

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

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 1/2" 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.

Application 1 of 1 Name of Applicant Corporation _____**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.

Application 1 of 1 Name of Applicant Corporation _____**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)

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: MK

Application 1 of 1 Name of Applicant Corporation _____**SECTION A. APPLICANT INFORMATION**

1. KT Capital Group LLC
Legal name of Applicant Corporation
2. 34 Gardner Street Chelsea Ma 02150
Mailing address of Applicant Corporation (Street, City/Town, Zip Code)
3. Michael Koeller
Applicant Corporation's point of contact (the person the Department should contact regarding this application)
4. 781-426-5047
Point of contact's telephone number
5. mwkoeller@alumni.harvard.edu
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.

Application 1 of 1

KT Capital Group LLC

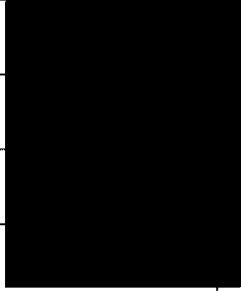
Name of Applicant Corporation _____

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
Ashley Deprizio	Capital Contributor	
Nicholas Deprizio	President/COO/Capital Contributor	
Michael Koeller	CEO/CFO/Capital Contributor	
Alex Fotta	Director of Security/ Master Grower/Director of Cultivation	

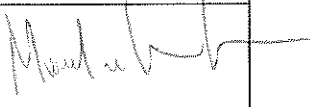

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Application 1 of 1 Name of Applicant Corporation _____**SECTION D. INITIAL CAPITAL REQUIREMENT**

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
Michael Koeller	Bank of America	Savings	\$ 75,000.00	
Nicholas Deprizio	Chase	Chase Premier Savings	\$ 425,244.81	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
-----	-----	-----	\$ 500,244.81 Total	----

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Application 1 of 1 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 Signatory12/20/2018

Date Signed

Michael Koeller

Print Name of Authorized Signatory

CEO/CFO

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 Signatory12/20/2018

Date Signed

Michael Koeller


Print Name of Authorized Signatory

CEO/CFO

Title of Authorized Signatory

Application 1 of 1 Name of Applicant Corporation KT Capital Group LLC

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

12/20/2018

Date Signed

Michael Koeller

Print Name of Authorized Signatory

CEO/CFO

Title of Authorized Signatory

[Back](#)



AVAILABLE BALANCE
\$75,000.00

Account Info

CURRENT BALANCE
\$75,000.00

ACCOUNT HOLDER
Michael Koeller

ACCOUNT TYPE
360 Savings

KT Capital Group LLC
34 Gardner Street
Chelsea Ma. 02150
mwkoeller@alumni.harvard.edu
781-426-5047

12.20.2018
Department of Public Health
Medical Use of Marijuana Program
99 Chauncy Street, 11th floor
Boston, Ma. 02111

To Whom It May Concern:

Please be advised that this correspondence is in response to the Department of Public Health's (DPH) December 19, 2018 Request for information from KT Capital Group LLC. The DPH requested the following information:

1. The Employment and Education Form submitted for Michael Koeller does not indicate the year he obtained his degree.

KT Capital Group response: A new form has been submitted for your review with this packet.

2. The Employment and Education Form submitted for Ashley Deprizio and Nicholas Deprizio contain the same employers, titles, and time periods of employment.

KT Capital Group response: A new form has been submitted for your review with this packet.

3. The Employment and Education Form submitted for Seth Thompson indicates a time period of employment of "Sep 2006-Jan 2012" but does not include an employer or title.

KT Capital Group response: Seth Thompson will no longer be affiliated with the KT Capital Group. We have submitted an amendment to the application of intent also with an amended MOP profile without him.

4. The applicant submitted a Character and Competency form for the "CEO" and the name of the individual is "KT Applicant Group LLC".

KT Capital Group response: This was an error. Michael Koeller is the CEO/CFO and a form has been submitted for your review

5. The Employment and Education Form submitted for Seth Thompson does not include the "Title of individual at Applicant Corporation."

KT Capital Group response: Seth Thompson will no longer be affiliated with the KT Capital Group. We have submitted an amendment to the application of intent also with an amended MOP profile without him.

6. In its response to Question D.17, the applicant has not described the length of experience of its Chief Financial Officer with running a business.

KT Capital Group response: Michael Koeller (CEO/CFO) Michael Koeller graduated from Harvard University in 2016. Upon graduation Michael joined FlyHomes Inc. as the General Manager and chief financial officer. FlyHomes Inc. is a high volume real estate firm that rewards buyers with various airline mile programs. Under Michael's leadership the company was able to conduct over 100 million dollars in real estate transactions nationwide and acquired 22 million dollars worth of series A funding. Michael has 2 over years of running his own businesses

7. In its response to Question D.17, the applicant states that Seth Thompson is currently the Director of Zuellig Pharma.

KT Capital Group response: Seth Thompson will no longer be affiliated with the KT Capital Group. We have submitted an amendment to the application of intent also an amended MOP profile without him.

8. In its response to Question D.20, the applicant states that Alex Fotta attended "Meris College" but his employment and Education Form states that he attended "Marist College"

KT Capital Group response: Alex attended Marist College. The correction has been made on the MOP

9. Also in its response to Question D.20 the applicant has not described the length of experience of the applicant's Director of Cultivation or Director of Security in providing services for marijuana for medical purposes.

