

Application of Intent 3 of 3



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.**

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

APR 24 2016

RECEIVED

## **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:

**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. Khem Organics Inc.  
Legal name of Corporation
2. [REDACTED]  
Name of Corporation's Chief Executive Officer
3. 501 Dalton Avenue Pittsfield, MA 01201  
Address of Corporation (Street, City/Town, Zip Code)
4. [REDACTED]  
Applicant point of contact (name of person the Department should contact regarding this application)
5. [REDACTED]  
Applicant point of contact's telephone number
6. [REDACTED]  
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.

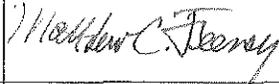
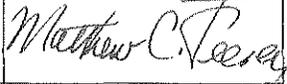
Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: [REDACTED]

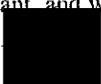
**SECTION D. INITIAL CAPITAL REQUIREMENT**

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
KO Resources LLC	Berkshire Bank	Corporate Checking	\$605,816.83	
Matthew C. Feeney	Commonwealth Financial Network	Individual Investments	\$667,726.62	
Matthew C. Feeney	Commonwealth Financial Network	Premiere Select IRA	\$199,084.72	
Matthew C. Feeney	Medtronic Savings and Investments	401(K)	\$399,629.73	
Albert S. Wojtkowski & Sandra J. Wojtkowski	Charles Schwab	Securities Account	\$224,653.86	
Albert S. Wojtkowski	LPL Financial	Simple IRA	\$50,903.60	
Albert S. Wojtkowski	LPL Financial	Traditional IRA	\$161,562.88	
-----	-----	<b>TOTAL:</b>	\$2,309,378.24	----

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: 

**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 a legal obligation to submit updated information to the Department if the information changed.

4/21/17  
Date Signed

Print Name of Authorized Signatory

President and 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* requirements.

4/21/17  
Date Signed

Print Name of Authorized Signatory

President and 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 \_\_\_\_\_, the United States, or a military, territorial, or Indian tribal

4/21/17  
Date Signed

Print Name of Authorized Signatory

President and 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: \_\_\_\_\_

# Financial Account Summary

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

APR 24 2017  
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America's Most Exciting Bank™

To Whom It May Concern:

Ko Resources LLC is a client of Berkshire Bank. They hold a business checking account at the bank. The balance on account ending in [REDACTED] as of March 31, 2017 was \$605,816.83.

If there are any questions or concerns regarding this matter please do not hesitate to contact me directly.

Sincerely

Lisa L Lotano  
Branch Officer  
413-236-3142  
llotano@berkshirebank.com

ENVH CEBCTXJPBBBWZCD BBBBB  
 COMMONWEALTH FINANCIAL NETWORK  
 29 SAWYER ROAD  
 WALTHAM, MA 02453



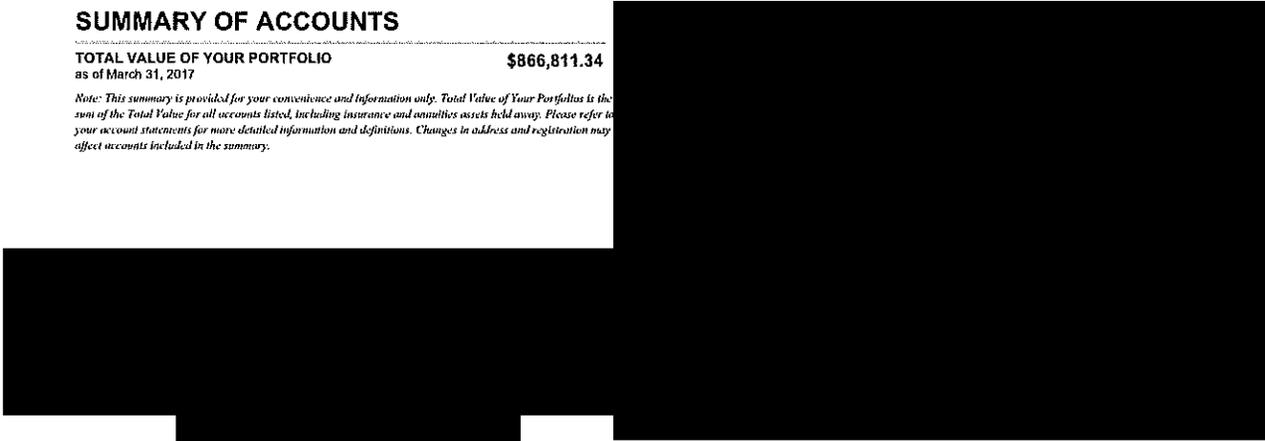
MATTHEW C FEENEY  
 [REDACTED]

STATEMENT FOR THE PERIOD MARCH 1, 2017 TO MARCH 31, 2017

**SUMMARY OF ACCOUNTS**

**TOTAL VALUE OF YOUR PORTFOLIO** **\$866,811.34**  
 as of March 31, 2017

*Note: This summary is provided for your convenience and information only. Total Value of Your Portfolios is the sum of the Total Value for all accounts listed, including insurance and annuities assets held away. Please refer to your account statements for more detailed information and definitions. Changes in address and registration may affect accounts included in the summary.*



