

The Healing Corner
Application for Medical Marijuana
Dispensary Facility License



November 15, 2013

November 12, 2013

Department of Consumer Protection
Drug Control Division
Medical Marijuana Program
RFA #2013-109377
165 Capitol Ave, Room 145
Hartford, CT 06106

Re: The Healing Corner Application for Medical Marijuana Dispensary Facility License

To Whom It May Concern:

On behalf of the Healing Corner, Inc. (throughout the application, "The Healing Corner"), I submit this application for a medical marijuana dispensary facility license. As detailed in the application, I have worked as a pharmacist in Connecticut for 28 years and I have owned my own pharmacy for the last 17 years. I am confident that as the owner of a dispensary facility, I would continue to serve my community and the State of Connecticut with sensitivity, integrity and efficiency.

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

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

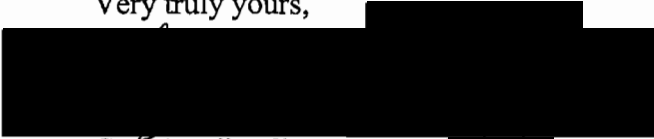
- Marked pages in Section A3 are exempt under Conn. Gen. Stat. § 1-210(b)(5)(A) and (B) because they contain commercial information regarding The Healing Corner that derives value from not being generally known, is kept secret, and is being given in confidence and is not required to be given by statute.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

The Healing Corner reserves its right to assert other bases for FOIA exemption as to any part of this application, whether or not marked “Confidential – FOIA-Exempt.”

Please do not hesitate to contact me at 61 Summerberry Circle, Bristol, CT 06010 or by email at gerricky@aol.com if you have any questions or if you would like The Healing Corner to provide additional materials in support of this application.

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

Very truly yours,


Gerri Ann Bradley
The Healing Corner, Inc., President

The Healing Corner

Application for Medical Marijuana Dispensary Facility License

A. BUSINESS INFORMATION OF APPLICANT1

1. Dispensary Facility Information Form.....2

 Appendix A3

 Temporary Permit for Sale and Use Tax.....9

 Letter from R.J. Kleefeld Realty, Inc.10

 Description of security plan11

 Appendix B44

 Appendix C47

 Statement of pharmacy business experience.....51

 Appendix D53

 Statement of pharmacy business experience.....55

 Appendix E57

2. Summary of the applicant’s qualifications, experience and industry knowledge relevant to the development and operation of a dispensary facility.....58

3. Financial Statements62

B. LOCATION AND SITE PLAN65

1. Location of the proposed dispensary facility.66

2. Documents sufficient to establish that the applicant is authorized to conduct business in Connecticut.....67

 Certificate of incorporation of The Healing Corner68

 Determination letter71

3. A written statement from the property owner that they have consented to the applicant operating a dispensary facility on the premises.....72

4. Text and graphic materials that will be shown on the exterior of the proposed dispensary facility74

5. Photographs of the surrounding neighborhood75

6/7. Site plan of the proposed dispensary facility and map that identifies all places used primarily for religious worship and schools 81

8. Blueprint87

C.	PROPOSED BUSINESS PLAN	89
1.	Description of products intended to be offered	90
2.	Description of services to be offered	91
3.	Description of the process to ensure that access to the dispensary facility premises will be limited only to employees, qualifying patients and primary caregivers.	92
4.	Description of the features that will provide accessibility beyond what is required by the Americans with Disabilities Act.	93
5.	Description of any air treatment system	94
6.	Description of the process by which marijuana and marijuana products will be delivered to a dispensary facility.....	95
7.	Description of the training and continuing education opportunities that will be provided to dispensary facility employees.....	97
8.	Description of any processes or controls that will be implemented to prevent the diversion, theft or loss of marijuana	99
D.	PROPOSED MARKETING PLAN	104
1.	Proposed marketing plan.....	105
E.	FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE	106
1.	Documents that set forth the legal structure of the applicant	107
	Certificate of Incorporation.....	108
	Bylaws.....	111
2.	Organizational chart.....	118
3.	The name, title and a copy of the resume of the person responsible for security	121
4.	Compensation Agreements	123
5.	Description outstanding loans, etc.....	124
	Ms. Bradley's most recent personal money-market account statement.....	125
	Ms. Bradley's most recent personal public-equities account statement	126

6. Audited financial statements.....	130
Letter regarding The Healing Corner’s recent incorporation	131
Pro forma financial statement	132
7. Tax returns filed by the applicant	134
8. Tax returns filed by the dispensary facility backer.....	135
F. BONUS POINTS	192
1. Employee Working Environment Plan.....	193
2. Compassionate Need Plan	196
3. Research Plan	197
4. Community Benefits Plan	200
5. Substance Abuse Prevention Plan.....	201

A. BUSINESS INFORMATION OF APPLICANT

A1. Request: Complete the Dispensary Facility Information Form.

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

- Appendix A: Dispensary Facility License Information Form (The Healing Corner, Inc.)
 - Temporary Permit for Sale and Use Tax
 - Letter from R.J. Kleefeld Realty, Inc.
 - Description of security plan
- Appendix B: Dispensary Facility Backer Information Form (Geri Ann Bradley)
- Appendix C: Directors, Owners, Officers or Other High-Level Employees Background Information Form (Geri Ann Bradley)
 - Statement of pharmacy business experience
- Appendix D: Dispensary Facility Manager Information Form (Geri Ann Bradley)
 - Statement of pharmacy business experience



Medical Marijuana Program

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

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



A1

Appendix A Dispensary Facility License Information Form

Section A: Business Information

1. Applicant business type:						
<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Applicant: The Healing Corner, Inc.						
3. Trade Name of Applicant: The Healing Corner, Inc.						
4. Applicant's Business Address: [REDACTED]						
5. City: [REDACTED]				6. State: 7	Zip Code: [REDACTED]	
8. Daytime Telephone Number: [REDACTED]				9. E-mail Address: [REDACTED]		
10. Applicant's Mailing Address (if different than business address):					11. City:	
12. State:	13. Zip Code:	14. Daytime Telephone Number:		15. Fax Number:		

Section B: Contact Information

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

16. Name of Primary Contact: Geri Ann Bradley		17. Primary Contact Title: President	
18. Primary Contact E-mail Address: [REDACTED]		19. Primary Contact Telephone Number: [REDACTED]	
20. OPTIONAL - Name of Alternate Contact:		21. Alternate Contact Title:	
22. Alternate Contact E-mail Address:		23. Alternate Contact Telephone Number:	

Section C: Formation/Incorporation Information

24. Date of Formation/Incorporation: October 31, 2013		25. Place of Formation/Incorporation: State of Connecticut	
26. Registered with the Connecticut Secretary of State: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Sale and Use Tax Permit Number: 13W9900817020 Provide a copy of your Sale and Use Tax permit with your application.	



Medical Marijuana Program

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

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



A1

Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address: 159 East Main Street			29. City: Bristol
30. State: CT	31. Zip Code: 06010	32. Telephone Number:	33. Fax Number:
34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		35. Name of Property Owner: R.J. Kleefeld Realty, Inc.	

Section E: Business Association Information

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

Section F: Proposed Dispensary Department Hours

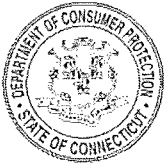
41. State the proposed dispensary department hours of operation for each day. The dispensary department is where marijuana will be sold.

Monday	9	to	5	Friday	9	to	5
Tuesday	9	to	5	Saturday	9	to	1
Wednesday	9	to	5	Sunday		to	
Thursday	9	to	5				

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	9	to	5	Friday	9	to	5
Tuesday	9	to	5	Saturday	9	to	1
Wednesday	9	to	5	Sunday		to	
Thursday	9	to	5				



Medical Marijuana Program

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

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



A1

Section H: Other Business Names & Addresses

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

43. Name:	44. Time Period:

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

45. Address:	46. Time Period:

Section I: Dispensary Facility Backers

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

Create additional copies of this page if necessary.

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

47. Name: Geri Ann Bradley	48. Percentage of ownership █



Medical Marijuana Program

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

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



A1

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): Geri Ann Bradley	50. Title: President	51. Role: Facility Manager

Section K: Financial Statement

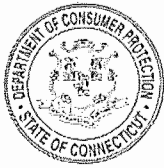
Set forth all expenses greater than \$10,000 incurred in connection with the establishment of your business and the sources of the funds for each. Attach additional pages if necessary. The Department may require backup documentation.

52. Expense Item: Professional fees (projected)	53. Cost: \$ [REDACTED]	54. Source of Funds: [REDACTED]
Leasehold improvements (projected)	\$ [REDACTED]	[REDACTED]
Furniture & Fixtures (projected)	\$ [REDACTED]	[REDACTED]
Computer equipment (projected)	\$ [REDACTED]	[REDACTED]
Security equipment and services (projected)	\$ [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: Custom Vault	
56. Primary Security Company Address (including Apartment or Suite #): 4 Research Drive	57. City: Bethel



Medical Marijuana Program

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

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



A1

58. State: CT	59. Zip Code: 06801	60. Telephone Number: 203-431-7647	61. Fax Number: (203) 403-4206
62. E-mail Address: mgifford@customvault.com			
63. Backup Security Company Name (if applicable):			
64. Backup Security Company Address (including Apartment or Suite #):			65. City:
66. State:	67. Zip Code:	68. Telephone Number:	69. Fax Number:
70. E-mail Address:			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.			

Section M: Legal Proceedings

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

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

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

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

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

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

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

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

Section N: Criminal Actions

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

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



Medical Marijuana Program

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

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



A1

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:

11/12/13

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. 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:

11/12/13

11/11

Temporary Permit for Sales and Use Tax

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

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

Confirmation Number*	13W0900817020
Organization Name	The Healing Corner Inc
Business Trade Name	The Healing Corner
Business Address	159 East Main Street Bristol CT 06010

This temporary permit will expire on 11/26/2013.

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

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

Please contact the DRS Registration Section at (800) 297-4889, if you do not receive your registration confirmation package by the 15th business day following completion of REG-1 GL.

November 07, 2013

Geri Ann Bradley
Beacon Prescriptions
35 Collins Road
Bristol, CT 06010

Re: Confirmation of Understanding to Lease Property

Dear Ms. Bradley:

This letter confirms the understanding of R.J. Kleefeld Realty, Inc. ("Kleefeld") concerning the lease of the property at 159 East Main Street, Bristol, CT, owned by Kleefeld, comprising a 2,205 square-foot building and associated parking spaces and driveways (the "Property").

