



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)

February 22, 2017

Re: Request for Information

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

1. Applicant did not submit the Character and Competency forms for the required individuals or entities. Please submit the Character and Competency forms as outlined in the application instructions.
2. When submitting the Character and Competency forms, please submit forms for PharmaCann LLC, an entity contributing 5% or more of initial capital to operate the proposed RMD, as well as for the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.
3. Please clarify whether Pharmacannis Health and Wellness is a different entity from PharmaCann, LLC, and what type of entity Pharmacannis Health and Wellness is, as there is no record of its incorporation in the office of the Secretary of State. If so, Pharmacannis Health and Wellness is a joint account holder, as indicated in the Bank of Springfield financial account summary, and an entity contributing 5% or more of initial capital to operate the proposed RMD, and the applicant must submit a Character and Competency form for the entity, as well as for the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

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.

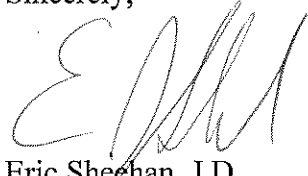
Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

Department of Public Health  
Medical Use of Marijuana Program  
RMD Applications  
99 Chauncy Street, 11<sup>th</sup> 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](mailto:RMDapplication@state.ma.us).

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Sheehan', is written over the printed name.

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