Account carried with National Financial Services LLC, Member  
 NYSE, SIPC

Statement for the Period March 1, 2017 to March 31, 2017



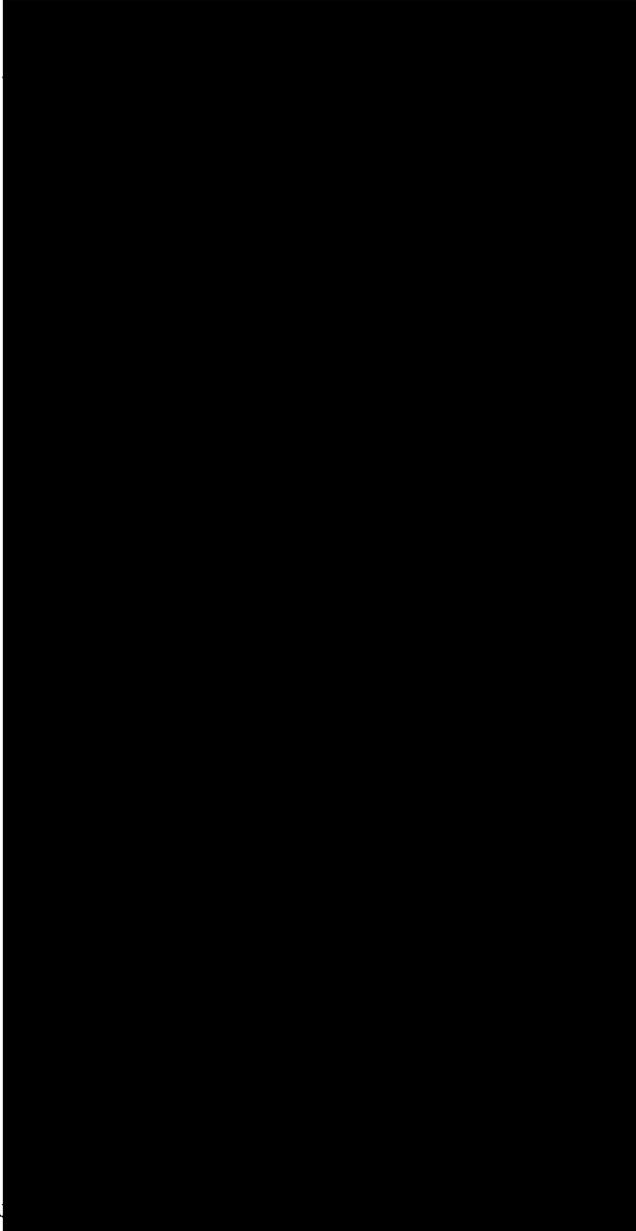
ACCOUNTS INCLUDED > GENERAL INVESTMENT ACCOUNTS *cont'd*

MATTHEW C FEENEY - Individual	[REDACTED]	Current Period Value as of 03/31/17	\$2,823.00
<b>TOTAL GENERAL INVESTMENT ACCOUNTS</b>	[REDACTED]		<b>\$667,726.62</b>

ACCOUNTS INCLUDED > RETIREMENT ACCOUNTS

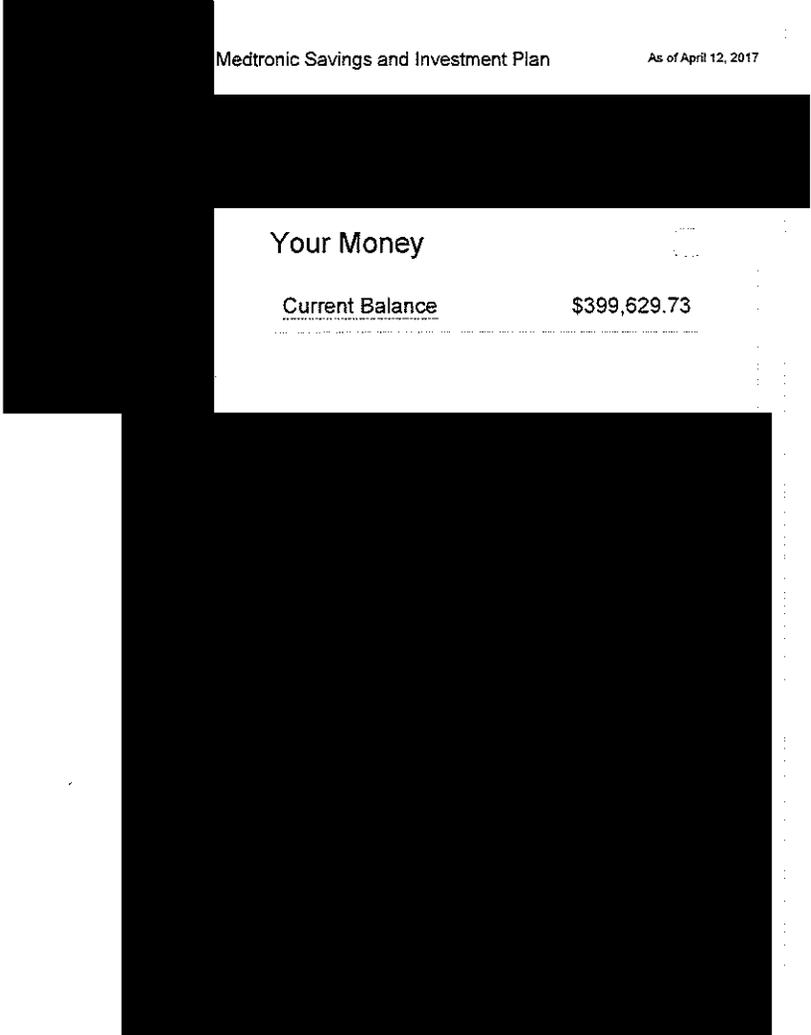
MATTHEW C FEENEY - Premiere Select IRA	[REDACTED]	Current Period Value as of 03/31/17	\$199,084.72
<b>TOTAL RETIREMENT ACCOUNTS</b>	[REDACTED]		<b>\$199,084.72</b>

