prices will be posted on the website as allowed by the state regulations.

If licensed, and before any marijuana products are received at the dispensary location, Thames Valley Apothecary will host a reception for doctors by invitation only so the medical community can meet the owners and staff, tour the facility and ask questions about the program.



October 17, 2013

Mr. Kayvan Khalatbari  
Principal  
Denver Relief Consulting  
1 Broadway  
Suite A200  
Denver, Colorado 80203

**Re: Connecticut Medical Marijuana Demand Model**

Dear Mr. Khalatbari:

The medical cannabis industry in Connecticut is in its nascent stages and Denver Relief Consulting (DRC) is currently assisting clients to navigate the regulatory process to gain approval for dispensaries and grow operations. DRC retained BBC Research & Consulting (BBC) to devise a methodology to quantify eligible and likely patrons of medicinal marijuana establishments that may suffer from certain qualifying medical conditions, which include cancer, HIV/AIDS, multiple sclerosis, and other conditions. This document summarizes BBC's methodology and presents the results of our model of potential patient demand for medical marijuana in Connecticut.

## **Background**

In 2012, Connecticut approved legislation that allowed for the cultivation and sale of medical marijuana. Residents with a physician-documented qualifying debilitating medical condition as defined by Connecticut General Statutes § 21a-408—cancer, glaucoma, positive status for HIV or AIDS, 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, and posttraumatic stress disorder—may apply for a medical marijuana license. This initial list of qualifying conditions can be revised by the Connecticut Department of Consumer Protection (DCP). The regulation also requires that patients must have an ongoing relationship with their doctor in order to obtain a valid prescription for medical marijuana.

The statute limits the amount of marijuana production facilities in the state to between 3 and 10 grow operations. Dispensaries are not overtly limited in the current statute language. The current version of the statute requires at least one dispensary in Connecticut and leaves DCP the ability to issue more dispensary permits to "assure access" to medical marijuana for eligible

patients. This report provides an estimate of the market size for medical marijuana in Connecticut that can be used to establish a demand baseline for further estimation of the appropriate amount of production facility and dispensary licenses.

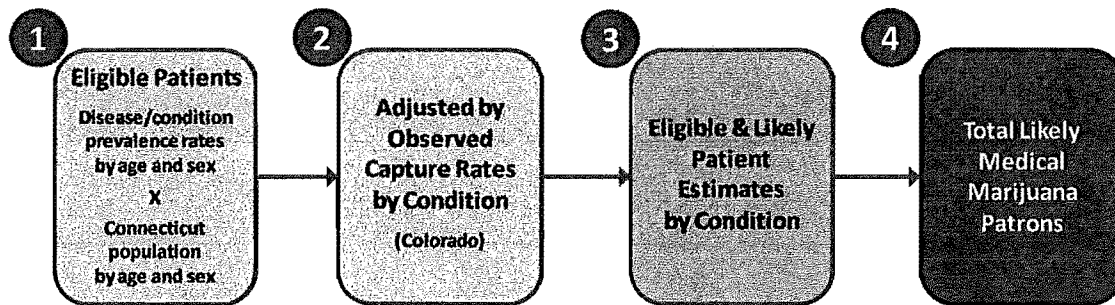
## Methodology

BBC estimated the number of eligible patients in Connecticut by applying state and national prevalence rates to the qualifying debilitating medical conditions allowed by law. Using observed capture rates from Colorado, BBC estimated the number of potential patients and potential demand for medical marijuana.

Colorado capture rates are used because not all patients suffering from qualified conditions are accepting of medical marijuana as treatment. Colorado was chosen from a group of five states that have adopted medical marijuana enabling legislation because it was the only state that satisfied the following criteria: (1) a regulated dispensary market model; (2) tracking of license holders by qualifying condition; (3) maturity in the system to allow for doctor and patient adoption. The methodology assumes that eligible patients in Connecticut will elect to use medical marijuana for treatment of their condition in roughly the same frequency as patients in Colorado.

The resulting calculation, shown in the diagram below, yields an estimate of eligible and likely medical marijuana license holders in Connecticut.

Figure 1.  
Connecticut Medical Marijuana Demand Model



Source: BBC Research & Consulting Connecticut Medical Marijuana Demand Model.

## Market Area

Due to the potential limitations in the amount of licensed production and retail facilities, the relevant geographic market area for this study is the state of Connecticut. Figure 2 characterizes the state's population.

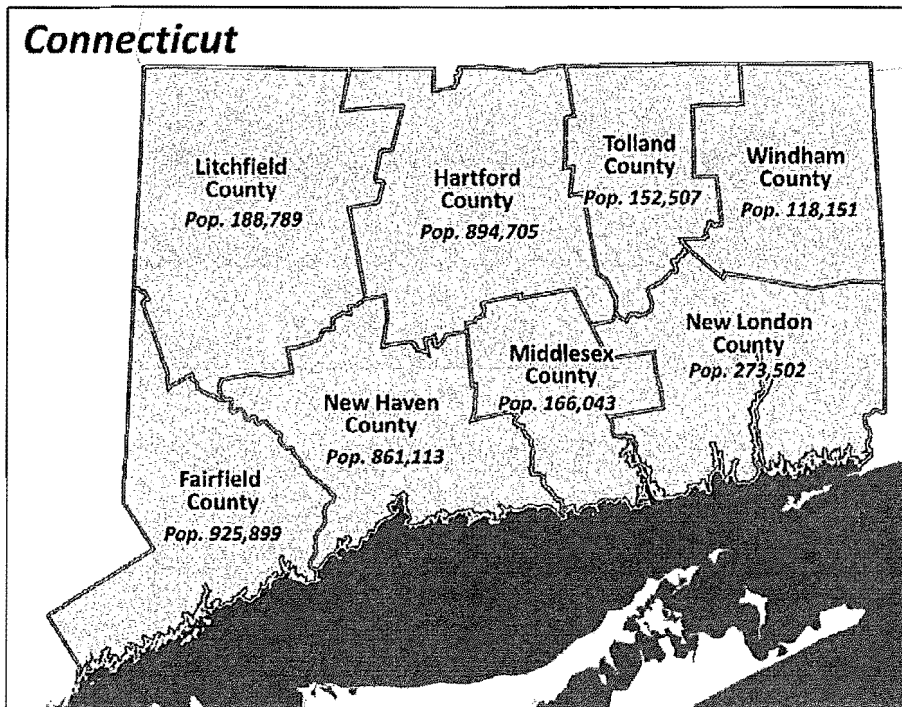
**Figure 2.**  
**State of Connecticut Population Characteristics**

Source:  
BBC Research & Consulting from the 2010 Census.

	Population	Percent
<b>Total population</b>	<b>3,574,097</b>	
Male	1,739,614	49 %
Female	1,834,483	51
<b>Total population, age 18 and older</b>	<b>2,658,321</b>	
18-29	442,043	17 %
30-44	690,670	26
45-59	815,754	31
60-69	352,576	13
70-79	194,915	7
80+	162,363	6

Figure 3, shows the state's population distribution by county.

**Figure 3.**  
**Population Distribution by County**



Source: BBC Research & Consulting from the 2010 American Community Survey.



## Prevalence of Debilitating Medical Conditions

Figure 4 presents the prevalence rates for the debilitating conditions that qualify for a medical marijuana license in Connecticut for which such rates are available.<sup>1</sup> With the exception of cancer and HIV/AIDS, prevalence rates for the conditions and diseases shown in Figure 4 are based on estimates for the United States. The prevalence rates for cancer and HIV/AIDS are specific to the state of Connecticut. The prevalence of some conditions varies by gender, age and race/ethnicity.

Ranges of prevalence are shown for cachexia, epilepsy, multiple sclerosis, and Parkinson's disease. These ranges represent the upper and lower bound estimates at the 95 percent confidence level of the point estimate for each condition's prevalence. For cancer, Crohn's disease, glaucoma, HIV/AIDS, posttraumatic stress disorder and spinal cord injury only point estimates of prevalence are available in the literature.