Kleefeld confirms that if you or The Healing Corner, Inc. ("Healing Corner") is granted a license by the State of Connecticut to act as a medical marijuana dispensary and to operate a medical marijuana dispensary facility and department (the "License"), Kleefeld will lease the Property to Healing Corner at an annual rate of [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

Yours,

RJ Kleefeld Realty
159 East Main Street
Bristol, CT 06010


By: Robert J. Kleefeld, Officer



Medical Marijuana Program

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

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



A1

Appendix B

Dispensary Facility Backer Information Form

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

Section A: Backer Information

1. Backer business type:

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

2. Legal Name of Backer:

Gerri Ann Bradley

3. Trade Name of Backer (if applicable):

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:

[Redacted]

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



Medical Marijuana Program

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

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



A1

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): 09/1985 Expiration Date (month/year): 01/14	15. Type: Pharmacist	16. Number: 6476
17. State CT	18. Issue Date (month/year): 12/96 Expiration Date (month/year): 08/14	19. Type: Pharmacy	20. Number: 1016

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.



Medical Marijuana Program

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

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



A1

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:

11/12/13

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.

28. Signature:



[Redacted Signature]

29. Date Signed:

11/12/13



Medical Marijuana Program

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

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



A1

Appendix 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): Geri Ann Bradley			
2. Street Address (including Apartment or Suite #): [REDACTED]			
3. City: [REDACTED]		4. State: CT	5. Zip Code: 06010
6. Title: President		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: 13. Beacon Prescriptions		Date of Employment: Start Date: 12/96 End Date: :	
14. Employer Address (including Apartment or Suite #): 25 Collins Rd.			
15. City: Bristol		16. State: CT	17. Zip Code: 06010
18. Telephone Number: [REDACTED]	19. Fax Number: [REDACTED]	20. E-mail Address: [REDACTED]	

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



Medical Marijuana Program

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

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



A1

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): 09/01/1985 Expiration Date (month/year): 01/31/2014	31. Type: Pharmacist	32. Number: 6476
33. State CT	34. Issue Date (month/year): 12/1996 Expiration Date (month/year): 08/14	35. Type: Pharmacy	36. Number: 1016



Medical Marijuana Program

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

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



A1

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:

[Redacted Signature]

43. Date Signed:

11/12/13



Medical Marijuana Program

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

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

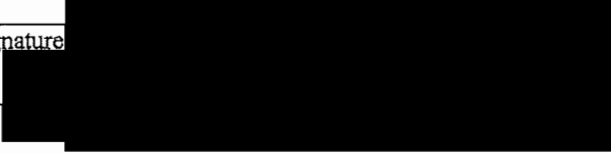


A1

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

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

44. Signature



45. Date Signed;

11/12/13



Medical Marijuana Program

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

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



A1

Appendix 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): Geri Ann Bradley			
2. Home Address (including Apartment or Suite #): [REDACTED]			3. City: [REDACTED]
4. State: [REDACTED]	5. Zip Code: [REDACTED]	6. Date of Birth: [REDACTED]	7. Telephone Number: [REDACTED]
8. Social Security Number: [REDACTED]			9. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
10. E-mail Address: [REDACTED]		11. Connecticut Pharmacist License Number: 6476	

Section B: Employment Information			
12. Current or Most Recent Employer: 13. Beacon Prescriptions		Date of Employment: Start Date: 12/01/1996 End Date: :	
14. Employer Address (including Apartment or Suite #): 25 Collins Road			
15. City: Bristol		16. State: CT	17. Zip Code: 06010
18. Daytime Telephone Number: [REDACTED]	19. Fax Number: [REDACTED]	20. E-mail Address: [REDACTED]	

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



Medical Marijuana Program

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

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



Section D: Criminal Actions

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

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

Section E: Criminal Background Check

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

25. Signature:



[Redacted Signature]

26. 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.

27. Signature:



[Redacted Signature]

28. Date Signed:

11/12/13



Medical Marijuana Program

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

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



A1

Appendix E Backer Members

Authorization for Release of Personal History Form

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

Section A: Member Information

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

Section B: Criminal Actions

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

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

Section C: Criminal Background Check

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

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

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

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

12. Signature: 	13. Date Signed:
---	------------------

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

Response:

The Healing Corner will be directed and funded by Geri Ann Bradley, who will also serve as dispensary facility manager and the dispensary's principal employee. Ms. Bradley is a trained, highly experienced pharmacist, and an active member of both the Connecticut and national pharmacist community and the lay community which she serves. In addition, she is an established businesswoman with proven wherewithal to run a successful and trusted enterprise. As a marijuana dispensary, she would act with the skill, integrity and care borne out by her experience.

Ms. Bradley has been a practicing pharmacist in Connecticut for 28 years. For the last 17 years, she has owned, managed and, on nearly every working day, personally served at Beacon Prescriptions, at 25 Collins Road in Bristol. Beacon Prescriptions provides prescription drugs, over-the-counter products and also performs medication therapy management in accordance with American Pharmacists Association standards.

Ms. Bradley's pharmacy is an important mainstay in Bristol. Many of Ms. Bradley's customers depend on her for their families' prescriptions from birth through old age. Ms. Bradley is proud to have received the Connecticut Pharmacy Professional Performance Award in 2008, given for outstanding services to the pharmacy profession. She is also proud to have received a Small Business Award from Bristol in 2007, and to have been given Readers' Choice Awards by each of the Bristol Press and the Bristol Observer in each year from 2008 through 2012. More anecdotally, Ms. Bradley has been recognized by the New England Pharmacists Association, which turned to one of her customers to speak in a television commercial about the customer's

real-life experience of receiving excellent care and service at Ms. Bradley's community pharmacy.

The recognition received by Ms. Bradley as a pharmacist is the product of hard work and deep professional and community commitments. Ms. Bradley graduated from the University of Connecticut in 1985 with a B.S. in Pharmacy, obtained her pharmacist license, worked first as a staff pharmacist for three years and then as a pharmacy manager for eight years, before coming to own her own pharmacy. In all this time Ms. Bradley has been active in a number of pharmacist and related organizations. She is a member of the National Community Pharmacy Association, the American Pharmacists Association and the Northeast Pharmacy Service Corporation. She is also a member of the Connecticut Pharmacists Association, on whose board she has served as an executive member. In addition, Ms. Bradley served as a member of the advisory boards of the Greater Bristol Visiting Nurses Association from 2005 to 2010 and the Parent & Child Center at Bristol Hospital from 2007 to 2009. Ms. Bradley has provided Medicare D educational seminars at the Bristol Township Senior Center's Annual Senior Fair and also at various other locations in conjunction with the Bristol Housing Authority. She is an active supporter of the National Community Pharmacy Association "Simplify My Meds" program. She supports numerous community organizations, including Bristol Hospital, Bristol Symphony, the American Legion, Environmental Learning Centers of Connecticut, local little league, Bristol Boys & Girls Club and many others.

Ms. Bradley's professional and community ties have helped her grow her business and to maintain strong relations with local physicians and the community. [REDACTED]

[REDACTED]

As a marijuana dispensary, Ms. Bradley would draw on her qualifications as a pharmacist and as a businesswoman. In her pharmaceutical practice, Ms. Bradley handles dangerous, habit-forming substances subject to strict regulation. Her customers, physicians, and government authorities trust Ms. Bradley to treat these substances in a manner that will heal, not harm. She takes this responsibility with the utmost seriousness, and has a stellar track record, having never been subject to discipline or censure. Ms. Bradley views marijuana as an especially concerning drug, owing to its history of abuse and illegal use, and the relative novelty of its use in the clinical context. To better understand these risks, Ms. Bradley has completed forty hour of credits of continuing medical education offered by the Massachusetts Medical Society on the uses of medical marijuana. Ms. Bradley is proud that Connecticut has enacted strict regulations for this drug. As a dispensary she would ensure that the marijuana in her custody would be handled and dispensed responsibly and securely. Just as she does in her pharmacy, she would proceed with thoroughness and caution, selecting and training her employees to perform their duties with the highest standard of integrity and ensuring compliance with all applicable regulations.

The dispensary facility that Ms. Bradley proposes to open will be just a few blocks away from her pharmacy, situated within the community in which she has raised a family, and lived and worked for decades. Located in Bristol, where New Haven, Litchfield and Hartford counties meet, the facility will also be well-positioned to serve patients from many parts of Connecticut.

Ms. Bradley is confident that by operating a dispensary with integrity and in accordance with Connecticut law, she will provide a valuable service to her community and to the state.

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

Response: Please see the column entitled "RFA Item A.3," of the attached document.

By way of further detail, "Rent" refers to the fee paid to the owner of the property where the proposed dispensary facility will be located, in consideration for the owner's holding the site while the Healing Corner's application is pending, and additional costs which may arise for the upkeep of the property.

"Legal and accounting fees" refers to fees paid for services associated with incorporation and counseling regarding this application.

"Site plan, logo design and surveying/engineering" refers to fees paid in connection with the preparation of the site plan, exterior sign and blueprint provided in this application.

"Application fee" is the fee for this application.

"Licensing & Permits" is the fee for other commercial permits.

B. LOCATION AND SITE PLAN

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

Response: The proposed dispensary facility will be located at:

159 East Main Street
Bristol, CT 06010

- Situated in Bristol, at the intersection of New Haven, Litchfield and Hartford counties, the dispensary facility will be well-positioned to serve patients from all over Connecticut.
- The proposed location is easily accessible by car. It is only 15 miles from the center of Hartford, or 17 minutes away in normal traffic. It is directly off Route 72 with easy access to Routes 84, 91 and 9, and it offers ample on-site parking.
- The proposed location is near Beacon Prescriptions, the community pharmacy which Geri Ann Bradley has owned for seventeen years, and is situated within the community in which Ms. Bradley has lived and worked for decades.

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

Response: On the following pages, please find:

- The certificate of incorporation of The Healing Corner, as on record at the Office of the Secretary of State of the State of Connecticut
- A determination letter issued by the City of Bristol Building Department

CERTIFICATE OF INCORPORATION
OF
THE HEALING CORNER, INC.


The undersigned Incorporator hereby forms a corporation under the Business Corporation Act of the State of Connecticut, as the same may be amended and supplemented from time to time (the "Act").

