Ohio Medical Marijuana Dispensary Application
BLACK DIAMOND INVESTMENTS, LLC
Application ID 937

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

Black Diamond Investments, LLC

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

n/a

A-1.3 Business Street Address

2777 N. Stemmons Freeway Suite 1100

A-1.4 City

Dallas

A-1.5 State

TX

A-1.6 Zip Code

75207

A-1.7 Phone

9018305299

A-1.8 Email

blkdiamondinvestment@gmail.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

Jasmine

A-2.3 Middle Name

Felicia

A-2.4 Last Name

Crockett

A-2.5 Street Address

4605 Cedar Springs 141

A-2.6 City

Dallas

A-2.7 State

TX

A-2.8 Zip Code

75219

A-2.9 Phone

9018305299

A-2.10 Email

crockettlaw@yahoo.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

TX

A-3.3 Date of Formation

10/05/2017

A-3.4 Business Name on Formation Documents

Black Diamond Investments, 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

Montgomery Law, PLLC [redacted]
Jasmine Crockett [redacted]
LEI Investment Group [redacted]

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

NO

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

SOUTHWEST-1

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

Hamilton

Demographic Information(Prospective Associated Key Employees Details)

Item 1 of 4

A-6.1 First Name

Jasmine

A-6.2 Middle Name

Felicia

A-6.3 Last Name

Crockett

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Attorney

A-6.6 Title in the Applicant’s business

Chief Operations Officer

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

20

A-6.11 Voting percentage

20

A-6.12 Proposed Role

OWNER

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

Listed throughout the application

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

4605 Cedar Springs 141

A-6.17 City

Dallas

A-6.18 State

TX

A-6.19 Zip Code

75219

A-6.20 Phone

9018305299

A-6.21 Email

crockettlaw@yahoo.com

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

Black or African American

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:

n/a

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 2 of 4

A-6.1 First Name

Anwar

A-6.2 Middle Name

Sadat

A-6.3 Last Name

Montgomery

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Chief Executive Officer

A-6.6 Title in the Applicant’s business

0

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

40

A-6.11 Voting percentage

40

A-6.12 Proposed Role

OWNER

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

Listed throughout the application

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

2777 N. Stemmons Freeway Suite 1100

A-6.17 City

Dallas

A-6.18 State

TX

A-6.19 Zip Code

75207

A-6.20 Phone

9018305299

A-6.21 Email

sadat@montgomeryfirm.com

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

Black or African American

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:

n/a

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

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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 3 of 4

A-6.1 First Name

Mariamou

A-6.2 Middle Name

C

A-6.3 Last Name

Sims

A-6.4 Suffix

No response provided by applicant

A-6.5 Occupation

Doctor of Medicine

A-6.6 Title in the Applicant’s business

Chief Medical Officer

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

20

A-6.11 Voting percentage

20

A-6.12 Proposed Role

OWNER

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

Listed throughout the application

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

1121 Golfview Lane

A-6.17 City

Glenview

A-6.18 State

IL

A-6.19 Zip Code

60025

A-6.20 Phone

7735623528

A-6.21 Email

mariamousims@gmail.com

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

Black or African American

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:

n/a

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 4 of 4

A-6.1 First Name

Kadidia

A-6.2 Middle Name

C

A-6.3 Last Name

Petridis

A-6.4 Suffix

n/a

A-6.5 Occupation

Oncology Key Account Manager

A-6.6 Title in the Applicant’s business

Director of Inventory and Compliance Regulation

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

20

A-6.11 Voting percentage

20

A-6.12 Proposed Role

OWNER

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

Listed throughout the application

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

1090 Aster Court

A-6.17 City

Mundelein

A-6.18 State

IL

A-6.19 Zip Code

60060

A-6.20 Phone

6308166681

A-6.21 Email

kadipetridis@mac.com

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

Black or African American

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:

n/a

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

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 4

B-3.1 First Name

Jasmine

B-3.2 Middle Name

Felicia

B-3.3 Last Name

Crockett

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Operations Officer

B-3.6 Brief description of role

Chief Operating Officer ("COO"): The COO reports directly to BDI's CEO and will be responsible for designing and implementing business strategies, plans, and procedures. The COO will establish and update all operational policies and procedures to ensure the Company is efficient and effective in achieving all business goals, Company vision, and Company culture. The COO acts as a liaison between the management team and the 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 2 of 4

B-3.1 First Name

Anwar

B-3.2 Middle Name

Sadat

B-3.3 Last Name

Montgomery

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Executive Officer

B-3.6 Brief description of role

Chief Executive Officer ("CEO"): The CEO plans and directs all aspects of the organization's strategies, objectives, initiatives, and policies. The CEO is responsible for the attainment of short- and long-term financial and operational goals as directed by the Owners. The CEO oversees all aspects of the Company in strict compliance with Ohio regulations and builds a high-performance team capable of achieving BDI's vision and mission while adhering to its core values.

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 4

B-3.1 First Name

Mariamou

B-3.2 Middle Name

No response provided by applicant

B-3.3 Last Name

Sims

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Chief Medical Officer

B-3.6 Brief description of role

The CMO will lead the development, implementation, and monitoring of medical marijuana policies and procedures for programs and processes as they relate to the overall delivery of health care to medical marijuana patients. They will develop and implement strategic plans for medical management and ensure that appropriate metrics are designed and implemented for comprehensive program assessment. The CMO will guide its staff in the design and interpretation of the medical marijuana regulations put in place by the State of Ohio, provide leadership and guidance to support other divisions of the Company, and establish, monitor, and control medical and behavioral health quality standards. The CMO will serve as the medical liaison within the community as it related to developing and managing physician relations.

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 4 of 4

B-3.1 First Name

Kadidia

B-3.2 Middle Name

C

B-3.3 Last Name

Petridis

B-3.4 Proposed Role

OWNER

B-3.5 Position/Title

Director of Inventory Control and Compliance Regulation

B-3.6 Brief description of role

The Director of Inventory Control and Compliance Regulation will be responsible for developing and overseeing control systems to prevent or address violations of all rules and regulations set forth by the State of Ohio Pharmacy Board and internal policies as well as for evaluating the efficiency of controls and implementing improvement continuously. This position will keep abreast of regulatory developments within or outside of the Company as well as evolving best practices in compliance control and will prepare reports for senior management and external regulatory bodies as appropriate. Accountable for the development, implementation, and ongoing monitoring of the quality assurance and control systems in strict compliance with Ohio state regulations. Gives final approval for each batch to be released for sale to patients. Responsible for root cause investigations relating to deviations from Standard Operating Procedures or batches that fail testing requirements that require recall.

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?

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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-1.1_Property TItle, Lease, Or Option_3 Reading.pdf**
NOTE: This applicant uploaded document is the next 3 page(s) of this document.

BINDING LETTER OF INTENT TO LEASE

November 13, 2017

Experimental Holdings, LLC
PO Box 8189
Cincinnati, OH 45208

Re: Letter of Intent to Lease
550-580 Reading Rd.
Cincinnati, OH 45202

Mr. Brent Gillman (leasing agent):

This correspondence shall serve as a binding Letter of Intent to lease the property above-referenced property.

Proposed Terms and Conditions:

Property:	*Parcel IDs:*	075-0003-0165 075-0003-0167
	Municipal Address:	550-580 Reading Rd. Cincinnati, OH 45202

Lease Term:	Primary term to be FIVE (5) years effective February 1, 2018, or thirty days (30) after notification of the award of a provisional medical marijuana dispensary license; the later of which shall be the determining date.
Property Access:	Tenant to have full and complete access to the Property, thirty (30) days prior to Lease Commencement date in order for Tenant to initiate and complete Tenant improvements necessary for the intended use of the premises.
Lease Rate:	$2,000.00 per month for the primary term.
Deposit:	A deposit check in the amount equal to the first month's rent shall accompany the executed Lease Agreement.

Expenses: The following details the party responsible for the respective expenses:

	(Tenant / Landlord)
A. Electricity (Demised Premises):	Tenant
B. Electricity (Exterior security lighting):	Tenant
C. Water / Sewer:	Landlord
D. Gas:	Tenant
E. Janitorial:	Tenant
F. Trash Removal (Exterior grounds/dumpster):	Tenant
G. Driveways/Yard/Grass etc.:	Landlord
H. Roof / Structural Maintenance:	Landlord
I. Exterior Maintenance:	Landlord
J. Window Washing:	Landlord
K. Liability Insurance:	Tenant
L. Property/Fire & Extended Coverage Insurance:	Tenant
M. Ad Valorem Taxes:	Landlord
N. Property Taxes:	Landlord

H/VAC: Landlord to insure that all H/VAC systems are in good working condition prior to occupancy and shall be responsible for any repair and/or replacement necessary.

Electrical / Plumbing: Landlord to insure that all existing electrical system(s) and plumbing system(s) are in good operating condition prior to occupancy. Landlord shall be responsible for any repair and/or replacement necessary.

Permits: Lease Agreement is contingent upon Tenant obtaining all necessary permits to include occupancy, zoning etc. necessary for operating a medical marijuana dispensary.

Signage: Tenant to be responsible for any new signage in front of the leased, Property however Landlord shall be responsible for the removal of any unwanted existing signage.

Environmental: Tenant cannot be responsible for any existing contamination at the site. Although Tenant does not anticipate environmental problems, Tenant will require copies of whatever environmental information that the Landlord may have to assist in the environmental evaluation of the Property prior to Lease execution.

Tenant:	Black Diamond Investments, LLC 2777 Stemmons Fwy #1100 Dallas, TX 75207 Jasmine F. Crockett, Esq. blkdiamondinvestment@gmail.com 901-830-5299	 (COO) (e-mail address) (Cell Phone)

Intended Use: By signing this letter of intent to lease, the owner acknowledges that he is aware that the intended use of the property is to dispense medical marijuana and will grant a leasehold interest to Black Diamond Investments, LLC, if a provisional license is issued.

Lease Agreement: Lease Agreement shall be provided by the Landlord.

Binding: This Letter of Intent is completely binding.

The Landlord shall not offer subject property to any other prospective tenant during the term of this Letter of Intent and in consideration for that period, tenant agrees to pay $500.00 a month, non-refundable, due and payable on the 15th of every month. This Letter of Intent supersedes any and all previous negotiations with Tenant, whether written or verbal.

If the above terms and conditions are acceptable, please indicate in the appropriate space provided.

Sincerely,
Agreed to and Accepted:

TENANT	LANDLORD
_____	_____
by: Jasmine F. Crockett Date	by: Date

NOTARY

STATE OF _____
COUNTY OF _____

This document was acknowledged or signed before me by_____
on this the_____ day of _____,2017.

_____

C-1.2 Business Name, as it appears on the Applicant's certificate of incorporation, charter, bylaws, partnership agreement or other official documents.

Black Diamond Investment, LLC

C-1.3 Trade names and DBA (doing business as) names

N/A

C-1.4 Business Address

2777 N. Stemmons Freeway Suite 1100

C-1.5 City

Dallas

C-1.6 State

TX

C-1.7 Zip Code

75207

C-1.8 Phone

9018305299

C-1.9 Email

blkdiamondinvestment@gmail.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-2.1_Site and Facility Plan_Floor Plan (3).pdf**
NOTE: This applicant uploaded document is the next 1 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_Site and Facility Plan_Zoning_Reading.pdf**
NOTE: This applicant uploaded document is the next 5 page(s) of this document.

November 15, 2017

JASMINE CROCKETT
4605 CEDAR SPRINGS #141
DALLAS, TX 75219

SUBJECT:	Record Number:	ZV17000182
	Parcel:	007500030165
	Address:	550 READING RD
	Zoning District:	CC-P Commercial Community
	Request:	Zoning Verification

Dear JASMINE CROCKETT

I have received and reviewed your request for zoning verification of the parcel 075-0003-0165 at 550-580 Reading Road. The subject property is located in a Commercial Community- Pedestrian District (CC-P) per (§ 1409-03(b) and 1409-05(a).

The purpose of a CC District is to identify, create, maintain and enhance areas suitable for a wide variety of commercial and institutional uses along major transportation corridors and in shopping districts or centers. Although these centers may reflect elements of both pedestrian- and auto-oriented development, they typically accommodate larger-scale retail and commercial service uses, such as auto-related businesses and recreation and entertainment, as well as a variety of public and semi-public uses. Future development must reflect a complementary and compatible mix of uses, and may include residential uses.

