



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program



Ohio Medical Marijuana Dispensary Application PHARMACANN OHIO LLC Application ID 531

Demographic Information(Business Contact)

A-1.1 Business Name, as it appears on the Applicant's certificate of incorporation, charter, bylaws, partnership agreement or other legal business formation documents

PharmaCann Ohio LLC

A-1.2 Other trade names and DBA (doing business as) names

No response provided by applicant

A-1.3 Business Street Address

1010 Lake Street , 2nd Floor

A-1.4 City

Oak Park

A-1.5 State

IL

A-1.6 Zip Code

60301

A-1.7 Phone

7089195641

A-1.8 Email

teddy.scott@pharmacannis.com

Demographic Information(Primary Contact/Registered Agent)

A-2.1 Please select: Primary Contact, or Registered Agent for this Application

PRIMARY CONTACT

A-2.2 First Name

Teddy

A-2.3 Middle Name

No response provided by applicant

A-2.4 Last Name

Scott

A-2.5 Street Address

1010 Lake Street 2nd Floor

A-2.6 City

Oak Park

A-2.7 State

IL

A-2.8 Zip Code

60301

A-2.9 Phone

7086285543

A-2.10 Email

teddy.scott@pharmacannis.com

Demographic Information(Applicant Organization and Tax Status)

A-3.1 Select One

Limited Liability Company

A-3.1A If other, explain

No response provided by applicant

A-3.2 State of Incorporation or Registration

OH

A-3.3 Date of Formation

05/17/2017

A-3.4 Business Name on Formation Documents

PharmaCann Ohio LLC

A-3.5 Federal Employer ID number

This response has been entirely redacted

A-3.6 Ohio Unemployment Compensation Account Number

This response has been entirely redacted

A-3.7 Ohio Department of Taxation Number (if Applicant is currently doing business in Ohio)

This response has been entirely redacted

A-3.8 Ohio Workers' Compensation Policy Number (if Applicant is currently doing business in Ohio)

This response has been entirely redacted

A-3.9 The Applicant attests that workers' compensation insurance will be obtained by the time the State of Ohio Board of Pharmacy determines the Applicant to be operational under the Act and regulations.

YES

A-3.10 Has the Applicant operated and conducted business in any jurisdiction other than Ohio in the past three years? If you select "**Yes**", answer question A-3.10.1 below.

YES

A-3.10.1 If "**Yes**" to question A-3.10, for each instance relevant to question A-3.10, provide the following:

- Legal Business Name
- Business Address
- Federal Employee ID Number

PharmaCann LLC
28479 E. 3200 North Road, Dwight, IL 60420
47-1136343

PharmaCann LLC
16274 Twombly Road, Hillcrest, IL 61068
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1804 Maple Ave, Evanston, IL 60201
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
161 S. Lincolnway Street, Suite 301, North Aurora, IL 60542
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
4104 N. Columbus Street, Ottawa, IL 61350
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1135 Tower Road, Schaumburg, IL 60173
47-1136343

PharmaCann LLC
600 Neelytown Road, Montgomery, NY 12549
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
25 Northpointe Parkway, Amherst, NY 14228
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
642 Old Liverpool Road, Liverpool, NY 13088
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
10 Executive Park Drive, Albany, NY 12203
47-1136343

PharmaCann LLC dba PharmaCannis Health & Wellness
1280 Oak Point Ave, Bronx, NY 10474
47-1136343

PharmaCann LLC dba PharmaCann (provisional medical cannabis dispensing license)
5544 Nicholson Lane, Rockville, MD 20852
47-1136343

PharmaCann Penn LLC dba PharmaCannis LIFE (provisional medical cannabis dispensing license)
599 Franklin Mills Circle, Philadelphia, PA 19154
82-0861863

Demographic Information(Economically Disadvantaged Business)

A-4.1 The Applicant attests that at least fifty-one percent of the business, including corporate stock if a corporation, is owned by persons who belong to one or more of the groups set forth in this division, and that those owners have control over the management and day-to-day operations of the business and an interest in the capital, assets, and profits and losses of the business proportionate to their percentage of ownership. [ORC 3796.10](#)

YES

Demographic Information(District Information)

A-5.1 Please select to indicate the medical marijuana dispensary Ohio district for which you are applying for a dispensary license

NORTHEAST-4

A-5.2 Please select to indicate the medical marijuana dispensary Ohio county for which you are applying for a dispensary license

Stark

Demographic Information(Prospective Associated Key Employees Details)

Item 1 of 31

A-6.1 First Name

Clifford

A-6.2 Middle Name

W

A-6.3 Last Name

Bedar

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Construction Contractor

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

10740 Churchill Drive

A-6.17 City

Orland Park

A-6.18 State

IL

A-6.19 Zip Code

60467

A-6.20 Phone

3126172782

A-6.21 Email

cliff@cordos.net

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 2 of 31

A-6.1 First Name

Michael

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Chodil

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Director of Operations

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

1002 E Talbot St

A-6.17 City

Arlington Heights

A-6.18 State

IL

A-6.19 Zip Code

60004

A-6.20 Phone

3126172782

A-6.21 Email

mike.chodil@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 3 of 31

A-6.1 First Name

Vinicius

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Cordos

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Construction Contractor

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

1528 W Monroe St, Apt 300

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60607

A-6.20 Phone

7739089008

A-6.21 Email

vince@cordos.net

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 4 of 31

A-6.1 First Name

John

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Cordos

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Construction Contractor

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

4347 W Hollywood Ave

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60646

A-6.20 Phone

7739089066

A-6.21 Email

john@cordos.net

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 5 of 31

A-6.1 First Name

Christopher

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Diorio

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Director of Research and Development

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

16 Booth Drive

A-6.17 City

Campbell Hall

A-6.18 State

NY

A-6.19 Zip Code

10916

A-6.20 Phone

8454990311

A-6.21 Email

845 499 0311 chris.diorio@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 6 of 31

A-6.1 First Name

Mark

A-6.2 Middle Name

R

A-6.3 Last Name

Filorama

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Architect

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.3%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

619 Pleasant St

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

3122039653

A-6.21 Email

mark.filoramo@ftarc.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 7 of 31

A-6.1 First Name

Mary

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Gemini

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Director of Illinois Dispensaries

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

23704 Vintage Knoll Drive

A-6.17 City

Plainfield

A-6.18 State

IL

A-6.19 Zip Code

60544

A-6.20 Phone

8155317470

A-6.21 Email

mary.gemini@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 8 of 31

A-6.1 First Name

Johnny

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Hernandez

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Director of IT Infrastructure and Support

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

4708 Peacock Ln

A-6.17 City

Plainfield

A-6.18 State

IL

A-6.19 Zip Code

60586

A-6.20 Phone

7738990738

A-6.21 Email

johnny.hernandez@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 9 of 31

A-6.1 First Name

Stephen

A-6.2 Middle Name

J

A-6.3 Last Name

Kao

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.8%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

33 W Ontario St, Penthouse C

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60654

A-6.20 Phone

7037275866

A-6.21 Email

skaomit@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 10 of 31

A-6.1 First Name

Brian

A-6.2 Middle Name

R

A-6.3 Last Name

Kaplan

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Physician

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

77 E Walton, Unit 27B

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60611

A-6.20 Phone

3127711957

A-6.21 Email

brian.kaplan@integramed.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 11 of 31

A-6.1 First Name

Neil

A-6.2 Middle Name

T

A-6.3 Last Name

Kazaross

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

3.2%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

25820 W Sunset Lane

A-6.17 City

Barrington

A-6.18 State

IL

A-6.19 Zip Code

60010

A-6.20 Phone

3123624038

A-6.21 Email

nkazaross@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 12 of 31

A-6.1 First Name

Chase

A-6.2 Middle Name

Jordan

A-6.3 Last Name

Lochmiller

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.3%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

620 Broadway, Apt 2R

A-6.17 City

New York

A-6.18 State

NY

A-6.19 Zip Code

10012

A-6.20 Phone

3032296261

A-6.21 Email

chaselochmiller@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 13 of 31

A-6.1 First Name

Jill

A-6.2 Middle Name

A

A-6.3 Last Name

Mirkovic

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Marketing Consultant

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

305 Maple Row

A-6.17 City

Northfield

A-6.18 State

IL

A-6.19 Zip Code

60093

A-6.20 Phone

8477849264

A-6.21 Email

emkmirkovic@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 14 of 31

A-6.1 First Name

Mary

A-6.2 Middle Name

Susan

A-6.3 Last Name

Mullin

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Director of Human Resources

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

454 Hillandale Dr

A-6.17 City

Bartlett

A-6.18 State

IL

A-6.19 Zip Code

60103

A-6.20 Phone

7086284282

A-6.21 Email

sue.mullin@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 15 of 31

A-6.1 First Name

David

A-6.2 Middle Name

M

A-6.3 Last Name

Nole

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.2%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

2134 Birchwood Ave

A-6.17 City

Wilmette

A-6.18 State

IL

A-6.19 Zip Code

60091

A-6.20 Phone

8603071580

A-6.21 Email

davidnole@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 16 of 31

A-6.1 First Name

Brett

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Novey

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Director of Finance

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

221 Blackstone Ave

A-6.17 City

La Grange

A-6.18 State

IL

A-6.19 Zip Code

60525

A-6.20 Phone

3128829082

A-6.21 Email

brett.novey@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 17 of 31

A-6.1 First Name

Michael

A-6.2 Middle Name

J

A-6.3 Last Name

Palumbo

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

7.9%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

180 E Pearson Pl, Unit 6404

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60611

A-6.20 Phone

3123624038

A-6.21 Email

mikepalumbo10@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 18 of 31

A-6.1 First Name

Anna

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Poulin

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Manager of Patient and Physician Education

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

1406 Monroe Ave

A-6.17 City

River Forest

A-6.18 State

IL

A-6.19 Zip Code

60305

A-6.20 Phone

6306600583

A-6.21 Email

anna.poulin@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 19 of 31

A-6.1 First Name

Michael

A-6.2 Middle Name

Boruch

A-6.3 Last Name

Rauchman

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Technologist

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.4%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

45 Lakewood Pl

A-6.17 City

Highland Park

A-6.18 State

IL

A-6.19 Zip Code

60035

A-6.20 Phone

2245882257

A-6.21 Email

michaelrauchman@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 20 of 31

A-6.1 First Name

Barbara

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Rohm Rossa

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.1%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

312 N Kenilworth Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

7732940670

A-6.21 Email

rohmrossa88@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 21 of 31

A-6.1 First Name

Rachel

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Schepart

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

Lead Pharmacist, New York

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

31 Audubon Dr

A-6.17 City

Amherst

A-6.18 State

NY

A-6.19 Zip Code

14226

A-6.20 Phone

7165123916

A-6.21 Email

rachel.schepart@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 22 of 31

A-6.1 First Name

Mary Jo

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Schuler

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Philanthropist

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

1.0%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

315 N Euclid Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

7082677506

A-6.21 Email

mj@mjshu.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 23 of 31

A-6.1 First Name

R

A-6.2 Middle Name

Richard

A-6.3 Last Name

Schuler

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Retired

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.9%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

711 William St

A-6.17 City

River Forest

A-6.18 State

IL

A-6.19 Zip Code

60305

A-6.20 Phone

3126070255

A-6.21 Email

rickyeye@msn.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 24 of 31

A-6.1 First Name

Stephen

A-6.2 Middle Name

Gregory

A-6.3 Last Name

Schuler

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Private Equity Executive

A-6.6 Title in the Applicant's business

Executive Director

A-6.7 Applicant's business related compensation

0

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

32.7%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

BOARD MEMBER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

315 N Euclid Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

3129723117

A-6.21 Email

shu@mjshu.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 25 of 31

A-6.1 First Name

Norah

A-6.2 Middle Name

F

A-6.3 Last Name

Scott

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Consultant

A-6.6 Title in the Applicant's business

Co-Founder and Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

19.1%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

115 Wesley Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

7089122878

A-6.21 Email

norah.scott@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 26 of 31

A-6.1 First Name

Teddy

A-6.2 Middle Name

Charles

A-6.3 Last Name

Scott

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Business Executive

A-6.6 Title in the Applicant's business

Chief Executive Officer

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

1.5%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

OWNER

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

115 Wesley Ave

A-6.17 City

Oak Park

A-6.18 State

IL

A-6.19 Zip Code

60302

A-6.20 Phone

7083698281

A-6.21 Email

teddy.scott@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 27 of 31

A-6.1 First Name

Christopher

A-6.2 Middle Name

N

A-6.3 Last Name

Talsma

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Architect

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.3%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

2002 W Ohio Street

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60612

A-6.20 Phone

3126351920

A-6.21 Email

chris.talsma@ftarc.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 28 of 31

A-6.1 First Name

Daniel

A-6.2 Middle Name

Vincent

A-6.3 Last Name

Tierney

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Private Equity Executive

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

25.1%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

77 E Walton St, 24A

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60611

A-6.20 Phone

3123601377

A-6.21 Email

dan@wicklowcapital.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

This response has been entirely redacted

Demographic Information(Prospective Associated Key Employees Details)

Item 29 of 31

A-6.1 First Name

Jeremy

A-6.2 Middle Name

No response provided by applicant

A-6.3 Last Name

Unruh

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

N/A

A-6.6 Title in the Applicant's business

General Counsel

A-6.7 Applicant's business related compensation

<100,000

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

N/A

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

1220 Hill Rd

A-6.17 City

Winnetka

A-6.18 State

IL

A-6.19 Zip Code

60093

A-6.20 Phone

3124203471

A-6.21 Email

312 420 3471 jeremy.unruh@pharmacannis.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 30 of 31

A-6.1 First Name

Timothy

A-6.2 Middle Name

Ross

A-6.3 Last Name

White

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.1%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

180 N Hight St

A-6.17 City

Denver

A-6.18 State

CO

A-6.19 Zip Code

80218

A-6.20 Phone

3032496832

A-6.21 Email

twhite2121@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Demographic Information(Prospective Associated Key Employees Details)

Item 31 of 31

A-6.1 First Name

Kenneth

A-6.2 Middle Name

Kenichi Maehara

A-6.3 Last Name

Rosche

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Trader

A-6.6 Title in the Applicant's business

Passive Investor

A-6.7 Applicant's business related compensation

N/A

A-6.8 Number of shares owned

N/A

A-6.9 Types of shares owned

N/A

A-6.10 Percent interest in Applicant's business

0.3%

A-6.11 Voting percentage

N/A

A-6.12 Proposed Role

PERSON WITH FINANCIAL INTEREST

A-6.13 Please include any contributions of money, equipment, real estate and expertise

N/A

A-6.14 Date of birth

This response has been entirely redacted

A-6.15 Social Security Number (use "N/A" if unavailable)

This response has been entirely redacted

A-6.16 Street Address

1530 N Paulina Street Apt. F

A-6.17 City

Chicago

A-6.18 State

IL

A-6.19 Zip Code

60622

A-6.20 Phone

6173788237

A-6.21 Email

rosche.kenny@gmail.com

A-6.22 Race/Ethnicity: (Only answer if applying as an Economically Disadvantaged Business)

No response provided by applicant

A-6.23 If the Prospective Associated Key Employee maintains an Ohio residence, please provide the length of time for which Ohio residency has been established:

No response provided by applicant

A-6.24 Attach verification of identity. The following are acceptable forms of verification of identity:

- Unexpired, valid state-issued driver's license.
- Unexpired, valid photographic identification issued by the Ohio Bureau of Motor Vehicles or the equivalent from another state.
- Unexpired, valid United States passport.

This response has been entirely redacted

A-6.25 Tax Authorization: Each Prospective Associated Key Employee with an aggregate ownership interest of ten percent or more in the Applicant, must print, manually sign and attach a copy of the Tax Authorization Form. The State Board of Pharmacy may, in its discretion, require an owner or person who exercises substantial control over a proposed dispensary, but who has less than a ten percent

ownership interest, to comply with statutory and regulatory ownership requirements. [ORC 3796.10](#), [OAC 3796:6-2-02](#)

No response provided by applicant

Compliance(Compliance with Applicable Laws and Regulations)

B-1.1 By selecting “Yes”, the Applicant, as well as all individually identified Prospective Associated Key Employees listed in this provisional license application, agree to comply with all applicable Ohio laws and regulations relating to the operation of a medical marijuana dispensary.

YES

B-1.2 By selecting “Yes”, the Applicant understands and attests that it must establish and maintain an escrow account or surety bond in the amount of \$50,000 as a condition precedent to receiving a medical marijuana certificate of operation. [OAC 3796:6-2-11](#)

YES

Compliance(Civil and Administrative Action)

B-2.1 Has the Applicant been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties or fines being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-2.2 Has the Applicant been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-2.3 Has criminal, civil, or administrative action been taken against the Applicant for obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-2.4 Has criminal, civil or administrative action been taken against the Applicant under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to any of the Applicant's Prospective Associated Key Employees' profession or occupation?

NO

B-2.4.1 If "Yes" to any question in B-2, provide the following: Respondent / Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and the Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

Compliance(Prospective Associated Key Employee Compliance)

Item 1 of 31

B-3.1 First Name

Clifford

B-3.2 Middle Name

Wayne

B-3.3 Last Name

Bedar

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

N/A

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301
North Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 2 of 31

B-3.1 First Name

Michael

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Chodil

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Operations

B-3.6 Brief description of role

Manages all operational aspects of the company. Provides day-to-day leadership and management pursuant to the business plan, product safety, packaging, operations and management plans. Drives the company to achieve and surpass sales, profitability, cash flow and business goals and objectives. Collaborates with the senior leadership team to develop and implement plans for the operational infrastructure of systems, processes and personnel designed to accommodate the rapid growth objectives of the company

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of

whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug

Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 3 of 31

B-3.1 First Name

Vinicius

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Cordos

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301
North Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 4 of 31

B-3.1 First Name

John

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Cordos

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301
North Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 5 of 31

B-3.1 First Name

Christopher

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Diorio

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Research and Development

B-3.6 Brief description of role

Manages, performs and communicates research activities. Initiates new areas of investigation that are scientifically meaningful, reliable, and builds structure and process to be incorporated directly into manufacturing operations. Provides support to product lifecycle development and ongoing efforts for process improvements. Writes experimental protocols, assists in the manufacture of pilot/manufacturing batches.. Executes experimental protocols, assist in sample collection and submissions for testing, and performs physical tests as required

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of

whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug

Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 6 of 31

B-3.1 First Name

Mark

B-3.2 Middle Name

R

B-3.3 Last Name

Filoramo

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 7 of 31

B-3.1 First Name

Mary

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Gemini

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Dispensaries

B-3.6 Brief description of role

Oversees the operations of all dispensaries while creating a strong group of professionals through recruitment, coaching, and development. Plans, directs and manages staffing and development of employees by effectively communicating company strategic goals; conducting effective and timely performance appraisals; ensuring all training for employees is completed; and working with employees to improve their satisfaction levels as measured by employee surveys. Ensures compliance with security, inventory and regulatory protocols by dispensary General Managers. Understands all Company controls related to reporting, approvals, and inventory. Complies with all dispensary internal rules

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)?

Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 8 of 31

B-3.1 First Name

Johnny

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Hernandez

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of IT Infrastructure and Support

B-3.6 Brief description of role

Oversees all technology operations, network security and surveillance. Provides strategic planning for current IT infrastructure needs and provides input for future needs. Creates, establishes and implements IT policies and systems support in alignment from strategy set by the CEO. Establishes and controls budget and reports on expenditure to Director of Finance and CEO

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 9 of 31

B-3.1 First Name

Stephen

B-3.2 Middle Name

J

B-3.3 Last Name

Kao

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 10 of 31

B-3.1 First Name

Brian

B-3.2 Middle Name

R

B-3.3 Last Name

Kaplan

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 11 of 31

B-3.1 First Name

Neil

B-3.2 Middle Name

T

B-3.3 Last Name

Kazaross

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 12 of 31

B-3.1 First Name

Chase

B-3.2 Middle Name

Jordan

B-3.3 Last Name

Lochmiller

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 13 of 31

B-3.1 First Name

Jill

B-3.2 Middle Name

A

B-3.3 Last Name

Mirkovic

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If **"Yes"**, please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If **"Yes"** to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If **"Yes"** to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If **"Yes"** to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting **"Yes"**, this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If **"Yes"** to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 14 of 31

B-3.1 First Name

Mary

B-3.2 Middle Name

Susan

B-3.3 Last Name

Mullin

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Human Resources

B-3.6 Brief description of role

Oversees the operations of all dispensaries while creating a strong group of professionals through recruitment, coaching, and development. Plans, directs and manages staffing and development of employees by effectively communicating company strategic goals; conducting effective and timely performance appraisals; ensuring all training for employees is completed; and working with employees to improve their satisfaction levels as measured by employee surveys. Ensures compliance with security, inventory and regulatory protocols by dispensary General Managers. Understands all Company controls related to reporting, approvals, and inventory. Complies with all dispensary internal rules

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)?

Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 15 of 31

B-3.1 First Name

David

B-3.2 Middle Name

M

B-3.3 Last Name

Nole

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 16 of 31

B-3.1 First Name

Brett

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Novey

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Finance

B-3.6 Brief description of role

Records and administers the financial performance of the company, preparing and reporting auditing procedures, ensuring compliance with all fiscal reporting obligations to the Company's bank and the state. Develops a reliable cash flow projection process and reporting mechanism, which includes minimum cash threshold to meet operating needs. Prepares, examines, and analyzes accounting records, financial statements, and other financial reports for accuracy, completeness, and conformance to the reporting and procedural standards. Analyzes business operations, trends, costs, revenues, financial commitments and obligations, project revenues and expenses to provide guidance to the CEO and Board. Develops, maintains, and analyzes budgets, preparing periodic reports that compare budget to actual costs. Ensures compliance with all cash and cash management procedures. Ensures compliance with inventory management and auditing protocols

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 17 of 31

B-3.1 First Name

Michael

B-3.2 Middle Name

J

B-3.3 Last Name

Palumbo

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 18 of 31

B-3.1 First Name

Anna

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Poulin

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Director of Patient and Physician Education

B-3.6 Brief description of role

Manages all aspects of physician and patient outreach

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 19 of 31

B-3.1 First Name

Michael

B-3.2 Middle Name

Boruch

B-3.3 Last Name

Rauchman

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 NorthRoad Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 TwomblyRoad Hillcrest, IL 61068 Medical cannabiscultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. LincolnwayStreet, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLCdba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannisHealth & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannisHealth & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 20 of 31

B-3.1 First Name

Barbara

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Rohm Rossa

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 21 of 31

B-3.1 First Name

Rachel

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Schepart

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

Lead Pharmacist

B-3.6 Brief description of role

Leads development of patient- and physician-focused activities. Leads and acts as an ambassador to the patient, physician and business communities. Conducts outreach and networking efforts to increase brand awareness and sales. Develops and implements new business development ideas, and drives dispensary sales growth

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 22 of 31

B-3.1 First Name

Mary Jo

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Schuler

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 23 of 31

B-3.1 First Name

R

B-3.2 Middle Name

Richard

B-3.3 Last Name

Schuler

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 24 of 31

B-3.1 First Name

Stephen

B-3.2 Middle Name

Gregory

B-3.3 Last Name

Schuler

B-3.4 Proposed Role

BOARD MEMBER

B-3.5 Position/Title

Executive Director

B-3.6 Brief description of role

Provides leadership to the Board, ensuring the Board's effectiveness in all aspects of its role and setting its agenda. Manages Board committees. Runs the Board and ensures its effectiveness in all aspects of its role, including setting meeting agendas and cadenc

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing
PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing

PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing
PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription

drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting “Yes”, you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting “Yes”, you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 25 of 31

B-3.1 First Name

Norah

B-3.2 Middle Name

F

B-3.3 Last Name

Scott

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Co-Founder

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing
PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474

Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing
PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription

drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting “Yes”, you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting “Yes”, you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 26 of 31

B-3.1 First Name

Teddy

B-3.2 Middle Name

Charles

B-3.3 Last Name

Scott

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Executive Officer

B-3.6 Brief description of role

Sets the Mission, Vision, Values and Culture for the Company. Plans, develops, organizes, implements, directs and evaluates the Company's function and performance. Participates in the development of the Company's plans and programs as a strategic partner. Evaluates and advises on the impact of long-range planning, introduction of new programs/strategies and regulatory action. Enhances and/or develops, implements and enforces policies and procedures of the Company by way of systems that will improve the overall operation and effectiveness of the Company. Continual improvement of the budgeting process through education of Directors on financial issues impacting their budgets. Provides strategic financial input and leadership on decision-making issues affecting the Company

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

YES

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing
PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part,

on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local

Jurisdictions)

No response provided by applicant

B-3.21 By selecting “Yes”, you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting “Yes”, you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 27 of 31

B-3.1 First Name

Christopher

B-3.2 Middle Name

N

B-3.3 Last Name

Talsma

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 28 of 31

B-3.1 First Name

Daniel

B-3.2 Middle Name

Vincent

B-3.3 Last Name

Tierney

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 29 of 31

B-3.1 First Name

Jeremy

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Unruh

B-3.4 Proposed Role

PERSON EXERCISING SUBSTANTIAL CONTROL

B-3.5 Position/Title

General Counsel

B-3.6 Brief description of role

Oversees and manages the legal function of the company. Directs the planning, promotion and execution of regulatory strategies and initiatives. Coordinates with legal team and outside counsel to monitor and review the impact of regulatory and operational changes influencing the company. Responsible for managing and maintaining relationships with regulatory and governmental agencies

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

NO

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

No response provided by applicant

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or

any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 30 of 31

B-3.1 First Name

Timothy

B-3.2 Middle Name

Ross

B-3.3 Last Name

White

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Compliance(Prospective Associated Key Employee Compliance)

Item 31 of 31

B-3.1 First Name

Kenneth

B-3.2 Middle Name

Kenichi Maehara

B-3.3 Last Name

Rosche

B-3.4 Proposed Role

PERSON WITH FINANCIAL INTEREST

B-3.5 Position/Title

Passive Investor

B-3.6 Brief description of role

Not applicable. An indirect stakeholder with no operational or managerial control in the applicant.

B-3.7 Has this individual served, or are they currently serving as an owner, officer, or board member of another medical marijuana entity in Ohio or the United States?

NO

B-3.7.1 If "Yes" to B-3.7, please provide the entity Name and Address.

No response provided by applicant

B-3.8 Has this individual had ownership or financial interest, or do they currently have ownership or financial interest of another medical marijuana entity in Ohio or the United States?

YES

B-3.8.1 If "Yes" to B-3.8, please provide the entity Name and Address.

PharmaCann LLC 28479 E. 3200 North Road Dwight, IL 60420 Medical cannabis cultivation
PharmaCann LLC 16274 Twombly Road Hillcrest, IL 61068 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 1804 Maple Avenue Evanston, IL 60201
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 161 S. Lincolnway Street, Suite 301 North
Aurora, IL 60542 Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 4104 N. Columbus Street Ottawa, IL 61350
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1135 Tower Road Schaumburg, IL 60173
Medical cannabis dispensing

PharmaCann LLC 600 Neelytown Road Montgomery, NY 12549 Medical cannabis cultivation
PharmaCann LLC dba PharmaCannis Health & Wellness 25 Northpointe Parkway Amherst, NY 14228
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 642 Old Liverpool Road Liverpool, NY 13088
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 10 Executive Park Drive Albany, NY 12203
Medical cannabis dispensing
PharmaCann LLC dba PharmaCannis Health & Wellness 1280 Oak Point Ave Bronx, NY 10474
Medical cannabis dispensing
PharmaCann LLC 5544 Nicholson Lane Rockville, MD 20852 Medical cannabis dispensing
PharmaCann Penn LLC dba PharmaCannis LIFE 599 Franklin Mills Circle Philadelphia, PA 19154
Medical cannabis dispensing

B-3.9 Has this individual ever been convicted of, or are charges pending for, a [disqualifying offense](#)? Include instances in which a court granted intervention in lieu of treatment (also known as treatment in lieu of conviction, ILC, or TLC), or other diversion programs. Offenses must be reported regardless of whether the case has been sealed, as described in section [2953.32 of the Revised Code](#), or the equivalent thereof in another jurisdiction.

NO

B-3.9.1 If "Yes" to B-3.9, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.10 Has the individual ever been convicted of, or are charges pending for, any other felony offense under state or federal law?

NO

B-3.10.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.11 Has the individual ever been convicted of, or are charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?

NO

B-3.11.1 If "Yes", please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.12 Has this individual ever been disciplined by the State of Ohio Board of Pharmacy or any other licensing body.

NO

B-3.12.1 If "Yes", please provide the following: Name, Name and Address of Licensing Board, License Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved

No response provided by applicant

B-3.13 Has the individual ever been denied a license by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction, or is such action pending?

NO

B-3.13.1 If "Yes" to B-3.13, the reason for doing so must be provided below.

No response provided by applicant

B-3.14 Has the individual ever been the subject of an investigation or disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state or jurisdiction that resulted in the surrender, suspension, revocation, or probation of the individual's license or registration?

NO

B-3.14.1 If "Yes" to B-3.14, the reason for doing so must be provided below.

No response provided by applicant

B-3.15 Has the individual ever been the subject of a disciplinary action by the Drug Enforcement Administration or appropriate issuing body of any state jurisdiction that was based in whole or in part, on the Applicant's prescribing, dispensing, diverting, administering, storing, personally furnishing, compounding, supplying, or selling a controlled substance or other dangerous drug (i.e. prescription drug), or is any such action pending?

NO

B-3.15.1 If "Yes" to B-3.15, the reason for doing so must be provided below.

No response provided by applicant

B-3.16 By selecting "Yes", this individual agrees to be enrolled in the Retained Applicant Fingerprint Database (Rapback) should the Applicant be awarded a provisional license.

YES

B-3.17 Has the individual been the subject of an action resulting in sanctions, disciplinary actions or civil monetary penalties being imposed relating to a registration, license, provisional license or any other authorization to cultivate, process, or dispense medical marijuana in any state?

NO

B-3.17.1 If "Yes" to B-3.17, the reason for doing so must be provided below.

No response provided by applicant

B-3.18 Has the individual been the subject of a civil or administrative action relating to a registration, license, provisional license or authorization to cultivate, process, or dispense medical marijuana in any

state?

NO

B-3.18.1 If "Yes" to B-3.18, the reason for doing so must be provided below.

No response provided by applicant

B-3.19 Has the individual been accused of obtaining a registration, license, provisional license or other authorization to operate as a cultivator, processor, or dispensary of medical marijuana in any jurisdiction by fraud, misrepresentation, or the submission of false information?

NO

B-3.19.1 If "Yes" to B-3.19, the reason for doing so must be provided below.

No response provided by applicant

B-3.20 Has civil or administrative action been taken against the individual under the laws of Ohio or any other state, the United States or a military, territorial or tribal authority, relating to the individual's profession or occupation?

NO

B-3.20.1 If "Yes" to B-3.20, please provide the following: Defendant, Name of Case and Docket Number, Nature of Charge or Complaint, Date of Charge or Complaint, Disposition, Name and Address of the Administrative Agency Involved, and Jurisdictional Court (Specify Federal, State and/or Local Jurisdictions)

No response provided by applicant

B-3.21 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees are a physician who has a certificate to recommend medical marijuana or who has applied for a certificate to recommend medical marijuana under section [4731.30 of the Revised Code](#).

YES

B-3.22 By selecting "Yes", you attest to the following statement:

None of the Applicant's Prospective Associated Key Employees have ownership, investment interest, or a compensation arrangement with a laboratory licensed under [Chapter 3796 of the Revised Code](#) or an Applicant for a license to conduct laboratory testing.

YES

Business Plan(Property Title, Lease, or Option to Acquire Property Location)

C-1.1 Attach one of the following:

- Evidence of the Applicant's clear legal title to or option to purchase the proposed site and facility.
- A fully-executed copy of the Applicant's unexpired lease for the proposed site and facility and a written statement from the property owner that the Applicant may operate a medical marijuana organization on the proposed site for, at a minimum, the term of the initial provisional license.
- Other evidence that shows that the Applicant has a location to operate its medical marijuana organization.

Uploaded Document Name: **C-1.1a_Purchase Agreement - Massillon.pdf**

NOTE: This applicant uploaded document is the next 8 page(s) of this document.

TRADE SECRET

AGREEMENT OF SALE

THIS AGREEMENT is made this 14th day of November, 2017 (the "Effective Date"), by and between Andrew M. Oser ("Seller") and PharmaCann Ohio LLC, or its nominee or assignee ("Buyer").

In consideration of the mutual covenants and agreements contained herein, and intending to be legally bound hereby, the parties hereto agree as follows:

1. Agreement to Sell and Purchase. Seller agrees to sell to Buyer, and Buyer agrees to purchase from Seller, subject to the terms and conditions of this Agreement, the following (collectively, the "Property"):

(a) all that certain tract or parcel of land, including any buildings and other improvements located thereon (the "Improvements"), consisting of approximately 1.2 acres and known as Stark County Permanent Parcel No. 617015, located on Cherry Road NW, Massillon, Ohio, being all the real property owned by Seller at that location, together with (a) any land lying in the bed of any street, road or alley, open or proposed, in front, abutting or adjoining the subject property, (b) any easement, privilege, license or right-of-way inuring to the benefit of the subject property, (c) the appurtenances and hereditaments belonging or otherwise pertaining to the subject property, and (d) and all right, title and interest of Seller (whether now or hereafter existing) in and to any award made or to be made as a result or in lieu of condemnation, and in and to any award for damage to the Property or any part thereof by reason of casualty (collectively, the "Land"); and

(b) all existing surveys, blue prints, drawings, plans and specifications and other documentation for or with respect to the Land or any Improvements, if any.