KT Capital Group response: Alex Fotta (Director of Cultivation) Alex Fotta studied software engineering at Marist College in New York and has worked as a software engineer for the last 8 years. Alex is a cannabis enthusiast and has been growing marijuana for several years. In order to share his passion for growing cannabis he founded weedgeeks.com which specializes in selling custom design cultivation canopies for individuals. In addition to his passion for growing marijuana Alex is a master beekeeper which he has used to create organic marijuana infused products. KT capital group is in the process of engaging with industry experts in the area of marijuana cultivation.

Alex Fotta (Director of Security) Alex Fotta has worked private security and consulting for various nightlife establishments for over 5 years. His responsibilities included verifying patrons were of the legal age to consume alcohol and did so responsibly. In addition to those duties Alex was able to design and implement various security plans and procedures ensuring these establishments were able to meet local and state regulations. KT Capital group will contract with experienced medical marijuana security teams for our security plans and operations.

10. In its response to Question E.21, the applicant states, "No pesticides will be used in accordance with DPH guidelines and 105 CMR.105(B)(1)(d)....Cultivation best practices employed to limit contamination, including mold, fungus, bacterial diseases, rot, pests, mildew, and other contaminants."

KT Capital Group response:

Pursuant to 105 CMR 725.105(B)(1)(d) application of any pesticide not approved by the Department in the cultivation of marijuana is prohibited.

KT Capital group understands that there are no pesticides approved for use in any cultivating of marijuana.

KT capital group affirms that unless and until such express written approval is given, it will not use any pesticides in cultivating marijuana.

11. In its response to Question E.25, the applicant states, "Per 725.105 (C)(3) Agent will display badges issued by RMD and DPH at all times." The regulation cited does not pertain to badges.

KT Capital Group response: This regulation was an error and has been revised on MOP

12. In its response to Question E.29 the applicant states that it will test for, "the presence of non-dph approved pesticides...." 105 CMR 725.105(C)(2)(a) requires that, "Marijuana shall be tested for the cannabinoid profile and for contaminants specified by the department including, but not limited to, mold, mildew, heavy metals, and plant-growth regulators, and the presence of pesticides

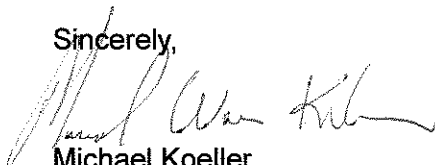
KT Capital Group response:

KT's SOPs for quality control and testing of product for potential contaminants will ensure compliance with all applicable regulations and guidance documents including but not limited to: 105 CMR 725.105(C) and the Protocol for Sampling and Analysis of Finished Medical Marijuana Products and Marijuana Infused Products. These SOPs ensure that: KT will contract with an independent third-party testing laboratory in Massachusetts that is compliant with 105 CMR 725.105(C)(2)(d) for our required testing.

- This lab, at a minimum, will test our Marijuana and MIPs for the cannabinoid profile and for contaminants as specified by the DPH, including but not limited to mold, mildew, heavy metals, plant-growth regulators, and the presence of non-organic pesticides as well as any additional testing required by the DPH.
 - Quality Control Procedures such as Current Good Manufacturing Practices (GMP) and Good Agricultural Practice (GAP) are used at all times.
 - All plants at each phase of cultivation are examined daily for signs of undesirable characteristics such as the presence of male plants, contamination in the form of pests, molds, fungi and other threats to vegetative growth. Any plant showing these characteristics will be immediately quarantined and disposed of.
- KT Capital group understands that there are no pesticides approved for use in any cultivating of marijuana.
- KT capital group affirms that unless and until such express written approval is given, it will not use any pesticides

Thank you for your attention in this matter and please do not hesitate to contact me with any questions

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Koeller", is written over a horizontal line.

Michael Koeller

CEO/CFO KT Capital Group LLC



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

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

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

MANAGEMENT AND OPERATIONS PROFILE

**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, and has been invited by the Department of Public Health ("Department") to submit a *Management and Operations Profile* ("applicant").

Once 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.

If invited by the Department to submit more than one *Management and Operations Profile*, the applicant must submit a separate *Management and Operations Profile*, attachments, and 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.

However, even if submitting a *Management and Operations Profile* for more than one RMD, an applicant need only submit one *Employment and Education Form*, *Character and Competency Form* and background check packet, including authorization forms for all required individuals and entities, and fee associated with the background checks.

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 1/2" x 11" paper, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the *Management and Operations Profile*, with all required attachments, the \$30,000 application fee, and completed Remittance Form to:

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

All 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, 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 *Siting Profile*.

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*, or the applicant must submit a new *Application of Intent* and fee in order to proceed in the application process.

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).

Application 1 of 1
QUESTIONS

Applicant Corporation

Kt Capital Group LLC

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.

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: MK

CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

- ☒ A fully and properly completed *Management and Operations Profile*, 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 \$30,000
- ☒ A copy of the applicant's *Articles of Organization* (as outlined in Section B)
- ☒ A copy of the applicant's *Certificate of Good Standing* (as outlined in Section B)
- ☒ A copy of the applicant's bylaws or operating agreement (as outlined in Section B)
- ☒ An *Employment and Education Form* for each required individual (as outlined in Section D)
- ☒ A completed and signed *Character and Competency Form* for each required actor (as outlined in Section G)
- ☒ A sealed envelope with the name of the applicant and marked "authorization forms," that contains the background check authorization forms (use forms provided) and fee, for each of the following actors:

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 consulting or contracted company 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 and submit these forms for each said individual.

For entities contributing 5% or more of initial capital to operate the proposed RMD, the forms must be completed by 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, it must identify the individuals performing the equivalent duties for the entity and submit these forms for each said individual.

