



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 SHAREL, MD, MPH  
Commissioner

Tel: 617-860-5370  
[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

SEP 29 2015

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

Application 1 of 1 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 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: NCD

Application 1 of 1      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.

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Application 1 of 1 Applicant Non-Profit Corporation \_\_\_\_\_

## SECTION A. APPLICANT INFORMATION

1. Khem Organics Inc.  
Legal name of Corporation
2. Nial C. DeMena  
Name of Corporation's Chief Executive Officer
3. 100 North Street Suite 405  
Pittsfield, Mass. 01201  
Address of Corporation (Street, City/Town, Zip Code)
4. Nial C. DeMena, CEO  
Applicant point of contact (name of person the Department should contact regarding this application)
5. 207.408.0263  
Applicant point of contact's telephone number
6. ncdemena@gmail.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.

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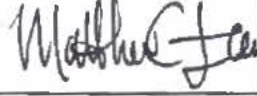
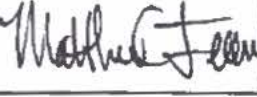
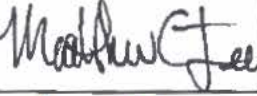





Application 1 of 1 Applicant Non-Profit Corporation \_\_\_\_\_**SECTION D. INITIAL CAPITAL REQUIREMENT**

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
Matthew Feeney	Commonwealth Financial Network	Individual NFS	\$ 352,880.75	
Matthew Feeney	Commonwealth Financial Network	Individual NFS	\$ 149,896.31	
Matthew Feeney	Commonwealth Financial Network	IRA NFS	\$ 187,246.61	
Andrea F. Nucifora, Jr. as CEO/Chairman of Taconic Finance Partners	Berkshire Bank	Business Checking	\$ 475,000.00	
Albert Wojtkowski	Charles Schwab	Investment Account	\$ 193,757.78	
Albert Wojtkowski	Berkshire Bank	Money Market Savings Account	\$ 135,350.53	
-----	-----	<b>TOTAL:</b>	\$ 1,494,131.98	---

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SECTION D. ACCOUNT SUMMARY (FEENEY)

# Consolidated Statement

As of 9/24/2015

matthew feeney

## Activity Summary

[REDACTED]	
Ending Balance (9/24/2015)	\$690,023.67
Time-Weighted Return for Date Range	-5.33%

## Asset Category Allocation

[REDACTED]		
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## Accounts

		Pct.
[REDACTED]		
Total	\$690,023.67	100%

# Consolidated Statement

As of 9/24/2015

### Disclaimer

The information displayed is provided by Commonwealth Financial Network® ("Commonwealth"), Member FINRA/SIPC. It is provided for informational purposes only, should not be relied upon for tax or legal purposes, and is based upon sources believed to be reliable. No guarantee is made as to the completeness or accuracy of the information. Commonwealth urges you to compare your account custodian statements with the statements you receive from us or your advisor. If you believe there are material discrepancies between statements, please contact Commonwealth directly at 800.251.0080. Past performance is not indicative of future results.



Monica Bharel, M.D., Commissioner  
Massachusetts Department of Health  
250 Washington Street  
Boston, MA 02108

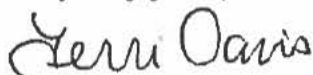
RE: Taconic Finance Partners LLC: Account Ending [REDACTED]

Dear Commissioner Bharel:

I serve as a Financial Service Representative of the Berkshire Bank branch located at 99 North Street, Pittsfield Massachusetts. I hereby attest that on September 30, 2015, the above-referenced Business Checking Account reflected a balance of available funds in the amount of \$475,000.00. I am enclosing with this letter a true and accurate statement of the account.

Please call with any questions.

Very truly yours,



Terri Davis  
Financial Service Representative



Schwab One® Account of  
ALBERT S WOJTKOWSKI &  
SANDRA J WOJTKOWSKI TEN/COM

**Account Number**

Statement Period  
August 1-31, 2015

### Change in Account Value

This Period

Year to Date

Account Value (\$) Over Last 12 Months [in Thousands]

**Ending Value with Accrued Income<sup>d,1</sup>**

**\$ 193,757.78**Total Value with Accrued Income<sup>2</sup>

\$ 193,757.78

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.





September 28, 2015

Re: Albert Wojtkowski

To Whom It May Concern,

This letter is to confirm account number #367847 and routing number # [REDACTED] held by Albert Wojtkowski is open and active and in good standing. The current balance is \$135,350.53

Thank you,

Jessica Burke  
Financial Services Representative  
66 West St Suite 100  
Pittsfield MA 01201  
Phone (413) 445-8385  
Fax (413) 445-8355  
Email [jburke@berkshirebank.com](mailto:jburke@berkshirebank.com)

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.

Nial C. DeMena  
Signature of Authorized Signatory

09.28.2015  
Date Signed

Nial C. DeMena

\_\_\_\_\_  
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.

Nial C. DeMena  
Signature of Authorized Signatory

09.28.2015  
Date Signed

Nial C. DeMena

\_\_\_\_\_  
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.

Nial C. DeMena  
Signature of Authorized Signatory

09.28.2015  
Date Signed

Nial C. DeMena

\_\_\_\_\_  
Print Name of Authorized Signatory

CEO

\_\_\_\_\_  
Title of Authorized Signatory

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William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: September 28, 2015

To Whom It May Concern :

I hereby certify that

**KHEM ORGANICS INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **September 28, 2015** (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: 15095462280

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

Processed by: hma