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<sup>1</sup> Cachexia and wasting syndrome are typically associated with other conditions, such as cancer or HIV/AIDS, and their prevalence rates are based on other conditions. For example, some studies estimate that 50 percent of cancer patients also suffer from cachexia. Including the prevalence of cachexia in cancer or HIV/AIDS patients would result in double-counting. As such, the prevalence of cachexia is calculated for conditions not already included in the analysis—chronic obstructive pulmonary disease, chronic heart failure and end-stage renal failure. BBC was unable to identify prevalence rates for damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity. As a proxy, we employ the prevalence of spinal cord injuries.

**Figure 4.  
Debilitating  
Medical Condition  
Prevalence Rates**

**Note:**

Prevalence rates shown are the percentage of the population with the condition or disease. All are age-adjusted except those conditions—glaucoma and PTSD—whose prevalence is based on age. Spinal cord injury is a proxy for damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity.

**Source:**

BBC Research & Consulting Connecticut Medical Marijuana Demand Model. For individual prevalence sources by condition see endnotes: Cancer<sup>1</sup>, Cachexia<sup>2</sup>, Crohn's disease<sup>3</sup>, Epilepsy<sup>4</sup>, Glaucoma<sup>5</sup>, HIV/AIDS<sup>6</sup>, Multiple Sclerosis<sup>7</sup>, Parkinson's disease<sup>8</sup>, Posttraumatic Stress Disorder<sup>9</sup>, Spinal Cord Injury.<sup>10</sup>

Condition	Female Population	Male Population	Total Population
Cancer	5 %	5 %	%
Cachexia/Wasting syndrome			6.5 - 8.6
Crohn's disease			0.3
Epilepsy			0.3 - 1.8
Glaucoma (prevalence by age cohort)			
40-49			0.7
50-59			1.0
60-69			1.8
70-79			3.9
>80			7.7
HIV/AIDS	0.3	0.8	
Multiple Sclerosis	0.1 - 0.2	0.05 - 0.07	
Parkinson's disease (prevalence by race/ethnicity and gender)			
White	1.3 - 1.4	2.1 - 2.3	
Black	0.8 - 1.2	1.2 - 1.4	
Hispanic	1.3 - 1.4	1.7 - 2.0	
Asian	0.9 - 1.0	1.3 - 1.5	
Posttraumatic Stress Disorder (prevalence by age cohort)			
18-29			6.3
30-44			8.2
45-59			9.2
60+			2.5
Spinal cord injury			0.1

By applying the condition prevalence rates to Connecticut's population, we estimate the total number of individuals in Connecticut with a debilitating medical condition that would qualify them to apply for a medical marijuana license under the current law. To the extent possible, prevalence rates are applied to the appropriate subpopulations and then summed to calculate the number of qualified patients. Figure 5 on the following page presents these totals.

The lower and upper bound estimates represent the potential deviation from the point estimate for certain conditions. Unlike HIV/AIDS and cancer, whose prevalence in the population is documented by the patient through cancer and HIV/AIDS surveillance, the prevalence of other conditions are calculated by the medical and research profession using a variety of statistical techniques. As such, these point estimates are not necessarily the exact number of individuals with such a condition. Rather, these estimates are calculated with such statistical reliability that the point estimate of prevalence would be the same 95 out of 100 times (95 percent confidence level) if the study were repeated over and over. The lower and upper bound estimates reflect the margin of error around the point estimates.

**Figure 5.**  
**Number of Potential Medical Marijuana Patients by Qualifying Condition**

Note:

Spinal cord injury is employed as a proxy for damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity.

Source:

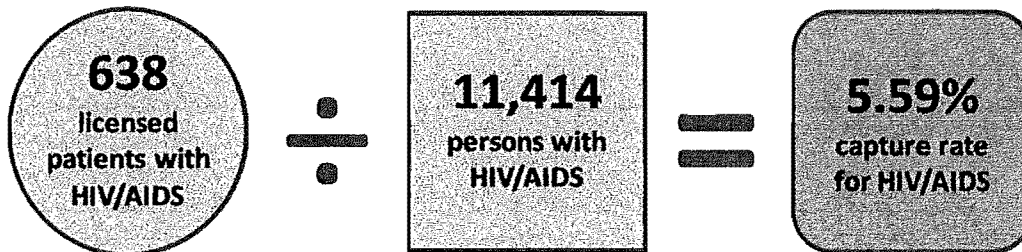
BBC Research & Consulting Connecticut Medical Marijuana Demand Model.

Condition	# of People (Lower Bound Estimate)	# of People (Point Estimate)	# of People (Upper Bound Estimate)
Cancer	175,918	175,918	175,918
Cachexia	234,165	271,138	308,112
Crohn's disease	10,093	10,136	10,179
Epilepsy	9,650	17,870	62,904
Glaucoma	35,568	35,568	35,568
HIV/AIDS	20,091	20,091	20,091
Multiple Sclerosis	3,416	4,047	4,646
Parkinson's disease	54,841	57,688	60,535
PTSD	175,923	177,279	178,636
Spinal cord injury	2,465	2,465	2,465
<b>Overall</b>	<b>722,130</b>	<b>772,202</b>	<b>859,054</b>

### Medical Marijuana Capture Rates

Not all patients who qualify for a medical marijuana license will seek one out. Based on data from Colorado, BBC calculated capture rates to estimate the proportion of qualified patients, by condition, who pursued a license in Colorado. Figure 6 presents an example of how a capture rate for a condition, here HIV/AIDS, is calculated. As shown, in Colorado, the capture rate for HIV/AIDS is equal to the total number of licensed patients with HIV/AIDS divided by the number of people in the state with HIV/AIDS.

**Figure 6.**  
**Example of Calculating Medical Marijuana Capture Rates: HIV/AIDS in Colorado**



Source: BBC Research & Consulting Connecticut Medical Marijuana Demand Model and Colorado's Medical Marijuana Registry Update (June 30, 2013).

Using the same methodology outlined in Figure 6, BBC calculated capture rates for each of the qualifying debilitating medical conditions allowed under Connecticut law using data from Colorado's registry and potential patients in Colorado. Due to differences in allowed conditions, BBC used the average capture rate of all conditions for those conditions unique to Connecticut. Figure 7 on the following page presents the capture rates.

**Figure 7.  
Capture Rates**

Note:

Conditions with a capture rate of 2.829% are the average capture rate for all conditions. The average is used because Colorado does not collect data on all of the conditions allowed by Connecticut law.

Source:

BBC Research & Consulting Connecticut Medical Marijuana Demand Model.

Condition	Colorado Capture Rate
Cancer	1.394 %
Cachexia	3.238
Crohn's disease	2.829
Epilepsy	7.254
Glaucoma	2.682
HIV/AIDS	5.590
Multiple Sclerosis	2.829
Parkinson's disease	2.829
PTSD	2.829
Spinal cord injury	2.829
<b>Average</b>	<b>2.829 %</b>

### Medical Marijuana Patient Estimates

To calculate the potential number of qualified patients in Connecticut who may pursue a medical marijuana license, BBC applied the capture rates (Figure 7) to the number of potential medical marijuana patients (Figure 5). Figure 8 presents the potential number of medical marijuana patients by condition for Connecticut. Estimated total potential patient range from 19,971 to 26,324. The patient estimates calculated using the average capture rate, may have higher (or lower) capture rates in practice. The patient estimates shown in Figure 8 present the best estimates that can be calculated using available data and reasonable assumptions.

