Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066
E-mail: dcp.mmp@ct.gov • **Website:** www.ct.gov/dcp/mmp

Appendix A
Producer License Information Form

Section A: Business Information

1. Applicant business type:

☐ Sole Proprietorship	☑ Corporation	☐ Limited Liability Co.	☐ Partnership	☐ Limited Liability Partnership	☐ Unincorporated Association	☐ Other: _____

2. Legal Name of Applicant: Vintage Foods Ltd.

3. Trade Name of Applicant: PharmaFarm

4. Applicant's Business Address: 93 Thomas Road

5. City:	6. State:	7. Zip Code:
Ledyard	CT	06339

8. Daytime Telephone Number:	9. E-mail Address:
(845) 629-5918	carawaykid@gmail.com

10. Applicant's Mailing Address (if different than business address):	11. City:
20 Mayer Drive	

12. State:	13. Zip Code:	14. Daytime Telephone Number:	15. Fax Number:
NY	10901	(845) 629-5918	

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 your contact information changes.

16. Name of Primary Contact:	17. Primary Contact Title:
David Kimmel	Chairperson, President & GM
18. Primary Contact E-mail Address:	19. Primary Contact Telephone Number:
carawaykid@gmail.com	(845) 629-5918
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:	25. Place of Formation/Incorporation:
March 15, 2010	Delaware
26. Registered with the Connecticut Secretary of State: ☑ Yes ☐ No	27. Sale and Use Tax Permit Number: 13W9900838004 **Provide a copy of your Sale and Use Tax permit with your application.**

Section D: Proposed Production Facility Information

28. Proposed Production Facility Address: 9 Wisconsin Avenue			29. City: Norwich
30. State: CT	31. Zip Code: 06360	32. Telephone Number: (203) 562-4000	33. Fax Number: (203) 562-7000

34. Own or Lease Property: ☐ Own ☑ 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: Ten Tech, LLC

Section E: Business Association Information

36. Are you associated with any dispensary facility license applicant or other producer license applicant?
☐ Yes ☑ 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: ☐ Dispensary Facility ☐ Producer
39. Applicant Name:	40. Applicant Type: ☐ Dispensary Facility ☐ Producer

Section F: Escrow Account, Letter of Credit or Surety Bond

41. Establishment of an escrow account, letter of credit or surety bond shall be required prior to issuance of a producer license. Provide the following information and **submit documentation evidencing** an ability to establish and maintain an escrow account, letter of credit or surety bond in the amount of two million dollars ($2,000,000.00), if you are awarded a producer license.

Review the Terms and Conditions of this RFA to ensure that the terms of your escrow account, letter of credit or surety bond will be acceptable.

☐ Escrow Account	☐ Letter of Credit	☑ Surety Bond

42. Financial Institution/Surety Company Name: CNA Financial Corporation		
43. Address: 333 South Wabash Ave		
44. City: Chicago	45. State: IL	46. Zip Code: 60604
47. Telephone Number: (480) 315-9051	48. Fax Number: (480) 315-9110	49. E-mail Address: Dougb@psigllc.com

Section G: Laboratory (This is only required if you have already selected a laboratory)

50. Laboratory Name:		51. Laboratory License No.
52. Address:		
53. City:	54. State: CT	55. Zip Code:
56. Telephone Number:	57. Fax Number:	58. E-mail Address:

Section H: Proposed Production Facility Business Hours

59. State the proposed production facility's business hours for each day:

Monday	9:00AM	to 5:00PM	Friday	9:00AM	to 5:00PM
Tuesday	9:00AM	to 5:00PM	Saturday	10:00AM	to 2:00PM
Wednesday	9:00AM	to 5:00PM	Sunday	10:00AM	to 2:00PM
Thursday	9:00AM	to 5:00PM			

Section I: 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.

60. Name:	61. 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.

62. Address:	63. Time Period:

Section J: Producer Backers

Provide the following information for each producer backer. A producer 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 production 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.

