

Siting Profile:

Request for a Certificate of Registration to Operate a Registered Marijuana Dispensary

Instructions

This application form is to be completed by a non-profit corporation or domestic business corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary (“RMD”) in Massachusetts and has been invited by the Cannabis Control Commission (“Commission”) to submit a *Siting Profile* (“applicant”).

If invited by the Commission to submit more than one *Siting Profile*, the applicant must submit a separate *Siting Profile* and attachments 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 the *Siting Profile*, with all required attachments, to:

Cannabis Control Commission
Medical Use of Marijuana Program
RMD Applications
101 Federal Street, 13th Floor
Boston, MA 02110

Review

Applications are reviewed in the order they are received. After a completed application packet is received by the Commission, the Commission will review the information and will contact the applicant if clarifications or updates to the submitted application materials are needed. The Commission will notify the applicant whether it has met the standards necessary to receive a Provisional Certificate of Registration.



Provisional Certificate of Registration

Applicants must receive a Provisional Certificate of Registration from the Commission within 1 year of the date of the invitation letter from the Commission 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 *Applicant of Intent*, together with the associated fee.

Regulations

For complete information regarding registration of an RMD, please refer to 935 CMR 501.000, 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 935 CMR 501.000, et seq., and any requirements specified by the Commission, 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 (833) 869-6820 or MedicalMarijuana@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 *Siting Profile*, signed by an authorized signatory of the applicant
- Evidence of interest in property, by location (as outlined in Section B)
- Letter(s) of support or non-opposition (as outlined in Section C)

Section A: Applicant Information

1. Legal name of Applicant Corporation
2. Mailing address of Applicant Corporation (Street, City/Town, Zip Code)
3. Applicant Corporation's point of contact (name of person Commission should contact regarding this application)
4. Point of contact's telephone number
5. Point of contact's e-mail address
6. Number of applications: How many *Siting Profiles* does the applicant intend to submit?

Section B: Proposed Locations(s)

Provide the physical address of the proposed dispensary site and the physical address of the additional location, if any, where marijuana for medical use will be cultivated or processed.

Attach supporting documents as evidence of interest in the property, by location. Interest may be demonstrated by (a) a clear legal title to the proposed site; (b) an option to purchase the proposed site; (c) a lease; (d) a legally enforceable agreement to give such title under (a) or (b), or such lease under (c), in the event that the Commission determines that the applicant qualifies for registration as an RMD; or (e) evidence of binding permission to use the premises.

	Location	Full Address	County
1	Dispensing		
2	Cultivation		
3	Processing		

Check here if the applicant would consider a location other than the county or physical address provided within this application.

Section C: Letter of Support or Non-Opposition

Attach a letter of support or non-opposition, using one of the templates below (Option A or B), signed by the local municipality in which the applicant intends to locate a dispensary. The applicant may choose to use either template, in consultation with the host community. If the applicant is proposing a dispensary location and a separate cultivation/processing location, the applicant *must* submit a letter of support or non-opposition from *both* municipalities. This letter may be signed by (a) the Chief Executive Officer/Chief Administrative Officer, as appropriate, for the desired municipality; or (b) the City Council, Board of Aldermen, or Board of Selectmen for the desired municipality. The letter of support or non-opposition must contain the language as provided below. The letter must be printed on the municipality's official letterhead. The letter must be dated on or after the date that the applicant's Application of Intent was received by the Commission.

Template Option A: Use this language if signatory is a Chief Executive Officer/Chief Administrative Officer

I, [Name of person], do hereby provide [Support/non-opposition] to [Name of applicant corporation] to operate a Registered Marijuana Dispensary ("RMD") in [Name of city or town].

I have verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.

Name and Title of Individual

Signature

Date

Template Option B: Use this language if signatory is acting on behalf of a City Council, Board of Aldermen, or Board of Selectmen

The [Name of council/board], does hereby provide [Support/non-opposition] to [Name of applicant corporation] to operate a Registered Marijuana Dispensary ("RMD") in [Name of city or town]. I have been authorized to provide this letter on behalf of the [Name of council/board] by a vote taken at a duly noticed meeting held on [Date].

The [Name of council/board] has verified with the appropriate local officials that the proposed RMD facility is located in a zoning district that allows such use by right or pursuant to local permitting.

Name and Title of Individual (or person authorized to act on behalf of council or board) (*Add more lines for names if needed*)

Signature (*Add more lines for signatures if needed*)

Date

Section D. Local Compliance

Describe how the applicant has ensured, and will continue to ensure, that the proposed RMD is in compliance with local codes, ordinances, and bylaws for the physical address(es) of the RMD.

Click or tap here to enter text.

[character limit: 1250]

Section E: Three-Year Business Plan Budget Projections

Provide the three-year business plan for the RMD, including revenues and expenses.