**Figure 8.  
Medical Marijuana Patient  
Estimates by Condition**

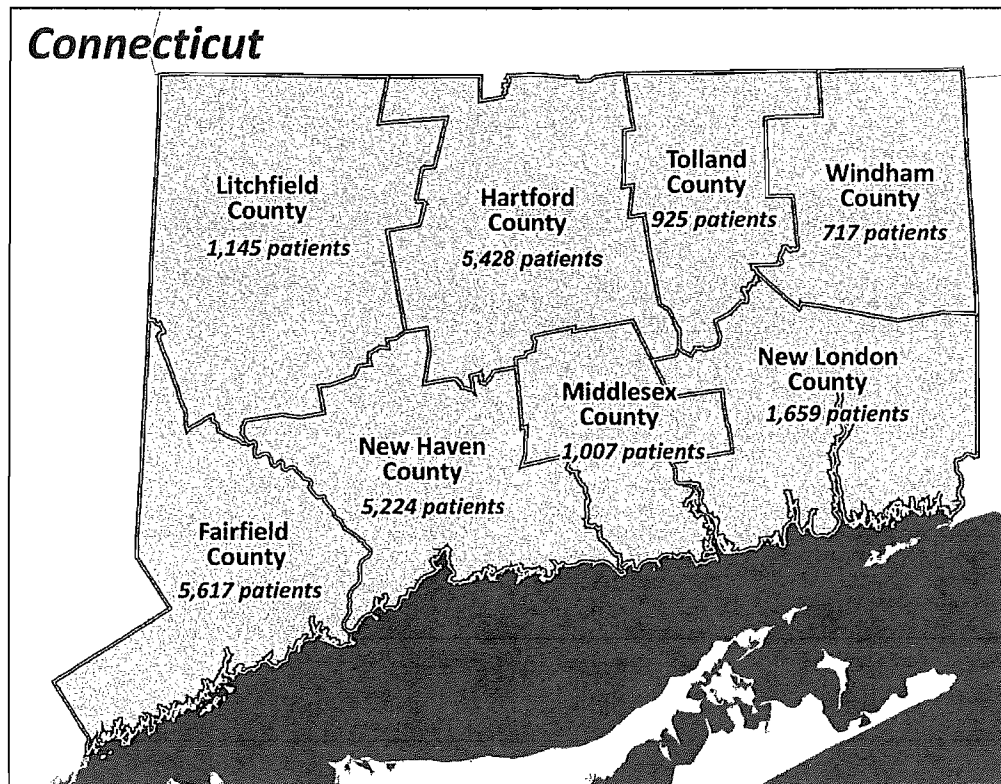
Source:

BBC Research & Consulting Connecticut Medical Marijuana Demand Model.

Condition	# of Patients (Lower Bound Estimate)	# of Patients (Point Estimate)	# of Patients (Upper Bound Estimate)
Cancer	2,452	2,452	2,452
Cachexia	7,582	8,779	9,976
Crohn's disease	286	287	288
Epilepsy	700	1,296	4,563
Glaucoma	954	954	954
HIV/AIDS	1,123	1,123	1,123
Multiple Sclerosis	97	115	131
Parkinson's disease	1,552	1,632	1,713
PTSD	4,977	5,016	5,054
Spinal cord injury	70	70	70
<b>Total patients</b>	<b>19,791</b>	<b>21,723</b>	<b>26,324</b>

Figure 9 shows how medical marijuana patients may be geographically distributed across the state based on population density using the mid-range point estimates.

**Figure 9.**  
**Potential Geographic Distribution of Medical Marijuana Patients**



Note: The geographic distribution is calculated by multiplying the county's percentage of the state's population by the total number of estimated patients.

Source: BBC Research & Consulting Connecticut Medical Marijuana Demand Model.

## Summary

BBC estimated the number of potential medical marijuana patients in Connecticut based on the prevalence of the qualifying conditions in the state's population and capture rates calculated using data from a regulated, mature medical marijuana state. Based on available data and reasonable assumptions, we estimated that initially 21,723 Connecticut residents will potentially seek medical marijuana licensure, and this number may range from 19,971 to 26,324.

We hope this information is useful as your client seeks a license from the state of Connecticut.

Sincerely,

A handwritten signature in black ink, appearing to read 'AO', with a long horizontal flourish extending to the right.

Adam Orens  
Director

## Endnotes

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- <sup>i</sup> Cancer prevalence source: [statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov) calculated from State Cancer Registries.
- <sup>ii</sup> Cachexia prevalence source: "Cachexia: Prevalence and Impact in Medicine," Tan, Benjamin H.L. and Kenneth C.H. Fearon, *Current Opinion in Clinical Nutrition and Metabolic Care* (2008) 11:400-407.
- <sup>iii</sup> Crohn's disease prevalence source: "Recent Trends in the Prevalence of Crohn's Disease and Ulcerative Colitis in a Commercially Insured U.S. Population," Kappleman, Michael D., Kristen R. Moore, Jeffery K. Allen, and Suzanne F. Cook, *Dig Dis Sci* (2013)58:519-525.
- <sup>iv</sup> Epilepsy prevalence source: "The Descriptive Epidemiology of Epilepsy: A Review," Banerjee, Poonam Nina, David Filippi, and W. Allen Hauser, *Epilepsy Research* (2009): 85(1):31-45.
- <sup>v</sup> Glaucoma prevalence source: "Prevalence of Cataract, Age-Related Macular Degeneration, and Open-Angle Glaucoma Among Adults 40 Years and Older in the United States," National Eye Institute, National Institutes of Health, *Archives of Ophthalmology*, (2004)Volume 122.
- <sup>vi</sup> HIV/AIDS prevalence source: "HIV Surveillance Program, Total HIV Infection Cases by Sex, Race and Risk (1981-2011)," Connecticut Department of Public Health (2012).
- <sup>vii</sup> Multiple Sclerosis prevalence source: "The Prevalence of Multiple Sclerosis in Three US Communities," Noonan, Curtis W., Dhelia M. Williamson, Judy P. Henry, Robert Indian, Sharon G. Lynch, John S. Neuberger, Randolph Schiffer, Janine Trottier, Laurie Wagner, and Ruth Ann Marie, *Preventing Chronic Disease* (2010) 7(1):1-8.
- <sup>viii</sup> Parkinson's disease prevalence source: "Geographic and Ethnic Variation in Parkinson Disease: A Population-Based Study of US Medicare Beneficiaries," Willis, Allison Wright, Bradley A. Evanoff, Min Lian, Susan R. Criswell, and Brad A. Racette, *Neuroepidemiology* (2010) 34:143-151.
- <sup>ix</sup> Posttraumatic Stress Disorder prevalence source: "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)," Kessler RC, PA Berglund, O Demler, R Jin, EE Walters, *Archives of General Psychiatry*, (2005) 62(6):593-602.
- <sup>x</sup> Prevalence for spinal cord injury: *Spinal Cord Injury Fact Sheet*, Centers for Disease Control, <http://www.cdc.gov/traumaticbraininjury/scifacts.html>

**Figure A-2.**  
**County Income and Assistance Profiles**

	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham
<b>Total Population</b>	<b>925,899</b>	<b>894,705</b>	<b>188,789</b>	<b>166,043</b>	<b>861,113</b>	<b>273,502</b>	<b>152,507</b>	<b>118,151</b>
<b>Total Households</b>	<b>334,255</b>	<b>346,726</b>	<b>75,593</b>	<b>67,386</b>	<b>330,054</b>	<b>105,801</b>	<b>54,830</b>	<b>43,167</b>
<b>Total Household Income</b>								
Less than \$10,000	17,707	25,240	3,000	2,238	22,833	4,336	1,932	2,808
\$10,000 to \$14,999	12,595	18,280	2,849	2,499	18,224	4,682	1,023	2,098
\$15,000 to \$24,999	23,853	29,364	5,641	5,855	33,774	9,004	4,269	3,916
\$25,000 to \$34,999	22,905	28,891	5,750	4,129	29,431	10,012	4,290	3,299
\$35,000 to \$49,999	30,994	36,778	9,939	5,775	39,524	12,237	6,206	6,996
\$50,000 to \$74,999	50,583	60,867	14,314	13,379	53,862	18,316	9,619	8,202
\$75,000 to \$99,999	35,925	46,979	10,741	9,273	41,149	14,553	7,514	6,646
\$100,000 to \$149,999	55,960	55,047	14,580	12,747	51,118	18,720	11,696	6,502
\$150,000 to \$199,999	27,360	22,965	4,974	5,612	22,221	8,573	4,827	1,629
\$200,000 or more	56,373	22,315	3,805	5,879	17,918	5,368	3,454	1,071
Median household income	\$79,841	\$63,536	\$67,658	\$74,484	\$59,271	\$66,603	\$75,238	\$54,098
<b>Social Security</b>								
# of households with Social Security income	92,212	105,135	23,587	20,522	97,401	30,899	14,394	12,692
Mean Social Security income	\$19,306	\$17,361	\$19,351	\$18,654	\$17,316	\$18,317	\$19,684	\$18,330
<b>Supplemental Security Income (SSI)</b>								
# of households with SSI	10,596	17,239	2,453	1,667	16,680	5,679	1,746	2,122
Mean SSI income	\$9,376	\$9,472	\$10,550	\$9,183	\$9,513	\$8,856	\$9,058	\$8,646
<b>Cash Public Assistance Income</b>								
# of households with cash public assistance	9,069	12,938	1,236	1,156	12,278	3,147	1,212	1,719
Mean cash public assistance income	\$4,187	\$4,141	\$2,148	\$3,313	\$4,429	\$4,177	\$3,114	\$2,888
<b>Food Stamps/SNAP Benefits</b>								
# of households with Food Stamps/SNAP	30,898	51,090	5,216	3,691	49,350	12,957	2,492	7,370

Source: BBC Research & Consulting from 2012 American Community Survey.