64. Name:	65. Percentage of ownership
Andrew M. Parker	24%
Jim V. LeRose	24%

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

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

- directly or indirectly have control over, or participate in the management or operation of, the production 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.

66. Name (First, Middle, Last): David Kimmel	67. Title: Chairperson & GM	68. Role: Mgt. & Governance
Michael Gene Nevas	Lead Agronomist	Lead Grower & Mgt.
Jeffrey Curtis Zimmerman	Board Member & Programming	Health Ed. & Governance
Tracey Paige Fanning	Board Member	Governance & Patient Advoc.
Richard H Davis	Board Member	Governance
Christian Barrett Tuck	Board Member	Governance & Hemp Dev.

Section L: 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.

69. Expense Item: Architect	70. Cost: $ 24,000.00	71. Source of Funds: Investors
Application Fee	$ 25,000.00	Investors
Salary - David Kimmel	$ 56,000.00	Investors
Private Offering Memorandum Consultant	$ 16,500.00	Investors
Topical and Product Development Consultant	$ 18,250.00	Investors
Hemp Seed Development Consultant	$ 45,000.00	Investors
Travel (air, train, auto, hotel, tolls)	$ 18,750.00	Investors
Meals & Entertainment	$ 11,250.00	Investors

Section M: Security System

Identify the companies that will provide security services for the production facility if a license is awarded. A primary and a backup security company are required. If more than two companies will provide security services, complete this section for each such additional company.

72. Primary Security Company Name: Maritronics Co. Inc. dba MCI Security Systems

73. Primary Security Company Address (including Apartment or Suite #):			74. City:
221 Windsor Road			Fairfield
75. State:	76. Zip Code:	77. Telephone Number:	78. Fax Number:
CT	06824	(203) 377-5555	(203) 336-1500

79. E-mail Address: mci221@optonline.net

80. Backup Security Company Name: United Alarm Services Inc.

81. Backup Security Company Address (including Apartment or Suite #):			82. City:
1087 Federal Road Unit #5			Brookfield
83. State:	84. Zip Code:	85. Telephone Number:	86. Fax Number:
CT	06804	(203) 775-8788	(203) 775-8222

87. E-mail Address: dana@unitedalarm.net

88. Attach a detailed description of the security plan to be offered by the security 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 N: Legal Proceedings

89. 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.

90. 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.

91. 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.

92. 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 O: Criminal Actions

93. 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.

Section P: 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.

94. Signature:	95. Date Signed:
▶	11/14/2013

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

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

96. Signature:	97. Date Signed:
▶	11/14/2013

Premier Southwest
Insurance Group

Medical Marijuana Program
Connecticut Department of Consumer Protection
165 Capitol Avenue, Room 145
Hartford CT 06106

RE: Vintage Foods LLC
Confirmation to provide the Surety Bonds for Construction & Operation of Production Facilities

Commissioner William Rubenstein:

Please be advised that applicant Vintage Foods LLC has, through this agency, secured a surety company to provide the requisite performance bonds for the Construction of a Production Facility and the Operation of a Production Facility as required by the Department of Consumer Protection.

These bonds will be provided by CNA Financial Corporation, 333 S Wabash Ave, Chicago, IL 60604. They will conform to the terms laid out by the DCP for medical marijuana producers pursuant to Connecticut General Statutes, Chapter 420f, Section 21a-408 and the regulations promulgated thereunder.

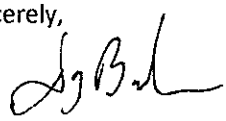
Applicant Vintage Foods, for its part, will meet or exceed all criteria requested by CNA Financial Corporation. Vintage Foods' Executives, Board Members and investors are veteran business owners, fully vested members of their respective communities and, without question, financially capable.

Given these individuals' collective backgrounds, Vintage Foods LLC is an extremely well-qualified applicant that DCP may rely upon to successfully construct and operate a medical marijuana production facility in compliance with all state and local regulations.