The use as described in the memo that was attached to the application is known as a Dispensary.

- Medical Marijuana Dispensary has been determined to be equivalent to being a pharmacy, within the Zoning Definitions of a Retail Sales. Retail Sales per §§ 1401-01-R13. - Retail Sales means an establishment engaged in sales of goods, including, but not limited to: alcoholic beverage sales, furniture and home furnishings, electronics and appliances, clothing and shoes, jewelry, luggage and leather goods, sporting goods and hobbies, books, periodicals and music, tobacco sales, department stores, florists, office supplies and stationary, gifts and novelties, pets, hardware, pawn shops, video stores and auto parts. This classification includes the retail sale or rental of merchandise not specifically listed under another use classification.

- Retail Sales are a permitted use within the CC-P Zoning District.

- Per O.R.C. 3796.30(A), the Zoning Administrator has determined that the proposed site currently meets all siting requirements and no named land uses are within 500 feet of the parcel the proposed use intends to occupy. The former pocket park at 518-520 E. 12th Street has been converted to a parking lot.

No known outstanding zoning violations currently exist at the subject property.

Buildings and Inspections • 805 Central Avenue, Suite 500 • Cincinnati, Ohio 45202
P 513 352 3271 • F 513 352 2579 • www.cincinnati-oh.gov

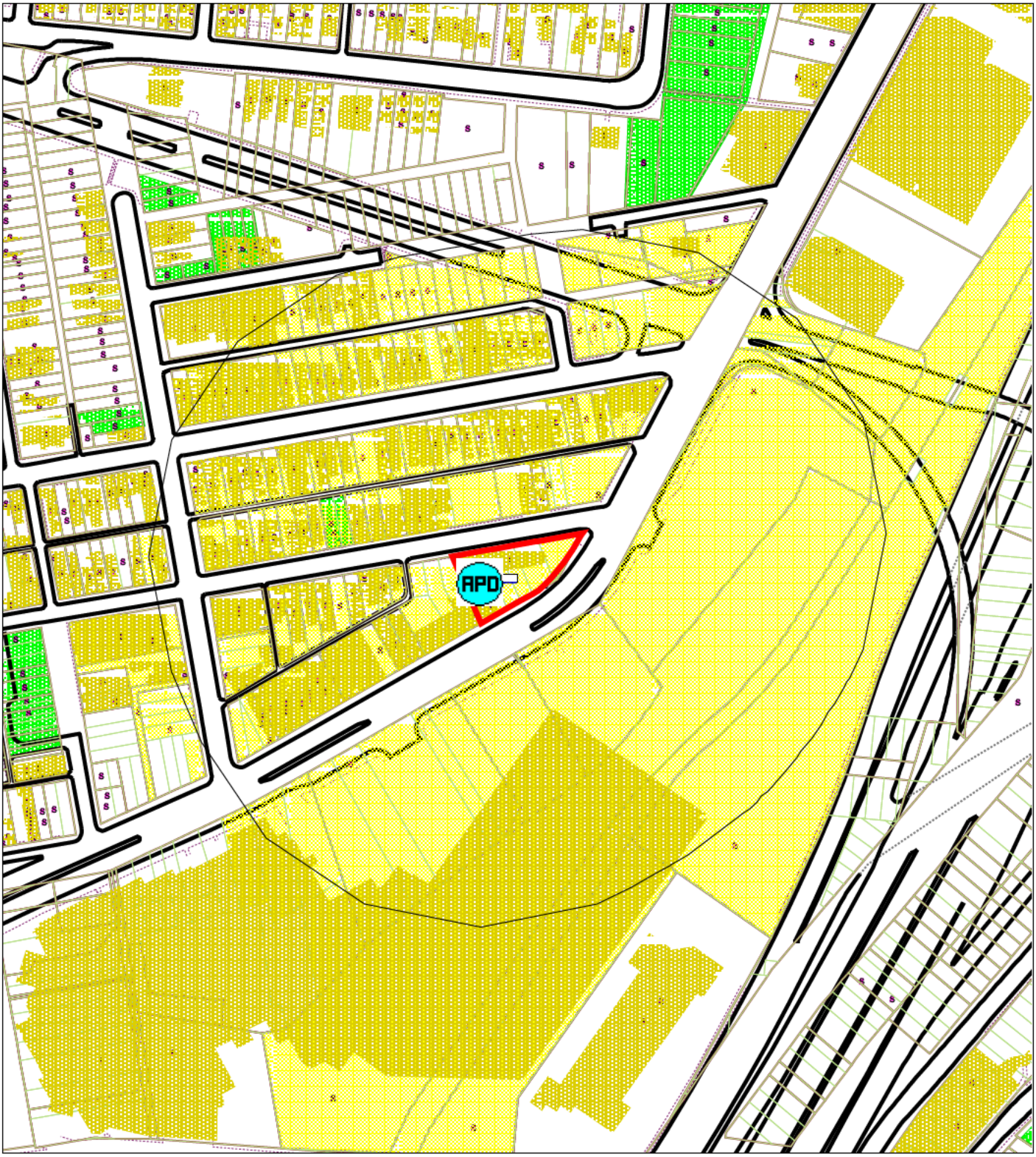
November 15, 2017

Please note: The Zoning Code and zoning maps are subject to change. All projects are subject to the zoning requirements at the time of the building permit application or when the use is established on the premises. The purpose of this letter is to verify the zoning district as it pertains to the subject property and the current use of that property. It does not address other zoning issues, specific building code issues or requirements from other agencies that may be applicable.

Sincerely,

Doug Owen
Zoning Plans Examiner

Buildings and Inspections • 805 Central Avenue, Suite 500 • Cincinnati, Ohio 45202
P 513 352 3271 • F 513 352 2579 • www.cincinnati-oh.gov



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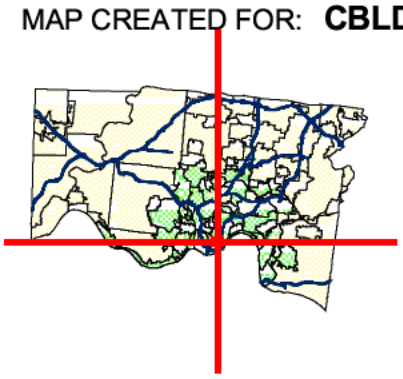


This map was created using the CAGIS System. The City of Cincinnati, Hamilton County or the Cincinnati Area Geographic Information System do not assume any legal responsibilities for the information contained in this map. Users noting errors or omissions are encouraged to contact the CAGIS.

CAGIS
138 E COURT ST, ROOM 1003
CINCINNATI, OH 45202
(513) 352-1656

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: Black Diamond Investments, LLC		
Physical Address and Name of Proposed Medical Marijuana Dispensary: 550-580 Reading Rd. [illegible]		
City: Cincinnati		County: Hamilton
State: Ohio	Zip Code: 45202	Phone Number: 901-830-5299

To be Completed by Zoning Authority or Local Government

Jurisdiction of Zoning Office or Local Government

City of Cincinnati

Moratorium (Required to check one box)

☒ The area of City of Cincinnati HAS NOT enacted a local moratorium or taken other action that would prohibit the applicant from operating as a medical marijuana Dispensary.

☐ 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)

☐ The area of _____ HAS NO zoning in place at this time.
*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.

☒ The area of City of Cincinnati 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.

STATE OF OHIO BOARD OF PHARMACY

Ohio Medical Marijuana Control Program
Dispensary Application

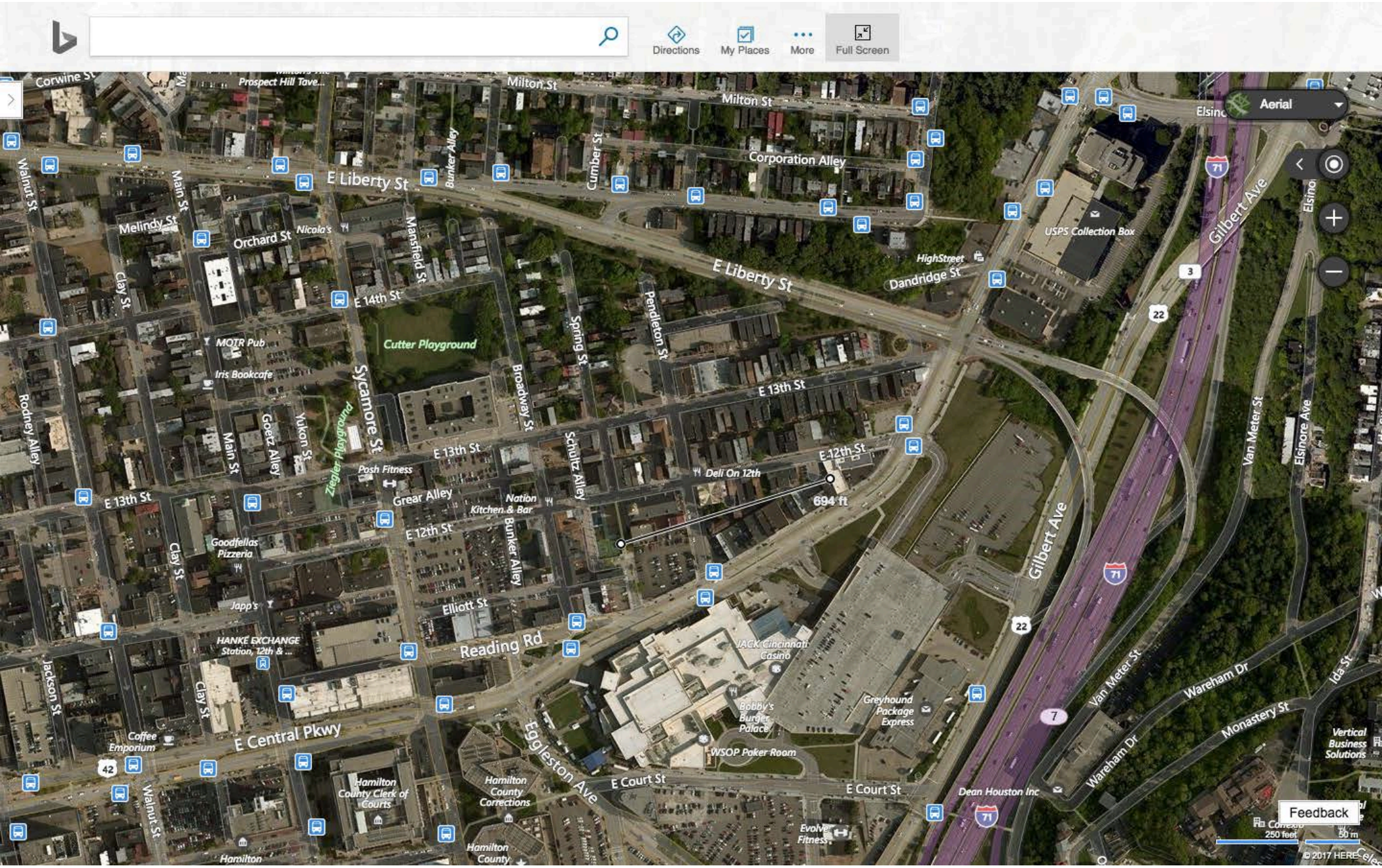
Permit (Required to check one box)	
☐ The Applicant has received local zoning approval and was issued a permit. *If Applicant checks this box, Applicant must attach the permit issued. ☐ The Applicant has applied for local zoning approval, but was not yet issued a permit. ☒ No zoning approval was applied for and no permit was received at this time.	
Printed Name of Local Government Representative: MATTHEW SHAD	Title: ZONING ADMINISTRATOR
Signature:	Date: 11/15/17

HENRY E. SHELDON, III Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My Commission has no expiration date. Section 147.03 R. C.