FIRST: The name of the Corporation is: The Healing Corner, Inc. (the "*Corporation*").

SECOND: The name and address of the registered agent of the Corporation in the State of Connecticut is as follows:

<u>Name</u>	<u>Home Address</u>	<u>Business Address</u>
Geri Ann Bradley	61 Summerberry Circle Bristol, CT 06010	61 Summerberry Circle Bristol, CT 06010

The undersigned hereby accepts appointment as registered agent:



Geri Ann Bradley, Register Agent

THIRD: The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be formed under the Act.

FOURTH: The total number of shares of stock which the Corporation shall be authorized to issue is One Thousand (1,000) shares of common stock, par value \$0.001 per share.

FIFTH: The Corporation's Board of Directors shall have the power to adopt, amend or repeal the bylaws of the Corporation.

SIXTH: In addition to, and not in derogation of, any other rights conferred by law, a director of the Corporation shall not be liable for monetary damages for breach of duty as a director in an amount greater than the compensation received by the director for serving the Corporation during the year of the violation, except as provided under Section 33-636 of the Act.

SEVENTH: The Corporation shall, to the fullest extent permitted by Sections 33-636 and 33-771 of the Act, indemnify and advance expenses to (a) its directors and officers and (b) any person who at the request of the Corporation is or was serving as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise from and against any and all liability, as defined in Section 33-770 of the Act; provided, however, that, except with respect to proceedings to enforce rights to indemnification, the Corporation shall not indemnify any director, officer or such person in connection with a proceeding (or part thereof) initiated by such director, officer or such person unless such proceeding (or part thereof) was authorized by the Board of Directors of the Corporation. The

587117671167

Corporation, by action of its Board of Directors, may provide indemnification or advance expenses to employees and agents of the Corporation or other persons only on such terms and conditions and to the extent determined by its Board of Directors in its sole and absolute discretion. The indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any bylaw, agreement, vote of stockholders or disinterested directors or otherwise, both as to action in their official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such a person. The right of indemnification and advance of expenses provided by this Article Seventh shall not be eliminated or impaired with respect to an act or omission by an amendment of the Corporation's certificate of incorporation or bylaws or a resolution of the Corporation's directors or shareholders, adopted after the occurrence of such act or omission.

EIGHTH: Unless the Corporation consents in writing to the selection of an alternative forum, the State courts of the State of Connecticut shall be the sole and exclusive forum for (a) any derivative action or proceeding brought on behalf of the Corporation, (b) any action asserting a claim of breach of fiduciary duty owed by any director, officer or other employee of the Corporation to the Corporation or the Corporation's stockholders, (c) any action asserting a claim arising pursuant to any provision of the Act or the Corporation's certificate of incorporation or bylaws or (d) any action asserting a claim governed by the internal affairs doctrine.

NINTH: The Corporation hereby renounces, to the fullest extent permitted by law, any interest or expectancy of the Corporation in, or in being offered an opportunity to participate in, any business opportunities that are presented to any of its directors who are not otherwise employed by the Corporation other than business opportunities that are presented to any director acting in his or her capacity as a director of the Corporation. No amendment to or repeal of this Article Ninth shall adversely affect any right or protection of a director of the Corporation existing at the time of, or increase the liability of any director of the Corporation with respect to any acts or omissions of such director occurring prior to, such amendment or repeal.

TENTH: Any action that may be taken by stockholders at a meeting of stockholders may be taken without a meeting of stockholders by consent, in writing, setting forth the action to be taken, signed by persons (or their authorized attorneys) holding shares representing at least that portion of the voting power of shares entitled to vote on such action as would be required to approve such action at a meeting at which all stockholders entitled to vote thereon were present; provided, however, that the approval of such action by consent is not prohibited by, and such consent is obtained in accordance with, the Act.

ELEVENTH: The name and mailing address of the Incorporator is as follows:

<u>Name</u>	<u>Address</u>
Geri Ann Bradley	61 Summerberry Circle Bristol, CT 06010

[Signature Page Follows]

I, **THE UNDERSIGNED**, being the incorporator, for the purpose of forming a corporation under the Act, do make, file and record this Certificate of Incorporation, do certify that the facts herein stated are true and, accordingly, have hereto set my hand this 30th day of October, 2013.



Geri Ann Bradley, Incorporator



CITY of BRISTOL
BUILDING DEPARTMENT

111 North Main Street, Bristol, CT 06010
ZONING ENFORCEMENT OFFICE

DETERMINATION LETTER

VIA REGULAR MAIL

November 1, 2013

Geri Ann Bradley
Beacon Prescriptions
25 Collins Road
Bristol, CT 06010

RE: 159 East Main Street, Bristol, CT.
Subject: Proposal of Use

Dear Mrs. Bradley:

I have reviewed your letter dated October 28, 2013 regarding the proposed use of the above referenced property known as 159 East Main St. as a "Medical Marijuana Dispensary". Based on the information you supplied this office and my own research I have found the following:

Chapter 420f (Palliative Use Of Marijuana), Sec.21a-408h (B) of the State of Connecticut General Statutes states "Provide that only a pharmacist licensed under chapter 400j may apply for and receive a dispensary license". Chapter 400j (Pharmacy, Definitions), Sec.20-571(9) states "Dispense" means those acts of processing a drug or device for delivery or for administration for a patient pursuant to a prescription" and Sec.20-571(10) "Dispensing outpatient facility" means a facility operated by a corporation or municipality which provides medical services to patients on an outpatient basis and which maintains stocks of drugs for dispensing of drugs on a regular basis to patients for use off the premises". The State of Connecticut Department of Consumer Protection has determined that Medical Marijuana shall be distributed through specially licensed pharmacist owned dispensaries and will be regulated the same as a pharmacy with regard to the handling and dispensing of any other dangerous controlled substances and habit forming drugs.

It is therefore my determination that a Medical Marijuana Dispensary has similar characteristics to a Pharmacy use and is therefore a use permitted by right in a General Business Zone.

Please call me at 584-6214, if you have any questions concerning this letter.

Sincerely,

Anthony Decrisantis
Zoning Enforcement Officer

Cc: Alan Weiner, City Planner
Brian Skinner, Zoning Commission Chairman

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

Response: Please see the letter from R.J. Kleefeld Realty, Inc., on the following page.

November 07, 2013

Geri Ann Bradley
Beacon Prescriptions
25 Collins Road
Bristol, CT 06010

Re: Confirmation of Understanding to Lease Property

Dear Ms. Bradley:

This letter confirms the understanding of R.J. Kleefeld Realty, Inc. ("Kleefeld") concerning the lease of the property at 159 East Main Street, Bristol, CT, owned by Kleefeld, comprising a 2,205 square-foot building and associated parking spaces and driveways (the "Property").

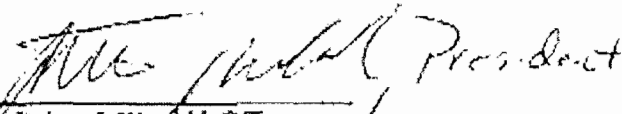
Kleefeld confirms that if you or The Healing Corner, Inc. ("Healing Corner") is granted a license by the State of Connecticut to act as a medical marijuana dispensary and to operate a medical marijuana dispensary facility and department (the "License"), Kleefeld will lease the Property to Healing Corner at an annual rate

[REDACTED]

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

Yours,

RJ Kleefeld Realty
159 East Main Street
Bristol, CT 06010


By: Robert J. Kleefeld, Officer

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

Response:

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

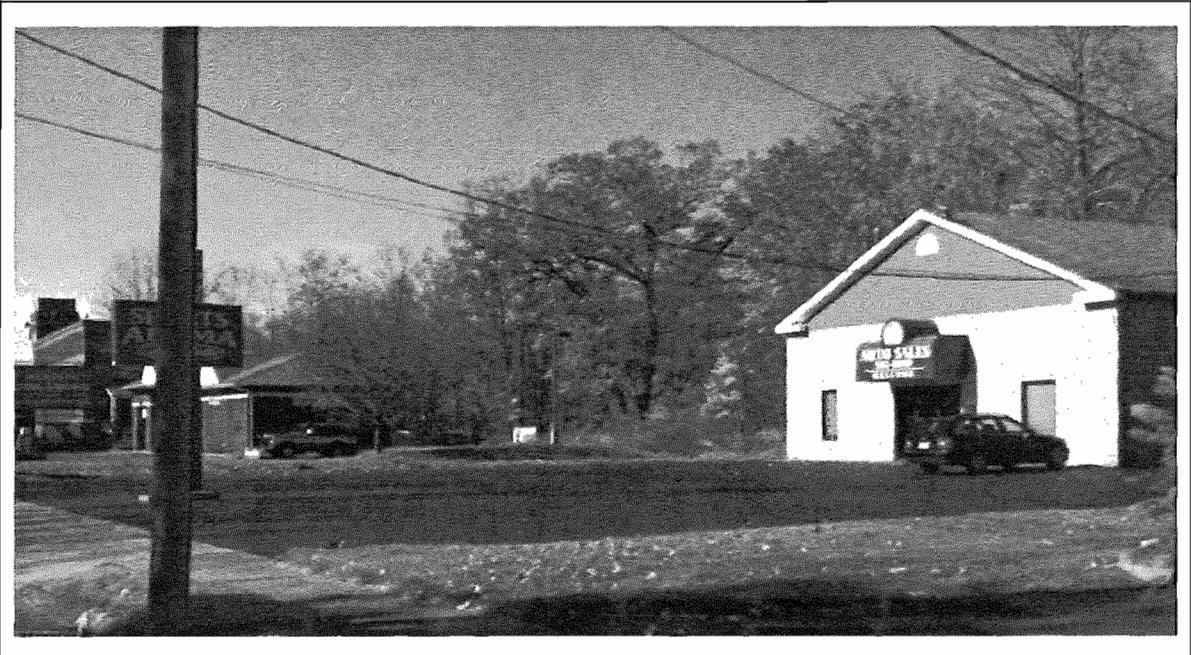
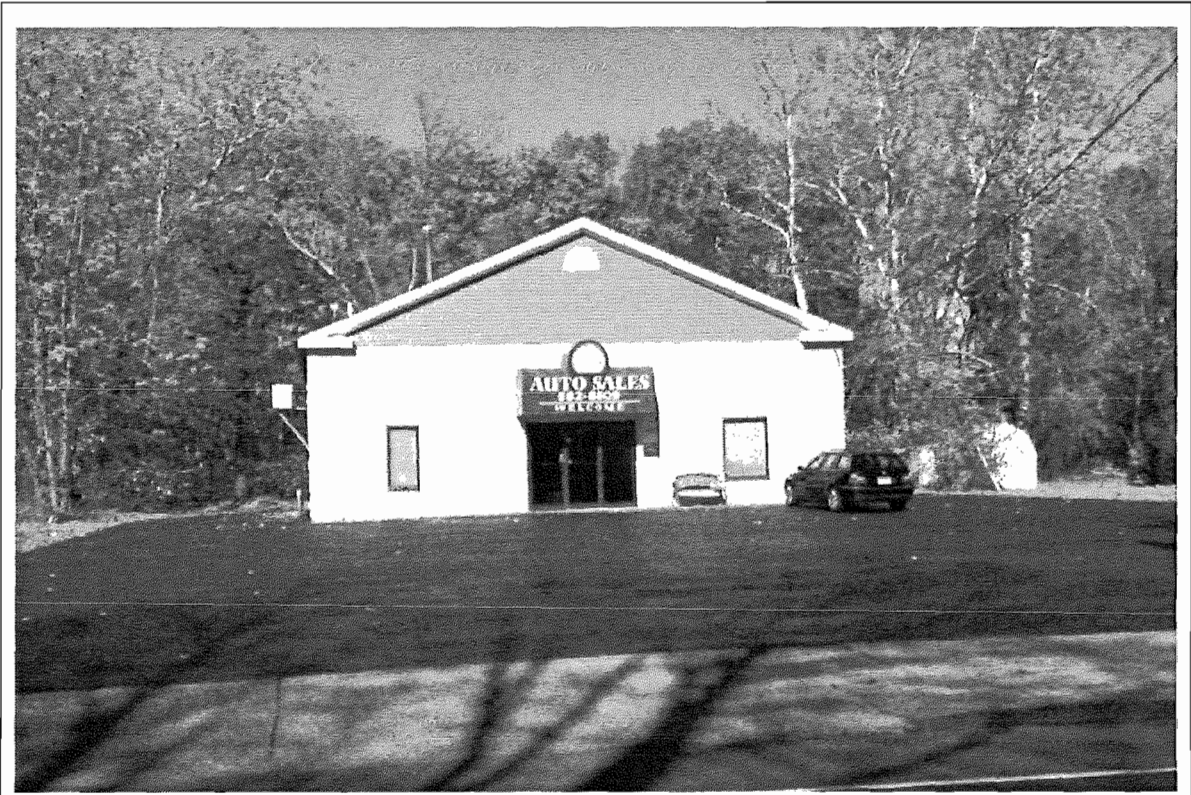


