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 Management and Operations Profile (Application 1 of 3). The Management and Operations Profile requires the following information before the Department may complete its evaluation:

1. The submitted Certificate of Good Standing is a certificate for a for-profit corporation rather than a non-profit organization. The Department recognizes that Mayflower Medicinals, Inc. is a non-profit organization and that this certificate was issued in error to the applicant by the Secretary of State. With this in mind, please submit the correct Certificate of Good Standing for the applicant organization.

2. Please submit a copy of the promissory note with [Redacted] identified in the responses to Question C.12 and C.14.

3. In response to Question D.18 the applicant did not describe the length of experience of the Corporation’s Chief Executive Officer with providing health care services. Applicant must resubmit a completed response to Question D.18, including that information.

4. In response to Question D.19, the applicant did not describe the length of experience of the Corporation’s Chief Executive Officer or Chief Financial Officer with providing services for marijuana for medical purposes. Applicant must resubmit a completed response to Question D.19, including that information.

5. In response to Question D.20, the applicant did not describe the length of experience of the Corporation’s individual responsible for marijuana for medical use cultivation operations with
providing services for marijuana for medical purposes. Applicant must resubmit a completed response to Question D.20, including that information.

6. In response to Question E.23, the applicant refers to its plans to comply with "725.105/500.00/300.00." This citation is unclear. Applicant must resubmit a completed response to Question E.23 that clearly identifies the correct section of the Regulations.

7. In response to Question E.36, applicant states, "Proof of financial hardship may come in various forms: MassHealth, SSI, SSDI, SNAP. Proof of assistance from other income-based support programs will serve as sufficient evidence for enrollment." It is not clear whether the applicant’s means of verifying financial hardship also include means for determining, if an individual does not participate in the programs identified, whether an individual’s income does not exceed 300% of the federal poverty level, adjusted for family size, as is required in 105 CMR 725.004 under the definition of "Verified Financial Hardship." Applicant must resubmit a completed response to Question E.36 that complies with the definition of Verified Financial Hardship.

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 is invited to submit a Siting Profile or if further information is required before the applicant may proceed.

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 I of I) at the top of each page of the resubmitted information or materials.

If you have questions or need assistance, you may contact the Department at 617-660-5370 or RMDapplication@state.ma.us.

Sincerely,

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