

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor, Boston, MA 02111

CHARLES D. BAKER Governor KARYN E. POLITO Lieutenant Governor MARYLOU SUDDERS Secretary

MONICA BHAREL, MD, MPH

Tel: 617-660-5370 www.mass.gov/medicalmarijuana

APPLICATION OF INTENT

Request for a Certificate of Registration to Operate a Registered Marijuana Dispensary

INSTRUCTIONS

This application form is to be completed by any non-profit corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts.

If seeking a Certificate of Registration for more than one RMD, the applicant non-profit corporation ("Corporation") must submit a separate *Application of Intent*, all required attachments, and an application fee for each proposed RMD. Please identify each application of multiple applications by designating it as Application 1, 2 or 3 in the header of each application page. Please note that no executive, member, or any entity owned or controlled by such an executive or member, may directly or indirectly control more than three RMDs.

However, even if submitting an Application of Intent for more than one RMD, an applicant need only submit one Character and Competency form for each required individual.

Unless indicated otherwise, all responses must be typed into the application forms. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labelled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the Application of Intent, with all required attachments, the \$1,500 application fee, and Remittance Form to:

Department of Public Health Medical Use of Marijuana Program RMD Applications 99 Chauncy Street, 11th Floor Boston, MA 02111

Application fees are non-refundable and non-transferable.

REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Department of Public Health ("Department"), the Department will review the information and will contact the applicant if clarifications/updates to the submitted application materials are needed. The Department will notify the applicant whether they have met the standards necessary to be invited to submit a Management and Operations Profile.

If invited by the Department to submit a Management and Operations Profile, the applicant must submit the Management and Operations Profile within 45 days from the date of the invitation letter, or the applicant must submit a new Application of Intent and fee.

PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants have one year from the date of the submission of the Management and Operations Profile to receive a Provisional Certificate of Registration. If an applicant does not receive a Provisional of Certificate of Registration after one year, the applicant must submit a new Application of Intent and fee.

REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100.

It is the applicant's responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

QUESTIONS

If additional information is needed regarding the RMD application process, please contact the Medical Use of Marijuana Program at 617-660-5370 or RMDapplication@state.ma.us.

Application 2	of 2	Applicant Non-Profit Corporation	Milford Medicinals, Inc.
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CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

☑ A fully and properly completed *Application of Intent*, signed by an authorized signatory of the corporation

A copy of the Corporation's Certificate of Legal Existence from the Massachusetts Secretary of State

☐ Financial account summary(ies) (as outlined in Section D)

☑ A bank or cashier's check made payable to the Commonwealth of Massachusetts for \$1,500.

☑ A completed Remittance Form (use template provided)

☑ A completed and signed *Character and Competency* form (use template provided) for each of the following actors:

• Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the Character and Competency Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

l	MILFORD MEDICINALS, INC
	Legal name of Corporation
	MICHAEL DUNDAS
1	Jame of Corporation's Chief Executive Officer
-	3 COMMERCIAL WAY, MILFORD MA 01757
Δ	Address of Corporation (Street, City/Town, Zip Code)
	MICHAEL DUNDAS
	Applicant point of contact (name of person the Department should contact regarding this application)
	517-564-1941
	Applicant point of contact's telephone number
	michael@milfordmedicinals.org

SECTION B. INCORPORATION

Attach a Certificate of Legal Existence from the Massachusetts Secretary of State, documenting
that the applicant non-profit entity is incorporated as a non-profit in Massachusetts.

SECTION C. CHARACTER AND COMPETENCY

- Attach a Character and Competency form (use template provided) for each of the following actors:
 - The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the Character and Competency Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

SECTION D. INITIAL CAPITAL REQUIREMENT

Describe the sources, types, and amounts of required initial capital in the table below, showing that the Corporation has at least \$500,000 in its control and available for this *Application of Intent* and at least \$400,000 in its control and available for each additional *Application of Intent*, if any, as evidenced by bank statements, lines of credit, or financial institution statements. Add more tables if needed.

If the required funds are being held in an account in the name of an individual or entity other than the Corporation, the individual or authorized signatory of the entity must provide their signature in the "Signature of Account Holder" column. Their signature below indicates that they are committing the amount of their funds identified in the table to the applicant.

