



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

APPLICATION OF INTENT
Request for a Certificate of Registration to
Operate a Registered Marijuana Dispensary

INSTRUCTIONS

This application form is to be completed by any non-profit corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts.

If seeking a Certificate of Registration for more than one RMD, the applicant non-profit corporation ("Corporation") must submit a separate *Application of Intent*, all required attachments, and an application fee for each proposed RMD. Please identify each application of multiple applications by designating it as Application 1, 2 or 3 in the header of each application page. Please note that no executive, member, or any entity owned or controlled by such an executive or member, may directly or indirectly control more than three RMDs.

However, even if submitting an *Application of Intent* for more than one RMD, an applicant need only submit one *Character and Competency form* for each required individual.

Unless indicated otherwise, all responses must be typed into the application forms. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labelled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the *Application of Intent*, with all required attachments, the \$1,500 application fee, and Remittance Form to:

Department of Public Health
Medical Use of Marijuana Program
RMD Applications
99 Chauncy Street, 11th Floor
Boston, MA 02111

Application fees are non-refundable and non-transferable.

REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Department of Public Health (“Department”), the Department will review the information and will contact the applicant if clarifications/updates to the submitted application materials are needed. The Department will notify the applicant whether they have met the standards necessary to be invited to submit a *Management and Operations Profile*.

If invited by the Department to submit a *Management and Operations Profile*, the applicant must submit the *Management and Operations Profile* within 45 days from the date of the invitation letter, or the applicant must submit a new *Application of Intent* and fee.

PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants have one year from the date of the submission of the *Management and Operations Profile* to receive a Provisional Certificate of Registration. If an applicant does not receive a Provisional of Certificate of Registration after one year, the applicant must submit a new *Application of Intent* and fee.

REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100.

It is the applicant’s responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

QUESTIONS

If additional information is needed regarding the RMD application process, please contact the Medical Use of Marijuana Program at 617-660-5370 or RMDapplication@state.ma.us.

Information on this page has been reviewed by the applicant and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

- A fully and properly completed *Application of Intent*, signed by an authorized signatory of the corporation
- A copy of the Corporation's *Certificate of Legal Existence* from the Massachusetts Secretary of State
- Financial account summary(ies) (as outlined in Section D)
- A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for \$1,500.
- A completed *Remittance Form* (use template provided)
- A completed and signed *Character and Competency* form (use template provided) for each of the following actors:
 - Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

SECTION A. APPLICANT INFORMATION

1. Alternative Science & Wellness, Inc.
Legal name of Corporation
2. Peter J Belsito
Name of Corporation's Chief Executive Officer
3. 60 Central Street
Topsfield, MA 01983
Address of Corporation (Street, City/Town, Zip Code)
4. Peter J Belsito
Applicant point of contact (name of person the Department should contact regarding this application)
5. (978) 778-0228
Applicant point of contact's telephone number
6. pbelsito@altsciwellness.com
Applicant point of contact's e-mail address
7. Number of applications: How many *Applications of Intent* do you intend to submit? 1

SECTION B. INCORPORATION

8. Attach a *Certificate of Legal Existence* from the Massachusetts Secretary of State, documenting that the applicant non-profit entity is incorporated as a non-profit in Massachusetts.

SECTION C. CHARACTER AND COMPETENCY

9. Attach a *Character and Competency* form (use template provided) for each of the following actors:
 - The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

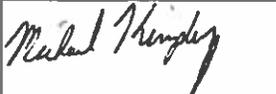
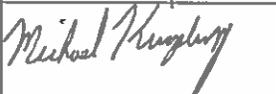
Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 

SECTION D. INITIAL CAPITAL REQUIREMENT

Describe the sources, types, and amounts of required initial capital in the table below, showing that the Corporation has at least \$500,000 in its control and available for this *Application of Intent* and at least \$400,000 in its control and available for each additional *Application of Intent*, if any, as evidenced by bank statements, lines of credit, or financial institution statements. Add more tables if needed.