NOTARIAL SEAL STATE OF OHIO

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_Site and Facility Plan_Location Map_Reading.pdf**
NOTE: This applicant uploaded document is the next 3 page(s) of this document.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Bunker Alley
Cumber St
Clay St
E 14th St
MOTR Pub
Iris Bookcafe
Cutter Playground
Sycamore St
Ziegler Playground
Broadway St
Spring St
Pendleton St
HighStreet
Dandridge St
USPS Collection Box
Gilbert Ave
Elsinore Ave
Van Meter St
Rodney Alley
Goetz Alley
Yukon St
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Posh Fitness
Grear Alley
Nation Kitchen & Bar
Schultz Alley
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694 ft
Goodfellas Pizzeria
Japp's
Elliott St
HANKE EXCHANGE Station, 12th & ...
Reading Rd
JACK Cincinnati Casino
Bobby's Burger Palace
Greyhound Package Express
WSOP Poker Room
Jackson St
Coffee Emporium
E Central Pkwy
Eggleston Ave
E Court St
E Court St
Dean Houston Inc
Wareham Dr
Monastery St
Ida St
Vertical Business Solutions
Hamilton County Clerk of Courts
Hamilton County Corrections
Hamilton County
Evolve Fitness
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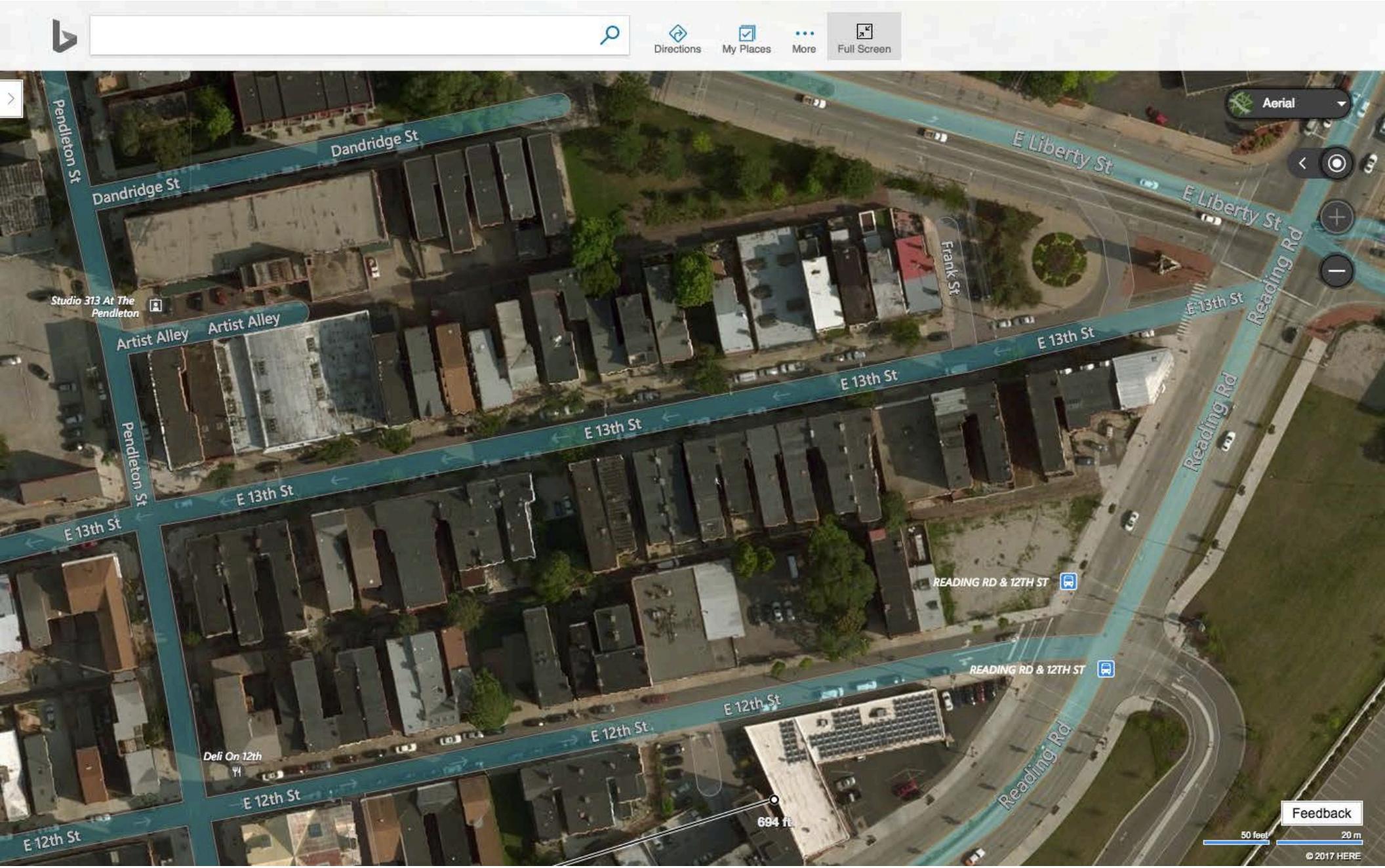
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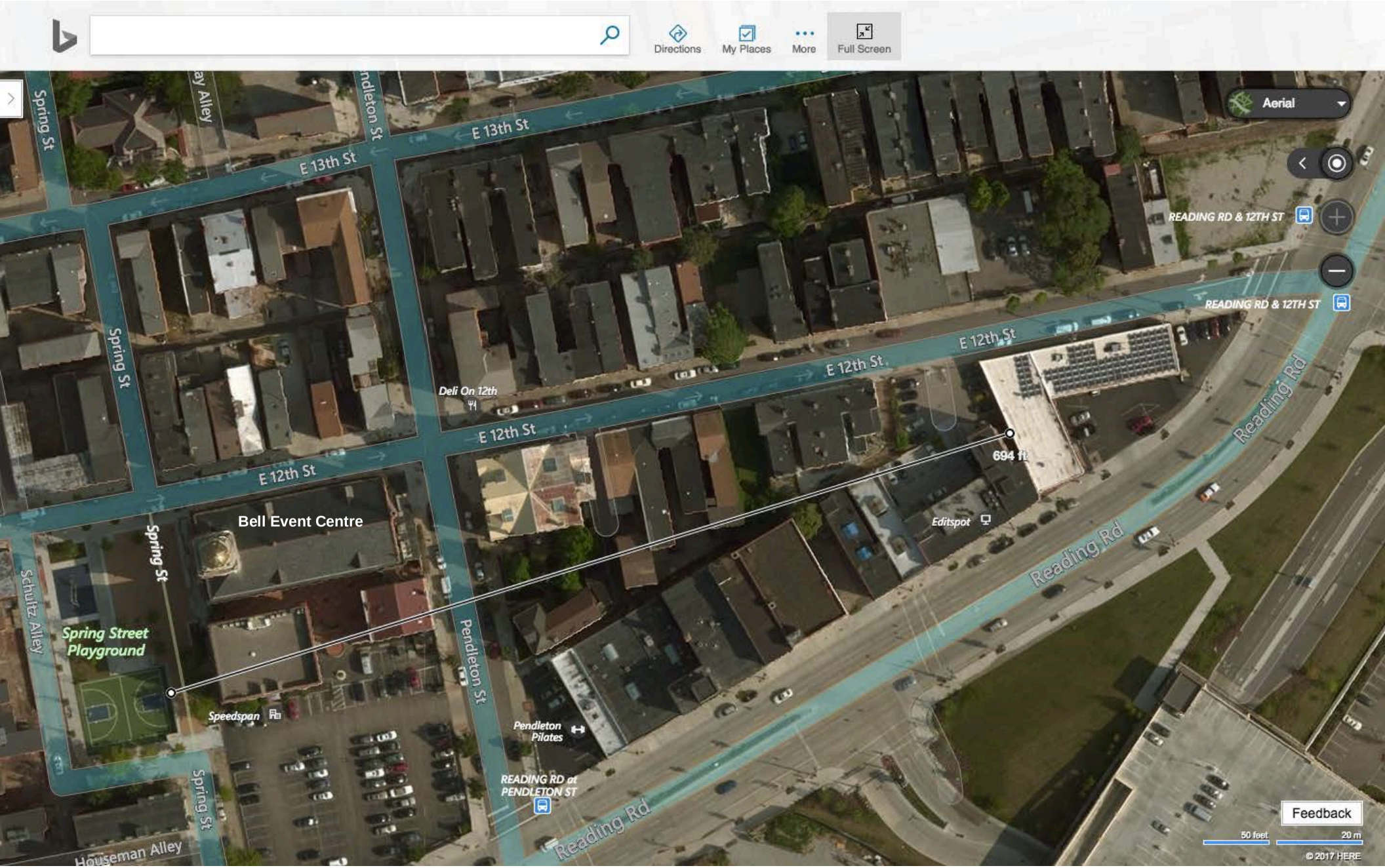
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Reading Rd
Spring St
Houseman Alley
Feedback
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Business Plan(Business Startup Plan)

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

[redacted]

[redacted]

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_Business Start Up Plan_Timeline.pdf**
NOTE: This applicant uploaded document is the next 3 page(s) of this document.

TRADE SECRET

[redacted]

TRADE SECRET

[redacted]

TRADE SECRET

[redacted]

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]

Business Plan(Description of Employee Duties and Roles)

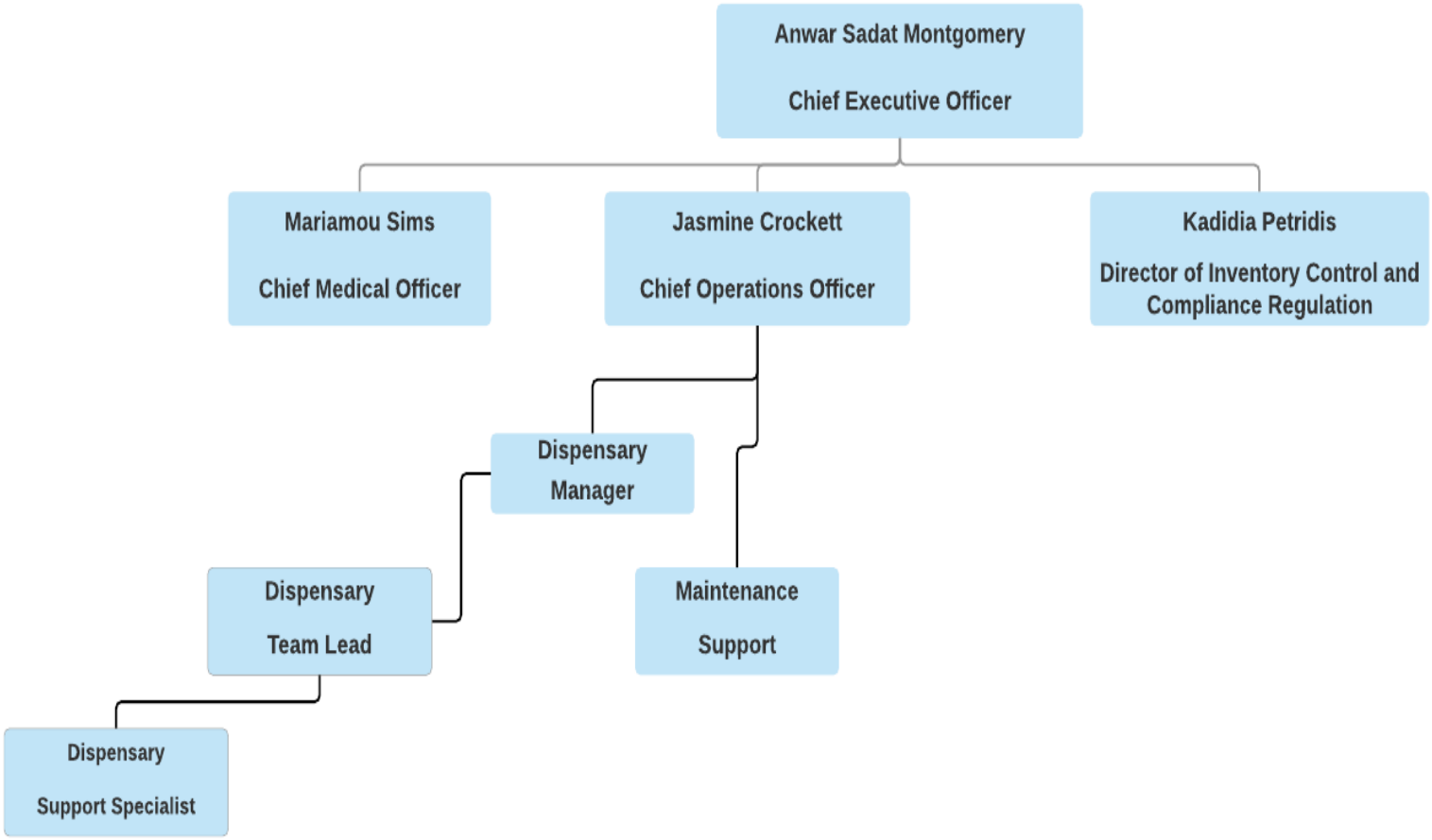
C-4.1 Please provide a description of the duties, responsibilities, and roles of each Prospective Associated Key Employee. Please attach a Table of Organization and Control for the business. Include all individuals listed in question A-6.

Chief Executive Officer (“CEO”): The CEO plans and directs all aspects of the organization's strategies, objectives, initiatives, and policies. The CEO is responsible for the attainment of short- and long-term financial and operational goals as directed by the Owners. They oversee all aspects of the Company in strict compliance with Ohio regulations and builds a high-performance team capable of achieving the Company vision and mission while adhering to its core values. Responsible for the overall physical safety and security of The Company’ operations. Responsible for the operations and functionality of the facility’s alarm system and surveillance equipment as well as assisting in the development and implementation of workplace safety protocols and HIPAA records security policies. Responsible for developing all workforce security training materials and overseeing all employee security and safety training sessions. The CEO will be the primary liaison between The Company and both the State of Ohio and local law enforcement concerning all facility security and safety issues and events. Also, responsible for oversight of all transportation events entering or leaving the Company’ facilities. The CEO will constantly review and revise all transportation manifests and trip plans in accordance with all Ohio rules in order to ensure that employees and medicine are secure during transportation and to prevent marijuana products from being lost, stolen, or otherwise diverted during the delivery process. Chief Operating Officer (“COO”): The COO reports directly to BDI’s CEO and will be responsible for designing and implementing business strategies, plans, and procedures. The COO will establish and update all operational policies and procedures to ensure the Company is efficient and effective in achieving all business goals, Company vision, and Company culture. The COO acts as a liaison between the management team and the CEO. Responsible for managing all financial aspects of the Company including payroll, budget management, and maintaining financial records. The COO will analyze and present financial reports monthly and annually to the managing members and assist the CEO in analyzing all aspects of operations as well as offer improvement initiatives including pricing adjustments. The COO will also administer policies relating to all phases of human resources including keeping records of benefit-plan participation; personnel transactions such as hires, promotions, transfers, performance reviews, and terminations; and agent statistics for government reporting. Coordinates management training in interviewing, terminations, promotions, performance review, safety, and sexual harassment. Chief Medical Officer (“CMO”): The CMO will lead the development, implementation, and monitoring of medical marijuana policies and procedures for programs and processes as they relate to the overall delivery of health care to medical marijuana patients. They will develop and implement strategic plans for medical management and ensure that appropriate metrics are designed and implemented for comprehensive program assessment. The CMO will guide its staff in the design and interpretation of the medical marijuana regulations put in place by the State of Ohio, provide leadership and guidance to support other divisions of the Company, and establish, monitor, and control medical and behavioral health quality standards. The CMO will serve as the medical liaison within the community as it related to developing and managing physician relations. The Director of Inventory Control and Compliance Regulation: The Director of Inventory Control and Compliance Regulation will be responsible for developing and overseeing control systems to prevent or address violations of all rules and regulations set forth by the State of Ohio Pharmacy Board and internal policies. This position will keep abreast of regulatory developments within or outside of the Company as well as evolving best practices in compliance control and will prepare reports for management and external regulatory bodies as appropriate. Accountable for the development, implementation, and ongoing monitoring of the quality assurance and control systems in strict compliance with Ohio state regulations. Gives final approval for each batch to be released for sale to patients. Responsible for root cause investigations relating to deviations from Standard Operating Procedures or batches that fail

testing requirements that require recall. Responsible for reading and interpreting regulatory requirements regarding incoming and outgoing inventory from a Dispensary. They will perform digital inventory audits to confirm inventory record keeping, research discrepancies, conduct site observations. Responsible for writing reports and communicating audit findings to the Managers and any other management as needed. Dispensary Manager: The Dispensary Manager will have oversight of the dispensary functions, which will include but are not limited to store operations, merchandising, staffing, training, rewards, discipline, and evaluations. Oversight of purchases of all saleable medical marijuana products and supplies, create and sustain vendor relationships in accordance with saleable products and supplies. Train, coach, and encourage success of dispensary employees. Execute and enforce compliance efforts of local and state regulations. Perform inventory audits, assessments of productivity, and of new merchandise and products. Scheduling for the Dispensary staff monthly including team member time-off requests to be shared with COO. Oversight of in-store maintenance. Perform audits for customer satisfaction, data, performance and productivity, reporting, and visual assessments. Complete daily sales reporting for the state regulated system, and oversee all other reporting performed by dispensary employees. Training team members in excellent customer service and implement on all levels. Recommends future promotions and sales to senior management. Participate in ongoing education and professional development as needed. Daily correspondence with senior management as needed. Dispensary Support Specialist: The Dispensary Support Specialist will be responsible for helping patients, checking them out, cash handling, and customer service. Possess the ability to listen well and communicate effectively with patients. Responsible for sales and patient experience by maintaining a safe, friendly, and inviting store environment. Responsibilities include; ensuring the sales floor is properly stocked and the presence of the dispensary is well maintained, promote a work environment that is positive, customer-service driven, and compliant with established policies and procedures. Responsible for retail product knowledge, answering the phone and greeting patients when they arrive. Accurately use and maintain the POS system, correct cash handling and discount application, accurate and timely data entry of patient profiles, verify proper paperwork, documentation and ID for patients, and any other duties that may be assigned by management. Will have the responsibility of providing secretarial, clerical, and administrative support to ensure that services are provided in an effective and efficient manner. Will have strong analytical and problem-solving skills, effective verbal and listening communication skills, and computer skills. Will need excellent organizational skills and time/stress management skills. Since they will be the first to greet patients it is imperative they possess a calm and poised demeanor with a high degree of initiative and self-motivation.

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.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.


Anwar Sadat Montgomery
Chief Executive Officer
Mariamou Sims
Chief Medical Officer
Jasmine Crockett
Chief Operations Officer
Kadidia Petridis
Director of Inventory Control and Compliance Regulation
Dispensary Manager
Dispensary Team Lead
Maintenance Support
Dispensary Support Specialist

Business Plan(Capital Requirements)

Item 1 of 1

C-5.1 Type of Capital

Working Capital

C-5.2 Source of Capital

Owners

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_Capital Requirements_Redacted.pdf**
NOTE: This applicant uploaded document is the next 29 page(s) of this document.

Total Capital Requirements

Capital	Amount
Working Capital	663,685.10
Other Capital	1,284,500.00
Total Capital	**1,948,185.10**

Expenditures	Amount
Application and Licensing Fees	85,000.00
Permits	2,000.00
Construction Labor	7,500.00
Contruction Materials	65,000.00
Phone System	1,500.00
Security System	7,500.00
Security Intercom	2,000.00
Security Monitored Alarm	2,500.00
Furniture and Fixtures	10,000.00
Computer Equipment	10,000.00
POS Set Up	12,000.00
Drop Safes	10,000.00
ATM Lease	2,175.00
Monthly Merchant ATM Fees	TBD
Legal Fees	TBD
Start Up Inventory	20,000.00
Overhead for first 9 months with no revenue	297,696.18
15% Variable Leasehold Improvements	33,626.25
Total Start Up and First 9 Months After Expenditures	**568,497.43**

Capital Less Expenditures	**1,379,687.67**

Total balance: $275,800.00

le Balance	Present Balance
$275,500.00	**$275,500.00**
uting/account numbers	
$300.00	**$300.00**
nt numbers	

Get updates on the go
Log on to chase.com/alerts

$_____ _____ Amount Enclosed

Credit Access Line	$25,000
Available Credit	$22,837
Cash Access Line	$5,000
Available or Cash	$5,000

As a Chase Sapphire Pre erred customer you earn 1 point per dollar on all purchases, and an additional point or each dollar you spend on travel and when dining at restaurants Learn more about your card bene its at www chase com/ultimaterewards

Amount Enclosed

Late Payment Warning:

Minimum Payment Warning:

Opening/Closing Date	09/17/17 - 10/16/17
Credit Access Line	$10,600
Available Credit	$10,082
Cash Access Line	$2,120
Available or Cash	$2,120
Past Due Amount	$0 00
Balance over the Credit Access Line	$0 00

you would like in ormation about credit counseling services, call 1-866-797-2885

2017 Totals Year-to-Date	
otal ees charged in 2017	$0 00
otal interest charged in 2017	$0 00

[redacted]

[redacted]

[redacted]

0000570030100000023

We want to remind you about the overdraft service options that are available for your personal checking account(s)

We've included information on the last page of this statement to remind you about our overdraft services and associated fees. You can find more information about these services and fees online at **chase.com/overdraft-services** . Additionally, you can find ways to avoid overdraft fees at **chase.com/AccountTips.**

If you have questions, please call us anytime at the number on your statement.

CHECKING SUMMARY

Chase Checking

	AMOUNT
Beginning Balance	**$3,939.97**
Deposits and Additions	20,075.81
Checks Paid	-346.00
ATM & Debit Card Withdrawals	-839.87
Electronic Withdrawals	-8,621.61
Ending Balance	**$14,208.30**

DEPOSITS AND ADDITIONS

[redacted]

Total Deposits and Additions	**$20,075.81**

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Customer service information

Customer service: 1.800.432.1000

TDD/TTY users only: 1.800.288.4408

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Ending balance	Details on
$7,083.41	Page 3
$5,698.27	Page 5
$12,781.68	

Account summary

Beginning balance on September 28, 2017	$8,083.35
Deposits and other additions	1,000.06
Ending balance on October 27, 2017	**$7,083.41**

Annual Percentage Yield Earned this statement period: 0.01%.
Interest Paid Year To Date: $0.63.

Your Rewards Money Market Sav

Account summary

Beginning balance on September 28, 2017	$5,698.13
Ending balance on October 27, 2017	**$5,698.27**

Annual Percentage Yield Earned this statement period: 0.03%.
Interest Paid Year To Date: $1.41.

Wealth Management Banking Client

Hello, Anwar

Update Profile | Security Center

Personal accounts[a]

	$2,975.35
	$50.37
	$50.73
	$195.37
	$15,001.07

Investment accounts at Merrill Lynch & Merrill Edge

Sign up for convenient one-click access

Link your eligible Bank of America® banking and Merrill Lynch / Merrill Edge investment accounts and enjoy the convenience of banking and investing with one log-in, including viewing your accounts at-a-glance and easily transferring funds between your accounts.

Open a new account

[a] For checking, savings, and money market accounts, the balance may reflect transactions that have not yet posted to your account. For credit card, Gold Option and Gold Reserve accounts, the balance may not reflect recent transactions or pending payments.

Last sign in 10/24/2017 at 05:32 PM ET

Messages below

Previous Balance	$3 381 17
Credit Access Line	$19 900
Available Credit	$16 484
Cash Access Line	$3 980
Available for Cash	$3 980

G

Your next AutoPayment for $74 00 will be deducted from your account and credited on your due date (previous day if your due date falls on a Saturday) Any payment posted to your account prior to your AutoPay payment being processed will be deducted from the AutoPayment amount identified above

2X Pts for Southwest purchases	0
Points earned on purchases	0

Learn more about your Rapid Rewards® Credit Card at www chase com/southwest View point totals and redeem at www southwest com/rraccount Call 1 800 FLY SWA or visit www southwest com to book flights

Earn 2 Rapid Rewards® Points per $1 spent on flights purchased directly through Southwest Airlines® and on participating Rapid Rewards Hotel and Rental Car partner purchases (like Marriott Hyatt Hertz and Avis) Escape faster by earning 1 point per $1 on all other purchases

CHASE

Printed from Chase Personal Online

[redacted]

Available balance	Present balance	Overdraft protection	Debit card coverage
$27,227.97	$27,227.97	Off	Off

SHOWING All transactions

[redacted]

Bill payment

[redacted]

citi

[redacted]

citi AAdvantage

Current Balance	$ 5,241.73	[redacted]
Next statement closes	Nov. 08, 2017	
Available Revolving Credit:	$ 23,625.91	

Total Available Miles:

99,818

Limits

Total Credit Limit:	$ 29,000.00	[redacted]

[redacted]

[redacted]

h

[redacted]

Accounts Investments Pay & transfer

[redacted]

Southwest Rapid Rewards

$2,950.50
Current balance

$20,849.50
Available credit

Pay Card | Sta

Add your income
Including your income on your acc

[redacted]

[redacted]

[redacted]

[redacted]

Balance
$ 8,239.26
$ 8,689.26
$ 8,689.47

[redacted]

Total Transactions	0
YTD Dividends	$ 2.32
Start Balance	$ 7,789.26
End Balance	$ 8,689.47

[redacted]

[redacted]

[redacted]

[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
[redacted]	[redacted]
Ending balance on October 11, 2017	**$91.87**

[redacted]

Account summary

Beginning balance on September 14, 2017	$23,000.58
Deposits and other additions	0.49
ATM and debit card subtractions	-0.00
Other subtractions	-6,000.00
Service fees	-0.00
Ending balance on October 13, 2017	**$17,001.07**

Annual Percentage Yield Earned this statement period: 0.03%.
Interest Paid Year To Date: $12.87.

Total balance: $275,800.00

le Balance	Present Balance
$275,500.00	**$275,500.00**
uting/account numbers	
$300.00	**$300.00**
nt numbers	

MONEY MARKET DEPOSIT ACT SUMMARY

Type : REG Status : Active

Category	Number	Amount
Balance Forward From 09/12/17		67,434.71
Debits		0.00
Interest Added This Statement		16.63+
Ending Balance On 10/12/17		67,451.34
Annual Percentage Yield Earned	**0.30 %**	
Interest Paid This Year	**146.19**	
Interest Paid Last Year	**168.95**	
Average Balance (Ledger)	**67,434.71 +**	

[redacted]

Credit Line	$17,800
Available Credit	$13,653

For 24-Hour Customer Service Call:
800-225-5935

Inquiries or Questions:
Wells Fargo SBL PO Box 29482
Phoenix, AZ 85038-8650

Payments:
Payment Remittance Center PO Box 6426
Carol Stream, IL 60197-6426

[redacted]

Thank you for using our Automatic Payment service. See the **Important Information** section below for your next scheduled payment.

If you wish to pay off your balance in full: The balance noted on your statement is not the payoff amount. Please call 800-225-5935 for payoff information.

[redacted]

[redacted]

[redacted]

Check your point balance and redeem your points at wellsfargorewards.com. You can also call our Rewards Service Center from 8 a.m. to midnight (ET) at 1-800-213-3365.

[redacted]

Your Business and Wells Fargo

Cash flow is a key indicator of the financial health of your business Find tips and strategies for effec ive cash flow management at wellsfargoworks com

Activity summary

Beginning balance on 9/1	$7 918 35
Deposi s/Credi s	100 19
Wi hdrawals/Debi s	800 00
Ending balance on 9/30	**$7,218.54**
Average ledger balance his period	$7 658 35

Interest summary

n eres paid his s a emen	$0 19
Average collec ed balance	$7 658 35
Annual percen age yield earned	0 03%
n eres earned his s a emen period	$0 19
n eres paid his year	$1 78

Explanation of amount due

Principal	$227.72
Interest	$435.96
Escrow	$480.80
Current payment	$1 144.48
Total amount due 12/01/17	$1 144.48

Account summary

Unpaid principal balance	$123 095.88
(This is not a payoff amount.)	
Escrow balance	$4 643 64
Interest rate	4.250%
Maturity date (month/year)	06/44

Past payments breakdown

	Since last statement	Year-to-date
Total received*	$1 144.48	$12 305.67
Principal	$226.91	$2 793.64
Interest**	$436.77	$4 415.40
Escrow	$480 80	$5 096.63
Insurance disbursed (YID)		$449 00

*This total may include the Unapplied funds balance from the Account summary section.
**This information should not be used for tax purposes. If you have tax related questions please consult your tax advisor.

your loan, please contact us at least five (5) days prior to your next withdrawal date.

actDataScout

[redacted]

Market and Assessed Values

	Estimated Market Value	Full Assessed (20% Market Value)	Taxable Value
Land	$10,700	$2,140	$2,140
Building	$48,850	$9,770	$9,770
Totals	**$59,550**	**$11,910**	**$11,910**

Taxes

Estimated Taxes:	$654	
Homestead Credit:	$0	Note: Tax amounts are estimates only. Contact the county/parish tax collector for exact amounts.

Status: (N) No Adj

[redacted]

Beginning Balance	**$307,814.59**
Employee Contributions	$3,085.42
Employer Contributions	$1,666.08
Loan Repayments	$1,020.30
Fees	-$14.10
Change in Account Value	$14,946.39
Ending Balance	**$328,518.68**

Additional Information

Vested Balance	$328,518.68
Outstanding Loan Balance	$7,661.82

Loans are an asset of your account but are not included in your ending balance or reflected in your

[redacted]

Explanation of amount due

Principal	$167.05
Interest	$267.60
Escrow	$886.05
Current payment	$1 320.70
Total amount due 12/01/17	$1 320.70

Account summary

Unpaid principal balance	$80 279.92
(This is not a payoff amount.)	
Escrow balance	-$5 721 60
Interest rate	4 000%
Maturity date (month/year)	04/43

Past payments breakdown

	Since last statement	Year-to-date
Total received*	$1 981 05	$7 834.97
Principal	$826 85	$2 545.16
Interest**	$268.15	$2 728.35
Escrow	$886 05	$2 561.46
Taxes disbursed (YTD)		$6 006.10

*This total may include the Unapplied funds balance from the Account summary section.
**This information should not be used for tax purposes. If you have tax related questions

[redacted]

[redacted]

[redacted]

[redacted]

$214,938.88

Your Account Summary

Account Balance on 07/01/2017	**$200,236.26**
Your Contr but ons	$4,072.26
Loan Repayments	$2,427.24
W thdrawa s	-$33.99
Investment Earn ngs	$8,237.11
Account Balance on 09/30/2017	**$214,938.88**
Contr but ons YTD	$23,258.58

Any outstanding loan balances will not be included in your ending balance

Your Personal Performance

Your return for the quarter	**4.06%**
Your return for the prior 12 months	**16.42%**

Past performance is no guarantee of future results Data above as of most recent calendar quarter end mportant information regarding calculation methodology can be found in the Message section

See Messages on Page 5

[redacted]

[redacted]

[redacted]

LOAN INFORMATION		
Loan Amount: $240,000.00	Late Charge %: 5.000	Est Closing Date: 06/15/15
Sales Price: $	Late Charge Days: 15	Rescission Date: 06/18/15
Appraised Value: $319,000.00	Late Charge Min:	Disbursement Date: 06/19/15
Interest Rate: 3.125%	Late Charge Max: N/A	1st Payment Date: 08/1/15
Loan Term Months: 180	Loan Number: 3515040321	Balloon Maturity Date:
Loan To Value: 75.240%	VA/FHA Case #:	Document Date: 06/15/15
Base Loan Amount $240,000.00	FHA Suffix:	Lock Date: 04/20/15
Interest Only Months: 0	FHA Section:	Lock Expiration Date: 06/19/15
HELOC Initial Advance:	PMI Certificate #:	Application Date: 04/29/15
Monthly Principal and Interest: $1,671.86		

SECONDARY MORTGAGE INFORMATION			
[redacted]			
[redacted]			
[redacted]			
[redacted]			
[redacted]			
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[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] organizations [redacted]

Business Plan(Business History and Experience)

Item 1 of 4

C-6.1 First Name

Jasmine

C-6.2 Middle Name

Felicia

C-6.3 Last Name

Crockett

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Owner

C-6.5 Business Name

Crockett Law Firm, PLLC

C-6.6 Business Address

4605 Cedar Springs 141

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

October 2010 - Present

Business Plan(Business History and Experience)

Item 2 of 4

C-6.1 First Name

Anwar

C-6.2 Middle Name

Sadat

C-6.3 Last Name

Montgomery

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Owner

C-6.5 Business Name

Montgomery Law, PLLC

C-6.6 Business Address

2777 N. Stemmons Freeway Suite 1100 Dallas, TX 75207

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

November 2013 - Present

Business Plan(Business History and Experience)

Item 3 of 4

C-6.1 First Name

Mariamou

C-6.2 Middle Name

Coumare

C-6.3 Last Name

Sims

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Contract Physician

C-6.5 Business Name

North Shore University Health Systems Medical Group

C-6.6 Business Address

7900 Rollins Rd Suite 1100, Gurnee, IL 60031

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

2008 - Present

Business Plan(Business History and Experience)

Item 4 of 4

C-6.1 First Name

Kadidia

C-6.2 Middle Name

C

C-6.3 Last Name

Petridis

C-6.4 Previous Role (e.g. Owner, Officer, Board Member, Person with Financial Interest, Person Exercising Substantial Control, Support Employee)

Person Exercising Substantial Control

C-6.5 Business Name

Pfizer Oral Oncology

C-6.6 Business Address

Hospira,, N Field Dr, Lake Forest, IL 60045

C-6.7 Position of management or ownership of a controlling interest

YES

C-6.8 Dates

June 2015 - 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.

The Applicant has assembled a team that possess and exceeds the qualifications to ensure that the Company is fully capable of operating a successful dispensary facility. The team is comprised of accomplished professionals in the fields of law, finance, marketing, government compliance regulation, business development, and management from the healthcare and pharmaceutical industries. The Applicant's team are successful entrepreneurs whom collectively have over forty years of experience in creating, producing, and operating successful businesses, often in highly regulated environments. Such businesses require not only highly skilled business acumen, but also the ability to manage all aspects of a business under strict regulatory guidelines. They also demand a high social responsibility in that the products have a direct impact on people's well-being, health and vitality of life. The Company's founders are, and will continue, making certain that its employees and management team will function in an environment that reflects the founders' collective background and strict adherence to a company that operates in the highly-regulated environment of medical marijuana as mandated by the rules and regulations established by the Ohio Pharmacy Board. The Applicant's four business partners has deep and broad experience in operating successful business, ensuring they will be able to successfully operate an efficient, compliant, and profitable operating a medical marijuana processing facility.

Person A, Chief Executive Officer ("CEO"): (Person A owns 40% of the Company). For the past 5 years Person A founded, directed, and operated a well-known personal injury law firm which has been recognized as one of the top personal injury law firms in the state. The firm assists in delivering solutions to people suffering from physical pain. The establishment has assisted thousands of individuals across the United States seek monetary compensation to the tune of 10 million for clients since its inception. The firm also seeks and finds medical solutions for pain they have suffered due to injuries and other catastrophic events. Many of these individuals would not have access to medical treatment without the firm's services. Prior to the personal injury practice, Person A was employed upwards of 8 years in the pharmaceutical industry and was directly involved in deploying products to cancer patients and other individuals suffering from debilitating diseases. Person A has led all aspects of business including oversight of business development, client relationships, financing, operations, and strategic partnerships. Person A has been recognized by the National Trial Lawyers Association as the Top 40 under 40, the American Institute of Personal Attorneys, as well as the "Successful Verdicts" Award Winner for obtaining over a million-dollar verdict for their client. Person A is also the founder, owner, and managing member of an Investment Group aimed at providing quality youth sports programs to children and families, which has provided and run two sports facilities in 2016 which provide team and individual sports programs for boys and girls baseball, football, and basketball. This endeavor has grown in membership to over 300 children since its inception. During Person A's time in the pharmaceutical field, they were responsible for creating, interpreting, and implementing corporate and government compliance laws and regulations, performed and had direct oversite of compliance audits over various departments, as well as managed over 8 million-dollar portfolios in academic institutions and community practices. Person A was honored with the President's Club Award two years in a row during their tenure.

Person A is also an active member of many associations including but not limited to, the JL Turner

Legal Association and The Pro Bono Attorney to the Dallas Bar Association. In regards to medical marijuana specific associations, Person A is actively involved in Minority Cannabis Business Association, as well at the National Cannabis Bar Association, the nation's first bar association for business lawyers serving the cannabis industry

Person B, Chief Operations Officer ("COO"): (Person B owns 20% of the Company). Person B is licensed to practice law in both the states of Arkansas and Texas and is the founder of their own law firm and has been assisting clients in both states for over 11 years. Known for both their legal acumen and political prowess and financial acumen, Person B has emerged as a regional leader in the legal community. Person B is the immediate past Region V Director of the National Bar Association, which covers the States of Texas, Mississippi, & Louisiana, is a former member of Leadership State Bar of Texas ("SBOT"), and has participated in countless Texas Young Lawyer Association projects through the Texarkana Affiliate, such as The "Vote America Project." Person B is an active member of Delta Sigma Theta Sorority, Incorporated, an international public service volunteer organization. Person B was at one time a former candidate for District Attorney in a county in Texas. Person B is passionate about voter education, empowerment, and mobilization. Person B's dedication to seeking social justice and equality is manifested through their personal and professional commitments. Person B has been honored by the National Association for the Advancement of Colored People ("NAACP") with the Community Service Award and the President's Award in 2017. Person B is actively involved in associations such as the Dallas Criminal Bar Association and the JL Turner Legal Association. Among other memberships, Person B is active in the National Cannabis Bar Association, The Minority Cannabis Business Association, as well as The National Organization for the Reform of Marijuana ("NORML").

Person C, Chief Medical Officer ("CMO") - (Person C owns 20% of the Company). Person C is Doctor of Medicine who has been practicing as an American Board of Internal Medicine Certified Physician for over 10 years. Practicing as a primary care physician has lent Person C the privilege to work and treat individuals with varying types of medical conditions. Person C has many patients with chronic illnesses that desire the ability to use medical marijuana instead of specific pharmaceuticals. Over time, Person C, began educating herself on the legal industry and worked in collaboration with integrative medical specialists within the medical community to better understand the qualifying diagnoses for the use of medical marijuana and which of the patients could benefit from such treatment. Person C wants to be a part of the burgeoning industry across the United States and with the specific skillset provided will be an asset to The Company and the patients of Ohio, but also the industry as a whole. Person C has spent time a apart of the Educational Quality Assurance Committee, the Resident Quality Assurance Committee, the American College of Physicians, and the National Medical Association. Person C is also an active member with the Minority Cannabis Business Association.

Person D, Director of Inventory Control and Compliance Regulation – (Person D owns 20% of the Company). Person D has worked in the pharmecuetical industry for the past 15 years and responsible for over $46 million in revenue per year, 9 of which have been in the therapuetic areas of mulitple sclerosis and oncology, which has led to Person D having an intimate understanding of chronic pain that is widespread amongst people with various medical conditions. Person D has spent time in the highly-regulated industry responsible for sales, marketing, and compliance and regulation. During Person D's tenure in the pharmecuetical industry, they have proactively built relationships with pharmacists and pharmacy directors, pathologits, and medical oncologists in order to drive business and improve that account/patient experience. Person D's main focus as of late is working with key academic institutions and select oncology large group practices to uncoer opportunities to collaborate on initiatives related to improving patient care. Person D has accolades in various areas of pharmacueticals. They have served as district compliance champion, is a published writer about health awareness, Person D has been honored 4 times with the Vice President's Cabinet Awards, is a current

member of the Oncology Women in Leadership, and the Northwestern Black Alumni Association, along with membership with the Minority Cannabis Business Association. Person D’s strengths and knowledge will serve well in the highly-regulated legal medical marijuana market.

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_3.pdf**
NOTE: This applicant uploaded document is the next 4 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

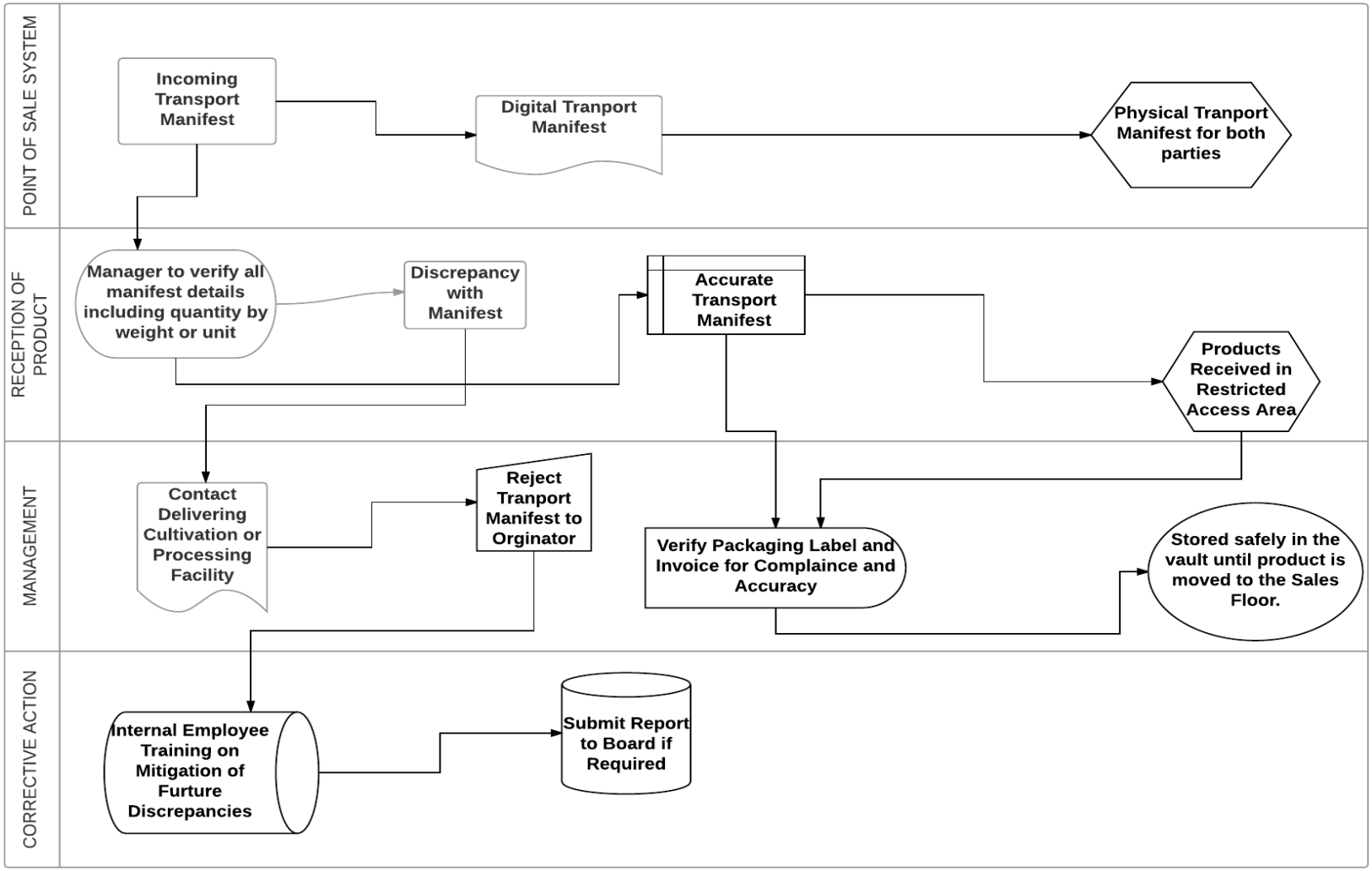
D-3.3 Please describe the Applicant's processes, procedures, and controls regarding the inspection of medical marijuana from cultivators and processors prior to accepting any delivery at the proposed dispensary. Include a description of the proposed space for delivery and inspection. OAC 3796:6-3-06

[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.

Uploaded Document Name: **D-3.3.1_Receiving of Product.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.


POINT OF SALE SYSTEM
Incoming Transport Manifest
Digital Tranport Manifest
Physical Tranport Manifest for both parties
RECEPTION OF PRODUCT
Manager to verify all manifest details including quantity by weight or unit
Discrepancy with Manifest
Accurate Transport Manifest
Products Received in Restricted Access Area
MANAGEMENT
Contact Delivering Cultivation or Processing Facility
Reject Tranport Manifest to Orginator
Verify Packaging Label and Invoice for Complaince and Accuracy
Stored safely in the vault until product is moved to the Sales Floor.
CORRECTIVE ACTION
Internal Employee Training on Mitigation of Furture Discrepancies
Submit Report to Board if Required

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.

[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).

3

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

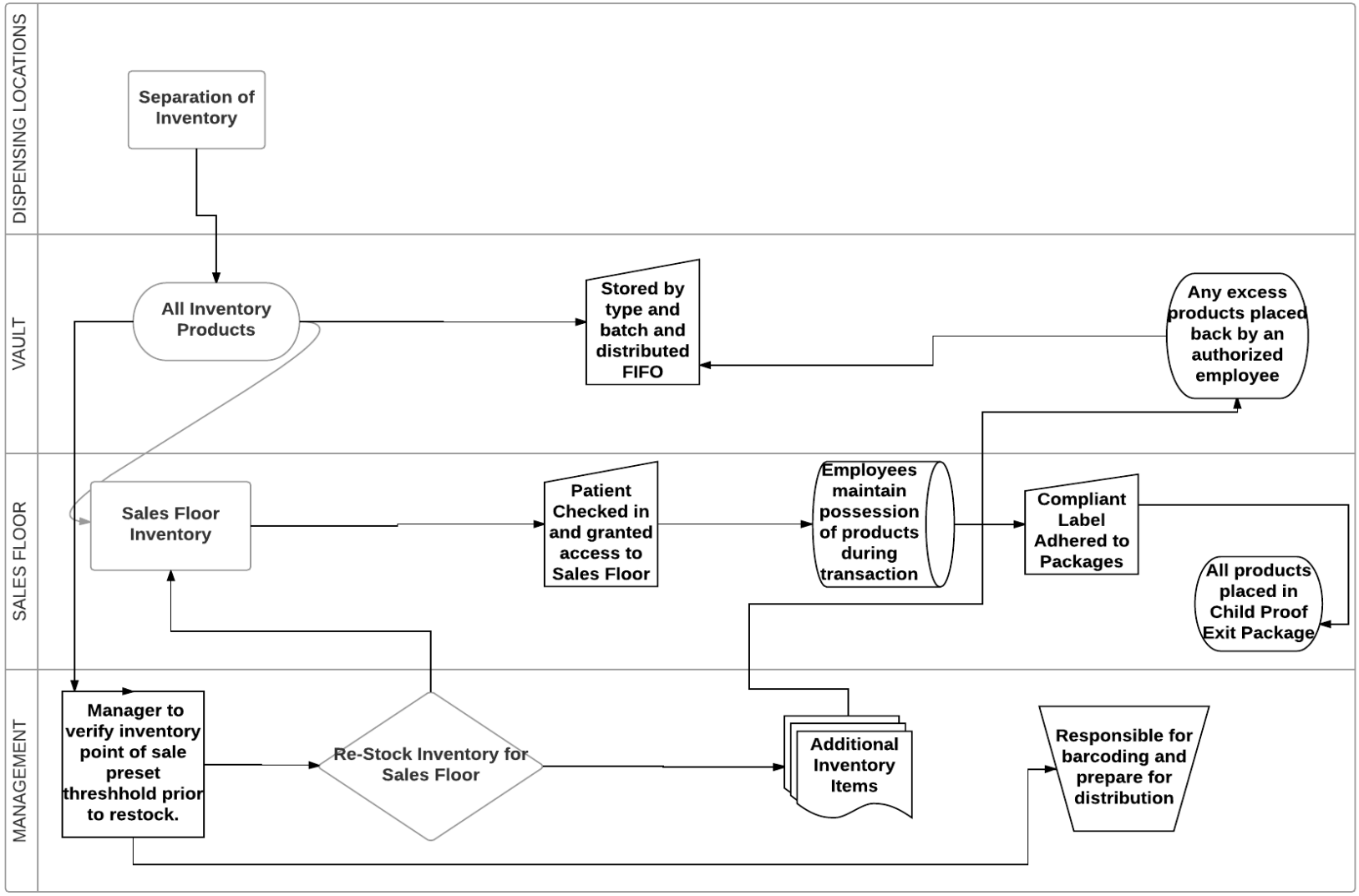
D-5.5 Please describe the Applicant's processes, procedures, and controls regarding the dispensing of medical marijuana, updating the patient record, and product labeling. Describe how these will be supported by the Applicant's internal inventory system including integration with the state inventory 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

[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_Dispensing of Product Diagram.pdf**
NOTE: This applicant uploaded document is the next 1 page(s) of this document.


DISPENSING LOCATIONS
VAULT
SALES FLOOR
MANAGEMENT
Separation of Inventory
All Inventory Products
Stored by type and batch and distributed FIFO
Any excess products placed back by an authorized employee
Sales Floor Inventory
Patient Checked in and granted access to Sales Floor
Employees maintain possession of products during transaction
Compliant Label Adhered to Packages
All products placed in Child Proof Exit Package
Manager to verify inventory point of sale preset threshhold prior to restock.
Re-Stock Inventory for Sales Floor
Additional Inventory Items
Responsible for barcoding and prepare for distribution

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

[redacted]

[redacted]

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.

Uploaded Document Name: **D-6.8.1_Inventory Management of Product Diagram.pdf**
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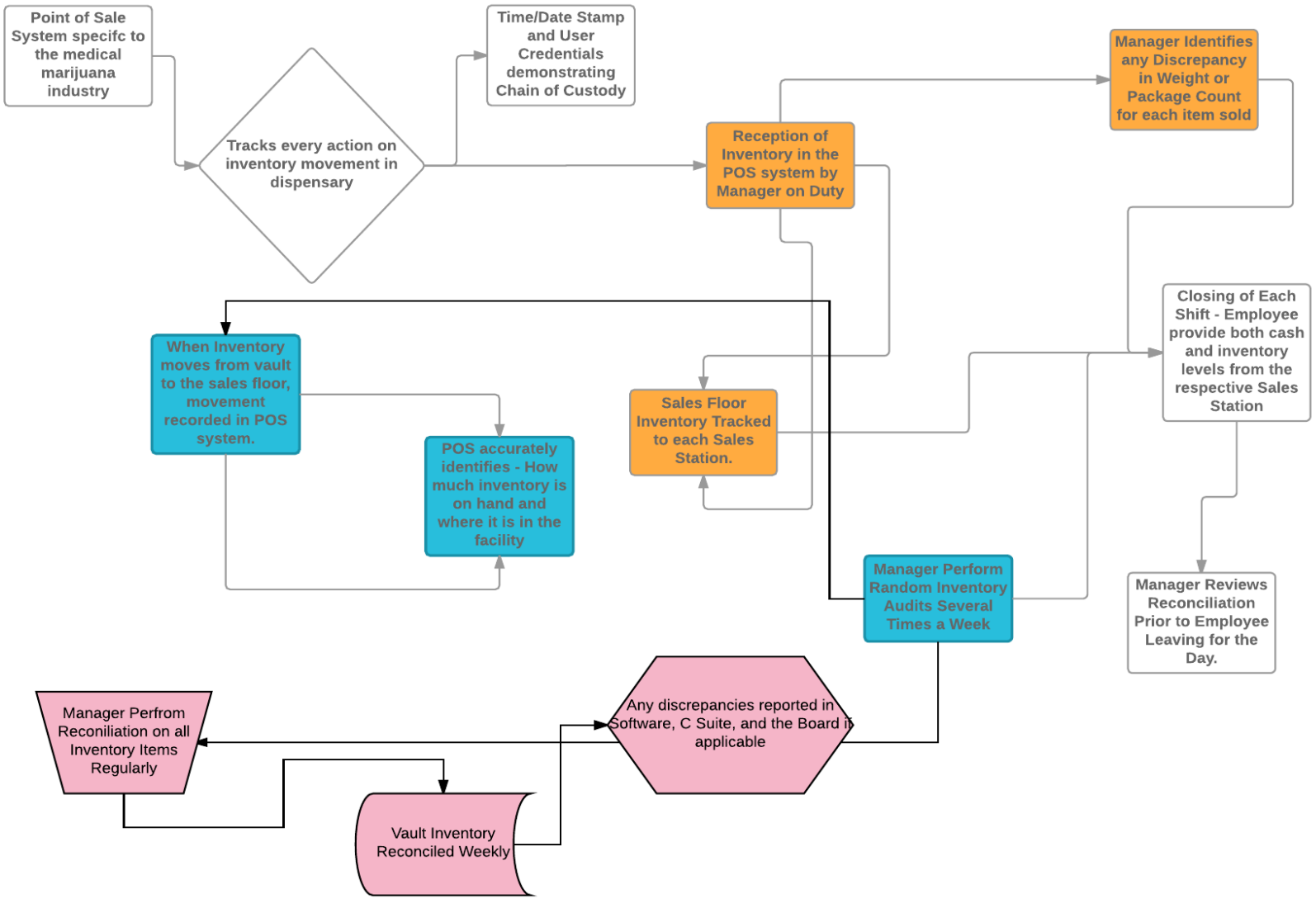
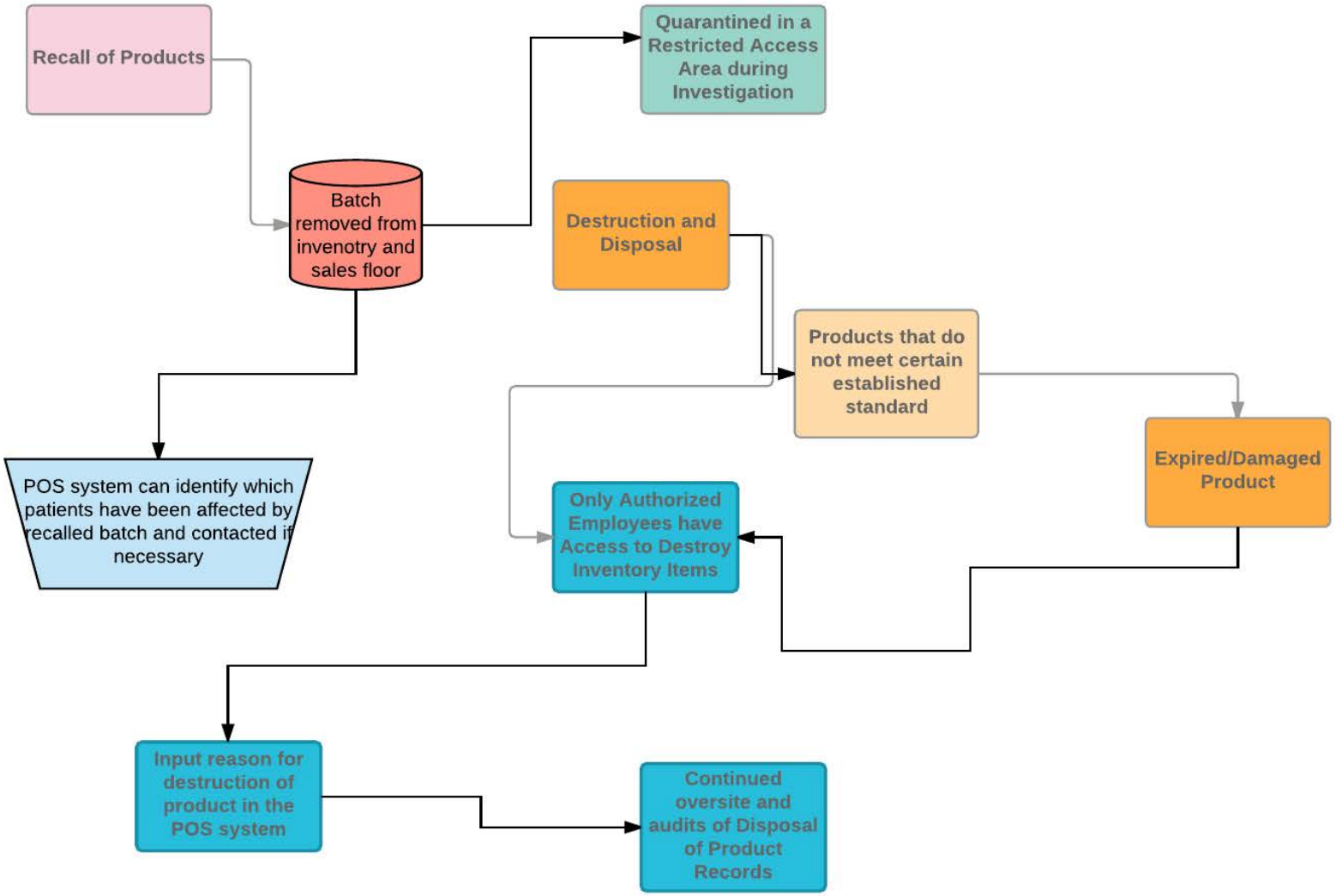

Point of Sale System specifc to the medical marijuana industry
Tracks every action on inventory movement in dispensary
Time/Date Stamp and User Credentials demonstrating Chain of Custody
Reception of Inventory in the POS system by Manager on Duty
Manager Identifies any Discrepancy in Weight or Package Count for each item sold
When Inventory moves from vault to the sales floor, movement recorded in POS system.
POS accurately identifies - How much inventory is on hand and where it is in the facility
Sales Floor Inventory Tracked to each Sales Station.
Closing of Each Shift - Employee provide both cash and inventory levels from the respective Sales Station
Manager Perform Random Inventory Audits Several Times a Week
Manager Reviews Reconciliation Prior to Employee Leaving for the Day.
Manager Perfrom Reconiliation on all Inventory Items Regularly
Any discrepancies reported in Software, C Suite, and the Board if applicable
Vault Inventory Reconciled Weekly


Recall of Products
Quarantined in a Restricted Access Area during Investigation
Batch removed from invenotry and sales floor
Destruction and Disposal
Products that do not meet certain established standard
Expired/Damaged Product
POS system can identify which patients have been affected by recalled batch and contacted if necessary
Only Authorized Employees have Access to Destroy Inventory Items
Input reason for destruction of product in the POS system
Continued oversite and audits of Disposal of Product Records

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]

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]

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.

1. Sanitation and Cleanliness-Because the spread of communicable diseases and infections presents a safety threat to employees, patients, and the surrounding community, The Company is committed to maintaining a clean and sanitary dispensary environment in the interest of public health and safety. All employees will be held responsible for keeping dispensary equipment, materials, and work areas clear of debris and properly sanitized. The Company will maintain its dispensary in a sanitary condition to limit the potential for contamination or adulteration of medical marijuana containing products. The following apply: All store countertops, scales, storage devices, containers, utensils, shelves, racks, and surfaces will be will be free of dust and debris by cleaning and sanitizing them throughout the day as necessary to prevent contamination/All instruments or devices to administer medical marijuana will be kept in clean, locked display cases or in locked inventory storage units/All patient-facing areas will be kept neat and clean. Floors will be swept and or vacuumed at the end of each day/All storage areas will be cleaned on a weekly basis/Stored product will be moved or shielded during cleaning to prevent splash contamination/Any windows and mirrors will be cleaned daily/All restroom facilities will be cleaned daily and will be well stocked with proper amenities/All garbage and waste will be stored in waste containers and removed from the dispensary on a daily basis in order to prevent pests from breeding. Trash will be stored in outdoor locked waste bins which will be emptied on a weekly basis/Adequate protection against pests will be provided through the use of integrated pest management practices and techniques that identify and manage pathogens and pest problems/Toxic cleaning compounds and sanitizing agents will be labeled and stored in a manner that prevents contamination of medical marijuana containing products and in a manner that otherwise complies with other applicable laws and regulations. Employees working in direct contact with medical marijuana products are subject to the restrictions on food handlers. An employee will otherwise conform to sanitary practices while on duty, including the maintaining adequate personal hygiene and washing hands thoroughly in an adequate hand-washing area before starting work and at any other times when hands may have become soiled or contaminated and at all times before dispensing medical marijuana products to a patient or caregiver. Additionally, The Company will provide its employees and patients with adequate, readily accessible lavatories that are maintained. The Company will have readily accessible hand-washing facilities that are located where good sanitary practices require employees to wash and sanitize their hands and effective nontoxic sanitizing cleansers and sanitary towel service or suitable hand drying devices. Equipment Sanitation – A written process will be in place to maintain the sanitation and operation of equipment that comes into contact with medical marijuana products, chemicals, dirt, food/drink, raw materials or any other potentially unsanitary elements to prevent contamination. All equipment will be wiped down after each use and undergo a deep cleaning and sanitizing monthly. The Company will provide a copy of the written process to the State of Ohio Board of Pharmacy (“Board) upon Request. 2. Pest Protection Procedures – The Company will utilize a state of the industry integrated pest management (IPM) regimen in accordance with the (IPM) (Ac.) CODE 595 by the State of Ohio. The IPM regimen will include practices such as careful observation and examination, pest identification, sanitation, environmental controls, corrective measures such as biological and mechanical controls. On their own, any one of these practices may not be enough to control an infestation of pests, but by taking a systematic approach and combining multiple pest control

