



March 3, 2016

**HAND DELIVERY**

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

Re: Invitation to Submit Siting Profile

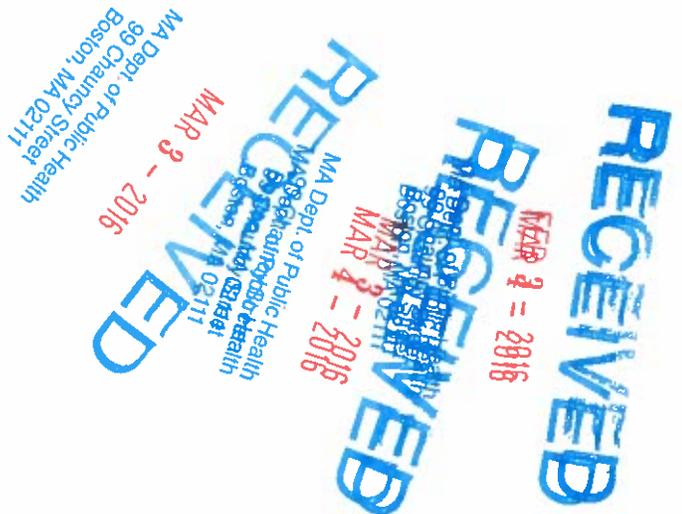
To Whom It May Concern:

On October 9, 2015, the Department of Public Health (“DPH”) invited Medical Marijuana of Massachusetts, Inc. (“MMM”) to submit a Siting Profile for its third RMD location. DPH’s October 9, 2015 letter is attached as **Exhibit A**. Subsequently, DPH granted MMM’s request for an extension to file its Siting Profile by April 30, 2016. MMM is in the process of seeking community support for its third location that will enable MMM to submit its Siting Profile prior to April 30, 2016.

In DPH’s letter, DPH requested that in addition to the Siting Profile for the third location, that MMM submit a completed Application of Intent for the third location, with the exception of submitting the Character and Competency Forms. Attached as **Exhibit B** is the requested Application of Intent.

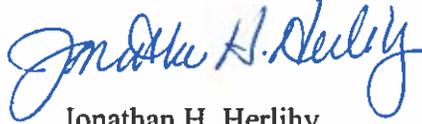
DPH also requested that MMM submit a Management and Operations Profile for the third location as well. DPH noted that if an answer to a particular question has not changed since MMM’s 2013/2014 application, to reference the answer in the 2013/2014 application. Attached as **Exhibit C** is the requested Management and Operations Profile. Please note that MMM has complied with DPH’s request in its October 9, 2015 letter that MMM only submit background authorization forms for any individuals not associated with MMM’s application for the Taunton location as of June 27, 2014 (but who are required to undergo background checks in accordance with the Program’s Guidance for Registered Marijuana Dispensaries Regarding Background Checks). As a result, only four (4) sets of background check forms are included in the attached envelope.

Attached as **Exhibit D** to this Letter is a copy of the checks that MMM has paid in connection with its application fees for the third location and a short narrative regarding the status of such application fees.



Please call me at 617.314.2672 or email me at [jherlihy@evcboston.com](mailto:jherlihy@evcboston.com) with any follow up questions or concerns regarding this Letter.

Sincerely,



Jonathan H. Herlihy  
Chief Executive Officer/Chief Financial Officer

Enclosures

cc: Kevin O'Reilly, COO  
K. Lianne Ankner, Esq., General Counsel

**EXHIBIT B**

**APPLICATION OF INTENT**

**EXHIBIT A**

**DPH INVITATION TO MMM TO SUBMIT A SITING PROFILE FOR  
MMM'S THIRD LOCATION**



**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

**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, 11<sup>th</sup> Floor, Boston, MA 02111

**MARYLOU SUDDERS**  
Secretary

**MONICA BHAREL, MD, MPH**  
Commissioner

Tel: 617-680-5370  
[www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana)

October 9, 2015

Jonathan H. Herlihy  
Medical Marijuana of Massachusetts, Inc.  
9 Collins Avenue  
P.O. Box 1650  
Plymouth, MA 02362

Re: Invitation to Submit Siting Profile

Dear Mr. Herlihy:

Medical Marijuana of Massachusetts ("MMM") is invited to submit a Siting Profile in compliance with the directions and instructions posted on the website for the Medical Use of Marijuana Program ("Program"):

(<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/medical-marijuana/rmd-application-process.html>.)

The Department is extending this invitation in compliance with a Court order issued on July 31, 2015 regarding another registered marijuana dispensary applicant that also lost its proposed location to another tenant while awaiting litigation to resolve. The Department feels it is appropriate to treat the two applicants consistently. The Department understands that MMM has submitted an application in the 2015 application process, but that it also intends to withdraw or cease to pursue such application in the event it receives the invitation contained within this letter, so as to avoid any potential violation of the limitation on the number of dispensaries in common control as set forth in 105 CMR 725.100(A)(2).