If the required funds are being held in an account in the name of an individual or entity other than the Corporation, the individual or authorized signatory of the entity must provide their signature in the "Signature of Account Holder" column. Their signature below indicates that they are committing the amount of their funds identified in the table to the applicant.

In addition to completing this table, submit a **one-page** financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the *Application of Intent* was submitted to the Department.

Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Peter Belsito	Principal Financial Group	Retirement	\$ 37,375.30	
Michael Kingsbury	Fidelity Investments	Retirement	\$ 102,402.00	
Michael Kingsbury	Fidelity Investments	Retirement	\$ 53,905.10	
Michael Kingsbury	Fidelity Investments	Brokerage	\$ 17,667.26	
Michael Kingsbury	Morgan Stanley	Retirement	\$ 25,893.20	
Michael Kingsbury	Emigrant Direct	Cash	\$ 31,155.14	
Brian Thompson	Port Wealth Management	Retirement	\$ 150,193.95	
Brian Thompson	Port Wealth Management	Retirement	\$ 132,187.84	
-----	-----	TOTAL:	\$ 550,779.79	---

Information on this page has been reviewed by the applicant and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 



Account Snapshot

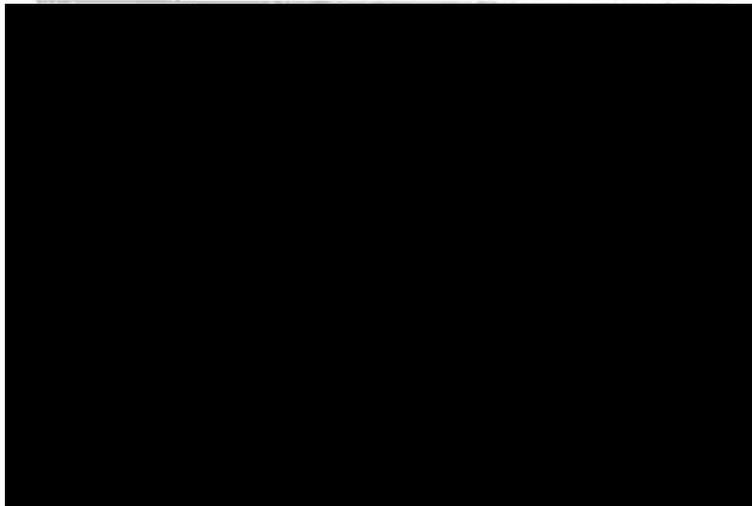
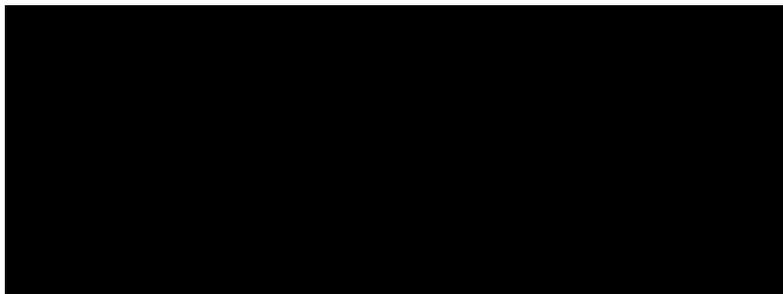
Statement as of 01/31/2016