SECTION A. APPLICANT INFORMATION

1. Kt Capital Group LLC
Legal name of Applicant Corporation
2. Michael Koeller
Name of Applicant Corporation's Chief Executive Officer
3. 34 Gardner St Chelsea ma 02150
Mailing address of Applicant Corporation (Street, City/Town, Zip Code)
4. Michael Koeller
Applicant Corporation's point of contact (name of person Department should contact regarding this application)
5. 781-426-5047
Point of contact's telephone number
6. mwkoeller@alumni.harvard.edu
Point of contact's e-mail address
7. Number of applications: How many *Management and Operations Profiles* does the applicant intend to submit?
1

SECTION B. INCORPORATION

8. Attach a copy of the applicant's *Articles of Organization*, documenting that the applicant is an entity incorporated in Massachusetts.
9. 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 daented no earlier than 90 days prior to the date the *Management and Operations Profile* is received by the Department.
10. Attach a copy of the applicant's bylaws (if a non-profit or domestic business corporation) or operating agreement (if a limited liability company).

SECTION C. NON-PROFIT COMPLIANCE

If the applicant is a non-profit corporation, answer each of the questions in Section C to explain how the corporation will remain in compliance with the non-profit requirements of Ch. 369 of the Acts of 2012, the regulations at 105 CMR 725.000, and "Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance." Please refer to the "Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance" document in completing this Section.

11. Please identify any management company that the applicant intends to utilize and summarize the terms of any agreement or contract, executed or proposed, with the management company.

KT Capital Group LLC is not a non-profit corporation

12. Please identify any agreements or contracts, executed or proposed, in which the applicant will engage in a Related Party Transaction and summarize the terms of each such agreement.

KT Capital Group LLC is not a non-profit corporation

13. Please identify whether any members of the Board of Directors are also serving as employees of the proposed RMD and, if so, their title and role with the proposed RMD.

KT Capital Group LLC is not a non-profit corporation

14. Please identify whether any members of the Board of Directors are serving as officials, executives, corporate members or board members for any management company, investor or other third party proposed to contract or otherwise conduct business with the proposed RMD.

KT Capital Group LLC is not a non-profit corporation

Application 1 of 1

Applicant Corporation

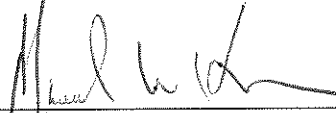
Kt Capital Group LLC

15. Please identify any contract or agreement, executed or proposed, under which a percentage or portion of the applicant's revenue will be distributed to a third party and summarize the terms of any such agreement or contract.

KT Capital Group LLC is not a non-profit corporation

ATTESTATION

The applicant agrees and attests that it will operate in compliance with the "Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance."



Signature of Authorized Signatory

12.20.2018

Date Signed

Michael Koeller

Print Name of Authorized Signatory

CEO/CFO

Title of Authorized Signatory

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: MK

SECTION D. EXPERIENCE

16. Attach a completed and signed *Employment and Education Form* (use template provided) for each required individual (as outlined in the *Employment and Education Form*)
17. Describe the experience, and length of experience, of the applicant's Chief Executive Officer, Chief Operating Officer, and Chief Financial Officer, or their equivalent, with running a business.

Michael Koeller (CEO/CFO) Michael Koeller graduated from Harvard University in 2016. Upon graduation Michael joined FlyHomes Inc. as the General Manager and Chief financial officer. FlyHomes Inc. is a high volume real estate firm that rewards buyers with various airline mile programs. Under Michael's leadership the company was able to conduct over 100 million dollars in real estate transactions nation wide and acquired 22 million dollars worth of series A funding. Michael has 2 over years of running his own businesses

Nicholas Deprizio (COO/President) Nick DePrizio currently lives in San Francisco California working in technology and financial services as a Vice President of Product Strategy for State Street Global Exchange. The Chelsea Massachusetts native attended his undergraduate at Tufts University follow by obtaining his Masters in Investment Management from Boston University. He then went on to obtain his Chartered Financial Analyst designation to highlight his continued passion for corporate finance and investments. As an accredited investor, Nick has invested and advising in in breweries, internet startups, hard money lending and real estate and has over 3 years running his own businesses

Application 1 of 1

Applicant Corporation

Kt Capital Group LLC

18. Describe the experience, and length of experience, of the application's Chief Executive Officer, Chief Operating Officer, and Chief Financial Officer, or their equivalent, with providing health care services.

Michael Koeller (CEO/CFO) has no professional experience with providing health care services

Nicholas Deprizio (COO/President) has no professional experience with providing health care services

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: MK

19. Describe the experience, and length of experience, of the applicant's Chief Executive Officer, Chief Operating Officer, and Chief Financial Officer, or their equivalent, with providing services for marijuana for medical purposes.

Michael Koeller (CEO/CFO) has no professional experience with providing services for marijuana for medical services

Nicholas Deprizio (COO/President) has no professional experience with providing services for marijuana for medical services

20. Describe the experience, and length of experience, of the applicant's individual/entity responsible for marijuana for medical use cultivation operations and individual/entity responsible for the RMD security plan and security operations with providing services for marijuana for medical purposes.

Alex Fotta (Director of Cultivation) Alex Fotta studied software engineering at Marist College in New York and has worked as a software engineer for the last 8 years. Alex is a cannabis enthusiast and has been growing marijuana for several years. In order to share his passion for growing cannabis he founded weedgeeks.com which specializes in selling custom design cultivation canopies for individuals. In addition to his passion for growing marijuana Alex is a master bee keeper which has used to create organic marijuana infused products. He has over 2 years of experience in cultivating marijuana. KT capital group is in the process of engaging with industry experts in the area of marijuana cultivation.

