



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

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

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

June 29, 2016

[REDACTED]  
Massachusetts Patient Foundation, Inc.  
[REDACTED]

Re: Request for Information

Dear [REDACTED]

This letter is to inform you that the Department of Public Health ("Department") has reviewed Massachusetts Patient Foundation, Inc.'s *Siting Profile* (Application 1 of 3). The *Siting Profile* requires the following information before the Department may complete its evaluation:

1. It is unclear to the Department what the address is for the Arlington site. In Section B the applicant lists the address as 11 Water Street, Suite 3R. In Section D, the site is also listed as 11 Water Street. But throughout the lease, the address varies between 5 Water Street, 11 Water Street, and 5-11 Water Street, with 11B as the Suite or Unit number. Please clarify the address and suite number of the Arlington site and update the *Siting Profile* or lease, as necessary.

- [REDACTED]
4. Also, please describe the applicant's plans to provide access to hand-washing facilities, as required pursuant to 105 CMR 725.105(C)(6)(b) and (c), as the lavatories appear to be located outside of the leased unit.

5. In the information submitted to the Department on June 9, 2016, your revised response to Question C.12 describes a contract with Artcan, LLC. Please submit that agreement. Please also submit an independent legal opinion that the Artcan, LLC agreement is in compliance with the non-profit requirements of 105 CMR 725.100(A)(1) and the Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance (<http://www.mass.gov/eohhs/docs/dph/quality/medical-marijuana/applications/non-profit-compliance-guidance.pdf> ). Please be advised that the applicant must submit such 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.

Please note, the Department has initiated the verification process for the letter of support/non-opposition from the Mayor of Fitchburg. We are awaiting verification of the letter and will notify the applicant if further information is needed.

If the applicant has been requested to resubmit their response to a question, please do so using the page on the application form for that particular question, and include an initialed attestation at the bottom of the page. The applicant need not resubmit the entire application and may submit only the page for the particular question that needs to be submitted.

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.

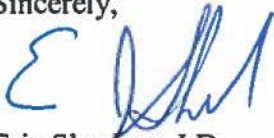
Please resubmit the additional or revised information as outlined above, via U.S. mail or hand-delivery, to:

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.  
Interim Bureau Director  
Bureau of Health Care Safety and Quality  
Massachusetts Department of Public Health