We are proud to be associated with Vintage Foods LLC, and will provide this applicant without reservation surety bonds of $2,000,000 for construction of its production facility, and $1,500,000 for operation of said facility.

Please do not hesitate to reach out to me if I can be of any further assistance to you in this regard.

Sincerely,



Doug Banfelder,
Commercial Specialist
Premier Southwest Insurance Group

480 315 9051 fax **480 315 9110**
14500 N Northsight Blvd. Ste 101, Scottsdale, AZ 85260

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

Temporary Permit for Sales and Use Tax

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

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

Confirmation Number*:	13W9900838004
Organization Name:	Vintage Foods Ltd
Business Trade Name:	PharmaFarm
Business Address:	93 Thomas Road Ledyard, CT 06339

This temporary permit will expire on 12/04/2013.

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

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

Please contact the DRS Registration Section at (860) 297-4885 if you do not receive your

APPENDIX A
PRODUCER LICENSE INFORMATION FORM
Section M. Security System

Items Addressed per Sec. 21a-408-62 of the Regulations of Connecticut State Agencies

1). Perimeter Alarm

- A multi-zone master control panel meeting all standards for purpose intended. Unit shall permit multiple users with various levels of authority (i.e. arm only upon exit.)
- Until shall permit multiple areas (8) to operate independently of each other allowing critical locations to remain "on" during working hours. With authorized code holders with proper authority level to disarm (i.e. finished product in vault.)
- System shall log all events in every in a history buffer for retrieval as well as a log off sight at the Central Station will include all arm/disarm by user, date and time.
- System shall use both landline and 3G/4G networks for primary and secondary communication. System will also include printer for daily event history print-out for file.
- The perimeter door security shall include high security contacts, steel encased with armored lead. Each perimeter door will be on its own zone programmed to report alarm immediately if alarm is armed or sound the keypads only in the disarmed mode (door annunciator mode.) Other program modes for doors may be armed 24/7 always on and emergency exit for fire only.
- Perimeter doors may also be programmed in an area with authorized control as needed to permit usage (i.e. door next to loading dock.)

2). Motion Detector (Interior)

- These shall be dual-technology units
- Alarm trigger shall require both physical movement as well as body heat to produce an alarm event.
- Units will be located in critical areas where cannabis is being processed and stored including above each area where cannabis is being grown with units that look down in a 360° pattern.
- Units are wired to not allow or permit tampering or unit removal.

3). Video Cameras

- All will be high definition color cameras producing high video resolution. Units are dome style not permitting an individual to alter the direction the camera looks at.
- Blocking view shall cause alarm at video recorder and management alert.

- Failure of video camera shall be monitored providing alerts to management.
- Cameras will be placed to insure clear images of all areas where cannabis is being grown, harvested, trimmed, cured, manufactured, stored (vault) or handled.
- Cameras will be placed at entry and exit points, properly angled to capture a clear and certain identification of any person entering or exiting the facility.

4). Twenty Four Hour Recordings

- Twenty four hour recording shall be unalterable.
- Can be viewed simultaneously and at all times by anyone using Radius software including the Commissioner's office and will be maintained for 30 days. Daily flash drive back-up is also being considered but not confirmed as well as off-site video storage including 24/7 monitoring.

5). Duress Alarms

- Duress alarm shall be on all keypads.
- A two-digit code entered in front of any authorized code will generate a silent alarm signal that a forced disarm of the system is occurring.

6). Panic Alarm

- Panic alarms will be installed at designated locations as well as a function of the keypads.
- A loud voice synthesized system will signify a panic event other than a hold-up in progress.

7). Holdup Alarm

- A distinctly separate event initiated by radio pendants worn by all team members.
- The system will work within the confines of the facility as well as the immediate perimeter around the outside of the building.

8). Automatic Voice Dialer

- A non-standard device
- Unit shall be triggered as an alarm zone sending a pre-recorded message on a standard analogue telephone line that will be dedicated for this function.
- Unit will lack ability to confirm it has been answered.