In addition to completing this table, submit a <u>one-page</u> financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the *Application of Intent* was submitted to the Department.

Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
Louis Karger	Wells Fargo	Money Market	00.000,000 \$	Au You
				1
		TOTAL:	\$ 900,000.00	

ATIONS authorized signatory for the applicant non-profit
uded in this application is complete and accurate an information to the Department if the information
08/14/2015
Date Signed
ion is prepared to pay a non-refundable application d checks, and comply with all <i>Management and</i> 08/14/2015
Date Signed
uana dispensaries are required to conduct background uch background investigations are subject to the olicant non-profit corporation will not engage the invicted of a felony drug offense in Massachusetts, ed States, or a military, territorial, or Indian tribal
08/14/2015
Date Signed



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

June 12, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that

BAY STATE PATIENTS GROUP, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on June 18, 2013 (Chapter 180).

I also certify that by Articles of Amendment filed here August 19, 2013, the name of said corporation was changed to

BAY STATE RELIEF, INC.

I further certify that by Articles of Amendment filed here February 14, 2014, the name of said corporation was changed to

MILFORD MEDICINALS INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travers Galein

Processed By:AOC



The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor, Boston, MA 02111

MARYLOU SUDDERS Secretary

MONICA BHAREL, MD, MPH Commissioner

Tel: 617-660-5370 www.mass.gov/medicalmarijuana

Remittance Form Registered Marijuana Dispensary Application Fee

Please remit this form with your bank/cashier's check payable to "The Commonwealth of Massachusetts" for proper posting of your payment

Date 06	/29/2015			
Name of Non-Pro MILFORD MEDICIN				
ADDRESS OF	CORPORATION			
Address 13 COMM	ERCIAL WAY			
City MILFORD				
State	MA	Zip Code 01757		-
CONTACT PE	RSON			
First Name MICH	AEL			
Last Name DUNI	DAS			
Email Address _	nichael@milfordmedicinals.org			
Phone Number	517-564-1941			
	Amount Enclos Bank/Cashier'	ed \$s Check Enclosed	1,500	

Application Fee, Application of Intent

MILFORD MEDICINALS, INC.	VALS, INC.	MILFORD N	
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Applicant	Non-Profit	Corporation
Applicant	NOIT-FIGHT	COLDOLATION

SECTION C. CHARACTER & COMPETENCY

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.	
Name of Individual	
MICHAEL DUNDAS	
Title of Individual	
CHIEF EXECUTIVE OFFICER	
Date of Birth of Individual 07/29/1969	
Residential Address of Individual	
15 MORELAND AVE, NEWTON, MA 02459	
Applicant Non-Profit Corporation	
MILFORD MEDICINALS, INC.	

e you been the subject of any legal or enforcement actions in any state, in the past or pultivation, processing, distribution, or sale of marijuana for medical purposes? o	No ☑ If yes, please	ехріаш:			
ultivation, processing, distribution, or sale of marijuana for medical purposes?					
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o ☑ If yes, please explain:	e you been the subject	t of any legal or enfo	orcement actions in a	any state, in the pa	st or pending, re
	cultivation, processing	g, distribution, or sal	orcement actions in a e of marijuana for m	any state, in the pa ledical purposes?	st or pending, re
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	cultivation, processing	g, distribution, or sal	orcement actions in a e of marijuana for m	any state, in the pa dedical purposes?	st or pending, re
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	ion, processing	g, distribution, or sal	orcement actions in a	any state, in the pa nedical purposes?	st or pending,

Appl	icant	Non-P	rofit	Corne	ration
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	Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?
Ye	es 🗆 No 🗷 If yes, please explain:

	MILFORD MEDICINALS, INC.
Applicant Non-Profit Corporation	1

nwealth, or a like acti	ion or complaint by and	other state, the United	d States or a
explain:			
1	nwealth, or a like act	nwealth, or a like action or complaint by and ian tribal authority with regard to any profes	t of any past discipline by, or a pending disciplinary action or unrowealth, or a like action or complaint by another state, the Unitedian tribal authority with regard to any professional license or regiexplain:

Applicant Non-Profit Corporation	
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Applicant Non-Profit Corporation

es □ No ☑ If yes, please explain:				