- B5. Request: Photographs of the surrounding neighborhood and businesses sufficient to evaluate the proposed dispensary facility's compatibility with commercial or residential structures already constructed, or under construction, within the immediate neighborhood.

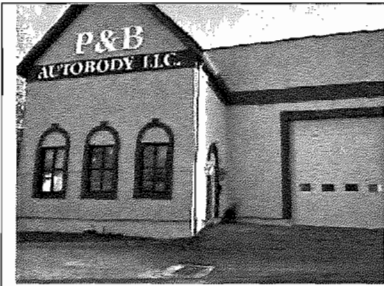
Response: Please find on the pages that follow photographs showing the site of the proposed dispensary facility and the surrounding neighborhood. The photographs are grouped as follows:

- Photographs of the proposed site, 159 East Main St., Bristol, CT;
- Photographs of the buildings to the east of the proposed site, on the opposite side of East Main Street;
- Photographs of the buildings to the west of the proposed site, on the opposite side of East Main Street;
- Photographs of the buildings to the east of the proposed site, on the same side of East Main Street; and
- Photographs of the buildings to the west of the proposed site, on the same side of East Main Street.

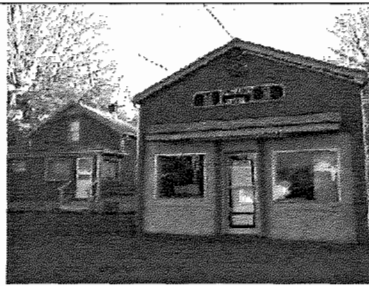
Photographs of the proposed site of The Healing Corner
159 East Main St., Bristol, CT



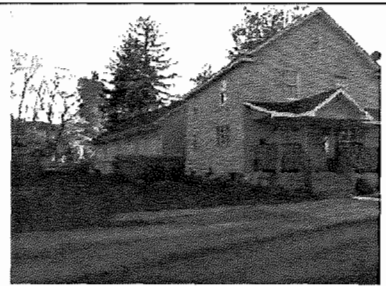
Buildings to the east of the proposed site, on the opposite side of East Main Street
(Lower-numbered photographs are closer to the proposed site.)



1- P&B AUTOBODY



2- M&R PACKAGE STORE







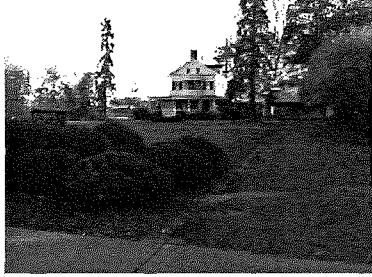


3- COMMERCIAL
GARAGES AND HOUSE



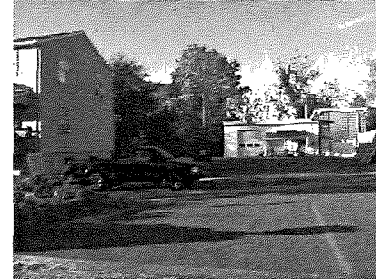
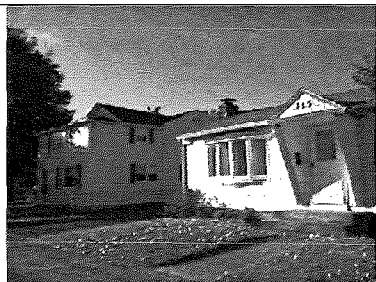

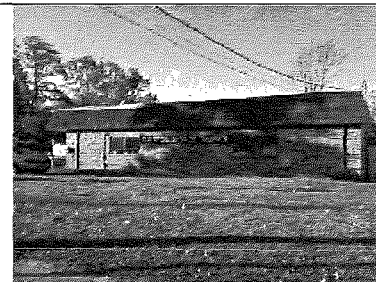


4- RESIDENTIAL CONDOS

Buildings to the west of the proposed site, on the opposite side of East Main Street
(Lower-numbered photographs are closer to the proposed site.)

		
<p>1- HOUSE DIRECTLY ACROSS EAST MAIN ST.</p>	<p>2- TWO HOUSES</p>	<p>3- PHANTOM TATOOS</p>
		
<p>4- PROFESSIONAL SHOE REPAIR</p>	<p>5- SILVANAS DAY SPA</p>	<p>6- PROFESSIONAL AUTOMOTIVE SERVICE</p>
		
<p>7- ST. JOSEPH'S POLISH SOCIETY</p>	<p>8- CENTRAL CONNECTICUT FINANCIAL</p>	<p>9- O'BRIEN FUNERAL HOME</p>
		
<p>10- CITGO GAS STATION</p>	<p>11- RT 72 LIQUORS</p>	

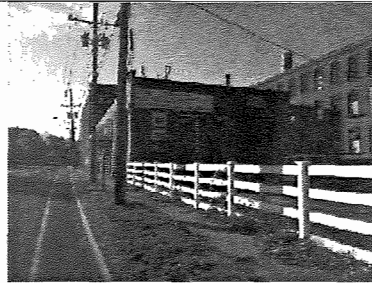
Buildings to the east of the proposed site, on the same side of East Main Street (Lower-numbered photographs are closer to the proposed site.)

		
<p>1- MULTI-FAMILY RESIDENCE</p>	<p>2- MULTI-FAMILY HOUSES</p>	<p>3- COMMERCIAL GARAGES BEHIND HOUSE</p>
		
<p>4- HOUSE</p>	<p>5- COMMERCIAL VACANT</p>	<p>6- BRISTOL MOTOR WORKS</p>

Buildings to the west of the proposed site, on the same side of East Main Street
(Lower-numbered photographs are closer to the proposed site.)



1- CAR WASH



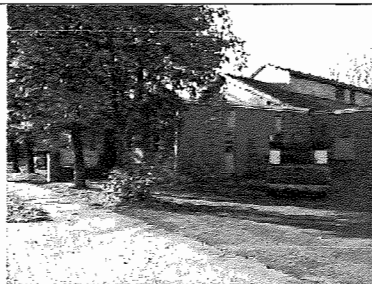
2- QUALITY WELDING



3- COMMERCIAL
MANUFACTURING



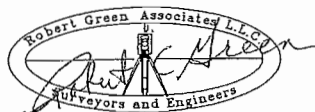
4- DAVE ALBERT
CERTIFIED PUBLIC
ACCOUNTANT



5- LAURETTI
CONSTRUCTION

- B6. Request: A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor areas, if applicable, that are within the same block as the dispensary facility.
- B7. Request: A map that identifies all places used primarily for religious worship, public or private school, convent, charitable institution, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that are within 1000 feet of the proposed dispensary facility location.

Response: Please see the site plan and maps, prepared by a surveyor, on the following pages, which address requests B6 and B7.



6 Old Waterbury Rd. • Terryville, CT 06786
Telephone: (860) 589-0135 • Fax: (860) 589-1342
e-mail: robert.c.green@snet.net

THE HEALING CORNER
159 EAST MAIN STREET
FORESTVILLE, CONN.