Alex Fotta (Director of Security) Alex Fotta has worked private security and consulting for various night life establishments for over 5 years. His responsibilities included verifying patrons were of the legal age to consume alcohol and did so responsibly. In addition to those duties Alex was able to design and implement various security plans and procedures ensuring these establishments were able to meet local and state regulations. KT Capital group will contract with experienced medical marijuana security teams for our security plans and operations.

SECTION E. OPERATIONS

21. Provide a summary of the applicant's operating procedures for the cultivation of marijuana for medical use.

KT Capital's Standard Operating Procedures ("SOPs") for the cultivation of marijuana for medical use will be developed to ensure compliance with all applicable regulations, protocols and guidance documents, including but not limited to: 105 CMR 725.105, DPH Protocol for Sampling and Analysis of Finished Medical Marijuana Products and MIPS, and the DPH Protocol for Sampling and Analysis of Environmental Media.

These SOPs will ensure that:

- All cultivation be consistent with 105 CMR 725.105(8)(1) and that best practices are used to limit contamination, including, but not limited to mold, fungus, bacterial diseases, rot, pests, non-organic pesticides, mildew and any other contaminants as posing potential harm.
- Access to grow areas will be restricted to appropriate personnel, who will wear personal protective equipment designed to protect not only the personnel but also the plants from potential contamination. SOPs require that the cultivation facility be maintained in a clean and sanitary condition.
- Inspections of all plants for pathogens throughout all phases of cultivation. Only organic pesticides will be used (non-organic pesticides will not be allowed in the facility) and leaves and flowers from only female marijuana plants will be processed.
- All phases of cultivation of marijuana will take place in designated locked, limited access areas that are monitored by a video camera system in accordance with 105 CMR 725.110(0)(1)(d)-(i).
- All marijuana in the process of cultivation will be accessible only to the minimum number of specifically authorized dispensary agents essential for efficient operation and shall be returned to a secure location immediately after the completion of the process or at the end of the business day and shall be securely locked with security measures consistent with 105 CMR 725.110.
- All marijuana will be tagged and tracked including all marijuana seeds, plants, and products, using an industry specific seed-to-sale software program.
- Pursuant to 105 CMR 725.105(B)(1)(d) application of any pesticide not approved by the department in the cultivation of marijuana is prohibited and KT Capital will be in compliance with all regulations.
- KT Capital group understands that there are no pesticides approved for use in any cultivating of marijuana
- KT capital group affirms that unless and until such express written approval is given, it will not use any pesticides in cultivating marijuana.

22. Describe the types and forms of Marijuana Infused Products ("MIPs") that the applicant intends to produce, if any.

KT Capital will offer diverse product line including: (1) tinctures and sprays; (2) ready-to-use extracted distilled concentrates, pre-dosed oil vaporizers; (3) capsules, cooking oils, edibles & beverages.

MIPs prepared, handled and stored in compliance with sanitation, food, and product handling requirements included in 725.105(C)(6). Kitchen staff will be required to complete a ServSafe Food Handler Program (or equivalent) to ensure proficiency in safe and sanitary food preparation and production. Certified Class II NTEP Balance used to weigh products.

MIPS prepared in a state-of-the-art, commercial kitchen, and lab-tested to provide exact dosage and consistent results. All MIPS packaged in plain, opaque, tamper-proof, and child-proof containers without depictions of the product, cartoons, or images other than our logo. No MIP will resemble any commercially available candy nor contain any non-approved additives. All products will have legible, firmly affixed label with wording at least 1/16 inch in size containing information required by 725.105(E)(2)-(3).

23. Provide a summary of the applicant's methods of producing MIPs, if the applicant intends to produce MIPs.

Extraction & MIPS production emphasizes consistent cannabinoid profile for predictability & effectiveness. Production & packaging will meet GMP & GHP. MIPS tested per 725.105(C)(2) & HACCP compliant. Leaves & flowers processed in safe & sanitary manner, free of contaminants. MIPS prepared w/ unadulterated ingredients from DPH approved source, handled on food-grade stainless steel tables with gloves, & packaged in secure area.

-Extraction: Supercritical CO2 extraction, and ethanol extraction, monitored by HPLC. Room will feature lab-grade HVAC system with HEPA filters, exhaust fans on ceiling & floor to account for heavier gases & properly engineered electrical system safe in presence of combustible gases.

-Base infusion: Pre-weighed quantity of usable marijuana is decarboxylated, weighed, heated, & weighed again for any weight loss due to evaporation. Decarboxylated marijuana is infused in butter or oil base & tested to confirm cannabinoid profile.

Baking/Cooking: Once base used as ingredient, final product tested again for cannabinoid profile & potency. Results noted on batch labels.

-Packaging: plain, individual opaque, tamper-proof, child-proof containers as approved by DPH regulations 725.105 (E)(1)

28. Provide a summary of the applicant's operating procedures for inventory management.

29. Provide a summary of the applicant's operating procedures for quality control and testing of product for potential contaminants.

KT's SOPs for quality control and testing of product for potential contaminants will ensure compliance with all applicable regulations and guidance documents including but not limited to: 105 CMR 725.105(C) and the Protocol for Sampling and Analysis of Finished Medical Marijuana Products and Marijuana Infused Products. These SOPs ensure that: KT will contract with an independent third-party testing laboratory in Massachusetts that is compliant with 105 CMR 725.105(C)(2)(d) for our required testing.

- This lab, at a minimum, will test our Marijuana and MIPs for the cannabinoid profile and for contaminants as specified by the DPH, including but not limited to mold, mildew, heavy metals, plant-growth regulators, and the presence of non-organic pesticides as well as any additional testing required by the DPH.

