



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

CHARLES D. BAKER
Governor

KARYN E. POLITICO
Lieutenant Governor

May 11, 2017

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

Cardiac Arrhythmia Syndromes Foundation, Inc.
9 Bartlet Street, Unit 335
Andover, MA 01810

Re: Invitation to Submit Siting Profile

Dear

Cardiac Arrhythmia Syndromes Foundation, Inc. is invited to submit a *Siting Profile* (Application 3 of 3) to the Department of Public Health (“Department”). Please note that in order to proceed, the applicant must receive a Provisional Certificate of Registration from the Department within one year of the date of this invitation. Please submit the *Siting Profile* so as to allow the Department sufficient time to review it, the applicant time to respond to any additional or revised information required, and the Department time to review any additional or revised information submitted.

Please follow all directions posted on the Medical Use of Marijuana Program website when completing the application forms. Please remember to type all responses in the application forms.

Please note that the background checks into any individuals or entities identified to the Department are ongoing. Any identified background check issues must be resolved prior to obtaining a Provisional Certificate of Registration.

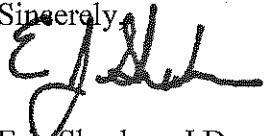
Further, if the applicant has been asked to submit information regarding agreements or other documents identified in its Management and Operations Profile, or an independent legal opinion regarding compliance with the non-profit requirements of 105 CMR 725.100(A)(1) and the “Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance” and has not yet submitted such documents, please be advised that the applicant must submit the documents prior to receiving a Provisional Certificate of Registration.

The *Siting Profile* must be submitted by U.S. mail or hand-delivered to:

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

You may direct any questions regarding the application process to RMDapplication@state.ma.us or 617-660-5370.

Sincerely,



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