9). Failure Notification System

- Any failure in the system will immediately notify the company by email.

10). A Clear Color Photo

- Employing Radius software which will be installed in all authorized company computers, senior management smart phones or tablets.
- Can deliver a clear color still, live or recorded image that is a minimum of 9600 dpi from any camera.

- Authorized viewers can drop in to hard drives 24/7, watching live videos, stop frame by frame. Flash drive uploads 24/7, USB Port.

11). Date and Time Stamp

- Recorders will have date and time stamp.
- Adjusted for seasonal time changes.
- Image may be adjusted within the picture frame.

12). Ability to Remain Operational During A Power Outage

- 12VDC alarm system shall incorporate its own sealed lead acid battery supply.
- Two 7.5 amp hour batteries in parallel providing 15 amp hours standby (approximately 24 hours) of operation.
- Upgraded for immunity to voltage fluctuations and spikes.
- Added UPS (Universal Power Supply) will be used to power alarm system. In the event of a power failure, alarm system continues to operate for several hours on UPS before alarm back-up batteries take over.
- A non GFI locked and dedicated circuit breaker will be utilized in the mechanical room to power both the alarm and CCTV systems.
- The company will be contracting with Electrical Facilities Inc. to supply limited power to the entire facility.

b). All security equipment will reside in a secure room under alarm surveillance.

- Mechanical room security equipment and circuitry will be in secured, locked alarm zone on its own secured area with tamper alerts sent to the central reporting station.
- Security Office will be a secured, locked alarm zone with secure tamper alerts sent to the central reporting station.
- Back-up alarm system will be in a locked alarm zone.

c). Back-up alarm system provided by United Alarm Services

- They will install and service their own equipment separate from the company's primary security company MCI Security Systems.
- This system will at a minimum detect unauthorized entry during times when no employees are present.

d). Primary security equipment, secondary security equipment, the security office and any circuitry or other mechanical room security equipment will be kept in a locked security zone.

e). The perimeter of the building will be well-lit.

- Additionally MCI Security Systems will work with the company's electrical contractor as to the illumination requirements to provide nighttime video ideally at a daytime high definition resolution.
- Conditions for this lighting will be only for the cameras field of vision.
- It is expected to produce a resolution to recognize features.

f). Equipment shall permit the export of still images and video images 24/7. Upload is secure with algorithms to protect content. PharmaFarm shall utilized proprietary software to watch and record video on computer at any sight selected. Software is available to the Commissioner to immediately view the facility 24/7. USB ports on Network Video Recorders (NVR) will provide daily backup of the hard drive.

g). Equipment Maintenance

- All alarm hardware will have self diagnostic capabilities and programmed to report to both the central office and local control pads.
- CCTV equipment monitors each camera's operation with trouble reports sent via text and email.
- Sufficient standby stock shall be kept on hand by MCI for 24/7 repair or replacement of any component.
- CCTV manufacturer Hot Line allows for tech support to authorized personnel with factory ability to remotely potential affect a repair where software fails.

NOTES:

1). The above security program has been developed with the guidance and direct assistance from MCI Security Systems.

2). Please see security blueprint for draft placement of security equipment.

[redacted]

PLAN KEY

- DOOR CONTACT
- CAMERA
- MOTION DETECTOR
- PERIMETER BEAM

NOTES:

- SEE SPECIFICATIONS FOR EQUIPMENT DESCRIPTIONS
- DESIGN BY MCI SYSTEMS, 221 WINDSOR ROAD FAIRFIELD, CT 06824

project name

VINTAGE FOODS

350 NORTH CHERRY STREET EXTENSION, WALLINGFORD, CT

drawings by

TODD C. ORR DESIGN, LLC
3 GUARD HILL ROAD
WESTPORT, CT

drawing title

PROPOSED SECURITY PLAN

date	print size
11-11-13	11" x 17"

drawing no.

S-1