



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: 617-680-6370  
[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.**

RECEIVED

JUN 29 2015

MA Dept. of Public Health  
99 Chauncy Street  
Boston MA 02111

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: jcr

Application 2 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: jcr

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

**SECTION A. APPLICANT INFORMATION**

1. Striar Centers For Compassionate Care, Inc.  
Legal name of Corporation
2. Jonathan C. Rutley  
Name of Corporation's Chief Executive Officer
3. c/o Rutley Law Office  
345 Neponset Street  
Canton, MA 02021  
Address of Corporation (Street, City/Town, Zip Code)
4. Jonathan C. Rutley  
Applicant point of contact (name of person the Department should contact regarding this application)
5. 781-562-0998  
Applicant point of contact's telephone number
6. jrutley@RutleyLaw.com  
Applicant point of contact's e-mail address
7. Number of applications: How many *Applications of Intent* do you intend to submit? 3

**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: jcr

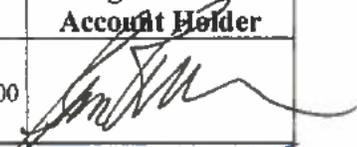
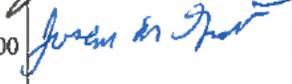
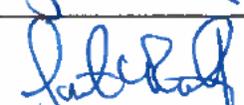
Application 3 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

**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
Ronna Wallace	Merrill Edge	retirement	\$ 400,000.00	
Joseph Grant	UBS Financial Services	retirement	\$ 252,000.00	
Jonathan Rutley	SMART Plan	retirement	\$ 209,000.00	
Jonathan Rutley	Bank of America	checking	\$ 49,000.00	
Herbal Remedy, Inc.	Bank of America	checking	\$ 288,373.83	
Kevin Bowe	Vanguard Guard	retirement	\$ 264,000.00	
-----	-----	<b>TOTAL:</b>	\$ 1,462,373.83	----

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: JCR



Hello, RONNA WALLACE

Your last login: Sunday, Mar 29, 2015 9:55 PM ET  
ronnawallace5@gmail.com | Edit

Platinum Honors  
Rewards summary

All Accounts Total  
• \$416,045.54

Sign up for convenient one-click access to your Bank of America accounts

Dow 17,946.68 +56.32 +0.31%    NASDAQ 5,080.50 -31.68 -0.62%    S&P 500 2,101.49 -0.82 -0.04%    10 Year T-Note 2.47 +0.08 +3.47%    View Markets Real-time Quotes

Customize

As of 06/28/2015 12:46 PM ET



My Accounts Total

\$416,045.54

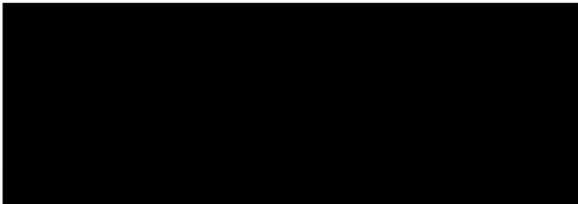
Action

Get a personalized action plan to help you pursue your investing goals.



Portfolio Snapshots: See the top gains/losses, allocation and historical value for your accounts.

Holdings | Asset Allocation | Historical Total Value



GET UP TO  
**\$600** when you open and fund a new investment account  
Learn more »

### Investment Tools & Resources

#### Link Accounts

The data displayed is for informational purposes only. Your account statement is the official record of your holdings and balances.

Total represents the sum of all cash and cash equivalents including short positions with associated credit balances.

The security price and market value shown is based on the latest available market data, which is delayed at least 20 minutes.

#### Alerts

Documents from Merrill Edge 8 new and 0 unread

#### Statements

#### Top News

✓ Display news for my holdings

We're unable to find any results based on your search criteria.

More news

BoFA Merrill Lynch Global Research

Important Notice to ISA Program Participants  
Changes are being made to the banks in the ISA program.

Click Here for Full Details >



UBS Financial Services Inc.  
One Post Office Square  
33rd Floor  
Boston MA 02109-2105

ANP7000237705 0515 JJ 0

Retirement Account

UBS Strategic Advisor

May 2015

JOSEPH GRANT



Account name: JOSEPH GRANT

Friendly account name: [REDACTED]

Account type: [REDACTED]

Account number: [REDACTED]

Your Financial Advisor:

GOLD WEALTH MANAGEMENT GROUP  
Phone 617-439-8000/800-225-2374

Questions about your statement?

Call your Financial Advisor or the  
RMA ResourceLine at 800-RMA-1000,  
account 371049983

Visit our website:

www.ubs.com/financialservices

Items for your attention

Help protect yourself from fraud and  
review bank, credit card, and brokerage  
statements regularly. Also, get your free  
credit report annually from  
www.annualcreditreport.com.