## **County Income and Assistance Profiles**

Figure A-2 presents the distribution of household income by county and shows the percentage of households receiving Social Security Income, Supplemental Security Income (SSI), cash public assistance and food stamps/SNAP.

# Appendix

This Appendix presents information about family income poverty thresholds and profiles the earned and supplemental income and assistance received by households by county in Connecticut.

## Connecticut Poverty Thresholds

Each year, the U.S. Department of Health and Human Services releases the Federal Poverty Income Guidelines (FPIG) by family size. Figure A-1 presents these income guidelines at various thresholds for Connecticut.

**Figure A-1.**  
**CT Federal Poverty Income Guidelines, 2013**

Federal Poverty Income Guidelines (FPIG)							
Family Size	50%	FPIG (100%)	150%	200%	250%	300%	400%
1	\$5,745	\$11,490	\$17,235	\$22,980	\$28,725	\$34,470	\$45,960
2	\$7,755	\$15,510	\$23,265	\$31,020	\$38,775	\$46,530	\$62,040
3	\$9,765	\$19,530	\$29,295	\$39,060	\$48,825	\$58,590	\$78,120
4	\$11,775	\$23,550	\$35,325	\$47,100	\$58,875	\$70,650	\$94,200
5	\$13,785	\$27,570	\$41,355	\$55,140	\$68,925	\$82,710	\$110,280
6	\$15,795	\$31,590	\$47,385	\$63,180	\$78,975	\$94,770	\$126,360
7	\$17,805	\$35,610	\$53,415	\$71,220	\$89,025	\$106,830	\$142,440
8	\$19,815	\$39,630	\$59,445	\$79,260	\$99,075	\$118,890	\$158,520
Each add'l person		\$4,020	\$6,030	\$8,040	\$10,050	\$11,889	\$16,080

Note: These guidelines became effective February 6, 2013 and are valid for all 48 contiguous states and the District of Columbia.

Source: BBC Research & Consulting from the U.S. Department of Health and Human Services.

## Endnotes

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- <sup>i</sup> Cancer prevalence source: [statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov) calculated from State Cancer Registries.
- <sup>ii</sup> Cachexia prevalence source: "Cachexia: Prevalence and Impact in Medicine," Tan, Benjamin H.L. and Kenneth C.H. Fearon, *Current Opinion in Clinical Nutrition and Metabolic Care* (2008) 11:400-407.
- <sup>iii</sup> Crohn's disease prevalence source: "Recent Trends in the Prevalence of Crohn's Disease and Ulcerative Colitis in a Commercially Insured U.S. Population," Kappleman, Michael D., Kristen R. Moore, Jeffery K. Allen, and Suzanne F. Cook, *Dig Dis Sci* (2013)58:519-525.
- <sup>iv</sup> Epilepsy prevalence source: "The Descriptive Epidemiology of Epilepsy: A Review," Banerjee, Poonam Nina, David Filippi, and W. Allen Hauser, *Epilepsy Research* (2009): 85(1):31-45.
- <sup>v</sup> Glaucoma prevalence source: "Prevalence of Cataract, Age-Related Macular Degeneration, and Open-Angle Glaucoma Among Adults 40 Years and Older in the United States," National Eye Institute, National Institutes of Health, *Archives of Ophthalmology*, (2004)Volume 122.
- <sup>vi</sup> HIV/AIDS prevalence source: "HIV Surveillance Program, Total HIV Infection Cases by Sex, Race and Risk (1981-2011)," Connecticut Department of Public Health (2012).
- <sup>vii</sup> Multiple Sclerosis prevalence source: "The Prevalence of Multiple Sclerosis in Three US Communities," Noonan, Curtis W., Dhelia M. Williamson, Judy P. Henry, Robert Indian, Sharon G. Lynch, John S. Neuberger, Randolph Schiffer, Janine Trottier, Laurie Wagner, and Ruth Ann Marie, *Preventing Chronic Disease* (2010) 7(1):1-8.
- <sup>viii</sup> Parkinson's disease prevalence source: "Geographic and Ethnic Variation in Parkinson Disease: A Population-Based Study of US Medicare Beneficiaries," Willis, Allison Wright, Bradley A. Evanoff, Min Lian, Susan R. Criswell, and Brad A. Racette, *Neuroepidemiology* (2010) 34:143-151.
- <sup>ix</sup> Posttraumatic Stress Disorder prevalence source: "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)," Kessler RC, PA Berglund, O Demler, R Jin, EE Walters, *Archives of General Psychiatry*, (2005) 62(6):593-602.
- <sup>x</sup> Prevalence for spinal cord injury: *Spinal Cord Injury Fact Sheet*, Centers for Disease Control, <http://www.cdc.gov/traumaticbraininjury/scifacts.html>

**Section E**  
**Financial Statements and**  
**Organizational Structure**

## OPERATING AGREEMENT

THIS AGREEMENT is made and entered into to be effective as of 26th day of September, 2013, the date of the organization of **THAMES VALLEY APOTHECARY, LLC** (the "Company"), and is created in accordance with the provisions of the Connecticut Limited Liability Company Act. This Operating Agreement is enacted for the purpose of conducting the business and affairs of the Company and shall be binding upon all of the Members.

All words used herein shall be defined in accordance with the definitions contained in the Connecticut Limited Liability Company Act (the "Act") and, in the event of a conflict, the meaning as contained in the Act shall control.

1. **Name and Purpose.** The Company shall be named **THAMES VALLEY APOTHECARY, LLC**. The Company has been formed for the purpose of engaging in any lawful act or activity for which a limited liability company may be formed under the Connecticut Limited Liability Company Act.

2. **Place of Business.** The principal office of the Company shall be located at 252 North Bride Brook Road, East Lyme, CT 06333, or such other place as shall be agreed upon by a majority in interest of the Members from time to time.

3. **Members.** The name and address of each of the Members is set forth in Exhibit A attached hereto.

4. **Term.** The Company shall commence as of the date of execution of the Articles of Organization and continue until October 1, 2059, unless earlier terminated by the Members as provided in this Agreement.

5. **Capital Contribution.** Capital contributions shall be the initial contribution of each Member and any additional capital contribution. Each of the Members has initially contributed to the capital of the Company, in cash and/or contracts, the proportionate share set forth opposite his name on Exhibit A attached hereto.

Any individual Capital Account shall be established and maintained for each Member who shall receive an interest in the Company, and shall be credited with the amounts of his Capital Contributions to the Company from time to time. The Capital Account of each Member shall also be credited with the amount of net profits allocated to such Member and shall be charged with the amount of any distribution to such Member and any net losses allocated to such Member. The Capital Account shall be maintained in accordance with Section 704 (b) of the Internal Revenue Code and Treasury Regulations thereunder. A Member shall not be entitled to

interest on his Capital Contribution, or to withdraw any part of his Capital Account, or to receive any distribution from the Company, except as specifically provided herein. As used in this Agreement, the reference to a Member's "interest" in the Company shall refer to the ratio of such Member's Capital Contributions to the aggregate of all the Member's Capital Contributions.

The terms "net profits" and "net losses" shall mean the net profits and net losses of the Company as determined for federal income tax purposes as provided on the Company's federal tax returns.

6. **Distributions**. Cash available for distribution from operations is the total cash revenues received by the Company from operations, less cash expenditures incurred incidental to the operation of the Company (including debt service, capital expenditures and normal operating expenses) and less amounts set aside for reserves.

(a) **Profits and Losses**. Net profits and net losses of the Company and each items of income, gain, loss, deduction or credit entering into the computation thereof shall be allocated among the Members in the ratio that each Member's Capital Contribution bears to the total Capital Contributions made by all Members for all years.