Projected start date for the first full fiscal year: _____

Fiscal Year	First Full Fiscal Year Projection <input type="text"/>	Second Full Fiscal Year Projections <input type="text"/>	Third Full Fiscal Year Projections <input type="text"/>
Projected Revenue	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Projected Expenses	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Variance:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Number of unique patients for the year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of patient visits for the year	<input type="text"/>	<input type="text"/>	<input type="text"/>

Projected % of patient growth rate annually	---	% <input type="text"/>	% <input type="text"/>
Estimated purchased ounces per visit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated cost per ounce	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total FTEs in staffing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total marijuana for medical use inventory for the year (in lbs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total marijuana for medical use sold for the year (in lbs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total marijuana for medical use left for roll over (in lbs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Projected date the RMD plans to open: _____

Section F: Certification of Assurance of Compliance: ADA and Non-Discrimination Based on Disability

Applicants must certify that they will comply with all state and federal requirements regarding equal employment opportunity, nondiscrimination, and civil rights for persons with disabilities. The Applicant must complete a Certification of Assurance of Compliance: ADA and Non-Discrimination based on Disability. By signing, the Applicant formally notifies the Commission that the Applicant is in compliance and shall maintain compliance with all applicable requirements.

- I certify, that the Applicant is in compliance and shall maintain compliance with all applicable federal and state laws protecting the rights of persons with disabilities, including but not limited to the Americans with Disabilities Act (“ADA”), 42 U.S.C. §§ 12131-12134; Article CXIV of the Massachusetts Constitution; and; Chapter 93, § 103; Chapter 151B; and Chapter 272, §§ 98 and 98A of the Massachusetts General Laws.
- I understand that federal and state laws prohibit discrimination in public accommodations and employment based solely on disability. I recognize that to make goods, services, facilities, privileges, advantages, or accommodations readily accessible to and usable by persons with disabilities, the Applicant, under the ADA, must:
 - remove architectural and communication barriers in existing facilities, when readily achievable and, if not readily achievable, must use alternative methods;
 - purchase accessible equipment or modify equipment;
 - modify policies and practices; and
 - furnish appropriate auxiliary aids and services where necessary to ensure effective communication.

- I understand that reasonable accommodation is required in both program services and employment, except where to do so would cause an undue hardship or burden. I also understand that the Massachusetts Constitution Article CXIV provides that no otherwise qualified individual shall, solely by reason of disability, be excluded from the participation in, denied the benefits of, or be subject to discrimination under any program or activity within the Commonwealth.
- I agree that the Applicant shall cooperate in any compliance review and shall provide reasonable access to the premises of all places of business and employment and to records, files, information, and employees therein for reviewing compliance with the ADA, the Massachusetts Constitution, other applicable state and federal laws, including 935 CMR 501.000, et seq.
- I agree that any violation of the specific provisions and terms of this Assurance or of the ADA, and/or of any Plan of Correction shall be deemed a breach of a material condition of any Certificate of Registration issued to the Applicant for operation of a Registered Marijuana Dispensary. Such a breach shall be grounds for suspension or revocation, in whole or in part, of a Certificate of Registration issued by the Commission.
- I agree that, if selected, I will submit a detailed floor plan of the premises of the proposed dispensary in compliance with 935 CMR 501.100(2)(c)(13) and in compliance with the Architectural Review required pursuant to 935 CMR 501.100(2)(e)(6).

Signed under the pains and penalties of perjury, I, the authorized signatory for the Applicant, understand the obligations of the Applicant under the Certification of Assurance of Compliance: ADA and Non-Discrimination Based on Disability, and agree and attest that the Applicant will comply with those obligations as stated in the Certification.

Signature of Authorized Signatory



Print Name of Authorized Signatory



Title of Authorized Signatory

Date Signed

Attestations

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant, agree and attest all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information to the Commission if the information presented within this application has changed.

Signature of Authorized Signatory

Date Signed

Print Name of Authorized Signatory

Title of Authorized Signatory

I, the authorized signatory for the applicant, hereby attest that the applicant has notified the chief administrative officer and the chief of police of the proposed city or town in which the RMD would be sited, as well as the sheriff of the applicable county, of the intent to submit a *Management and Operations Profile* and a *Siting Profile*.

Signature of Authorized Signatory

Date Signed

Print Name of Authorized Signatory

Title of Authorized Signatory

I, the authorized signatory for the applicant, hereby attest that if the corporation is approved for a provisional certificate of registration, the applicant is prepared to pay a non-refundable registration fee of \$50,000, as specified in 935 CMR 501.000 after being notified that the RMD has been approved for a provisional certificate of registration.

Signature of Authorized Signatory

Date Signed

Print Name of Authorized Signatory

Title of Authorized Signatory