Value of your account

on April 30 (\$)

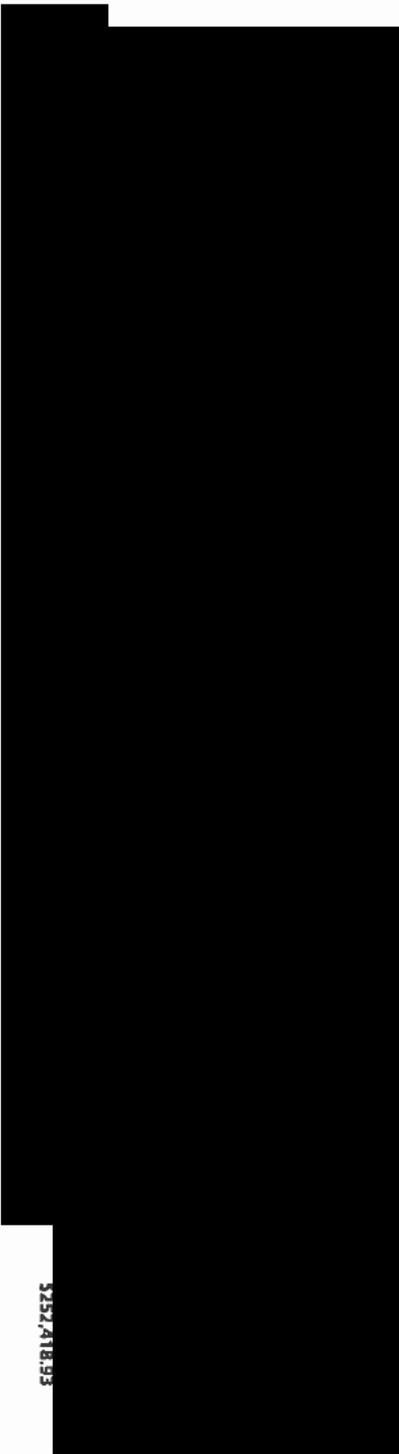
on May 29 (\$)



Value of your account



\$252,418.93



3252,418.93



P.O. Box 15284  
Wilmington, DE 19850

JONATHAN C RUTLEY OR  
ALISON HAYES



**PLATINUM PRIVILEGES\***

**Customer service information**

- Customer service: 1.888.562.1000
- TDD/TTY users only: 1.800.288.4408
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Your BofA Enhanced -Checking Platinum Privileges

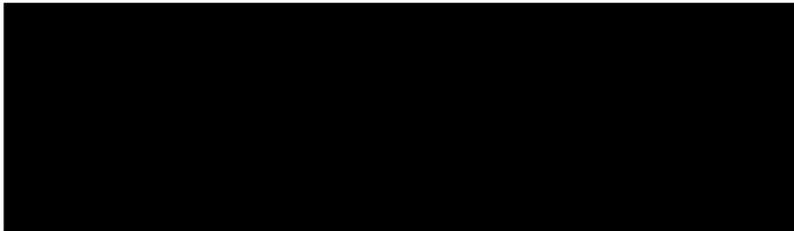
for May 6, 2015 to June 5, 2015

JONATHAN C RUTLEY OR ALISON HAYES

Account number:



### Account summary



**Ending balance on June 5, 2015** **\$49,588.89**

Your account has overdraft protection provided by line of credit number 6887 1058 709499.

Just checking  
to see if we can do more for you,

like help you refinance to lower your interest rate and  
monthly mortgage payment.<sup>1</sup>



Call us at  
**1.800.642.9615**  
about refinancing,  
while rates are still low.

1. Refinancing may increase the total number of monthly payments and/or the total amount paid when compared to your current situation. This is not a commitment in kind. Restrictions apply. AR3KP(T)

### STATEMENTS, DOCUMENTS & MESSAGES

Messages      Statements & Documents      Statements on Demand

Period    Quick Filter

From

To

For the period of 06/26/2015 - 06/26/2015

#### Account at a Glance

Download

Beginning Balance	Total Deposits	Total Withdrawals/ Expenses	Total Dividends	Total Change in Value	Ending Balance
-------------------	----------------	-----------------------------	-----------------	-----------------------	----------------

\$209,142.12

#### Activity by Contribution Source

Contribution Source	Beginning Balance	Deposits	Withdrawals/ Expenses/ Transfers	Dividends	Change in Value	Ending Balance
---------------------	-------------------	----------	----------------------------------	-----------	-----------------	----------------