(b) **Distribution from Capital Transactions**. A Capital Transaction is the sale, exchange, refinancing of any mortgage on, taking by eminent domain, damage or destruction by fire or other casualty, or other disposition or voluntary or involuntary conversion of all or any part of the Company's property. The proceeds from a Capital Transaction shall be the cash available for distribution after (a) payment of closing costs and expenses, broker's commissions and unpaid liabilities of the Company (including, without limitation, any mortgage notes) and (b) the setting up of reserves to cover the reasonable business needs of the Company.

Distributions of the proceeds of a Capital Transaction shall be allocated as follows:

(i) Proceeds will be allocated to the Members in the ratio that their respective Capital Contributions bear to the total of all the Members' Capital Contributions to the extent that the Members shall each be repaid the amount of their Capital Contributions, net of any earlier repayment.

Nothing contained in this Agreement shall be construed to require any Member to restore any deficit in his Capital Account by making any Capital Contributions to the Company other than the Capital Contributions required by the terms of this Agreement. None of the provisions of this Agreement shall be construed as existing for the benefit of any creditor of the Company, nor shall any such provision be enforceable by any party not a signatory to this Agreement.

7. **Additional Funds.**

(a) **Call for Funds.** The Members recognize that the income produced by the Company's operations may be insufficient to pay the operating costs of the Company. If additional funds are required to pay such operating costs, the additional funds shall be called for and shall be contributed by the Members in the same ratio as their current capital investment. As used above, the term "operating costs" shall include, without limitation: principal and interest payments on Company loans, whether or not secured by mortgages on Company property; costs of repair, maintenance and improvements; insurance premiums; and taxes, assessments and other governmental charges, equipment, vehicle expense, and all other operating expenses.

(b) **Contributions for Noncontributing Members.** If any Member is unable or unwilling to make any or all of his proportionate contribution, then the remaining Members who are able and willing to do so may make a contribution in excess of their proportionate shares, in such amounts as they may agree among themselves. If they are unable to agree, each Member who is able and willing to make a contribution shall have the primary right to contribute that portion of such excess which the ratio of such Member's Capital Contribution bears to the aggregate Capital Contributions of all such Members, and a secondary right to contribute any remaining portion of such excess which is not desired to be contributed by any other Member in the exercise of his primary right. If there is more than one Member desiring to exercise secondary rights, they shall be entitled to contribute the remaining portion of such excess in the same proportion as stated above with regard to their primary rights.

(c) **Additional Members.** If the Members are unable or unwilling to make all of the required contributions, the Managers may admit additional Members to the Company after a vote of approval by a majority in interest in the Members.

8. **Managers.** Until otherwise voted by the Members, the Members shall manage the day-to-day affairs of the Company.

If determined unanimously by the Members, the affairs of the Company shall be managed by a Manager, in accordance with the following:

(a) The affairs of the Company shall be handled by a Manager. The Manager may designate an individual to conduct the day-to-day affairs by the Company. Said individual shall serve so long as the Manager consents. The Members, by majority-in-interest vote, shall direct the actions of the Manager. The Manager may be removed for due cause by the vote of two-thirds in interest of the Members. If at any time the Manager shall cease to serve, a successor shall be elected by a majority in interest of the Members.

(b) The Manager shall provide such services to the operation of the Company business as he shall deem proper and necessary, including keeping all Members informed of all significant letters, accounts, writings and other information which shall come to his attention concerning the business of the Company.

(c) The Manager shall keep or cause to be kept full records of each transaction of the Company and shall maintain such records at the principal office of the Company or at the principal office of the Company's accountant. Said records shall be open for inspection and examination by all Members of their duly authorized representatives at all reasonable times. The Manager shall furnish or cause to be furnished to each Member tax information reports and statements of financial condition of the Company as soon as practical after the end of each fiscal year of the Company. The fiscal year of the Company shall end on December 31st.

(d) The Manager shall cause the funds of the Company to be deposited in such bank account as he shall designate, and withdrawals shall be made upon such signatures as the Manager shall authorize.

(e) The Manager shall not be liable to the Company or to any Member for any mistake or error in judgment or for any omission believed in good faith to be within the scope of authority conferred by this Agreement. The Company shall indemnify the Manager for claims made against him, provided said Manager was acting within the scope of his authority. The Manager shall be liable only for acts and/or omissions involving intentional wrongdoing or gross negligence.

(f) The Manager, Members and employees shall be reimbursed by the Company for out-of-pocket expenses incurred on behalf of the Company.

In the event the Members do not vote to appoint a Manager, or subsequently terminate the Manager-operated provision, the Members shall assume all management responsibilities as described herein.

9. **Voting**. Each Member shall vote in proportion to his capital investment in the Company from time to time. Each Member may exercise his vote by written or oral notification to the Manager, or the other Member(s).

10. **Consent to Operations**. The procedure for the operation of the Company shall be as follows:

(a) The following actions shall require the vote and approval of not less than two-



thirds in interest of the Members:

(i) A sale or refinancing of all or substantially all of the Company property and/or assets.

(b) Exculpation. No Member, including the Manager (in a Member), shall be liable to the Company or to any other Member for losses or liabilities arising from the conduct of any employee or agent of the Company; provided, however, that such losses or liabilities do not arise from willful misconduct or gross negligence by such Member.

(c) Holding of Property and Reliance by Third Parties.

(i) Property owned by the Company shall be held in the name of the Company.

(ii) Third parties dealing with the Company shall be entitled to rely conclusively upon the power and authority of the Manager. Any corporation, trust, company or other business entity called upon to transfer any property to or from the name or account of the Company shall be entitled to rely on instructions or assignments signed by the Manager without inquiry as to the authority of the person signing such instructions or assignments.

11. Amendments. Amendments to this Agreement or Articles of Organization, other than amendments to reflect additional Capital Contributions and the admission of new Members, shall become effective only if in writing and approved by two-thirds of the Members.

12. Transfers of Interest.

(a) No interest of a Member shall be freely transferable. A Member shall not pledge, cause a lien to be placed against, or encumber his Company interest in any way, nor shall a Member sell or in any other way transfer his Company interest without:

(i) securing the affirmative vote of two-thirds majority in interest of the Members, excluding the interest to be transferred;

(ii) first offering said Company interest for sale on the same terms to the other Member(s) by a writing addressed and delivered to (each of) the other Member(s) in accordance with Paragraph 12 (b) below.

(b) A Member shall have a period of thirty (30) days to notify the selling Member of his intention to purchase the interest offered for sale pursuant to the terms of such offer. If a

Member timely elects to purchase the selling Member's interest, then within thirty (30) days after receipt by a Member of such offer to sell, the Member shall purchase said interest at the price and upon the terms at which said interest is offered for sale. If the election is not made by a Member within said thirty (30) days period, then the offering Member may sell his interest so offered for sale to a third party; provided, however, that said interest shall not be sold at a lower price or on more favorable terms than the price and terms set forth in the notice sent by the Member in accordance with this Paragraph 12 without first re-offering said interest for purchase by a Member in accordance with this Paragraph 12.

The foregoing notwithstanding, a Member may transfer, either by inter vivos transfer or by testamentary disposition, any portion (including the entire interest) of an interest in the Company to his spouse or descendent(s) without complying with the restrictions on transfers as otherwise provided herein.

13. **Restriction on Members.** Except as permitted in Paragraph 12 above, no Member (except a Member who is acting as the Manager), without the consent of all other Members, shall:

(a) Assign, transfer, pledge, compromise or release any claim of the Company except for full payment, or arbitrate, or consent to the arbitration of, any of its disputes or controversies;

(b) Use the name, credit, property of the Company for any purpose other than a proper Company purpose;

(c) Do any act detrimental to the Company business or which would make it impossible to carry on that business.

14. **Arbitration.** Any controversy or claim arising out of or relating to this Agreement, or to the interpretation, breach or enforcement thereof, shall be submitted to three (3) arbitrators and settled by arbitration in Connecticut, in accordance with the rules then obtaining of the American Arbitration Association. Any award made by a majority of such arbitrators shall be final, binding and conclusive on all parties thereto for all purposes, and judgment may be entered thereon in any court having jurisdiction thereof.