Applicant Non-Profit Corpor	ration
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8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

	Applicant Non-Profit Corporation
9.	Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?
	Yes □ No ☑ If yes, please explain:
1	

MILFORD MEDICINALS, INC.

es 🗆 No 🗷 If yes, please explain:	
ed under the pains and penalties of perjury, I agree and	I attest that all information included in this form
ed under the pains and penalties of perjury, I agree and lete and accurate.	I attest that all information included in this form
ed under the pains and penalties of perjury, I agree and olete and accurate.	d attest that all information included in this form

	SAGE CANNABIS, INC.
Applicant Non-Profit Corporation	

SECTION C. CHARACTER & COMPETENCY

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual
STEPHEN JAFFE

Title of Individual
CHIEF OPERATING OFFICER

Date of Birth of Individual

Residential Address of Individual
633 W. RITTENHOUSE STREET APT. A-606
PHILADELPHIA, PA 19144

Applicant Non-Profit Corporation

SAGE CANNABIS, INC.

Applicant Non-Profit Corporation SAGE CANNABIS, INC.
Have you ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority?
es D No la If yes, please explain:
Have you been the subject of any legal or enforcement actions in any state, in the past or pending, related to
the cultivation, processing, distribution, or sale of marijuana for medical purposes?
s 🗆 No 🗹 If yes, please explain:

	Applicant Non-Profit Corporation _	SAGE CANNABIS, INC.
registration, or the denial of any federal, state, or local	t of any past or pending denial, suspension, or revo of a renewal of a license or registration, for any typ government, or any foreign jurisdiction, including cation for Medicaid or Medicare or failure to follow explain:	be of business or profession, by denial, suspension, revocation,

	Applicant Non-Profit Corporation _	SAGE CANNABIS, INC.
 Have you been the subject of any past complaint by, the Commonwealth, or military, territorial, or Indian tribal at Yes No If yes, please explain: 	st discipline by, or a pending disciplinar r a like action or complaint by another s uthority with regard to any professional	tate, the United States or a
	*	

Applicant Non-Profit Corporation _	SAGE CANNABIS, INC.
y investigation or discipline for prescribing of than for therapeutic or other proper medical	

LINO EL IT yes	, please explain:		

Applicant Non-Profit Corporation SAGE CANNABIS, INC.

Applicant Non-Profit Corporation SAGE CANNABIS, INC.

	Applicant Non-Profit Corporation SAGE CANNABIS, INC.
8. Ye	Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty pleas or plea of nolo contendere, or admission of sufficient facts?

Applicant Non-Profit Corporation _	SAGE CANNABIS, INC.
Has any entity in which you have served as an executive, officer, corporate in the defendant or subject in any civil or administrative action under the laws of state, the United States, or a military, territorial, or Indian tribal authority related occupation or fraudulent practices, including but not limited to fraudulent bill Yes \Boxed No \boxed If yes, please explain:	of the Commonwealth, another ating to your profession or

	MILFORD MEDICINALS, INC.
Applicant Non-Profit Corporation	

SECTION C. CHARACTER & COMPETENCY

MILFORD MEDICINALS, INC.

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

ERIC JAMES WARDROP

Title of Individual

CHIEF FINANCIAL OFFICER

Date of Birth of Individual

Residential Address of Individual

341 SPRING HAVEN DRIVE, LANCASTER, PA 17601

Applicant Non-Profit Corporation

	Applic	ant Non-Profit Corpor	ation	INALS, INC.
Have you ever been convict another state, the United Sta				of the laws o
☐ No ☑ If yes, please ex	plain:			
Have you been the subject of the cultivation, processing,				ending, related
□No ☑ If yes, please exp	olain:			

	MILFORD MEDICINALS, INC.
Applicant Non-Profit Corporation	on

3. Have you been the subject of any past or pending denial registration, or the denial of a renewal of a license or reg any federal, state, or local government, or any foreign ju or refusal to renew certification for Medicaid or Medicar rules?	istration, for any type of business or profession, by risdiction, including denial, suspension, revocation
Yes □ No ☑ If yes, please explain:	

