



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, 11<sup>th</sup> Floor, Boston, MA 02111

CHARLES D. BAKER  
Governor

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Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-660-5370  
[www.mass.gov/medicalmarijuana](http://www.mass.gov/medicalmarijuana)

February 22, 2017

Mr. Kevin Pelissier, Jr.  
Mayflower Botanicals, Inc.  
307 Brook Street, Apartment 2  
New Bedford, MA 02745

Re: Request for Information

Dear Mr. Pelissier,

This letter is to inform you that the Department of Public Health ("Department") has reviewed the additional or revised information submitted for Mayflower Botanicals, Inc.'s *Siting Profile* (Application 1 of 1). The *Siting Profile* requires the following information before the Department may complete its evaluation:

1. The evidence of property interest for the Holland property is not adequate, as it does not identify the property consistently with the description provided in Section B and is not countersigned by the applicant. Please submit evidence of property interest that complies with the Application Instructions or provide an explanation as to how the information already submitted complies.
2. The Letter of Intent describes property in both Massachusetts and Connecticut. The Medical Use of Marijuana Program only permits registered marijuana dispensaries within Massachusetts. Please explain your plan to remain compliant with this requirement. Within Massachusetts, the letter of intent also describes the land as being located in two municipalities, but a letter of support or non-opposition has only been provided from Holland. Please provide additional information regarding where any structures will be located, as well as where access will be located. Please also submit the portion(s) of the Holland Assessors Map identified in Section B.
3. Based upon the information submitted to the Department, Kevin C. Pelissier, who is identified as the Chief Executive Officer, President and individual responsible for cultivation operations for Mayflower Botanicals, Inc., is affiliated with multiple RMDs. Please submit any agreement between Mayflower Botanicals, Inc. and Kevin C. Pelissier for review for compliance with 105 CMR 725.100(A)(2). If there is no written agreement between the applicant and Kevin C. Pelissier, please submit a written confirmation signed by an executive or member of the corporation for the applicant that there is no employment agreement and that he is not an executive as it is defined under the regulations, 105 CMR 725.004 ("[e]xecutive means the chair of a board of directors, chief executive

officer, executive director, president, senior director, other officer, and any other executive leader of a RMD”) or a member of more than 3 RMDs, and further, that he does not control an entity that directly or indirectly controls more than 3 RMDs. Please note that if information provided by the RMD is materially inaccurate, incomplete, or fraudulent, it may serve as the basis for denial of an initial application pursuant to 105 CMR 725.400(A) or revocation or denial of renewal pursuant to 105 CMR 725.405(B).

Please be advised that Mayflower Botanicals, Inc. must submit this information as soon as possible but prior to receiving a Provisional Certificate of Registration. An application will not be deemed complete until all materials requested by the Department are submitted. If anything regarding Kevin C. Pelissier’s status within the organization changes, please further note that the organization must inform the Department within 5 business days as required pursuant to 105 CMR 725.100(F)(4).

Please remember to type all responses in the information or materials resubmitted to the Department, other than any required signatures, as well as include the name of the Applicant Non-Profit Corporation *and* the number of the application (e.g., Application 1 of 1) at the top of each page of the resubmitted information or materials.

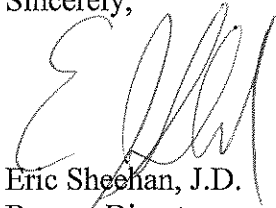
Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

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

Upon receipt, the Department will review the information and will notify the applicant if it will proceed or if further information is required.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or [RMDapplication@state.ma.us](mailto:RMDapplication@state.ma.us).

Sincerely,



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