15. **Termination of the Company.** The Company shall be terminated and dissolved upon the unanimous vote of the Members at any time prior to October 1, 2059, but shall automatically terminate on October 1, 2059. The Company shall be dissolved upon the occurrence of an Event of Dissociation which causes a person to cease to be a Member, as provided in Section 41 of the Act, unless there are no fewer than two Members and a majority in

interest shall give their written consent to continue the business within ninety (90) days after the Event of Dissociation. The Company shall terminate upon the entry of a decree of final dissolution under Section 43 of the Act. Upon the termination of the Company as herein provided, a full and general accounting shall be taken of the Company business, and the affairs of the Company shall be wound up. The Manager shall wind up and liquidate the Company by selling the Company assets and, after the payment of the Company liabilities and the expenses and fees incurred in connection with such liquidation, distribute the net proceeds therefrom in accordance with Paragraph 6 hereof.

Any successor by the operation of law to a surviving Member's interest, including, by way of example and not by way of limitation, a personal representative, an heir or legatee, a guardian, a receiver or a trustee in bankruptcy, shall be deemed an assignee having the rights and obligations which an assignee of such Member's interest would have.

16. **Notices.** All notices, consents and other instruments hereunder shall be in writing and mailed by certified mail, return receipt requested, postage prepaid, and shall be directed to the parties hereto at the addresses set forth on Exhibit A, or at the last addresses of the parties furnished by them in writing to the Manager. Notices to any successor in interest shall be mailed in the same manner to the last known address of such successor.

17. **Severability.** If any provision of this Agreement or the application thereof to any person or circumstance shall be determined to be invalid or unenforceable, the remaining provisions of the Agreement or the application of such provision to persons or circumstances other than those to which it is held invalid or unenforceable shall not be affected thereby and shall be valid and enforceable to the fullest extent permitted by law.

18. **Execution in Several Counterparts.** This Agreement may be executed in several counterparts, and all of such counterparts shall constitute one agreement, binding on all of the parties hereto, notwithstanding that all of the parties are not signatory to the original or to the same counterpart.

19. **Pronouns.** All pronouns and any variation thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural as the identity of the person or persons may require.

20. **Governing Law.** All questions with respect to the construction of this Agreement, and the rights and liabilities of the parties, shall be determined in accordance with the provisions of the laws of the State of Connecticut. To the extent not specifically addressed in this Agreement, the operation of the Company and the conduct of its affairs shall be governed by the provisions of the Connecticut Liability Company Act.

21. **Captions.** The captions in this Agreement are for convenience only and shall not limit or define the text hereof.

22. **Further Assurances.** Each of the Members agrees hereafter to execute, acknowledge, deliver, file, record and publish such further certificates, instruments, agreements and other documents and to take all such further action as may be required by law or deemed by the Manager to be necessary or useful in the furtherance of the Company's purpose and the objectives and intentions underlying this Agreement and not inconsistent with the terms hereof.

23. **Binding Effect.** This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective next of kin, legatees, administrators, executors, legal representatives, successors and permitted assigns.

24. **Members' Actions.** Until such time as a Manager is appointed as provided in Paragraph 8 above, a majority in interest of the Members shall have all of the powers and authority as provided to the Manager herein.

**IN WITNESS WHEREOF,** the parties hereto have executed this Agreement on the 26th day of September, 2013.

Signed, Sealed and Delivered  
in the presence of:

**MEMBERS:**

  
LAURIE A. ZRENDA 

  
MEREDITH ELMER

  
BRUCE CHANDLER

  
ELLEN CHANDLER

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

OCTOBER 5, 2013

MCNAMARA & MCNAMARA, P.C.  
100 PENNSYLVANIA AVE.  
MIDDLETOWN, CT 06357

RE: Acceptance of Business Filing

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

Business Name:

THAMES VALLEY APOTHECARY, LLC

Work Order Number: 2013285990-001

Business Filing Number: 0004957383

Type of Request: ARTICLES OF ORGANIZATION

File Date/Time: SEP 26 2013 08:30 AM

Effective Date/Time:

Work Order Payment Received: 120.00

Payment Received: 120.00

Credit on Account: .00

Customer Id: 002319007

Business Id: 1119912

ATRICIA SHANAHAN

Commercial Recording Division

860-509-6003

WWW.CONCORD.SOTS.CT.GOV

BUSINESS FILING REPORT

WORK ORDER NUMBER:2013285990-001

BUSINESS FILING NUMBER: 0004957383

BUSINESS NAME:

THAMES VALLEY APOTHECARY, LLC

BUSINESS LOCATION:

252 NORTH BRIDE BROOK ROAD  
EAST LYME,CT 06333

MEMBER INFORMATION FOR ONE MEMBER:

NAME:LAURIE A. ZRENDA

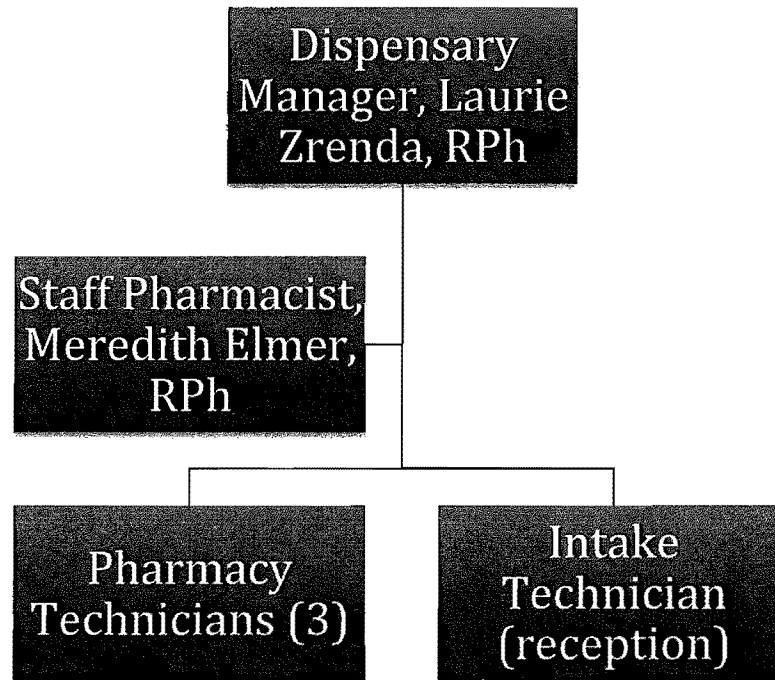
TITLE:MEMBER

\*\* END OF REPORT \*\*

E. Organizational Structure – Thames Valley Apothecary

*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.*

**In-House Staff:**



**Dispensary Manager Roles/Duties:**

- Inventory Manager
- Compliance Officer
- Human Resources Management
- Security Management

**Staff Pharmacist Roles/Duties:**

- Community/Outreach Manager
- Patient Coordinator

# Laurie A. Zrenda

## Work Experience:

### Rite Aid Pharmacy (formerly Brooks Pharmacy)

Pharmacy Manager, Uncasville, CT

October 2006-present

- Responsible for the operation and supervision of a retail chain drug store pharmacy department.
- Verify prescriptions and administer immunizations.
- Maintain inventory control and security of controlled substances.
- Train and supervise technician staff. Responsible for motivating staff to achieve monthly goals for prescription count, new customers, immunizations, and sales.
- Duties include: scheduling employees, ordering inventory and supplies, and promoting sales in the department by maintaining professional relations with physicians and patients, and providing excellent customer service.

Pharmacy Manager, Centerbrook, CT

June 2006-October 2006

Staff Pharmacist, East Lyme, CT

June 1998-June 2006

### Shaw's Supermarket, Arrow Prescription Center

May 1997-June 1998

Per Diem Pharmacist

### Edwards Super Food Store Pharmacy

May 1995-March 1996

Pharmacy Manager

### Stop and Shop Supermarket Company

Pharmacist, Clinton, CT

August 1994-June 1995

Pharmacist, Waterford, CT

November 1992-August 1994

Pharmacy Manager, Clinton, CT

July 1988-July 1991

### Brooks Pharmacy

Staff Pharmacist, East Lyme, CT

July 1991-November 1992

Student Intern/Staff Pharmacist, Essex, CT

December 1986-February 1988

### Flanders Pharmacy

Pharmacist

February 1988-July 1988

## Education

University of Connecticut, Storrs, CT. Bachelor of Science in Pharmacy,

May 1986

## Certification

State of Connecticut Pharmacy License: No. 6829



# MEREDITH ELMER

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## Professional Summary

Patient service-oriented Pharmacist with a track record of maintaining positive relationships with customers, pharmaceutical representatives, manufacturers, medical professionals, healthcare organizations and insurance providers.