- Quality Control Procedures such as Current Good Manufacturing Practices (GMP) and Good Agricultural Practice (GAP) are used at all times.

- All plants at each phase of cultivation are examined daily for signs of undesirable characteristics such as the presence of male plants, contamination in the form of pests, molds, fungi and other threats to vegetative growth. Any plant showing these characteristics will be immediately quarantined and disposed of.

KT group understands that there are no pesticides approved for use in any cultivating of marijuana.

KT capital affirms that unless and until such express written approval is given, it will not use any pesticides.

30. Provide a summary of the applicant's operating procedures for maintaining confidentiality of registered qualifying patients, personal caregivers, and dispensary agents, as required by law.

KT Capital respects trust placed in us by patients and staff. Any patient, caregiver, and dispensary agent information obtained by KT Capital group will be treated with the utmost integrity, kept strictly confidential, and will never be disclosed without specific, informed written consent, or as required under law or pursuant to a court order. However, DPH may access this information to carry out official duties. All dispensary agents will receive HIPAA & confidentiality training.

Patient-tracking software links to SSAE 16 certified server locations to ensure highest level of security. System authentication encrypted via industry standard SSL w/ use of server based platform. Servers protected by enterprise-class firewall & include biometric locks and 24-hour surveillance. Software will be DPH compliant & compatible w/ DPH's electronic system.

Access to database limited to key personnel. Data security strategies incl. frequent password changes (w/ length & character diversity requirements), personal flash drive bans on company computers, marking software for each system & securing systems when not in use. Hard copies of records stored in secure facility, with access limited to essential personnel.

Any loss or alteration of records related to marijuana/MIPS, registered patients, caregivers, or agents will be reported to DPH, law enforcement & protected party.

31. Provide a summary of the applicant's personnel policies.

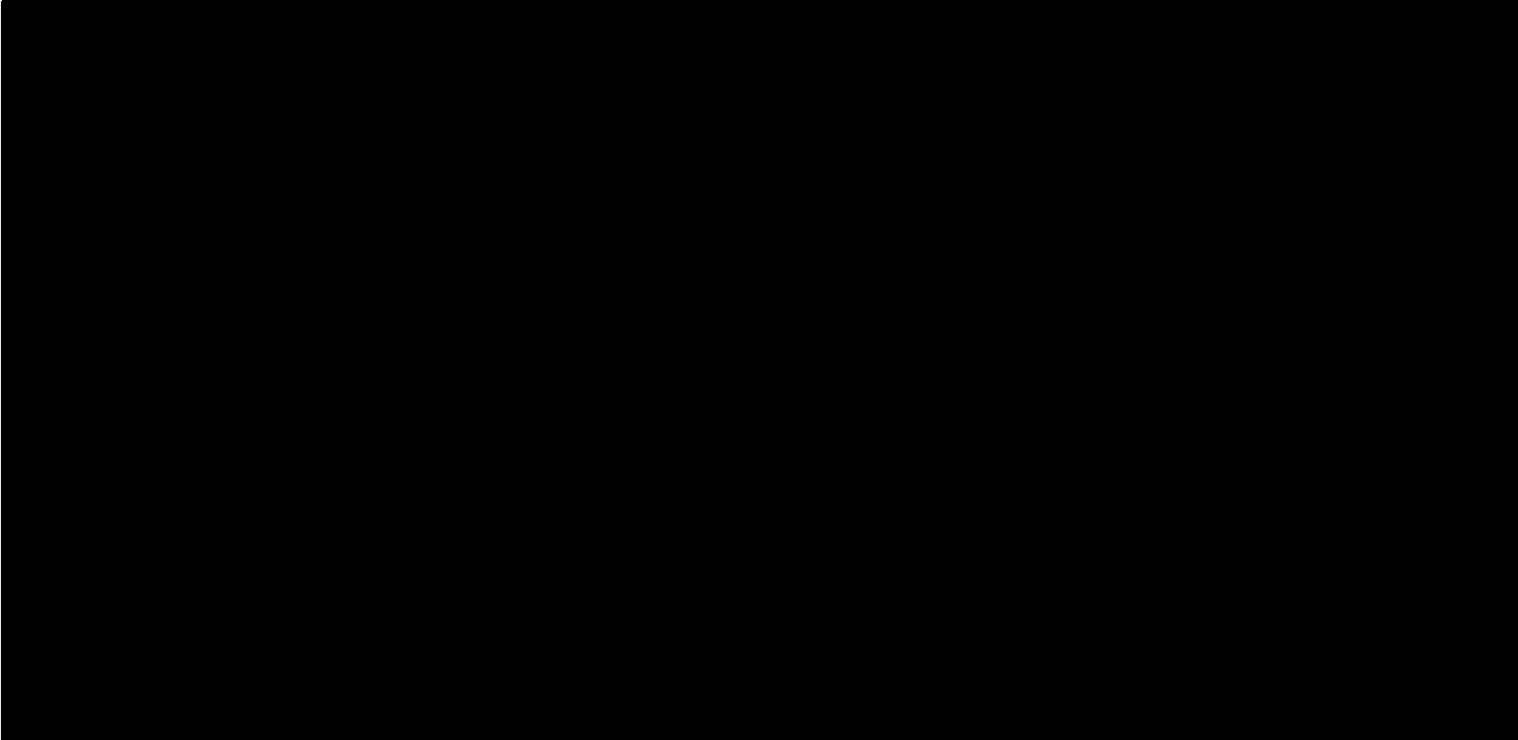
KT Capital Group is an equal opportunity employer committed to workplace safety, professional development, and equitable compensation/benefits. All board members, directors, agents, executives, managers & volunteers associated with KT Capital will be registered dispensary agents. All KT Capital Group agents must be at least 21 years old & not have been convicted of a felony drug offense (as verified by a mandatory CORI criminal background check).

