



ELEVATED
ACCESS CENTER

A Medical Cannabis Wellness Provider

RECEIVED

JUL 26 2018

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

July 24, 2018

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

Re: Response to Request for Information- Application of Intent (Application 2 of 2)

To whom it may concern:

Thank you for reviewing our Application of Intent. We have addressed the outstanding items in response to the Request for Information letter dated July 12, 2018.

- 1) *"The applicant indicated that this Application of Intent is numbered "Application 1 of 1," but the RMD has previously submitted an "Application 1 of 1" which has resulted in a Provisional Certificate of Registration. Please note that the Department will deem this application as "Application 2 of 2." Please label all future materials associated with this application as "Application 2 of 2."*
 - a) Elevated will label all future materials associated with this application as "Application 2 of 2."

- 2) *"The applicant filed their Application of Intent under the name "Elevated Non-Profit Corporation", however the corporation has changed its name to "Elevated Access Center, Inc." and is filed as such with the Massachusetts Secretary of the Commonwealth. Please explain this discrepancy in the corporation's name and submit corrected application materials where necessary.*
 - a) The discrepancy involving the corporations name change occurred due to the timing of our application submission and the state's approval of our corporate conversion. The following bullet points reference the timing:
 - On May 7, 2018 Elevated submitted our application "Request to Change the Name of a Registered Marijuana Dispensary" to the Department of Public Health.
 - On May 10, 2018 Elevated received DPH approval to change the name of the RMD.
 - Elevated submitted our Article of Entity Conversion of a Domestic Non-Profit with a Pending Provisional or Final Certificate to Dispense Medical Use marijuana to a Domestic Business Corporation (General Laws Chapter 156D, Section 9.53; CMR 113.30) on May 22, 2018.



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Elevated Access Center Response to Request for Information- Application of Intent (Application 2 of 2)

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- Due to our Corporate Conversion status pending, and the urgency to begin the licensing process; Elevated submitted our Application of Intent on June 13, 2018 to the Department of Public Health at our current standing as a Non-Profit Corporation.
 - Elevated did not receive confirmation from the Commonwealth of Massachusetts regarding our Corporate Conversion until June 22, 2018.
- b) Elevated has resubmitted the entire application with the new Company name as required.
- 3) *"The applicant did not submit a Certificate of Good Standing from the Massachusetts Secretary of the Commonwealth as required by the application instructions. Instead, the applicant submitted a Certificate of Good Standing from the Commissioner of Revenue. Please submit a Certificate of Good Standing that meets the application requirements.*
- a) Elevated has corrected its application and has provided the correct Certificate of Good Standing issued by the Massachusetts Secretary of the Commonwealth.
- 4) *"Please clarify if David J. Carlson, Derek Cloutier, and Jill Osborn are still affiliated with Elevated Non-Profit Corporation, and if so, in what capacity. If these individuals are still affiliated, please resubmit a complete Section C with their information, if needed.*
- a) David J. Carlson, Derek Cloutier and Jill Osborn are no longer affiliated with Elevated Access Center, Inc.
- b) Please note: Elevated is resubmitting Section C. as of July 2, 2018 Jay Muir is no longer affiliated with Elevated Access Center, Inc.
- 5) *"The submitted table in Section C does not indicate the individual contributing 5% or more of initial capital to operate the proposed RMD as indicated in the submitted financial account summary. Please resubmit a completed Section C with this information included.*
- a) Elevated has resubmitted Section C indicating the individual contributing 5% or more of initial capital to operate the proposed RMD.
- 6) *"The table in Section D does not include a signature under the "Signature of Account Holder" column. Please resubmit a completed table in Section D with the account holder's signature included.*
- a) Elevated has resubmitted the completed table in Section D with the account holder's signature included.



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- 7) *"The submitted financial account summary does not meet the requirement of being dated no earlier than 30 days prior to the date the Application of Intent was submitted to the Department. The applicant must resubmit the financial account summary. The financial account summary must be dated no earlier than May 11, 2018 and have sufficient funds to cover the amount contributed in the table in Section D."*
- a) Elevated has submitted a new copy of the financial summary that meets the requirement of being dated no earlier than 30 days prior to the date of the Application of Intent. The financial summary has sufficient funds to cover the amount contributed in the table in Section D.
- 8) *"In the table in Section D, the applicant indicates "Checking" under the "Type of Account" column. The submitted financial account summary indicates a different type of account. When resubmitting the table in Section D, include the correct account as required in the instructions."*
- a) Elevated has resubmitted Section D with the correct account type as required in the instructions.

We believe these documents satisfy the requirements identified in your letter. Please let us know if you require any further information. Thank you in advance for your assistance and your consideration.

Sincerely,

Rebecca L. Adams
Executive Director



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: 617-860-5370
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 an entity that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts ("applicant").

If seeking a Certificate of Registration for more than one RMD, the applicant 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.

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 labeled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided on 8 ½" x 11" paper, 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, 11th Floor
Boston, MA 02111

Application fees are non-refundable and non-transferable.

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 or updates to the submitted application materials are needed. The Department will notify the applicant whether it has 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 in order to proceed in the application process. Applicants must receive an invitation from the Department to submit a *Siting Profile* within 1 year of the date of submission of the *Management and Operations Profile*.

PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants must receive a Provisional Certificate of Registration from the Department within 1 year of the date of the invitation letter from the Department to submit a *Siting Profile*. If the applicant does not meet this deadline, the application will be considered to have expired. Should the applicant wish to proceed with obtaining a Certificate of Registration, a new application must be submitted, beginning with an *Application of Intent*, together with the associated fee.

REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100, as well as materials posted on the Medical Use of Marijuana Program website: www.mass.gov/medicalmarijuana.

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.

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 applicant
- A completed *Remittance Form* (use template provided)
- A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for \$1,500
- A copy of the applicant's *Certificate of Good Standing* (as outlined in Section B)
- Financial account summary(ies) (as outlined in Section D)

SECTION A. APPLICANT INFORMATION

1. Elevated Access Center, Inc.
Legal name of Applicant Corporation

2. 175 Derby Street, Suite 12, Hingham, MA 02043
Mailing address of Applicant Corporation (Street, City/Town, Zip Code)

3. Rebecca Adams
Applicant Corporation's point of contact (the person the Department should contact regarding this application)

4. 508-942-9153
Point of contact's telephone number

5. Radams@elevatedaccesscenter.org
Point of contact's e-mail address

6. Number of applications: How many *Applications of Intent* does the applicant intend to submit?
1

SECTION B. INCORPORATION

1. Attach a copy of the applicant's *Certificate of Good Standing* from the Massachusetts Secretary of the Commonwealth. The *Certificate of Good Standing* must be dated no earlier than 90 days prior to the date of the *Application of Intent* is received by the Department.

SECTION C. INDIVIDUALS AND ENTITIES AFFILIATED WITH APPLICANT

List the full name, title(s) or role(s) at the applicant corporation, and date of birth (if an individual) of the following individuals and entities. Add more tables if needed:

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 individual performing onsite services on behalf of a contractor or consultant as Cultivation or Security Manager or the equivalent, if known during the application process; 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. If the applicant does not have a Chief Executive Officer, Chief Operating Officer, or Chief Financial Officer, it must identify the individuals performing the equivalent duties for the applicant.

For entities contributing 5% or more of initial capital to operate the proposed RMD, list the entity's Chief Executive Officer or Executive Director and President or Chair of the Board of Directors. If the entity does not have a Chief Executive Officer or Executive Director or President or Chair of the Board of Directors, identify the individuals performing the equivalent duties for the entity.

Full Name	Title(s)	Date of Birth
Robert Proctor	President/Chief Financial Officer/Treasurer (Contributing 100% capital to operate the proposed RMD)	[REDACTED]
Benjamin Proctor	Secretary/Chief Operating Officer	[REDACTED]
Philip Hardy	Director of Cultivation and Production (The Hardy Consultants)	[REDACTED]

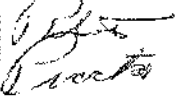
Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: RP

SECTION D. INITIAL CAPITAL REQUIREMENT

Describe the sources, types, and amounts of required initial capital in the table below, showing that the applicant 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 applicant, 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. Please ensure that the financial account summary contains the name of the account holder, name of financial institution, and indicates the type of account (e.g., checking, savings, etc.).

Name of Account Holder	Financial Institution	Type of Account	Amount	Signature of Account Holder
Robert Proctor, Robert Proctor Trustee, Robert	Rockland Trust	Money Market Savings	\$ 500,000.00	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
			\$ _____	
-----	-----	-----	\$ 500,000.00 Total	----

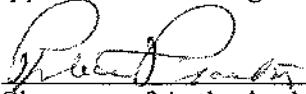
Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: RP

Application 2 of 2

Name of Applicant Corporation _____

ATTESTATIONS

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant, 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.



Signature of Authorized Signatory

07/24/2018
Date Signed

Robert Proctor
Print Name of Authorized Signatory

President
Title of Authorized Signatory

I, the authorized signatory for the applicant, hereby attest that if the applicant is allowed to proceed to submit a *Management and Operations Profile*, the applicant 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.



Signature of Authorized Signatory

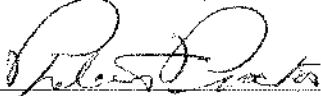
07/24/2018
Date Signed

Robert Proctor
Print Name of Authorized Signatory

President
Title of Authorized Signatory

Application 2 of 2 Name of Applicant Corporation Elevated Access Center, Inc.

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 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.



Signature of Authorized Signatory

07/24/2018

Date Signed

Robert Proctor

Print Name of Authorized Signatory

President

Title of Authorized Signatory



William Francis Galvin
Secretary of the
Commonwealth

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

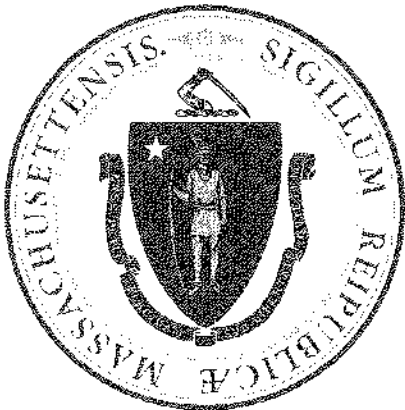
Date: July 13, 2018

To Whom It May Concern :

I hereby certify that according to the records of this office,

ELEVATED ACCESS CENTER, INC.

is a domestic corporation organized on **May 22, 2018** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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: 18070210910

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

Processed by: