# 

# Commonwealth of Massachusetts

## **Application for Cannabis Control Commissioner**

**Application for Appointment to be made by a majority vote of the Governor, Attorney General, and Treasurer and Receiver-General**

Thank you for your interest in the Cannabis Control Commission.[[1]](#footnote-2)

We are currently accepting applications for an appointment to be made by a majority vote of the Governor, Attorney General, and Treasurer and Receiver-General. The vacant position requires experience in oversight or industry management, including commodities, production or distribution in a regulated industry. *See* G.L. c. 10, §76.

Please note: 1. Statute requires that no more than three members of the Commission be of the same political party. *See* G.L. c. 10, §76. 2. As of the expected date of appointment, the Commission will consist of two registered voters enrolled in the Democratic party, and two unenrolled registered voters.

This application may be downloaded from the website of the Massachusetts Attorney General ([www.mass.gov/ago](http://www.mass.gov/ago)). Please download the application and key in your responses, keeping the language of the questions intact and responding sequentially. Please submit your completed application in PDF form via email to [CommissionApplications@mass.gov](mailto:CommissionApplications@mass.gov).

All applications must be received no later than **September 8, 2020**. Your completed application may be subject to the public records law (G.L. c. 66). To be considered for this joint appointment, you may submit a completed application to any one of the three appointing authorities and need not apply more than once.

**I. Personal Information.**

1. Full name:
2. Have you ever used or been known by any other name?

Yes \_\_\_\_\_ No 

If your answer is yes, please identify:

1. Residential Address:

1. Telephone numbers: (a) Home:

(b) Work:   
(c) Cell:

1. E-mail address: (a) Home:

(b) Work:

1. Please indicate which phone number, e-mail, and mailing address you prefer the appointing authority to use by placing an asterisk (\*) next to it.
2. Social Security Number (last 4 digits): XXX-XX-\_\_\_\_\_\_

[I understand I may be asked to supply the remaining digits and I agree to supply the same.]

1. Date of birth: Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Current Employment:
   1. Employer’s Name:
   2. Office Address:
   3. Office Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Nature of Business:
   5. Title:

10. Spouse/Domestic Partner’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Spouse/Domestic Partner’s Maiden/Birth Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Spouse/Domestic Partner’s Current Employment:

* 1. Employer’s Name:
  2. Office Address:
  3. Office Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  4. Nature of Business:
  5. Title:

13. By law, each Cannabis Control Commissioner shall be a resident of the commonwealth within 90 days of appointment. G.L. c. 10, §76. Are you currently a permanent Massachusetts resident?

Yes  No 

If your answer is no, will you become a permanent Massachusetts resident within 90 days if you are appointed?

Yes  No 

14. By law, a person convicted of a felony is not eligible to serve on the Commission. G.L. c. 10, §76. Have you ever been convicted of a felony?

Yes  No 

15. By law, a person may not hold or be a candidate for federal, state, or local elected office; hold an appointed office in a federal, state, or local government; or serve as an official in a political party while serving on the Commission. G.L. c. 10, §76.

Do you currently hold (or are you a candidate for) such office, hold an appointed office, or serve as such an official?

Yes  No 

If appointed a Cannabis Control Commissioner, will you withdraw your candidacy; resign your office; and/or not serve as an official in a political party?

Yes  No 

16. By law, no more than three Cannabis Control Commissioners may be from the same political party. G.L. c. 10, §76.

Please state your party affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Please note that under G.L. c. 4, §12, “Establishment, cancellation or change of enrollment in a political party shall, for the purposes of any law establishing or limiting the number of members of any board, commission or other body who shall or may be members of any political party or the same political party, take effect two years thereafter. Any enrollment required for appointment to such a board, commission, or other body must have been maintained continuously during the two years immediately preceding appointment.” Your answer to this Question is subject to verification by the appointing authority that your stated party affiliation has been maintained continuously during the two years immediately preceding the date of the appointment.]

**II. Educational History.**

17. Please (i) list all high schools, colleges, and graduate schools that you have attended, the name you used while attending each institution, dates attended, and degrees conferred; and (ii) describe honors or awards received, and describe any significant activities and any offices or leadership positions held.

18. Have you ever been dismissed from an institute of higher learning? If your answer is yes, please provide details.

19. Have you ever withdrawn from an institute of higher learning in order to avoid dismissal due to alleged or actual misconduct? If your answer is yes, please provide details.

**III. Employment History.**

20. In chronological order, please list the full name of each of your prior employers (exclusive of employment during school years) and their respective addresses, the start and end dates of your employment, and the positions you held. Under each prior employer’s listing, briefly describe the nature of (i) that employer’s business; (ii) your position within that business; and (iii) your responsibilities. Provide the name, along with the current address, telephone number, and e-mail address (“contact information”) of a person, preferably your supervisor, who can verify your employment with that employer. Please include any military service in your answer.

21. Have you ever been discharged from employment (including from the military, under Other than Honorable conditions) for any reason or have you ever resigned after being informed that your employer intended to discharge you? If your answer is yes, please explain.

22. Do you have any professional licenses or registrations? If your answer is yes, please identify all licenses and registrations, including the numbers, licensing authorities, and status.

23. Please list any professional or trade associations or organizations in which you are a member, indicating whether you hold any office in the organization.

24. Please describe three specific examples from your employment history that demonstrate how your experience and skill set best qualify you for appointment to the Cannabis Control Commission.

**IV. Activities.**

25. Please list any activities or organizations in which you have significantly participated over the course of your career and the dates of your involvement. Describe the nature of each organization’s mission, your role, and any major accomplishments to which you contributed. Provide the name and contact information of a person who has knowledge of your involvement.

26. List any courses or programs that you have taught or at which you have lectured and include the date, course title, and nature of your involvement. Provide the name and contact information of an individual involved in the course or program.

27. List the titles of all publications that you have authored or co-authored throughout your career and provide the citations, dates of publication, and names of any co-authors.

28. Please list all organizations of which you are a member that actively lobby public bodies.

29. If you currently belong, or have ever belonged to any organization that discriminates or limits membership on the basis of race, gender, ethnicity, sexual orientation, national origin or religion, please provide the name of each such organization and describe its membership policy.

30. Please describe how your participation in the activities described in section IV may influence how you would fulfill your responsibilities as a member of the Cannabis Control Commission.

**V. Questions Specific to Appointment as Cannabis Control Commissioner.**

31. Why do you want to become a Cannabis Control Commissioner?

32. What do you believe should be the fundamental mission of the Cannabis Control Commission and how would you set out to achieve its goals?

33. What are the attributes or qualities you believe should be given the greatest weight in evaluating applicants for Cannabis Control Commissioner, and how do you assess yourself in terms of those attributes?

34. What is the greatest challenge confronting the Cannabis Control Commission and how would you address it?

35. Please describe with specificity, in addition to the above information, your educational history, employment, and experience that you believe is relevant to your appointment to made jointly by at least two of the three appointing authorities, namely, your experience in the area of oversight or industry management, including commodities, production or distribution in a regulated industry.

**VI. Conduct.**

36. Have you or your spouse/domestic partner ever been a party to or been involved in any legal proceedings? If your answer is yes, please provide the details and include all bankruptcies as well as proceedings in which you or your spouse/domestic partner was a party in interest or a witness, or any grand jury proceeding in which you or your spouse/domestic partner was a subject or a witness. You do not need to include proceedings in which you or your spouse/domestic partner served as a guardian ad litem, executor, or administrator.

37. Have you or your spouse/domestic partner ever been found in violation of any court order or been held in contempt of court or been sanctioned in excess of $1,000 by any court? If your answer is yes, please provide the details, including case number(s) and court(s).

38. Are there any unsatisfied judgments against you or your spouse/domestic partner? If your answer is yes, please provide the details, including the court(s) that rendered the judgment, the docket number, the date, the amount of the judgment, and the circumstances on which the claim was based.

39. Have you ever filed a Statement of Financial Interests (SFI) with the State Ethics Commission?

Yes  No 

If your answer is “yes,” please state the year(s) that you filed a SFI with the State

Ethics Commission.

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40. Has the State Ethics Commission ever brought an action against you? If your answer is yes, please explain in detail.

**VII.** **Financial and Business Standing.**

41. Are you and/or is an immediate family member [[2]](#footnote-3) associated as an employee, partner, sole proprietor, officer, director, or in any other similar managerial capacity, whether compensated or uncompensated, whether full or part-time, in any business? If so, please provide the name and address of, and the nature of your association with, the business.

42. Do you and/or an immediate family member own any equity in any business? If so, please provide the name and address of and your percentage of equity in the business.

43. Please identify any real property in Massachusetts, including your current residence, if applicable, with an assessed value in excess of $1,000, in which you and/or an immediate family member held an equitable or financial interest, including a mortgage interest, as of August 1, 2020. Provide the address, description of the property, persons holding an interest, and the assessed value.

Property Address Description Party with Interest Assessed Value.

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44. If you and/or an immediate family member had a beneficial ownership interest or served as a trustee of a reality trust as of August 1, 2020, please identify the date the trust was created, the names of the grantor(s), trustee(s), and beneficiaries, and percentage of equity owned. If the assets include real property, please provide the address of the property held in trust, a description of the property, the name of the record owner, and the assessed value.

Property Address Description Record Owner Assessed Value.

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45. Please identify the name and address of each creditor to whom more than $1,000 is owed, except if the creditor is a relative within the third degree of consanguinity or affinity, or except if the debt is for a mortgage on your primary residence, indicating the original amount, the amount outstanding, the terms of repayment, and the nature of security pledged for each such obligation.

Creditor Loan # Original Balance Current Balance Purpose Joint Debtor.

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46. Have you and your spouse/domestic partner timely filed all required state and federal tax returns in each year for the past 10 years? If your answer is no, please explain.

47. Are there any state or federal tax liabilities outstanding at this time? If your answer is yes, please explain in detail.

48. Have you ever been audited by state or federal tax authorities? If your answer is yes, please provide the dates of such audit(s) and the outcome in detail.