KT Capital Group will immediately dismiss a dispensary agent who has diverted marijuana or engaged in unsafe RMD practices. Such activities will be reported to law enforcement & DPH. Personnel records will be kept for at least 12 months following termination of an employee. Any agent found to have violated any law/regulation or be convicted of any crime other than minor traffic violation may be subject to immediate dismissal. DPH will be notified no more than 1 business day after the dispensary agent ceases to be associated w/ KT Capital.

Additional Personnel Policies Include, but not limited to:

- Establishing staffing plan/records per 725.105(1)(4)(c) & emergency procedures/disaster plan
- Maintaining alcohol/smoke/drug-free workplace and sanitary requirements pursuant to 725.105(C)(6) and 105 CMR 300.000.
- ADA, FML, ERISA, COBRA compliance
- Non-Discrimination, Non-Disclosure/confidentiality, Harassment/sexual harassment

32. Provide a summary of the applicant's operating procedures for the dispensing of marijuana for medical use.



33. Provide a summary of the applicant's operating procedures for record keeping.

KT Capital Group is committed to accurate & transparent record keeping, in compliance with 725.105(G)-(1). KT Capital Group will utilize a customized seed-to-sale tracking software that specializes in traceability systems & meets DPH requirements.

Records maintained & available to DPH upon request include, but are not limited to: -Staffing plan/Personnel, Board Members/executives/members, Agent training materials, inventory, seed-to-sale records, CORI reports (properly obtained & separate from general personnel records), Assets & Liabilities, Monetary transactions, Account books & supporting documents, agreements, checks, invoices, etc., Sales (name of purchasing patient, quantity, form & cost), Business (employee salary/wages, stipend paid to board members, executive compensation, and any bonus/benefit/item of value paid to any individual affiliated with RMD), Product Sampling/Testing, Transportation, Security & Incident Reports, Waste disposal, Most recent 3rd party financial audit, Results of new/ongoing RMD agent background info, SOPS & any changes to SOPS, DPH notification/de-registration of RMD agents

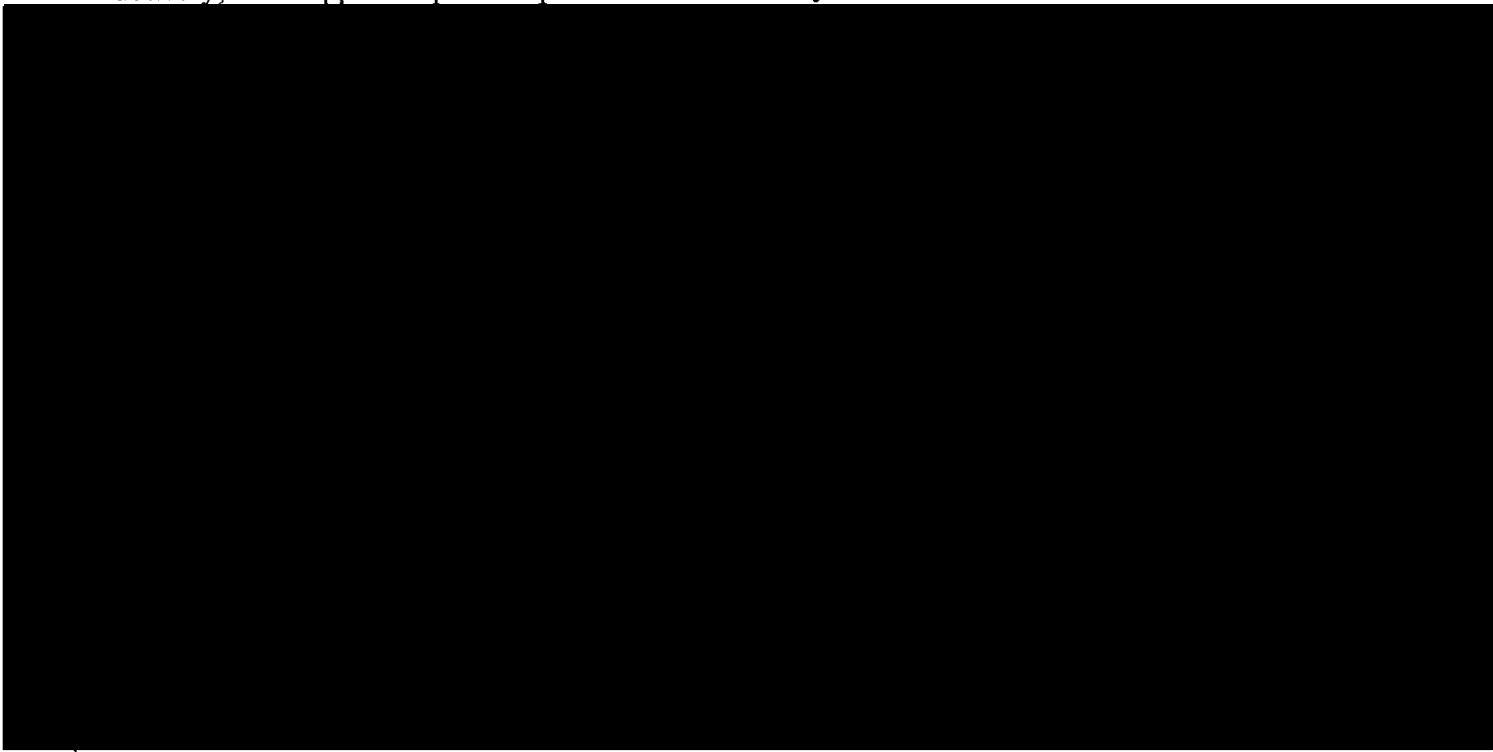
We will immediately notify law enforcement/DPH within 24 hours of discovering any loss or unauthorized alteration of records related to marijuana, patients, caregivers, or agents. All records will be kept in secured locations pursuant to DPH regulations & stored at our expense for at least 2 years after closure in form/location acceptable to DPH.

