



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, 11th 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

April 5, 2017

Re: Request for Information

This letter is to inform you that the Department of Public Health ("Department") has reviewed the additional or revised information submitted for Brighton Health Advocates, Inc.'s *Application of Intent* (Application 2 of 3). The *Application of Intent* requires the following information before the Department may complete its evaluation:

1. The applicant is correct that only one Character and Competency form must be submitted for each required individual. However, the Character and Competency forms that had been submitted by the applicant in the past were associated with an application that has since expired. As requested in the February 22, 2017 letter from the Department, please submit the Character and Competency forms for the required individuals and entities as outlined in the application instructions. Please also clarify if [REDACTED] is still affiliated with the organization and in what capacity. The applicant had previously indicated that [REDACTED] was "Cultivation Manager" but states in the cover letter submitted on March 20, 2017 that Peter Schweda is the "Individual Responsible for marijuana for medical use cultivation."
2. Thank you for submitting the Character and Competency form for PharmaCann, LLC and explaining that the entity does not have a Board of Directors. As also requested in the February 22, 2017 letter from the Department, please submit the Character and Competency form for the Chief Executive Officer/Executive Director of PharmaCann, LLC, Theodore Scott. This form has not yet been submitted by the applicant.

If the applicant has been requested to resubmit their response to a question, please do so using the page on the application form for that particular question, and include an initialed attestation at the bottom of the

page. The applicant need not resubmit the entire application and may submit only the page for the particular question that needs to be submitted.

Please remember to type all responses in the information or materials resubmitted to the Department, other than any required signatures, as well as include the name of the Applicant Non-Profit Corporation *and* the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

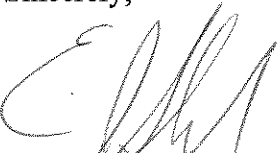
Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

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

Upon receipt, the Department will review the information and will notify the applicant if it is invited to submit a *Management and Operations Profile* or if further information is required before the applicant may proceed.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or RMDapplication@state.ma.us.

Sincerely,



Eric Sheehan, J.D.
Bureau Director
Bureau of Health Care Safety and Quality
Massachusetts Department of Public Health