October, 2013

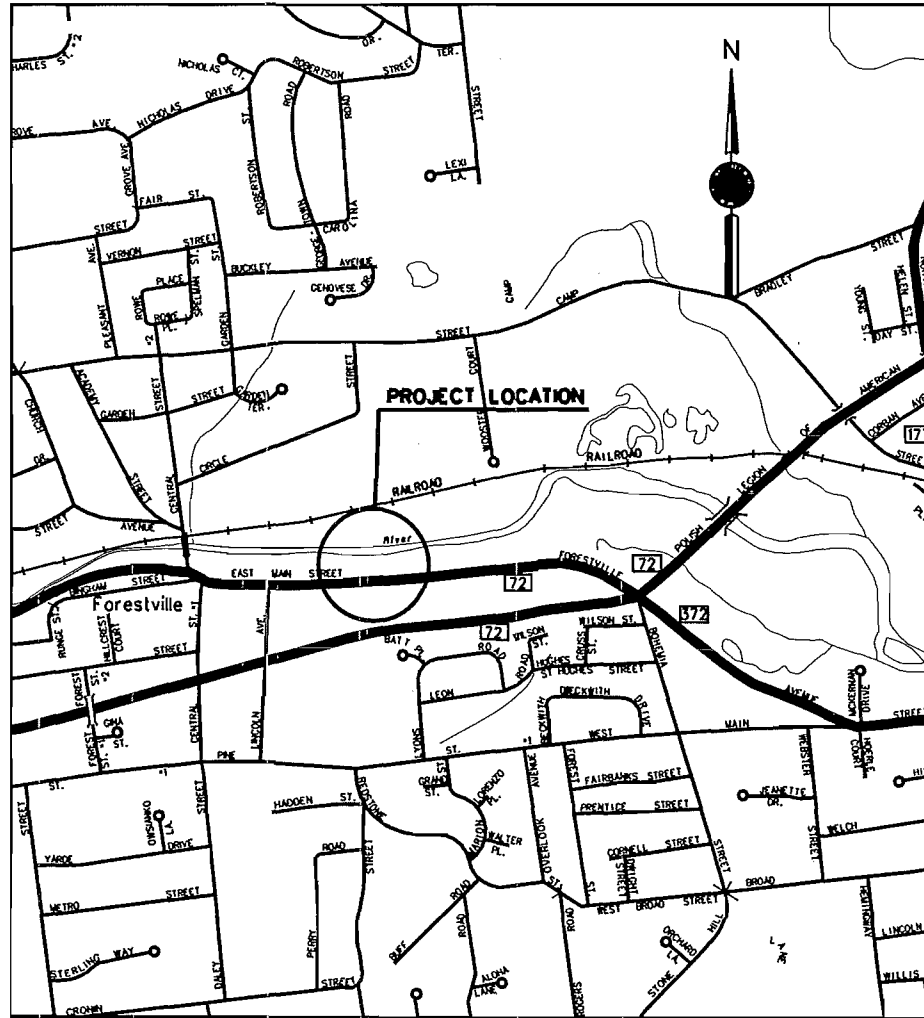
Prepared by
Robert Green Associates
6 Old Waterbury Road
Terryville, Conn. 06786



6 Old Waterbury Rd. • Terryville, CT 06786
Telephone: (860) 589-0135 • Fax: (860) 589-1342
e-mail: robert.c.green@snet.net

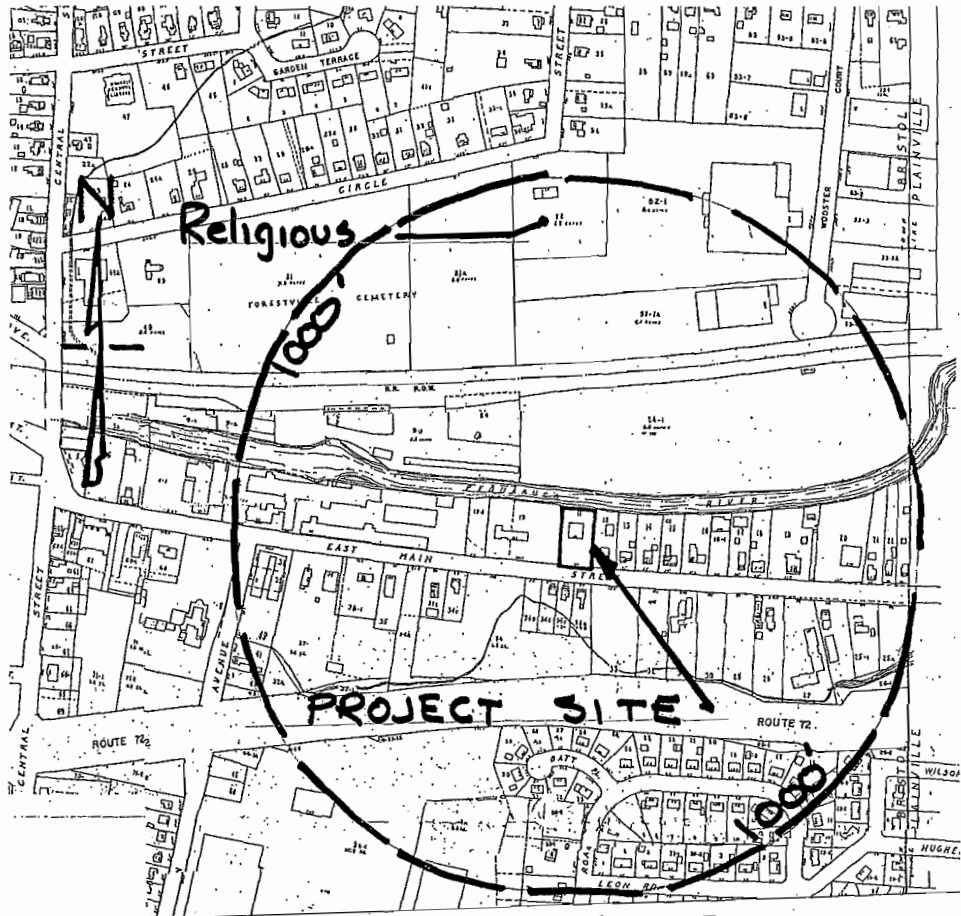
Attached are drawings marked SK1 thru SK3. These sketches are intended to comply with items 6 and 7 in the checklist for application to the State.

1. SK1 is a location map at a small scale intended to show the roadway network to and from the proposed facility. The general project location is identified in the center of the drawing.
2. SK2 is a vicinity map that indicates parcels within the 1000' distance from any point of the property. There are approximately 100 parcels entirely or partially within the 1000' setback. The parcels are primarily residential, with commercial and industrial uses more closely placed to the proposed dispensary. Our review of the parcels indicates that there is a religious (Church) use located on Circle Street.
3. SK3 is a site drawing prepared to a larger scale. It indicates the parcel property limits, the existing building, access to the site and available parking. The drawing is a portion of a map prepared for the present owner as part of site plan approval.



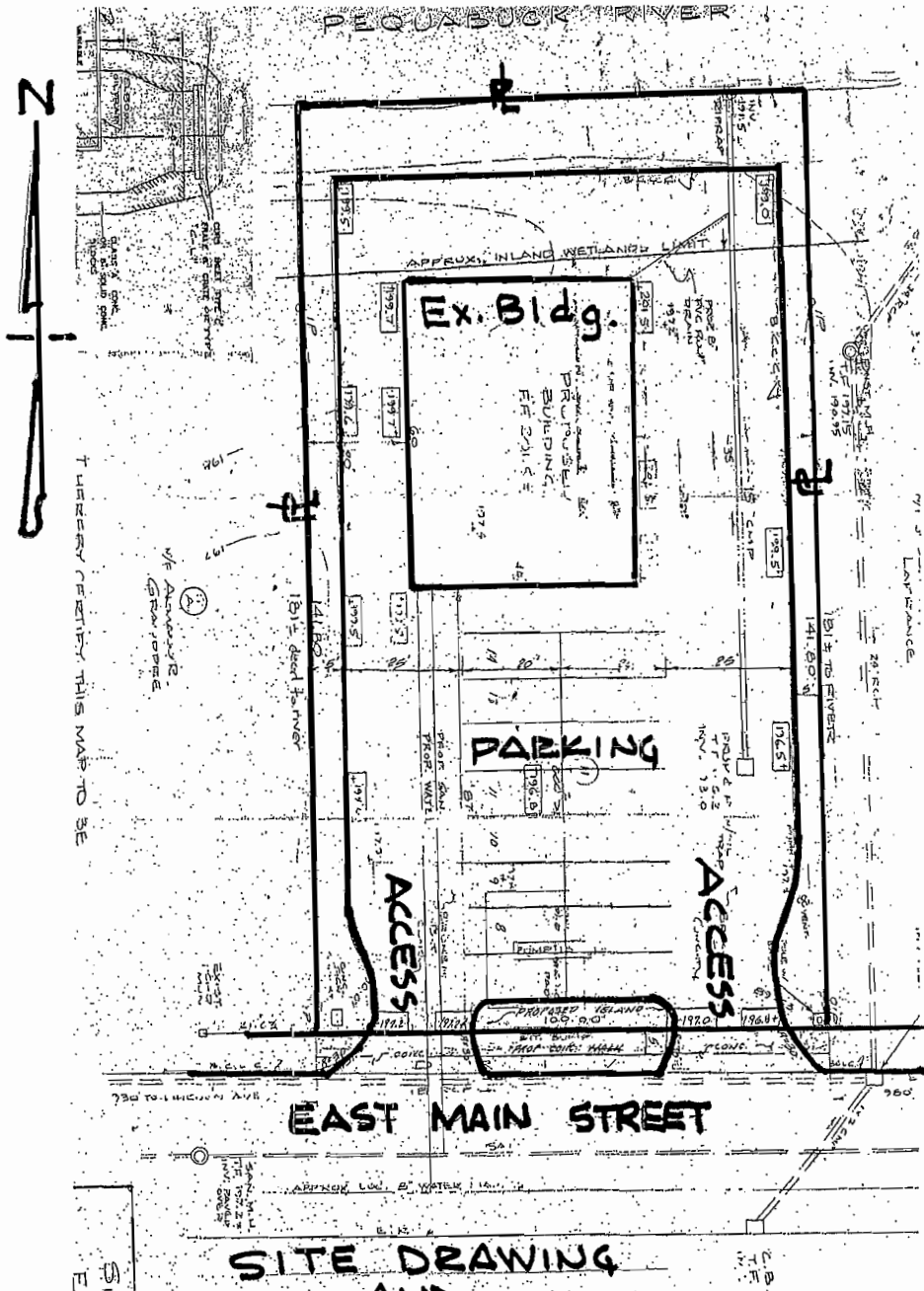
LOCATION MAP
SCALE 1" = 1000'
OCTOBER, 2013

SHEET SK1



VICINITY MAP
SCALE 1" = 400'
OCTOBER, 2013

SK 2



THEREBY CERTIFY THIS MAP TO BE

**SITE DRAWING
AND
LAYOUT PLAN
SCALE 1"=25'**

OCT. 2013

SK 3

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

Response: Please see the blueprint on the following page.