34. Provide a summary of the applicant's plans for providing patient education.

KT Capital Group will have an adequate supply of up-to-date educational materials to provide to patients & caregivers pursuant to 725.105(K). Materials will be available in languages accessible to all of patients & caregivers will have an initial one-on-one educational consultation. All materials will be made available to the DPH upon request and include:

- Warnings- FDA has not analyzed or approved marijuana; limited information on side effects; potential health risks; marijuana should be kept away from children; driving under the influence of marijuana prohibited by MA law; machinery should not be operated
- Guide to Selecting Marijuana/MIPS- effects of various strains, forms & routes of administration, including proper storage & use of edibles
- Patient Log- Strains used & their associated effects
- Dosage Guidelines- Proper dosage & titration for each route of administration; emphasis on smallest amount for desired effect; impact of potency explained
- Info on tolerance, dependence & withdrawal
- Substance Abuse Facts- Signs & symptoms; referrals to abuse prevention & treatment
- Diversion Prevention- no distribution to any other individual; legal repercussions of diversion; instructions that unused or excess product must be returned for disposal.
- Patient Rights & HIPAA & Condition-specific booklets

35. Provide a summary of the applicant's operating procedures for patient or personal caregiver home-delivery, if the applicant plans to provide home-delivery services.



36. Provide a summary of the applicant's policies and procedures for the provision of marijuana for medical use to registered qualifying patients with verified financial hardship without charge or at less than the market price.

KT Capital Group is committed to assisting those with verified financial hardships. Applicants who have a Verified Financial Hardship, i.e. are recipients of MassHealth, Supplemental Security Income, or their income does not exceed 300% of the federal poverty level, adjusted for family size, shall qualify for KT Capital's financial hardship program.

KT Capital Group will provide patients with a financial affidavit form modeled after the form provided by the Supreme Judicial Council for use in the Courts to determine whether a patient qualifies for a Verified Financial Hardship per 105 CMR 725.004 and 105 CMR 725.100(A)(6). All patients with a documented Verified Financial Hardship defined by 105 CMR 725.004 will be provided reduced cost or free marijuana. Based on current projections, KT Capital Group will provide a 10% discount on marijuana and marijuana products to registered qualifying patients with a Verified Financial Hardship

37. Provide a summary of the training(s) that the applicant intends to provide to Dispensary Agents.

KT Capital Group's success is dependent on having knowledgeable, productive and efficient staff. All dispensary agents must complete training, consistent with Americans for Safe Access "Patient-Focused Certification" program, prior to performing job functions. 8 hours min. On-going training required annually. Training records include signed agent statement w/ date, time & place received training and the topics discussed, including the name and title of presenters. SOPs also detail training evaluations and performance reviews. Training will include the following topics:

- Humanitarian Use of Medical Marijuana Act/105 CMR 725.000
- Agent registration/self-reporting & Cultural diversity and interpreter services
- Compliance-laws regulations, Privacy/Confidentiality/HIPAA & Patients with disabilities/ADA
- Medical marijuana science, Community/patient relations & Law enforcement interaction
- Cash safety provisions & Building security/diversion prevention
- Cultivation/processing safety & security, Manufacturing/processing MIPS safety & security
- Dispensary safety & security/protocols (ID, purchase limits, etc.)
- Reasonable consumption practices and training on educating the patient
- Inventory mgmt. storage, and protection & -Emergency/incident management and reporting
- Product handling/sanitation, Packaging/labeling, Testing/sampling, Internal audits
- Record keeping/Reporting, Transportation, Waste disposal

38. Will the applicant provide worker's compensation coverage to its Dispensary Agents?

Yes ☒ No ☐

39. Will the applicant obtain professional and commercial insurance coverage?

Yes ☒ No ☐

40. Describe the applicant's plan to obtain liability insurance or place in escrow the required amount to be expended for the coverage of liabilities.

Kt Capital Group plans to contract with insurance provider to maintain general liability insurance coverage for no less than \$1,000,000 per occurrence & \$2,000,000 in aggregate annually and product liability coverage for no less than \$1,000,000 per occurrence & \$2,000,000 in aggregate annually. The policy deductible will be no higher than \$5,000 per occurrence.

We will carry automobile coverage, property and casualty coverage. Coverage to include business interruption protection to allow us to continue paying employees, vendors, taxes, & fees during reconstruction, if necessary. It will also provide capital for any necessary emergency inventory purchases from another RMD.

We will also carry personal & advertising injury insurance, as well as employment practice liability coverage for directors & officers. Staff transporting cash/medical marijuana/MIPS bonded. RMD will consider additional coverage based on availability & cost-benefit analysis.

If adequate coverage unavailable at reasonable rate, Kt Capital Group will place in escrow at least \$250,000 to be expended for liabilities coverage. Any withdrawal from escrow will be replenished within 10 business days. We will keep reports documenting compliance with 725.105 (Q)

SECTION F. CAPITAL CONTRIBUTORS

List all persons and entities known to date that are committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing 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, or their equivalent.

Attach additional tables if needed.