Peter's Snapshot - 01/31/2016

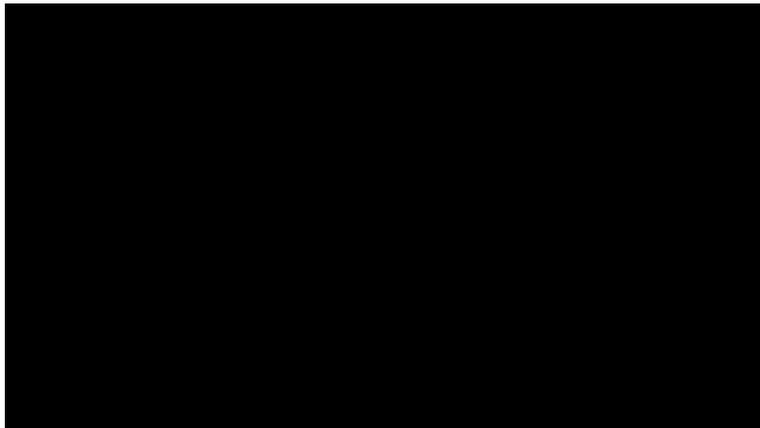
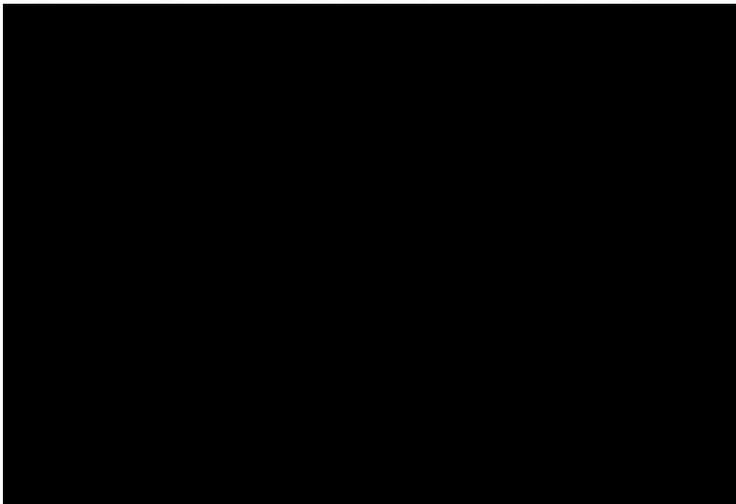
Track Your Progress⁵

Balance

\$37,375.30



Investment Allocation



Balance

\$37,375.30

To change your investment allocations, visit principal.com/changeallocation

- 1 The vested balance is the amount that you would keep if you separated from your employer now
- 3 The contribution rate is your percentage contribution that was reported to your employer/plan sponsor on the date indicated. The employer/plan sponsor is ultimately responsible for updating your records so that the specified amount(s) are being contributed into the retirement plan. Based on plan provisions, you may have been automatically enrolled into the plan at a particular rate. Please refer to your Summary Plan Description Booklet for further details.
- 5 The "Track Your Progress" chart shows the amount of retirement savings in the retirement plan as of the specified calendar month end for a maximum of 24 months. The amount represented in blue reflects all additions to the account, withdrawals and investment gain or loss. The amount represented in orange is simply the contributions made to the plan, not including investment gain or loss. Funds added to this account via rollover or roll-in from another retirement plan are not included as contributions in the "Track Your Progress" chart. A portion of the account balance may not yet be vested. You may not be able to withdraw the entire stated balance. For additional details about vesting, withdrawals, and distributions, please contact your human resource contact or review your plan booklet to understand any aspects that may be unique to your plan. Stated value is subject to change and may be different when withdrawn or distributed.

Month end balances typically are available in the chart 2-3 business days following a given month end.

In the event an inadvertent administrative error occurs when processing transactions related to your account, Principal Life Insurance Company will restore any losses to your account and may retain amounts remaining after the error has been corrected.

To help take a step toward long-term retirement security, you should give careful consideration to the benefits of a well-balanced and diversified investment portfolio. Spreading retirement funds among different types of investment options can help you achieve a favorable rate of return, while helping minimize your overall risk of losing money. This is because market or other economic conditions that cause one category of assets, or particular security, to perform very well often cause another asset category, or another particular security, to perform poorly. If you invest more than 20% of your retirement savings in any one company or industry, retirement funds may not be properly diversified. Although diversification is not a guarantee against loss, it can be an effective strategy to help you manage investment risk.

