

# ARL Healthcare inc.

December 1, 2016

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

Re ARL Healthcare, Inc., Application 2 of 3

Dear Sir/Madam:

Enclosed please find updated Sitting Profile of ARL Healthcare, Inc. Application 2 of 3.  
Please file and process.

Thank you.

*Ken Housman / KH*

Kenneth Housman  
President

RECEIVED

DEC 01 2016

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



# 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

## **SITING PROFILE: Request of for a Certificate of Registration to Operate a Registered Marijuana Dispensary**

### **INSTRUCTIONS**

This application form is to be completed by a non-profit 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 Department of Public Health (the "Department") to submit a *Siting Profile*.

If invited by the Department to submit more than one *Siting Profile*, you 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 labelled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the *Siting Profile*, with all required attachments, to:

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

## REVIEW

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

## PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants have one year from the date of the submission of the *Management and Operations Profile* to receive a Provisional Certificate of Registration. If an applicant does not receive a Provisional of Certificate of Registration after one year, the applicant must submit a new *Application of Intent* and fee.

## REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100.

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).

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: KAH



## 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](mailto:RMDapplication@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 non-profit corporation (the "Corporation")
- ☒ Evidence of interest in property, by location (as outlined in Section B)
- ☒ Letter(s) of local support or non-opposition (as outlined in Section C)

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**SECTION A: APPLICANT INFORMATION**

1. ARL Healthcare, Inc.  
Legal name of Corporation
2. Gerald J. McGraw, Jr.  
Name of Corporation's Chief Executive Officer
3. 26 Ossipee Road, Suite 202  
Newton, MA 02464  
Address of Corporation (Street, City/Town, Zip Code)
4. Rita Glassman  
Applicant point of contact (name of person Department of Public Health should contact regarding this application)
5. 781-559-8800  
Applicant point of contact's telephone number
6. rglassman@upperfallslaw.com  
Applicant point of contact's e-mail address
7. Number of applications: How many *Siting Profiles* do you intend to submit? 3

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<b>SECTION B: PROPOSED LOCATION(S)</b>
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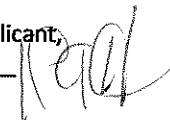
*Provide the physical address of the proposed dispensary site and the physical address of the additional location, if any, where marijuana for medical use will be cultivated or processed.*

***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 Department determines that the applicant qualifies for registration as a RMD; or (e) evidence of binding permission to use the premises.*

	Location	Full Address	County
1	Dispensing	29 Harding Street Middleborough MA 02346	Plymouth
2	Cultivation	167 John Vertente Blvd. New Bedford, MA 02745	Bristol
3	Processing	167 John Vertente Blvd. New Bedford, MA 02745	Bristol

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

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### 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 Alderman, 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.**

**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 non-profit organization] 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 Alderman, or Board of Selectman**


The [name of council/board], does hereby provide [support/non-opposition] to [name of non-profit organization] to operate a Registered Marijuana Dispensary 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

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**SECTION D: LOCAL COMPLIANCE**

Describe how the Corporation 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.

ARL Healthcare has made presentations on its proposed RMD to the Board of Selectmen in Middleborough, as well as with the Office of New Bedford Mayor Jon Mitchell and the New Bedford Economic Development Council ("NBEDC"). The presentations covered plans to comply with all local zoning codes, ordinances, and regulations in each community. The Middleborough Board of Selectmen voted to provide a letter of support for the project on September 8, 2015. RMDs are allowed in the General Use zone in Middleborough which covers the 29 Harding Street location. ARL has also secured a letter of non-opposition from Mayor Mitchell for its production and cultivation facility at 167 John Vertente Blvd. The organization has worked extensively with the Mayor's office and the NBEDC to gain assurance that the location is in a zoning district that permits the intended use. The CEO of ARL is responsible for maintaining ongoing compliance with all local rules and regulations in Middleborough and New Bedford.

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<b>SECTION E: THREE-YEAR BUSINESS PLAN BUDGET PROJECTIONS</b>
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*Provide the three-year business plan for the RMD, including revenues and expenses.*

Projected Start Date for the First Full Fiscal Year: 01/01/2017

	<b>FIRST FULL FISCAL YEAR PROJECTIONS 20 <sup>17</sup></b>	<b>SECOND FULL FISCAL YEAR PROJECTIONS 20 <sup>18</sup></b>	<b>THIRD FULL FISCAL YEAR PROJECTIONS 20 <sup>19</sup></b>
Projected Revenue	\$ 311,612.00	\$ 4,675,935.00	\$ 7,226,568.00
Projected Expenses	\$ 544,684.00	\$ 4,113,545.00	\$ 5,389,688.00
<b>VARIANCE:</b>	<b>\$ -233,072.00</b>	<b>\$ 562,390.00</b>	<b>\$ 1,836,880.00</b>
Number of unique patients for the year	671	1,565	2656
Number of patient visits for the year	2982	44746	78,723
Projected % of patient growth rate annually	---	43%	59%
Estimated purchased ounces per visit	.3	.30	.30
Estimated cost per ounce	350	\$350	\$350
Total FTEs in staffing	12	27	29
Total marijuana for medical use inventory for the year (in lbs.)	81	901	1,091
Total marijuana for medical use sold for the year (in lbs)	37	559	984
Total marijuana for medical use left for roll over (in lbs.)	81	342	107