\$209,142.12

\$209,142.12

#### Activity by Investment Option

Investment Option	Beginning Balance	Deposits	Transfers	Withdrawals/ Expenses	Dividends	Change in Value	Ending Balance	Unit/ Shares
-------------------	-------------------	----------	-----------	-----------------------	-----------	-----------------	----------------	--------------



Bus Platinum Privileges



P.O. Box 15284  
Wilmington, DE 19850

Customer service information

0 493 193 182 019393 #001 SP 0.500

HERBAL REMEDY, LLC  
C/O RUTLEY LAW OFFICE  
345 NEPONSET ST  
CANTON, MA 02021-1988

- ☎ 1.888.BUSINESS (1.888.287.4637)
- 🌐 bankofamerica.com
- 📍 Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

Please see the Account Changes section of your statement for details regarding important changes to your account.

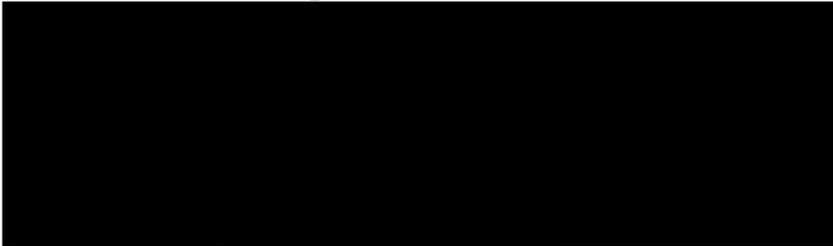
### Your Business Advantage Checking Bus Platinum Privileges

for May 1, 2015 to May 31, 2015

HERBAL REMEDY, LLC

Account number: [REDACTED]

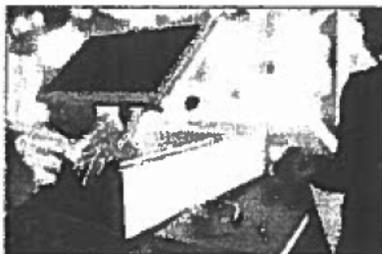
#### Account summary



Ending balance on May 31, 2015

**\$287,577.83**

<sup>1</sup>Includes checks paid, deposited items & other debits



**Bank of America**  
Merchant Services

### Accept card payments and access funds as soon as the next business day<sup>1</sup>

Call **855.833.3608** or visit  
**bankofamerica.com/NextDay** to learn more.

<sup>1</sup>After deposit of transactions and end of day, when you direct payment of your settlement funds to a Bank of America business checking account. Valid only on Visa®, MasterCard™ and Discover® transactions. Exceptions may apply. © 2015 Bank of America Merchant Services, LLC. All rights reserved. All trademarks, service marks and trade names referenced in this material are the property of and licensed by their respective owners. Merchant Services are provided by Bank of America, N.A. and its representative Bank of America Merchant Services, LLC. Bank of America Merchant Services, LLC is not a bank, does not offer bank deposits, and its services are not guaranteed or insured by the FDIC or any other governmental agency. AB#4294JW | 5.31.01-15 2,288 A

# Vanguard Group Assets

Page 1 of 1

For: Kevin Bowe

As of June 24, 2015

Kevin Bowe—Rollover IRA [Registration details](#)

\$264,773.21

[Buy and sell](#) | [Order status](#) | [Transaction history](#) | [Cost basis](#) | [Retirement contributions and distributions](#) | [More](#)

Track your transfer

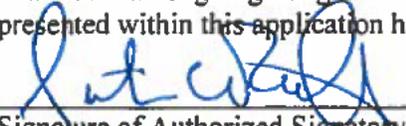
[▶ See more messages](#)

Symbol	Name	Expense ratio	Fund & account	Quantity	Price as of 06/19/2015	Change	Current balance
[REDACTED]							
Total							\$264,773.21

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  
JONATHAN C. RUTLEY

06/29/2015  
Date Signed

Print Name of Authorized Signatory  
CEO

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  
JONATHAN C. RUTLEY

06/29/2015  
Date Signed

Print Name of Authorized Signatory  
CEO

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  
JONATHAN C. RUTLEY

6/29/15  
Date Signed

Print Name of Authorized Signatory  
CEO

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: jcr



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

William Francis Galvin  
Secretary of the  
Commonwealth

Date: June 26, 2015

To Whom It May Concern :

I hereby certify that

**STRIAR CENTER FOR COMPASSIONATE CARE, INC.**

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on **June 07, 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.

A handwritten signature in cursive script, reading "William Francis Galvin".

Secretary of the Commonwealth

Certificate Number: 15064004550

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

Processed by: tgr