<b>TOTAL PORTFOLIO VALUE</b>	[REDACTED]		<b>\$866,811.34</b>
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**MATTHEW FEENEY**

Apr 13, 2017 05:35 p.m. ET



Medtronic Savings and Investment Plan

As of April 12, 2017

**Your Money**

Current Balance **\$399,629.73**



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

Account Number  
9520-6164

Statement Period  
March 1-31, 2017

Account Value as of 03/31/2017: \$ 224,653.86

Change in Account Value	This Period	Year to Date
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Total Account Value <sup>Δ</sup>	\$ 224,653.86	100%
Accrued Income <sup>d</sup>	79.50	
Total Value with Accrued Income <sup>ΔΔ</sup>	\$ 224,733.36	

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.



## Al's Simple IRA

Statement Period  
March 1 to March 31, 2017

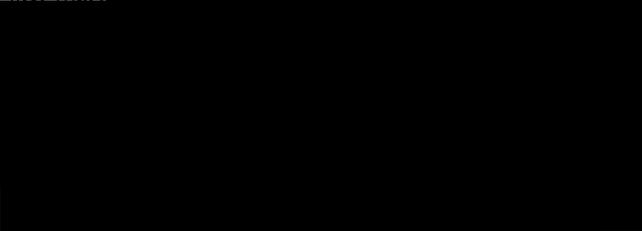
Retirement Account Strategic Wealth Management II 7871-6652  
Investment Objective Aggressive Growth

PTC CUST SIMPLE IRA FBO  
ALBERT WOJTKOWSKI



**Total Value of Your Account as of March 31, 2017** **\$50,903.60**

### INVESTMENTS HELD AT LPL FINANCIAL



Ending Value as of March 31, 2017 **\$50,903.60**



**TOTAL VALUE OF YOUR ACCOUNT**

Value on  
March 31, 2017  
**\$50,903.60**

**Your Account Manager:**  
Jason Labelle (413)499-9900  
Private Advisor Group, LLC  
2 Cheshire Rd  
Pittsfield, MA 01201

Securities Offered Through  
LPL Financial  
Member FINRA/SIPC  
4707 Executive Drive, San Diego, CA 92121-3091  
75 State Street, 22nd Floor, Boston, MA 02109-1827



1 Includes fees, expenses and other activity during the Statement period. See "Account Activity".  
2 Increase/decrease in Market Value reflects the impact of changes in the value of securities held in your LPL Financial account, as well as the impact of any transfers of securities into or out of your account during the statement period.



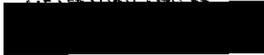


## Al's Traditional IRA

Statement Period  
March 1 to March 31, 2017

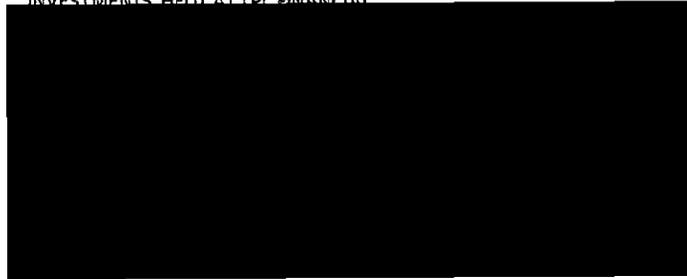
Retirement Account	Strategic Wealth Management II	5482-7499
Investment Objective		Growth

PTC CUST IRA FBO  
ALBERT WOJTKOWSKI



<b>Total Value of Your Account as of March 31, 2017</b>	<b>\$161,562.88</b>
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INVESTMENTS HELD AT LPL FINANCIAL



**Your Account Manager:**  
Jason Labelle (413)499-9900  
Private Advisor Group, LLC  
2 Cheshire Rd  
Pittsfield, MA 01201

**TOTAL VALUE OF YOUR ACCOUNT**

Value on March 31, 2017	<b>\$161,562.88</b>
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Securities Offered Through  
LPL Financial  
Member FINRA/SIPC  
4707 Executive Drive, San Diego, CA 92121-3091  
75 State Street, 22nd Floor, Boston, MA 02109-1827



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