Projected date the RMD plans to open: 11/03/2017

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**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 Department 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 105 CMR 725.000, 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 Department.
- I agree that, if selected, I will submit a detailed floor plan of the premises of the proposed dispensary in compliance with 105 CMR 725.100(m) in compliance with the Architectural Review required pursuant to 105 CMR 725.100(B)(5)(f).

**Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant non-profit corporation, 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

11/29/2016

Date Signed

Kenneth A. Housman

Print Name of Authorized Signatory

President

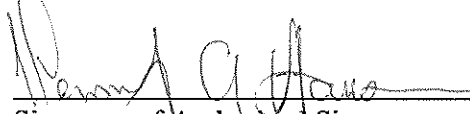
Title of Authorized Signatory

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## ATTESTATIONS

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant non-profit corporation, 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

11/29/2016

Date Signed

Kenneth A. Housman

Print Name of Authorized Signatory

President

Title of Authorized Signatory

I, the authorized signatory for the applicant non-profit corporation, hereby attest that the corporation 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

11/29/2016

Date Signed

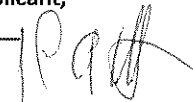
Kenneth A. Housman

Print Name of Authorized Signatory

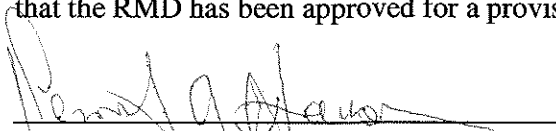
President

Title of Authorized Signatory

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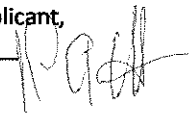
I, the authorized signatory for the applicant non-profit corporation, hereby attest that if the corporation is approved for a provisional certificate of registration, the corporation is prepared to pay a non-refundable registration fee of \$50,000, as specified in 105 CMR 725.000, after being notified that the RMD has been approved for a provisional certificate of registration.

  
Signature of Authorized Signatory

11/29/2016  
Date Signed

Kenneth A. Housman  
Print Name of Authorized Signatory  
President  
Title of Authorized Signatory

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**Hartwell Realty Holdings LLC**

15 Pacella Park Drive, Suite 200  
Randolph, Massachusetts 02368

December 15, 2015

Kenneth Housman, President  
ARL Healthcare, Inc.  
26 Ossipee Rd, Suite 201  
Newton, MA 02464

RE: COMMITMENT FOR TENANCY

Dear Mr. Housman:

Let this confirm the commitment for ARL Healthcare, Inc. to sublease the space at 29 Harding St with the under the following terms guideline:

**LANDLORD:**

Hartwell Realty Holdings, LLC  
15 Pacella Park Drive, Suite 200  
Randolph, MA 02368

**PROPERTY ADDRESS:**

29 Harding Street  
Middleborough, MA 02346

**PROPERTY:** Approximately 22,700 SF of building, which ARL will sublease approximately 8,447

**TENANT:**

ARL Healthcare, Inc.  
26 Ossipee Road, Suite 202  
Newton, MA 02464

**LEASE COMMENCEMENT:** Upon approval of site for a RMD license by DPH of Massachusetts

**TERM:** Ten (10) Years with option for additional two (2) five year terms

**USE:** The premises will be used for a RMD dispensary

**BASE RENT:** \$20.00 per SF/NNN with 3.0% annual increases subject to finalization of build out specifications:

**MAINTENANCE OF LEASED PREMISES:**

Landlord shall maintain and be responsible for the roof and structure.

**HVAC/MECHANICAL:**

Landlord shall provide the Premises with all electrical, plumbing, mechanical systems and HVAC in good working order

**ACCESS:**

Tenant shall 24 hour per day, 7 days per week, 52 weeks per year access to the premises, the building, and the parking facilities as permitted by local municipality.

**ELECTRICITY:**

The electric is separately metered and the tenant will be responsible to establishing and maintaining their own account.

**COMPLIANCE WITH ADA AND OTHER FEDERAL AND LOCAL BUILDING REQUIREMENTS:**

The building is in compliance with the Americans with Disabilities Act and related local requirements.

**PARKING:**

Unlimited in the secured lot or as allowed by local municipality.

**SECURITY:**

Tenant shall be responsible for their own building security  
Binding Agreement:

**LANDLORD SUPPORT:**

Landlord shall support Tenant for all permitting and licensing.

This letter agreement is binding between parties who agree to execute a standard form formal lease.