In deciding how to invest retirement funds, you should take into account all your assets, including any retirement savings outside of the retirement plan. No single approach is right for everyone because, among other factors, individuals have different financial goals, different time horizons for meeting their goals, and different tolerances for risk.

It is also important to periodically review your investment portfolio, your investment objectives, and the investment options under the retirement plan to help ensure that your retirement funds will meet your retirement goals.

Information on individual investing and diversification can be found on the Department of Labor's website at <http://www.dol.gov/ebsa/investing.html>

No investment strategy, such as diversification or asset allocation, can guarantee a profit or protect against loss in periods of declining value.

Principal Life Insurance Company and its affiliates may earn compensation in the form of short term interest ("float") on such things as un-cashed distribution checks or amounts awaiting investment.

Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group, Des Moines, IA 50392.

The Principal may receive payments from investment option providers in connection with the investments offered under the plan. The Principal takes these payments into consideration when determining plan administrative services fees.

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Fidelity Account MICHAEL J KINGSBURY [REDACTED]

[REDACTED]

MICHAEL J KINGSBURY
[REDACTED]

Your Account Value: \$17,667.26

[REDACTED]

Ending Account Value Incl. AI \$17,667.26

- * Appreciation or depreciation of your holdings due to price changes plus any distribution and income earned during the statement period.
- ** Excludes unpriced securities.

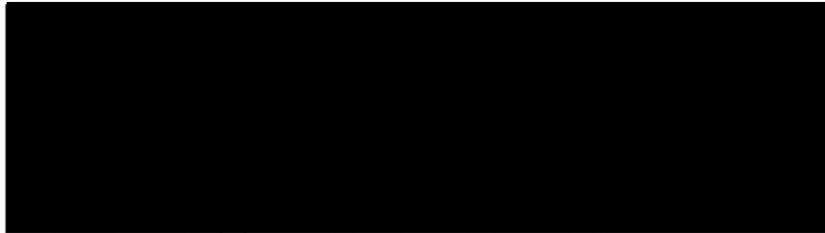
[REDACTED]

US

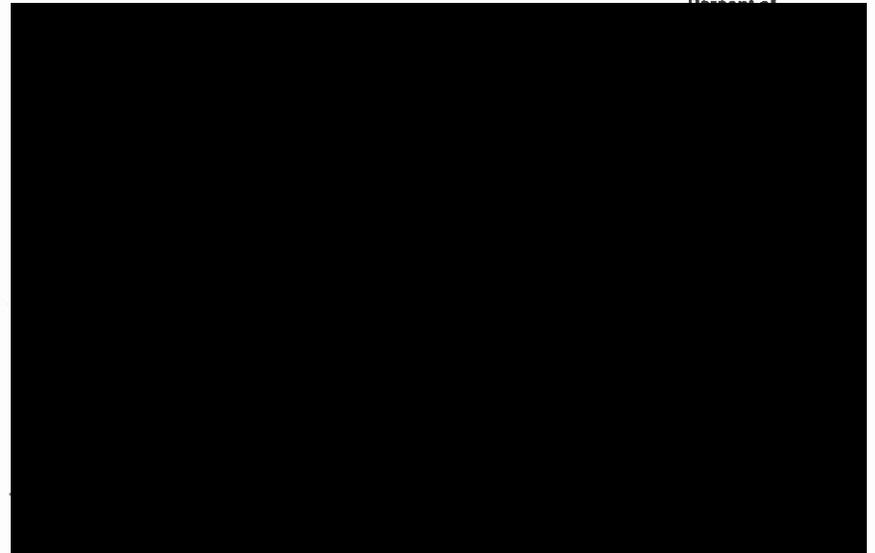
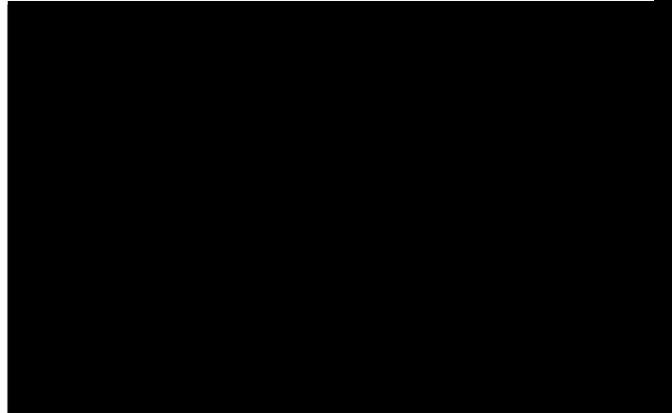
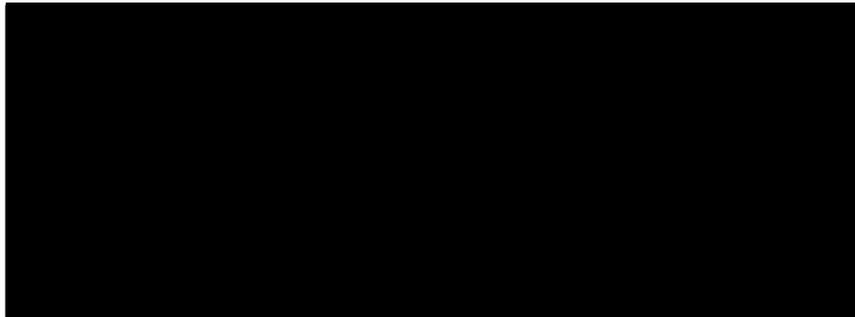
[REDACTED]