Applicant Non-Profit Corporation	

com	plaint by, the C	subject of any past ommonwealth, or or Indian tribal aut	a like action or c	omplaint by anothe	er state, the United	d States or a
es □	No ☑ If yes, p	lease explain:				

Applicant Non-Profit Corporation
Have you been the authorst of any inventioning or dissipling for proposition on distribution controlled

Applicant Non-Profit Corporation	

s □ No ☑ If yes, please explain:				

	MILFORD MEDICINALS, INC.			
	Applicant Non-Profit Corporation			
Has any entity in which you have served as an executive, officer, corporate member or board member the subject of a governmental investigation or enforcement action for lack of compliance with laws of Commonwealth relating to taxes and child support?				
Yes □ No ☑ If yes, please explai	in:			

another state, the Unite to action against any h you either owned share	h you have served as ar al investigation or enfor ed States, or a military, ealth care facility or fac es of stock or served as dere, or admission of su	reement action und territorial, or India cility for providing an executive, and	er the laws of the Com n tribal authority, inclu marijuana for medical	monwealth, or ding but not limite purposes in which
es 🗆 No 🗹 If yes, plea	ise explain:			

as any entity in which you have served as an executive, officer, corporate member or board member been
the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another ate, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?
s □ No ☑ If yes, please explain:

MILFORD MEDICINALS, INC.

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	SAGE CANNABIS, INC.
Applicant Non-Profit Corporation	

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Name of Individual MARK VLACHOS			
Title of Individual			
Date of Birth of Individual	08/12/1992		
Residential Address of Indi	idual		
29 Westgate Road, Unit #3 Boston, MA 02467			
Applicant Non-Profit Corpo	ration		

	SAGE CANNABIS, INC. Applicant Non-Profit Corporation
	\$ \$ 100 3 500 57 57 57 55 CONU. TO
Have you ever been convicted of a felo another state, the United States, or a mi	ony drug offense in Massachusetts, or a like violation of the laws of ilitary, territorial, or Indian tribal authority?
□ No ☑ If yes, please explain:	
Have you been the subject of any legal	or enforcement actions in any state, in the past or pending, related
	i, or sale of marijuana for medical purposes?
□No ☑ If yes, please explain:	

Applicant	Non-Profit	Corporation
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3. Have you been the subject of a registration, or the denial of a any federal, state, or local gove or refusal to renew certification rules?	enewal of a license or ernment, or any foreign	registration, for any type jurisdiction, including d	of business or profession, by lenial, suspension, revocation
Yes □ No ☑ If yes, please expla	in:		

Applicant	Man-Profit	Corporation
ADDITERNI	NON-PLONE	COLDOLATION

4.	Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?
Y	es 🗆 No 🗹 If yes, please explain:

Applicant Non-Profit Corporation	

□ No ☑ If yes, p	nease explain.		

Annilonat	Ston	Dente	Corporation
ADDREADE	Non-	Pront	Corporation

□ No Ø If ye	es, please explain:		
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Applicant I	Non-Profit	Corporation
MUDICALL	AOIL-LIOIF	COLDOLD CIVIL

he subject of a go	which you have served as wernmental investigation clating to taxes and child	or enforcement act	ion for lack of co	ompliance with l	aws of th
s 🗆 No 🗷 If yes,	, please explain:				

Analtona		De Ca	A	
Applicant	Non-	Pront	COL	poration

8.	Has any entity in which you have served as an executive, officer, corporate member or board member been
	the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or
	another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited
	to action against any health care facility or facility for providing marijuana for medical purposes in which
	you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea,
	or plea of nolo contendere, or admission of sufficient facts?

executive, officer, corporate member or board member trative action under the laws of the Commonwealth, ar , or Indian tribal authority relating to your profession of at not limited to fraudulent billing practices?

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

Mach Vladhee
Signature of the Individual

05/09/2016

Date Signed

	MILFORD MEDICINALS, INC.
Applicant Non-Profit Corporation	

MILFORD MEDICINALS, INC.

