



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.**

RECEIVED

JUN 29 2015

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

## 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 a [REDACTED] provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory [REDACTED]

## 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. Good Chemistry of Massachusetts, Inc.  
Legal name of Corporation  
[REDACTED]
2. \_\_\_\_\_  
Name of Corporation's Chief Executive Officer  
[REDACTED]
3. \_\_\_\_\_  
Address of Corporation (Street, City/Town, Zip Code)  
[REDACTED]
4. \_\_\_\_\_  
Applicant point of contact (name of person the Department should contact regarding this application)  
[REDACTED]
5. \_\_\_\_\_  
Applicant point of contact's telephone number  
[REDACTED]
6. \_\_\_\_\_  
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 [REDACTED]

**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
Sweetwater Partners, LLC [REDACTED]	Partner Colorado Credit Union	Share Savings	\$ 400,036.72	
Sweetwater Partners, LLC [REDACTED]	Partner Colorado Credit Union	Business Basic	\$ 75,853.32	
Sweetwater Partners, LLC DBA Good Chemistry [REDACTED]	Champion Bank	Checking	\$ 70,516.78	
[REDACTED]	RBC Wealth Management	Investment	\$ 839,316.68	
-----	-----	<b>TOTAL:</b>	\$ 1,385,723.50	----

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



Account Number: [REDACTED]  
 Statement Period: 05/01/15 - 05/31/15

**Summary - All Accounts**

Type	Beginning Balance	Ending Balance
[REDACTED]		400036.72
[REDACTED]		0.00
[REDACTED]		75853.32



247-1020



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» TCF Bank	12 Month CD at 0.20% APY
» Bank of the West	12 Month CD at 0.10% APY

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\*Certain conditions and restrictions apply. Annual Percentage Yield (APY) shown is fixed for the 12-month term. At the time of maturity, the certificate will renew with the current advertised rate of that time. If the certificate is closed or a withdrawal is completed anytime prior to the maturity date, a 90-day penalty will be applied. This penalty charge could reduce earnings. IRA Certificates are also subject to the same penalties and may be subject to additional early withdrawal penalties. The rate comparisons shown in the chart above are from the Deposit Ranking Report published by Rate-Watch.com on 4/15/2015. Rate subject to change anytime without notice. Promotional rates are valid as of 05/04/15.

Date	Transaction Description	Withdrawal	Deposit	Balance
[REDACTED]	[REDACTED]			400019.73
[REDACTED]	[REDACTED]			400036.72
[REDACTED]	[REDACTED]			400036.72

Date	Transaction Description	Withdrawal	Deposit	Balance
[REDACTED]	[REDACTED]			0.00
[REDACTED]	[REDACTED]			0.00

Date	Transaction Description	Withdrawal	Deposit	Balance
[REDACTED]	[REDACTED]			83318.10
[REDACTED]	[REDACTED]			83341.29
[REDACTED]	[REDACTED]			83413.78
[REDACTED]	[REDACTED]			83558.49

CONTINUED ON PAGE 2





16790 Center Court • Parker, Colorado 80134 • Tel: 303-840-8484 • Fax: 303-840-6150  
[www.thechampionbank.com](http://www.thechampionbank.com)