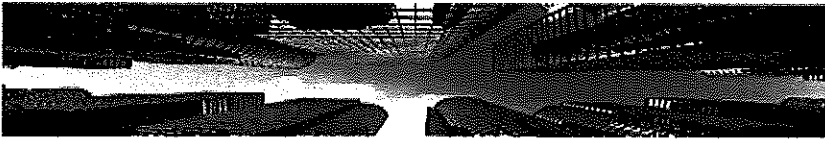


Tammy Hewlitt  
President

Agreed to and Accepted By:  
ARL Healthcare, Inc.

  
Kenneth Housman, President

12/15/15  
Date



**Hartwell Realty Holdings LLC**

15 Pacella Park Drive, Suite 200  
Randolph, Massachusetts 02368

September 12, 2016

Kenneth Housman, President  
ARL Healthcare, Inc.  
26 Ossipee Rd, Suite 201  
Newton, MA 02464

RE: TENANCY AT 167 JOHN VERTENTE BLVD., NEW BEDFORD, MA

Dear Mr. Housman

Let this confirm the agreement for ARL Healthcare, Inc. to lease approximately 68,000 square feet space at the above noted address. Please acknowledge acceptance of the terms below.

LANDLORD: Hartwell Realty Holdings LLC  
15 Pacella Park Dr  
Suite 200  
Randolph, MA 02368

**PROPERTY ADDRESS:**

167 John Vertente Blvd  
New Bedford, MA

**LEASED PREMISES:**

Approximately 68,000 sq ft of warehouse/manufacturing space

**TENANT:**

ARL Healthcare, Inc.  
26 Ossipee Rd, Suite 201  
Newton, MA 02464

**LEASE COMMENCEMENT:**

Upon issuance of occupancy permit from the City of New Bedford and issuance of state license to operate an RMD facility at this location.

**TERM:** Ten (10) Years with option for two (2) additional five (5) year terms

**USE:**

The premises will be used for a RMD Cultivation and Processing center

BASE RENT:

\$24.00 per SF/NNN with 3.0% annual increases subject to finalization of build out specifications:

MAINTENANCE OF LEASED PREMISES:

Landlord shall maintain and be responsible for the roof and structure.

HVAC/MECHANICAL:

Tenant will have new HVAC and Mechanical systems installed as per specs in Tenant Improvement requirements and will be responsible for 100% of all maintenance and repairs after they take possession of site.

TENANT IMPROVEMENTS:

Landlord will provide walls, doors and mezzanines as per an agreed design up to \$50 a foot

ACCESS:

Tenant shall 24 hour per day, 7 days per week, and 52 weeks per year access to the premises, the building, and the parking facilities as permitted by local municipality.

ELECTRICITY:

The electric is separately metered and the tenant will be responsible to establishing and maintaining their own account.

COMPLIANCE WITH ADA AND OTHER FEDERAL AND LOCAL BUILDING REQUIREMENTS:

The building is in compliance with the Americans with Disabilities Act and related local requirements.

PARKING:


60 Spaces

SECURITY:

Tenant shall be responsible for their own building security  
Binding Agreement:


This letter agreement is binding between parties who agree to execute a standard form formal lease.

RESPONSE: SECTION B, PROPOSED LOCATION (INTEREST IN PROPERTY)

  
\_\_\_\_\_  
Tammy Hewlitt, President

9/12/16  
Date

Agreed to and Accepted By:  
ARL Healthcare, Inc.

  
\_\_\_\_\_  
Kenneth Housman, President

9/12/16  
Date

CRANBERRY CAPITAL  
OF THE WORLD



Phone: 508-946-2405  
Fax: 508-946-0058

**Town of Middleborough**  
**Massachusetts**  
**Board of Selectmen**

ARL Healthcare, Inc.  
26 Ossipee Road  
Suite 202  
Newton, MA 02464

To ARL Healthcare:

The Middleborough Board of Selectmen does hereby provide support to ARL Healthcare, Inc. to operate a Registered Marijuana Dispensary in the Town of Middleborough. I have been authorized to provide this letter on behalf of the Board of Selectmen by a vote taken at a duly noticed meeting held on September 8, 2015.

The Middleborough Board of Selectmen 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.

Sincerely,

For BOARD OF SELECTMEN

Allin Frawley, Chairman

Date



**CITY OF NEW BEDFORD**

**JONATHAN F. MITCHELL, MAYOR**

November 30, 2016

Kenneth A. Housman  
President  
ARL Healthcare, Inc.  
26 Ossipee Road, Suite 202  
Newton, MA 02464

Dear Mr. Housman:

I do hereby confirm the City of New Bedford's support for ARL Healthcare, Inc. to operate a Registered Marijuana Dispensary ("RMD") cultivation and processing facility in New Bedford at 167 John Vertente Boulevard.

I have verified with the appropriate officials that the proposed RMD facility at 167 John Vertente Boulevard is in a zoning district that allows such use pursuant to local permitting.

Sincerely,



Jon Mitchell  
Mayor