practices, the retail staff will be able to consistently achieve greater and more economical control of pests. Daily walk-through inspections to look for any indication of pests or pathogens will be conducted by the store's employees. Pests common to marijuana type products like spider mites, aphids, and whiteflies, as well as mold and other diseases are capable of decimating an entire inventory. Climate control will be a key component. Tight humidity and temperature control will be imperative. Proper airflow will be provided for adequate ventilation. 3. Medical Marijuana Handler Restrictions-All The Company employees involved in handling medical marijuana products will be required to wear appropriate clean clothing and gloves. As applicable, hair nets and beard nets will be required. Many communicable illnesses and diseases could possibly be transmitted by infected medical marijuana product containing product handlers to consumers through the products or contact surfaces. The Company will strive to employ healthy people and institute a system of identifying employees who present a risk for transmitting impurities to medical marijuana products, utensils, devices or to other employees and patients. In order to protect the health of both patients and employees, information concerning the health status of job applicants and currently employed production workers will be required to be disclosed. The manager will convey to job applicants and employees the importance of notifying managers about issues with health status or changes in health status. Once notified, the manager will take action to prevent the transmission of any type of contamination. All patient-facing employees will be required to notify their manager by telephone if they are sick and will not be able to report to work until at least 24 hours have passed after the sickness symptoms have ended. Food Handler Restrictions - An employee working in direct contact with medical marijuana product is subject to the restrictions on food handlers. An employee will otherwise conform to sanitary practices while on duty, including the following: Maintaining adequate personal hygiene/Wearing proper clothing, including gloves/Washing hands thoroughly in an adequate hand-washing area before starting work and at any other time when hands may have become soiled or contaminated ignore. 4. Hand Washing Facilities - Frequent and effective handwashing removes bacteria and microorganisms from the surface of hands. Once these potentially harmful substances are on the hands, it becomes easy for a person to transfer them. In addition, viruses pose a particularly significant threat with regard to handwashing, in that they are often found on the surface of the human body and require a host cell to survive and reproduce. Because viruses can be transferred from person to products and between people, handwashing will be critical at The Company's dispensary. It will help prevent the spread of illnesses and other contaminants. Ultimately, this will reduce both the risk of employees spreading bacteria to products and potentially becoming infected with a virus themselves. All employees will be required to wash their hands thoroughly and sanitize when necessary including but not limited to the following circumstances: On entering any product handling area/After each and every visit to the lavatory/After using a handkerchief or tissue/After smoking, chewing, eating, or drinking/After handling trash, dropped product or any unsanitary or contaminated material. Employees and visitors will be provided with ample, satisfactory, and convenient hand-washing facilities furnished with running water at a temperature suitable for sanitizing hands. The following apply: Hand-washing facilities will be located in the dispensary areas and where good sanitary practices require employees to wash and sanitize their hands. Effective nontoxic sanitizing cleansers and sanitary towel service or suitable drying devices will be provided.

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]

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]

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

With proof of service noted in the software system, The Company will develop a compassionate care program solely for the veteran and indigent population. This will be the only coupon-like program at the facility pursuant to Ohio Board of Pharmacy rule.

D-10.3 Describe the Applicant's efforts to minimize the environmental impact of the proposed dispensary. OAC 3796:6-2-02

Environmental Controls are vitally important in the medical marijuana industry. Listed are a few of the actions The Company is taking to ensure a safe environment for not only the patients, but also the community at large. Air Quality - To keep air quality safe, The Company will install a mechanical system that cycles in fresh outdoor air and circulates it throughout the dispensary, both in the main floor area and in the back rooms. The safety manager will regularly check to see that it is functioning properly and will hire a professional to fix it in the case it stops working. Fire Hazards - The Company will continuously monitor the store for fire hazards such as exposed wire from lighting or computers, improper chemical storage in back rooms, or combustible materials left near a heat source. The Company will have in place a fire evacuation plan and fire exit signage. To ensure that the Company is prepared for any fires that may arise, The Company will always keep fire extinguishers in the dispensary and make sure that all employees are trained in how to use them. The Company will

schedule routine fire extinguisher inspections to verify that they function properly. The Company will schedule regular visits by the local fire department for general walk throughs. This will help establish rapport with local authorities and maintain compliance throughout the business. In case of fire, The Company will:

• Call 911 immediately and evacuate the building.
• If the fire is small and contained, employees will attempt to extinguish the flames with one of the fire extinguishers that are located throughout the dispensary.
• Wait for firefighters to arrive and provide as much information as they request.
• Once outside of the building and safe, notify the safety manager.

Lighting

The Company will ensure there is always ample lighting in each room so that it will make it more difficult for shoplifters to steal goods. Good lighting will also help patients and employees to see objects on the floor and not trip or fall as a result. The Company will always keep good lighting throughout the store's front end, in stock rooms, and on the exterior of the building.

Visual Inspection of Premises

The Company will visually inspect the store's premises on a daily basis to ensure that no hazards are apparent. These hazards may include uneven flooring, spills that could cause a patient or employee to slip and fall and misplaced boxes or other items on the floor that may cause someone to trip and hurt themselves. The Company will make sure spills are mopped up immediately, and remove clutter from the store's floor.

Labeling and Exit Bags

All medical marijuana containing products will be labeled at the point of sale and all labels will contain the required safety warnings. All medical marijuana containing products will be required to leave the store in a child-resistant exit bag.

Ensuring Compliance

All personnel have the responsibility for complying with safe and healthful work practices, including applicable regulations, company policy, and departmental safety and sanitation procedures. Overall performance in maintenance of a safe and healthy work environment will be recognized by the supervisor and noted in performance evaluations. Employees will not be discriminated against for work-related injuries, and injuries will not be included in performance evaluations, unless the injuries were a result of an unsafe act on the part of the employee.

Standard progressive disciplinary measures in accordance with the applicable personnel policy will result when employees fail to comply with applicable regulations, company policy, and/or departmental safety procedures. All personnel will be given instruction and an opportunity to correct unsafe behavior. Repeated failure to comply, or willful and intentional noncompliance may result in disciplinary measures up to and including termination.

Employees

Employees will be required to come to work in clean clothes and practice good personal hygiene. Employees will be prohibited from tobacco use while on the job. The Company will implement protocols

ensuring that employees wash up to their forearms to their elbows if tobacco use has been detected. Employees will be assigned routine tasks including sweeping, mopping, removing waste, and cleaning and sterilizing work areas and equipment as part of their daily schedule and management will ensure that all cleaning tasks are carried out promptly.The Company will put any employee on sick leave for a minimum of 24 hours if the employee has an illness or is expected to have a contagious condition that could cause contamination to medical marijuana containing products or other employees and patients and otherwise potentially negatively impact product safety and patient health.

Environmental Controls

• A separate area, like the consultation room, will be provided so that patients can discuss personal issues privately.
• ‘Special access’ days or times will be established for high-profile patients to access services without exposure to the general public.

Standards for Employee Behavior Controls

• The Company has a zero-tolerance policy for employees who breach patient confidentiality.
• The Company’ employees are expected to avoid addressing patients in the general public, such as at the grocery store or at social events.
• The Company’ employees are not to disclose patient identity or information, in any way, to a third-party.

D-10.3.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures 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]

E-1.1.1 Applicants may include images or diagrams, in PDF format, demonstrating the measures described in E-1.1. 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

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

[redacted]

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.

No response provided by applicant

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]

[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.

No response provided by applicant

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

[redacted]

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]

[redacted]

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

The Company will be open 7 am to 9 pm Monday - Friday, 9 am to 9 pm Saturday and Sunday.

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 Secrets

Section C-3.1 - This section contains a thorough breakdown of the elements of the confidential business planning, including discussions of financial plans, as well as structural details regarding critical systems of how the Applicant will run its business. These items qualify as financial information or plans under ORC §1333.61 (D) and Infrastructure Records under ORC §149.433 (A). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding the Applicant's finances, available capital, future financial plans, and facility specifications would provide an economic advantage to competitors. Due to the character restrictions of the application, this applies to the entire section.

Section C-3.1.1 – This attachment contains a timeline identifying critical points of activity throughout the Applicant's pre-operational phase, which qualifies as business information or plans under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding the Applicant's business operations timetable would provide an economic advantage to competitors. This applies to the entire attachment.

Section C-3.2 - This section contains general information regarding the Applicant's facility security measures that qualify as critical systems Infrastructure Records under ORC §149.433 (A). Maintaining confidentiality of facility security systems is vital to protecting the safety of the Applicant's facility. It also details security rooms and ITS program capabilities, which qualify as scientific or technical information under ORC §1333.61 (D) and Infrastructure Records under ORC §149.433 (A). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding the Applicant's security rooms and ITS program capabilities would provide an economic advantage to competitors. Due to the character restrictions of the application, this applies to the entire section.

Section D-2.2 - This section contains general information regarding the Applicant's facility security measures as well as information regarding electronic surveillance measures and fixed cameras that qualifies as critical systems Infrastructure Records under ORC §149.433 (A). Maintaining confidentiality of facility security systems is vital to protecting the safety of the Applicant's facility. Due to the character restrictions of the application, this applies to the entire section.

Section D-2.2.1 - This attachment contains extremely detailed descriptions of facility access security systems and security equipment locations, including structural configuration locations of physical storage mediums and electronic monitoring systems. These items qualify as Infrastructure Records under ORC §149.433 (A). Maintaining confidentiality of facility security systems is vital to protecting the safety of the Applicant's facility. This applies to every page in the attachment.

Section D-3.3 - This section contains detailed capabilities of the Applicant's ITS system that qualify as scientific or technical information under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding the Applicant's inventory tracking capabilities and methods would provide an economic advantage to competitors. Due to the character restrictions of the application, this applies to the entire section.

Section D-4.4 - This section contains highly intricate plans, descriptions, and depictions of critical facility features, and structural configuration details that qualify as Infrastructure Records under ORC §149.433 (A). Maintaining confidentiality of facility security systems and structural configuration details is vital to protecting the safety of the Applicant's facility. Due to the character restrictions of the application, this applies to the entire section.

Section D-5.5 - This section contains a timeline identifying critical points of activity throughout the Applicant's operational phase, which qualifies as business information or plans under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding the Applicant's business operations that would provide an economic advantage to competitors. Due to the character restrictions of the application, this applies to the entire section.

Section D-6.8 - This section contains detailed inventory control program methods and visitor procedures that qualify as scientific or technical information under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding specific procedures for inventory control and visitor procedures would provide an economic advantage to competitors. Due to the character restrictions of the application, this applies to the entire section.

Section D-6.9 - This section contains in-depth descriptions of the Applicant's recordkeeping, including critical software systems that will be used for electronic record storage. This information qualifies as computer or electrical Infrastructure Records under ORC §149.433 (A). This applies to the entire section.

Section D-7.1 - This section contains detailed descriptions of inventory diversion investigation techniques and employee security training procedures that qualify as scientific or technical information under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding inventory investigation techniques would provide an economic advantage to competitors. Due to the character restrictions of the application, this applies to the entire section.

Section D-9.2 - This section contains in-depth descriptions of the Applicant's recordkeeping, including critical computer and electrical systems that will be used for electronic record storage. This information qualifies as computer or electrical Infrastructure Records under ORC §149.433 (A). Due to the character restrictions of the application, this applies to the entire section.

Section D-10.1 - This section contains a detailed explanation of the Applicant's products, which qualify as scientific or technical information and business information or plans under ORC

§1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding the Applicant's specific research plans or predicted business operating timeline would provide an economic advantage to competitors. This applies to the entire section.

Section E-1.1 - This section contains detailed descriptions of employee training programs and employee security training procedures that qualify as scientific or technical information under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding inventory investigation techniques would provide an economic advantage to competitors. Due to the character restrictions of the application, this applies to the entire section.

Section E-1.2 - This section contains detailed descriptions of employee training programs and that qualify as scientific or technical information under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding inventory investigation techniques would provide an economic advantage to competitors. This applies to the entire section.

Section E-2.1 - This section contains detailed descriptions of employee training programs for patient education and that qualifies as scientific or technical information under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding inventory investigation techniques would provide an economic advantage to competitors. This applies to the entire section.

Section E-2.2 - This section contains detailed descriptions of employee training programs for patient education and that qualifies as scientific or technical information under ORC §1333.61 (D). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding inventory investigation techniques would provide an economic advantage to competitors. This applies to the entire section.

Section E-3.1 - This section contains a description of the Applicant's entire layout and the processes occurring therein, which qualifies as scientific or technical information and business information or plans under ORC §1333.61 (D) and infrastructure records under ORC §149.433 (A). This information is vital to how the Applicant will conduct business and possesses independent economic value, as releasing detailed information regarding the Applicant's facility specifications would provide an economic advantage to competitors. Due to the character restrictions of the application, this applies to the entire section.

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