



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

December 19, 2017

Leakhena Som
Green Life Dispensary, Inc.
170 Pomeroy Meadow Rd.
Southampton, MA 01073

Re: Invitation to Submit *Siting Profile*

Dear Leakhena Som,

Green Life Dispensary, Inc. is invited to submit a *Siting Profile* (Application 1 of 1) to the Department of Public Health ("Department"). Please note that in order to proceed, the applicant must receive a Provisional Certificate of Registration from the Department by December 19, 2018, which is one year from the date of this invitation. Please submit the *Siting Profile* so as to allow the Department sufficient time to review it, the applicant time to respond to any additional or revised information required, and the Department time to review any additional or revised information submitted.

Please note that the background checks into any individuals or entities identified to the Department are ongoing. Any identified background check issues must be resolved prior to obtaining a Provisional Certificate of Registration.

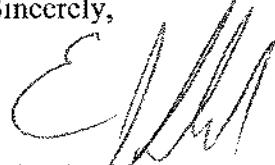
In its responses to Questions C.12 and 14 in the *Management and Operations Profile*, the applicant describes a proposed agreement with Smart Green, Inc. Please submit a copy of the agreement. Please also submit an independent legal opinion that the agreement is in compliance with the non-profit requirements of 105 CMR 725.100(A)(1) and the Guidance for Registered Marijuana Dispensaries Regarding Non-Profit Compliance (<http://www.mass.gov/cohhs/docs/dph/quality/medical-marijuana/applications/non-profit-compliance-guidance.pdf>). Please be advised that the applicant will need to 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.

The *Siting Profile* must be submitted by U.S. mail or hand-delivered to:

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

Please follow all directions posted on the Medical Use of Marijuana Program website when completing the application forms. Please remember to type all responses in the application forms. You may direct any questions regarding the application process to RMDapplication@state.ma.us or 617-660-5370.

Sincerely,



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