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

Response: Please see the blueprint on the following page.

C. PROPOSED BUSINESS PLAN

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

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

- Marijuana products available from approved growers, in packaged form, appropriately labeled:
 - Raw marijuana strains and brands, to the extent made available by approved growers
 - Marijuana products, including cigarettes, extracts, sprays, tinctures, oils, topical applications, lotions, transdermal patches, baked goods and capsules, to the extent made available by approved growers
- Paraphernalia to assist in the administration of marijuana, bearing no branding that condones the recreational or underage use of marijuana, including:
 - Volcano brand vaporizers
 - Traditional and water pipes
 - Cigarette-rolling papers and cigarette-rolling devices
- Paraphernalia to aid in the storage of marijuana, bearing no branding that condones the recreational or underage use of marijuana, including:
 - CVault brand storage containers
 - Glass or plastic stopper-and-bottle storage bottles
 - Threaded-cap storage bottles
- Products that are neither paraphernalia nor contain marijuana, to be sold from not within the dispensary department, including:
 - Aromatherapy products such as essential oils, diffusers, skin care, and bath products
 - Massage lotions and creams
 - Books on the subjects of medical marijuana, alternative healing, physical fitness, mental health and religion
 - Music on compact disc

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

Response: During its first year of operation, The Healing Corner intends to offer the following services:

- One-on-one and small-group dispensary-to-patient counseling, covering:
 - proper usage of marijuana and paraphernalia
 - methods of marijuana administration
 - signs and symptoms of marijuana abuse
 - Connecticut marijuana law

- Services that may be offered, by appointment and in a space not within dispensary department, by subcontractors registered pursuant to Conn. Agencies Regs. § 21a-408-24:
 - Massage therapy
 - Acupuncture
 - Reiki

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

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

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

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

Response:

- The Healing Corner will be installing two Austin Air Healthmate Standard Model HM-400 air cleaners.
 - Each unit cleans spaces up to 1,500 square feet, which will be more than adequate to clean the dispensary facility's 2,025 square-foot space.
 - Each unit is indicated to have a quality high-efficiency particulate air filter drum that includes 15 pounds of chemical absorbing activated carbon and natural zeolite mix that cleans the air of allergens and outgassing chemicals for approximately 5 years before the high-efficiency particulate air filter drum needs to be replaced.
- In addition, as required by regulation, no dispensary facility employee, including the facility manager, will break the producer's seal on any marijuana product; and no marijuana will be consumed or smoked on the premises. The marijuana will thus be minimally exposed to air.
- In all events, inventory will be strictly controlled, in accordance with regulation, so no more marijuana will be on hand than necessary to accommodate patient demand.

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

Response:

All dispensary facility employees shall receive training in the following areas before the commencement of work:

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

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

- Developments in the field of the medical use of marijuana
- Product knowledge
- Point-of-sale operations
- Customer service
- Accurate record keeping
- Procedures for ensuring quality of dispensing and for rectifying dispensing errors

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

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

- State of Connecticut Medical Marijuana Program, Department of Consumer Protection, Drug Control Division (Powerpoint presentation) by John Gadea Jr., RPh, Director
- Laying the foundation for medical cannabis (Powerpoint presentation) by Mark A. Ware MBBS MRCP (UK) MSc Family Physician, Associate Professor in Family Medicine and Anesthesia, McGill University
- US Pharmacist – Medical Marijuana: Therapeutic Uses and Legal Status (Powerpoint presentation)
- The Answer Page (electronic resource) jointly sponsored by the Massachusetts Medical Society, which includes programs “The Pharmacology of Cannabis and Cannabinergic Medicines”; “Medicinal Cannabis in the Treatment of Chronic Pain Syndromes”; “Federal Marijuana Laws”; “Medical Marijuana Primer Week”; “Medical Marijuana Basics Week 2” ; and “Cannabis as a Substitute for Alcohol and Other Drugs”

Dispensaries shall also receive skills training in the following areas:

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

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

D. PROPOSED MARKETING PLAN

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

Response:

- The Healing Corner believes that marketing to the general public would adversely, rather than positively, affect public perception and acceptance of the use of medical marijuana. Marketing to the general public might also increase security risk. For these reasons, The Healing Corner will primarily rely on doctors who certify qualifying patients to provide The Healing Corner's contact information and address.
- The Healing Corner intends to reach out to physicians who specialize in the debilitating medical conditions that Connecticut has approved for the use of marijuana. The Healing Corner may hold informational seminars, led by dispensaries or invited experts, for qualifying patients referred by physicians.
- The Healing Corner is aware of the regulations governing advertising and, should it opt in the future to advertise, will submit any proposed advertisement to the Commissioner of Consumer Protection prior to or at the same time as dissemination, as required by regulation.
- The Healing Corner is also aware of and will comply with its obligation under Conn. Agencies Regs. § 21a-408-34(o) to provide certain informational material to qualifying patients and physicians and, before providing this material, to submit the material to the Commissioner of Consumer Protection.

**E. FINANCIAL STATEMENTS AND
ORGANIZATIONAL STRUCTURE**

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

Response: The Healing Corner is a recently formed corporation 100% owned by Geri Ann Bradley. As such, there are no agreements between members or like documents. On the flowing pages please find:

- The Healing Corner Certificate of Incorporation
- The Healing Corner Bylaws

CERTIFICATE OF INCORPORATION
OF
THE HEALING CORNER, INC.

The undersigned Incorporator hereby forms a corporation under the Business Corporation Act of the State of Connecticut, as the same may be amended and supplemented from time to time (the "Act").

FIRST: The name of the Corporation is: The Healing Corner, Inc. (the "*Corporation*").

SECOND: The name and address of the registered agent of the Corporation in the State of Connecticut is as follows:

<u>Name</u>	<u>Home Address</u>	<u>Business Address</u>
Geri Ann Bradley	61 Summerberry Circle Bristol, CT 06010	61 Summerberry Circle Bristol, CT 06010

The undersigned hereby accepts appointment as registered agent:



Geri Ann Bradley, Register Agent

THIRD: The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be formed under the Act.

FOURTH: The total number of shares of stock which the Corporation shall be authorized to issue is One Thousand (1,000) shares of common stock, par value \$0.001 per share.

FIFTH: The Corporation's Board of Directors shall have the power to adopt, amend or repeal the bylaws of the Corporation.

SIXTH: In addition to, and not in derogation of, any other rights conferred by law, a director of the Corporation shall not be liable for monetary damages for breach of duty as a director in an amount greater than the compensation received by the director for serving the Corporation during the year of the violation, except as provided under Section 33-636 of the Act.

SEVENTH: The Corporation shall, to the fullest extent permitted by Sections 33-636 and 33-771 of the Act, indemnify and advance expenses to (a) its directors and officers and (b) any person who at the request of the Corporation is or was serving as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise from and against any and all liability, as defined in Section 33-770 of the Act; provided, however, that, except with respect to proceedings to enforce rights to indemnification, the Corporation shall not indemnify any director, officer or such person in connection with a proceeding (or part thereof) initiated by such director, officer or such person unless such proceeding (or part thereof) was authorized by the Board of Directors of the Corporation. The

58751.502146.2

Corporation, by action of its Board of Directors, may provide indemnification or advance expenses to employees and agents of the Corporation or other persons only on such terms and conditions and to the extent determined by its Board of Directors in its sole and absolute discretion. The indemnification provided for herein shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any bylaw, agreement, vote of stockholders or disinterested directors or otherwise, both as to action in their official capacity and as to action in another capacity while holding such office, and shall continue as to a person who has ceased to be a director, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such a person. The right of indemnification and advance of expenses provided by this Article Seventh shall not be eliminated or impaired with respect to an act or omission by an amendment of the Corporation's certificate of incorporation or bylaws or a resolution of the Corporation's directors or shareholders, adopted after the occurrence of such act or omission.

EIGHTH: Unless the Corporation consents in writing to the selection of an alternative forum, the State courts of the State of Connecticut shall be the sole and exclusive forum for (a) any derivative action or proceeding brought on behalf of the Corporation, (b) any action asserting a claim of breach of fiduciary duty owed by any director, officer or other employee of the Corporation to the Corporation or the Corporation's stockholders, (c) any action asserting a claim arising pursuant to any provision of the Act or the Corporation's certificate of incorporation or bylaws or (d) any action asserting a claim governed by the internal affairs doctrine.

NINTH: The Corporation hereby renounces, to the fullest extent permitted by law, any interest or expectancy of the Corporation in, or in being offered an opportunity to participate in, any business opportunities that are presented to any of its directors who are not otherwise employed by the Corporation other than business opportunities that are presented to any director acting in his or her capacity as a director of the Corporation. No amendment to or repeal of this Article Ninth shall adversely affect any right or protection of a director of the Corporation existing at the time of, or increase the liability of any director of the Corporation with respect to any acts or omissions of such director occurring prior to, such amendment or repeal.

TENTH: Any action that may be taken by stockholders at a meeting of stockholders may be taken without a meeting of stockholders by consent, in writing, setting forth the action to be taken, signed by persons (or their authorized attorneys) holding shares representing at least that portion of the voting power of shares entitled to vote on such action as would be required to approve such action at a meeting at which all stockholders entitled to vote thereon were present; provided, however, that the approval of such action by consent is not prohibited by, and such consent is obtained in accordance with, the Act.

ELEVENTH: The name and mailing address of the Incorporator is as follows:

<u>Name</u>	<u>Address</u>
Geri Ann Bradley	61 Summerberry Circle Bristol, CT 06010

[Signature Page Follows]

I, **THE UNDERSIGNED**, being the incorporator, for the purpose of forming a corporation under the Act, do make, file and record this Certificate of Incorporation, do certify that the facts herein stated are true and, accordingly, have hereto set my hand this 30th day of October, 2013.



Geri Ann Bradley, Incorporator

BYLAWS
OF
THE HEALING CORNER, INC.

Adopted on October 31, 2013

ARTICLE I
OFFICES

SECTION 1.01. *Principal Office.* The address of the principal office of the Corporation shall be the address of its principal place of business in the State of Connecticut as such may be determined by the Board of Directors from time to time.

SECTION 1.02 *Other Offices.* The Corporation may also have offices at such other places within or without the State of Connecticut as the Board of Directors may from time to time determine.

