June 29, 2016

Re: Request for Information

Dear [Redacted],

This letter is to inform you that the Department of Public Health (“Department”) has reviewed Mayflower Medicinals, Inc.'s Siting Profile (Application 2 of 3). The Siting Profile requires the following information before the Department may complete its evaluation:

1. Article 24 of the Holliston Lease calls for the Lessor, under certain circumstances, to re-possess the leased premises and any property therein. Only those authorized to possess marijuana for medical use pursuant to Ch. 369 of the Acts of 2012 and its implementing regulations, 105 CMR 725.000, et seq., are permitted to possess regulated assets, such as marijuana and marijuana-infused products, without being subject to law enforcement action. Please identify the provision(s) of the lease that safeguard regulated assets from seizure by the Lessor or other parties unauthorized to possess them.

2. Holliston does not appear to have enacted local siting requirements for Registered Marijuana Dispensaries. Please submit a list of the uses within the 500 feet of the Holliston site for review for compliance with 105 CMR 725.110(A)(14).

3. In the information submitted to the Department on May 6, 2016, your revised responses to C.12 and C.14 describe an agreement with iAnthus Capital Management, LLC. Please submit that agreement. Please also submit an independent legal opinion that the iAnthus Capital Management, 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/ehhs/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 Holliston Board of Selectmen. We are awaiting verification of this 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, 11th 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.

Sincerely,

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