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## Licenses

State of Connecticut licensed pharmacist (number 08664)

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## Skill Highlights

- Strong background in FDA drug safety guidelines
- Pharmaceutical storage awareness
- Inventory management
- Strong decision-making ability
- Patient counseling expert
- Efficient and accurate
- Skilled in clinical interventions
- Immunization certified
- CPR certification

---

## Professional Experience

<b>Staff Pharmacist</b>	<b>04/2001</b>
<b>Stop and Shop Pharmacy</b>	<b>Norwich, CT</b>
<b>Staff Pharmacist</b>	<b>02/1997 to 02/2001</b>
<b>Arrow Prescription Center</b>	<b>Waterford, CT</b>

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## Education and Training

<b>Bachelor of Science: Pharmacy</b>	<b>1996</b>
University of Connecticut	Storrs, CT, United States

**E. Financial Statements and Organizational Structure – Thames Valley Apothecary**

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

Laurie Zrenda, dispensary manager, will be responsible for all information security requirements, including the requirement that patient information remain confidential.

The MJ Freeway software follow HIPAA security guidelines, which include maintaining stringent physical security of servers, maintaining access control restrictions to the data and servers, and protecting patient identifiable information through encryption. See attached MJ Freeway letter of intent.



October 28, 2013

Mrs. Laurie Zrenda  
Principal Owner  
Thames Valley Apothecary  
1100 Route 32  
Uncasville, CT 06382

Reference: Letter of Intent

Dear Mrs. Zrenda,

MJ Freeway has created a fully integrated Point of Sale (POS), Inventory Control, Cultivation Management and Patient Management System precisely designed to serve state-approved Dispensary Facilities and Producers.

We have what we and many others believe to be the most advanced and sophisticated complete software solution for the medical marijuana industry. Our confidence in our product is buttressed by ample testimonials from customers.

This letter will confirm MJ Freeway's willingness and intent to enter into a formal agreement with Thames Valley Apothecary to provide software solutions guaranteed to meet published State of Connecticut reporting, regulation, and compliance guidelines for medical marijuana dispensary facilities and producers in the event that your application is viewed favorably and you emerge with the requisite authorized license.

We appreciate your confidence in our company and services and wish you well in your efforts to secure a license. MJ Freeway is ready to enter into a services agreement with you immediately thereafter on terms already discussed.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Amy A. Poinsett", with a long horizontal flourish extending to the right.

Amy A Poinsett  
Chief Executive Officer

**COMPENSATION AGREEMENT**

This Compensation Agreement (“Agreement”) is made and entered into on November 13, 2013 between **THAMES VALLEY APOTHECARY, LLC** (hereinafter referred to as “Employer”) and **MEREDITH ELMER**, whose present address is 6 Willow Lane, East Lyme, CT (hereinafter referred to as “Employee”);

In consideration of the mutual covenants set forth below, Employer agrees to compensate Employee as set forth in this Agreement;

1. **Compensation Terms.**

[REDACTED]

2. **Additional Compensation.**

[REDACTED]

3. **Places and Hours of Employment.**

[REDACTED]

4. **Expense Reimbursement.**

[REDACTED]

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

**EMPLOYER:**

**THAMES VALLEY APOTHECARY,  
LLC, a Connecticut Limited Liability  
Company**

BY 

Laurie Zrenda

Its: Member

**EMPLOYEE:**



Meredith Elmer

**COMPENSATION AGREEMENT**

This Compensation Agreement ("Agreement") is made and entered into on November 13, 2013 between **THAMES VALLEY APOTHECARY, LLC** and **ELLEN CHANDLER**, whose present address is 4 Cedar Ridge Road, East Lyme, CT ;

**WHEREAS**, Thames Valley Apothecary, LLC is a Limited Liability Company organized in the State of Connecticut;

**WHEREAS**, members of Thames Valley Apothecary, LLC executed an Operating Agreement on September 26, 2013;

**WHEREAS**, Ellen Chandler is a member of said Limited Liability Company;

**WHEREAS**, Ellen Chandler has a [REDACTED] ownership interest in said Limited Liability Company;

**NOW THEREFORE**, pursuant to said Operating Agreement, the parties agree as follows:

1. [REDACTED]

2. [REDACTED]

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

**THAMES VALLEY APOTHECARY,  
LLC, a Connecticut Limited Liability  
Company**

BY 

Laurie Zrenda

Its: Member

  
Ellen Chandler

**COMPENSATION AGREEMENT**

This Compensation Agreement ("Agreement") is made and entered into on November 13, 2013 between **THAMES VALLEY APOTHECARY, LLC** and **BRUCE CHANDLER**, whose present address is 4 Cedar Ridge Road, East Lyme, CT ;

**WHEREAS**, Thames Valley Apothecary, LLC is a Limited Liability Company organized in the State of Connecticut;

**WHEREAS**, members of Thames Valley Apothecary, LLC executed an Operating Agreement on September 26, 2013;

**WHEREAS**, Bruce Chandler is a member of said Limited Liability Company;

**WHEREAS**, Bruce Chandler has a [REDACTED] ownership interest in said Limited Liability Company;

**NOW THEREFORE**, pursuant to said Operating Agreement, the parties agree as follows:

1. [REDACTED]

2. [REDACTED]

[REDACTED]



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

**THAMES VALLEY APOTHECARY,  
LLC, a Connecticut Limited Liability  
Company**

BY 

Laurie Zrenda  
Its: Member



Bruce Chandler

**THAMES VALLEY APOTHECARY, LLC**

**Projected Financial Statements**

**Inception & Years Ending December 31, 2014, 2015 & 2016**

# **Section F**

## **Bonus Points**

**F. Bonus Points – Thames Valley Apothecary**

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

Thames Valley Apothecary is an independent, family owned and operated business. We are committed to creating a positive and healthy environment for all of our staff. Employee retention is a primary goal of our staffing plans. We are a small operation that requires outstanding performance from all of our employees. We have begun development of an extensive employee policy manual, which will detail our employment policies including:

**Management philosophies.**

Thames Valley Apothecary pledges to its employees that as long as the affairs of the company are in our hands, the following principles will govern our actions with employees.

- Thames Valley Apothecary employees and their welfare are very important to the success of our company. Our long-range objective is the continuous development of a growing and prospering business through which both the employees and the company will benefit.
- It is our policy to work with all members of our team in a fair and friendly manner and to treat each team member with dignity and respect as well as pay all employees a living wage.
- The management of Thames Valley Apothecary will work continually for the benefit of our present and prospective patients as well as our employees to improve the position of our company. This will enable us to provide excellent jobs for our team members.
- Work priorities such as accuracy, safety, cleanliness, and employee accommodations will be evaluated periodically for possible improvement and will always compare favorably with good industry practice.
- We will devote our best effort to conducting an expanding business within which will prevail an atmosphere of harmony with opportunity for all employees of Thames Valley Apothecary.

**Employee safety and security.**

- All employees will be provided on-going training on safety and security issues and will be provided with all resources necessary for a safe and secure working environment.
- No employee shall ever be required to operate or close the facility alone.
- The facility and all security equipment will be maintained and in good working order at all times.

**Employee educational opportunities and training:**

Thames Valley Apothecary will provide its employees' regular training and professional certification training cover the following areas:

- Local, state and federal marijuana laws;
- Medical marijuana efficacy and recent research;
- Patient confidentiality, education, and care;
- Personnel, product, and premise security; and
- Record keeping and regulatory responsibilities.