Account Value: **\$53,904.10**

[REDACTED]
MICHAEL J KINGSBURY [REDACTED]



Ending Account Value Incl. AI \$53,904.10



Account Value: **\$102,402.98**

[REDACTED]
MICHAEL J KINGSBURY [REDACTED]

Ending Account Value Incl. AI \$102,402.98

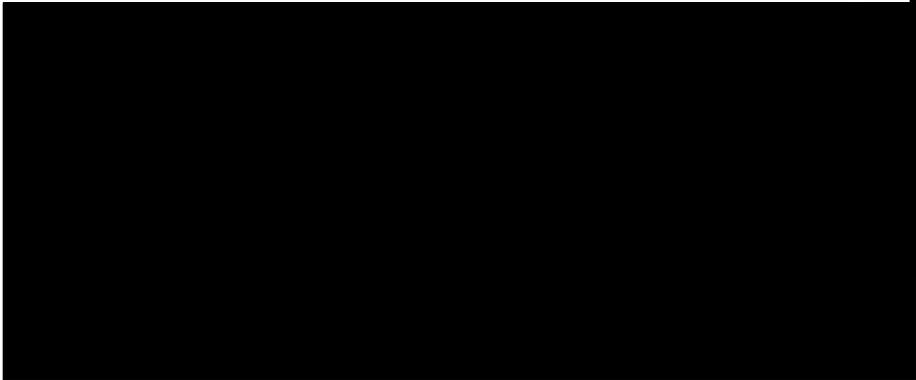
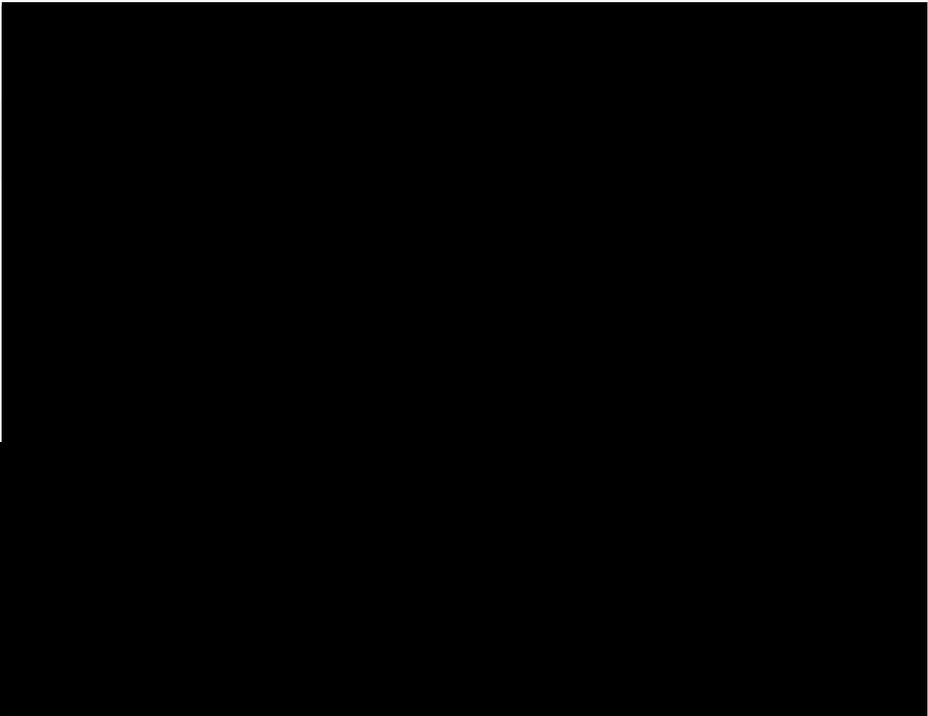
Account Summary