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

NETWATCH USA

Title of Individual

SECURITY PROVIDER

Date of Birth of Individual

Residential Address of Individual

90 OAK STREET

NEWTON UPPER FALLS, MA 02464

Applicant Non-Profit Corporation

No ☑ If yes, ple				
ve you been the su	bject of any legal or enfo	orcement actions in any sta	ate, in the past or p	ending, re
		orcement actions in any sta e of marijuana for medical		ending, re
cultivation, proces	ssing, distribution, or sal			ending, re
cultivation, proces	ssing, distribution, or sal			ending, re
cultivation, proces	ssing, distribution, or sal			pending, re
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cultivation, proces	ssing, distribution, or sal			pending, rel

Applicant	Non-Profit Core	noration
Applicant	NOTI-PIONE CON	JUI all'OII

3.	Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation,
	or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?
Y	es □ No ☑ If yes, please explain:

Applicant Non-Profit Corporation	
Applicant Non-Flont Corporation	

s □ No ☑ If yes, ple	,	any professional licens	

Applicant Non-Profit Corporation	

Applicant Non-Profit Corporation	
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				MILFORD MEDI	CINALS, INC.
		Applicant	Non-Profit Corpora	tion	
the subject of a	n which you have ser governmental investi relating to taxes and	gation or enforce			
Yes □ No ☑ If y	es, please explain:				

Applicant No	n-Profit Cor	poration
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8. Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?

Yes □ No ☑ If yes, please explain:

Ann	licant	Non-Profit	Corno	ration
MUU	IILaill	INCHES TO IT		lation

te, the United Sta cupation or fraudo	tes, or a military, territ ilent practices, includi	orial, or Indian tribal aut	the laws of the Common hority relating to your pr idulent billing practices?	
□ No ☑ If yes, p	please explain:			

-		
		1

MARK MARIOTTI

	MILFORD MEDICINALS, INC.
Applicant Non-Profit Corporation	

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual

David Rosenberg

Title of Individual

Board Member

Date of Birth of Individual

11/25/1962

Residential Address of Individual

133 Front Street, Marblehead, MA 01945

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

□ No ☑ If yes, p	blease explain:			
				- 4
			 to to the contact	
	subject of any legal cessing, distribution			pending, rela
e cultivation, proc	essing, distribution			pending, rela
	essing, distribution			pending, rela
e cultivation, proc	essing, distribution			pending, rela
e cultivation, proc	essing, distribution			pending, rela
e cultivation, proc	essing, distribution			pending, rela
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Application of Intent - Character & Competency Form - Page 2

	MILFORD MEDICINALS, INC.
	Applicant Non-Profit Corporation
3.	Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?
Y	es □ No ☑ If yes, please explain:
Γ	

	Applicant Non-Profit Corporation
4.	Have you been the subject of any past discipline by, or a pending disciplinary action or unresolved complaint by, the Commonwealth, or a like action or complaint by another state, the United States or a military, territorial, or Indian tribal authority with regard to any professional license or registration?
)	'es □ No ☑ If yes, please explain:
Γ	

	Applicant Non-Profit Corporation			
5. Have you been the subject of any investigation or discipline for prescribing or distributing controlled substances or legend drugs other than for therapeutic or other proper medical or scientific purposes?				
Yes □ No ☑ If yes, please ex	plain:			

Applicant N	Ion-Profit Cor	poration

the subject of a correction order issued under the laws or regulations of the Commonwealth or other state during the time that you were serving as an officer or board member?				
s 🗆 No 🗷 If yes, please ex	plain:			

Applicant N	on-Profit Cor	poration
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the subject of a governmental investigation or enforcement action for lack of compliance with laws of Commonwealth relating to taxes and child support?			
es 🗆 No 🗷 If yes, please explain:			

	Applicant Non-Profit Corporation
8.	Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?
Ye	es 🗆 No 🗷 If yes, please explain:

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation
Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?
Tes □ No ☑ If yes, please explain:

MILFORD MEDICINALS, INC.

Annlicant	Man Drafit	Corneration	
Applicant	NON-PIONE	Corporation	

es 🗆 No 🗷 If yes, please explain:	
I under the pains and penalties of perjury, I a ete and accurate.	agree and attest that all information included in this for
and mountain.	
D/W	06/16/2015

	MILFORD MEDICINALS, INC.		
Applicant Non-Profit Corporation			

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

For entities contributing initial capital to operate the proposed RMD, this form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Answer "Yes" or "No" for each question. If you check "Yes", please explain.	
Name of Individual	
LOUIS KARGER	
Title of Individual	
BOARD MEMBER, CAPITAL CONTRIBUTOR	
Date of Birth of Individual 06/28/1971	
Residential Address of Individual	
51 BURR DRIVE NEEDHAM, MA 02492	
Applicant Non-Profit Corporation	
MILFORD MEDICINALS, INC.	