2. Purchase Price. The total purchase price to be paid by Buyer to Seller for the Property (the "Purchase Price") shall be Two Hundred Ninety-Five Thousand (\$295,000), payable as follows:

(a) On the Effective Date, a non-refundable deposit of Ten Thousand and 00/100 Dollars (\$10,000) ("Non-Refundable Deposit") will be made by certified check directly to Seller at 901 Burd Avenue NE, Massillon, Ohio 44646. Provided the transaction closes, the Non-Refundable Deposit, in its entirety, shall be credited toward the Purchase Price.

(b) The balance of the Purchase Price is to be paid by certified check, title company check or wire transfer of funds at Closing (hereinafter defined).

3. Closing. Closing (the "Closing") hereunder shall occur at 11 a.m. on a date within thirty (30) days after the satisfaction or waiver of all of the conditions set forth in Section 6(a) below, at the office of the Buyer's title insurance company ("Escrow Agent") or such other location as the parties hereto shall mutually agree.

4. Condition of Title.

(a) Title to the Property shall be (i) good and marketable, and free and clear of all liens, restrictions, easements, encumbrances, leases, tenancies and other title objections made by Buyer, and (ii) insurable under an ALTA Owner's Policy, Form B, Amended 11-17-92, as aforesaid, by any reputable title insurance company at regular rates. Within ten (10) business days of the Effective Date, Escrow Agent shall provide a commitment for a title insurance policy for the Property in the amount of the Purchase Price (the "Title Commitment") to Buyer. If any title objections are disclosed in the Title Commitment, Buyer shall have fifteen (15) business days upon receipt of written notice of the Title Commitment to serve written notice to Seller of Buyer's objections to title. Seller will have thirty (30) days following receipt of Buyer's written notice to remove all objectionable title defects other than liens of liquidated amount required to be removed which may be removed by payment of cash at Seller's expense on or before transfer of record title to the Property. If Seller is unable to remove or insure over such objections to Buyer's satisfaction within said thirty (30) day period (or as otherwise extended by Buyer), Buyer may, at any time thereafter, exercise its rights set forth in Section 4(b) within five (5) business days following the expiration of the thirty (30) day period; otherwise, Buyer shall be deemed to have waived the

TRADE SECRET

title defects without reduction of the Purchase Price. In the event of termination of this Agreement by Buyer pursuant to the provisions of this Section 4, this Agreement will be void and the parties will be released from any further obligation to each other and from any and all claims relating to this Agreement and, notwithstanding anything herein to the contrary, the Non-Refundable Deposit shall remain the property of Seller.

(b) In the event Seller is unable to convey good and marketable title or remove or insure over Buyer's title objections to the satisfaction of Buyer, in any case, as will be insured by any reputable title insurance company at regular rates as set forth in Section 4(a), Buyer shall have the option of (i) taking such title as Seller can give without abatement of the Purchase Price, except that any existing liens or encumbrances which can be removed by the payment of money shall be paid and discharged by Seller at or prior to Closing, or (ii) terminating this Agreement, in which event, the Non-Refundable Deposit remains the property of Seller, this Agreement shall become null and void, and neither party shall have any further obligations or liabilities hereunder.

5. Inspections and Studies: Plans and Reports.

(a) Buyer may perform, and may engage third parties, including without limitation soil consultants, environmental consultants, civil engineers, attorneys and/or other consultants, advisors, and professionals to perform, an inspection of the Property, the development potential of the Property, and the condition of title thereto. Such inspections (the "**Due Diligence Inspection**") may include, but are not limited to, (i) a Phase I and II environmental site assessment and soils testing, (ii) a wetlands and floodplain delineation and analysis, geotechnical studies, a storm water management evaluation, and an analysis as to the amount and nature of fill material, (iii) an inspection as to the ability to develop a medical marijuana facility on the Property (the "**Proposed Project**") in compliance with the applicable zoning, subdivision, land development and other applicable ordinances, (iv) an inspection as to the availability of all utilities required to service the Proposed Project (including, without limitation, public or on-site sewer service, public or on-site water service, gas, electric and cable services), (v) an inspection as to the condition of the title to the Property, including any restrictions, encumbrances and/or easements applicable thereto, (vi) a building inspection of the Improvements located on the Property (if any), and (vii) any other reviews, inspections or interviews Buyer deems necessary in connection with Buyer's proposed plans for the development of the Property. If Buyer is dissatisfied for any reason whatsoever (or no reason) with the results of the Due Diligence Inspection, then Buyer shall have the option to terminate this Agreement by delivery of written notice to Seller at any time on or prior to the date that is One Hundred Fifty (150) days after the Effective Date (the "**Due Diligence Deadline Date**"). If Buyer terminates this Agreement, the Non-Refundable Deposit shall remain the property of Seller.

(b) Seller shall deliver, or make available, to Buyer, within five (5) business days following the Effective Date, any books, records, correspondence, plans, drawings, documents or reports concerning the Property and in Seller's possession or control.

(c) Buyer shall have the right to file, at Buyer's sole cost and in Buyer's sole discretion, with any other governmental agencies, as Buyer deems appropriate, all applications as are required to permit the development or operation of the Proposed Project.

6. Conditions Precedent to Buyer's Obligation.

(a) The obligation of Buyer under this Agreement to purchase the Property from Seller is subject to the satisfaction at the time specified of each of the following conditions (any or all of which may be waived in whole or in part by Buyer at or prior to Closing):

(i) Buyer shall be satisfied, in Buyer's sole and absolute discretion, with the results of the Due Diligence Inspection. If Buyer is dissatisfied for any reason whatsoever with the results of the Due Diligence Inspection (or for no reason), then Buyer shall have the option to terminate this Agreement pursuant to the terms of Section 5(a) above at any time on or prior to the Due Diligence Deadline Date.

(ii) Buyer shall have obtained, subject only to such terms and conditions as are acceptable to Buyer, in Buyer's sole discretion, all required governmental approvals and permits to (a)

TRADE SECRET

use and operate the Property for a medical marijuana facility in accordance with all applicable governmental laws and ordinances, (b) to develop the improvements proposed by Buyer for the Proposed Project in accordance with Buyer's specifications, and (c) commence with the construction of the Proposed Project, including, without limitation, final land development approval from any applicable governmental authorities (with the final land development plans signed by all applicable parties), final approval and permits from any applicable governmental authorities (including, without limitation, the Ohio Department of Transportation) to access and disturb any state roads, final approval and permits from any applicable governmental agency for the construction of, or connection to, any on-site or public sewer and water facilities to service the Proposed Project, any other necessary regulatory permits and approvals to allow the construction of the Proposed Project (collectively, the "**Development Approvals**"). If Buyer is unable to obtain the Development Approvals within Ninety (90) days after the Due Diligence Deadline Date (as may be extended as provided for below, the "**Development Approval Deadline Date**"), or if Buyer determines at any time that Buyer will be unable to obtain the Development Approvals on the terms and conditions as are acceptable to Buyer in Buyer's sole discretion, then Buyer shall have the option to terminate this Agreement by delivery of written notice to Seller at any time prior to the Development Approval Deadline Date. The Development Approvals shall not be deemed to have been obtained until any applicable appeal periods have expired without an appeal having been filed in opposition thereto.

(iii) Buyer shall have obtained, subject only to such terms and conditions as are acceptable to Buyer, in Buyer's sole discretion, a license issued by the State of Ohio Board of Pharmacy to allow Buyer to dispense medical marijuana to qualified patients on the Property (the "**License Approval**"). If Buyer is unable to obtain the License Approval within Ninety (90) days after the Due Diligence Deadline Date (as may be extended as provided for below, the "**License Approval Deadline Date**"), or if Buyer determines at any time that Buyer will be unable to obtain the License Approval on the terms and conditions as are acceptable to Buyer in Buyer's sole discretion, then Buyer shall have the option to terminate this Agreement by delivery of written notice to Seller at any time prior to the License Approval Deadline Date. The License Approval shall not be deemed to have been obtained until any applicable appeal periods have expired without an appeal having been filed in opposition thereto.

(iv) All of Seller's representations set forth in this Agreement shall be true and correct in all respects as of the date of this Agreement and as of the date of Closing as though made on and as the date of Closing. Seller shall have performed and complied with all of the terms and conditions required by this Agreement to be performed or complied with by Seller prior to or on the date of Closing.

(b) In the event that all of the conditions set forth in Section 6(a) are not satisfied on or before the date indicated (or if no date is indicated, by the date of Closing), then Buyer, at Buyer's option, may terminate this Agreement by written notice to Seller, whereupon this Agreement shall be null and void, and Buyer and Seller shall have no further liabilities or obligations hereunder.

(c) Buyer shall have the right to extend the Development Approval Deadline Date and/or the License Approval Deadline Date for up to six (6) additional one (1) month periods by delivering to Seller written notice of Buyer's intent to so extend the applicable Deadline Date and paying directly to Seller an additional Ten Thousand Dollars (\$10,000.00) for each one month extension (the "**Extension Fees**"), provided that in the event both Deadline Dates are extended, only one payment of \$10,000 is required to be paid. The Extension Fees shall be added to and become part of the Non-Refundable Deposit and shall be credited against the Purchase Price at Closing. If, however, this transaction does not close, the Extension Fees are non-refundable and remain the property of Seller.

(d) Notwithstanding anything contained herein to the contrary, if (a) Buyer obtains the Development Approvals by the Development Approval Deadline Date, but a third party timely appeals the grant of same to Court, or (b) Buyer is unable to obtain the Development Approvals by the Development Approval Deadline Date due to a denial of same by any applicable governmental agency, but Buyer timely appeals the denial of the Development Approvals to Court; then, in any such event, the Development Approval Deadline Date shall be extended during the pendency of the foregoing Court proceedings, so long as Buyer is using due diligence to bring such litigation to a final resolution.

7. Operation of the Property Prior to Closing. Between the Effective Date and the date of

TRADE SECRET

Closing:

(a) Seller shall maintain the Property and all portions thereof, including the Improvements (if any), in the same condition as on the date hereof, normal wear and tear excepted. Seller shall bear all risk of loss or damage to the Property from all causes until Closing. In the event, all or any portion of the Property is damaged or destroyed prior to Closing, Buyer shall have the right to terminate this Agreement, in which event the parties shall have no further obligations hereunder.

(b) Buyer and its architects, contractors, engineers, inspectors, consultants, agents and other representatives shall have access to and permission to enter the Property to inspect, survey, measure, take test borings or soil samples, or appraise the Property. Buyer shall indemnify, defend and hold Seller harmless for any claim or damage which may be caused by Buyer or its representatives entering upon the Property after the Effective Date. Prior to entry onto the Property pursuant to this Section 7(b), Buyer shall deliver to Seller a certificate of insurance evidencing that Buyer is maintaining a policy of general liability insurance in an amount of not less than one million dollars (\$1,000,000), which names Seller as an additional insured. Buyer shall repair any damage to the Property caused by Buyer or its representatives entering upon the Property, provided that in no event will Buyer be liable for the discovery of any conditions at the Property unless and to the extent exacerbated by the actions of Buyer.

(c) Seller shall cooperate with Buyer in connection with Buyer's efforts to satisfy the conditions set forth in this Agreement, including, without limitation, executing all applications and other documents which are required in connection therewith.

(d) Seller shall not sell, mortgage, pledge, hypothecate or otherwise transfer or dispose of all or any part of the Property or any interest therein, nor shall Seller initiate, consent to, approve or otherwise take any action with respect to zoning or any other governmental rules or regulations presently applicable to all or any part of the Property. Seller shall not execute any leases with respect to the Property.

(e) Seller shall promptly give written notice to Buyer of the occurrence of any event which affects the truth or accuracy of any representations or warranties made or to be made by Seller under or pursuant to this Agreement.

8. Provisions with Respect to Closing.

(a) At the Closing, Seller shall deliver or cause to be delivered to Buyer the following:

(i) Deed. A special warranty deed for the Property, duly executed and acknowledged by Seller, and in form attached hereto as Exhibit A (and otherwise acceptable to the Title Company) and subject only to: (i) those covenants, conditions and restrictions of record which are reviewed and approved by Buyer pursuant to Section 4 hereof; and (ii) the lien of general real estate taxes for the year 20 and subsequent years which are not yet due or payable.

(ii) Title Company Affidavit. An affidavit to Buyer's title insurance company of the type customarily provided by sellers of real property to induce title companies in the State of Ohio to insure over certain "standard" or "preprinted" exceptions to title.

(iii) Certification Statement. A written certification from the applicable governmental authority confirming the zoning classification of the Property as set forth in Section 11(a) hereof and that there are no notices of any uncorrected municipal code violations.

(iv) Closing Certificate. A certificate stating that Seller's representations contained in this Agreement are true and correct as of the date of Closing, and that the conditions precedent to Closing required to be performed by Seller have been satisfied.

(v) FIRPTA Certificate. A certification, duly executed by Seller and in the form attached hereto as Exhibit B.

(b) At the completion of Closing, Escrow Agent shall deliver the remaining Purchase Price to Seller.

9. Taxes; Apportionments; Closing Costs.

TRADE SECRET

(a) General and special taxes and assessments from the Property shall be prorated between Seller and Buyer as of the Closing Date based upon the rates appearing on the current tax duplicate of the Stark County Auditor.

(b) Buyer shall pay all title insurance premiums charged by Buyer's title insurance company. Each party shall pay its own counsel fees. Seller shall pay the State of Ohio and any County Real Property Conveyance Fees (and any other transfer taxes) payable with respect to the transaction. All other recording and closing costs of any nature or description shall be paid or apportioned in accordance with the custom and practice in the county in which the Property is located.

10. Eminent Domain. If, at any time prior to the date of Closing, Seller is notified of any eminent domain proceedings against all or any portion of the Property, Seller shall promptly give written notice thereof to Buyer. Buyer shall have the right, within thirty (30) days of receipt of any such notice, at its sole option, to terminate this Agreement, in which event this Agreement shall become null and void and neither party shall have any further liabilities or obligations hereunder. If Buyer does not elect to terminate this Agreement as aforesaid, then (a) Buyer shall have the right, to participate in and approve the determination of any eminent domain award, (b) the proceeds of any eminent domain award with respect to the Property paid between the date of this Agreement and the Closing shall be credited against the Purchase Price, and (c) all unpaid claims and rights in connection with the taking shall be assigned to Buyer at Closing.

11. Representations of Seller. Seller, to induce Buyer to enter into this Agreement and to purchase the Property, represents to Buyer as follows:

(a) Compliance. Seller has received no notices from any governmental authority of any violations of any federal, state or local law, regulation or ordinance affecting any portion of the Property which remains uncorrected. Seller shall use good faith efforts to cure, prior to Closing, any violation of which Seller receives written notice pertaining to the Property. The current zoning classification of the Property is B-1, and the Property is currently being used in compliance therewith.

(b) Litigation. There is no action, suit or proceeding pending or, to the knowledge of Seller, threatened, against or affecting the Property or any portion thereof or relating to or arising out of the ownership, management or operation of the Property in any court or before or by any federal, state or local department, commission, board, bureau or agency or other governmental instrumentality which could, if adversely decided, have any adverse effect on Buyer's acquisition, ownership, development or use of the Property.

(c) Public Improvements. No assessment for public improvements has been served upon the Seller with respect to the Property which remains unpaid, including, but not limited to, those for construction of sewer, water, electric, gas or steam lines and mains, streets, sidewalks and curbing. In the event work for any public improvements with respect to the Property is assessed or commenced before the Closing, Seller shall be responsible for the assessments and charges that are imposed on Seller or the Property in connection therewith. Seller knows of no public improvements which have been ordered to be made and/or which have not heretofore been completed, assessed and paid for.

(d) Environmental Disclosures. Seller has not used the Property, or knowingly permitted anyone else to use the Property, for the disposal of any industrial refuse or waste, or for the processing, manufacture, storage, handling, treatment or disposal of any hazardous or toxic substance or material. Seller has not installed or used or knowingly permitted anyone else to install or use, any asbestos-containing materials on the Property, and no machinery, equipment or fixtures containing polychlorinated biphenyls (PCBs) have been located on the Property at any time during Seller's ownership of the Property. To Seller's knowledge, no current or prior tenant, or prior owner, of the Property has used or permitted the Property to be used for any of the matters described in the preceding two sentences. To Seller's knowledge, there are no above-ground or underground storage tanks on the Property. No notice from any governmental body has ever been served upon Seller, its agents or employees or, to Seller's knowledge, any current or prior tenant, or prior owner, of the Property, claiming any violation of any federal, state or local law, regulation or ordinance concerning the environmental state, condition, or quality of the Property, or

TRADE SECRET

requiring or calling attention to the need for any work, repairs, construction, alterations, demolition, renovation or installation on or in connection with the Property in order to comply with any law, regulation or ordinance concerning the environmental state, condition or quality of the Property.

(e) Leases. There are no outstanding leases, tenancies, licenses or other rights of occupancy or use for any portion of the Property.

(f) Non-Foreign Status. No person or entity constituting "Seller" is a nonresident alien for purposes of United States income taxation.

(g) Authority. The Seller is the fee owner of the Property, and there is no person or entity with an ownership interest in the Property other than Seller. Seller has the full power, authority and legal right to execute, deliver and comply with this Agreement, any other document relating hereto, and the transactions contemplated hereby.

12. Brokers. Seller and Buyer each warrant and represent to the other that each has had no dealings, negotiations or communications with any brokers or other intermediaries in connection with this Agreement or the sale of the Property, (TBD Broker) its designee and _____. In the event that any claim is asserted by any person, firm or corporation, whether broker or otherwise, claiming a commission and/or finder's fee with respect to the sale and purchase of the Property resulting from any act, representation or promise of Seller, Seller shall indemnify and save Buyer harmless from any such claim. Seller shall pay (TBD Broker) or its designee the real estate commission due, (TBD Transaction fee).

13. Notices. All notices, requests and other communications under this Agreement shall be in writing and shall be deemed to have been properly given if personally delivered or sent by registered or certified mail, postage prepaid, return receipt requested, or by private overnight express carrier, such as Federal Express, next day delivery, charges prepaid, addressed as follows: if intended for Seller: _____; with a copy to _____; if intended for Buyer: PharmaCann Ohio LLC C/O Teddy Scott 1010 Lake Street Oak Park, IL 60301; and with a copy to Buyer's counsel (Insert) , or at such other address of which Seller or Buyer shall have given notice as herein provided. Notices by the parties may be given on their behalf by their respective counsel. All such notices, requests and other communications shall be deemed to have been sufficiently given for all purposes on the date of delivery, if personally delivered, or the postmarked date of mailing, if sent by registered or certified mail, or the date of deposit if sent by private overnight express carrier.

14. Buyer's Default; Seller's Default; Interest.

(a) If either party violates or fails to fulfill or perform any of the terms and conditions of this Agreement required to be performed by such party (the "Defaulting Party"), the Defaulting Party shall not be deemed in default hereunder unless the Defaulting Party fails to cure such violation or failure within ten (10) days after the Defaulting Party's receipt from the other party of a written notice notifying the Defaulting Party of said violation or failure (except that no such notice shall be required with respect to Buyer's failure to complete Closing when required under this Agreement).

(b) In the event a party violates or fails to fulfill and perform any of the terms and conditions of this Agreement required to be performed by said party, the other party shall have all remedies available against the other party at law or in equity, including, without limitation, the right to compel specific performance of said party's obligations hereunder, provided that Buyer's liability shall be limited to the out of pocket costs incurred by Seller and shall in no event exceed \$50,000.

(c) The non-prevailing party in any dispute between Seller and Buyer under this Agreement shall reimburse the prevailing party for all reasonable attorneys' fees and costs incurred by the prevailing party in the resolution of any such dispute.

15. Escrow Agent. Seller and Buyer agree that Escrow Agent is acting as agent only and shall not be liable to either party for any act or omission except as the result of Escrow Agent's gross negligence or willful misconduct. Escrow Agent shall be entitled to rely upon any document reasonably believed by it to be genuine.

TRADE SECRET

16. Fire/Casualty. If, between the Effective Date and the Closing, the Property is damaged or destroyed by fire or other casualty Seller shall immediately provide written notice to Buyer of such casualty (the "Casualty Notice"). Buyer shall have the option, exercisable by notice to Seller within thirty (30) days after receipt of the Casualty Notice to either: (i) elect not to purchase the Property, and terminate this Agreement by delivering written notice to Seller, whereupon neither party shall have any further obligations or liabilities hereunder, or (ii) elect to purchase the Property and pay the full Purchase Price at Closing, whereupon Seller shall assign to Buyer any insurance proceeds to which such Seller may be entitled as a result of such damage, destruction, casualty or loss to the Property, and Buyer shall receive a credit against the Purchase Price in the amount of the applicable deductible (unless previously paid by Seller).

17. Miscellaneous.

(a) The headings and captions in this Agreement are inserted for convenience of reference only and in no way define, describe or limit the scope or intent of this Agreement or any of the provisions hereof.

(b) This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors and assigns. Buyer shall have the right to assign its interest in this Agreement to any party; provided, however, Buyer shall continue to remain liable for the satisfaction of all obligations hereunder.

(c) The representatives and officers who have executed this Agreement on behalf of Seller hereby represent, warrant and confirm that they have the authority to execute this Agreement.

(d) Possession is to be delivered by Seller to Buyer at Closing. Formal tender of an executed deed and purchase money is hereby waived.

(e) This Agreement contains the entire agreement between the Seller and the Buyer and there are no other terms, obligations, covenants, representations, statements or conditions, oral or otherwise of any kind whatsoever concerning this sale. Furthermore, this Agreement shall not be altered, amended, changed or modified except in writing executed by the parties hereto.

(f) This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio.

(g) This Agreement may be executed in counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one and the same instrument.

(h) The representations contained in Section 11 above shall survive each Closing.

(i) If any provision of this Agreement is found by a court of law to be in violation of any applicable local, state or federal ordinance, statute, law, administrative or judicial decision, or public policy, and if such court should declare such provision of this Agreement to be illegal, invalid, unlawful, void or unenforceable as written, then it is the intent of Seller and Buyer that the remainder of this Agreement shall be construed as if such illegal, invalid, unlawful, void or unenforceable provision was not contained herein, and the rights, obligations and interest of Seller and Buyer under the remainder of this Agreement shall continue in full force and effect.

(j) Time is of the essence of this Agreement.

(k) In computing any period of time pursuant to this Agreement, the day of the act or event from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, Sunday or legal holiday in the State of Ohio, in which event the period shall run until the end of the next day which is not a Saturday, Sunday or such legal holiday.

[NO FURTHER TEXT ON THIS PAGE SIGNATURE PAGES FOLLOW]

TRADE SECRET

IN WITNESS WHEREOF, intending to be legally bound hereby, the parties hereto have executed this Agreement as of the date first above written.

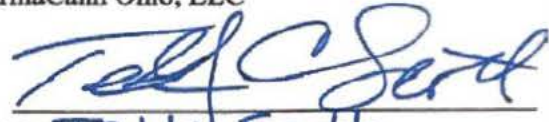
SELLER:



Andrew M. Oser

BUYER:

PharmaCann Ohio, LLC

By: 

Name: Teddy Scott

Its: CEO

C-1.2 Business Name, as it appears on the Applicant's certificate of incorporation, charter, bylaws, partnership agreement or other official documents.

PharmaCann Ohio LLC

C-1.3 Trade names and DBA (doing business as) names

PharmaCannis LIFE

C-1.4 Business Address

Parcel #617015 on Cherry Rd and Rte 21

C-1.5 City

Massillon

C-1.6 State

OH

C-1.7 Zip Code

44646

C-1.8 Phone

7089195641

C-1.9 Email

teddy.scott@pharmacannis.com

Business Plan(Site and Facility Plan)

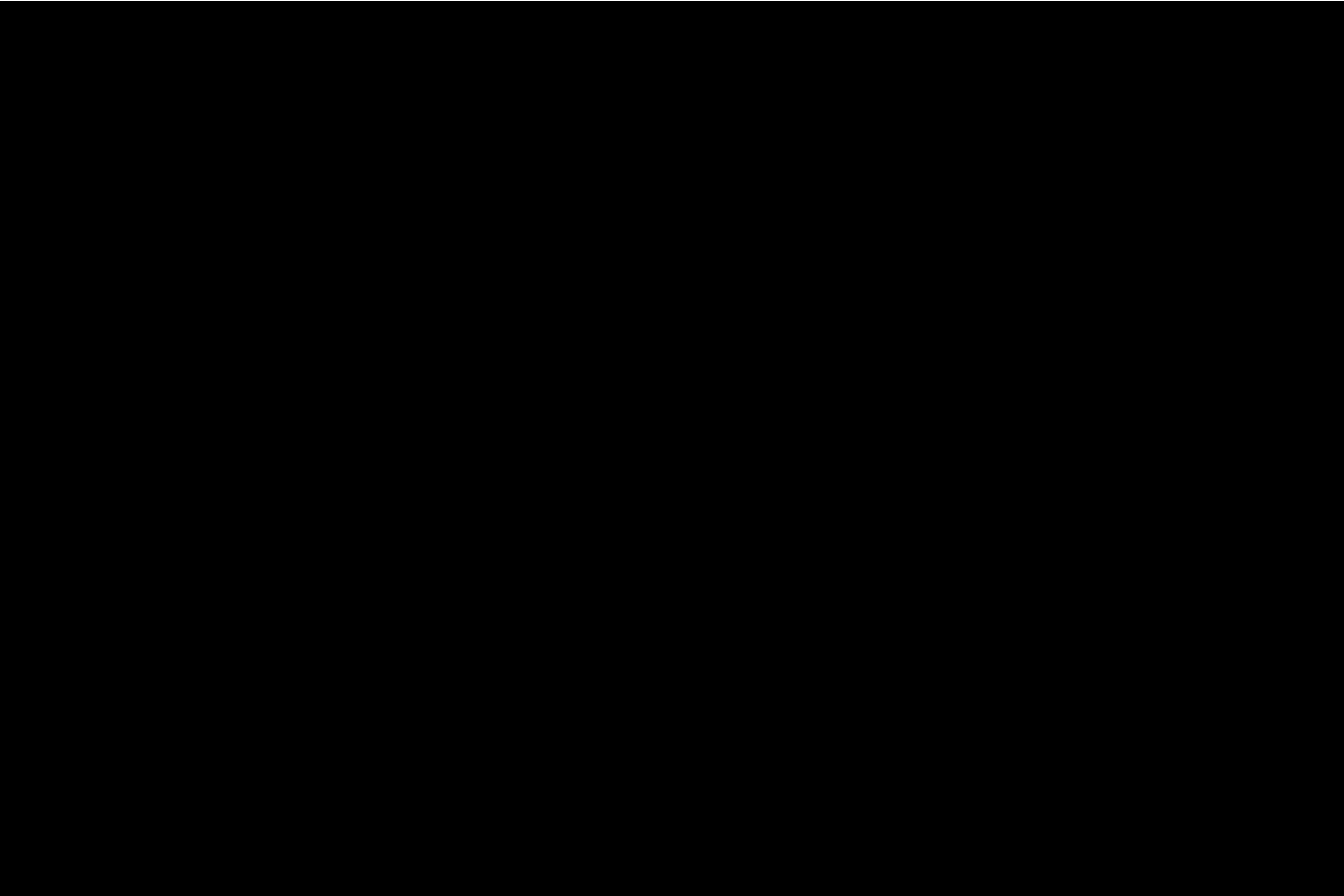
C-2.1 Applicants must show that they can expeditiously use a site and facility to meet the activities described in the provisional license by attaching one of the following:

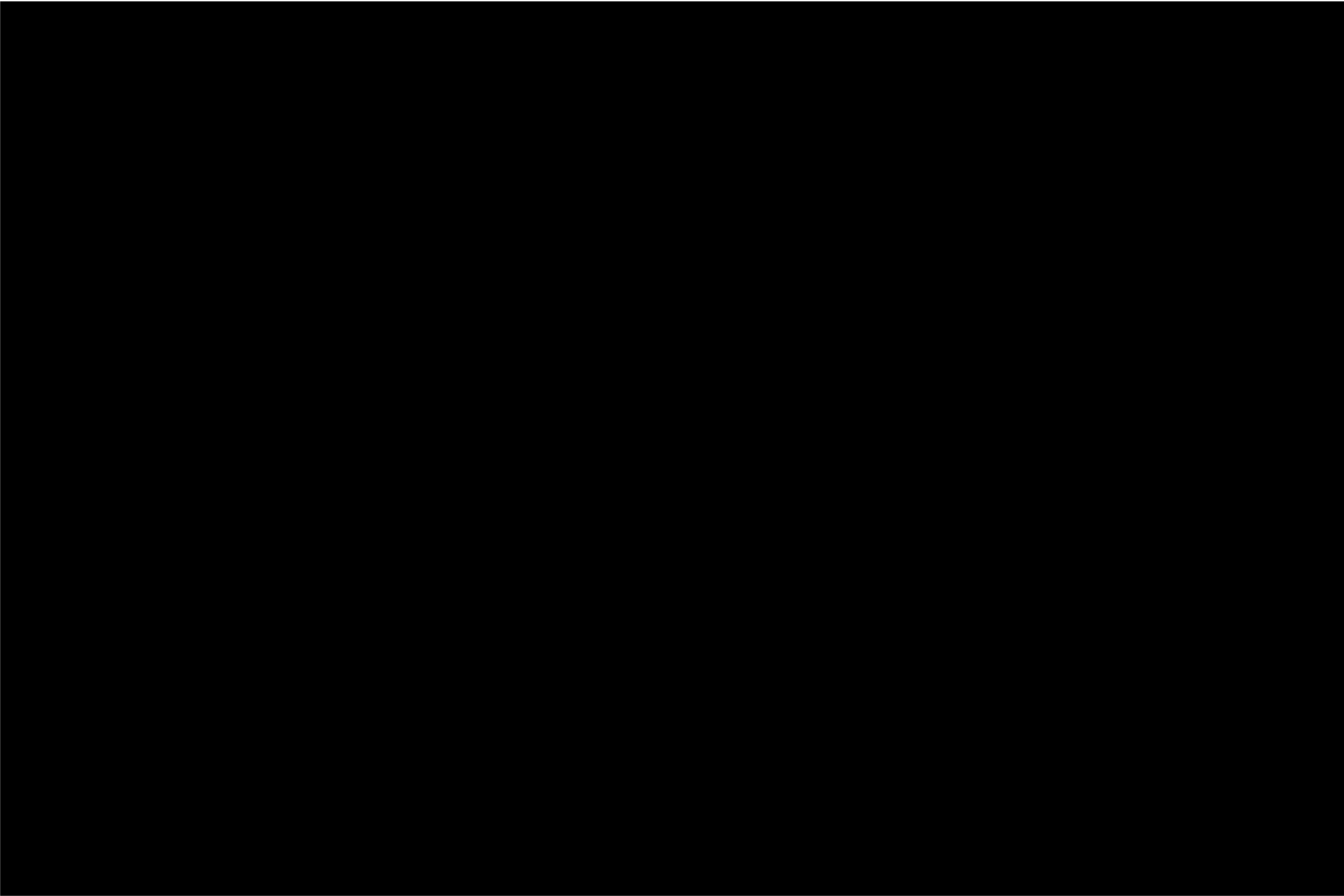
- If the facility is in existence at the time that the provisional license application is submitted, submit plans and specifications drawn to scale for the interior of the facility.
- If the facility is in existence at the time that the provisional license application is submitted, and the Applicant plans to make alterations to the facility, submit renovation plans and specifications for the interior and exterior of the facility.
- If the facility does not exist at the time that the provisional license application is submitted, submit a plot plan that shows the proposed location of the facility and an architectural drawing of the facility, including a detailed drawing, to scale, of the interior of the facility.

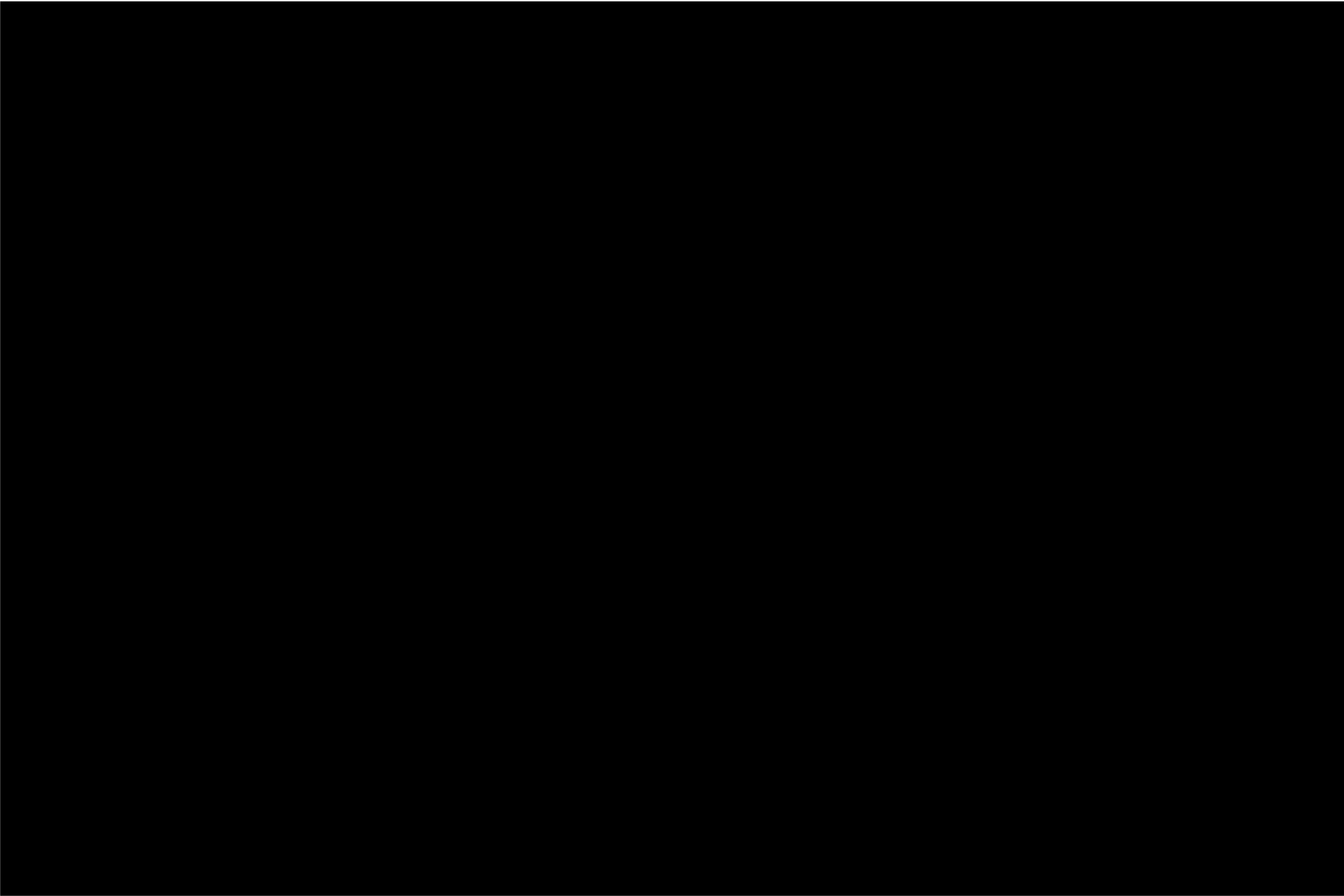
Uploaded Document Name: **C-2.1c_Site and Facility Plans - Massillon-A.pdf**

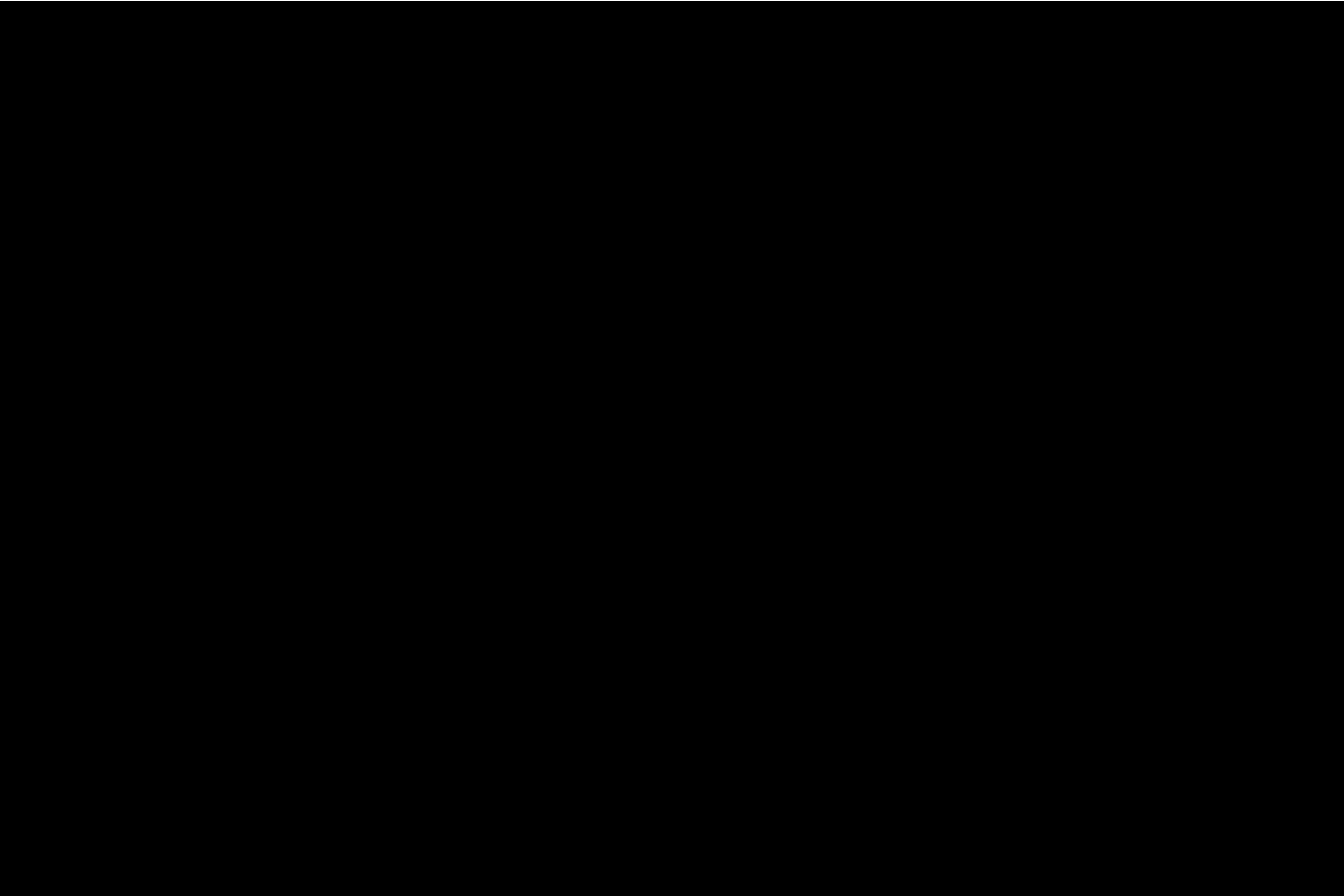
NOTE: This applicant uploaded document is the next 10 page(s) of this document.

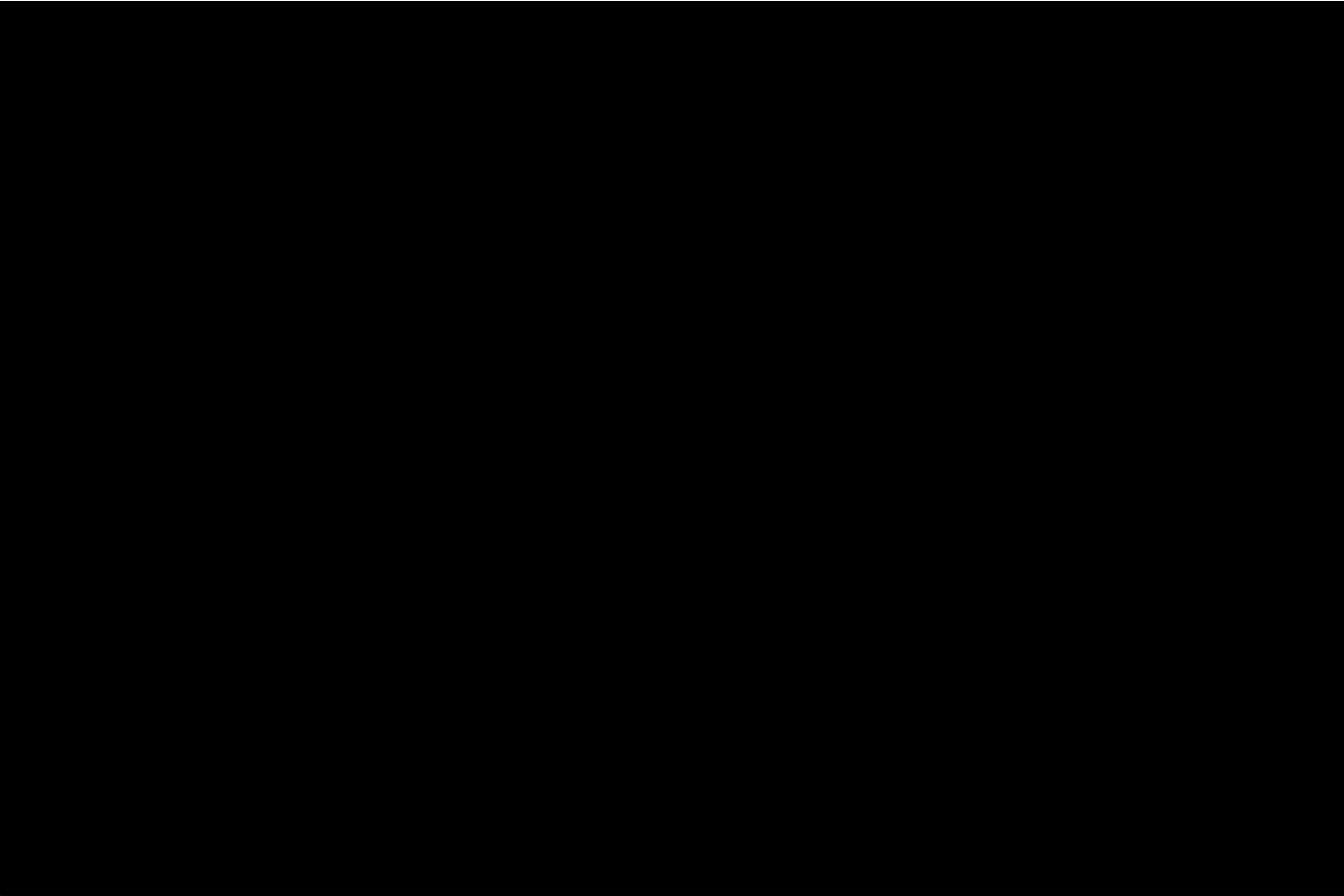




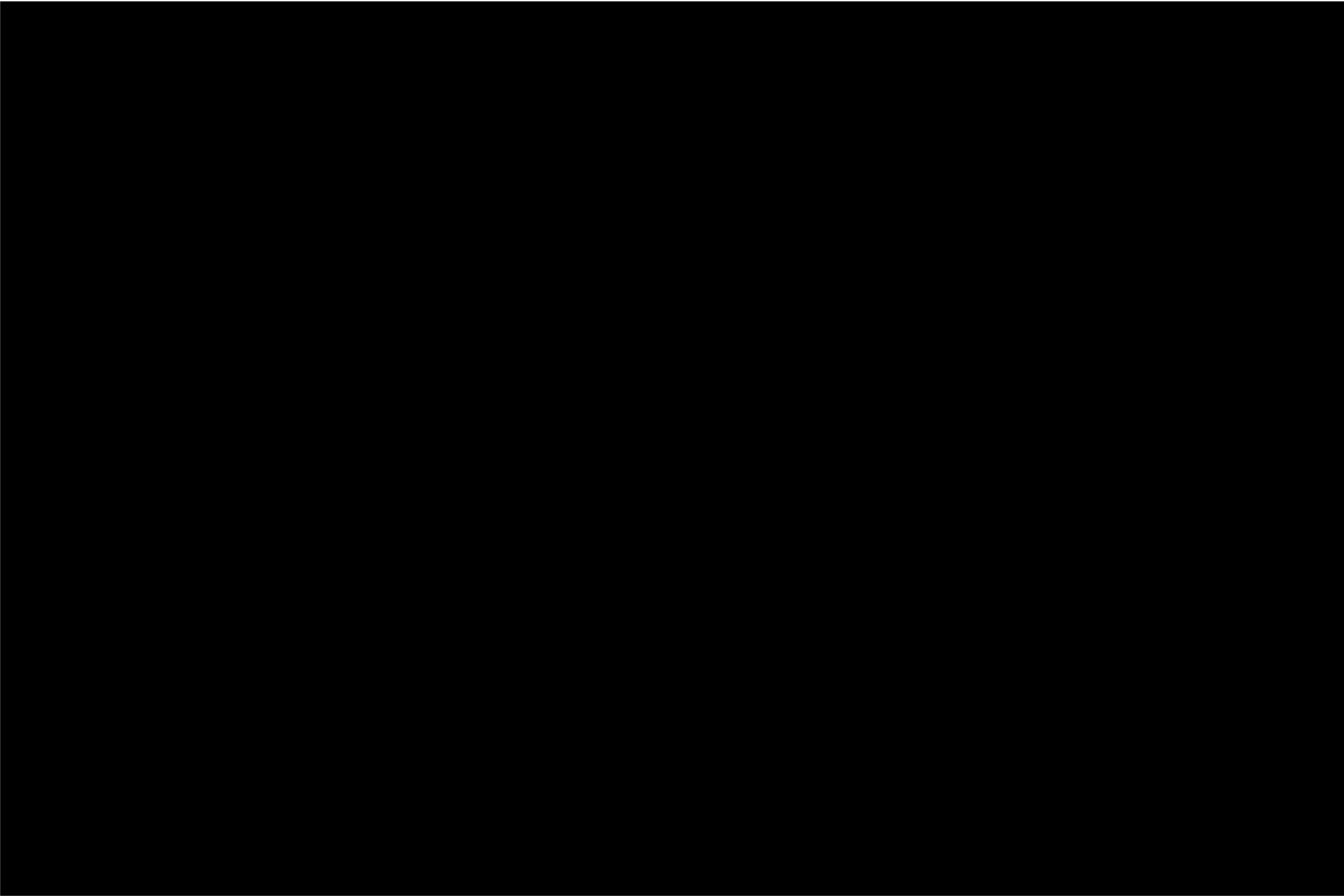


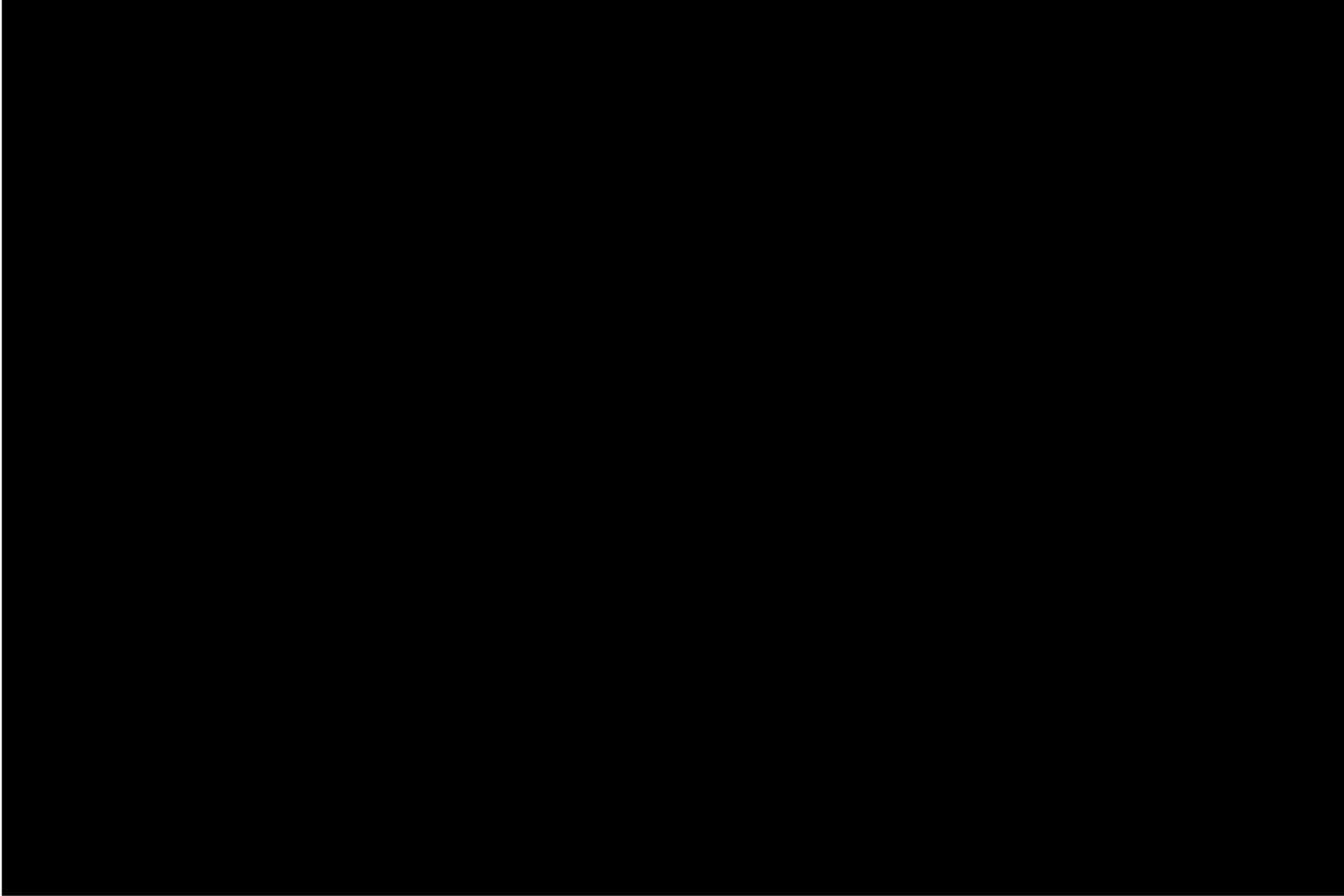












C-2.2 The Applicant also must submit evidence that it is in compliance with any local ordinances, rules, or regulations adopted by the locality in which the Applicant's property is located, which are in effect at the time of the application. Include copies of any required local registration, license or permit. If no relevant zoning restrictions have been enacted, provide a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to [prohibited facilities](#) and is not located within 500 feet of a community addiction services provider as defined under [section 5119.01 of the Revised Code](#). [OAC 3796:5-5-01](#)

Uploaded Document Name: **C-2.2_Proper Zoning Form and Local Compliance - Massillon.pdf**

NOTE: This applicant uploaded document is the next 4 page(s) of this document.

TRADE SECRET



STATE OF
OHIO
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



NOTICE OF PROPER ZONING FORM

(Attachment to Application Section C-2.2)

This form must be signed by an individual with authority to sign on behalf of the local government or zoning office where the Applicant proposes to locate its dispensary. The form must be printed and signed with an original, wet-ink signature. Electronic or digital signatures are not acceptable. Scan and attach a copy of the signed form, in PDF format, in response to Question C-2.2 of the online Application.

To be Completed by Applicant		
Business Name of Applicant: PharmaCann Ohio LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: Parcel #617015 on Cherry Rd and Rte 21 (to be named PharmaCannis Life)		
City: Massillon		County: Stark
State: Ohio	Zip Code: 44646	Phone Number: 708-919-5641
To be Completed by Zoning Authority or Local Government		
Jurisdiction of Zoning Office or Local Government Massillon, Ohio		
Moratorium (Required to check one box)		
<input checked="" type="checkbox"/> The area of Massillon, Ohio HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.		
<input type="checkbox"/> The area of _____ HAS enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary. (Note: This will lead to disqualification of the application)		
Zoning (Required to check one box)		
<input type="checkbox"/> The area of _____ HAS NO zoning in place at this time. <i>*If Applicant checks this box, Applicant must also include a professionally prepared survey which demonstrates that the Applicant is not in violation of restrictions pertaining to prohibited facilities and is not located within 500 feet of a community addiction services provider as defined under section 5119.01 of the Revised Code.</i>		
<input checked="" type="checkbox"/> The area of Massillon, Ohio HAS zoning in place at this time and applicant's proposed facility appears to be planned in accordance with complying with all local zoning laws and regulations in place at the time of completion of this application.		

TRADE SECRET



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Permit (Required to check one box)

☐ The Applicant has received local zoning approval and was issued a permit.

**If Applicant checks this box, Applicant must attach the permit issued.*

☐ The Applicant has applied for local zoning approval, but was not yet issued a permit.

☒ No zoning approval was applied for and no permit was received at this time.

Printed Name of Local Government Representative:

David Maley

Title:

Economic Development Director

Signature:

David Maley

Date:

11-13-2017

Proposed Location – Zoned B-1 -
 Local Business District

City of Massillon, Ohio
 Planning and Zoning Code

Chapter 1163.02 – B-1 Local Business District

In a Local Business District, no building or land shall be used and no building shall be erected except for one or more of the following specified uses unless otherwise provided in the Zoning Ordinance.

(a) Generally recognized retail businesses which supply commodities on the premises, such as but not limited to: groceries, meats, dairy products, baked goods or other foods, drugs, dry goods, clothing and notions or hardware.

(b) Personal service establishments which perform services on the premises, such as but not limited to: repair shops (watches, radio, television, shoe, etc.), tailor shops, beauty parlors or barber shops, photographic studios and self-service laundries and dry cleaners.

(c) Dry cleaning establishments, or pick-up stations, dealing directly with the consumer. Central dry cleaning plants serving more than one retail outlet shall be prohibited.

(d) Business establishments which perform services on the premises, such as but not limited to: banks, loan companies, insurance offices and real estate offices.

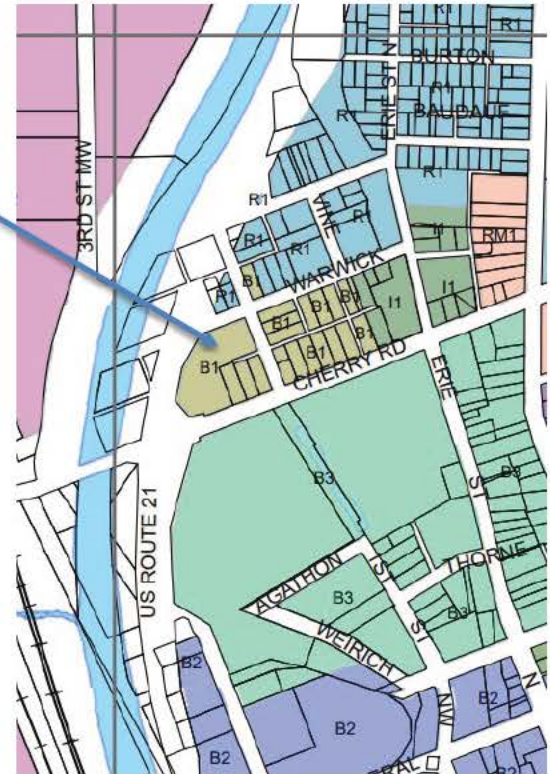
(e) Professional services including offices of doctors, dentists, osteopaths and similar or allied professions.

(f) Branch Post Offices and similar governmental office buildings, serving persons living in the adjacent residential area.

(g) Restaurants, taverns or other places serving food or beverages except those having the character of a drive-in, except the sale of beer, wine and/or intoxicating liquors as the same are defined in the Liquor Control Act of Ohio, for the consumption on the premises of the seller, shall be prohibited within 500 feet of the nearest property line of any church mission, public or parochial school, hospital or public library.

(h) Other uses similar to the above uses.

(i) Accessory structures and uses customarily incident to the above permitted uses. (Ord. 82-1970. Passed 11-2-70.)



Chapter 1163.03 – Required Conditions

(a) All business establishments shall be retail or service establishments dealing directly with customers. All goods produced on the premises shall be sold at retail on premises where produced.

(b) All business, servicing or processing, except for off-street parking or loading, shall be conducted within a completely enclosed building. (Ord. 28-1972. Passed 5-15-72.)

Chapter 1163.04 – Principal Uses Permitted Subject to Special Conditions

The following uses shall be permitted, subject to the conditions hereinafter imposed for each use and subject further to the review and approval of the Planning Commission:

(a) Gasoline service station for the sale of gasoline, oil and minor accessories and where only incidental repair work is done, but not including steam cleaning or undercoating, vehicle body repair, painting, tire recapping, engine rebuilding, auto dismantling, upholstering, auto glass work, outdoor storage of wrecked or inoperative vehicles, rental equipment and/or vehicles and such other activities whose external effects could adversely extend beyond the property line.

(1) The driveway or curb cuts for access to a service station shall not be permitted at such locations that will tend to create traffic hazards in the streets immediately adjacent thereto. Entrances shall be located no less than ten feet from an adjoining property line, twenty-five feet if adjacent residential districts, as extended to the curb or pavement. Entrances shall also be no less than twenty-five feet from an intersecting street right-of-way line extended to the curb or pavement.

(2) The minimum lot area shall be 15,000 square feet, and so arranged that ample space is available for motor vehicles which are required to wait. Gasoline service stations which are intended solely for the sale of gasoline, oil and minor accessories and having no facilities for repair or servicing of automobiles, including lubricating facilities, may be permitted on lots of 10,000 square feet, subject to all other provisions herein required. If rental vehicles or trailers are stored on the premises, a minimum lot area of 15,000 square feet shall be devoted exclusively to service station use, and there shall be provided behind the line of the main building an additional area for the storage of rental vehicles or trailers on such premises. No vehicles or trailers shall be parked in front of the pump island setback line except vehicles actually being serviced at such pump island.

(3) No portion of such structure or its equipment shall be located less than fifty feet from a building in a residence district unless separated from the lots in such district by a street fifty feet or more in width. Furthermore, gasoline pumps or pump islands shall be located not less than fifteen feet from any street right-of-way line.

(4) The maximum volume of gasoline, lubricating oil or other motor fuel that may be stored at each service station, bulk station or other place where these materials are stored shall be 30,000 gallons and no tank or container used to store these materials shall be installed until written approval is received from the Fire Prevention Bureau of the City and also from the Chief of the Massillon Fire Department.

(5) All tanks shall be installed in accordance with State laws of Ohio and regulations of the State Fire Marshal, Columbus, Ohio.

(6) All above tanks must be underground, properly vented and placed in ground and on lot in accordance with the State laws of Ohio and regulations of the State Fire Marshal.

(7) Upon discontinuance of the use of the above tanks for the purpose for which they were installed, they must be removed from the property by the owner of same within ninety days.

(8) No open flame heating appliances permitted.

(b) Gasoline service stations for the sale of gasoline, oil, minor automotive accessories and goods designed to meet the day to day convenience shopping and service needs of persons residing in adjacent residential areas.

(1) Such use is subject to those special conditions listed pursuant to subsection (a) hereof.

(2) Such service stations shall not conduct nor have on site facilities for the repair or servicing of automobiles.

(3) All food products sold on the premises must be pre-packaged.

(4) Off-street parking requirements shall be provided in accordance with Section [1183.01](#).

(c) Publicly owned buildings, public utility buildings, telephone exchange buildings, electric transformer stations and substations; gas regulator stations with service yards but without storage yards; water and sewage pumping stations.

(Ord. 94-1978. Passed 10-2-78.)

(d) Bed and Breakfast Homes subject to the provisions of Section [1187.15](#).

(e) Bed and Breakfast Inns subject to the provisions of Section [1187.15](#).

(Ord. 5-2003. Passed 3-3-03.)

C-2.3 Provide a location map of the area surrounding the proposed facility that establishes the facility is at least 500 feet from a [prohibited facility](#) or a community addiction services provider as defined under [section 5119.01 of the Revised Code](#). In establishing the distance between a proposed dispensary and such a facility, the distance shall be measured linearly and shall be the shortest distance between the closest point of the property lines of the proposed dispensary and the prohibited facility or community addiction services provider. The map must be clearly legible and labeled and may be divided into 8.5*11 inch sections. [OAC 3796:5-5-01](#)

Uploaded Document Name: **C-2.3_Location Area Map - Massillon.pdf**

NOTE: This applicant uploaded document is the next 2 page(s) of this document.

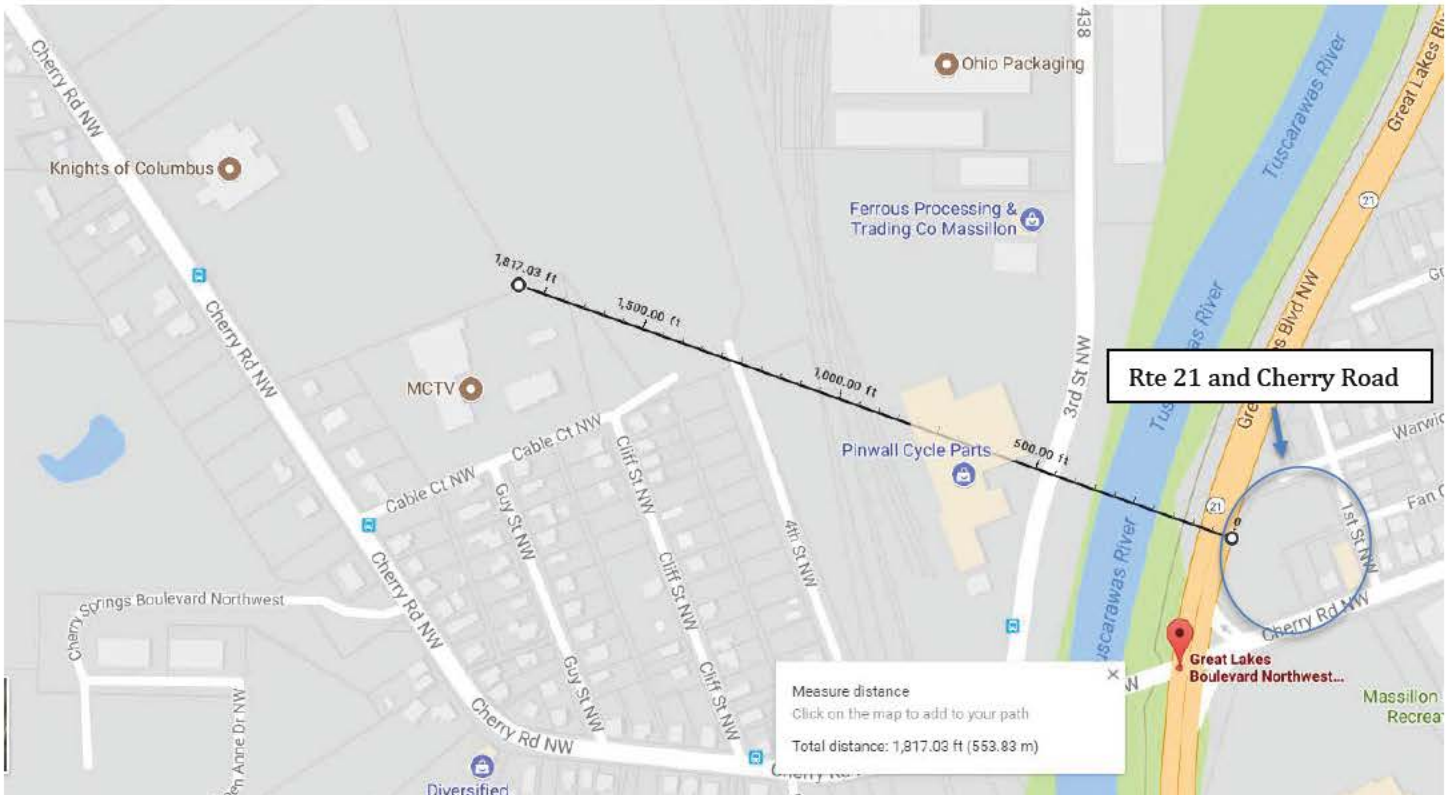
SECURITY AND INFRASTRUCTURE

C-2.3 Location Area Map – Rte 21 and Cherry Road – Massillon (Stark County) (PharmaCannis Life)

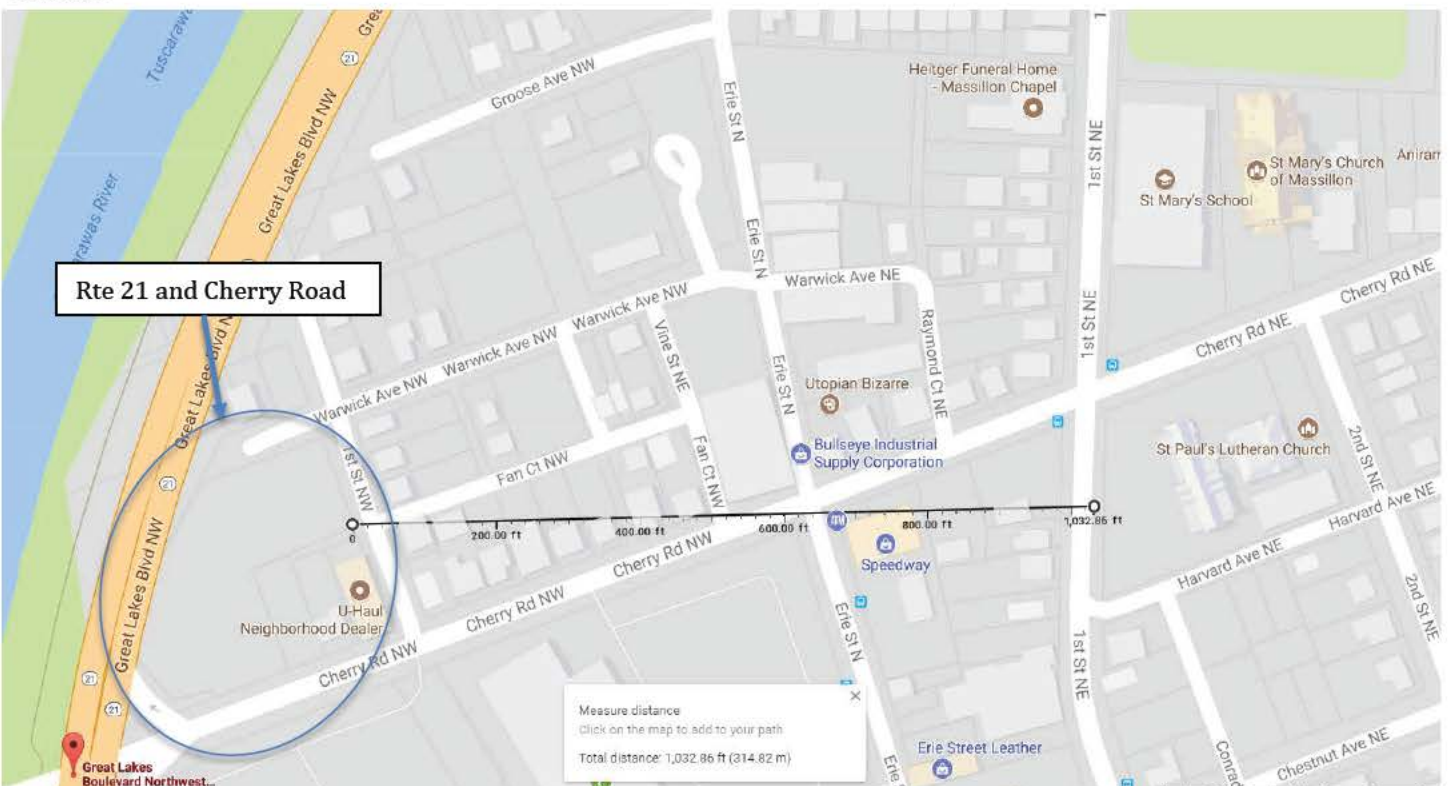


MASSILLON, OHIO DISPENSARY

To the North and West: Over 1,800 feet from the property line of the nearest prohibited facility, the Knights of Columbus.

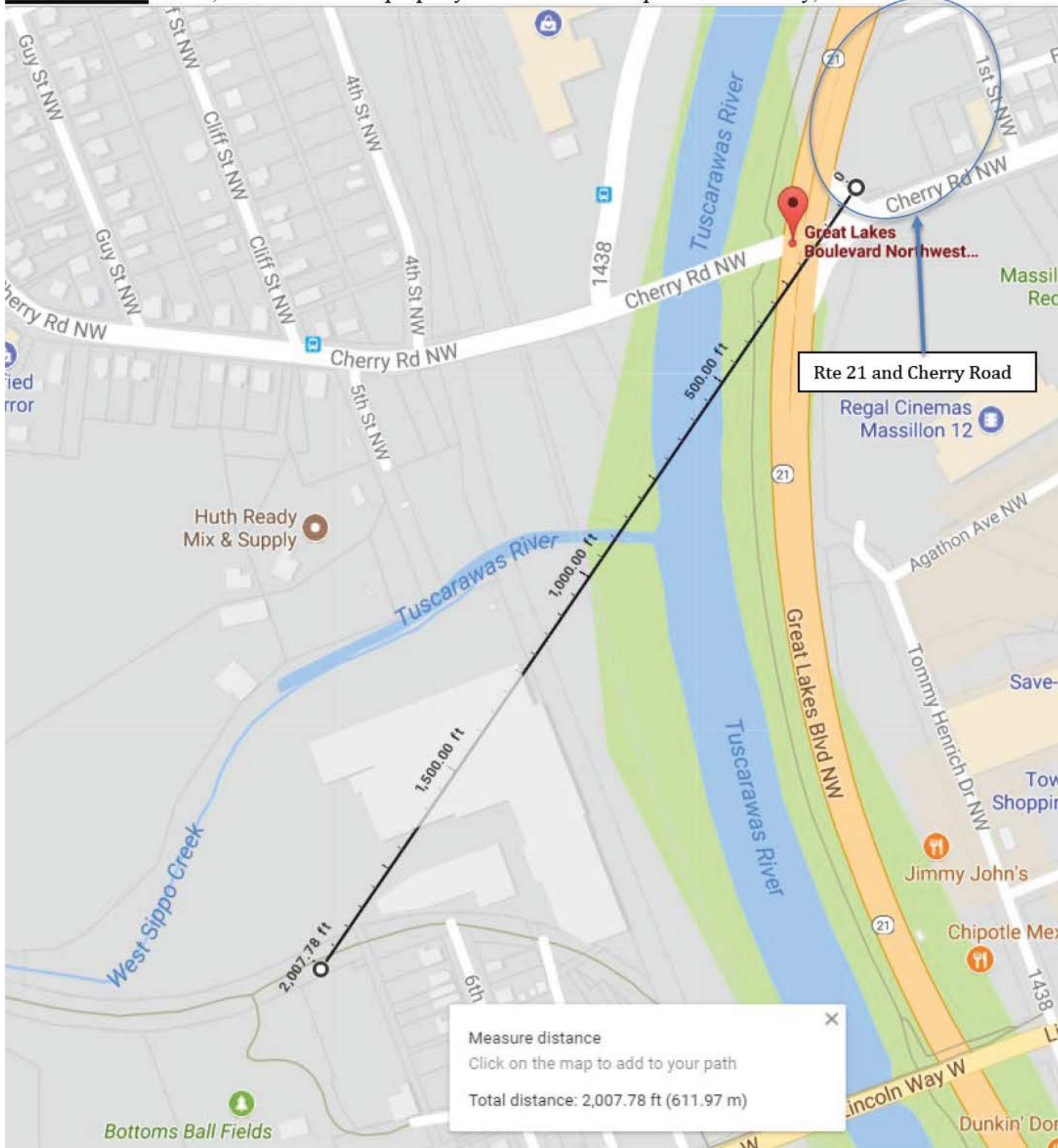


To the East: Over 1,000 feet from the property line of the nearest prohibited facility, St. Paul's Lutheran Church.



SECURITY AND INFRASTRUCTURE

To the South: Over 2,000 feet from the property line of the nearest prohibited facility, Bottoms Ball Fields.



Business Plan(Business Startup Plan)

C-3.1 A business startup plan is required for all dispensary provisional license applications. The business startup plan must provide a comprehensive set of activities necessary for the startup of the facility within six months of receiving a provisional license. Provide a timeline describing the process, methods, or steps used to execute a compliant business startup plan that includes, at a minimum:

1. Security and surveillance
2. Employee qualifications and training
3. Storage of medical marijuana products
4. Inventory management
5. Record-keeping
6. Prevention of medical marijuana diversion

INTRO

Category	Percentage
Category 1	95%
Category 2	98%
Category 3	99%
Category 4	97%
Category 5	96%
Category 6	94%
Category 7	93%
Category 8	92%
Category 9	91%
Category 10	90%
Category 11	89%
Category 12	88%
Category 13	87%
Category 14	86%
Category 15	85%
Category 16	84%
Category 17	83%
Category 18	82%
Category 19	81%
Category 20	80%
Category 21	79%
Category 22	78%
Category 23	77%
Category 24	76%
Category 25	75%
Category 26	74%
Category 27	73%
Category 28	72%
Category 29	71%
Category 30	70%
Category 31	69%
Category 32	68%
Category 33	67%
Category 34	66%
Category 35	65%
Category 36	64%
Category 37	63%
Category 38	62%
Category 39	61%
Category 40	60%
Category 41	59%
Category 42	58%
Category 43	57%
Category 44	56%
Category 45	55%
Category 46	54%
Category 47	53%
Category 48	52%
Category 49	51%
Category 50	50%
Category 51	49%
Category 52	48%
Category 53	47%
Category 54	46%
Category 55	45%
Category 56	44%
Category 57	43%
Category 58	42%
Category 59	41%
Category 60	40%
Category 61	39%
Category 62	38%
Category 63	37%
Category 64	36%
Category 65	35%
Category 66	34%
Category 67	33%
Category 68	32%
Category 69	31%
Category 70	30%
Category 71	29%
Category 72	28%
Category 73	27%
Category 74	26%
Category 75	25%
Category 76	24%
Category 77	23%
Category 78	22%
Category 79	21%
Category 80	20%
Category 81	19%
Category 82	18%
Category 83	17%
Category 84	16%
Category 85	15%
Category 86	14%
Category 87	13%
Category 88	12%
Category 89	11%
Category 90	10%
Category 91	9%
Category 92	8%
Category 93	7%
Category 94	6%
Category 95	5%
Category 96	4%
Category 97	3%
Category 98	2%
Category 99	1%
Category 100	0%

[REDACTED]

[REDACTED]

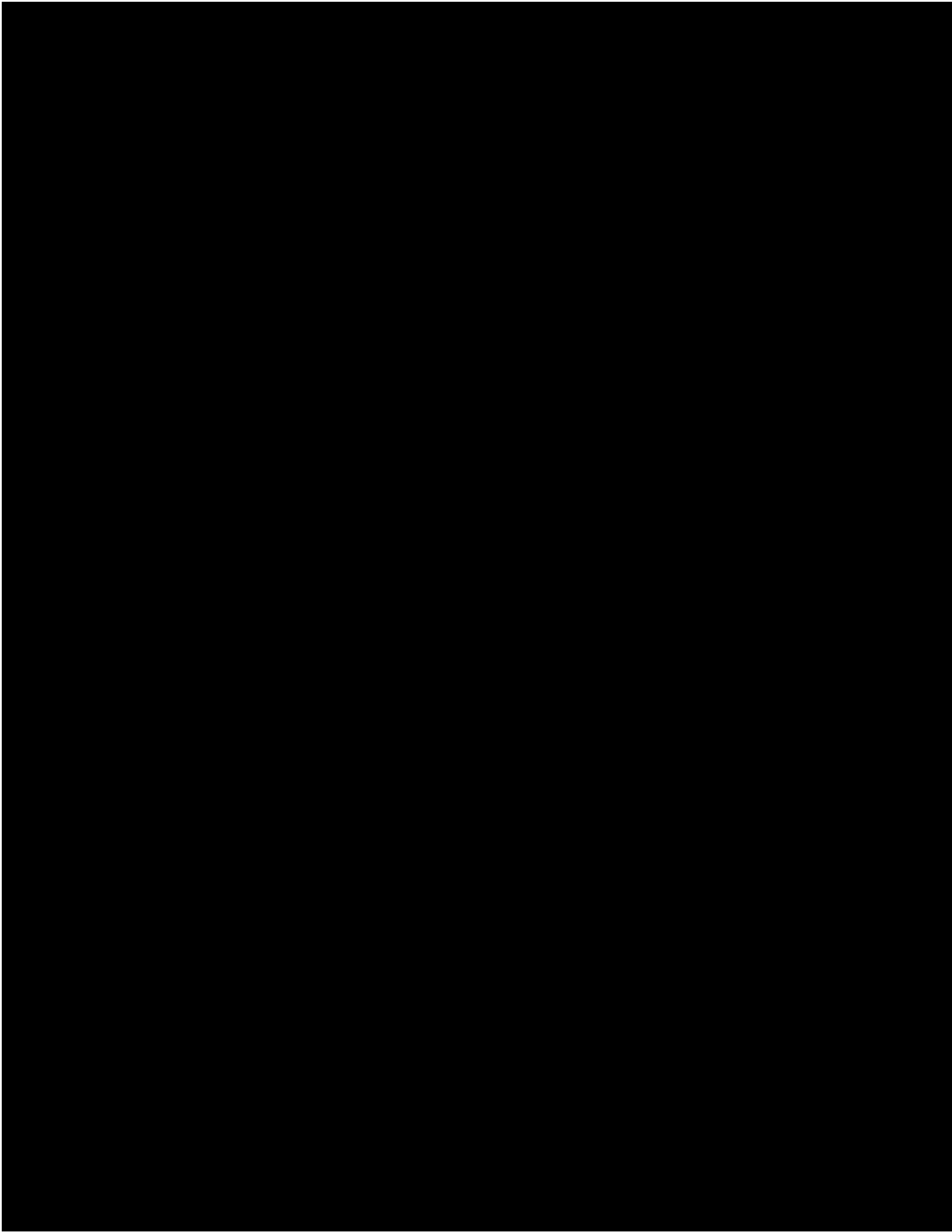
[illegible]



C-3.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in C-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **C-3.1.1_Operational_Timeline.pdf**

NOTE: This applicant uploaded document is the next 3 page(s) of this document.



C-3.2 The Business Startup Plan also must describe how the Applicant's proposed business operations will comply with statutory and regulatory requirements (as described in Chapter 3796 of the Revised Code and division 3796:6 of the Administrative Code) necessary for the startup and continued operation of the facility including, but not limited to:

1. Security and surveillance
2. Employee qualifications and training
3. Storage of medical marijuana products
4. Inventory management
5. Record-keeping
6. Prevention of medical marijuana diversion

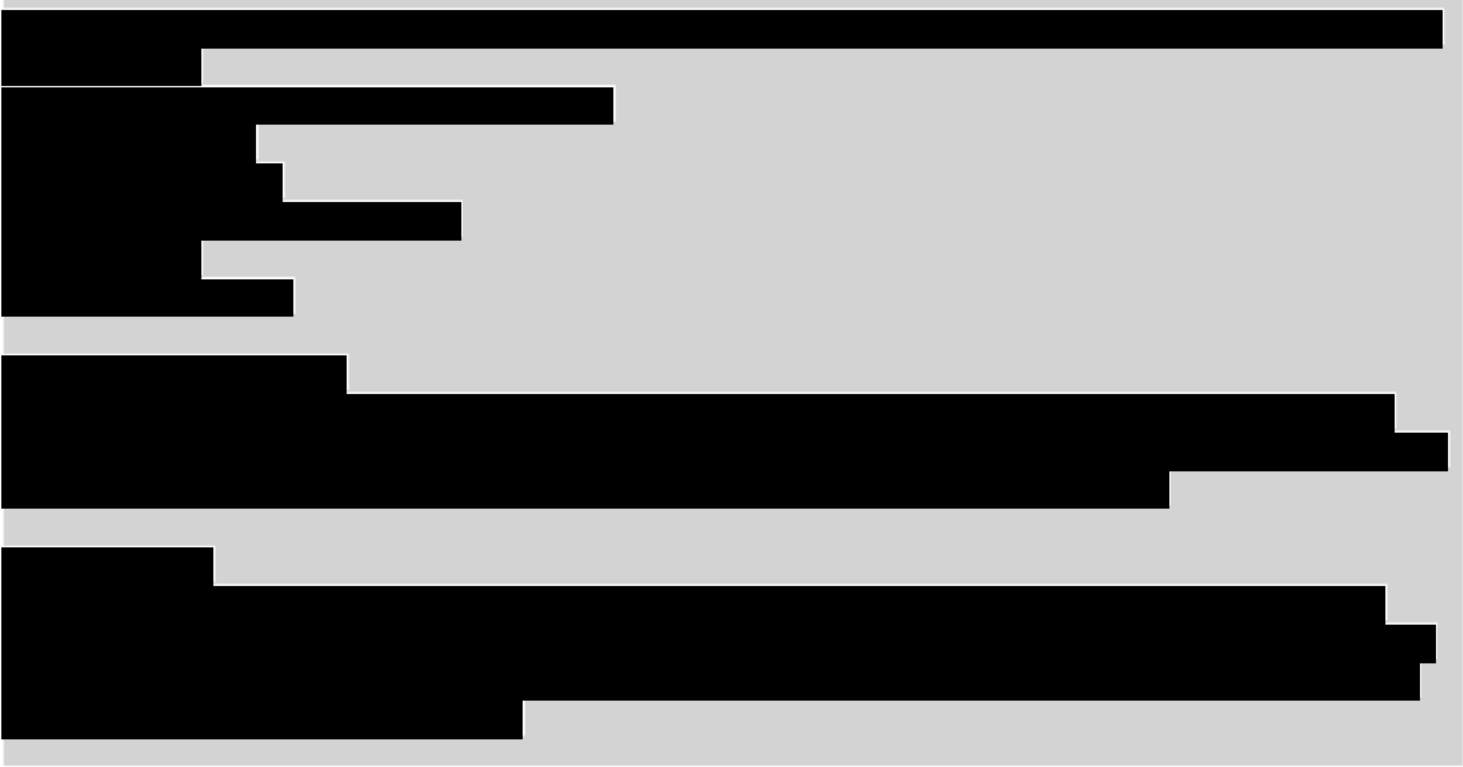
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]



Business Plan(Description of Employee Duties and Roles)

C-4.1 Please provide a description of the duties, responsibilities, and roles of each Prospective Associated Key Employee. Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

INTRO

Applicant is a wholly-owned subsidiary of Company. Company has over 170 employees operating 11 medical marijuana facilities and serving thousands of patients in highly regulated, "true" medical marijuana states. Through its experience, Company has learned that the most important quality is not for employees to have previous experience with marijuana, since it is usually with an illicit and recreational background. Instead, the key attribute that Company seeks in employees is that they are compassionate and are empathetic, because Company will provide extensive training on products, product effects, THC:CBD ratios, and routes of administration.

DISPENSARY STAFF

General Manager

- responsible for management and supervision of dispensary staff
- ensures compliance with all inventory management, security protocols, and record keeping procedures
- responsible for receiving inventory, inventory control, order fulfillment, and Vault management

Assistant General Manager

- assists with inventory management, security protocols, and record keeping compliance
- verifies patient record details and patient allotment
- accesses the secured product Vault to retrieve products for order fulfillment

Employee-Public Access Area

- Educates new or inexperienced patients about products, administration routes, risks, side effects, and symptom management
- Counsels patients one-on-one in a private consultation area
- Assist patients in picking products based on their needs

Employee-Dispensary Department

- Takes orders from experienced patients in the Dispensary Department
- Answers questions from experienced patients regarding products.

Receptionist/Onsite Security

- greet each patient, determines their needs, conducts patient identification and access Protocols and directs them to the appropriate area of the dispensary
- maintains a tidy, safe, and clean environment
- ensures the Waiting Area is well maintained and kept secure

ASSOCIATED KEY EMPLOYEES

Dr. Teddy Scott, Chief Executive Officer

- Sets the Mission, Vision, Values and Culture for the Company
- Plans, develops, organizes, implements, directs and evaluates the Company's function and performance
- Participates in the development of the Company's plans and programs as a strategic partner

- Evaluates and advises on the impact of long-range planning, introduction of new programs/strategies and regulatory action
- Enhances and/or develops, implements and enforces policies and procedures of the Company by way of systems that will improve the overall operation and effectiveness of the Company
- Continual improvement of the budgeting process through education of Directors on financial issues impacting their budgets
- Provides strategic financial input and leadership on decision-making issues affecting the Company

Stephen Schuler, Executive Director

- Provides leadership to the Board, ensuring the Board's effectiveness in all aspects of its role and setting its agenda
- Manages Board committees
- Runs the Board and ensures its effectiveness in all aspects of its role, including setting meeting agendas and cadence

Mike Chodil, Director of Operations

- Manages all operational aspects of the company
- Provides day-to-day leadership and management pursuant to the business plan, product safety, packaging, operations and management plans
- Drives the company to achieve and surpass sales, profitability, cash flow and business goals and objectives
- Collaborates with the senior leadership team to develop and implement plans for the operational infrastructure of systems, processes and personnel designed to accommodate the rapid growth objectives of the company

Mary Gemini, Director of Dispensaries

- Oversees the operations of all dispensaries while creating a strong group of professionals through recruitment, coaching, and development
- Plans, directs and manages staffing and development of employees by effectively communicating company strategic goals; conducting effective and timely performance appraisals; ensuring all training for employees is completed; and working with employees to improve their satisfaction levels as measured by employee surveys
- Ensures compliance with security, inventory and regulatory protocols by dispensary General Managers

Rachel Schepart - Lead Pharmacist

- Leads development of patient- and physician-focused activities
- Leads and acts as an ambassador to the patient, physician and business communities
- Conducts outreach and networking efforts to increase brand awareness and sales
- Develops and implements new business development ideas, and drives dispensary sales growth

Jeremy Unruh, General Counsel

- Oversees and manages the legal function of the company
- Directs the planning, promotion and execution of regulatory strategies and initiatives
- Coordinates with legal team and outside counsel to monitor and review the impact of regulatory and operational changes influencing the company.
- Responsible for managing and maintaining relationships with regulatory and governmental agencies

Brett Novey, Director of Finance

- Records and administers the financial performance of the company, preparing and reporting auditing procedures, ensuring compliance with all fiscal reporting obligations to the Company's bank and the

state

- Develops a reliable cash flow projection process and reporting mechanism, which includes minimum cash threshold to meet operating needs
- Prepares, examines, and analyzes accounting records, financial statements, and other financial reports for accuracy, completeness, and conformance to the reporting and procedural standards
- Analyzes business operations, trends, costs, revenues, financial commitments and obligations, project revenues and expenses to provide guidance to the CEO and Board
- Develops, maintains, and analyzes budgets, preparing periodic reports that compare budget to actual costs
- Ensures compliance with all cash management, inventory management and auditing protocols

Chris Diorio, Director of Research and Development

- Manages, performs and communicates research activities
- Initiates new areas of investigation that are scientifically meaningful, reliable, and builds structure and process to be incorporated directly into manufacturing operations
- Provides support to product lifecycle development and ongoing efforts for process improvements
- Executes experimental protocols, assist in sample collection and submissions for testing, and performs physical tests as required

Johnny Hernandez, Director of IT

- Oversees all technology operations, network security and surveillance
- Provides strategic planning for current IT infrastructure needs and provides input for future needs
- Creates, establishes and implements IT policies and systems support in alignment from strategy set by the CEO

Sue Mullin, Director of Human Resources

- Directs all people functions of the Company with labor and employment policies and practices of the Company, the ethical and social consciences of business and society, and the laws, regulations and administrative rulings of governmental other regulatory and advisory authorities
- Responsible for the strategic human resource planning to provide Company with the best talent available including maximizing minority, women, and veteran recruiting, hiring and retention
- Provides overall talent management strategy and implementation including workforce planning, recruiting, interviewing, hiring, training and development and improvement and succession planning

Anna Poulin, Manager of Patient and Physician Education

- Manages all aspects of physician and patient outreach

Norah Scott, owner

Mark Filoramo, investor

Christopher Talsma, investor

Cliff Bedar, investor

John Cordos, investor

Vince Cordos, investor

Stephen Kao, investor

Brian Kaplan, investor

Chase Lochmiller, investor

Jill Mirkovic, investor

David Nole, investor

Michael Rauchman, investor

Kenneth Rosche, investor

Barbara Rossa, investor

Mary Jo Schuler, investor
R. Richard Schuler, investor
Dan Tierney, investor
Timothy White, investor
Michael Palumbo, investor
Neil Kazaross, investor

C-4.2 Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

Uploaded Document Name: **C-4.2_Table of Organization and Control (1).pdf**
NOTE: This applicant uploaded document is the next 2 page(s) of this document.

TRADE SECRET

OWNERS

Norah Scott* (Co-Founder)
Teddy Scott* (Co-Founder)

INVESTORS

Taloramo LLC

Mark Filoramo*
Christopher Talsma*

MJP Capital Healthcare, LLC

Michael Palumbo*

NTK Healthcare, LLC

Neil Kazaross*

CannCor Holdings, LLC

Cliff Bedar*
John Cordos*
Vince Cordos*

Illinois MedTech, LLC

Stephen Kao*
Brian Kaplan*
Chase Lochmiller*
Jill Mirkovic*
David Nole*
Michael Rauchman*
Kenneth Rosche*
Barbara Rossa*
Mary Jo Schuler*
R. Richard Schuler*
Stephen Schuler*
Dan Tierney*
Timothy White*



BOARD OF MANAGERS

Teddy Scott*
Stephen Schuler*

*Denotes Prospective Associated
Key Employee



EXECUTIVES

Teddy Scott*
Chief Executive Officer

Stephen Schuler*
Executive Director



LEADERS

(continued on the following page)

TRADE SECRET

LEADERS

Michael Chodil*
Director of Operations

Brett Novey*
Director of Finance

Mary Gemini*
Illinois Dispensaries Manager

Anna Poulin*
Manager of Patient and Physician Education

Rachel Schepart*
Lead NY General Manager

Jeremy Unruh*
General Counsel

Chris Diorio*
Director of Research and Development

Johnny Hernandez*
Director of IT Infrastructure and Support

Sue Mullin*
Director of Human Resources

Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Checking Accounts

C-5.2 Source of Capital

Capital Commitments from PharmaCann LLC

C-5.3 Name and Address of financial institution

This response has been entirely redacted

C-5.4 Account Number

This response has been entirely redacted

C-5.5 Illustrate that the Applicant has adequate liquid assets to cover all expenses and costs for the first year of operation as indicated in the dispensary's proposed Business Startup Plan (Question C-3). The total amount of liquid assets must be no less than \$250,000. Provide **unredacted** documentation from the Applicant's financial institution to support these capital requirements. ([ORC 3796:6-2-02](#))

This response has been entirely redacted

C-5.5.1 Please attach a **redacted** copy of documentation from the Applicant's financial institution to support the capital requirements. ([ORC 3796:6-2-02](#))

Uploaded Document Name: **C-5.5.1_Proof of Sufficient Liquid Assets and Financials Statements_REDACTED.pdf**

NOTE: This applicant uploaded document is the next 69 page(s) of this document.

Business Plan(Business History and Experience)

Item 1 of 32

C-6.1 First Name

Michael

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Chodil

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Director of Operations

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 2 of 32

C-6.1 First Name

Michael

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Chodil

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Head of Cost and Data Management

C-6.5 Business Name

KCG Holdings (formerly GETCO)

C-6.6 Business Address

350 N Orleans, Chicago, IL 60654

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2011 - 2016

Business Plan(Business History and Experience)

Item 3 of 32

C-6.1 First Name

Christopher

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Diorio

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Director of Research and Development

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2017 - Present

Business Plan(Business History and Experience)

Item 4 of 32

C-6.1 First Name

Christopher

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Diorio

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Senior Director – Manufacturing and Product Development

C-6.5 Business Name

IM Health Science/Physician's Seal

C-6.6 Business Address

1100 Holland Dr, Boca Raton, FL 33487

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2015 - 2017

Business Plan(Business History and Experience)

Item 5 of 32

C-6.1 First Name

Christopher

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Diorio

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Director - Pharmaceutical Research and Development

C-6.5 Business Name

Capsugel

C-6.6 Business Address

412 Mt. Kemble Ave, Suite 200C, Morristown, NJ 07960

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2010 - 2015

Business Plan(Business History and Experience)

Item 6 of 32

C-6.1 First Name

Mary

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Gemini

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Director of Illinois DispensariesPark

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2015 - Present

Business Plan(Business History and Experience)

Item 7 of 32

C-6.1 First Name

Mary

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Gemini

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Store Manager

C-6.5 Business Name

Wal-Mart

C-6.6 Business Address

No response provided by applicant

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2014 - 2015

Business Plan(Business History and Experience)

Item 8 of 32

C-6.1 First Name

Mary

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Gemini

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Shift Manager

C-6.5 Business Name

Wal-Mart

C-6.6 Business Address

No response provided by applicant

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2010 - 2014

Business Plan(Business History and Experience)

Item 9 of 32

C-6.1 First Name

Johnny

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hernandez

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Director of IT Infrastructure Systems and Support

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 10 of 32

C-6.1 First Name

Johnny

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hernandez

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Information Technology Manager/Network Administrator

C-6.5 Business Name

Final Finish Properties

C-6.6 Business Address

No response provided by applicant

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2014 - 2016

Business Plan(Business History and Experience)

Item 11 of 32

C-6.1 First Name

Johnny

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hernandez

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Cloud Deployment and Support Specialist

C-6.5 Business Name

Cloudbakers LLC

C-6.6 Business Address

No response provided by applicant

C-6.7 Position of management or ownership of a controlling interest

NO

C-6.8 Dates

2013 - 2014

Business Plan(Business History and Experience)

Item 12 of 32

C-6.1 First Name

Johnny

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Hernandez

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Help Desk Supervisor

C-6.5 Business Name

Tandem HR

C-6.6 Business Address

No response provided by applicant

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2012 - 2013

Business Plan(Business History and Experience)

Item 13 of 32

C-6.1 First Name

Mary

C-6.2 Middle Name

Susan

C-6.3 Last Name

Mullin

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Director of Human Resources

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2015 - Present

Business Plan(Business History and Experience)

Item 14 of 32

C-6.1 First Name

Mary

C-6.2 Middle Name

Susan

C-6.3 Last Name

Mullin

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Vice President, Human Resources Consulting

C-6.5 Business Name

The Golden Group

C-6.6 Business Address

Glenview, IL

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2013 - 2015Q

Business Plan(Business History and Experience)

Item 15 of 32

C-6.1 First Name

Brett

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Novey

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Director of Finances

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 16 of 32

C-6.1 First Name

Brett

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Novey

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Head of Financial Planning and AnalysisIL 60301

C-6.5 Business Name

KCG Holdings (formerly GETCO)

C-6.6 Business Address

Chicago, IL

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2012 - 2016

Business Plan(Business History and Experience)

Item 17 of 32

C-6.1 First Name

Anna

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Poulin

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Manager of Patient and Physician Education

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2017 - Present

Business Plan(Business History and Experience)

Item 18 of 32

C-6.1 First Name

Anna

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Poulin

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Senior Account Representative

C-6.5 Business Name

Exact Sciences

C-6.6 Business Address

No response provided by applicant

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2014 - 2016

Business Plan(Business History and Experience)

Item 19 of 32

C-6.1 First Name

Anna

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Poulin

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Area Sales Managers

C-6.5 Business Name

Novartis

C-6.6 Business Address

No response provided by applicant

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1988 - 2003

Business Plan(Business History and Experience)

Item 20 of 32

C-6.1 First Name

Rachel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schepart

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Lead Pharmacist and Director of New York Retail Operations

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

Amherst, NY

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2016 - Present

Business Plan(Business History and Experience)

Item 21 of 32

C-6.1 First Name

Rachel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schepart

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Pharmacy Manager

C-6.5 Business Name

Rite Aid Pharmacy

C-6.6 Business Address

Amherst, NY

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2006 -2016

Business Plan(Business History and Experience)

Item 22 of 32

C-6.1 First Name

Stephen

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schuler

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Executive Director

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2014 - Present

Business Plan(Business History and Experience)

Item 23 of 32

C-6.1 First Name

Stephen

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schuler

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Company Director and Director of Business Development and Investment Origination

C-6.5 Business Name

Wicklow Capital LLC

C-6.6 Business Address

Chicago, IL

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2014 - Present

Business Plan(Business History and Experience)

Item 24 of 32

C-6.1 First Name

Stephen

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Schuler

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Co-Founder of Getco LLC, Director of KCG Holdings, Inc.

C-6.5 Business Name

KCG Holdings (formerly GETCO)

C-6.6 Business Address

Chicago, IL and Jersey City, NJ

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

1999 - 2016

Business Plan(Business History and Experience)

Item 25 of 32

C-6.1 First Name

Norah

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Scott

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Chief Human Resources Officer and Co-Founder

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2014 -2016

Business Plan(Business History and Experience)

Item 26 of 32

C-6.1 First Name

Norah

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Scott

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Independent Consultant

C-6.5 Business Name

Leadership Consulting

C-6.6 Business Address

Chicago, IL

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2005 - Present

Business Plan(Business History and Experience)

Item 27 of 32

C-6.1 First Name

Teddy

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Scott

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Chief Executive Officer and Co-Founder

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2014 - Present

Business Plan(Business History and Experience)

Item 28 of 32

C-6.1 First Name

Teddy

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Scott

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Shareholder

C-6.5 Business Name

Polsinelli PC

C-6.6 Business Address

Chicago, IL

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2006 - Present

Business Plan(Business History and Experience)

Item 29 of 32

C-6.1 First Name

Daniel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Tierney

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Member, Board of Trustees

C-6.5 Business Name

Salk Institute

C-6.6 Business Address

San Diego, CA

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2015 - Present

Business Plan(Business History and Experience)

Item 30 of 32

C-6.1 First Name

Daniel

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Tierney

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Director and Owner

C-6.5 Business Name

Wicklow Capital LLC

C-6.6 Business Address

Chicago, IL

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2009 - Present

Business Plan(Business History and Experience)

Item 31 of 32

C-6.1 First Name

Jeremy

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Unruh

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

General Counsel

C-6.5 Business Name

PharmaCann LLC

C-6.6 Business Address

1010 Lake Street, 2nd Floor, Oak Park, IL 60301

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2015 - Present

Business Plan(Business History and Experience)

Item 32 of 32

C-6.1 First Name

Jeremy

C-6.2 Middle Name

No response provided by applicant

C-6.3 Last Name

Unruh

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Shareholder

C-6.5 Business Name

Polsinelli PC

C-6.6 Business Address

Chicago, IL

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2006 - Present

Business Plan(Business History and Experience Narrative)

C-6.9 Provide a narrative description not to exceed 1500 words demonstrating any previous experience at operating other businesses or non-profit organizations and any demonstrated knowledge or expertise with regard to the medical use of marijuana to treat qualifying conditions (for all Prospective Associated Key Employees with an ownership interest of ten percent or more in the prospective dispensary). Include the number of years of experience, the type of business, and any administrative discipline history associated with each business.

INTRO

Applicant is a wholly-owned subsidiary of Company, which is leading the objective-based acceptance of marijuana as a part of healthcare. Company has over 170 employees operating 11 medical marijuana facilities and servings thousands of patients in highly regulated, “true” medical marijuana states.

Teddy Scott, Ph.D., J.D. - Chief Executive Officer

Dr. Scott has served as the CEO since the founding of PharmaCann. Dr. Scott has been responsible for setting the strategy and direction as PharmaCann has become a national leader at institutionalizing the medical marijuana industry. Under Dr. Scott’s leadership and vision, the Company has raised over \$100M in capital, constructed and operates 3 manufacturing sites and 8 dispensaries, cultivates thousands of pounds of medical marijuana and services thousands of patients on an annual basis, grown to over 170 full time employees, filed the first patent application for a best-in-class capsule formulation, partnering with 2 research institutions for medical marijuana research, developing a system to contribute medical marijuana data into a patient’s electronic health record.

Prior to founding PharmaCann, Dr. Scott was a shareholder in Polsinelli PC, a national law firm. He was co-chair of the firm’s Emerging Enterprises practice group, focusing on businesses in the pharmaceutical, biotechnology, medical diagnosis and device, and information technology industries. Dr. Scott co-founded Accelerated Pharma, Inc., a pharmaceutical company based on cancer therapies. He was also outside counsel and advisor to MATTER, a med-tech startup incubator founded by the State of Illinois in early 2014.

Dr. Scott serves on the Board of Advisors for the University of Chicago Innovation Fund and as a mentor for Chicago Innovation Mentors, a coalition of the University of Illinois, University of Chicago, and Northwestern University that advises technology companies. His mentorship has focused on the formation, capitalization and operation of numerous companies. Dr. Scott previously worked with Entrepreneurs-in-Residence at the University of Illinois to advise companies connected with the EnterpriseWorks Incubator. Dr. Scott obtained his J.D. from Northwestern University. Dr. Scott obtained his Ph.D. in molecular biophysics at the University of Texas Southwestern Medical Center.

Stephen Schuler - Executive Director

Mr. Schuler joined the Board of PharmaCann in September 2014. His experience spans over 25 years in providing leadership experience in the financial industry. Mr. Schuler is involved with public policy efforts at federal, state and local level. He is a leading contributor to the “No Labels” political organization based in the United States, which is composed of Republicans, Democrats, and independents, whose mission is to combat partisan dysfunction in politics and usher in a new era of focused problem solving in American politics.

Mr. Schuler previously was a Director of KCG Holdings. KCG formed in July 2013 through a merger between Knight Capital Group and GETCO LLC, a firm Mr. Schuler co-founded in 1999 which employed 400 people at the time of the merger. Prior to GETCO, Mr. Schuler headed the Schuler

Group, a Chicago-based brokerage firm focused on floor execution services, broker-assisted trading, and electronic trading systems. Mr. Schuler currently serves as Director of Wicklow Capital, LLC, a family office fund making early- and late-stage investments primarily in fin-tech and consumer technology companies. Additionally, he devotes a large amount of his time to philanthropic efforts, co-founding the Good Heart, Work Smart Foundation in 2006 with his wife, Mary Jo Schuler.

Daniel Tierney

Mr. Tierney cofounded GETCO (now KCG Holdings), a leading technology-enabled market making company and agency execution service provider. Mr. Tierney is a Board Member of the Salk Institute, which consistently ranks among the top institutions in the US in terms of research output and quality in the life sciences.

Rachel Schepart, Rph – Lead Pharmacist

Ms. Schepart leads the Company's team of over 13 licensed pharmacists in developing and implementing recommended treatments regimens to maximize patient outcomes. Ms. Schepart is involved in the Company's data collection efforts and leads the development of a Patient Clinical Chart that is an internal resource and also an external resource for treating physicians. Ms. Schepart has over 15 years of pharmacy operations experience, working in both high-volume retail and specialized home care settings. Ms. Schepart brings her novel solutions to implement ideals, including programs building trust, cost effectiveness, and optimization of patient outcomes.

Mary Gemini – Director of Dispensaries

Ms. Gemini has led the operationalization of the Company's eight (8) currently active dispensaries and the management of each location's General Manager. She has also developed innovative product launch strategies and intra-company communication strategies. Ms. Gemini's analytical, organizational, and problem solving skills contribute to her proven track record of employee development and training as well as her ability to shape and implement effective customer service policies and procedures. Prior to joining PharmaCann, Ms. Gemini spent over 20 years in the retail industry, managing many facilities and product lines, for top retailers like WalMart.

Chris Diorio – Director of Research & Development

Mr. Diorio brings more than twenty years of high-level leadership in pharmaceutical research and development, including nine years at Pfizer as Director of Formulation, Pharmaceutical Sciences Division. He has extensive experience designing and developing innovative pharmaceutical, over-the-counter and nutraceutical products with improved bioavailability, stability, controlled release and visual appearance. Mr. Diorio also has experience in full product life-cycle management and enhancement and has taken novel dosage forms from preclinical research through clinical trials and New Drug Application submission. He is also a licensed pharmacist. Mr. Diorio has led the following research efforts at PharmaCann:

- Developed and launched patent-pending SEDDS capsule
- Developing improved tinctures based on liposomal technologies
- Developing oral mucosal thin strips based on surfactant technologies

Anna Poulin - Manager of Patient and Physician Education

Ms. Poulin manages all aspects of physician and patient outreach, essential in new medical marijuana markets like Illinois, New York, and Pennsylvania. She brings nearly 20 years of experience in the pharmaceutical and medical device industries, working with the country's leading pharmaceutical companies, large healthcare provider networks, and academic research hospitals. She served as Veterans Affairs Manager for Novartis, where she assisted in supporting integrative health services, which will be instrumental in supporting veterans outreach efforts.

Mike Chodil – Director of Operations

Mr. Chodil leads a team of 8 senior operational managers across PharmaCann's entire operations spanning cultivation, processing, dispensing and delivery. Mr. Chodil also spearheads major company initiatives, including ERP deployment and process improvement. He has extensive experience in strategic and financial planning and analysis at financial services, reinsurance consulting, and information technology companies. Previously at KCG Holdings, he led several company divisions, including managed cost and data management, market data, and strategic planning divisions. His numerous leadership roles have often involved implementation of successful risk management and reporting and analysis systems, an invaluable skill in the medical marijuana industry.

Brett Novey – Director of Finance

Mr. Novey leads the 8 member finance and accounting teams at PharmaCann. He is responsible for PharmaCann's fundraising and investor management activities, which is more than \$100 million of capital to date. He has over 15 years' experience across multiple disciplines, including corporate finance and corporate restructuring and provides financial leadership and discipline allowing optimized company performance. His previous position was Head of Financial Planning and Analysis for KCG Holdings, where he was responsible for cash/capital management, monthly forecasting, and the annual budgeting process. Prior to that, he worked for Sears Holdings, where he was the Director of Finance for the \$1 billion Craftsman brand and led the efforts to wholesale Craftsman branded products to third-party retail locations. Mr. Novey has also advised clients on financial and operational restructuring during a tenure at KPMG and Arthur Andersen.

Sue Mullin – Director of Human Resources

Ms. Mullin oversees PharmaCann's employee recruitment, screening, benefits, compensation, and organizational design initiatives, leading a team of five Human Resources professionals that recruit, hire, and administer benefits to more than 170 employees. She has over twenty-five years of experience leading Human Resources departments in organizations ranging from five to 19,000 employees over a range of industries.

Johnny Hernandez - Director of IT

Mr. Hernandez leads the implementation of redundant IT infrastructure to minimize downtime, development of a custom 100 TB NVR server for video surveillance, migration to an enterprise-level cloud-based productivity platform and leads a 6-member IT Team and the firmwide ticketing system addressing IT issues across the Company's eleven (11) facilities and corporate office.

Jeremy Unruh – General Counsel

Mr. Unruh is responsible for overseeing interaction with state regulatory agencies, including obtaining facility approval, managing general communications and managing regulatory compliance obligations. He also coordinates public policy efforts, as well as banking, financial services, media, and other third-party relationships. Mr. Unruh brings a 15 year track record as a prosecutor and big firm attorney to the company, drawing upon his past practice providing commercial litigation, internal compliance investigation, and products liability services to the country's largest financial services, healthcare, and manufacturing companies.

Norah Scott - owner

Ms. Scott was a co-founder and former Chief Hiring Officer. Prior to that, she was the Manager of Attorney Recruiting at Kirkland & Ellis LLP and Firmwide Recruiter at Goldman Sachs.

Operations Plan(Dispensary Oversight)

D-1.1 By selecting "Yes", the Applicant attests that it will appoint a designated representative responsible for the oversight, supervision and control of operations of the medical marijuana dispensary. When there is a change in the appointed designated representative, the Applicant will notify the State Board of Pharmacy within 10 business days of appointment. [OAC 3796:6-3-05](#)

YES

Operations Plan(Security and Surveillance)

D-2.1 By checking “Yes,” the Applicant attests that it is able to continuously maintain effective security, surveillance and accounting control measures to prevent diversion, abuse and other illegal conduct regarding medical marijuana and medical marijuana products.

YES

D-2.2 Please provide a summary of the Applicant's proposed security and surveillance equipment and measures that will be in place at the proposed facility and site. These measures should cover, but are not limited to, the following:

1. General overview of the equipment, measures and procedures to be used
2. Alarm systems
3. Surveillance system
4. Surveillance storage
5. Recording capability
6. Records retention
7. Premises accessibility
8. Inspection/servicing/alteration protocols

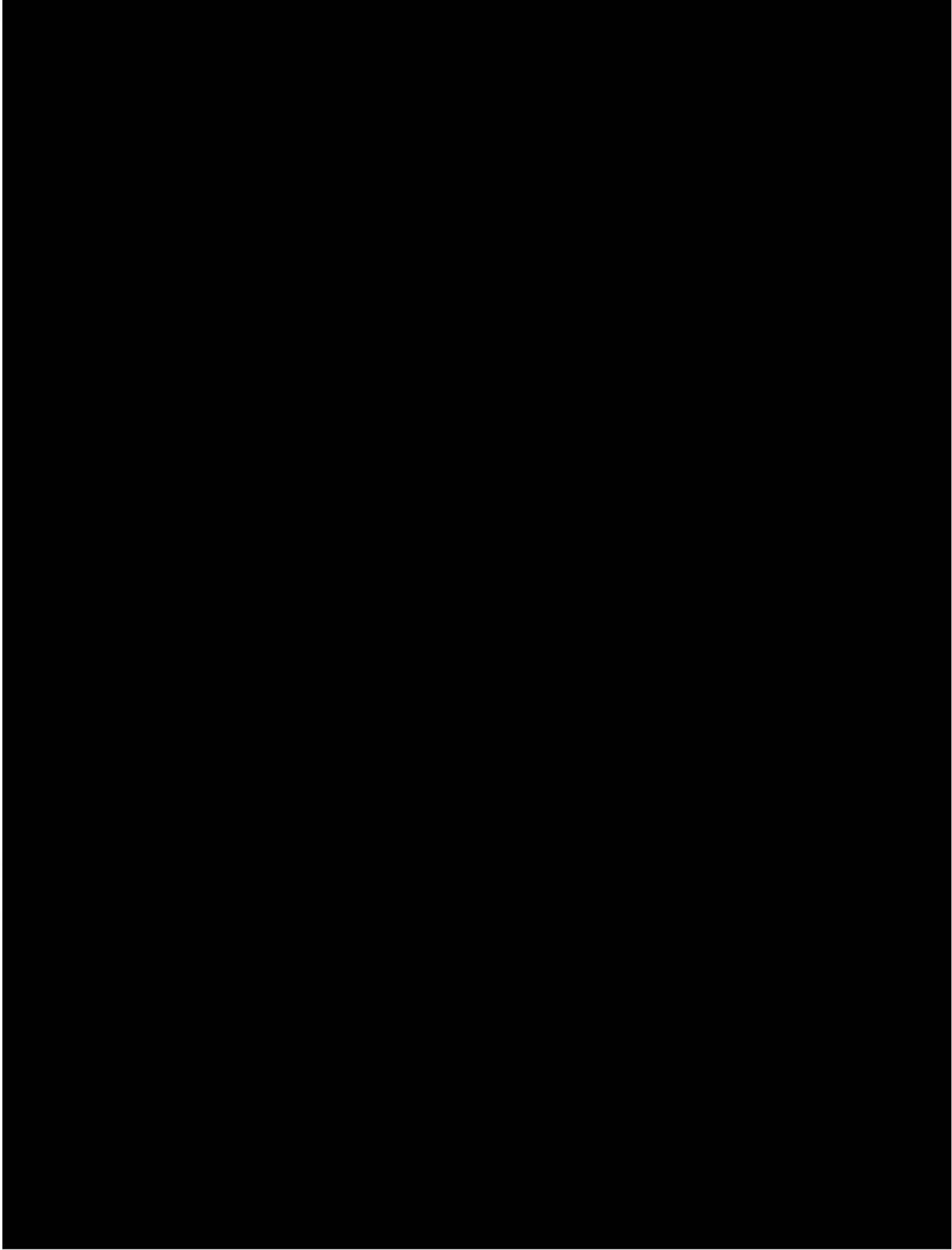
Please reference [OAC 3796:6-3-16](#) for more information.

This response has been entirely redacted

D-2.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-2.2. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-2.2.1 Security and Surveillance Plan.pdf**

NOTE: This applicant uploaded document is the next 2 page(s) of this document.



D-2.3 By selecting “**Yes**”, the Applicant attests that the answer provided in response to Question D-2.2 is voluntarily submitted to the State Board of Pharmacy in expectation of protection from disclosure as provided by [section 149.433 of the Revised Code](#).

YES

Operations Plan(Receiving of Product)

D-3.1 By selecting "**Yes**", the Applicant attests that it is able to safely and securely receive medical marijuana and medical marijuana products.

YES

D-3.2 By selecting "**Yes**", the Applicant attests that it will implement standard operating procedures to inspect, prior to accepting any medical marijuana. Defective products must be rejected. Defective products include, but are not limited to the following: expired, damaged, deteriorated, misbranded or adulterated medical marijuana. [OAC 3796:6-3-06](#); [OAC 3796:8](#)

YES

D-3.3 Please describe the Applicant's processes, procedures, and controls regarding the inspection of medical marijuana from cultivators and processors prior to accepting any delivery at the proposed dispensary. Include a description of the proposed space for delivery and inspection. [OAC 3796:6-3-06](#)

INTRO

[illegible]

[REDACTED]

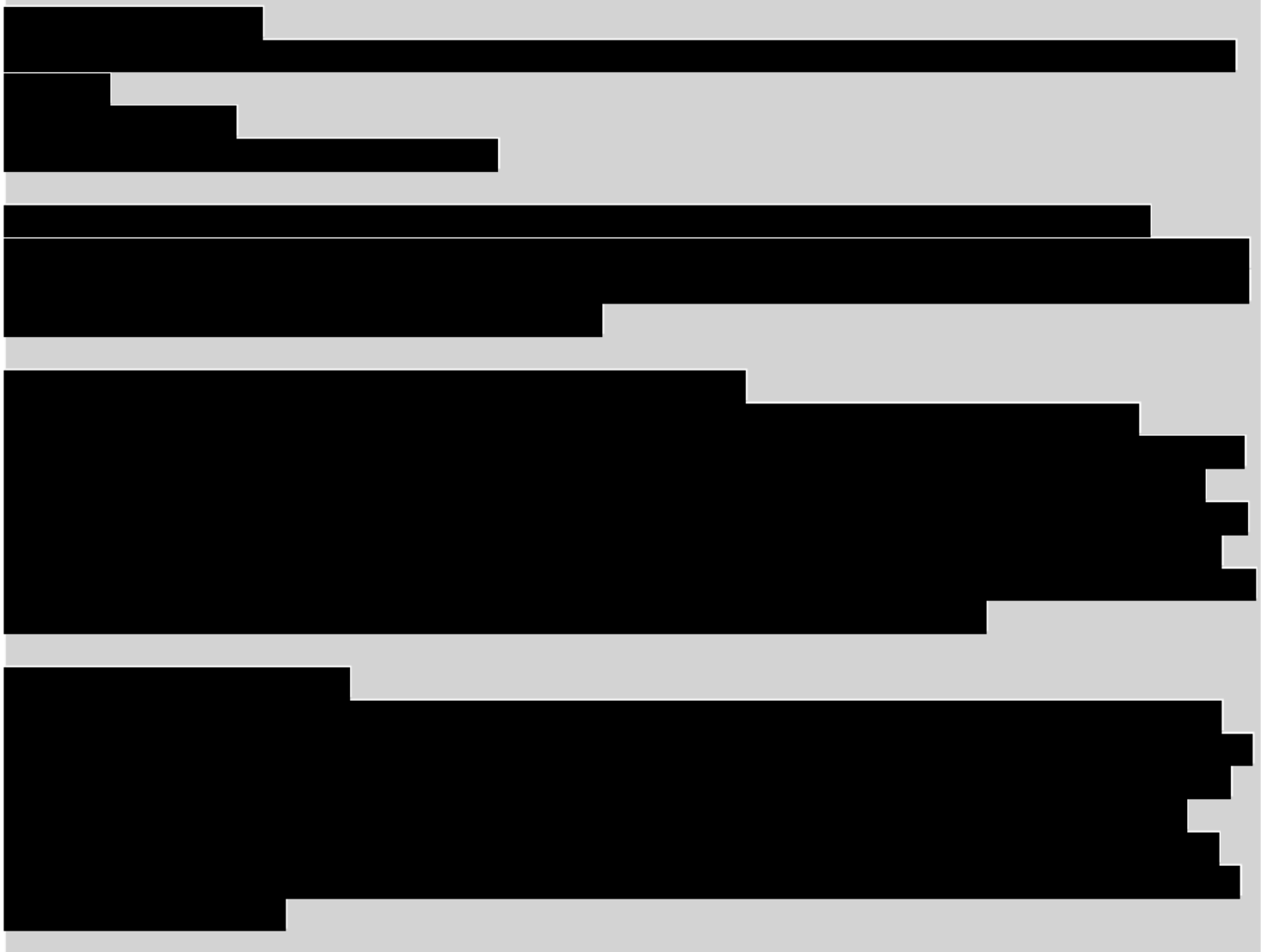
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



D-3.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-3.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Storage of Product)

D-4.1 There will be separate, locked, limited access areas for the storage of medical marijuana that is expired, damaged, deteriorated, mislabeled, contaminated, recalled, or whose containers or packaging have been opened or breached, until the medical marijuana is returned to a cultivator, or processor, destroyed or otherwise disposed.

YES

D-4.2 All storage areas will be maintained in a clean and orderly condition and free from infestation by insects, rodents, birds, and pests.

YES

D-4.3 A separate and secure area for temporary storage of medical marijuana that is awaiting disposal will be established.

YES

D-4.4 Please describe the Applicant's plans regarding the storage of medical marijuana within the proposed dispensary. The plan should include, but is not limited to, descriptions of the following:

1. Oversight of medical marijuana storage
2. Physical security measures
3. Record maintenance
4. Persons who will have access to medical marijuana
5. Climate control and lighting maintenance, including any necessary equipment
6. Sanitation of storage areas

Please reference [OAC 3796:6-3-07](#) for more information.

INTRO

[REDACTED]

[REDACTED]

[REDACTED]





D-4.4.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-4.4. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Dispensing of Product)

D-5.1 By selecting "**Yes**", the Applicant attests that it is prepared and willing to join the American Society for Automation in Pharmacy (ASAP) annually in order to facilitate near-real-time reporting to the Ohio Automated Rx Reporting System (OARRS). [American Society for Automation in Pharmacy](#); [OAC 3796:6-3-08](#); [OAC 3796:6-3-10](#)

YES

D-5.2 By selecting "**Yes**", the Applicant attests that it will use the patient registry to verify the registration of a patient or caregiver. [OAC 3796:6-3-08](#)

YES

D-5.3 Please indicate the expected number of Patient Registry scanners needed for the Applicant's facility (Information Only).

7 -11

D-5.4 By selecting "**Yes**", the Applicant attests that it will have at least two employees physically present at the dispensary location, one of whom is a dispensary key employee, when the dispensary is open for the sale of medical marijuana. [OAC 3796:6-3-03](#)

YES

D-5.5 Please describe the Applicant's processes, procedures, and controls regarding the dispensing of medical marijuana, updating the patient record, and product labeling. Describe how these will be supported by the Applicant's internal inventory system including integration with the state inventory tracking system and for reporting to OARRS using the current ASAP format. Please attach a sample product label, with any identifiable information redacted or anonymized. [OAC 3796:6-3-08](#); [OAC 3796:6-3-09](#); [OAC 3796:6-3-10](#)

INTRO

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D-5.5.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-5.5. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

Uploaded Document Name: **D-5.5.1_Sample_Product_Label.pdf**

NOTE: This applicant uploaded document is the next 1 page(s) of this document.

Cultivation Facility:



PO Box 123, City, ST, 12345
LIC# 123456789

Recipient:
Dispensary
456 Street
City, ST 67890
LIC# 010101010

UIN 4541202235409247
HARVEST DATE 07/12/2017
PACKAGING DATE 09/27/2017

USE BY 02/27/2018



STRAIN XX

Flower – 3.54 grams

STRAIN CHARACTERISTICS

☐ ☐ ☐ ☐ ☒
Sativa Hybrid Indica

POTENCY PROFILE
(% BY WEIGHT)

THC 27.8%
THCA 2.3%
CBD 7.4%
CBDA 0.3%
THCV 0.1%
CBDV 0.0%
CBG 1.1%
CBC 0.2%

TERPENE PROFILE
(% BY WEIGHT)

1.46% Linalool
0.62% Myrcene
< 0.01% Pinene

ABC LAB TESTED 09/06/2016

This product has passed all testing for
microbiological, mycotoxins, pesticides
and solvent residues.

WARNING

All product labels must remain
affixed to their original app-
roved packaging and that altering,
obliterating, or otherwise de-
stroying a label or container
is prohibited.

THIS PRODUCT IS FOR MEDICINAL USE AND
NOT FOR RESALE OR TRANSFER TO ANOTHER
PERSON. THIS PRODUCT MAY CAUSE IM-
PAIRMENT AND MAY BE HABIT-FORMING.
THIS PRODUCT MAY BE UNLAWFUL OUTSIDE
THE STATE OF OHIO.

Dispensed to: Caregiver:
James Smith Julie Smith
REG# 0987654321 REG# 0909090909

Dispensed on 10/30/2017

Operations Plan(Inventory Management of Product)

D-6.1 By selecting "**Yes**" the Applicant attests that it will establish inventory controls and procedures for the conducting of weekly inventory reviews and annual comprehensive inventories of medical marijuana at the facility. [OAC 3796:6-3-20](#)

YES

D-6.2 By selecting "**Yes**" the Applicant attests that its written or electronic weekly and annual inventory records described in D-6.1 will include:

1. The date of the inventory
2. A summary of the inventory findings
3. The employee identification numbers, and titles or positions, of the individuals who conducted the inventory

Please reference [OAC 3796:6-3-20](#) for more information.

YES

D-6.3 By selecting "**Yes**", the Applicant attests that it will use the state inventory tracking system. [ORC 3796.07](#); [OAC 3796:1-1-01](#); [OAC 3796:6-3-06](#)

YES

D-6.4 By selecting "**Yes**" the Applicant attests that it will maintain records of medical marijuana received from a cultivator or processor in its internal inventory control system. [OAC 3796:6-3-20](#)

YES

D-6.5 By selecting "**Yes**" the Applicant attests that it will maintain records of medical marijuana dispensed to a patient or a caregiver in its internal inventory control system. [OAC 3796:6-3-08](#)

YES

D-6.6 By selecting "**Yes**" the Applicant attests that it will maintain records of expired, damaged, deteriorated, misbranded, or adulterated medical marijuana awaiting return to a cultivator / processor or awaiting disposal, in its internal inventory control system. [OAC 3796:6-3-20](#)

YES

D-6.7 Please provide an explanation for selecting "**No**" in response to questions D-6.1 through D-6.6

No response provided by applicant

D-6.8 Please describe the Applicant's approach regarding the implementation of an inventory management process. This approach must also include a process that provides for the recall of medical marijuana and the management of medical marijuana product returns from the proposed dispensary to the originating cultivator and/or processor. [OAC 3796:6-3-20](#)

INTRO

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

courier sign the return receipt.

D-6.8.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.8. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

D-6.9 Please describe the Applicant's processes, procedures and controls regarding a patient or caregiver's ability to return unused medical marijuana for the purpose of dispossession and destroying. Include, at a minimum, a description of

1. How patients and caregivers will be charged for such returns
2. How returns will be tracked
3. How any returned medical marijuana will be secured at the facility
4. The maximum amount of time that returned medical marijuana will be stored at the facility

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



D-6.9.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-6.9. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Diversion Prevention of Product)

D-7.1 Please provide a summary of the procedures and controls that the Applicant will implement at the dispensary for the prevention of the unlawful diversion of medical marijuana, along with the process that will be followed when evidence of theft/diversion is identified. [OAC 3796:6-3-01](#); [OAC 3796:6-3-05](#); [OAC 3796:6-3-16](#)

[Redacted content]

[REDACTED]

[REDACTED]

1. **Identify the main components of the system.**
 2. **Define the scope and objectives of the project.**
 3. **Develop a detailed project plan.**
 4. **Implement the project plan.**
 5. **Monitor and evaluate the project progress.**
 6. **Communicate and report on the project status.**
 7. **Close the project and document the results.**



Operations Plan(Sanitation and Safety)

D-8.1 Please provide a summary of the intended sanitation and safety measures to be implemented at the dispensary. These measures should include, but are not limited to, plans, procedures, and controls to address the following:

1. Processes for contamination prevention
2. Pest protection procedures
3. Instruction to dispensary employees regarding the handling of medical marijuana
4. Hand-washing facilities

Please reference [OAC 3796:6-3-02](#) for more information.

[Redacted content]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Operations Plan(Record-Keeping)

D-9.1 By selecting “Yes,” the Applicant attests that it will notify State Board of Pharmacy at least 7 days prior to rendering medical marijuana unusable. All waste and unusable product will be weighed, recorded and entered into both its internal inventory system and in the state inventory tracking system. The destruction of medical marijuana will be witnessed by a key employee and conducted in a designated area with fully functioning video surveillance. [OAC 3796:6-3-14](#)

YES

D-9.2 Please provide a summary of the Applicant’s record-keeping plan at the dispensary. This plan should cover, but is not limited to, a description for how the following records will be maintained:

1. Employee records, including a background check conducted by the proposed dispensary and training provided by the proposed dispensary
2. Operating procedures and controls
3. Audit records
4. Staffing plans; Business records
5. Surveillance records
6. Attendance logs
7. Quality assurance review logs

Please reference [OAC 3796:6-3-17](#) for more information.

[Redacted content]





Operations Plan(Other)

D-10.1 Please provide a summary of any other services or products to be offered by the Applicant at the dispensary. [OAC 3796:6-2-02](#)

[Redacted content]

[illegible]

[REDACTED]

D-10.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in D-10.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

D-10.2 Please provide a summary of intended services for veterans and/or the indigent. [OAC 3796:6-2-02](#); [OAC 3796:6-3-22](#)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

D-10.3 Describe the Applicant's efforts to minimize the environmental impact of the proposed dispensary. [OAC 3796:6-2-02](#)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

described in D-10.3. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Operations Plan(Security & Infrastructure Records)

D-11.1 By selecting "Yes", the Applicant attests that all responses identified as containing security and infrastructure are voluntarily submitted to the State Board of Pharmacy in expectation of a protection from disclosure as provided by [section 149.433 of the Revised Code](#).

YES

Patient Care(Staff Education and Training)

E-1.1 Describe the Applicant's education and training plan and how it will meet the foundational and ongoing training required for dispensary employees to be authorized to dispense medical marijuana. Include a summary of the substantive training content, the number of hours each dispensary employee will receive for each mandatory training requirement, the number of training hours each dispensary employee will receive for any elective training, and the anticipated source of each type of training described. [OAC 3796:6-3-19](#)

[Redacted content]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

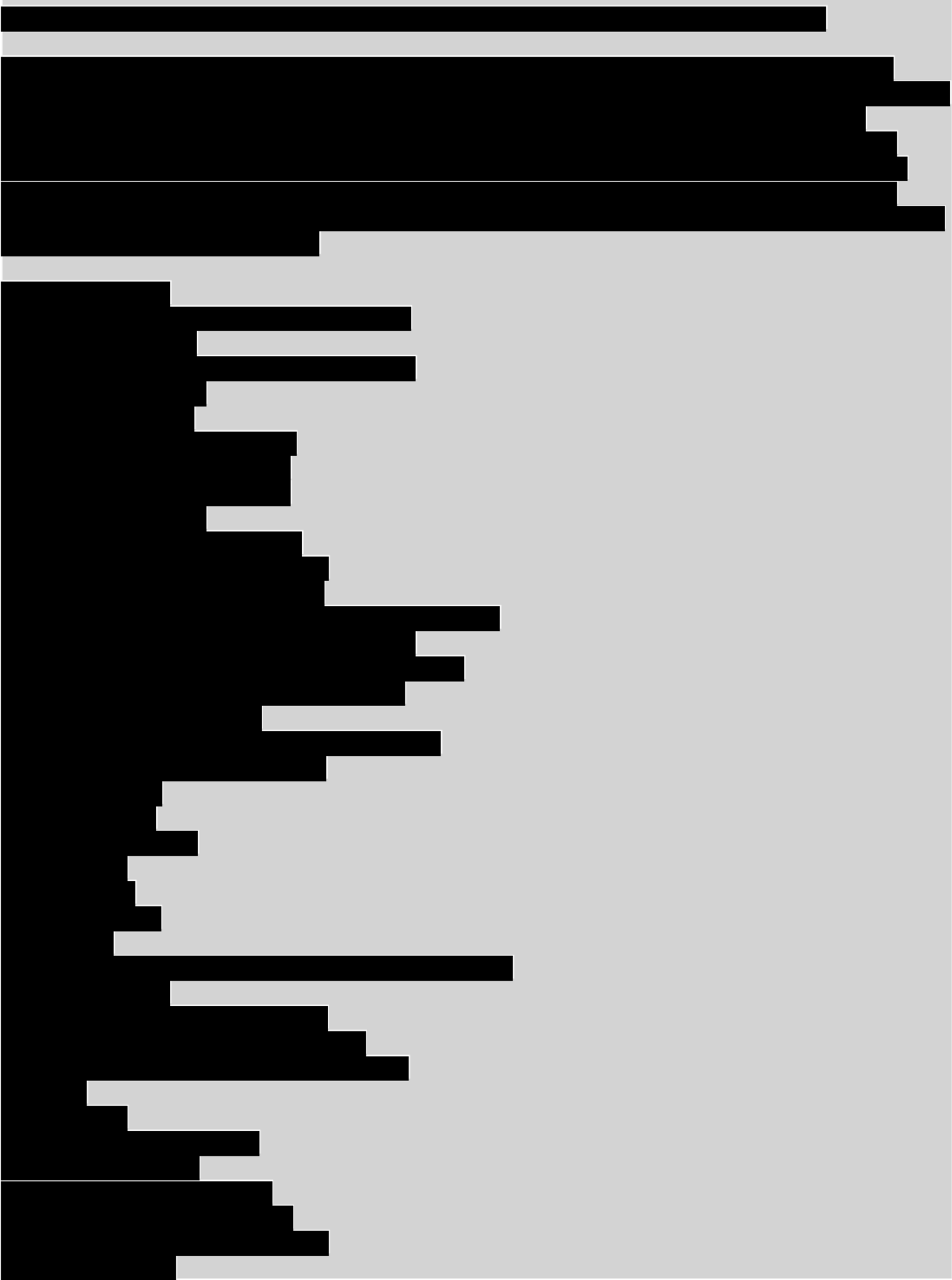
[REDACTED]

[REDACTED]

[REDACTED]

No response provided by applicant

E-1.2 Summarize how the Applicant's training plan will identify and incorporate advancements in medical marijuana research. Include a description of the frequency with which the training plan will be updated, how new information will be incorporated into the training plan, the method for providing updated training to dispensary employees, and the frequency with which updated training will be provided to dispensary employees. [OAC 3796:6-3-19](#)



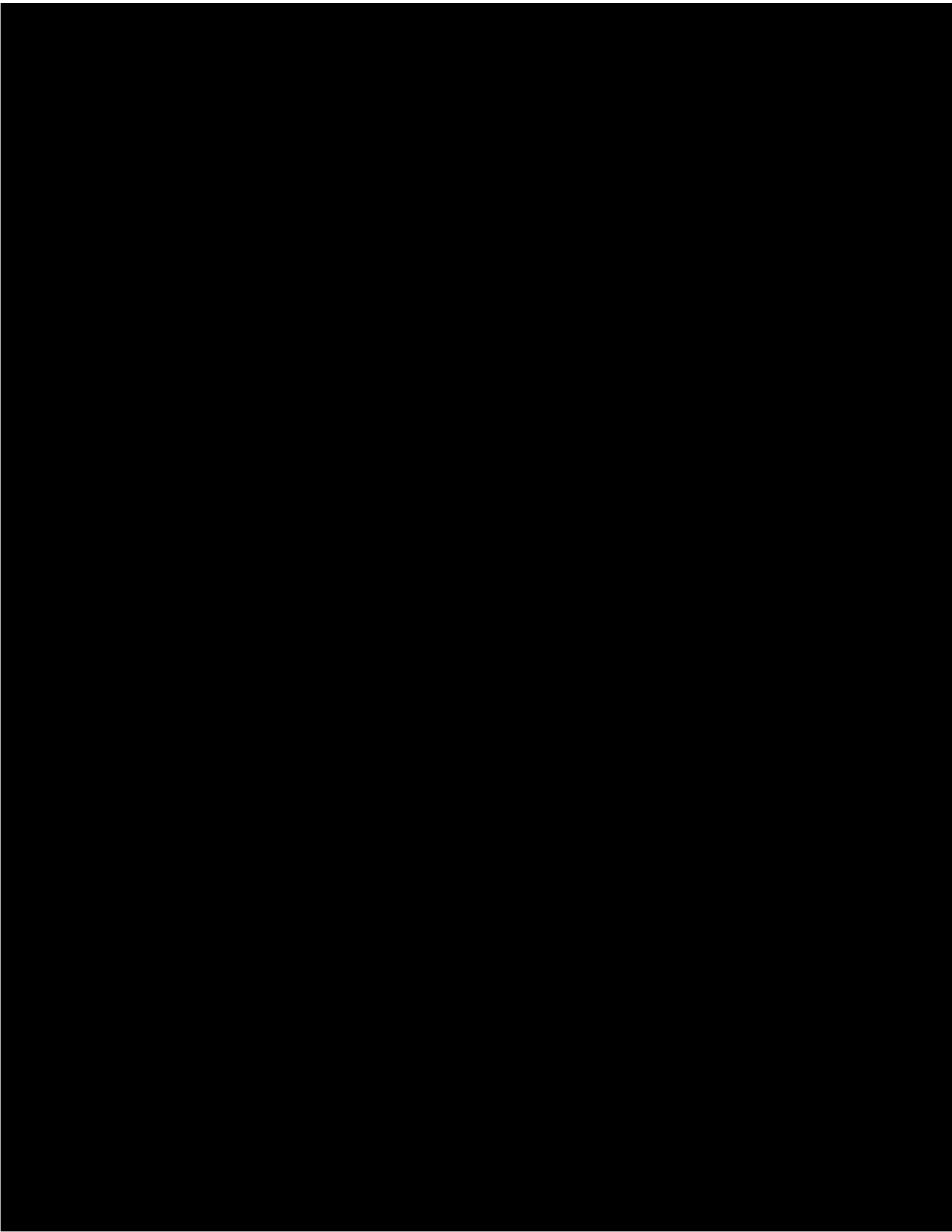


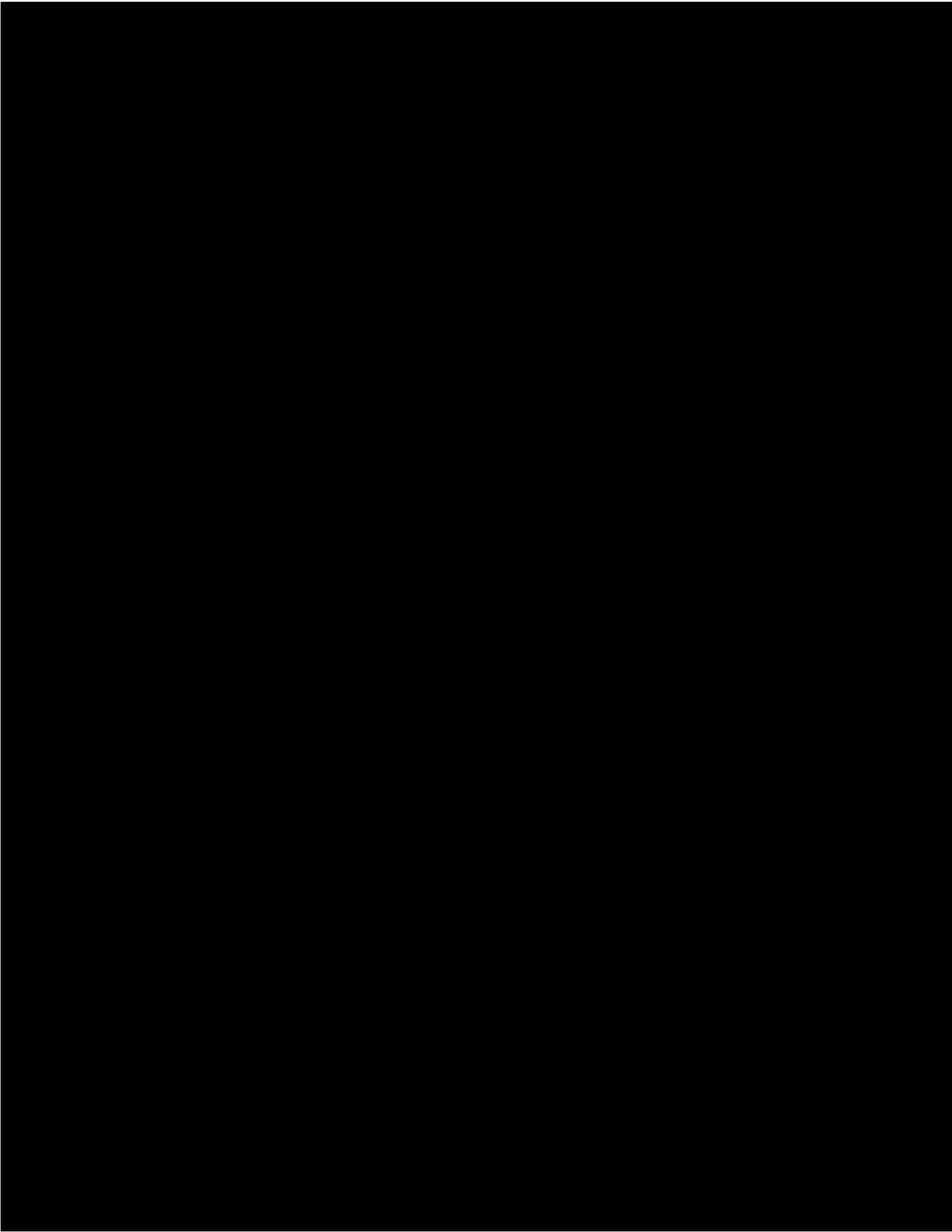
E-1.2.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.2. The images or diagrams may contain a brief descriptive caption. Additional

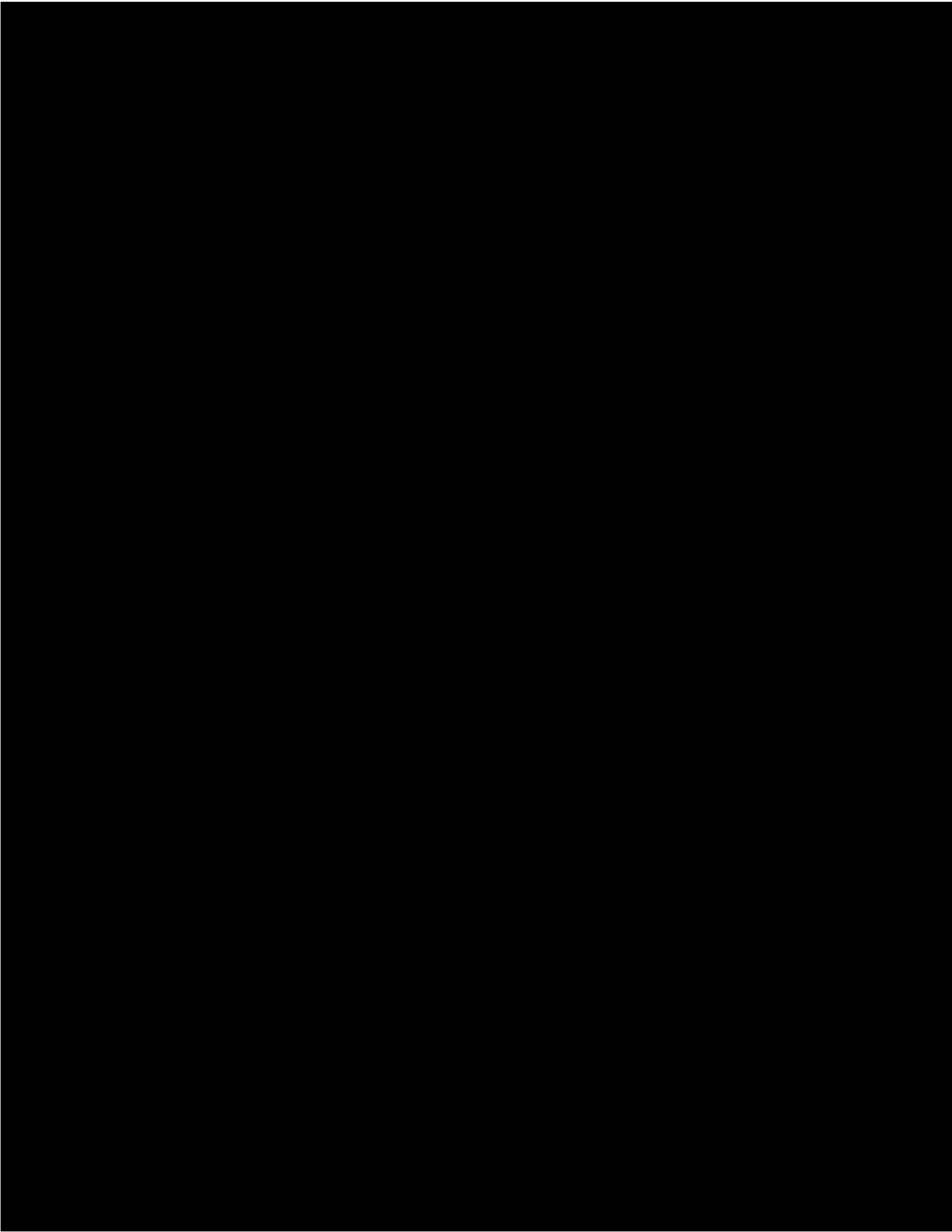
language responding to the question will not be considered.

Uploaded Document Name: **E-1.2.1_Research_Library.pdf**

NOTE: This applicant uploaded document is the next 16 page(s) of this document.







Patient Care(Patient Care and Education)

E-2.1 Describe how dispensary employees will be trained to provide patient education regarding:

1. Recognizing the signs of abuse or adverse events in the medical use of marijuana
2. Instruction on use of medical marijuana to treat a qualifying condition
3. Risks associated with medical marijuana, including possible drug interactions
4. Guidelines for support to patients related to the patient's symptoms
5. Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana. Include the sources of the training and the sources' qualifications to provide such training.

Please reference [OAC 3796:6-3-19](#) for more information.

[Redacted content]

[REDACTED]

[REDACTED]

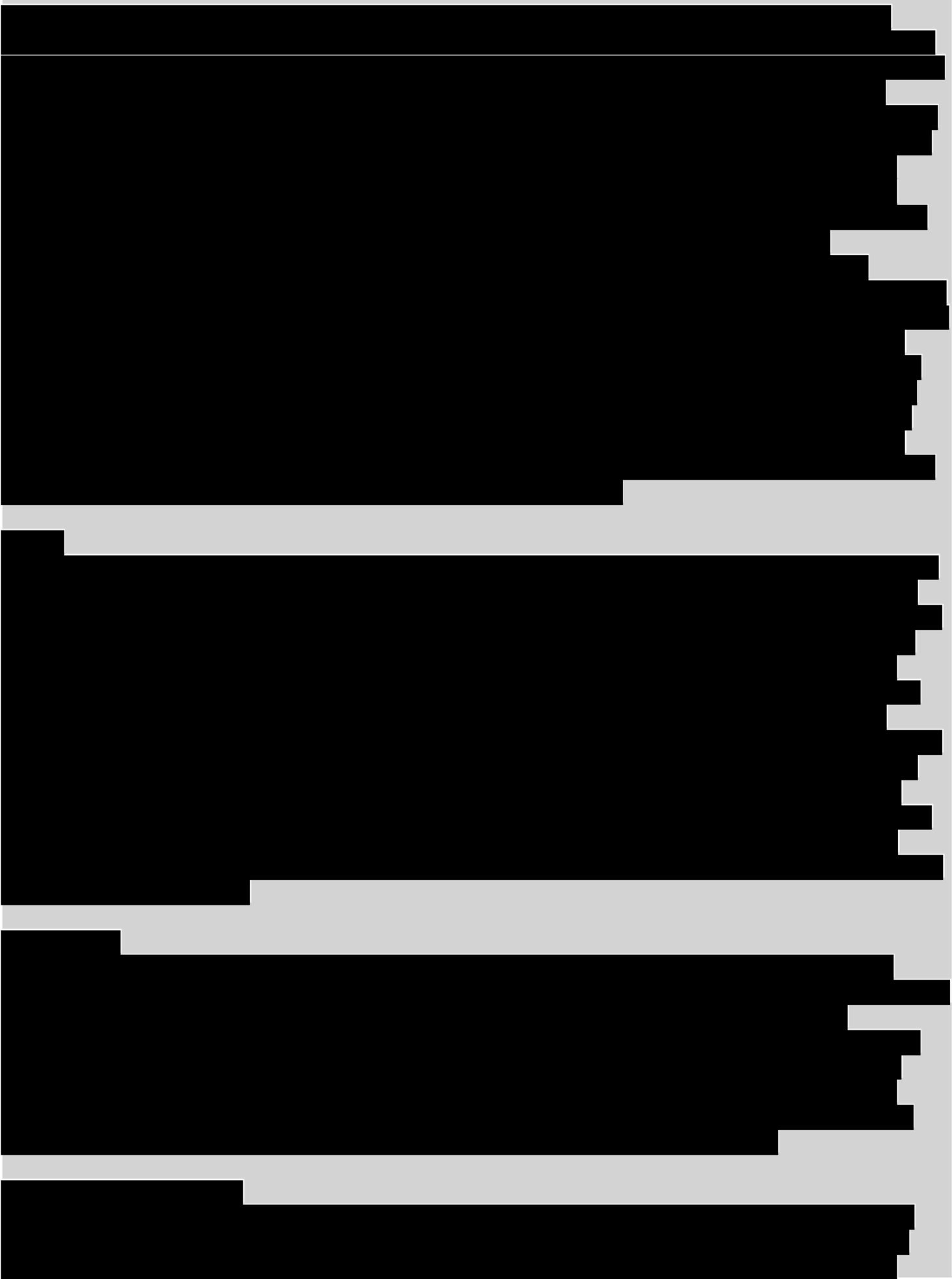
[REDACTED]

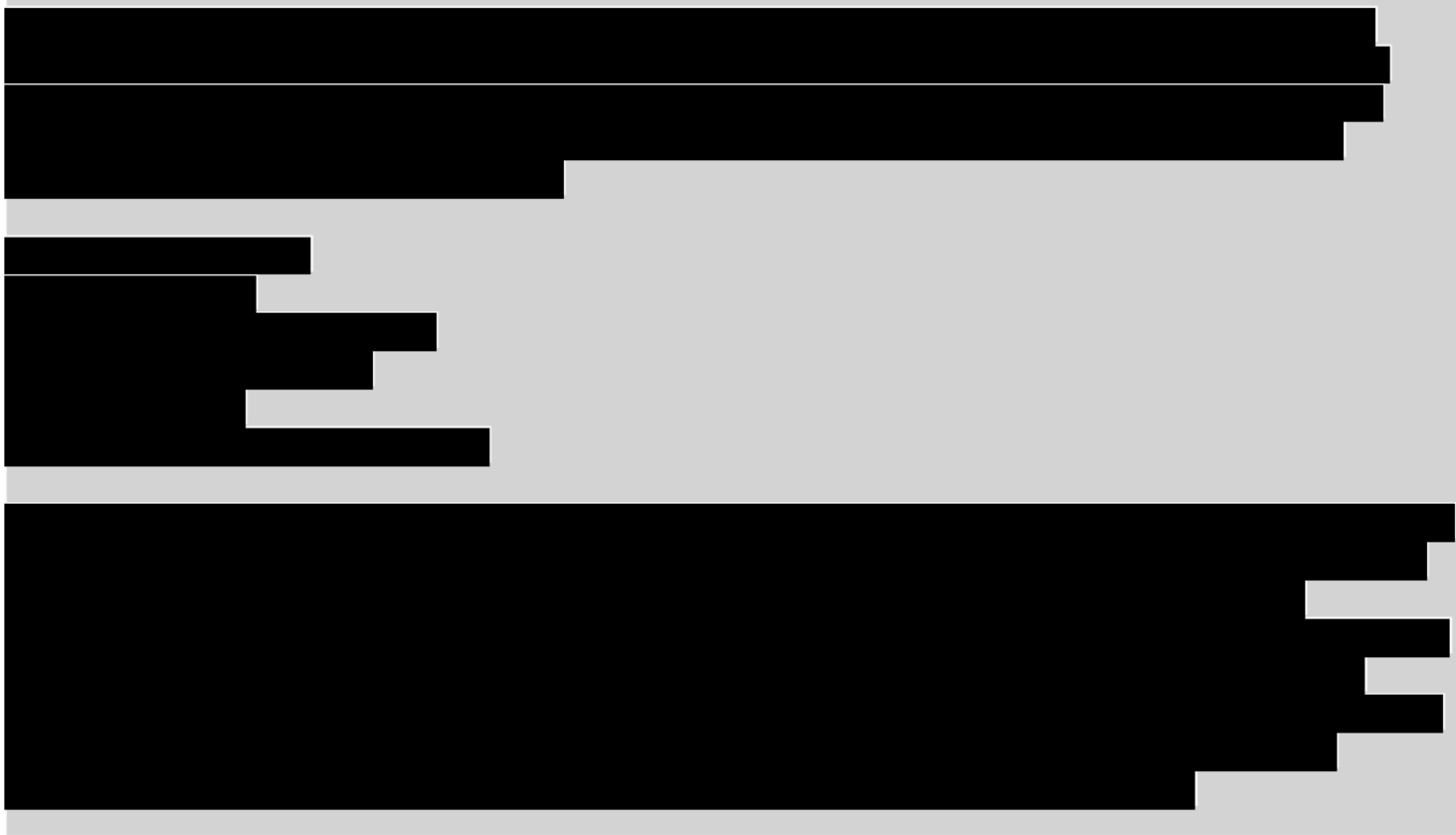
[REDACTED]

[REDACTED]

[REDACTED]

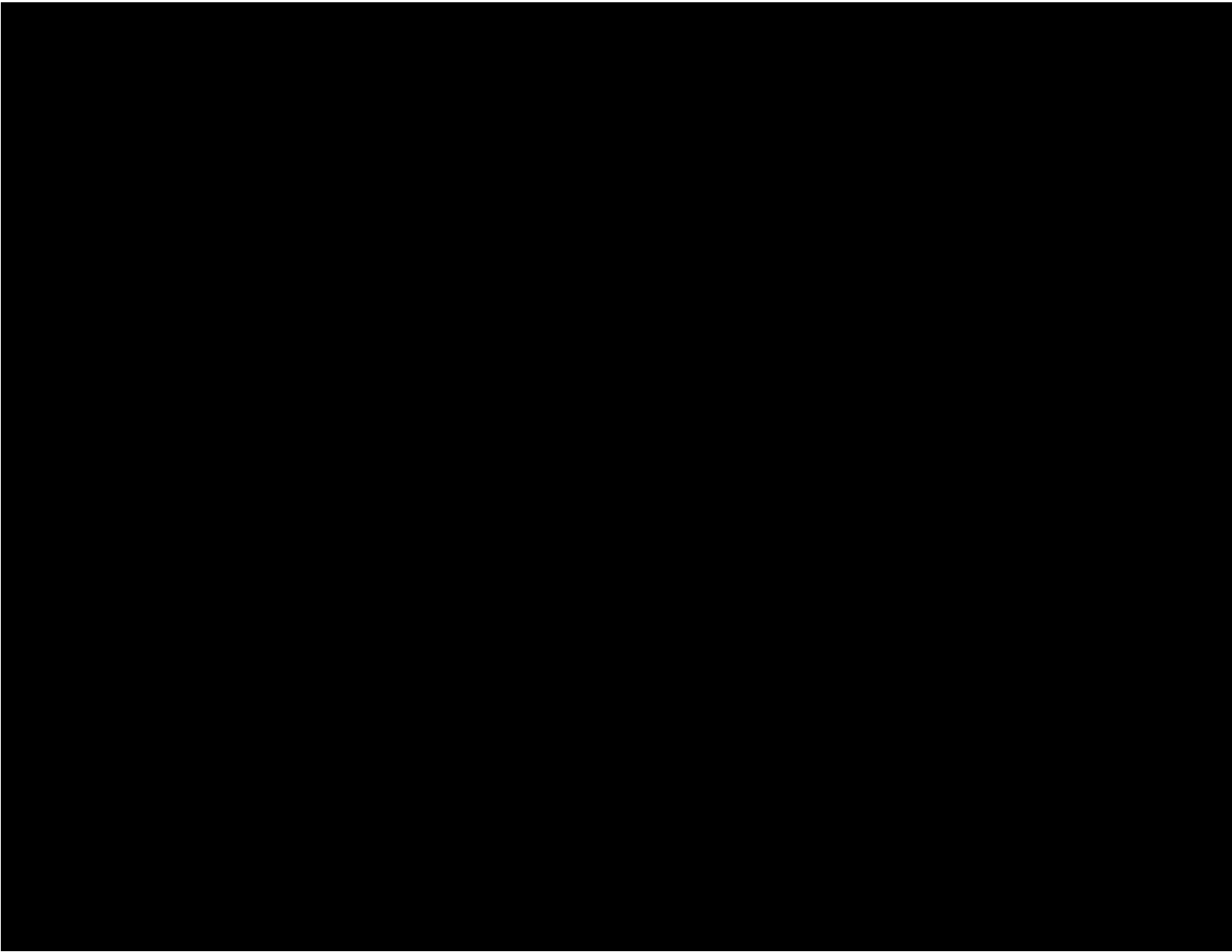
[REDACTED]

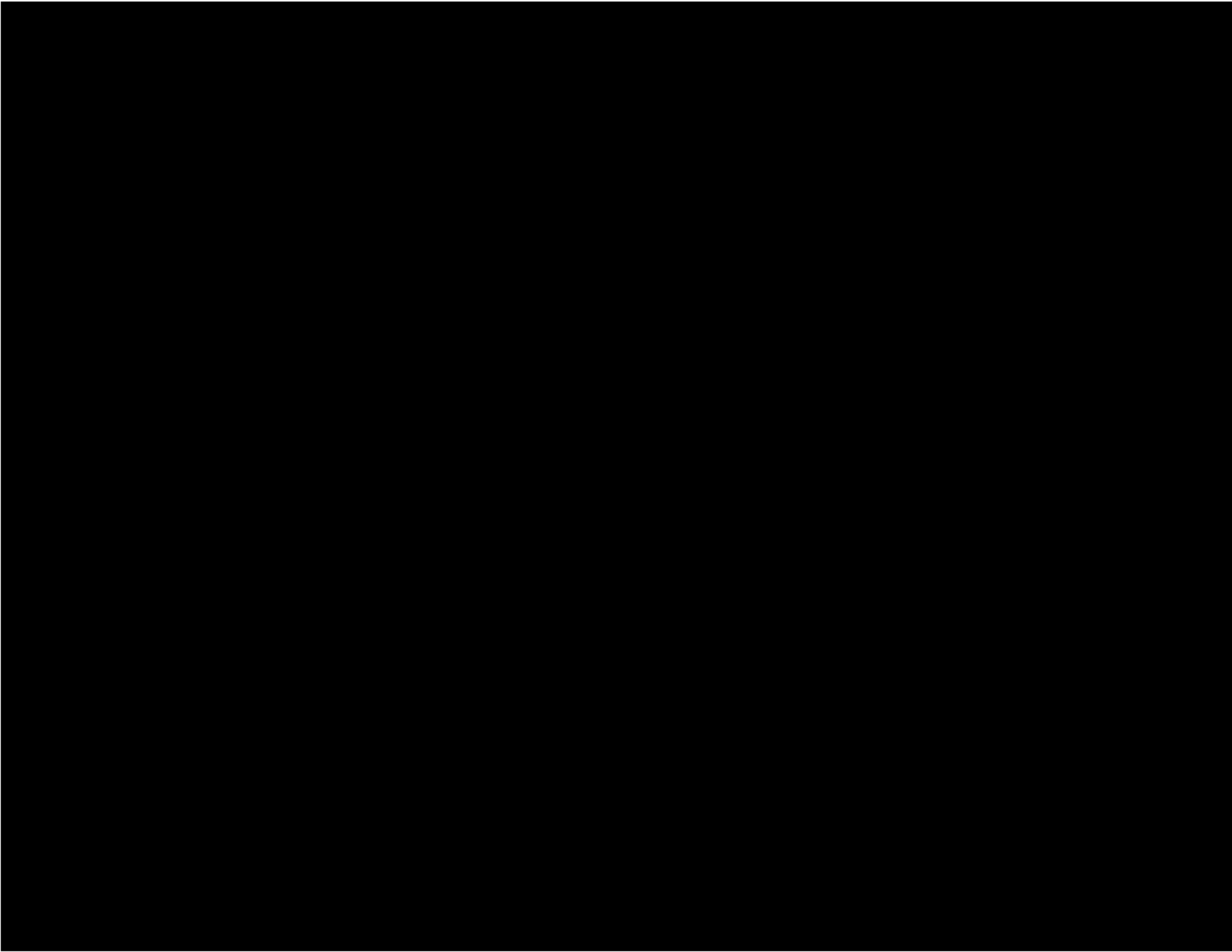


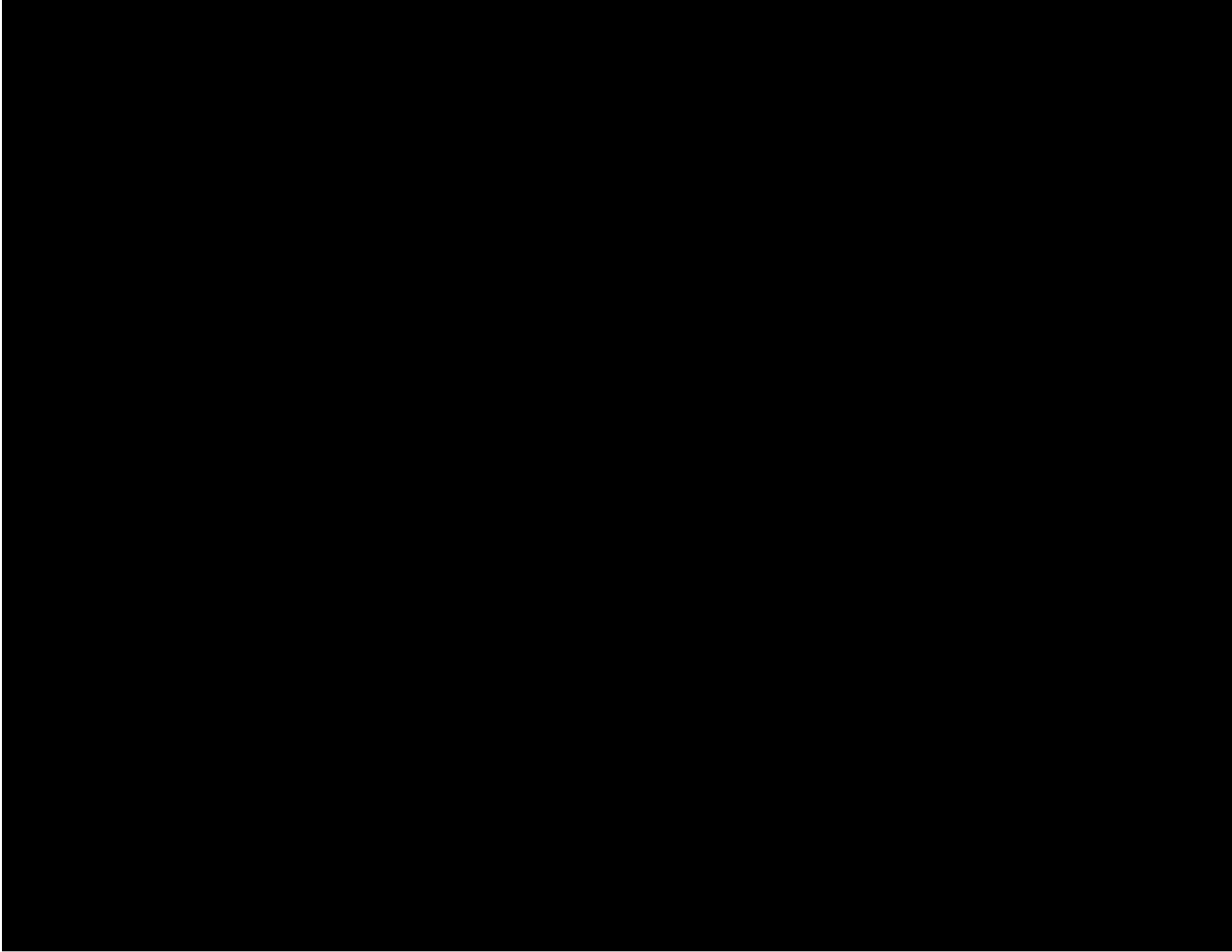


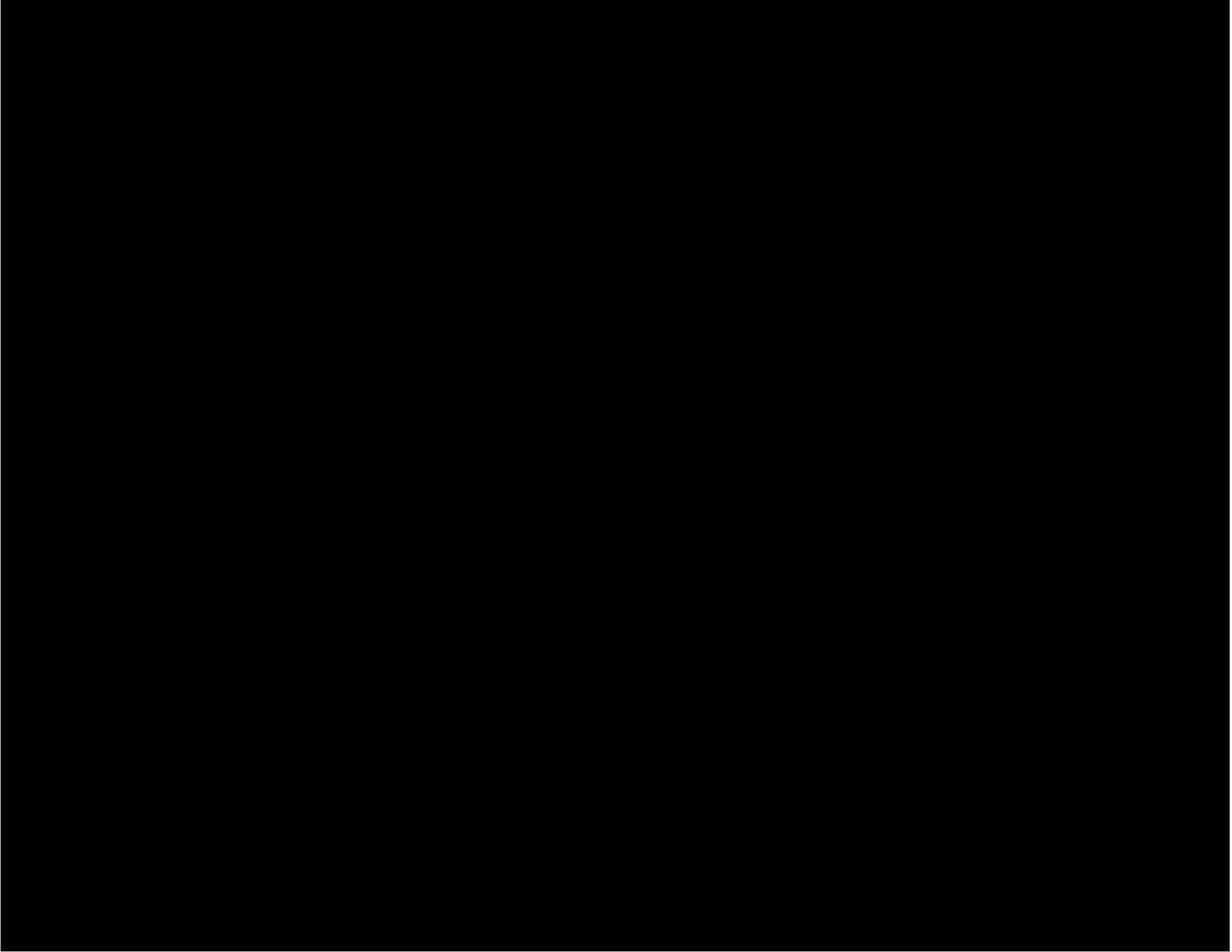
E-2.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-2.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

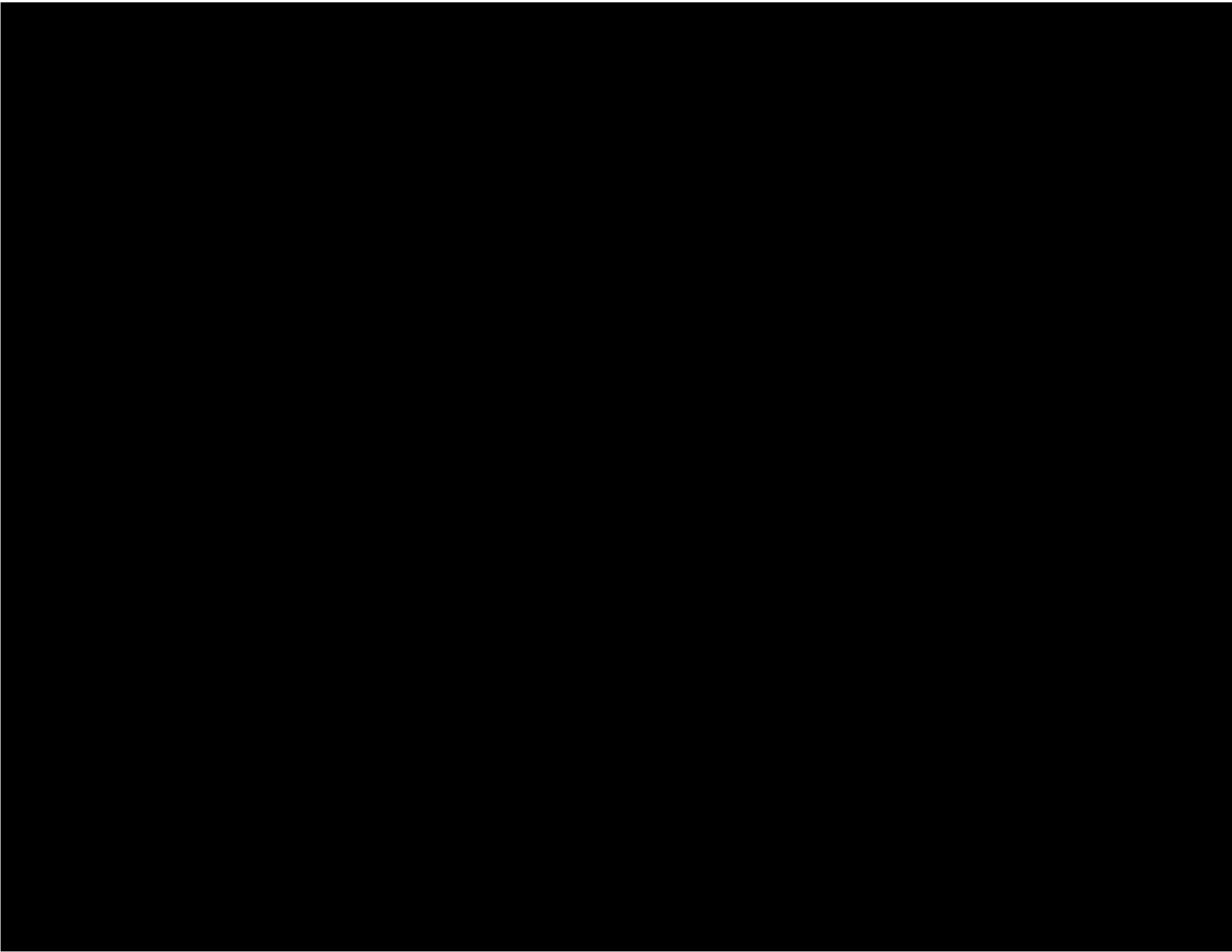
Uploaded Document Name: **E-2.1.1_Patient Education Training Manual.pdf**
NOTE: This applicant uploaded document is the next 73 page(s) of this document.



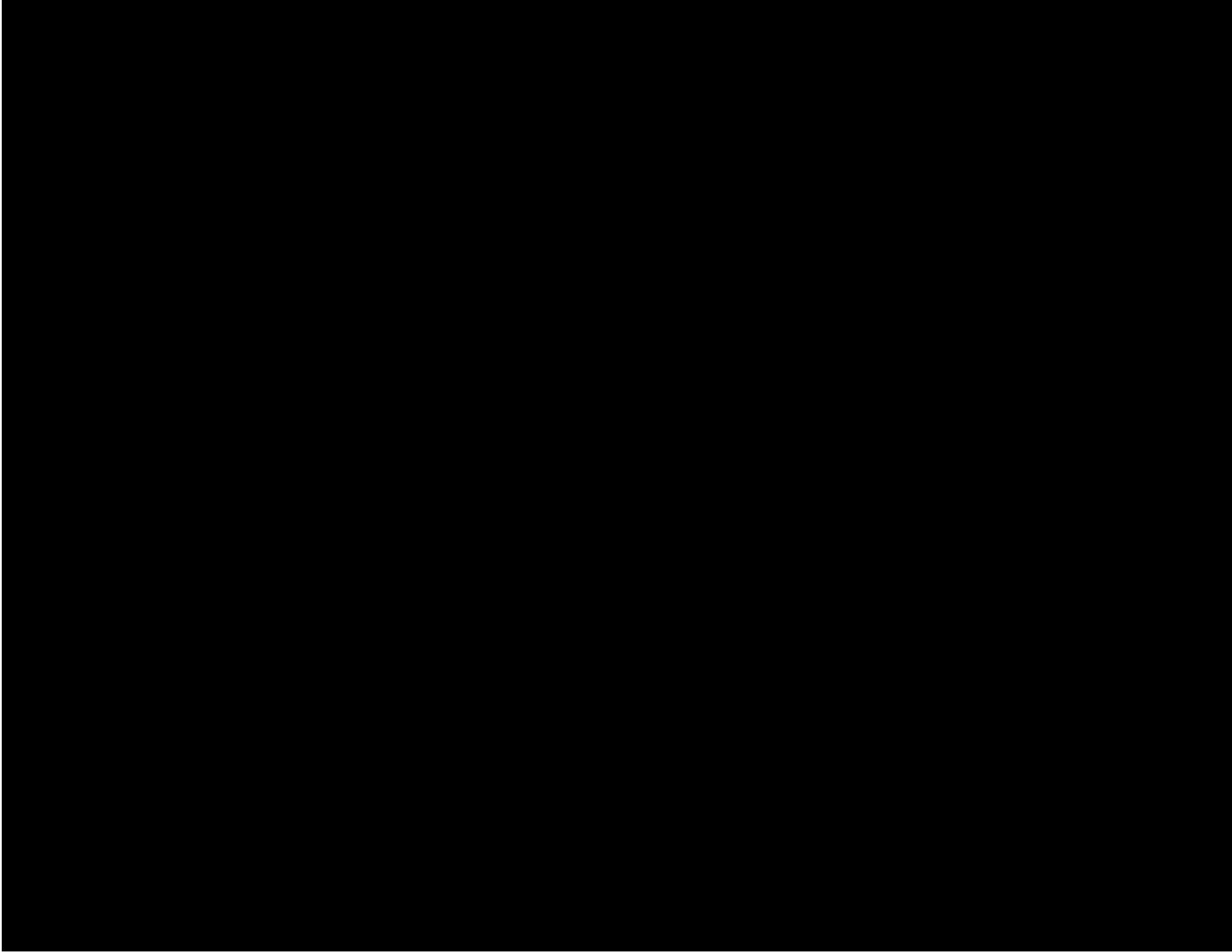


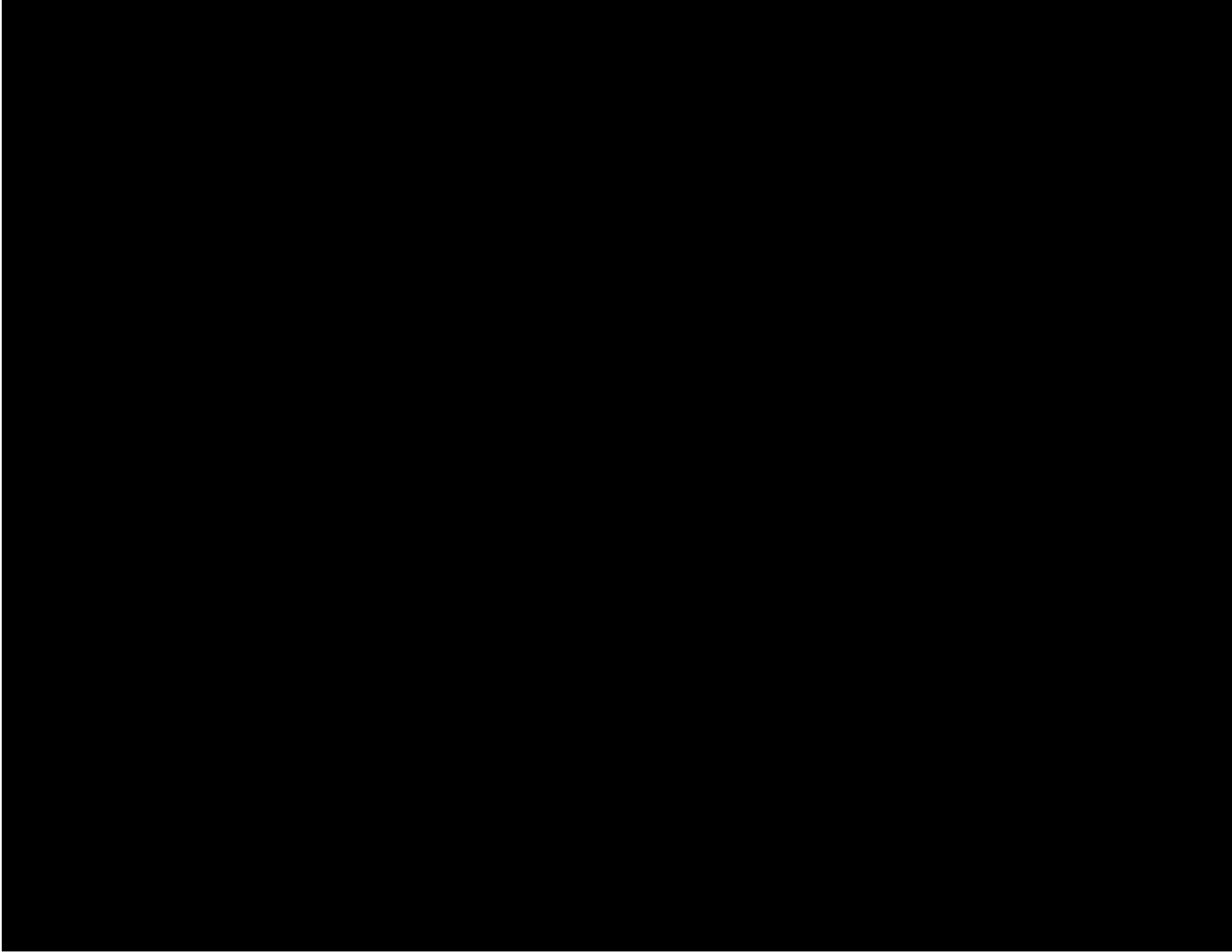


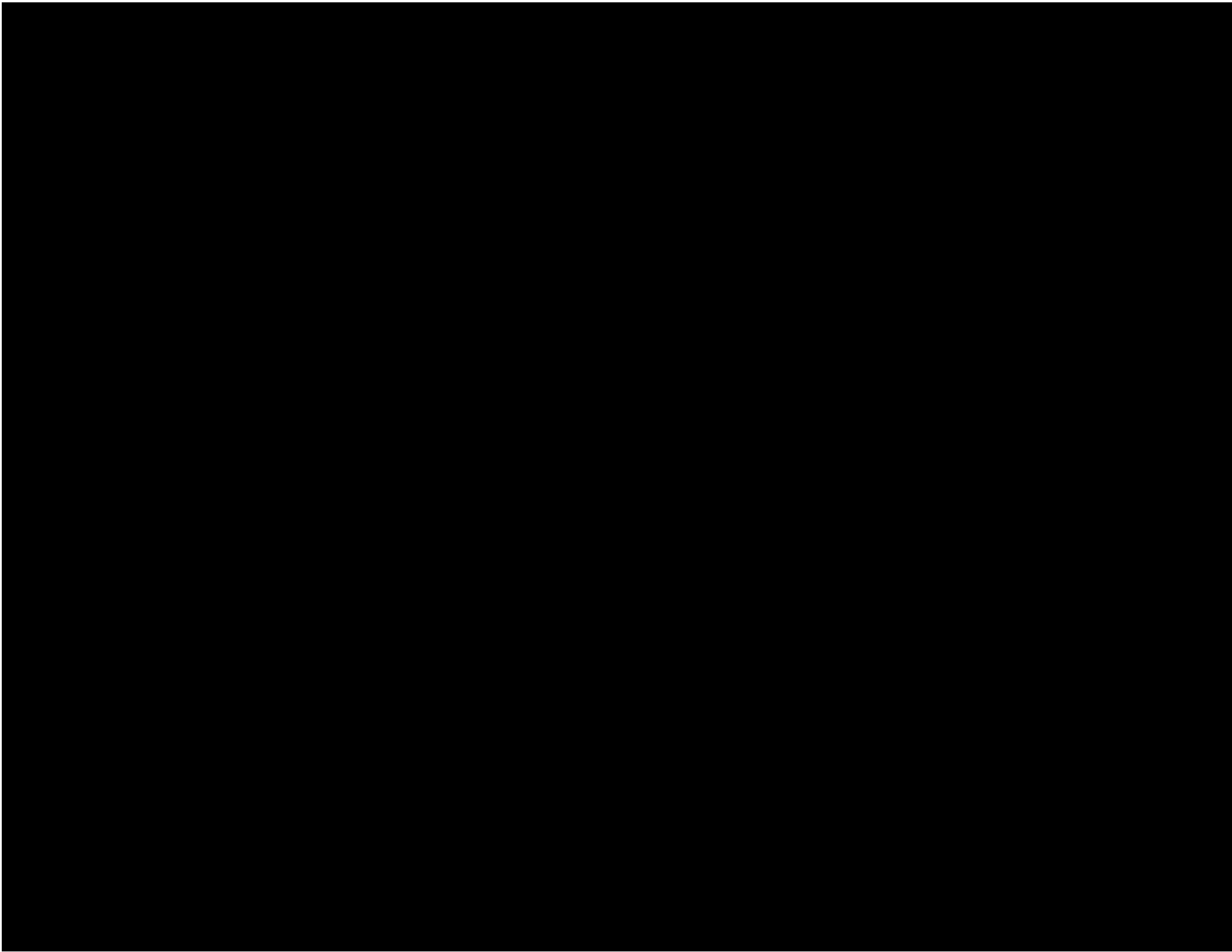


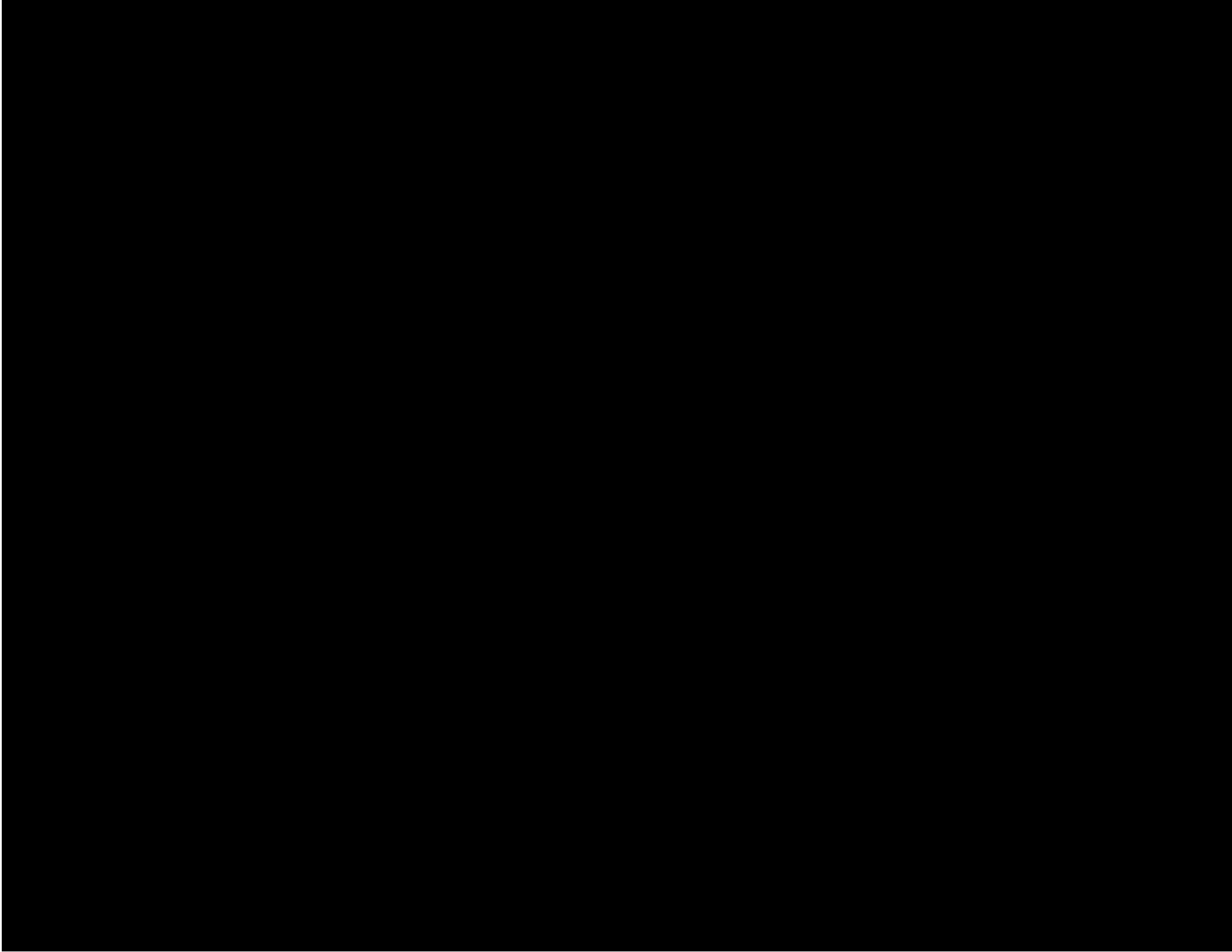


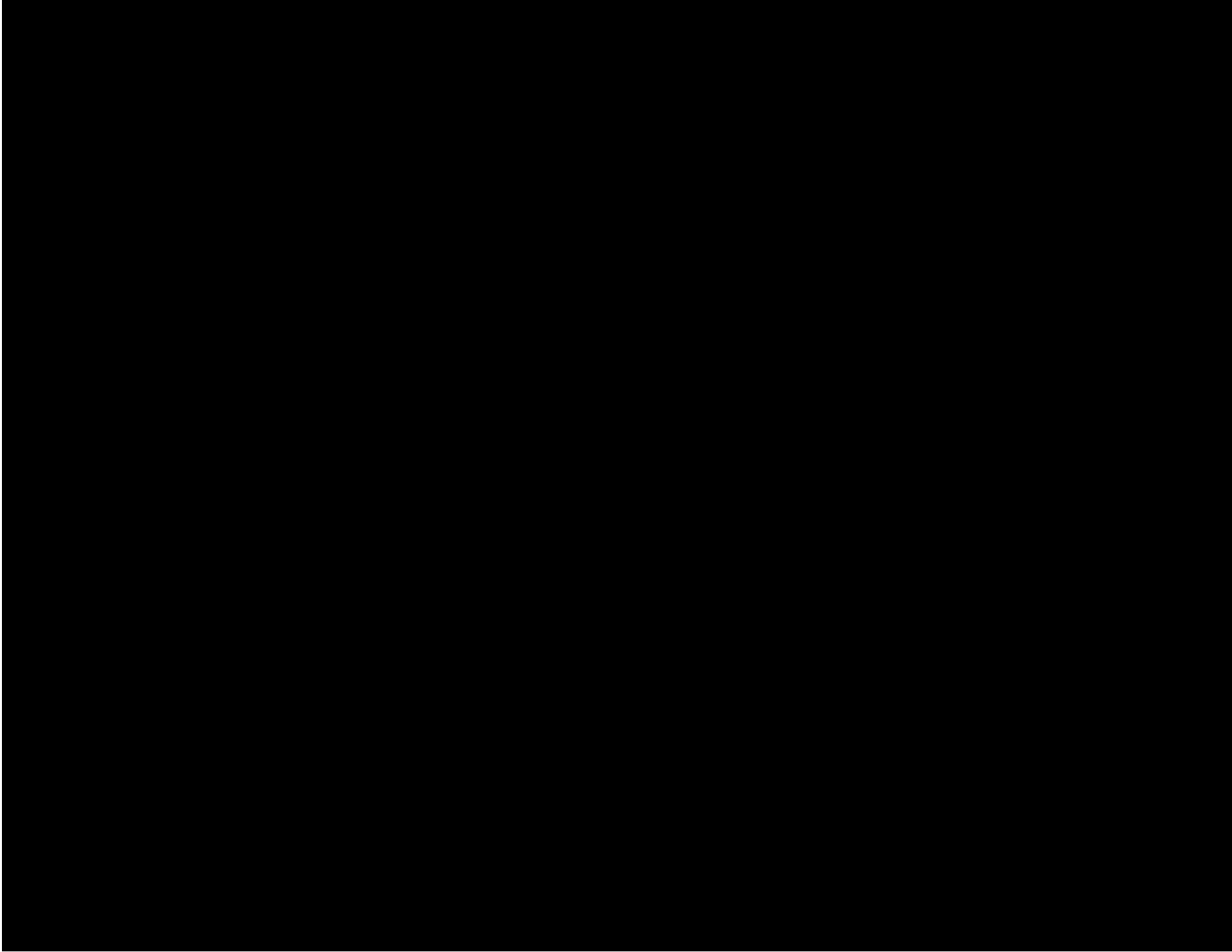


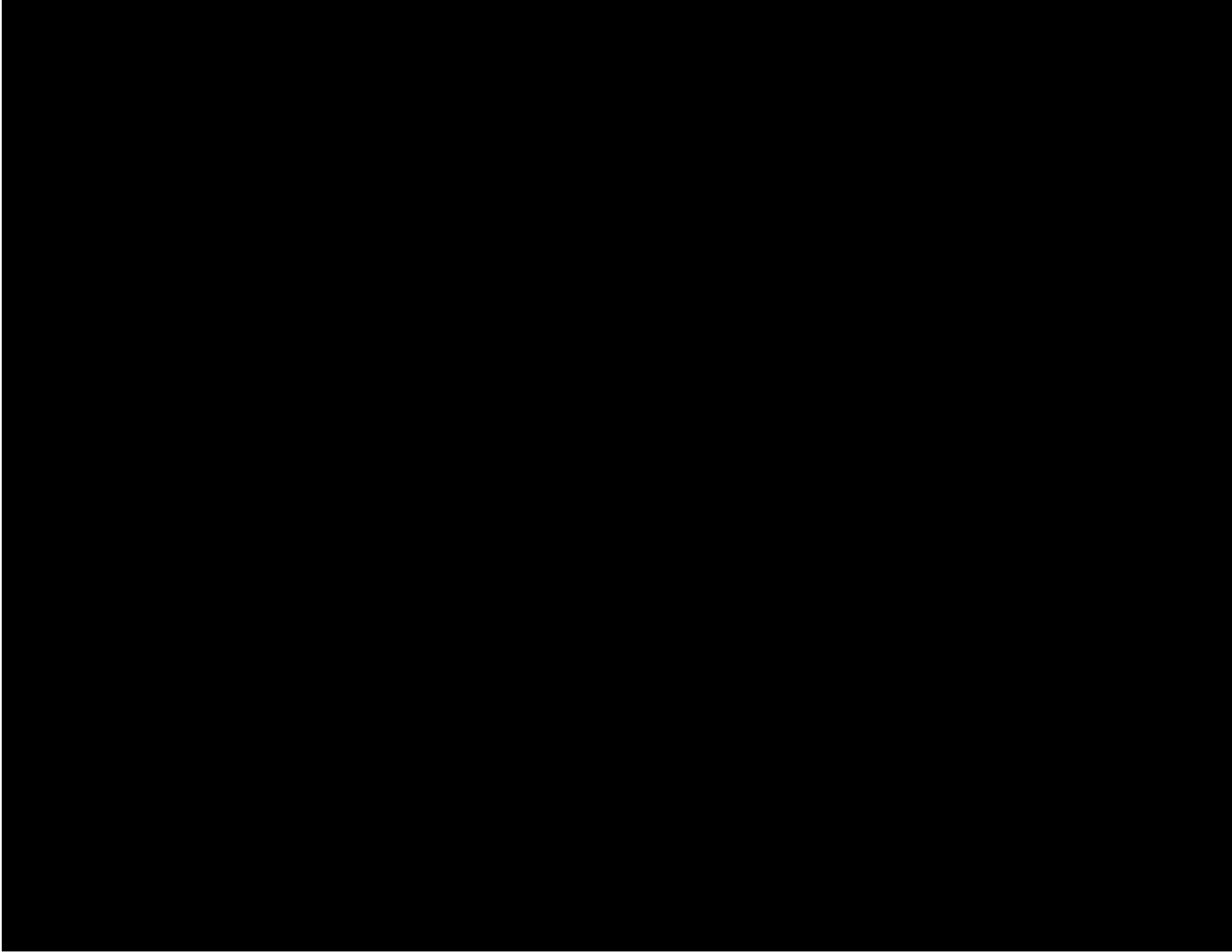


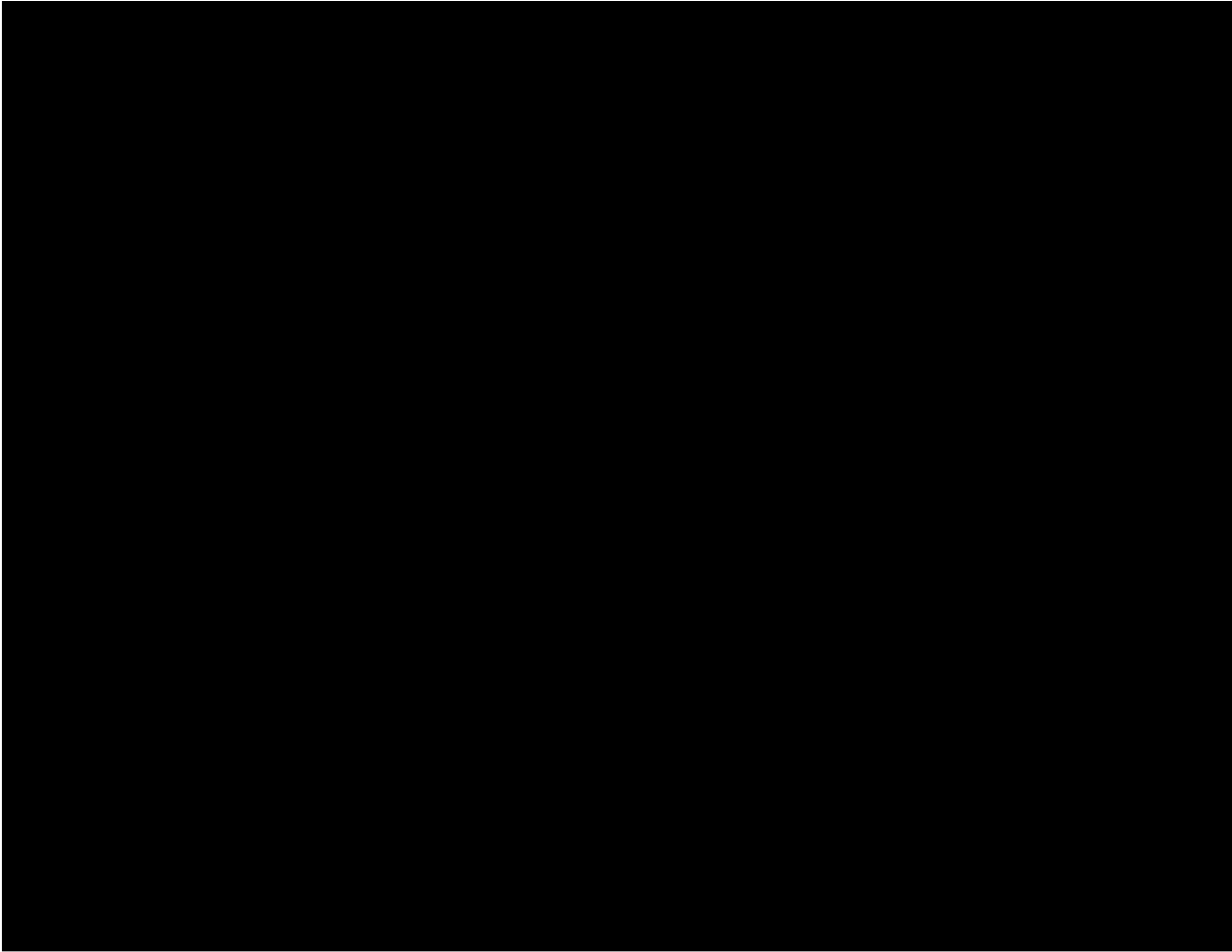


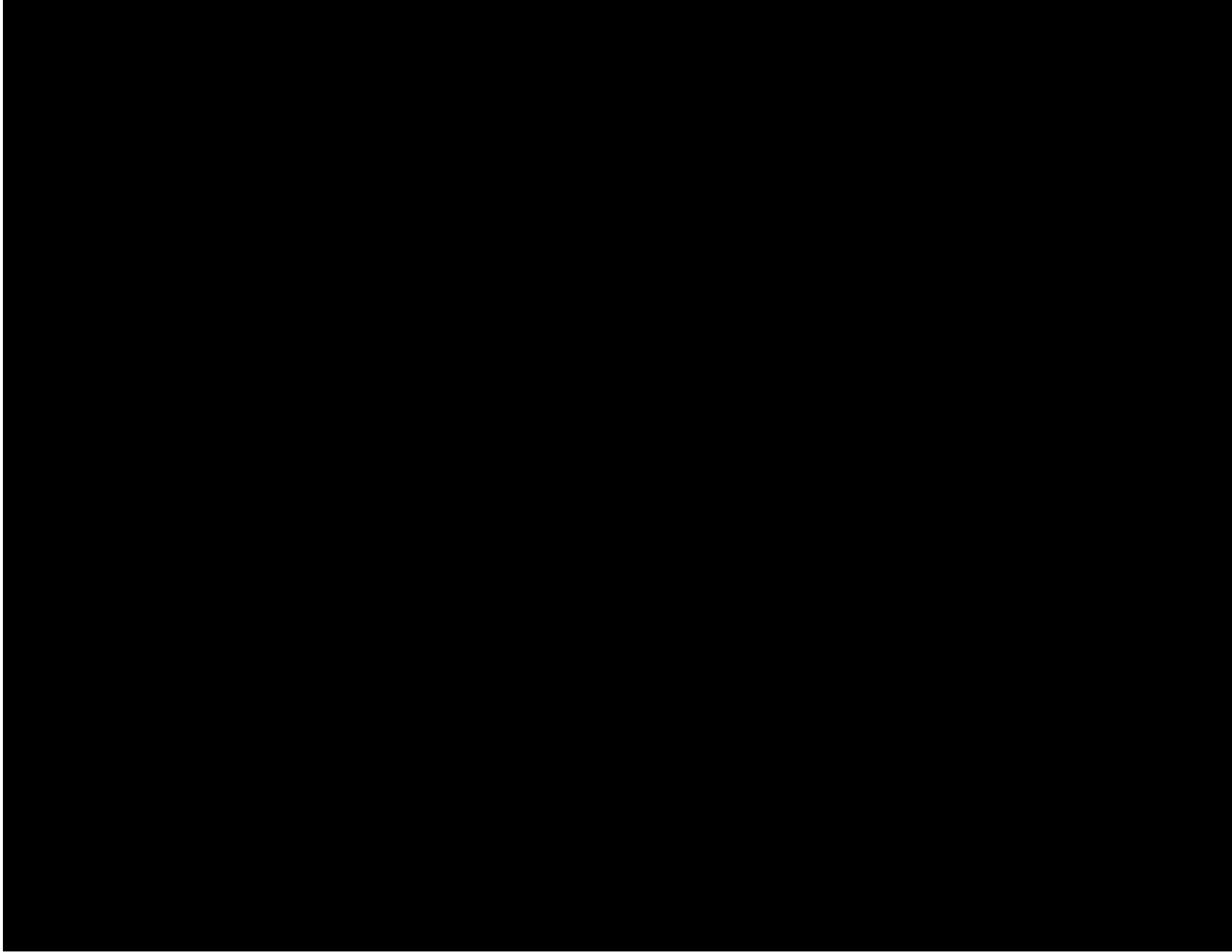


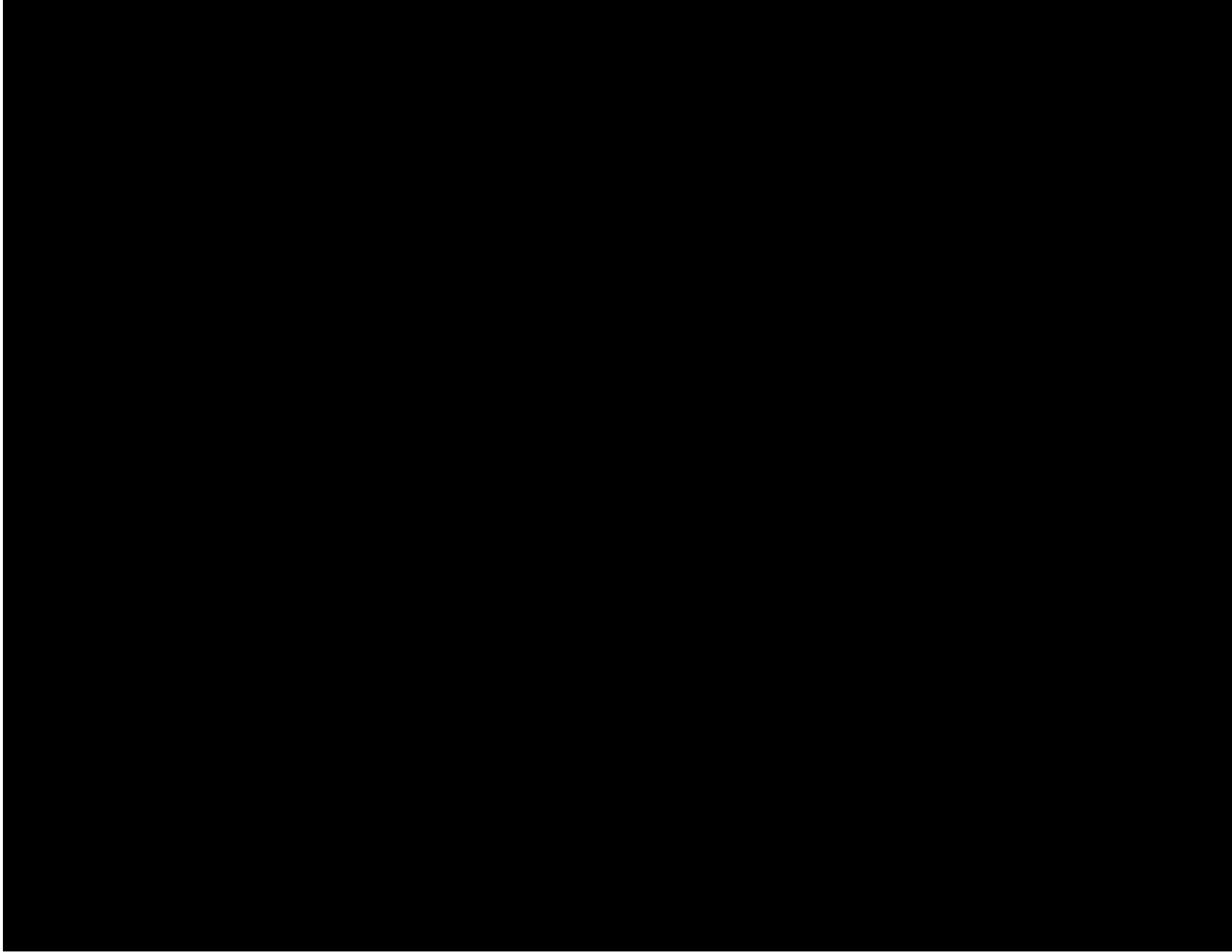


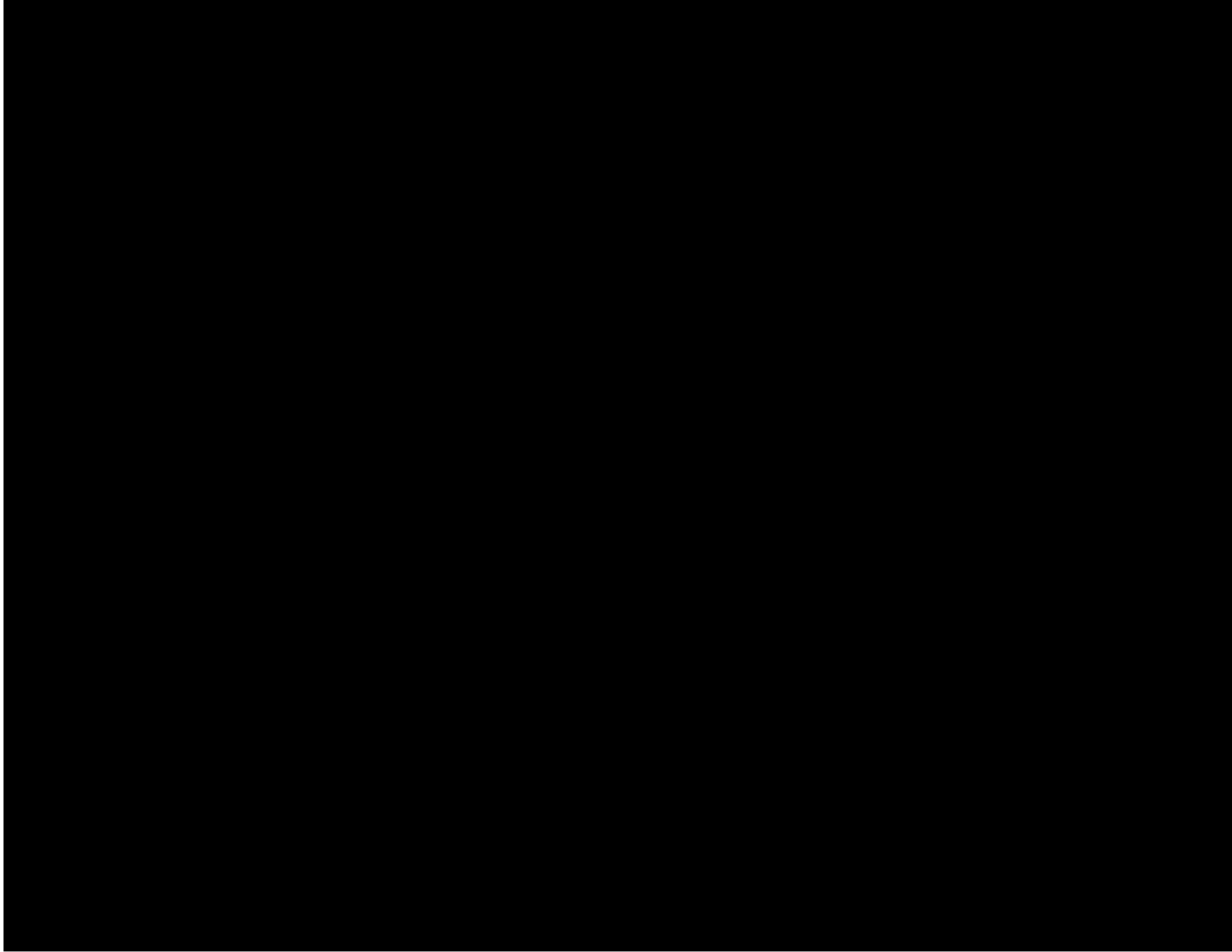


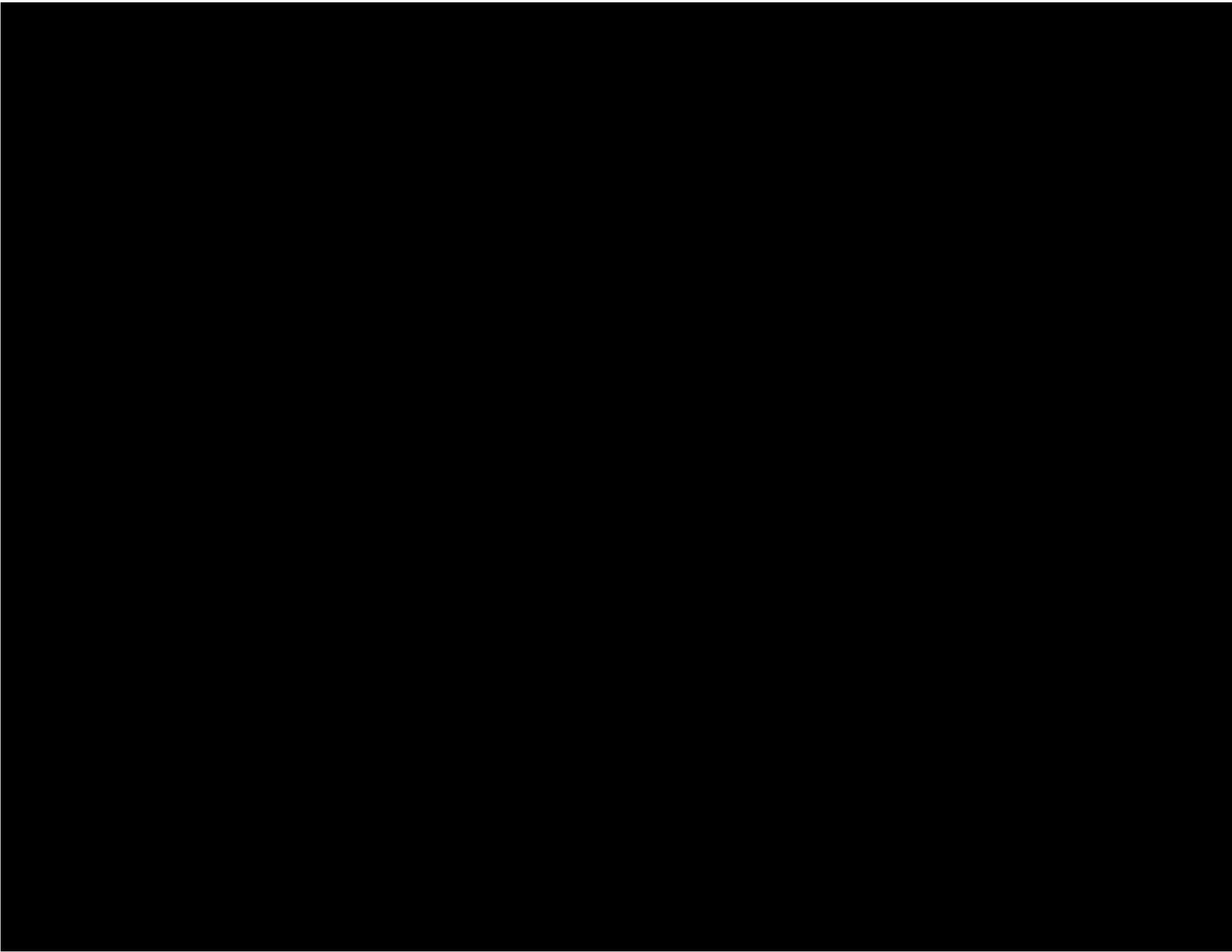


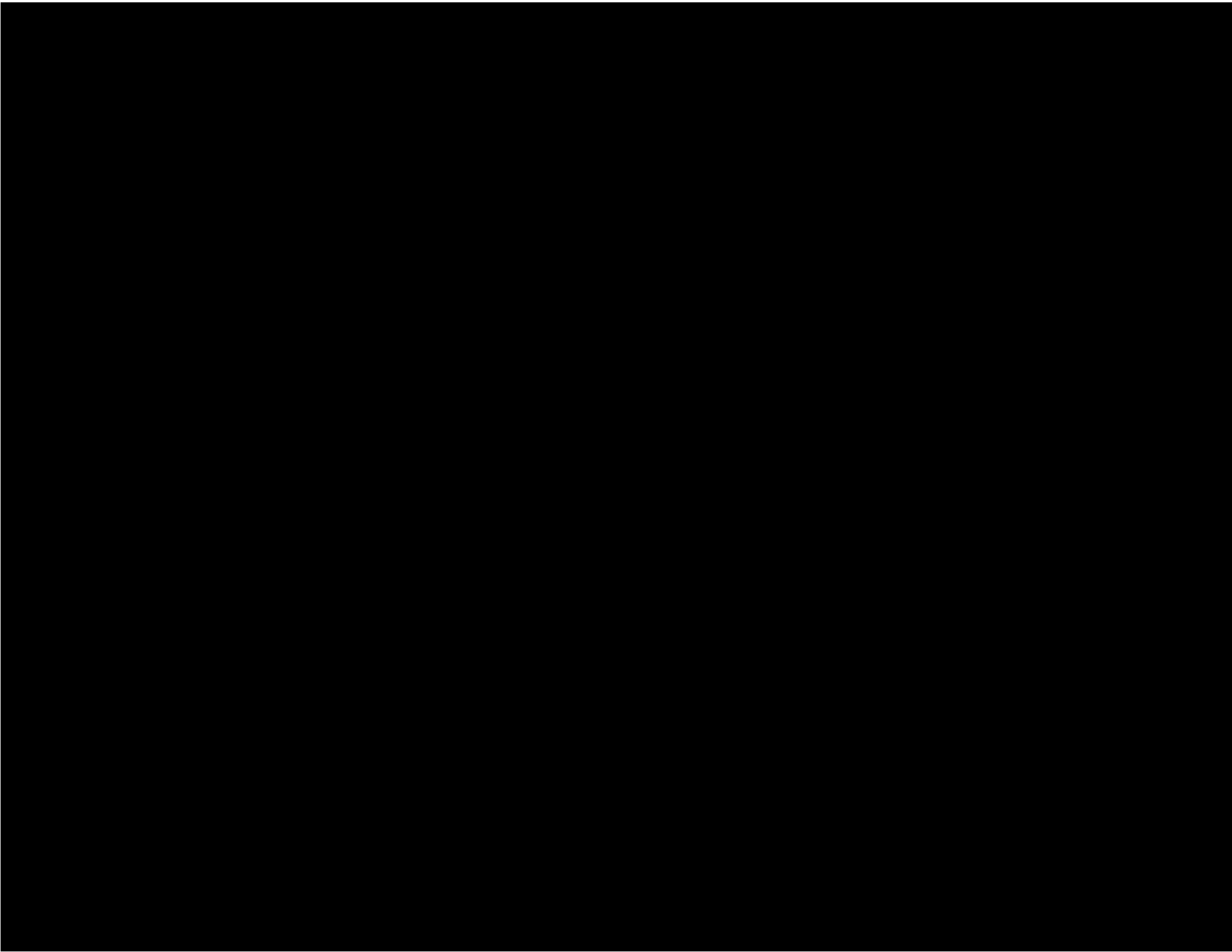


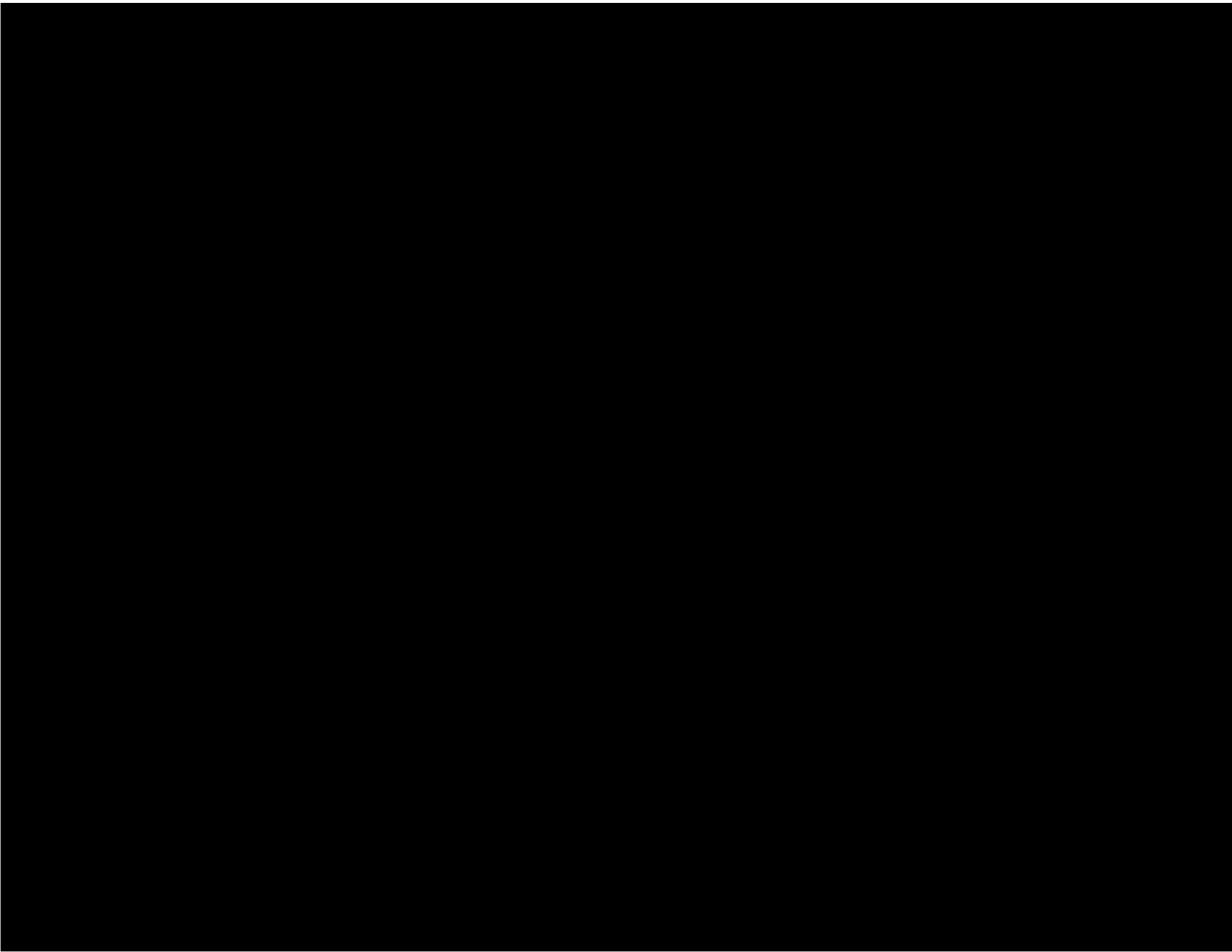




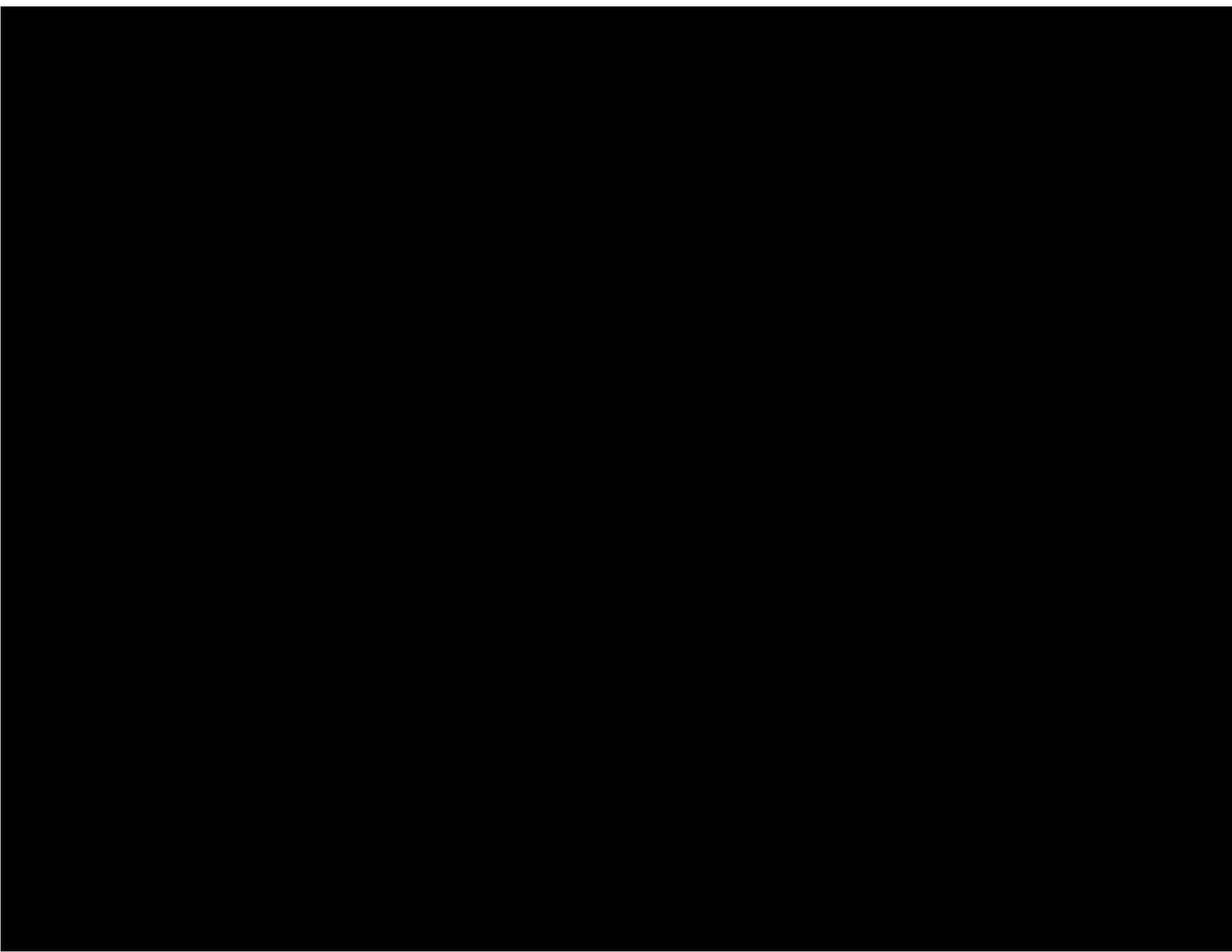


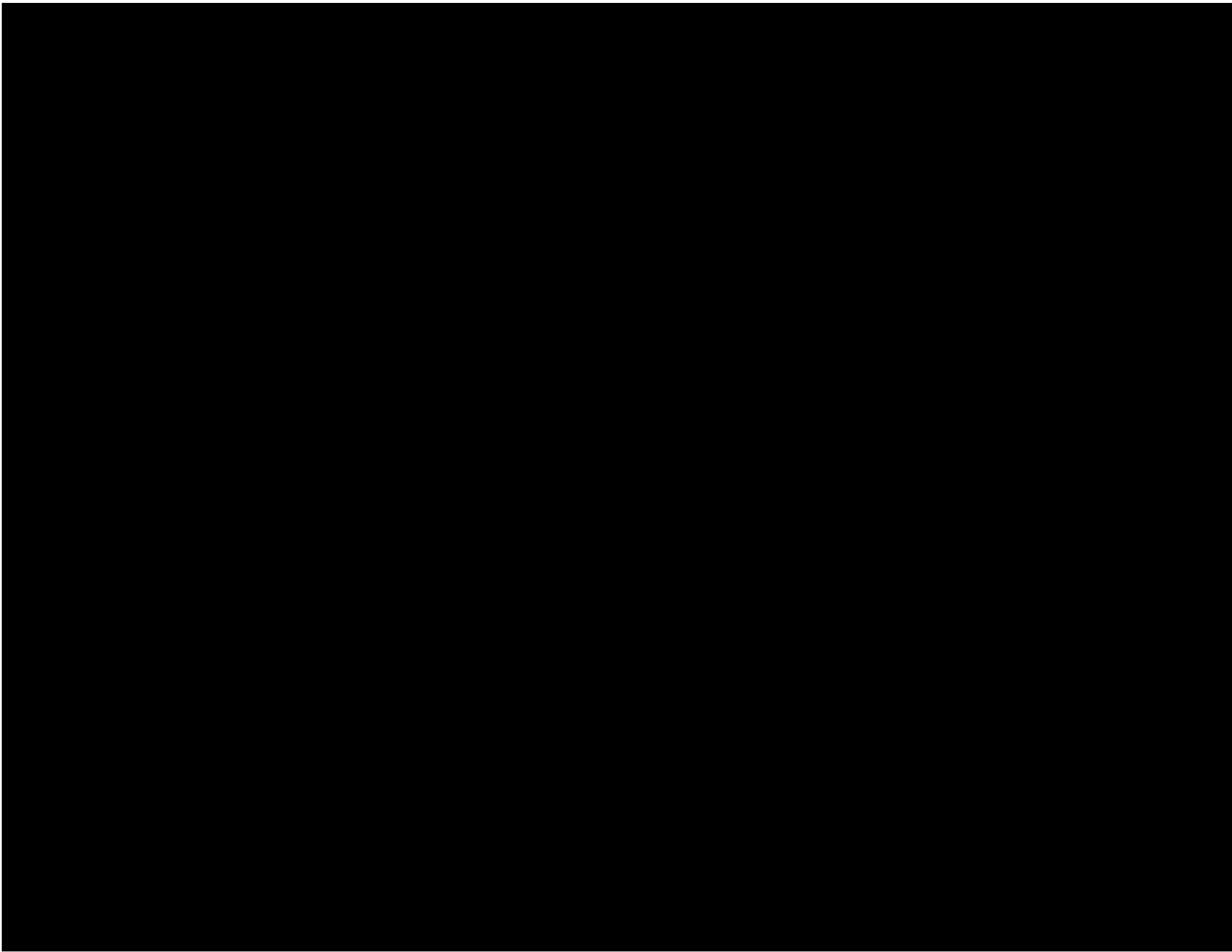














E-2.2 Describe the Applicant's processes, procedures and controls addressing reports of adverse events. Include, at a minimum, a description of:

1. How reports will be documented
2. The circumstances that will require reports of adverse events will be reported to a cultivator, processor, and / or the State Board of Pharmacy
3. The time frame for which to provide such reports

INTRO

Applicant is a wholly-owned subsidiary of Company. With its background in science, research, medicine, QA/QC, law, finance and analytics, Company is leading the objective-based acceptance of marijuana as a part of healthcare. Company has over 170 employees operating 11 medical marijuana facilities and servings thousands of patients in highly regulated, "true" medical marijuana states. Through its experience, Company understands that reporting and responding to adverse events is of utmost importance from a public health perspective - both addressing emergent events as well as establishing causal links between cannabinoids and short and long-term mental and physical conditions.

While medical marijuana products are generally understood to have a favorable risk index, unanticipated or unintended reactions may still occur. Company takes any adverse event, no matter how seemingly inconsequential, very seriously and has a standard response and reporting system in place to address them. The Company has learned that there is a dearth of information provided to patients in the industry at present, despite steadily expanding participant counts. Even when dispensed properly, improperly administered products can still cause problems among patients who may not be fully cognizant of correct dosing and variances in effects across different routes of administration. Additionally, cross-drug interaction may not be fully appreciated among patient groups. Thankfully, the Company has heretofore been required to address only a handful of adverse events that have arisen from the thousands of transactions it has conducted in its eight currently operational medical marijuana dispensaries. Each adverse event has served as a learning experience.

The Company seeks to address adverse events before they even occur. Prevention is key. Initial patient intake consultations allow employees to identify and inform patients of potential issues. For example, contraindications with prescription drugs currently being taken or a history of mental health problems that may be exacerbated by medical marijuana. Patients are provided with appropriately tailored educational material based on any potential issues flagged during consultation. Additionally, new patients receive general information and in-depth follow up from either the employee that served personally the patient or from representatives at the Company's multi-state call center, ensuring that any events, no matter how small, are addressed.

ROBUST RESPONSE

It is imperative that dispensaries and cultivators are aligned in their adverse event responses. A bad patient experience in a nascent industry can hurt all participants and potentially erode public trust in the products. Even if an adverse event does not draw outside visibility, a dissatisfied patient could stop using medical cannabis (not just products sold at the dispensary) following a bad experience, potentially depriving themselves of an important form of relief. As such, the Company reports all adverse events to cultivators or processors who supplied the products involved, even if the incident does not mandate reporting to the Board. The Company works with the cultivator or processor as to corrective actions, depending on circumstances and severity of the adverse event. For example, if Inventory Tracking System data shows that the products in question passed all laboratory testing, no previous adverse events arose from the products, and the evidence suggests a patient administration error, the dispensary may only conduct follow up inquiries with the patient themselves in order to ensure improved outcomes going forward. On the other hand, if the nature of the event suggests that

the products in question are at issue, the dispensary will suggest voluntary recalls and/or unilaterally remove remaining products from a suspect batch from the inventory. Regardless of the actions taken, the Company always consults with the relevant cultivator or processor before taking action, again encouraging all parties involved in the supply chain to act in lockstep.

The Company will leverage its industry-leading call center, when appropriate, to follow up with patients, potentially uncovering previously undiscovered adverse events patients may not have deemed serious enough to report. Through these efforts, the Company seeks to source the greatest amount of patient data possible, ensuring the highest product quality attainable for all medical marijuana patients.

A multilevel system of incident reporting and response based on patient experience will be implemented and followed. A tiered system of customer support responsiveness is personalized to the level of care required and severity of an event:

- Tier 0: Pamphlets detailing known adverse reactions or symptoms are provided to patients who seek to educate themselves. These are provided at the time product is dispensed or free of charge at any point thereafter if a patient requests.

- Tier 1: Employees are available during business hours to provide personalized, one-on-one counselling and support to patients. Sometimes a patient may simply need an explanation of a side effect or other occurrence, especially when new to administering medical marijuana.

- Tier 2: The General Manager or a designated key employee will become involved if a patient requests. Although all employees are trained in patient care, some patients require assurances from those in positions of authority or additional knowledge and experience for peace of mind.

- Tier 3: The Company's call center is staffed by a licensed pharmacist at all times it is open (approximately ten hours per day), and available to video chat and offer telemedicine counseling. This is an invaluable resource for patients currently experiencing unwanted or unfamiliar side effects.

- Tier 4: For adverse events with wide-ranging implications, the dispensary will involve the Board, cultivators and/or processors, the Company's Quality Assurance (QA) Manager, the Company's medical advisory board and other specialists as needed. Events that possibly constitute public health risks require the involvement of as many constituents as possible.

REPORTING

All adverse events, regardless of type or circumstance, will be reported internally to QA Manager, Director of Dispensaries and Lead Pharmacist. Upper-level Managers will have near real-time visibility of adverse events through the Company's Enterprise Resource Platform (ERP). With this tool, they can direct incident response and engage Company or affiliated medical experts to ensure risk mitigation occurs in a timely manner if necessary. While an occurrence does not necessarily imply a link between an event and a product, quality control standards always err on the side of caution. Whenever an employee becomes aware of an adverse event, they shall notify the General Manager, who will complete an electronic report form in the ERP. This form will be reviewed by the Company's Lead Pharmacist, taking note of whether there is a suspected causal link between product use and the event. All employees will be especially cognizant of events potentially related to new products (on the market less than 6 months), symptoms inconsistent with product packaging or labeling, and serious events that threaten a patient's life or safety.

Serious adverse events, as partially defined by the Food and Drug Administration as events or experiences that occur at any product dose, will be reported to the Board. The Lead Pharmacist will ensure that serious adverse events are reported in the prescribed manner within 24 hours of receiving

notification. Additionally, at the pharmacist's discretion, the patient's certifying physician will be notified if the adverse event includes serious physical symptoms or psychological occurrences.

Patient Care(Patient Care Facilities)

E-3.1 Describe the adequacy of the size of the proposed dispensary to serve the needs of patients and caregivers, including building and construction plans with supporting details. Such plans shall illustrate, at a minimum, the size and location of the following within the prospective dispensary location:

1. The dispensary department
2. Restricted access areas
3. Waiting room
4. Patient care areas or other areas designated for patient and caregiver consultation and instruction. Include a summary of the patient flow through each area, the maximum patient and caregiver occupancy in each area at any given time, the amount of time the Applicant expects to interact with both new and returning patients, and the number of dispensary employees who will staff each area

Please reference [OAC 3796:6-2-02](#) for more information.

[Redacted content]

[illegible]

E-3.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-3.1. The images or diagrams may contain a brief descriptive caption. Additional language responding to the question will not be considered.

No response provided by applicant

Patient Care(Dispensary Operating Hours)

E-4.1 By selecting "Yes", the Applicant attests that it will make the dispensary available to patients and caregivers to purchase medical marijuana for a minimum of 35 hours per week, between the hours of 7 am and 9 pm, except as authorized by State Board of Pharmacy. [OAC 3796:6-3-03](#)

YES

E-4.2 Provide the proposed hours of operation during which the prospective dispensary will available to dispense medical marijuana to patients and caregivers. (Information only) [OAC 3796:6-3-03](#)

46 hours per week

Patient Care(Patient Information)

E-5.1 By selecting "Yes", the Applicant attests that it will post a sign directing patients and caregivers with medical marijuana inquiries or adverse reactions to the toll-free hotline established by the State Board of Pharmacy. [OAC 3796:6-3-15](#)

YES

E-5.2 By selecting "Yes", the Applicant attests that it will make information regarding the use and possession of medical marijuana available to patients and caregivers. The Applicant agrees to submit all such information to the State Board of Pharmacy prior to being provided to patients and caregivers. [OAC 3796:6-3-15](#)

YES

Attestations and Acknowledgements(Attestations and Acknowledgements)

F-1.1 Fill out and attach the “[Trade Secret Form](#)” to Question F-1.1, specifying the question and / or attachment references of the application submission that are exempt from disclosure under Ohio public records law and articulate how the information meets the definition of “trade secret” under [Ohio Revised Code section 1333.61\(D\)](#). If no material is designated as trade secret information, a statement of “None” should be listed on the form.

Uploaded Document Name: **F-1.1_Trade Secret Form.pdf**

NOTE: This applicant uploaded document is the next 3 page(s) of this document.

TRADE SECRET



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Trade Secret Form

(Attachment to Application Section F-1.1)

This form must be signed by an individual who may legally sign for the Applicant. The form must be printed and signed with an original, wet-ink signature. Electronic or digital signatures are not acceptable. Scan and attach a copy of the signed form, in PDF format, in response to Question F-1.1 of the online Application.

Business Name of Applicant:

PharmaCann Ohio LLC

The undersigned is an Applicant for a medical marijuana Dispensary license. The Applicant understands that the State of Ohio Board of Pharmacy is an entity of the State of Ohio and any documents or data submitted to the State of Ohio may be disclosed by the State pursuant to an Ohio Public Records Act request.

While the Ohio Public Records Act permits certain exclusions from disclosure, Applicant understands the State makes no guarantee or promises that such data will not be disclosed. Applicant has reviewed the Ohio Public Records Act, as well as relevant case law.

Applicant understands that the documents or data it provides to the State of Ohio may not be confidential, or if confidential, may or may not be disclosed pursuant to an Ohio Public Records Act request.

Applicant understands that there are additional requirements in order to claim a trade secret record exception. Applicant understands that materials consisting of trade secrets must be clearly marked, specifying the pages of the application question, attachment name related to the material that is to be restricted and justifying the trade secret designation for each item.

Printed Name of Authorized Representative

Teddy Scott

Signature

Date

11/14/17

TRADE SECRET



**STATE OF
OHIO**
BOARD OF PHARMACY

Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
A-1.1 - A-6.23	No Attachments	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
A-6.24	31 Key Employee IDs	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
A-6.25	4 Tax Authorization Forms	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
B-1.1 - B-1.2	No Attachments	Confidential, financial, proprietary information that has independent economic value not generally known to and not readily ascertainable by competitors.
B-2.1 - B-2.4	No Attachments	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
B-3.1 - B-3.22	No Attachments	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.
C-1.1a	Purchase Agreement	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.
C-1.2 - C-1.9	No Attachments	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
C-2.1c	Site and Facility Plans	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
C-2.2	Zoning Form Compliance	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.
C-3.1	No Attachment	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
C-3.1.1	Operational Timeline	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
C-3.2	No Attachment	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
C-4.2	Table of Organization	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.



**STATE OF
OHIO**
BOARD OF PHARMACY

TRADE SECRET

Ohio Medical Marijuana Control Program Dispensary Application



Question Number	Attachment Reference	Justification for Excluding as Trade Secret
C-5.1 - C-5.4	No Attachments	Confidential, financial, proprietary information that has independent economic value not generally known to and not readily ascertainable by competitors.
C-5.5	Liquid Assets and Financials	Confidential, financial, proprietary information that has independent economic value not generally known to and not readily ascertainable by competitors.
C-6.1 - C-6.9	No Attachments	Confidential, personal, proprietary information that has independent economic value not generally known to or readily ascertainable by competitors.
D-1.1 - D-2.2	No Attachments	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
D-2.2.1	Security/Surveillance Plan	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
D-3.1 - D-5.5	No Attachments	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
D-5.5.1	Sample Product Label	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
D-6.1 - D-11.1	No Attachments	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
E-1.1 - E-1.2	No Attachments	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
E-1.2.1	Research Library	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
E-2.1 - E-2.1.1	Training Manual	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
E-2.2 - E-5.2	No Attachment	Confidential, proprietary information and plans having independent economic value not generally known to and readily ascertainable by competitors.
F-1.1	Trade Secret Forms	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.
F-1.2	Attestation/Release Form	Confidential, proprietary business information that has independent economic value not generally known to or readily ascertainable by competitors.

F-1.2 To be considered complete, each application must be submitted with an Attestation and Release Authorization. The form must be completed by a Prospective Associated Key Employee who may legally sign for the Applicant and who can verify the information provided in the application is true, correct, and complete.

This response has been entirely redacted