October 21, 2016

Mass Alternative Care, Inc.

Re: Request for Information

Dear [Name],

This letter is to inform you that the Department of Public Health ("Department") has reviewed Mass Alternative Care, Inc.’s Siting Profile (Application 1 of 3). The Siting Profile requires the following information before the Department may complete its evaluation:

1. In its response to Section D, the applicant has not answered the question in regards to its Chicopee location. The applicant must resubmit a completed response to Section D including this information.

2. Please submit a list of uses within 500 feet of the proposed Lee site to demonstrate compliance with 105 CMR 725.110(A)(14).

3. Please submit an independent opinion that the DKRV Commercial Properties, LLC Letter of Intent for the Lee property 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/eohhs/docs/dph/quality/medical-marijuana/applications/non-profit-compliance-guidance.pdf). Please be advised that you will need to submit the independent opinion 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 from the Mayor of Chicopee. We are awaiting verification of the 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,

[Signature]

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