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

1. In Section B, the applicant did not submit evidence of interest in the property for the cultivation/processing location at 1247 East Main Street, Chicopee, MA 01020. Please submit evidence of interest in the property.

2. In response to Section C, the applicant did not provide a letter of support or non-opposition for the cultivation/processing location in Chicopee. Applicant must submit a letter of support or non-opposition for this location in compliance with the Application Instructions. Please note the letter of support or non-opposition must be dated on or after the date that the applicant’s Application of Intent was received by the Department.

3. As requested by the Department on January 11, 2016, please submit an independent legal opinion that the agreement with DKRV Commercial Properties regarding the Amherst 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 the applicant must submit this document prior to receiving a Provisional Certificate of Registration.

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
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