49. Have federal, state, or local authorities ever instituted a tax lien or other collection procedure against you or your spouse/domestic partner? If your answer is yes, please provide the details, including case numbers and court.

50. Has there ever been a judicial or non-judicial foreclosure against property you own or jointly own with others, including property held in a real estate trust or other legal entity in which you own an interest? If your answer is yes, please describe in detail the circumstances and outcomes.

51. Have you ever made an assignment for the benefit of creditors? Has any petition in bankruptcy ever been filed by you or your spouse/domestic partner? If your answer is yes, please state the circumstance, docket number, and the outcome.

52. Please identify, with particularity, every entity and security in which you or an immediate family member has an interest, financial or otherwise. Please note those entities or holdings which may be impacted (negatively or positively) by the cannabis industry in the Commonwealth.

53. If you are now, or have been within the last (2) years, the Chief Executive Officer or Chairperson of a business entity, or if you own more than 10% of a company, partnership, joint venture or joint enterprise, please identify such entities, provide their tax identifications and addresses, your title, and the percentage of your ownership.

**VIII. Potential Conflicts of Interest.**

54. Please list the names of all immediate family members as well as persons related to immediate family members by marriage who serve as employees or elected officials of the Commonwealth, whether compensated or uncompensated, whether full or part-time, and include in your answer their position and supervisor.

55. Do you, or does any business that employs you or with which you are affiliated, currently do business with the state or any unit of state government, or have a financial interest in a contract with the state or any unit of state government? If your answer is yes, please explain.

56. Are you, or is any business that employs you or with which you are affiliated, currently seeking to do business with the state or any unit of state government? If your answer is yes, please explain.

57. Do you, or does any individual or business that you represent or with which you are affiliated, currently have any business, hearings, complaints, claims, or any other matters pending before any state agency, board, commission, authority, or any other unit of state government?

58. Have you had any interactions with the state within the past seven (7) years that fall within the scope of questions 55-58, above? If your answer is yes, please explain in detail.

59. Are you currently receiving or have you accrued any credit toward receiving a pension through the Commonwealth’s retirement system? If your answer is yes, please summarize your pension account.

60. Are you employed by any corporation, association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

61. Do you own or do you own stock in any corporation association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

62. Do you have any direct or indirect financial or pecuniary interest, including the ownership of shares in a mutual, ETF, equity, money market, or other fund, or are you connected in any way with any corporation, association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

63. Are you employed by or connected in any way with any corporation, association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

64. Are any of your family members employed by any corporation, association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

65. Do any of your family members own or own stock in any corporation association, operation, firm, partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

66. Do you or does any member of your immediate family, or does any partner or agent of yours have any professional services or business contract with or for any partnership, trust, or other form of business association that conducts or is licensed to conduct any cannabis-related activities, or represents or acts as an agent for any such cannabis-related activities, in any state? If your answer is yes, please describe.

67. Have you ever received a gift from any cannabis-related licensee, applicant, close associate, affiliate, or other person or entity subject to the jurisdiction of the Cannabis Control Commission?

68. In the interests of full disclosure, is there any other information which the Attorney General should know about you and/or any immediate or related family members that might reflect adversely on your personal or professional background and qualifications or otherwise have an impact on your ability to serve as a Cannabis Control Commissioner? If your answer is yes, please explain.

I**X. References.**

69. Please provide three (3) written, original recommendations. At least two of the three written recommendations must address your professional experience and qualifications. At least one of the letters must reflect -- based on personal knowledge -- your reputation for good character, honesty, and integrity. Those making the recommendations should include contact information, and none may be family members or relatives.

You may also provide a list of five (5) additional names as references the appointing authority may contact.

**By law, prior to appointment to the commission, a background investigation shall be conducted into the financial stability, integrity and responsibility of a candidate, including the candidate’s reputation for good character, and honesty, G.L. c. 10, §76.** **Also, by law, each candidate for employment as a state employee is required by the appointing authority as part of the application process to disclose, in writing, the names of any state employee who is related to the candidate as spouse, parent, child or sibling or as the spouse of your parent, child or sibling. G.L. c. 268A, § 6B.**

**CERTIFICATION AND WAIVER**

I hereby swear or affirm under penalties of perjury that the information provided within this application is true and complete to the best of my knowledge and belief.

I understand the submission of this application expresses my willingness to accept appointment to the Cannabis Control Commission, if tendered by the appointing authority, and further, my willingness to abide by Conflict of Interest laws, G.L. c. 268A and 268B, as well as any Code of Conduct adopted by the Cannabis Control Commission, if appointed.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signature of Applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name**

1. The Cannabis Control Commission was established by “An Act to ensure safe access to medical and adult-use of marijuana in the Commonwealth,” which was signed into law on July 28, 2017. 2017 Mass. Acts ch. 55. [↑](#footnote-ref-2)
2. For purposes of this Application, “immediate family member” means the applicant and his or her spouse/domestic partner, and their parents, children, brothers, and sisters. [↑](#footnote-ref-3)