ARTICLE II
MEETINGS OF SHAREHOLDERS

SECTION 2.01. *Annual Meeting.* The annual meeting of shareholders, for the purpose of electing a Board of Directors, electing officers and for the transaction of any other business relating to the affairs of the Corporation which may come before the meeting, shall be held annually on such date and time as shall be designated by the Board of Directors or, in the absence of action by the Board of Directors, by the President.

SECTION 2.02. *Special Meetings.* Special meetings of shareholders may be called at any time by the Board of Directors, the President or, in the absence or disability of the President, by a Vice President, and shall be called by the President upon the written request of a majority of Directors or upon the written request, stating the purpose or purposes of the proposed meeting, of shareholders entitled to call such a meeting pursuant to Section 33-696(a)(2) of the Business Corporation Act of the State of Connecticut.

SECTION 2.03. *Place of Meetings.* Each annual or special meeting of shareholders shall be held at such place within or without the State of Connecticut, as the Board of Directors or, in the absence of action by the Board of Directors, the President may designate. In the absence of such designation with respect to any such meeting, it shall be held at the principal office of the Corporation in the State of Connecticut.

SECTION 2.04. *Notice of Meetings.* A notice in writing of each meeting of shareholders, stating the date, time and place of the meeting shall be given by or at the direction of the Secretary or the officer or persons calling the meeting to each shareholder of record entitled to vote at the meeting, by leaving such notice with her or at her residence or usual place of business, or by mailing a copy thereof addressed to her at her last known post office address as last shown on the

stock records of the Corporation, postage prepaid, not less than ten (10) days nor more than sixty (60) days before the date of the meeting. If notice is duly given by mail, the day on which the notice is deposited in the mail shall be deemed the day on which the notice is given. Notice of a special meeting of shareholders shall include a description of the purpose or purposes for which the meeting is called.

SECTION 2.05. *Quorum.* At any meeting of shareholders, the holders of a majority of the voting power of all shares entitled to vote at the meeting, present in person or by proxy, shall constitute a quorum, except where otherwise provided by law, the Certificate of Incorporation or these Bylaws. In the absence of a quorum, the holders of a majority of the voting power of the shares entitled to vote, present at the meeting in person or by proxy, may adjourn the meeting from time to time without further notice until a quorum shall be present, and thereupon any business may be transacted which might have been transacted at the meeting as originally called.

At any duly held meeting of shareholders at which a quorum is present, the holders of the shares entitled to vote at the meeting, present in person or by proxy, may continue to do business until adjournment, notwithstanding the withdrawal of enough shareholders to leave less than a quorum.

SECTION 2.06. *Voting.* Each outstanding share shall be entitled to one vote on each matter submitted to a vote at a meeting of shareholders, unless and except to the extent that voting rights of shares of any class are increased, limited or denied by the Certificate of Incorporation. All voting at meetings of shareholders shall be by voice vote, except where a vote by ballot is required by law or is determined to be appropriate by the officer presiding at such meeting.

When a quorum is present at any duly held meeting of shareholders, the affirmative vote of the holders of a majority of the voting power of the shares entitled to vote on the subject matter, present in person or by proxy, shall be the act of the shareholders, except where otherwise provided by law, the Certificate of Incorporation or these Bylaws.

Every shareholder entitled to vote may do so in person or by one or more agents authorized by a written proxy executed by her.

SECTION 2.07. *Action Without Meeting.* Any action which may be taken at a meeting of shareholders may be taken without a meeting by consent in writing, setting forth the action so taken or to be taken, signed by all of the persons who would be entitled to vote upon such action at a meeting, or by their duly authorized attorneys. Such consent shall be filed in the corporate minute book and shall have the same effect as a unanimous vote at a shareholders' meeting.

Unless otherwise provided by the Certificate of Incorporation, any action which may be taken at a meeting of shareholders, except for the election of directors, may also be taken without a meeting by consent in writing, setting forth the action so taken and signed by persons holding not less than a majority of the voting power of the shares entitled to vote thereon or take such action, or by their duly authorized attorneys all in accordance with the provisions contained in Section 33-698(a)(2) of the Business Corporation Act of the State of Connecticut.

ARTICLE III DIRECTORS

SECTION 3.01. *General Powers.* The business, property and affairs of the Corporation shall be managed by its Board of Directors, which may exercise all the powers of the Corporation except such as are by law, the Certificate of Incorporation or these Bylaws expressly conferred on or reserved to the shareholders.

The Board of Directors shall have authority to fix the fees of Directors, including reasonable allowance for expenses actually incurred in connection with their duties.

SECTION 3.02. *Number and Term of Office.* The number of Directors of the Corporation shall be not less than one (1). The number of Directors within the limits set forth herein shall be set by resolution of the shareholders or directors. Directors shall be elected at each annual meeting of shareholders and shall hold office until the next annual meeting of shareholders and until their successors have been elected and qualified.

SECTION 3.03. *Resignation of Directors.* The resignation of a Director shall be effective immediately upon its receipt by the Corporation if no time is specified, or at such later time as may be specified in the resignation. In the case of a resignation to take effect at a date later than the receipt thereof by the Corporation, appropriate action to elect a successor to take office when the resignation becomes effective may be taken at any time after such receipt but the new director may not take office until the vacancy occurs.

SECTION 3.04. *Removal of Directors.* Any Director may be removed from office with or without cause at any time, regardless of the term for which he had been elected, by the affirmative vote of the holders of a majority of the voting power of all shares then having the right to vote for the election of Directors. Such action may only be taken at a special meeting of shareholders, duly called for such purpose and upon notice that the purpose of the meeting is or includes the removal of the Director.

SECTION 3.05. *Vacancies.* In case of any vacancy in the Board of Directors by reason of death, resignation, removal or failure of the shareholders to elect as many Directors as the number of directorships fixed by them, or otherwise, the remaining Directors, though less than a quorum, by the concurring vote of a majority of such remaining Directors may elect a successor to hold office until her successor has been elected.

SECTION 3.06. *Organization Meetings.* The Board of Directors may meet for the purpose of organization, for the election of officers and for the transaction of other business immediately following the adjournment of the annual meeting of shareholders, and, if a quorum be then present, no prior notice of such meeting shall be required; provided, that the organization meeting of the Board of Directors may be called in the same manner as a special meeting.

SECTION 3.07. *Regular and Special Meetings.* Regular meetings of the Board of Directors may be held at such time and places within or without the State of Connecticut as the Board of Directors may determine.

Special meetings of the Board of Directors may be called by the President, and shall be called upon the written request of a majority of the Directors. Each special meeting shall be held at such time and place within or without the State of Connecticut as shall be designated in the call of the meeting.

SECTION 3.08. *Notice of Meetings.* No notice need be given of regular meetings of the Board of Directors held at the time and place designated by the Board of Directors. Special meetings of the Board of Directors may be held on such notice, written or oral, as may be reasonable under the circumstances. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board of Directors need be specified in the notice of such meeting unless required by law, the Certificate of Incorporation or these Bylaws.

SECTION 3.09. *Quorum.* A majority of the number of directors prescribed by the shareholders, or if no number is prescribed, the number in office immediately before the meeting begins, shall constitute a quorum for the transaction of business; provided, however, that if there be an even number of directors, one-half of the number of directors shall constitute a quorum. The act of a majority of the Directors present at any meeting at which a quorum is present at the time of the act shall be the act of the Board of Directors, unless the act of a greater number is required by law, the Certificate of Incorporation or these Bylaws. In the absence of a quorum, a majority of the Directors present at any meeting may adjourn the meeting from time to time without further notice until a quorum shall be present.

SECTION 3.10. *Action Without Meeting.* If all of the Directors, consent in writing to any action taken or to be taken by the Corporation, such action shall be as valid corporate action as though it had been authorized at a meeting of the Board of Directors. The Secretary shall file such consent or consents with the minutes of the meetings of the Board of Directors.

ARTICLE IV OFFICERS, AGENTS AND ATTORNEYS

SECTION 4.01. *Officers.* The officers of the Corporation shall be a President, Treasurer and Secretary, all of whom shall be elected by the shareholders or by the Board of Directors. The shareholders or the Board of Directors may also elect or may authorize the appointment of such additional officers, including but not limited to one or more Vice Presidents, Assistant Secretaries, and Assistant Treasurers, as in its judgment may be necessary or advisable. Any two or more offices may be held by the same person. The election or appointment of an officer for a given term shall not of itself create contract rights.

SECTION 4.02. *Powers and Duties of Officers.* When present, the President shall preside at all meetings of shareholders and of the Board of Directors. In the absence of the President, the Directors present shall appoint one of their number to preside at all such meetings.

The officers of the Corporation shall have such powers and duties as customarily appertain or are incident to their respective offices and, in addition, such powers and duties as the shareholders or the Board of Directors may from time to time confer and designate.

SECTION 4.03. *Bonds.* Every officer, agent or employee of the Corporation may be required, in the discretion of the shareholders or the Board of Directors, to give bond, in such sum and with such sureties as shall be satisfactory to the shareholders or the Board of Directors, for the faithful performance of her duties.

SECTION 4.04. *Resignation of Officers.* The resignation of an officer shall be effective immediately upon its receipt by the Corporation if no time is specified, or at such later time as may be specified in the resignation. In the case of a resignation to take effect at a date later than the receipt thereof by the Corporation, appropriate action to elect a successor to take office when the resignation becomes effective may be taken at any time after such receipt, but the successor may not take office until the effective date.

SECTION 4.05. *Removal of Officers.* Officers may be removed from office, with or without cause, by the affirmative vote of a majority of all of the shareholders or the Directors, but without prejudice to their contract rights, if any.

SECTION 4.06. *Vacancies.* All vacancies among the officers from whatsoever cause may be filled by the shareholders or the Board of Directors.

SECTION 4.07. *Agents and Attorneys.* The Board of Directors may appoint such agents and attorneys with such powers and to perform such acts and duties on behalf of the Corporation as the Board of Directors may determine.

ARTICLE V SHARES AND SHAREHOLDERS

SECTION 5.01. *Certificates.* Every shareholder shall be entitled to a certificate or certificates certifying the number and class of shares owned by her in the Corporation. Each such certificate may be under seal, or facsimile seal, of the Corporation and shall be signed by the President or a Vice President and by the Secretary or an Assistant Secretary.

SECTION 5.02. *Holder of Record.* The Corporation shall be entitled to treat the holder of record of any share or shares as the owner and holder thereof in fact, and shall not be bound to recognize any equitable or other claim to or interest in such share or shares on the part of any other person, whether or not it has actual or other notice thereof, except as and to the extent otherwise provided by law.

SECTION 5.03. *Transfers.* Shares shall be transferable on the records of the Corporation by the holder of record thereof, or by her attorney thereunto duly authorized, upon the surrender and cancellation of a certificate or certificates for a like number of shares of the same class with such proof of the authenticity of the signature of such holder or of such attorney and such

proof of the authority of such attorney as the Corporation or its transfer agent, transfer clerk or registrar may reasonably require.

SECTION 5.04. *Record Date.* The Board of Directors by resolution may fix a date as the record date for the purpose of determining the shareholders entitled to notice of and to vote at any meeting of shareholders or any adjournment thereof, or entitled to receive payment of any dividend or other distribution, or for any other purpose, such date in any case to be not earlier than the date such action is taken by the Board of Directors and not more than seventy days (70) before the meeting or action requiring a determination of shareholders. If no record date is so fixed, the date on which notice of a meeting is mailed shall be the record date for the determination of shareholders entitled to notice of and to vote at such meeting and the date on which the resolution of the Board of Directors declaring such dividend or other distribution is adopted shall be the record date for the determination of shareholders entitled to receive payment of such dividend or other distribution. Shareholders actually of record at a record date shall be the only shareholders entitled to receive notice of or to vote at the meeting, or receive the dividend or other distribution, or otherwise participate in respect of the event or transaction, to which such date relates, except as otherwise provided by law.

SECTION 5.05. *Lost Certificates.* If a share certificate be lost, destroyed or mutilated, another may be issued in its stead upon proof of such loss, destruction, or mutilation upon the giving of a bond or indemnity satisfactory to the Corporation, unless these requirements be dispensed with by the Board of Directors, and upon compliance with such other conditions as the Board of Directors may reasonably require.

ARTICLE VI DIVIDENDS

SECTION 6.01. *Declaration.* Dividends with respect to the shares of the corporation's capital stock, subject to the provisions of the Certificate of Incorporation, if any, may be declared by the Board of Directors at any regular or special meeting, pursuant to applicable law. Dividends may be paid in cash, in property, or in shares of capital stock, subject to the provisions of the Certificate of Incorporation.

SECTION 6.02. *Reserve.* Before payment of any dividend, there may be set aside out of any funds of the corporation available for dividends such sum or sums as the Board of Directors from time to time, in their absolute discretion, think proper as a reserve or reserves to meet contingencies, or for equalizing dividends, or for repairing or maintaining any property of the corporation, or for such other purpose as the Board of Directors shall think conducive to the interest of the corporation, and the Board of Directors may modify or abolish any such reserve in the manner in which it was created.

ARTICLE VII MISCELLANEOUS

SECTION 7.01. *Seal.* The seal of the Corporation shall be circular in form and shall bear the name of the Corporation and indicate the state of incorporation.

SECTION 7.02. *Waiver of Notice.* Whenever any notice of time, place, purpose or any other matter, including any special notice or form of notice, is required or permitted to be given to any person by law, the Certificate of Incorporation, these Bylaws or a resolution of shareholders or Directors, a written waiver of notice signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be equivalent to the giving of such notice. The Secretary shall cause any such waiver to be filed with or entered upon the records of the Corporation or, in the case of a waiver of notice of a meeting, the records of the meeting. The attendance of any person at a meeting without protesting, prior to or at the commencement of the meeting, the lack of proper notice shall be deemed to be a waiver by her of notice of such.

ARTICLE VIII AMENDMENTS

These Bylaws may be amended, repealed or supplemented at any annual or special meeting of shareholders or directors, by the affirmative vote of the holders of a majority of the voting power of shares entitled to vote thereon or a majority of the directorships. The directors may only amend these bylaws in accordance with applicable law. Any notice of a meeting of shareholders or directors at which these Bylaws are to be amended, repealed or added to shall include notice of such proposed action.

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

Response: Below is a description of The Healing Corner's organizational structure and employee positions.

Organization

At present, The Healing Corner has identified its principal employee, Geri Ann Bradley. Ms. Bradley will serve as:

- President, Secretary, Dispensary Facility Manager and HIPAA Compliance Officer

The Healing Corner anticipates hiring five more employees, namely:

- Staff Dispensary (that is, a dispensary in addition to the Dispensary Facility Manager)
- Dispensary Technicians (2)
- Receptionist
- Bookkeeper

Geri Ann Bradley will have top executive and managerial authority. Because The Healing Corner will be a relatively small-scale operation, all employees will answer to Ms. Bradley, and, when the Staff Dispensary is on duty, to the Staff Dispensary.

Position Descriptions

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

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

Dispensary Facility Manager:

- overall operation of the dispensary in compliance with state regulation
- inventory
- ensuring the security of deliveries

HIPAA Compliance Officer:

- implementation of HIPAA policies and patient-information security
- training employees in HIPAA compliance and patient-information security
- reporting incidents relating to privacy

The other employees of The Healing Corner will have the following responsibilities:

Staff Dispensary:

- patient counseling
- selection of strain, proper use, warnings, risks and all other aspects of using medical marijuana
- proper handling and labeling
- patient's medical history
- receiving deliveries

Dispensary Technician:

- record keeping
- sales to patients

Receptionist:

- greet and screen patients for entry
- verify licensing credentials and monthly usage
- pass verification to dispensary on duty

Bookkeeper:

- maintain financial records

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

Response: Geri Ann Bradley will be responsible for all information security requirements. Ms. Bradley will serve as President, Secretary, Dispensary Facility Manager and HIPAA Compliance Officer. Ms. Bradley's resume is on the following page.

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

Response: There are no compensation agreements in place at this time. The Healing Corner has not yet identified any employees other than Geri Ann Bradley.

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

Response: The Healing Corner has not received loans or entered into similar arrangements. The Healing Corner will be funded by capital investments made by

[REDACTED]

[REDACTED]

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

Response: Please find on the following pages:

- A letter from a certified public accountant regarding The Healing Corner's recent incorporation

- A pro forma financial statement used for business planning purposes



EXPERIENCE THAT COUNTS.

November 8, 2013

Fiondella, Milone and LaSarcina, LLP has been asked to consult with The Healing Corner, Inc. in connection with its application for a Connecticut Medical Marijuana Dispensary License. The Healing Corner, Inc. was incorporated on October 31, 2013. As such, it has not been in existence for a sufficient period of time to permit the preparation of audited financial statements.

Sincerely,

Fiondella, Milone & LaSarcina, LLP

Fiondella, Milone and LaSarcina, LLP

- E7. Request: Provide complete copies of all federal, state and foreign (with translation) tax returns filed by the applicant for the last three years, or for such period the applicant has filed such returns if less than three years.

Response: The Healing Corner was formed within the year preceding this application, and has not yet filed any tax returns.

- E8. Request: Provide complete copies of the most recently filed federal, state and foreign (with translation) tax returns filed by each: (i) dispensary facility backer; and (ii) each backer member identified in Section B of Appendix B.

Response: Please find on the following pages Geri Ann Bradley's 2012 tax returns.

F. BONUS POINTS

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

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

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

The Healing Corner General Principles of Conduct

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

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

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

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

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

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

Healing Corner's products, services, patients, caregivers, business or other activities.

- b) Protect the confidentiality, security, and integrity of the personal information of others, such as personal information about fellow employees, patients, and caregivers.
 - c) Understand that The Healing Corner's physical assets are provided for conducting Healing Corner business. The equipment and supplies given to me are for The Healing Corner's work.
 - d) Make limited use of The Healing Corner's technology resources for personal use (such as telephones, computers, e-mail and internet access). I understand that I have no right to privacy when using The Healing Corner's assets, and that The Healing Corner reserves the right to monitor my use, make use of anything found, and disclose my wrongdoing.
 - e) Recognize inefficiencies and do not waste resources
5. Follow our Principles and Policies
- a) Recognize that compliance and ethics are shared responsibilities
 - b) Follow our principles and our policies.
 - c) Understand that violation of our principles or a policy can result in disciplinary action up to and including termination of employment.
 - d) Compliance with our principles and policies is a condition of employment.
 - e) When objectives conflict, negotiate the path forward that is ethical and best for The Healing Corner.

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

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

Response:

The Healing Corner will offer a 20% discount off all marijuana products to patients who are eligible for pharmacy covered services through Medicaid of Connecticut.

The Healing Corner will determine eligibility for the 20% discount by verifying the patient's Connect Card and date of birth and by consulting www.ctdssmap.com or by calling Medicaid at 1-800-842-8440.

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

Response:

As outlined in the attached letter from the Connecticut Pharmacists Association (CPA) and the Canadian Consortium for the Investigation of Cannabinoids (CCIC), The Healing Corner has committed to facilitate a scientific study about the safety and efficacy of herbal cannabis used for medical purposes.

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

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

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



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 The Healing Corner, 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.

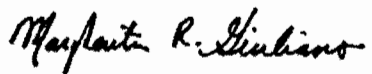
In general, the overall goal will be to systematically collect long-term data on the safety and efficacy of herbal cannabis used for medical purposes. What makes this study unique is that with this **international collaboration**, data collection from each country can be compared and studied to provide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



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

Response:

The Healing Corner is committed to philanthropic goals. The Healing Corner will form a Philanthropic Advisory Board comprising members of the state and local community. The Healing Corner expects to give 1% of its revenue to charity. The Board will determine how to distribute these monies. Some of the charities The Healing Corner intends to support are:

- Society of St. Vincent DePaul
- Catholic Charities
- AIDS Connecticut (ACT)
- Multiple Sclerosis Foundation
- American Cancer Society
- American Parkinson Disease Association
- Disabled American Veterans (DAV)
- PAWS (Pets are Wonderful Support)

Community is important to The Healing Corner. The Healing Corner believes that it has a responsibility to be a steward of generosity in our community. Its donations of time and money will go directly toward supporting other members of our community. Geri Ann Bradley, the principal of The Healing Corner, currently serves her community with great pride and looks forward to further service through The Healing Corner.

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

Response:

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

Geri Ann Bradley, as the dispensary facility manager, will attend the SAAC Prevention Committee and Treatment & Recovery Committee meetings to stay educated on resources available for patients who may be struggling with addiction or abuse.

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

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