1 1 1 1			
ave you been the subject of any e cultivation, processing, distrib	legal or enforcement a	ctions in any state, in the	e past or pending, re
	oution, or sure or marge	adia for interest purpos	
No ☑ If yes, please explain:			

Applicant Non-Profit (Corporation
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registration, or the denial of any federal, state, or local g	a renewal of a license or registration overnment, or any foreign jurisdict	ension, or revocation of a license or on, for any type of business or profession tion, including denial, suspension, revocat ailure to follow non-profit procedures or
es 🗆 No 🗹 If yes, please ex	plain;	

Applicant Non-Profit Corporation	
Applicant Non-Florit Corporation	

complaint by, th	ne Commonwealth	n, or a like action	n or complaint by	disciplinary action y another state, the rofessional license	United States
es□No☑ If y	es, please explain:				
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Applicant Non-Profit Corporation	

□ No 🛛 If yo	es, please explain:		

Applicant	Non-Profit Corporation	

Applicant Non-Profit Corporati	on
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8.	Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?
Ye	s □ No ☑ If yes, please explain:

	MILFORD MEDICINALS, INC
	Applicant Non-Profit Corporation
the defendant or subject in any o state, the United States, or a mil occupation or fraudulent practic	we served as an executive, officer, corporate member or board member civil or administrative action under the laws of the Commonwealth, a litary, territorial, or Indian tribal authority relating to your profession ces, including but not limited to fraudulent billing practices?
Yes □ No ☑ If yes, please expla	.in:

A P	M D	Et Communities	
Applicant	Non-Pro	fit Corporation	

MILFORD MEDICINALS, INC.

Applicant	Non-Profit	Corporation

This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual ROBERT EDELSTEIN		
Title of Individual		
BOARD CHAIR		
Date of Birth of Individual	07/12/1966	
Residential Address of Indiv	ividual	
42 NEPTUNE STREET BEVERLY, MA 01915		
Applicant Non-Profit Corpo	oration	
MILFORD MEDICINALS, IN	NC.	

I TO BE IT YES	s, please explain:		
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Applicant Non-Profit C	orporation
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3. Have you been the subject of any past or pending denial, suspension, registration, or the denial of a renewal of a license or registration, for any federal, state, or local government, or any foreign jurisdiction, ir or refusal to renew certification for Medicaid or Medicare or failure rules?	r any type of business or profession, by acluding denial, suspension, revocation
Yes □ No ☑ If yes, please explain:	

a

Applicant Non-Profit Corporation	

Applicant Non-Profit Corporation	
Applicant Non-Profit Corporation	

s □ No ☑	If yes, please expla	in:		

Applicant Non	-Profit Corpora	tion	
Applicant Non	Friulii Curbura	LIOII	

Has any entity in which you have served as an executive, officer, corporate member or board member be the subject of a correction order issued under the laws or regulations of the Commonwealth or other stat during the time that you were serving as an officer or board member?			ber be r state	
es 🗆 No 🗷 If yes, please expl	ain:			

Applicant	Non-Profit (Corporation		
Applicant	INOTI-LIOUIT (LUI DUI atiuli		

he subject of a gove Commonwealth relat	rnmental investigation or cing to taxes and child sup	enforcement action for lack port?	of compliance with laws of the
s □ No ☑ If yes, p	lease explain:		

Applicant	Non Deaf	it Corporation
Applicant	Non-Proi	it Corporation

8.	as any entity in which you have served as an executive, officer, corporate member or board member been as subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or nother state, the United States, or a military, territorial, or Indian tribal authority, including but not limited action against any health care facility or facility for providing marijuana for medical purposes in which ou either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, a plea of nolo contendere, or admission of sufficient facts?
Ye	□ No ☑ If yes, please explain:

Applicant Non-Profit Corporati	חר

□ No ☑ If yes, ple		
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registration, license, or approval to operate in any stafalse information?	ate by fraud, inference mation, of the submission
Yes D No D If yes, please explain:	
	and attest that all information included in this form
ned under the pains and penalties of perjury, I agree applete and accurate.	and attest that all information included in this form
	and attest that all information included in this form

A CIT	DODE	MITT	TOTALA	1.00	Thir
MIII	.FORD	MED	ICINA	LJ.	INC.