MICHAEL KINGSBURY

BALANCE SHEET (^ includes accrued interest)

	Last Period (as of 12/31/15)	This Period (as of 1/31/16)
[REDACTED]	[REDACTED]	[REDACTED]
TOTAL VALUE	\$27,462.17	\$25,893.20

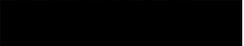


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COMMONWEALTH FINANCIAL NETWORK
29 SAWYER ROAD
WALTHAM, MA 02453



Your financial representative may be licensed as Port Wealth Management and other securities through Commonwealth Financial Network, Member FDIC/SIPC.

NFS/FMTC IRA
FBO BRIAN D THOMPSON



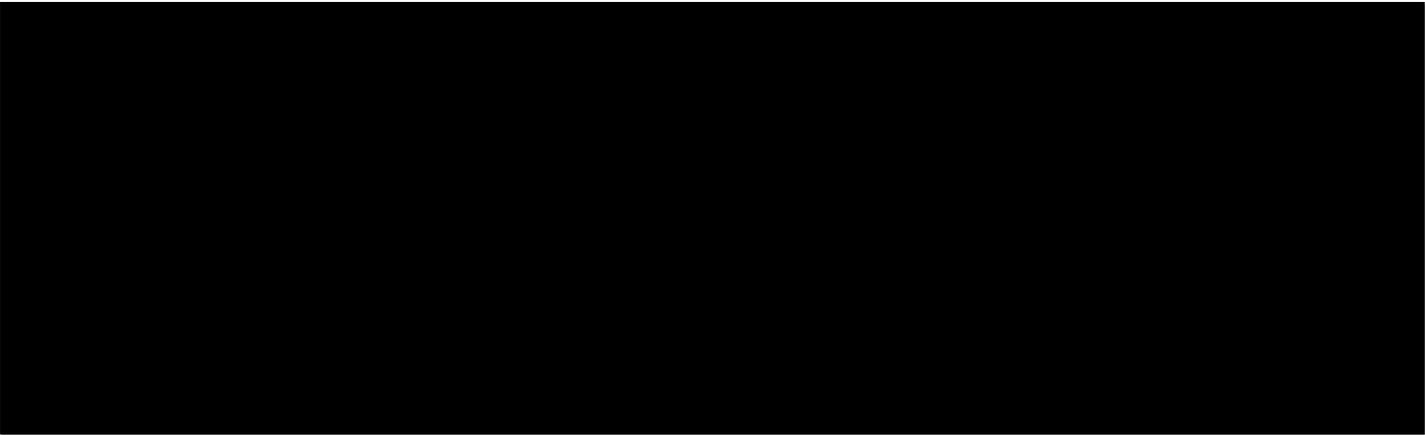
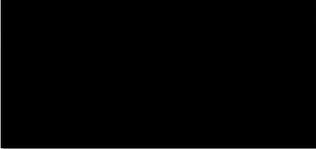
STATEMENT FOR THE PERIOD DECEMBER 1, 2015 TO DECEMBER 31, 2015