Individual Name	Amount of Initial Capital Committed	% of Initial Capital Committed
Nicholas & Ashley Deprizio	425,244.81 \$	85
Michael Koeller	75,000.00 \$	15
	\$	
	\$	
	\$	

Entity Name	Leadership Names	Amount of Initial Capital Committed	% of Initial Capital Committed
	Entity CEO or ED Entity Pres or Chair	\$	
	Entity CEO or ED Entity Pres or Chair	\$	
	Entity CEO or ED Entity Pres or Chair	\$	

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: mk

SECTION G. CHARACTER AND COMPETENCY FORMS

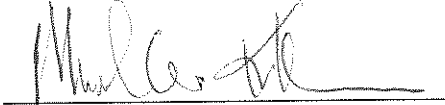
41. Attach a completed and signed *Character and Competency Form* (use templates provided) for each required actor (as outlined in the *Character and Competency Forms*). Please note that there is a “Form for an Individual” and a “Form for an Entity.”

Application 1 of 1

Applicant Corporation
ATTESTATIONS

Kt Capital Group LLC

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

12.20.2018

Date Signed

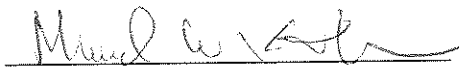
Michael Koeller

Print Name of Authorized Signatory

CEO/CFO

Title of Authorized Signatory

The applicant agrees and attests that it will operate in compliance with all applicable state laws and regulations, including, but not limited to, laws regarding child support and taxation.



Signature of Authorized Signatory

12.20.2018

Date Signed

Michael Koeller

Print Name of Authorized Signatory

CEO/CFO

Title of Authorized Signatory

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: MK

Application 1 of 1

Applicant Corporation

Kt Capital Group LLC

I, the authorized signatory for the applicant, hereby attest that if the applicant is allowed to proceed to submit a *Siting Profile*, the applicant is prepared to comply with all *Siting Profile* requirements.



Signature of Authorized Signatory

12.20.2018

Date Signed

Michael Koeller

Print Name of Authorized Signatory

CEO/CFO

Title of Authorized Signatory

Applicant Corporation

KT Capital Group LLC

SECTION D. EMPLOYMENT AND EDUCATION FORM

This Employment and Education form must be completed and signed by each of the following individuals: The applicant's Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, individual responsible for marijuana for medical use cultivation operations, and individual responsible for the RMD security plan and security operations. 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 and submit this form for each said individual. Submit one Employment and Education form for each of the above individuals when submitting a *Management and Operations Profile* to the Department of Public Health.

Name of Individual

Nicholas Deprizio

Residential Address of Individual

Title of Individual (at Applicant Corporation)

COO/President

Name of Applicant Corporation

KT Capital Group

Highest Education Attained – Institution, Degree, and Year

Boston University
Masters in Investment Management
Graduated 2011

Past 10 Years of Employment by Employer, Title and Time Period. List chronologically, beginning with most recent employment. Add more forms if space is needed for additional employment history entries.


Employer	Title	Time Period
State Street Global Exchange	Vice President of Product	2015-Present
State Street Corporation	Assistant Vice President of Business Analysis	2013-2015

Applicant Corporation

KT Capital Group LLC

Meradia Group	Consultant	2011-2013
State Street Corporation	Senior Associate	2007-2011

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.


Signature of the Individual

12/20/2018

Date Signed

Applicant Corporation

KT Capital Group LLC

SECTION D. EMPLOYMENT AND EDUCATION FORM

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Name of Individual

Ashley Deprizio

Residential Address of Individual

Title of Individual (at Applicant Corporation)

Capital Contributor

Name of Applicant Corporation

KT Capital Group LLC

Highest Education Attained – Institution, Degree, and Year

UCONN Graduated 2007

Bachelors-Political Science and Sociology

Past 10 Years of Employment by Employer, Title and Time Period. List chronologically, beginning with most recent employment. Add more forms if space is needed for additional employment history entries.

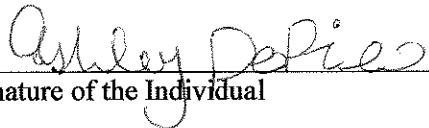
Employer	Title	Time Period
Attack IQ	Sales Director	May 2017-Present
Carban Black	Account Manager	Jan 2010-April 2017

Applicant Corporation

KT Capital Group LLC

Akari	Account Manager	2009-2010
EMC	Account Manager	2007-2009

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.


Signature of the Individual

12/20/2018

Date Signed

SECTION D. EMPLOYMENT AND EDUCATION FORM

This Employment and Education form must be completed and signed by each of the following individuals: The applicant's Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, individual responsible for marijuana for medical use cultivation operations, and individual responsible for the RMD security plan and security operations. 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 and submit this form for each said individual. Submit one Employment and Education form for each of the above individuals when submitting a *Management and Operations Profile* to the Department of Public Health.

Name of Individual

Michael Koeller

Residential Address of Individual

Title of Individual (at Applicant Corporation)

CEO/CFO

Name of Applicant Corporation

KT Capital Group LLC

Highest Education Attained – Institution, Degree, and Year

Harvard University
Graduated 2016
Bachelors in Liberal Arts

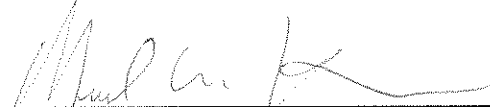
Past 10 Years of Employment by Employer, Title and Time Period. List chronologically, beginning with most recent employment. Add more forms if space is needed for additional employment history entries.

Employer	Title	Time Period
Fly Homes	General Manager	2016-Present

Applicant Corporation

KT Capital Group

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.


Signature of the Individual

12/20/2018

Date Signed