Applicant Non-Profit Corpo	oration
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This form must be completed and signed by each of the following actors: The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD.

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nswer "Yes" or "No" for each question. If you check "Yes", please explain.	
ame of Individual	
obert A. Goldstein	
tle of Individual	
oard Member	
ate of Birth of Individual 11/10/1980	
esidential Address of Individual	
4 Wilbur Street, Apt. 3, Boston, MA, 02125	
pplicant Non-Profit Corporation	
IILFORD MEDICINALS, INC.	

I No W∠I If yes.	please explain:		
	subject of any le		t or pending, rel
cultivation, pro	ocessing, distribut		t or pending, rel
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		C. C.	
Applicant	Non-Pi	rofit Loi	rooration

any federal, state, or local government, or any fe	ng denial, suspension, or revocation of a license or nse or registration, for any type of business or profession, by oreign jurisdiction, including denial, suspension, revocation, Medicare or failure to follow non-profit procedures or
Yes □ No ☑ If yes, please explain:	

Applicant Non-Profit Corporation	
Applicant Non-Front Corporation	

Applicant Non-Profit Corporation	
Applicant North Tone Corporation	

Applicant	Man Drofit	Corporation	
Applicant	MOU-PLOIN	COLDOLATION	

Has any entity in which you he the subject of a correction ord during the time that you were	er issued under the	laws or regulations of	the Commonwealth o	or other sta
es 🗆 No 🗹 If yes, please expl	ain:			

Ann	licant	Non-	Profit	Corporation	
UND	IICaill	INOIL	LUIL	COIDOIGLIOII	

8.	. Has any entity in which you have served as an executive, officer, corporate member or board member beer the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea or plea of nolo contendere, or admission of sufficient facts?				
Ye	s □ No ☑ If yes, please explain:				

Has any entity in which y the defendant or subject state, the United States, o occupation or fraudulent	in any civil or administ or a military, territorial.	rative action under the or Indian tribal auth	ne laws of the Commority relating to your	onwealth, anoth profession or
Yes □ No ☑ If yes, please explain:				

Applicant	Non-Profit (Corporation
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	and attent that all information included in this fo
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d under the pains and penalties of perjury, I agree ete and accurate.	and accept that an information metaded in this to

	MILFORD MEDICINALS, INC.
Applicant Non-Profit Corporation	

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual
GERALD GOLDBERG

Title of Individual
BOARD MEMBER

Date of Birth of Individual

Residential Address of Individual
19490 BAY VIEW ROAD
BOCA RATON, FL 33434

Applicant Non-Profit Corporation

MILFORD MEDICINALS, INC.

I No ☑ If yes, please	схріаш:			
ve you been the subject	t of any legal or enforce	eement actions in any	state, in the past	or pending, re
cultivation, processing	, distribution, or sale	cement actions in any of marijuana for medi	state, in the past ical purposes?	or pending, re
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cultivation, processing	, distribution, or sale	eement actions in any of marijuana for medi	state, in the past ical purposes?	or pending, re
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ve you been the subject cultivation, processing No If yes, please ex	, distribution, or sale	cement actions in any of marijuana for medi	state, in the past ical purposes?	or pending, re
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Applicant Non-Profit Corporatio	n							
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3.	Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, be any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?
Y	es 🗆 No 🗷 If yes, please explain:

complaint by, the Con	oject of any past discipling monwealth, or a like ac Indian tribal authority w	tion or complaint by an	other state, the United	d States or
Yes □ No ☑ If yes, ple				

Applicant Non-Profit Corporation	
Applicant Non-Florit Corporation	

Applicant Non-Profit Corp.	poration
Applicant Non-Pront Corp	Oration

Has any entity in which you have served the subject of a correction order issued to during the time that you were serving as	d as an executive, officer, corporate member or board member under the laws or regulations of the Commonwealth or other s s an officer or board member?
es 🗆 No 🗹 If yes, please explain:	