BRIAN D THOMPSON -



TOTAL VALUE OF YOUR PORTFOLIO

\$150,193.95

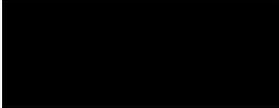


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COMMONWEALTH FINANCIAL NETWORK
29 SAWYER ROAD
WALTHAM, MA 02453



Your Account Representative does business as Port Wealth Management
and offers securities through Commonwealth Financial Network®, Member FINRA/SIPC.

BRIAN D THOMPSON
JESSICA R SCHOONMAKER TTEE
THE BRIAN D THOMPSON REV TR



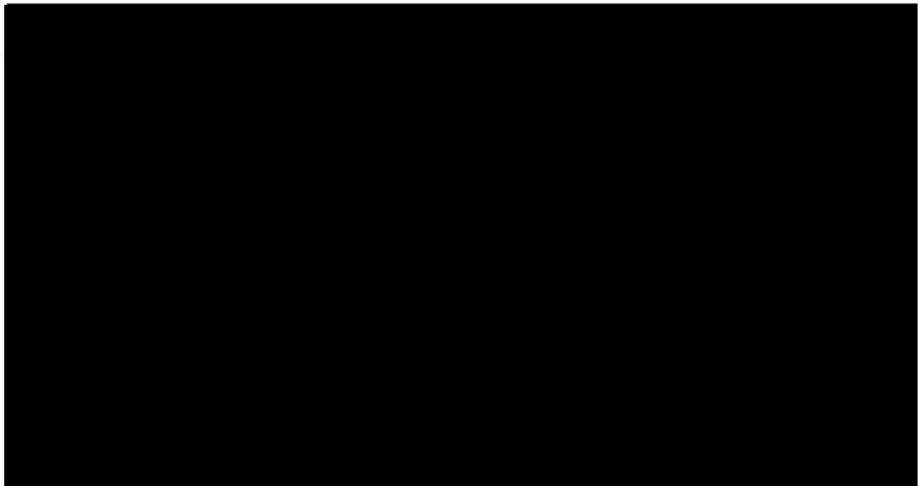
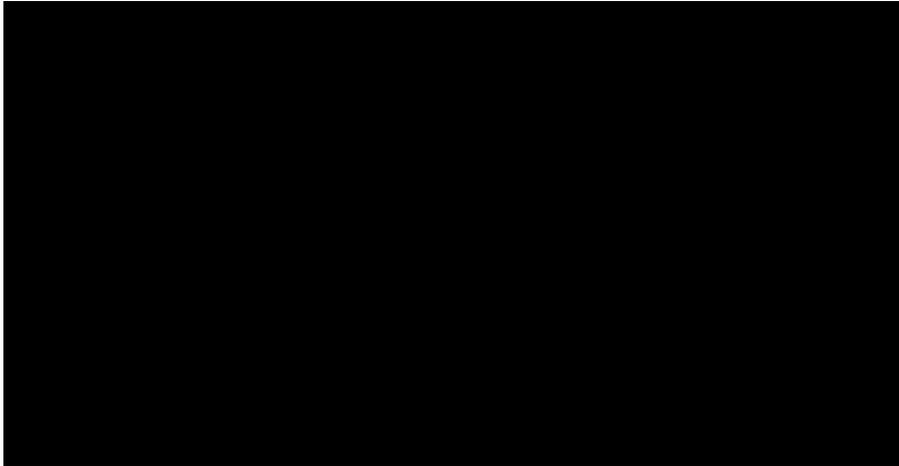
STATEMENT FOR THE PERIOD DECEMBER 1, 2015 TO DECEMBER 31, 2015

THE BRIAN D THOMPSON REV TR



TOTAL VALUE OF YOUR PORTFOLIO

\$132,187.84





The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

February 2, 2016

TO WHOM IT MAY CONCERN:

I hereby certify that

ALTERNATIVE SCIENCE & WELLNESS, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on June 5, 2015 (Chapter 180).