0



Statement Date: 5-29-15

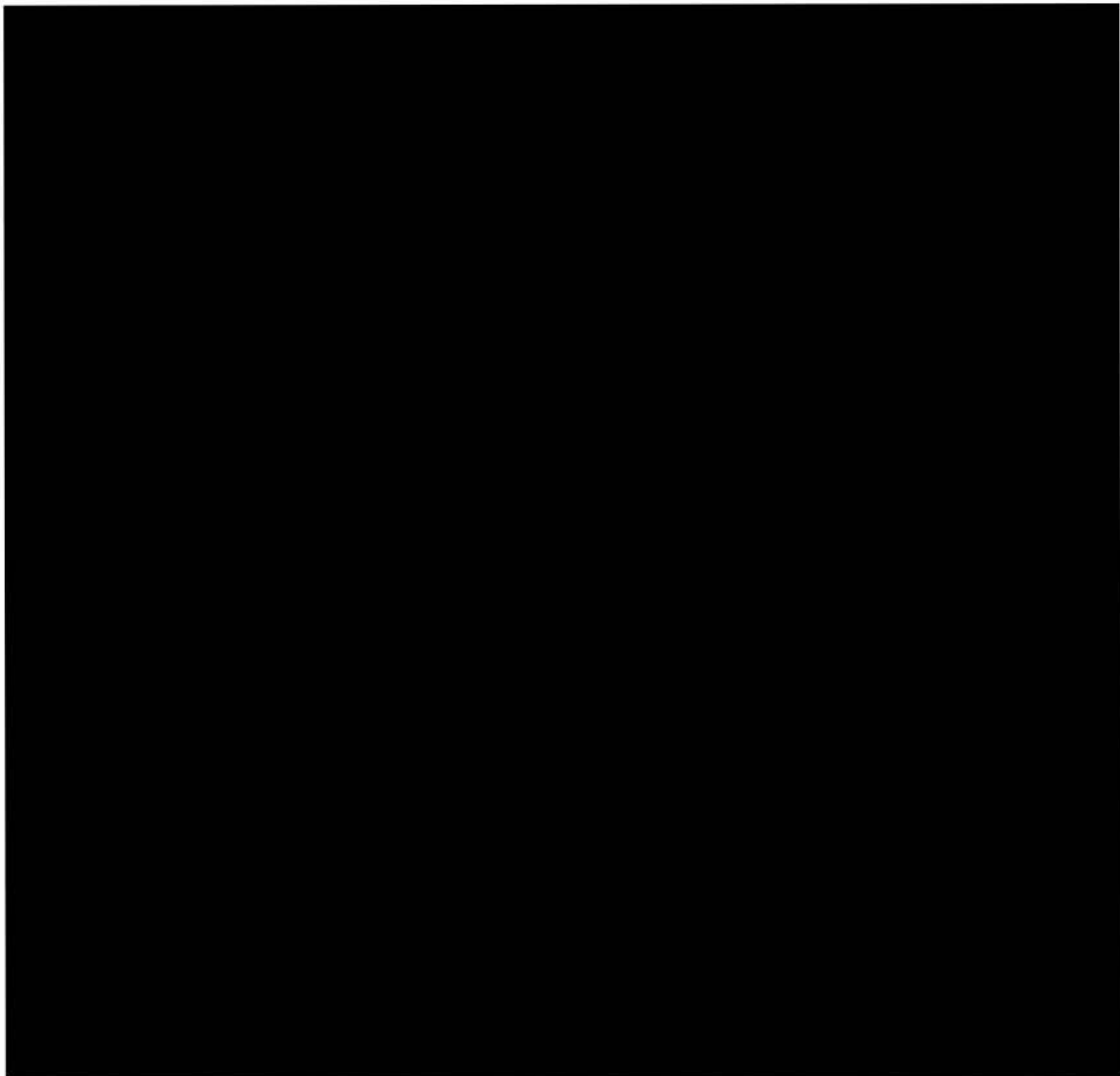
Page: 1

Small Business Checking0001105957  
Date Last Statement: 4-30-15



Enclosures: 25

6  
44  
Ending Balance: 70,516.78





RBC Wealth Management

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010DV  
088

### YOUR INFORMATION

#### Individual Account

#### Your Financial Advisor

Alan Reifler  
RBC Wealth Management  
1801 California Street  
Suite 3900  
Denver CO 80202  
Telephone: (303) 595-1119 or (800) 234-3703  
Fax: (303) 595-1155  
E-mail: alan.reifler@rbc.com  
Web: www.rbcwm-usa.com

**Branch Director:** Daniel Ball  
Telephone: (303) 595-1100 or (800) 234-3703

#### Complex Director

Daniel Ball  
1801 California Street  
Suite 3900  
Denver CO 80202  
Telephone: (303) 595-1100 or (800) 234-3703



## INVESTMENT ACCESS ACCOUNT STATEMENT WITH RBC ADVISOR MAY 1, 2015 - MAY 31, 2015

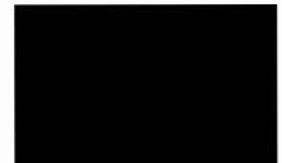
Account number:  
307-69527  
Page 1 of 7

### ACCOUNT VALUE SUMMARY

	THIS PERIOD	THIS YEAR
Ending account value	\$839,316.68	\$839,316.68

### YOUR PREMIER CLIENT MESSAGE BOARD

*Whether you want to build, preserve, enjoy, or share your hard-earned wealth, we're here to help. For questions about your account, please contact your financial advisor, who will be happy to assist you.*



**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.

[Redacted Signature]

6/17/15  
Date Signed

Signature of Authorized Signatory

[Redacted Name]

Print Name of Authorized Signatory

President, Chairman of the Board

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* requirements.

[Redacted Signature]

6/17/15  
Date Signed

Signature of Authorized Signatory

[Redacted Name]

Print Name of Authorized Signatory

President, Chairman of the Board

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

[Redacted Signature]

6/17/15  
Date Signed

Signature of Authorized Signatory

[Redacted Name]

Print Name of Authorized Signatory

President, Chairman of the Board

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: [Redacted Initials]



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: June 17, 2015

To Whom It May Concern :

I hereby certify that

**GOOD CHEMISTRY OF MASSACHUSETTS, INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on August 09, 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: 15063822010

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

Processed by: hma