November 20, 2015

Mass Alternative Care, Inc.

Re: Request for Information

Dear [Redacted],

This letter is to inform you that the Department of Public Health ("Department") has reviewed Mass Alternative Care, 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. Please provide a copy of the agreement with MJardin Massachusetts, LLC as described in your response to Question C.11.

2. The applicant has not explained how the proposed lease with DVRV Commercial Properties is a Related Party Transaction. Please resubmit a completed response to Question C.12. The identity of the proposed leasing company is also inconsistent between your response to Question C.12, which identifies it as DVRV, and C.14, which identifies it as DKRV. Please clarify the identity of the leasing company in your responses to Questions C.12 and C.14.

3. The conflict of interest policy set forth in Section 10.1 of the bylaws does not require disclosure of a conflict to the Board of Directors, but instead to the Corporation itself. Please submit amended bylaws that require disclosure of a conflict of interest directly to the Board of Directors.

4. The name [Redacted], as stated in the response to Question C.14, does not match the name of a Director in the applicant's Application of Intent. This is a typo, please resubmit a completed response to Question C.14 with the correct spelling of his name. If it is not a typo in response to Question C.14, applicant must resubmit a completed Page 1 for Character and Competency form that includes the correct spelling of his name.
5. Please provide a copy of the agreement with 4Front Advisors LLC described in your response to Question C.15.

6. In response to Question D.18, the applicant did not describe the experience and length of experience of the Corporation’s Chief Executive Officer and Chief Operations Officer with providing health care services. Applicant must resubmit a completed response to Question D.18, including that information. If the Chief Executive Officer or Chief Operations Officer does not have this experience, please state so in your response.

7. In response to Question D.19, applicant did not describe the experience and length of experience of the Corporation’s Chief Executive Officer and Chief Financial Officer with providing services for marijuana for medical use. Applicant must resubmit a completed response to Question D.19, including that information. If the Chief Executive Officer or Chief Financial Officer does not have this experience, please state so in your response.

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 1 of 1) 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,

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