7_	Has any entity in which you have served as an executive, officer, corporate member or board member been
	the subject of a governmental investigation or enforcement action for lack of compliance with laws of the

Commonwealth relating to taxes and child support? Yes □ No ☑ If yes, please explain:

		-
Applicant	Non-Profit	Corporation

8.	Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?
Ye	s □ No ☑ If yes, please explain:

Applicant	Non-Profit	Corporation
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Has any entity in which the defendant or subject state, the United States occupation or fraudule	ct in any civil or adm s, or a military, territo	inistrative action orial, or Indian tr	under the laws of ibal authority relat	the Commonwea ing to your profes	lth, anot
Yes □ No ☑ If yes, please explain:					

Applicant Non-Profit Corporation	1

Signature of the Individual

Date Signed

MILFORD MEDICINALS, INC.	
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Analicant	Non Drafit	Corporation
Applicant	MOH-Profit	Corporation

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Answer "Yes" or "No" for each question. If you check "Yes", please explain.

Name of Individual			
JEAN CASALE			
Title of Individual			
BOARD OF DIRECTORS MI	MBER		
Date of Birth of Individual	07/12/1943		
Residential Address of Indiv	idual		
179 LEWIS ROAD, BELMO	T MA, 02478		
Applicant Non-Profit Corpo	ration		
MILFORD MEDICINALS, IN	C.		

	Applicant Non-Profit Corporation
	of a felony drug offense in Massachusetts, or a like violation of the laws of a military, territorial, or Indian tribal authority?
es 🗆 No 🗷 If yes, please exp	in:
Have you been the subject of	my legal or enforcement actions in any state, in the past or pending, relate
the cultivation, processing, di	tribution, or sale of marijuana for medical purposes?
es 🗆 No 🗹 If yes, please expla	n:

	MILFORD MEDICINALS, INC. Applicant Non-Profit Corporation
3.	Have you been the subject of any past or pending denial, suspension, or revocation of a license or registration, or the denial of a renewal of a license or registration, for any type of business or profession, by any federal, state, or local government, or any foreign jurisdiction, including denial, suspension, revocation, or refusal to renew certification for Medicaid or Medicare or failure to follow non-profit procedures or rules?
7	Yes □ No ☑ If yes, please explain:

Applicant	Non-Profit	Corporation
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LINO E IT YO	es, please explain:		

	Applicant Non-Profit Corporation				

Applicant Non-Profit Corporation	
Applicant Non-Profit Corporation	

during the time that you were serving as an officer or board member? Tes □ No ☑ If yes, please explain:			
			13
			7.1

Applicant Non-Profit Corporation		

	MILFORD MEDICINALS, INC.
	Applicant Non-Profit Corporation
8.	Has any entity in which you have served as an executive, officer, corporate member or board member been the subject of a criminal investigation or enforcement action under the laws of the Commonwealth, or another state, the United States, or a military, territorial, or Indian tribal authority, including but not limited to action against any health care facility or facility for providing marijuana for medical purposes in which you either owned shares of stock or served as an executive, and which resulted in conviction, or guilty plea, or plea of nolo contendere, or admission of sufficient facts?
Ye	s No If yes, please explain:

Applicant Non-Front Corporation
Has any entity in which you have served as an executive, officer, corporate member or board member been the defendant or subject in any civil or administrative action under the laws of the Commonwealth, another state, the United States, or a military, territorial, or Indian tribal authority relating to your profession or occupation or fraudulent practices, including but not limited to fraudulent billing practices?
Yes □ No ☑ If yes, please explain:

MILFORD MEDICINALS, INC.

Applicant Non-Profit Corporation	
- ipprison in the inches in the inches	

Has any entity in which you have served as an executive, officer, corporate member or board member be determined by a court or governmental agency or tribunal to have engaged in any attempt to obtain a registration, license, or approval to operate in any state by fraud, misrepresentation, or the submission of false information?			
es 🗆 No 🗷 If yes, pleas	explain:		

Signed under the pains and penalties of perjury, I agree and attest that all information included in this form is complete and accurate.

Signature of the Individual

06/28/2015 Date Signed