In addition to the Siting Profile, please also update any information submitted in your 2013/2014 application for the Taunton location by:

1. Completing background authorization forms (<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/medical-marijuana/background-check-authorization.html>) for any individuals not associated with MMM application for the Taunton location as of June 27, 2014 and who is required to undergo background checks in accordance with the Program's Guidance for Registered Marijuana Dispensaries Regarding Background Checks

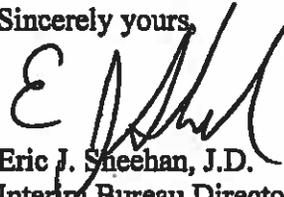
(<http://www.mass.gov/eohhs/docs/dph/quality/medical-marijuana/applications/background-check-guidance.pdf>). Please follow the instructions on the Program website regarding completion and submission of the forms (<http://www.mass.gov/eohhs/docs/dph/quality/medical-marijuana/background-check-instructions.pdf>.) Please note that in the event that MMM is awarded a Provisional Certificate of Registration for the new location, all dispensary agents, as that term is defined in 105 CMR 725.004, will be required to complete a background check in accordance with the Guidance within 12 months prior to receiving a Final Certification of Registration.

2. Completing the Application of Intent form posted on the Program website (<http://www.mass.gov/eohhs/docs/dph/quality/medical-marijuana/applications/application-of-intent.pdf>), with the exception of the Character and Competency Forms.

3. Completing the Management and Operations Profile form posted on the Program website (<http://www.mass.gov/eohhs/docs/dph/quality/medical-marijuana/applications/management-and-operation-profile.pdf>). If an answer to a particular question has not changed since the 2013/2014 application, please reference the answer in the 2013/2014 application.

Please submit the Siting Profile by December 31, 2015. If you require additional time to submit the Siting Profile, or should you have any questions, please contact the Program at [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Sincerely yours,



Eric J. Sheehan, J.D.  
Interim Bureau Director  
Bureau of Healthcare Safety and Quality



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, 11<sup>th</sup> 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](http://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, 11<sup>th</sup> Floor  
Boston, MA 02111

**Application fees are non-refundable and non-transferable.**

Application 3 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

## 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](mailto: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: 

Application 3 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

### 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: GA

Application 3 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION A. APPLICANT INFORMATION**

- 1. Medical Marijuana of Massachusetts, Inc.  
Legal name of Corporation
- 2. Jonathan Herlihy  
Name of Corporation's Chief Executive Officer
- 3. 9 Collins Avenue, P.O. Box 1650, Plymouth, MA 02362  
Address of Corporation (Street, City/Town, Zip Code)
- 4. Jonathan Herlihy  
Applicant point of contact (name of person the Department should contact regarding this application)
- 5. 617-314-2672  
Applicant point of contact's telephone number
- 6. jherlihy@eyeboston.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: JPH



Application 3 of 3 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 03/03/2016  
Date Signed

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Jonathan H. Herlihy

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Print Name of Authorized Signatory

Chief Executive Officer/Chief Financial Officer

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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 03/03/2016  
Date Signed

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Jonathan H. Herlihy

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Print Name of Authorized Signatory

Chief Executive Officer/Chief Financial Officer

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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 03/03/2016  
Date Signed

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Jonathan H. Herlihy

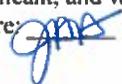
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Print Name of Authorized Signatory

Chief Executive Officer/Chief Financial Officer

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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: 

**SECTION B.8**

**Certificate of Legal Existence**



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: February 22, 2016

To Whom It May Concern :

I hereby certify that

**MEDICAL MARIJUANA OF MASSACHUSETTS, INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **March 19, 2013** (Chapter 180).

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



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

Certificate Number: 16027923930

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: Kta

**SECTION D**  
**Financial Account Summary**



Our family's bank. And yours.

February 18, 2016

Mr. Jonathan Herlihy, CEO  
Medical Marijuana of Massachusetts  
9 Collins Avenue  
Plymouth, Massachusetts 02360

Dear Mr. Herlihy:

Please be advised that Triple M Management maintains a business account [REDACTED] with Century Bank and at the close of business today, Thursday February 18, 2016, the balance is \$3,840,711.96. In addition, Medical Marijuana of Massachusetts maintains a business checking account [REDACTED] with Century Bank. At the close of business today, Thursday February 18, 2016, the balance is \$820,050.99.

Please contact me directly at 781-393-6035 should you have any questions or need additional information.

Sincerely,

Paul A. Evangelista  
Executive Vice President

**EXHIBIT D**

**COPY OF CANCELLED CHECKS AND  
NARRATIVE REGARDING SAME**

**Exhibit D**

Attached please find copies of (A) three checks, each in the amount of \$1,500, that MMM submitted to DPH in August, 2013 in connection with MMM's submission of three Phase 1 Applications to operate an RMD in each of Plymouth, Mashpee and Taunton; and (B) three checks, each in the amount of \$30,000, that MMM submitted to DPH in November 19, 2013 in connection with MMM's submission of three Phase 2 Applications to operate an RMD in each of Plymouth, Mashpee and Taunton (collectively, "Application Fees").

The Application Fees for each of the Phase 1 and Phase 2 Applications that MMM has already paid represent the same amounts due for MMM's submittal of the new Application of Intent (\$1,500 application fee), as well as MMM's submittal of its Management and Operations Profile (\$30,000 application fee) for the third RMD location (which was formerly Taunton) for which it has been invited to submit a Siting Profile.

In the DPH's October 9, 2015 letter to MMM, the Department referenced Judge Kaplan's July 31, 2015 order that orders that Brighton Health Advocates not be required to pay any additional fees to DPH as a prerequisite to receiving an Invitation to Submit a Siting Profile. As a result of the Judge's order, it is MMM's understanding that it too is not required to pay either of the Application Fees and therefore MMM has not included a check for either \$1,500 for the Application of Intent or \$30,000 for the Management and Operations Profile nor a Remittance Form with respect to its third to-be-determined location.

Please let MMM know if the Medical Use of Marijuana Program is not under the same understanding of the Judge's order.