**Standards of conduct.**

Thames Valley Apothecary will exist in a highly regulated area of healthcare provision. Our employees will be both our greatest assets and greatest liabilities. We will implement very strict standards of conduct. Cause for termination may include:

- Theft or inappropriate removal or possession of property;
- Falsification of timekeeping records;
- Falsification of patient or sales records;
- Working under the influence of alcohol or illegal drugs;
- Possession, distribution, sale, transfer, or use of alcohol or illegal drugs in the workplace;
- Fighting or threatening violence in the workplace;
- Boisterous or disruptive activity in the workplace;
- Negligence or improper conduct leading to damage of company-owned or patient-owned property;
- Insubordination or other disrespectful conduct;
- Violation of safety or health rules;
- Smoking in the workplace;
- Sexual or other unlawful or unwelcome harassment;
- Excessive absenteeism or any absence without notice;
- Unauthorized use of telephones, or other company-owned equipment;
- Using company equipment for purposes other than business (i.e. playing games on computers or personal Internet usage);
- Unauthorized disclosure of business practices or confidential information;

- Violation of personnel policies;
- Unsatisfactory performance or conduct; or
- Allowing weapons on-site.

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

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

As healthcare providers, Thames Valley Apothecary understands that although effective and safe, medical marijuana can be an expensive treatment option for patients. It is not allowed as a deductible healthcare expense for federal income tax purposes, nor is it covered by insurance. We recognize the burden this places on Connecticut's patients and is committed to assisting those with a financial hardship.

Thames Valley Apothecary is a small, family owned and operated facility. We look forward to contributing generously to patients and our community when we have reached a stable position as a business. We will immediately offer to patients pass-through discounts on products that are provided by producers. Thames Valley has plans to partner with Greenbelt Management should they receive a license. They have committed to discounting up to fifteen percent of their product for dispensaries that will pass-through those savings to patients with financial needs. As our business grows, we will implement additional discounts to patients committing up to 15% or more of our net income to community benefit programs and increased our compassionate need program.

Once fully implemented, our compassionate need program will be a sliding scale assistance program which will provide support to the greatest number of patients possible based on income. Proof of assistance from another income based support program will serve as sufficient evidence for enrollment in Thames Valley Apothecary's financial assistance program. This procedure does not require our staff to possess, review, or make judgments on the validity of private patient financial information. Should the patient submit financial data for consideration, Thames Valley Apothecary will not retain copies of their personal information.

The dispensary facility manager make decisions on a compassionate need recipient. The dispensary facility manager shall have the authority to grant financial assistance with approval from a dispensary for reasons other than financial hardship including, but not limited to:



- Active duty or veteran status;
- Hospice status;
- Disability status; or
- Senior citizen status.

**Approved programs.**

A patient may provide an award letter (issued within the 12 months) from any of the following programs as proof of eligibility. Additionally, a patient may opt to submit a certified copy of a federal or Connecticut income tax return for verification.

- Patients receiving the following aid or with certified tax return adjusted gross income between 151% and 200% of federal household poverty guidelines will qualify for a standard level discount:
  - Unemployment benefits (must be current – within one month)
  - Workers compensation benefits (must be current – within one month)
  - SNAP
  - Medicaid/Husky C/Husky D
- Patients with income at 100% and 150% of federal household poverty guidelines will qualify for the plus voucher level.
- Patients receiving TANF or with income under federal poverty guidelines will qualify for the maximum voucher level.

**Patient to Patient Assistance.**

Thames Valley Apothecary encourages a community environment for its patients. Patients who would like to assist low-income patients with access to medicine may sponsor a fellow patient. The voluntary program will accept patient and caregiver donations and apply them as voucher credit to patients who have been placed on the waiting list for the compassionate need program. Vouchers will be awarded monthly by the 25th day of the month based on the previous months' donations.

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

Thames Valley Apothecary is a small business enterprise without the capacity to commission or execute high level research studies. As a result, we will be pleased to participate as a data collection source in the Connecticut Pharmacists Association Research Plan. As current members of the CPA we look forward to working with our colleagues here and in Canada to advance cannabis science research.



November 15, 2013

To Whom It May Concern:

The purpose of this letter is to inform the State of Connecticut Department of Consumer Protection(DCP) that the **Connecticut Pharmacists Association (CPA)**, a 501(c)6 professional organization representing pharmacists in the State of Connecticut since 1876, will be conducting a Research Monitoring Program in the State of Connecticut related to the medicinal use of cannabis.

It is the intent of the CPA to partner with the **Canadian Consortium for the Investigation of Cannabinoids (CCIC)** in order to conduct this proposed research monitoring program with the marijuana growers and dispensaries that receive licenses from the State of Connecticut. CCIC is a federally registered Canadian nonprofit organization of basic and clinical researchers and health care professionals established to promote evidence-based research and education concerning the endocannabinoid system and therapeutic applications of endocannabinoid and cannabinoid agents.

**Please note that the Thames Valley Apothecary, the subject of this application, has committed to the CPA that it fully supports and will cooperate in the data collection efforts that are needed to support this Research Plan and study initiative if their company is selected by the State of Connecticut to dispense medical cannabis.**

The Research Plan will be designed independently by CPA and CCIC after soliciting input from, and working with, the DCP, growers, dispensaries and other stakeholders.

The objectives will be to quantify the doses and modes of the cannabis administration and to explore the associations between cannabis products and patient phenotypes. At this time, it is not known how long a study such as this will take to complete.

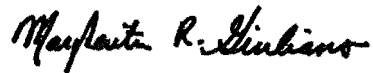
In general, the overall goal will be to systematically collect long-term data on the safety and efficacy of herbal cannabis used for medical purposes. What makes this study unique is that with this **international collaboration**, data collection from each country can be compared and studied to provide a very in-depth analysis and outcomes summary.

It is our estimation 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. Most importantly, due to how the Connecticut regulations are written, the pharmacists, who are an integral piece to both the data collection and dispensing activities, will have a comprehensive and data driven approach when educating patients about their medical use of cannabis.

The CPA has a strong and positive history of working with state agencies, universities and the pharmacists we represent in programs that involve both pharmacists and patient outcomes. It is due to this synergy and focus that the CPA feels that it is well-positioned to be the critical component to ensure that the Research Plan reflects the highest quality evidence-based "best practices" and continuing education for all those involved in this, emerging sector of patient care in Connecticut.

Sincerely,



Margherita R. Giuliano, RPh  
Executive Vice President  
Connecticut Pharmacists Association



Mark A. Ware MD MSc  
Executive Director  
Canadian Consortium of the Investigation of Cannabinoids



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

**Local Hospice Centers:**

Thames Valley Apothecary is a small family business committed to the communities of and surrounding New London. After Thames Valley Apothecary secures sufficient reserves for the ongoing stability of our business, we plan to donate 1% of gross revenue in cash assistance and medical marijuana products (as allowed for use by the facility) to local hospice centers such as the Center of Hospice Care in Southeast, CT. It is our intention to provide patients suffering from terminal illnesses with safe and quality medicine in the comfort of their hospice facility. As our business grows, so will our ability to donate medicine free of charge to these patients.

**Local Food Bank and Substance Abuse Prevention Organizations:**

Thames Valley Apothecary plans to partner with a local food bank, such as Care and Share in East Lyme, CT., as well as a local substance abuse counseling organization, such as Care Plus in Groton, CT. Once financial stability is reached, Thames Valley Apothecary plans to donate up to 15% of our net profits to the local food bank and the substance abuse organization of our choice. We will also hold local food drives in the facility on a regular basis.

*5. Substance Abuse Prevention: 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.*

### **Substance Abuse and Overuse Prevention**

As pharmacists, we are very concerned with the growing abuse of prescription pharmaceuticals and are proponents of medical marijuana as a safe and effective alternative. We realize the risk of long-term health problems and death related to dependence on pharmaceutical drugs, and for this reason are pursuing our dispensary license to provide safe and effective substitutes to reduce patient dependence on narcotics and opiates. Once Thames Valley Apothecary secures financial stability, we plan to provide a portion of 15% of our net profits to a local substance abuse prevention partner such as American Addiction Centers located in Glastonbury, CT.

Thames Valley Apothecary also plans to carry a vaporizer pen that will be manufactured by Greenbelt Management that allows patients to alter the dosage and volume of inhalations using a management software that connects directly to the vaporizer. This user-friendly software enables patients to obtain a desired level of symptom relief while reducing the risk of overuse. The contents of the vaporizer pen will be an oil extraction manufactured and tested in a licensed facility. Additionally, the vaporizer pen releases the medicinal compounds of marijuana into a carcinogen-free vapor, eliminating the health risks of smoking. Thames Valley Apothecary will continue to pursue measures like these to reduce substance abuse in Connecticut and the overuse of medical marijuana.