I also certify that no amendments to the Articles of Organization have been filed here to date.

I further certify that so far as appears of record here, said corporation still has legal existence.

I also certify that in an Annual Report filed for 2015, the Officers and Directors are listed as follows:

SEE ATTACHED



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Minimum Fee: \$15.00
 A TRUE COPY ATTEST
William Francis Galvin
 WILLIAM FRANCIS GALVIN
 SECRETARY OF THE COMMONWEALTH
 DATE: 2/3/2016 (CLERK *[Signature]*)

Annual Report

(General Laws, Chapter 180)

Identification Number: 001176307

Filing for November 1, 2015

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. Exact name of the corporation: ALTERNATIVE SCIENCE & WELLNESS, INC.

2. Location of its principal office:

No. and Street: 60 CENTRAL STREET
 City or Town: TOPSFIELD State: MA Zip: 01983 Country: USA

3. DATE OF THE LAST ANNUAL MEETING: 10/04/2015 (mm/dd/yyyy)
 (if none leave blank)

4. State the names and street addresses of all officers, including all the directors of the corporation, and the date on which the term of office of each expires:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code	Expiration of Term
PRESIDENT	PETER J BELSITO	[REDACTED]	Two years
TREASURER	THERESA JENNIFER HANRATTY		Two Years
CLERK	BRIAN THOMPSON		Two Years
DIRECTOR	PETER J BELSITO		Two years
DIRECTOR	THERESA JENNIFER HANRATTY		Two Years
DIRECTOR	BRIAN THOMPSON		Two Years
DIRECTOR	MICHAEL KINGSBURY		two years

5. Check if the corporation is a cemetery corporation that does NOT hold perpetual care funds in trust. If the corporation is a cemetery corporation that holds perpetual care funds in trust, a copy of the written instrument establishing the trust and any amendments thereto must be attached, and the annual report must be filed by facsimile, mail or in person.

I, the undersigned, BRIAN THOMPSON of the above-named business entity, in compliance with the General Laws, Chapter 180, hereby certify that the above information is true and correct as of the

dates shown. IN WITNESS WHEREOF AND UNDER PENALTIES OF PERJURY, I hereto sign my name on this 2 Day of November, 2015.

© 2001 - 2015 Commonwealth of Massachusetts
All Rights Reserved

Application 1 of 1 Applicant Non-Profit Corporation _____

ATTESTATIONS

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant non-profit corporation, agree and attest that all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information to the Department if the information presented within this application has changed.



Signature of Authorized Signatory

2/14/16

Date Signed

Peter Belsito

Print Name of Authorized Signatory

CEO / President

Title of Authorized Signatory

I hereby attest that if the non-profit corporation is allowed to proceed to submit a *Management and Operations Profile*, the applicant non-profit corporation is prepared to pay a non-refundable application fee of \$30,000 and the cost of all required background checks, and comply with all *Management and Operations Profile* and *Siting Profile* requirements.



Signature of Authorized Signatory

2/14/16

Date Signed

Peter Belsito

Print Name of Authorized Signatory

CEO / President

Title of Authorized Signatory

I hereby attest that I understand that registered marijuana dispensaries are required to conduct background investigations of proposed Dispensary Agents, that such background investigations are subject to the Department's inspection and review, and that the applicant non-profit corporation will not engage the services of a Dispensary Agent that has ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority



Signature of Authorized Signatory

2/14/16

Date Signed

Peter Belsito

Print Name of Authorized Signatory

CEO / President

Title of Authorized Signatory

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: 